COLORADO'S
STATE PLAN ON AGING

October 1, 2011- September 30, 2015

(Federal Fiscal Years 2012-2015)

John W. Hickenlooper, Governor
State of Colorado

Reggie Bicha, Executive Director
Colorado Department of Human Services

Dan Daly, Director
Division of Aging and Adult Services

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Verification of Intent and Signatures

Purpose of *State Plan on Aging*

This document reflects Colorado's plan to respond effectively and efficiently 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 the Older Americans Act and federal regulations. When the *State Plan* is approved, Colorado receives federal funds, which are matched with state and local funds, to administer the *State Plan.* The *State Plan* reflects goals and objectives for the four-year period October 1, 2011 through September 30, 2015.

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 ARCH (Adult Resources for Care and Help), health care, evidence-based programs, 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 developing comprehensive and coordinated services for older adults and for at-risk adults 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 SUA and Area Agencies on Aging (AAAs).

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 in Colorado to receive federal funds under the *Older Americans Act* for Colorado state government. In that role, the Division of Aging and Adult Services:

(a) has responsibility to develop a *State Plan* within the state;
(b) 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, 2011 through September 30, 2015.

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Dan Daly Date
Director, Division of Aging and Adult Services

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Reggie Bicha 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.

_____

John W. Hickenlooper Date
Governor, State of Colorado

STATE OF COLORADO

Colorado Department of Human Services
people who help people

OFFICE OF SELF SUFFICIENCY AND INDEPENDENCE
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Dan Daly, Director

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

The *State Plan on Aging* (hereinafter referred to as the *State Plan*) provides a blueprint to increase organizational capacity in the provision of *Older Americans Act* services for federal fiscal years 2012 -- 2016. It is both a scope of work that will be used to fulfill Colorado's responsibilities to the Administration on Aging as well as a strategic plan that indicates future State activities and programmatic outcomes and strategies.

This *State Plan* builds upon leadership the Division of Aging and Adult Services provides and is manifest in areas such as the *Colorado Aging Network Strategic Planning Documentation 2009-2010 (*"the visioning document) and the 2011 *Community Assessment Survey for Older Adults™ (CASOA™).*

The *State Plan* is the result of significant collaboration based upon public input of over 600 older adults and providers conducted over several months in six Area Agency on Aging (AAA) regions, and thirteen strategy sessions conducted by the Division of Aging and Adult Services (AAS) with the participation of AAS, AAAs, and providers.

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 important working document.

Sincerely,

Dan Daly, Director
Aging and Adult Services

Governor Hickenlooper's Policy Priorities on Seniors and Aging

Values: Visionary leadership to ensure that all Coloradans have the opportunity to age well, with dignity and where supportive services are based on choice, individual preference and the least restrictive environment and where quality of life is optimized in all public policies.

Key Priorities

- Access to health care resulting in reduced incidence of disability.
- Access to meaningful and rewarding work that supports living with dignity.
- Develop State plan for disease prevention and health promotion.
- Support for older adults to remain at home in their communities and quality access to transportation.
- Support access to long-term supportive care and improve coordination of end-of-life care.

"Colorado has the opportunity to lead the nation in our ability to effectively and thoughtfully address health, wellness and quality of life issues facing a rapidly aging population."

-- John Hickenlooper

Background

Americans over 65 are the most rapidly growing age group in America. In the next decade, the over-65 cohort in the U.S. will increase by 31 percent. In Colorado it will increase by 54 percent. The over-65 portion of the total population in Colorado will increase from 9.7 percent in 2000 to almost 17 percent by 2030. Although Colorado ranks above the national average of older adults living at or below the federal poverty level (FPL), relative to the rest of the nation, we are 32nd in the country for percentage of people living at or below the federal poverty level. For older adults living below 200 percent of FPL, the statistic is even more concerning: Colorado ranks 40th. Moreover, over 20 percent of Coloradans over age 65, although virtually universally covered by Medicare, are the second largest age group of under-insured in the State.

These statistics loudly speak to the need for:

- An integrated and coordinated system of care, including an adequate number of health care providers trained in geriatrics to appropriately serve Colorado's aging population, prevention and wellness resources to forestall disability, supportive long-term care and access to good palliative and end-of-life care;
- Accessible housing options and nutritional resources for individuals with functional limitations and personal care needs;

- Public and private transportation systems for individuals unable to operate a personal vehicle;
- Support to live with dignity and financial security, and protection from discrimination, fraud and abuse; and
- Other supportive services and opportunities that allow older adults to live in their communities with access to meaningful and rewarding work, to the fullest extent possible.

Meeting the increased needs of this growing segment of the population presents both opportunities and challenges for communities, employers and health and human service providers across the state.

Strategies and Solutions

Access to Health Care Resulting in Reduced Incidence of Disability: Chronic diseases predominantly afflict the elderly population and are the single largest health burden to employers in the State and our nation. Premature deaths from cancer and cardiovascular disease, though declining, took the lives of 13,000 Coloradans in 2008. Early detection, prevention and access to affordable health care before the onset of a chronic illness will be a goal of our state health care policy.

Access to Meaningful and Rewarding Work that Supports Living with Dignity: Keeping older workers employed provides opportunities to engage older adults, improve quality of life and reduce costs. Many adults over age 65 continue paid employment or desire to do so. Engaging older Coloradans to promote a healthier quality of life and benefit the economic picture of the State will include:

- Developing incentives for Colorado businesses to keep older adults employed;
- Working with organizations to successfully engage older adults;
- Training and encouraging compensation for family and informal caregivers; and
- Promoting volunteerism and civic engagement.

Disease Prevention and Health Promotion: Colorado should be a national model for healthy living, wellness, exercise and nutrition education. State health care policy will:

- Focus on prevention of chronic disease through policies and evidence-based self-management programs designed to ensure increased self-efficacy and access to care;
- Establish criteria for measuring and evaluating the best use of public funds in providing health-related services; and
- Develop tele-health solutions that consolidate and integrate client demographic and clinical records to improve cost efficiencies and quality of care.

Support for Older Adults to Remain at Home in their Communities: Whether older Coloradans live in rural or urban settings, maintaining independence requires interdependence between individuals and their communities. Staying in one's home depends on the ability to provide or obtain home maintenance services, access to transportation, personal meal and care services, health and community engagement programs and basic home safety.

Access to Independent Housing, Nutrition & Food Security: When our seniors are no longer able to remain in their homes, the question of where these older Coloradoans will be housed will be a significant issue that our state must address. Mechanisms for providing subsidies to finance congregate independent housing, expansion of assisted living options and other long-term rental housing options such as elder co-housing and multi-use facilities in rural areas should be examined. We should examine how the Older Coloradans Act money is currently being used and if restrictions can be eased to allow for innovative programs tailored to community needs such as wellness, prevention, housing alternatives and transportation.

Access to Transportation: We will work to improve access to transportation for older Coloradans, especially in the rural areas. Possible solutions include organizing community-based volunteer programs with stipends available for gas to drivers or a van service for appointments, shopping and other quality of life needs.

Protection from Discrimination, Fraud, & Abuse: Continue the joint project between the American Association of Retired Persons (AARP) and the Colorado Attorney General's office, which provides information to the public on elder fraud and abuse issues. Older adults are at high risk for financial exploitation, fraud and scams. We will work to ensure that our seniors are protected.

Access to Long-Term Supportive Care: Research suggests that approximately 70 percent of Coloradans over the age of 65 will require some form of long-term care (LTC) during their lifetime. While only 27 percent of Medicaid enrollees in Colorado are over age 65, they consume 37 percent of the Medicaid budget. Of all LTC spending in Colorado, 56 percent goes directly to institutional care (nursing homes), at a cost to the State of about $35,000 per nursing home resident annually. By contrast, Colorado spends approximately $9,000 to support an older adult with supportive needs in a community-based setting. We must optimize new resources within the federal health care reform law to ensure that Colorado seniors can better utilize quality, long term care.

Improve Coordination of End-of-Life Care: There is significant overlap in the long-term care, home health and end-of-life care populations in Colorado. As previously addressed, a significant number of Colorado's older adults will require some form of long-term care. Utilization of palliative and hospice care has been repeatedly demonstrated to improve quality of life and care while reducing costs, eliminating overuse of expensive health care resources, reducing hospital readmission and

emergency room visits, providing care more consistent with patient goals and preferences, increasing satisfaction and for some diagnoses, lengthening life.

A key to enhancing quality of the end-of-life care for older adults and their families requires State leadership to promote collaboration among providers of health care including primary, acute, long-term, palliative and hospice care, augmented by private and publicly funded services. We will:

- Identify funding sources to solve problems like the need for home repairs and other assistance.
- Utilize public-private partnerships and federal grant dollars, to support "Aging in Place" initiatives, which provide bricks-and-mortar money for entire communities to adapt streets, buildings and services to meet the needs of the elderly or disabled adult populations. This funding should be easily accessible to small and large projects alike, so small rural projects have the same opportunity for funding as large urban projects.
- Continue to fund programs that encourage the purchase of private long-term care policies.
- Explore alternative methods of reimbursement for home health and home care services. Service providers may not provide as many Medicaid-funded services if rates continue to be cut.
- Leverage dollars from the foundation community and private sectors, offer tuition breaks or student loan forgiveness programs for medical and nursing students focusing on geriatric or palliative care and/or those willing to work in rural or underserved communities when the economic conditions of the state budget improve.

Executive Summary

Public, partner, and provider input as the foundation of the State Plan

A fundamental tenet of system change is "go to the source and see for yourself." Over the last year, the State Unit on Aging (SUA) and Area Agencies on Aging (AAAs) carried out joint in-depth conversations with 656 older adults, partners and providers. The Division of Aging and Adult Services (AAS) listened deeply to the concerns of low-income and homeless older adults (a significant proportion of the persons AAS met in public input gatherings). Toward the end of the public input process, AAS initiated fourteen strategy sessions with Division of Aging and Adult Services (AAS) staff, AAA Directors and partners.

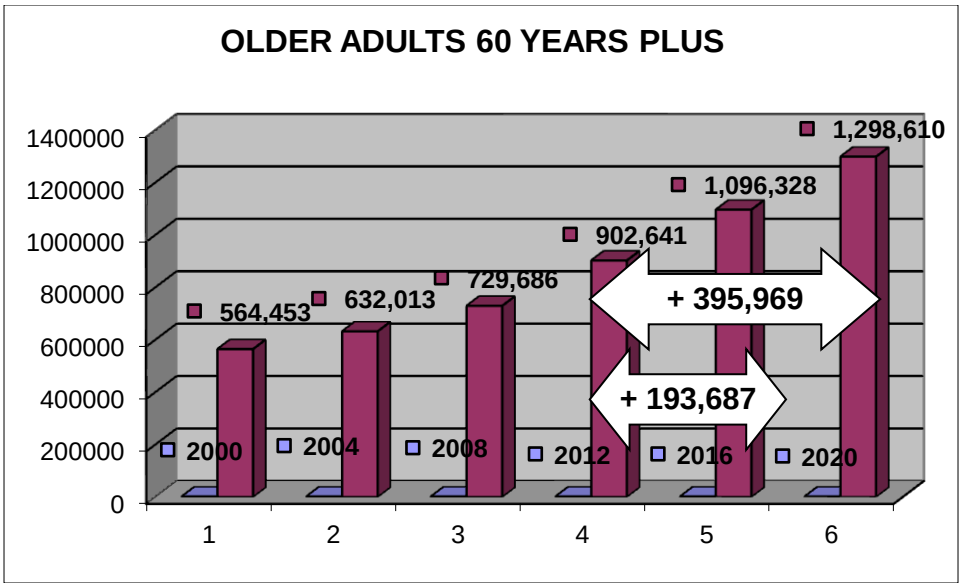
This State Plan reflects their aspirations, concerns, reflections and advice during these uncertain economic times. Within the public input sessions, common threads emerged from providers and middle class, low-income, and homeless older adults: the economic circumstances of those AAS serves is becoming more difficult, the capacity of the system is experiencing increasing strain, and many persons are uncertain of the future. This uncertainty and strain is balanced by a great number of emerging strengths and re-dedication in the face of adversity.

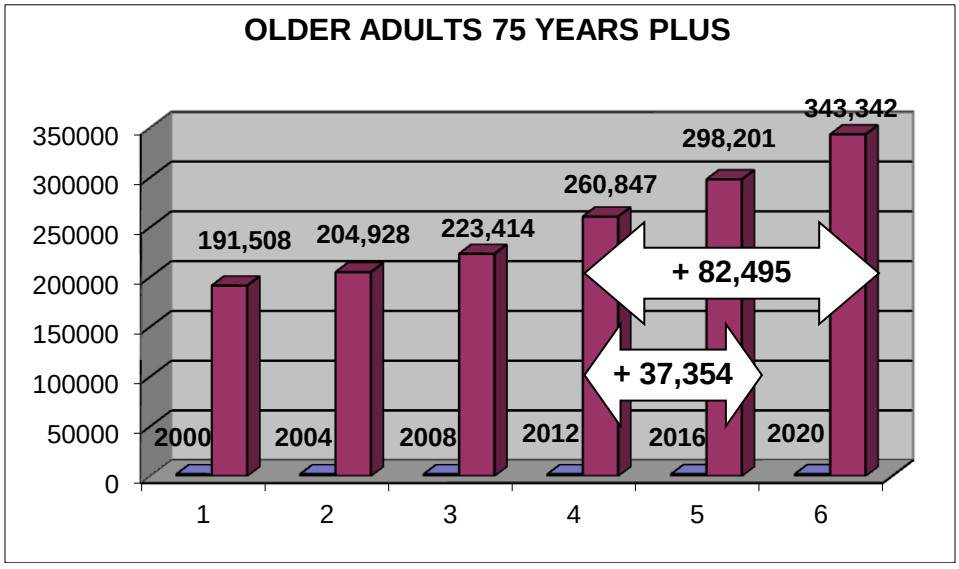
Balancing these concerns are creative and innovative efforts of providers and partners. The stresses on the system are disconcerting, but the strengths of the system are impressive and more powerful. This State Plan incorporates many best practices to solve areas that consumers have indicated are broken.

The *State Plan* serves as the primary blueprint, at the state level, to increase organizational capacity to deliver *Older Americans Act* programs and acts as the Division of Aging and Adult Services' scope of work for *Older Americans Act* funds. Leadership is provided through action. AAS will lead by example to restructure and realign to build capacity.

Problem context

During the course of this Plan, the number of older adult Coloradans will increase by approximately 194,000 persons. Of these, there will be an increase of approximately 37,000 older adults 75 years and older. While many in the total increase in population will not need OAA services, the economic impact of the Great Recession amplifies greater numbers of the poor, persons with disabilities and lower middle class older adults who need access to *Older Americans Act* services.





A common theme among many of the older adults surveyed was that "everything was closer to the margin" and that they "weren't sure how long their funds would last." With greater need, increased program eligibility, unfunded mandates, and relatively flat funding, AAS expects, regardless of efforts, an increased usage of prioritization and longer waiting lists. Providers often state that demand has increased but the service level has remained the same.

Solution statement

Fundamental principles inform the basis of the State Plan:

- Equal access to *Older Americans Act* programs for all eligible persons.
    - AAS will work to eliminate the socio-economic and cultural barriers that limit access to, utilization of, and quality of services offered under the

Older Americans Act to all persons, especially those with disabilities and those who are low-income.
    - Our focus will be on the most vulnerable clients when resources are not sufficient to meet the need of all.

- Increased efficiency in service provision and the use of rapid improvement teams to create efficiency and build organizational capacity.
- Expansion of prevention and evidence-based programs to strengthen older Coloradans.
- True collaboration and the creation of model partnerships to meet the challenges.
- The successful implementation of this State Plan will result in the strengthening of the State's service delivery model for the anticipated changes in the number of older adults during the ten-year period following FFY 2015.

The primary focus of this State Plan is the changes AAS must implement to increase efficiencies to expand services AAS already provides. These services include ARCH (Adult Resources for Care and Help), health care, evidence-based programs, abuse prevention, legal assistance, long-term care ombudsmen, nutrition, in-home support, transportation, health promotion, disease prevention, and caregiver support.

Colorado's SUA will demonstrate accountability and raise capacity by building systems, focusing on outcomes and strengths, accentuating measurable standards and using knowledge gained through planning and implementation.

"State Plan On The Shelf" syndrome

During one strategy session, an AAA director stated, "time is a resource." The combined time of strategizing this State Plan is in the hundreds of hours. There are three ways that this document will exist to become the primary document to increase organizational capacity, to amplify system intersects and to direct organizational change:

1. The Division Director champions it;
2. Resources are provided to implement it; and
3. Time is dedicated at the beginning of each quarter to review action steps for implementation of the State Plan during that quarter.

In conjunction with the planning process for the State Plan, AAS and the AAAs retained the National Research Center, Inc. to conduct a *Community Assessment Survey for Older Adults* (CASOA™) to provide a statistically valid survey of the strengths and needs of older adults in Colorado.

The surveys were mailed between April and November 2010 to a random selection of 31,762 older adult households across all areas of the state. A total of 11,485 completed surveys were obtained, providing an overall response rate of 37% and a margin of error of +/- 1% around any given percent.

The objectives of CASOA™ were to:

1. Identify community strengths in serving older adults;
2. Articulate the specific needs of older adults in the state;
3. Estimate contributions made by older adults to the state; and
4. Develop estimates and projections of older adult residents' needs into the future.

The State Plan goals and objectives are built from a variety of sources, which include:

- the CASOA™;
- SUA, AAA, partner and provider input gathered from strategy sessions; and
- recommendations and suggestions from public input sessions.

Nathlia "Archie" Holtz is the creator of the quilt depicted below. Archie is the Activity Director at Cathedral Plaza apartment housing for low-income residents, located in Denver, Colorado. The quilt is made from old photographs transferred to photo fabric and then pieced together with the traditional blocks. This quilt makes a connection from the past, here in the present that can be passed on in the future; an interconnecting thread of lives and family.

Outcomes, Goals, and Strategies

This section of the State Plan contains the outcomes, goals and strategies that will be developed, implemented and achieved from October 1, 2011 – September 30, 2015. Included in the discussion and outline for each of the five outcomes are: brief problem statements to frame the discussion; a description of the goals to be achieved and the strategies and anticipated timelines necessary to achieve the goals; anticipated efficiencies; key stakeholders, partners and facilitators; and a description of how success will be measured.

Outcome One: As a result of quality management practices, program efficiencies and performance-based outcomes, older adults in Colorado will have increased availability of services.

Problem statement

The Aging Services Network is strained. Funding is insufficient to meet need. All partners have need for increased staffing with expert knowledge. Funding is uncertain and funding sources may not be used to maximum advantage.

Solution statement

- Increase capacity through well-trained and expert volunteers and improved information management.
- Grants management is crucial to develop external funding sources and maximize areas of cooperation between programs.
- Efficiencies will be developed and refined throughout the system.

Goal One: INCREASE CAPACITY

Develop volunteer training programs

Utilize the talents, skills, and expertise of older adults in the state and promote citizen participation in coordination with the Governor's Commission on Community Service. Without a well-trained and well-managed force of committed volunteers, AAS and AAAs will be unable to carry out the additional strategies in this State Plan.

- Expand upon the model partnership with the Governor's Commission for Community Service.
- Partner with organizations applying for funding for volunteer development.
- Train volunteer coordinators.
- Train selected partners and providers in capacity building.

Anticipated timeline

- By September 30, 2012, develop volunteer training programs; create and deploy first Rapid Improvement Team.
- By September 30, 2013, train volunteer coordinators.
- By September 30, 2014, train providers in capacity building.

Continuous improvement and elimination of waste

The Division of Aging and Adult Services will develop and implement the Lean System to identify and eliminate waste. Lean is a systematic approach of continuous improvement, based on the Toyota Production System. Types of waste include unutilized human talent, waiting (time for approval cycles, waiting for information or decisions, waiting for people in meetings), inventory (backing of work, excess materials, obsolete databases), overproduction (unneeded reports and copies, excess e-mail messages), complexity (unnecessary process steps, too many signature levels, unclear job descriptions), and defects (data errors, missing information, errors in documents, confusing instructions or requirements). Lean has the power to change culture because it truly empowers employees to break down silos, rapidly implement change and own the process.

To accomplish this, AAS will train and develop Rapid Improvement Teams consisting of three to five people each. Teams could be composed of an AAA staff member, SUA member, provider, etc. They participate in "Rapid Improvement Events" which look at areas where there are problems - significant bottlenecks, delays, where quality does not meet expectations, or where there are significant financial impacts.

- The Rapid Improvement Team will examine a process or function, identify areas of waste and non-value added steps.
- The Rapid Improvement Team will then develop a new process and design rapid experiments.
- The team will implement the new process, and observe the process to determine efficiency and then adjust and fine-tune the process.

Anticipated timeline

- By September 30, 2012, determine pilot project in nutrition program, create and train one Rapid Improvement Team and host one Rapid Improvement Event.
- By September 30, 2012, train additional Rapid Improvement Teams.

Goal Two: STRENGTHEN AND EXPAND TRAINING OPPORTUNITIES

- Present annual "Aging Services" conferences within Colorado.
- Revise *New Directors Training* to be more hands-on and concrete.

- Strengthen SUA staff development opportunities especially concerning program changes to allow improved service to AAAs.
- Survey AAAs to determine types of training most beneficial / necessary for them. Suggested examples include shared resources, best practices, targeted training, RFPs, fiscal reports, board development, development of evaluation systems and processes, leadership training and coaching, and partnership/alliance development.
- Time trainings to be presented prior to major fiscal reports, information reports required from AAAs.
- Conduct future fiscal trainings via webinars.
- Train to outcomes.
- Invite businesspersons to present trainings of systems efficiencies and best business practices.
- Record webinars and place on the Division of Aging and Adult Services' website for easy access.

Anticipated timeline

- By September 30, 2012, present first "Aging Services" conference; revise New Directors Training; survey AAAs to determine trainings provided; time trainings to be presented prior to major reports due; record webinars and place on AAS website, train to outcomes.
- By September 30, 2013, conduct future fiscal trainings via webinars.
- By September 30, 2014, invite businesspersons to present trainings of systems efficiencies and best business practices.

Goal Three: CREATE SUA GRANTS MANAGEMENT STAFF POSITION

- New position funding acquired.
- Coordination of grants and funding opportunities.
- Maximize economic partnerships with state agencies and partners.

Anticipated timeline

- By September 30, 2014, acquire new state position funding.
- By September 30, 2015, coordinate grants and funding opportunities; maximize economic partnerships with state agencies and partners.

Goal Four: REVIEW AND CHANGE INTRASTATE FUNDING FORMULA, IF APPROPRIATE

- The current Intrastate Funding Formula (IFF) is:
    - 40% Population age 60 years and older.

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

- Convene AAAs, SUA, county governing boards as appropriate, and governing boards of AAAs as appropriate to build upon Intrastate Funding Formula discussions held at Colorado Association of AAAs (C4A) meetings to participate in a facilitated agreement on restructuring of the Intrastate Funding Formula.
- New Intrastate Funding Formula developed and implemented, if appropriate.

Anticipated timeline

- By September 30, 2012, convene AAAs and SUA to discuss IFF.
- By September 30, 2012, convene AAA, SUA, county governing boards and governing boards of AAAs as appropriate to build upon Intrastate Funding Formula discussions held at C4A meetings to participate in a facilitated agreement on restructuring of the Intrastate Funding Formula.

Goal Five: DETERMINE WHETHER TO INSTITUTE COST SHARING

- State / C4A discussion of cost-sharing
- AAA community discussions of cost sharing throughout regions
- Determination made to implement or not.

Anticipated timeline

- By September 30, 2013, State / C4A discussion of cost sharing.
- By September 30, 2014, AAA community discussions of cost sharing throughout regions.
- By September 30, 2015, determination made to implement or not.

Goal Six: REALIGN STATE/AREA PLAN PROCESSES

- Extend date of current Area Plans to September 30, 2015.
- Initiate joint public input and strategy processes.

Anticipated timeline

- By September 30, 2012, extend date of current Area Plans.
- By September 30, 2015, initiate joint public input and strategy processes.

Goal Seven: IMPROVE QUALITY AND OPTIMIZE SERVICES TO ENSURE SERVICES MEET THE CRITICAL OUTCOMES CUSTOMERS VALUE AND STAKEHOLDERS WANT TO PROVIDE

- Institute a culture change of continuous quality improvement to eliminate waste and improve processes
- Develop "Rapid Improvement Teams" for performance and quality improvement.
    - Train Rapid Improvement Team
    - Select pilot project
    - Evaluate, review, and learn from mistakes.
    - Role out into other areas.
    - Evaluate results.
- Develop and implement procurement efficiencies, utilizing nutrition programs as a pilot procurement program.
- Streamline data reporting to reduce AAA workload.
    - Link information on multiple forms.
    - Increase flexibility of funds transfer between parts
    - Update fiscal system to meet more rigorous required accounting procedures.
- Review Aging and Adult Services' Management Information Systems for ability to interact with AAA Systems.
- Develop partnerships with the business community to increase service delivery.

Anticipated timeline

- By September 30, 2012, institute culture change of Continuous Quality Improvement (CQI); develop Rapid Improvement Teams; train teams; select pilot project; evaluate, develop and implement procurement efficiencies.
- By September 30, 2013, role Rapid Improvement Teams into other areas; Paperwork reduction; link information to multiple forms.
- By September 30, 2014, increase flexibility of funds transfer between parts; update fiscal system.
- By September 30, 2015, review AAS Management Information Systems; develop partnerships with business community.

How achieving these goals will improve the system

Three problems AAS faces are lack of adequate funding, lack of personnel, and increased organizational stress. Information on new processes, efficacies and program successes will energize the system and move it to greater strength and efficiencies.

Leaders and facilitators who will keep this moving

- Director of the Division of Aging and Adult Services
- State Unit on Aging staff

Partners who are needed to make this effective

- Governor's Commission on Community Service
- AAAs
- Provider Network

How will AAS know this is successfully implemented?

Trainings will be rated as 4.0 or better on a 5.0 point scale.
Rapid Improvement Teams are developed.
AAAs rate increased efficiency as 4.0 or better on a 5.0 point scale.

Outcome Two: Older adults in Colorado, their families and other consumers are empowered to make informed decisions about, and be able to easily access, existing health and long-term care options

Problem statement

While the CASOA™ found that 65% of respondents overall felt "somewhat" or "very" informed about the services and activities of older adults, there is much to be done to increase accessibility to information. Two recurrent themes heard during public input sessions – especially among lower income older adults describing their perspective on finding services were: "We don't know what services are available" and "You are put through a maze that is impossible to figure out."

Solution statement

Colorado will advance the creation of a fully functioning single entry point system that allows equal access for all to the full range of long-term support options. Colorado's State Unit on Aging will strive to ensure every older adult in every AAA region has equal access to these services. Upon completion of the ARCH network, eligible consumers will be able to receive basic services from ARCH including Information and Assistance, Options Counseling, and assistance accessing public and private programs, either from ARCH staff directly or from a formal ARCH partner. This outcome (along with the budget in Attachment B) is ARCH's (ADRC) five-year operational plan for Colorado.

Goal One: DESIGNATE AN ARCH COORDINATOR

- Dedicate staffing for the statewide ARCH implementation and expansion.
- Identify funding sources.
- Develop Colorado ARCH technical assistance for the ARCH geographic regions.

Goal Two: ESTABLISH ACTIVE ONGOING PARTNERSHIPS

- Obtain community and consumer input to determine service importance.
- State level partners mirrored at local geographic ARCH region.
- Develop and formalize partnerships.
- Review missions of all partners.
- Broaden LTC Advisory Group memberships to align and coordinate planning.
- Set up a specific communication system between stakeholders.
- Champion ARCH to Governor's Office and Legislature.

Goal Three: ESTABLISH A CONSUMER CENTERED SERVICE MAP

- Identify the demographics of potential populations.
- Determine regional and statewide growth.
- Evaluate cost and time involved in becoming an ARCH.
- Determine the ARCH regions statewide.
- Identify responsible agencies and organizations to house ARCH.

Goal Four: IDENTIFY OPERATIONAL PARAMETERS

- Map out stakeholders internal programs and processes to determine duplication or lack of services.
- Develop standard operating procedures.
- Develop shared tools and standardize intake (application) within ARCH sites.
- Formulate statewide role out plan.
- Contract the evaluation of the MIS issues
- Identify data system to be used
- Contract the IT solution at statewide level.
- Evaluate and implement data plan.

Goal Five: EVALUATE AND DISSEMINATE

- Define ARCH activities and reporting data.
- Incorporate program information including classes and information on the Alzheimer's Disease Supportive Services Program (ADSSP), Legal Services programs, Ombudsman program, evidence-based programs and Title VI programs.
- Develop outcome measures / Create evaluation tools.
- Integrate the Quality Assurance (QA) System into the Information Technology (IT) design.
- Identify resources database to be used.

Goal Six: IMPLEMENT EFFECTIVE MARKETING

- Develop marketing plan.
- Conduct statewide tour to educate and identify partners.
- Increase awareness of ARCH in other state departments.
- Expand target to all disability groups.
- Statewide conference on aging and disability (including all stakeholder agencies).

How achieving these goals will improve the system

Colorado can have the best programs in the world – however, if consumers are unable to find these programs, consumers cannot utilize the services. ARCH could become, in future years, the foundation upon which the Division of Aging and Adult Services builds access to all programs.

Leaders and facilitators who will keep this moving

- Division of Aging and Adult Services staff
- Colorado Department of Health Care Policy and Financing staff

Partners who are needed to make this effective

- Colorado Department of Health Care Policy and Financing
- AAAs
- Options for Long-Term Care
- Consumers
- Independent Living Center agencies.

Anticipated timeline

- By September 30, 2012, designate an ARCH Coordinator, identify operational parameters and evaluate progress.
- By September 30, 2013, establish active, ongoing partnerships and establish a consumer-centered map.
- By September 30, 2014, expand ARCH statewide.
- By September 30, 2015, implement effective marketing. The project as outlined above will be completed in five years, by September 30, 2017.

How will AAS know this is successfully implemented?

Consumers receive streamlined information and assistance for long-term care service and support. Satisfaction is measured through annual consumer satisfaction surveys.

Outcome Three: Older adults remain in their homes with high quality of life for as long as possible.

Problem statement

Caregiving is an extraordinarily difficult task. The 2010 CASOA™ survey indicate 59% of older adults in Colorado provide caregiving to another person approximately 17 hours per week. Of these, approximately 28% reported bearing caregiving responsibilities that were problematic. Caregiver stress may put caregivers' health at risk and diminishes abilities to provide appropriate care.

Solution statement

The State Unit on Aging, with support from the Department of Health Care Policy and Financing, and community partners submitted a proposal for funding through the Lifespan Respite Care Act.

Goal One: SUPPORT LIFESPAN RESPITE

- Offer strong support to partners in their application for Lifespan Respite Care Act funds and partner in implementation if/when funding is received.
- Establish a coordinated lifespan respite system to improve delivery of respite services available to families.
- Coordination of ARCH, Lifespan Respite and other grants

How achieving these goals will improve the system

- Consumers will have access to better coordinated respite services through coalition building with local community stakeholders to identify and support respite options.
- With coalition building and training, there will be a decrease in duplicated efforts and services and more transparent access to respite services.

Leaders and facilitators who will keep this moving

- State Unit on Aging staff
- Colorado Department of Health Care Policy and Financing (HCPF) staff
- Colorado Respite Coalition

Partners who are needed to make this effective

- Colorado Department of Health Care Policy and Financing
- Colorado Respite Coalition
- Colorado Chronic Disease Collaborative

- Trained caregivers and volunteers

Anticipated timeline

- By September 30, 2012, offer strong support to partners in their application for Lifespan Respite Care Act funds and partner in implementation if/when funding is received.
- By September 30, 2014, establish a coordinated lifespan respite system to improve delivery of respite services available to families.
- By September 30, 2015, coordination of ARCH, Lifespan Respite and Other grants.

How will AAS know this is successfully implemented?

- An annual increase of number of calls to ARCH's case managers
- Coalition building with local providers and stakeholders
- The number of individuals trained to provide respite care
- A decrease in out of home placements because of access of respite services

Goal Two: INCREASE ACCESS TO BEHAVIORAL AND MENTAL HEALTH SERVICES FOR OLDER ADULTS

Problem statement

In 2010 the State of Colorado and AAAs conducted the *Community Assessment Survey for Older Adults - CASOA*™. One question asked was whether "feeling depressed" was "no problem" (63%), a "minor problem" (24%), a "moderate problem" (10%), a major problem (3%). Based on responses to this survey, for over 100,000 older adults, depression is a moderate or major problem.

Solution statement

Create and expand partnerships to develop innovative programs, educate providers and allow access to needed behavioral and mental health treatment for older adults.

How AAS will accomplish this goal

- Participate in the planning and implementation of Senior Summits and Mental Health / Substance Abuse workshops.
- Expand information available to older adults on depression.
- Review opportunities to create collaborations to apply for appropriate funding in partnership.
- Investigate incorporation of mental health navigators into ARCH.
- Seek to implement an evidence-based mental health program statewide such as PEARLS or Senior Reach.

How achieving these goals will improve the system

By working together, local and state partnerships will be increased

Leaders and facilitators who will keep this moving

- State Unit on Aging staff
- CDHS Division of Behavioral Health staff
- Jefferson Center for Mental Health staff

Partners who are needed to make this effective

The State Unit on Aging, in partnership with the Mental Health Planning and Advisory Council, Division of Behavioral Health, the Colorado Department of Public Health and Environment's Office of Suicide Prevention, and the Suicide Coalition of Colorado.

Anticipated timeline

- By September 30, 2012, participate in the planning and implementation of Senior Summits and Mental Health / Substance Abuse workshops. Investigate incorporation of mental health navigators into ARCH.
- By September 30, 2013, expand information available on depression.
- By September 30, 2014, review opportunities to create collaborations to apply for appropriate funding in partnership.
- By September 30, 2015, seek to implement an evidence-based mental health program statewide such as PEARLS or Senior Reach.

How will AAS know this is successfully implemented?

Increase in strong partnerships and mutual assistance to ease access to needed services.

Goal Three: EQUAL ACCESS TO OLDER AMERICANS ACT SERVICES FOR MEMBERS OF THE DEAF AND HARD OF HEARING COMMUNITIES

Problem statement

For many members of the deaf community, American Sign Language is their primary language and English is a second language. Many members of this community are socially isolated and lack access to Older American's Act programs.

Solution statement

The Division of Aging and Adult Services will work to eliminate the socio-economic and cultural barriers that limit access to, utilization of, and quality of services offered under the *Older Americans Act* to all persons, especially those with disabilities and those who are low-income.

How AAS will accomplish this goal

- An initial training session/dialogue provided by the Colorado Commission for the Deaf and Hard of Hearing. (CCDHH).
- Use of CCDHH's Telecommunication Equipment Distribution Program (TEDP) to disseminate information on *Older Americans Act* programs.
- Installation of video log with voice carry-over and caption on the Division of Aging and Adult Services' website.
- Installation of a video log with voice carry-over and caption on at least one AAA website.
- Ombudsmen collaborate with nursing home and assisted living residence staff and CCDHH to census number and location of deaf and hard of hearing residents in Colorado nursing homes and assisted living residences, if funding is available.
- Insert requests for interpreters and assistive technology into grants.
- Promote an effective collaboration between the CCDHH, nursing homes, retirement communities and assisted/ independent living centers that provide programs and services to older adults to conduct communication accessibility assessment to help determine their current state of communication accessibility for the deaf and hard of hearing senior citizens, and make recommendations for future improvement.
- Statewide communication accessibility assessment provided by CCDHH.

How achieving these goals will improve the system

The *Americans with Disabilities Act* has proven time and again that removing barriers for one population often results in barriers removed for all populations. Promoting equal access for all will assist in the streamlining and ease of access for all older adults.

Leaders and facilitators who will keep this moving

- State Unit on Aging staff
- Colorado Commission for the Deaf and Hard of Hearing staff

Partners who are needed to make this effective

Colorado Department of Public Health and Environment; Colorado Department of Health Care Policy and Financing; Colorado Commission for the Deaf and Hard of

Hearing; The Legal Center for People with Disabilities and Older People; ombudsmen.

Anticipated timeline

- By September 30, 2012, initial training session/dialogue provided by the Commission for the Deaf and Hard of Hearing; insert requests for interpreters and assistive technology into grants; use of the Commission for the Deaf and Hard of Hearing Telecommunication Equipment Distribution Program (TEDP) to disseminate information on *Older Americans Act* programs; and installation of video log on the Division of Aging and Adult Services' website.
- By September 30, 2013, installation of a video log on at least one metro area website.
- By September 30, 2015, ombudsmen collaborate with nursing home and assisted living residence staff and the Commission for the Deaf and Hard of Hearing to census number and location of deaf and hard of hearing residents in Colorado nursing homes and assisted living residences, if funding is available.

How will AAS know this is successfully implemented?

Increased usage of Older Americans Act programs by members of the deaf and hard of hearing communities.

Goal Four: INCREASE EFFICIENCIES IN NUTRITION PROGRAMS

Problem statement

According to CASOA™, overall 10% of the older adult population considers having enough food to eat at least a minor problem. This figure rises to 21% of older adults who are low income. The inability to maintain a healthy diet is reported by 39% of older adults in Colorado. The nutrition programs are the OAA largest programs. Rising food and transportation costs especially impact them.

Solution Statement

The nutrition program will be AAS' first pilot project to increase efficiencies and reduce procurement costs.

How AAS will accomplish this goal

- Increase low-income and minority participation through use of 2010 U.S. Census data for targeting and prioritization.
- Increase service delivery efficiency through Rapid Improvement Teams.
- Cooperative purchases of equipment and supplies.
- Explore pilot feasibility of single source menu creation and nutrient analysis.

- Review shared nutrient databases such as the MenuLibrary.
- Increase partnerships, collaboration, resource sharing, and cooperation across AAA regions.
- Create linkages and partnerships with restaurants, businesses, universities, and schools.
- Train to outcomes.
- Link to medical community.
- Review current technology and uses of technology.
- Strengthen nutrition education and nutrition counseling.

How achieving these goals will improve the system

Cost reduction as a result of greater efficiencies.

Leaders and facilitators who will keep this moving

State Unit on Aging staff

Partners who are needed to make this effective

- AAA Directors
- CANSD – Colorado Association of Nutrition Service Directors

Anticipated timeline

- By September 30, 2012, initiate rapid improvement pilot projects, select partner non-profit purchasing agent(s); train to outcomes, review current technology.
- By September 30, 2013, explore pilot feasibility of single source menu creation and analysis, link to medical community, and review current technology.
- By September 30, 2014, increase low-income and minority participation, increase procurement efficiencies, increase service delivery efficiencies, increase partnerships, collaboration, resource sharing, and cooperation across AAA regions in areas such as RD sharing, vendor sharing, menus, etc.; and create linkages and partnerships through common trainings in businesses and schools.
- By September 30, 2015, strengthen nutrition education and nutrition counseling.

How will AAS know this is successfully implemented?

All regions that participate would be provided with a cost efficient, consistent and compliant nutrition program. There will be an improvement in nutrition risk score by older adults who participate in the program.

Goal Five: MAKE ORAL HEALTH SERVICES AVAILABLE TO LOW-INCOME AND RURAL OLDER ADULTS AND THOSE WHO PARTICIPATE IN NUTRITION PROGRAMS

Problem statement

Older adults with serious oral health problems often are able to eat only with extreme difficulty. As oral health diminishes, nutrition diminishes and other related problems increase. The CASOA survey reports that 41% of older adults in Colorado have tooth or mouth problems.

Solution statement

Strengthen the connection between meal sites and oral health services. Strengthen partnerships between the Division of Aging and Adult Services and partners. Provide opportunities to improve oral health in low-income, rural regions.

How AAS will accomplish this goal

- Support the full restoration of the Old Age Pension (OAP) Dental Program.
- With partners, develop education program on oral health for older adults.
- Promote fluoride varnishes.
- Strengthen current partnerships and create new partnerships

    - Deepen strong partnership with Oral Health Unit at CDPHE.
    - Investigate new partnership with Department of Defense to provide care or infrastructure for oral health services.
    - Create partnerships with Schools of Dentistry and Medicine.
    - Partner with organizations such as Mission of Mercy to expedite oral health services to older adults.
    - Create partnerships with regional dental associations to increase coordination of outreach efforts to local dentists.

- Investigate feasibility for partnership with AAAs, Councils of Governments and other partners to purchase unused time of Mobile Dental Vans in lower-income and underserved areas of the state.

How achieving these goals will improve the system

Stronger partnerships and increased flexibility of funding will enhance oral health and quality of life for low-income older adults in rural areas of the state and for participants of congregate meal programs.

Leaders and facilitators who will keep this moving

- State Unit on Aging staff

- CDPHE Oral Health Unit staff

Partners who are needed to make this effective

Oral Health Unit of the Colorado Department of Public Health and Environment.

Anticipated timeline

- By September 30, 2012, promote fluoride varnishes.
- By September 30, 2014, advocate for restoration of OAP Dental; increase partnerships.
- By September 30, 2015, increase number of trained RDs to conduct oral health screenings at congregate meal sites; investigate methods of purchasing time for unused Mobile Dental Vans.

How will AAS know this is successfully implemented?

Lower percentage of people reporting oral health problems in surveys conducted such as CASOA™ or BRFSS (Behavioral Risk Factor Surveillance System).

Goal Six: FOSTER INDIVIDUAL ECONOMIC SELF-SUFFICIENCY THROUGH SCSEP (SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM)

Problem Statement

Unemployed low-income persons have dismal employment prospects.

Solution Statement

Enhance employment opportunities through training and placement.

How AAS will accomplish this goal

- Review and renew Memorandums of Understanding (MOU) with the local workforce centers.
- MOUs developed above with both the workforce centers and the state SCSEP providers will require SCSEP participants to enroll in the local workforce centers national career readiness certificate series entitled WorkKeys to receive credentials certifying skill competency levels. WorkKeys is a job skills assessment system measuring "real world" skills that employers believe are critical to job success. These skills are valuable for any occupation, skilled or professional, and at any level of education. WorkKeys Assessments are administered at the Workforce Centers.
    - WorkKeys will identify employability skill gaps of the participant.

  - WorkKeys will provide training to enhance the participant's foundational skill levels.
  - WorkKeys will identify skills required for specific jobs.
  - WorkKeys will certify workforce readiness.
  - Participants will complete the certificate series on the job with employer's approval.
  - Employers will use WorkKeys to determine hiring qualifications.
  - The SCSEP Administrator will provide education on the need for the workforce centers to implement WorkKeys and the need for specific training programs for SCSEP participants.

- Continue to develop relationships with the local media promoting SCSEP statewide.

  - Focus on securing "green industries" as host agencies.
  - Participants will be trained in "green industries" enhancing employment opportunities in "green" field.
  - Participants who are Veterans will apply to Veterans Green Jobs.
  - The Administrator of SCSEP will contact the state energy office and work with the office to develop an action plan that provides opportunities to participants seeking employment in the "green" field.

- Newly enrolled SCSEP participants who are placed within state agencies will participate in new employee training for state workers pending approval from Human Resources.

How achieving these goals will improve the system

Memorandums of Understanding will systematize program.

Leaders and facilitators who will keep this moving

State Unit on Aging staff

Partners who are needed to make this effective

- State Unit on Aging staff
- Local Workforce Centers

Anticipated timeline

By September 30, 2012, all strategies included under "How AAS Will Do It" will be implemented.

How will AAS know this is successfully implemented?

Increase in the number of eligible individuals aged 55 and older who gain unsubsidized employment as a result of the Senior Employment Program

Outcome Four: Older adults in Colorado stay active and healthy.

Problem statement

Many older adults do not know how to self-manage health conditions.

Solution statement

Focus on prevention activities of evidence-based programs to teach self-management and assist older adults to acquire these skills.

Goal One: EXPAND AVAILABILITY AND TYPE OF EVIDENCE-BASED PROGRAMS.

How AAS will accomplish this goal

- Share resources across regional lines.
- Include information on evidence-based programs in ARCH (ADRC).
- Train the trainers.
- Shift of greater proportion of financial resources toward evidence-based programs.
- Publicize the program to insurance companies, medical centers and physicians.
- Create partnerships in areas where older adults tend to congregate:
    - Houses of worship,
    - Grocery stores,
    - Medical offices,
    - Community centers, and
    - Multi-unit housing.

How achieving these goals will improve the system

A focus on prevention-evidence-based programs that train older adults to become good self-managers of health conditions will ultimately result in a decrease in the percentage of overall consumers in the system and an increase in time available to spend with the most critical persons who need assistance.

Leaders and facilitators who will keep this moving

State Unit on Aging staff

Partners who are needed to make this effective

- AAA Directors
- Aging Service Network Providers

- Colorado Department of Public Health and Environment
- Volunteers

Anticipated timeline

- By September 30, 2014, expand availability and type of evidence-based programs.
- By September 30, 2015, publicize the program to insurance companies, medical centers and physicians; create partnerships in areas where older adults tend to congregate

How will AAS know this is successfully implemented?

Positive changes in health of older adults who participate in evidence-based programs. Outcomes of each individual program line up with original research.

Goal Two: STRENGTHEN FALL PREVENTION PROGRAMS

Problem statement

Approximately 30% of all respondents of the 2010 CASOA™ reported injuring themselves in a fall during the preceding twelve months.

Solution statement

Decrease in fall-related injuries through participation in A Matter of Balance™ and other evidence-based fall prevention programs.

How AAS will accomplish this goal

- Collaboration with federal, state and local agencies involved in older adult wellness.
- Collaboration with medical communities.
- Identification of sources to fund statewide initiatives and local fall prevention programs.
- Dissemination of quality informational materials on fall prevention.

How achieving these goals will improve the system

System-wide sharing of resources and identification of funding sources will assist to expand programs throughout the system.

Leaders and facilitators who will keep this moving

State Unit on Aging staff

Partners who are needed to make this effective

- Tri-County Health Department
- AAAs
- Colorado Department of Public Health and Environment
- Colorado Department of Human Services Traumatic Brain Injury Program

Anticipated timeline

- By September 30, 2012, initiate collaboration with federal, state and local agencies involved in older adult wellness; initial Identification of sources to fund statewide initiatives and local fall prevention programs.
- By September 30, 2013, disseminate quality informational materials on fall prevention.
- By September 30, 2014, collaboration with medical communities; identification of sources to fund statewide initiatives and local fall prevention programs.

How will AAS know this is successfully implemented?

- Decrease in falls as measured by BRFSS (Behavioral Risk Factor Surveillance System) or CASOA™.
- Number of older adults who attend Matter of Balance and other evidence-based fall prevention programs.

Outcome Five: Older adults in Colorado are free of abuse, neglect and exploitation

Problem statement

The number of older adults who are in need of Legal Services exceeds the Division of Aging and Adult Services' ability to deliver these services. Legal Services are among the most expensive to provide. CASOA™ cites that 14% of older adults report being a victim of crime, 15% report being a victim of fraud or a scam, and 7% report being physically or emotionally abused.

Solution statement

Implement increased efficiencies in legal services.

Goal One: INCREASE EFFICIENCIES IN LEGAL SERVICES

How AAS will accomplish this goal

- Increase efficiencies in Legal Services:
    - Training by The Legal Center for People with Disabilities and Older People on most essential uses of legal funding.
        - Create flow chart of best cases to be handled by *pro bono* attorneys.
        - Statewide access to 800 number for intake prior to referral to *pro bono* attorneys.
        - Refer simple wills, power of attorneys, medical power of attorneys, and other legal documents to *pro bono* attorneys when possible.
    - Seek funding for full-time Colorado Legal Assistance Developer (CLAD) and part-time legal assistant.
    - Identify legal services within AAA contracts with Legal Providers' Scope of Services section.
    - Determine cost and efficiency savings of statewide contract for legal services with input from SUA, C4A, and other stakeholders.
    - Implement statewide contract if justified by maintenance of quality, and cost and efficiency savings.

How achieving these goals will improve the system

The most serious cases will receive first priority. Mechanisms will be in place to treat large numbers of routine situations.

Leaders and facilitators who will keep this moving

State Unit on Aging staff

Partners who are needed to make this effective

- AAAs
- Colorado Legal Services
- The Legal Center for People with Disabilities and Older People

Anticipated timeline

- By September 30, 2012, Training by The Legal Center for People with Disabilities and Older People on essential uses of legal funding,
- Create flow chart of best cases to be handled by pro bono attorneys.
- Identify legal services within AAA contracts with Legal Providers' Scope of Services section.
- By September 30, 2013, Statewide access to 800 number for intake prior to referral to pro bono attorneys; Refer simple wills, power of attorneys, medical power of attorneys, and other legal documents to pro bono attorneys when possible.
- By September 30, 2014, seek funding for full-time Colorado Legal Assistance Developer (CLAD) and part-time legal assistant.
- By September 30, 2015, Determine cost and efficiency savings of statewide contract for legal services with input from SUA, AAAs, and other stakeholders; implement statewide contract if justified by cost and efficiency savings.

How will AAS know this is successfully implemented?

- On site evaluations, scope of work and contract reviews.
- Review of cases receiving legal assistance and those denied.

Goal Two: INCREASE EFFICIENCIES IN OMBUDSMAN PROGRAM

Problem Statement

Ombudsmen serve the frailest consumers within the system. Greater resources are needed to allow them to do their job.

Solution Statement

Increased efficiencies and resources will be dedicated to the Ombudsman Program.

How AAS will accomplish this goal

- Enhance ombudsman training / cross training to increase access to resources, services and information.
- Seek additional grant funding for a community-based Long-Term Care Ombudsman.
- Support minimum of two ombudsmen per region.

How achieving these goals will improve the system

Enhanced training will strengthen the expertise and aid in the retention of ombudsmen.

Leaders and facilitators who will keep this moving

State Unit on Aging staff

Partners who are needed to make this effective

- Colorado Long-Term Care Ombudsmen
- AAAs

Anticipated timeline

- By September 30, 2013, enhance ombudsman training / cross training to increase access to resources, services and information.
- By September 30, 2014, Seek funding for a community-based Long-Term Care Ombudsman; Support minimum of two ombudsmen per region.

How will AAS know this is successfully implemented?

- Placement and retention of ombudsmen.
- State Unit of Aging and AAA monitoring of local programs.

ADDITIONAL PROGRAM INFORMATION

A. Current Programs

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 AAAs 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. SCSEP administration is a collaborative process with national and state employers and contractors.

The *Older Americans Act* requires the state to designate 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. Consumer control and choice through the use of vouchers and consumer selection of providers is being incorporated into several programs as feasible. Colorado is currently investigating participation in the Veterans Directed Home and Community-Based Services.

ADSSP (Alzheimer's Disease Supportive Services Program) is a collaborative project among the State Unit on Aging, the Area Agencies on Aging, and Colorado State University to provide resources such as the evidence-based *Savvy Caregiver* program to enable persons with Alzheimer's Disease and related disorders to remain living in the community longer.

ARCH (Adult Resources for Care and Help) is designed to streamline access to long-term care. The ARCH program seeks to effectively integrate the full range of long-term supports and services into a single, coordinated system. By simplifying access to long-term care systems, ARCH targets services to older adults and individuals with physical disabilities, serious mental illness, and/or developmental/intellectual disabilities

The **Disease Prevention and Health Promotion Program** provides a diverse array of services including: evidence-based classes; 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 AAAs. The state stipulates it will not supplant pre-existing funds to carry out vulnerable elder rights protection activities.

Evidence-Based Programs provide older adults with tools to maintain their health, reduce their risk of developing chronic diseases, and manage their on-going health conditions to live as independently as possible. Evidence-based programs have been tested through randomized controlled trials and have been proven effective at improving and/or maintaining the health status of older adults. These programs are provided successfully by community-based human services organizations, using non-clinical workers and/or volunteers.

Evidence-based programs help older adults to improve and/or maintain their physical and mental health, reduce their risk of falling, gain valuable tools as caregivers, and better manage their chronic diseases. Programs in Colorado include the Chronic Disease Self-Management Program™ and Diabetes Self-Management Program™ (funded under the American Recovery and Reinvestment Act of 2010), Healthy Moves for Aging Well™, Powerful Tools for Caregivers™, Savvy Caregiver™, and A Matter of Balance™.

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 AAAs 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 AAAs 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 residing 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 AAAs. 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. 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 either a congregate setting, such as a senior center or in a home setting. Congregate meal sites ensure a nutritionally balanced diet and provide opportunities for socialization and health and wellness programming. The Home Delivered Meals for homebound consumers provides meals to older adults in a home setting to ensure the consumer receives a nutritionally balanced diet. Other services include nutrition screening, assessment, nutrition education and nutrition counseling to help older adults to manage chronic conditions and/or plan and prepare meals that are healthy and economical. These programs assist older adults to manage health problems and enhance well-being. Consumers receive services through local service providers and AAAs.

The **Senior Community Service Employment Program (SCSEP**) promotes and fosters part-time employment training in community service for unemployed, low-income persons age 55 and older that have poor employment prospects but are working toward employment. Priority is given to those 65 years of age or older; have a disability; have Limited English Proficiency (LEP) or low literacy skills; reside in rural areas; are homeless or at risk of being homeless; are of ethnic minority; and have the greatest social need. The program is designed to foster individual economic self-sufficiency. SCSEP host agencies are non-profit or government agencies. Host agencies are obligated to actively participate in training SCSEP participants.

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 AAAs.

B. Title III and 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. American Indian 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 American Indian groups.

The San Juan Basin AAA in the Southwest corner of Colorado works with the Ute Mountain Ute and the Southern Ute American Indian 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 American Indian elders. The services for transportation, nutrition, outreach, elder day care, and older adult centers are coordinated with the tribal organizations. The AAA 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 AAA staff invites the Senior Service staff of American Indian 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, Supplemental Nutrition Assistance Program (SNAP), 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 arranges coordination meetings with AAA 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 American Indian Elders to coordinate state programs.

The AAA 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.

C. Emergency Preparedness and Continuity of Operations Planning

Colorado's Emergency Preparedness and Continuity of Operations Planning is included in Section 700 of the State Unit on Aging's Policy and Procedure Manual and Section 10.213 of the Human Services Staff Manual (Volume 10.) A Policy Directive on Emergency Preparedness and Continuity of Operations Planning is sent annually to the AAAs.

D. Consumer Control and Choice

The State Unit on Aging continues to expand opportunities for consumer control and choice. The majority of AAAs offer vouchers for National Family Caregiver Support Services and the SUA is looking at expanding consumer direction in transportation, material aid and other Title III services.

E. Fiscal Control Assurance

The SUA assures 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.

F. Case Management Services

Area Agencies on Aging are allowed to continue to provide case management services and Area Agencies on Aging are allowed to directly provide information and assistance services and outreach.

Attachment A: SUMMARY OF OUTCOMES, GOALS, AND STRATEGIES

Outcomes, Goals, and Strategies	Anticipated Date of Completion			
	9/30/12	9/30/13	9/30/14	9/30/15
Outcome One: As a result of quality management practices, program efficiencies and performance-based outcomes; older adults in Colorado will have increased availability of services.				
GOAL ONE: INCREASE CAPACITY				
Develop volunteer training programs;	x			
Train volunteer coordinators.		x		
Train providers in capacity building			x	
GOAL TWO: STRENGTHEN AND EXPAND TRAINING OPPORTUNITIES				
Present first "Aging Services" conference	x			
Revise AAA New Directors Training	x			
Survey AAAs to determine trainings provided	x			
Time trainings to be presented prior to major reports due	x			
Record webinars and place on AAS website	x			
Train to outcomes		x		
Conduct future fiscal trainings via webinars			x	
Invite businesspersons to present trainings of systems efficiencies and best practices.				x
GOAL THREE: CREATE SUA GRANTS MANAGEMENT STAFF POSITION				
Acquire new position funding.			x	
Coordinate grants and funding opportunities; maximize economic partnerships with state agencies and partners.				x
GOAL FOUR: REVIEW AND CHANGE INTRASTATE FUNDING FORMULA (IFF) IF APPROPRIATE				
Convene AAAs and SUA to discuss IFF	x			
Convene county governing boards, and governing boards of AAAs as appropriate to participate with SUA and AAAs in a facilitated agreement on IFF		x		
New Intrastate Funding Formula reviewed developed and implemented as appropriate				X
GOAL FIVE: DETERMINE WHETHER TO INSTITUTE COST-SHARING				
State / C4A discussion of cost-sharing		x		
AAA community discussions of cost sharing			x	

Outcomes, Goals, and Strategies	**Anticipated Date of Completion**			
	9/30/12	**9/30/13**	**9/30/14**	**9/30/15**
throughout regions				
Determination made to implement or not.				x
GOAL SIX: REALIGN STATE / AREA PLAN PROCESSES				
Extend date of current Area Plans to September 30, 2015.	x			
Initiate joint public input and strategy processes.				x
GOAL SEVEN: IMPROVE QUALITY AND OPTIMIZE SERVICES TO ENSURE SERVICES MEET THE CRITICAL OUTCOMES CUSTOMERS VALUE AND STAKEHOLDERS WANT TO PROVIDE				
Institute a culture change of continuous quality improvement to eliminate waste and improve processes.	x			
• Develop "Rapid Improvement Teams" for performance and quality improvement. • Train Rapid Improvement Team • Select pilot project • Evaluate, review, and learn from mistakes. • Role out into other areas. • Evaluate results.	x x x x	 x x		
Develop and implement procurement efficiencies, utilizing nutrition programs as a pilot procurement program.		x		
Paperwork reduction to reduce AAA workload. • Link information on multiple forms. • Increase flexibility of funds transfer between parts • Update fiscal system to meet more rigorous required accounting procedures. • Review AAS' Management Information Systems for ability to interact with AAA Systems.		 x x x x		
Develop partnerships with the business community		x		x
Outcome Two: Older adults in Colorado, their families and other consumers are empowered to make informed decisions about, and be able to easily access, existing health and long-term care options.				
GOAL ONE: DESIGNATE AN ARCH COORDINATOR	x			

Outcomes, Goals, and Strategies	**Anticipated Date of Completion**			
	9/30/12	**9/30/13**	**9/30/14**	**9/30/15**
• Dedicate staffing	x			
• Identify funding sources	x			
• Develop ARCH technical assistance	x			
GOAL TWO: ESTABLISH ACTIVE ONGOING PARTNERSHIPS	x			
• Obtain community /consumer input	x			
• State partners mirror local	x			
• Develop and formalize partnerships	x			
• Review missions of partners	x			
• Broaden LTC advisory group	x			
• Set up stakeholder communication	x			
• Establish ARCH champions	x			
GOAL THREE: ESTABLISH A CONSUMER CENTERED SERVICE MAP		x		
• Identify demographics		x		
• Determine growth		x		
• Evaluate cost and time		x		
• Determine ARCH regions		x		
• Identify responsible agencies		x		
GOAL FOUR: IDENTIFY OPERATIONAL PARAMETERS	x			
• Map internal programs / processes	x			
• Develop SOPs	x			
• Develop shared tools and intake	x			
• Formulate roll-out plan	x			
• Contract evaluation of MIS	x			
• Contract IT solution	x			
• Evaluate and implement data plan	x			
GOAL FIVE: EVALUATE AND DISSEMINATE				x
• Define ARCH activities and reporting data				x
• Develop outcome measures				x
• Create evaluation tools				**x**
• Integrate QA into IT design				x
• Identify resources database				x

Outcomes, Goals, and Strategies	**Anticipated Date of Completion**			
	9/30/12	**9/30/13**	**9/30/14**	**9/30/15**
GOAL SIX: IMPLEMENT EFFECTIVE MARKETING				x
• Develop marketing plan				x
• Educate and identify partners				x
• Increase ARCH awareness				x
• Expand to all disability groups				x
• Conduct a statewide conference				x
Outcome Three: Older adults remain in their homes with high quality of life				
GOAL ONE: SUPPORT LIFESPAN RESPITE				
Offer strong support to partners in their application for Lifespan Respite Care Act funds and partner in implementation if/when funding is received.	x			
Establish a coordinated lifespan respite system to improve delivery of respite services available to families.			x	
Coordination of ARCH, Lifespan Respite and other grants				x
GOAL TWO: INCREASE ACCESS TO BEHAVIORAL AND MENTAL HEALTH SERVICES FOR OLDER ADULTS				
Participate in the planning and implementation of Senior Summits and Mental Health / Substance Abuse workshops.	x			
Investigate incorporation of mental health navigators into ARCH.	x			
Expand information available on depression.	x			
Review opportunities to create collaborations to apply for appropriate funding in partnership.	x			
Seek to implement an evidence-based program statewide such as PEARLS or Senior Reach	x			
GOAL THREE: EQUAL ACCESS TO *OLDER AMERICANS ACT* SERVICES FOR MEMBERS OF THE DEAF AND HARD OF HEARING COMMUNITIES				
An initial training session/dialogue provided by the Commission for the Deaf and Hard of Hearing.	x			
Insert requests for interpreters and assistive technology into grants.	x			
Use of the Commission for the Deaf and Hard of Hearing Telecommunication Distribution Program (TEDP) and Aging and Adult Services' electronic	x			

Outcomes, Goals, and Strategies	**Anticipated Date of Completion**			
	9/30/12	**9/30/13**	**9/30/14**	**9/30/15**
Installation of video log on the Division of Aging and Adult Services' website.	x			
Installation of a video log on at least one AAA website.		x		
Ombudsmen collaborate with nursing home and assisted living residence staff and the Commission for the Deaf and Hard of Hearing to census number and location of deaf and hard of hearing residents in Colorado nursing homes and assisted living residences, if funding is available.				x
GOAL FOUR: INCREASE EFFICIENCIES IN NUTRITION PROGRAMS				
Decrease malnutrition and food insecurity				x
Increase low-income and minority participation			x	
Initiate rapid improvement pilot projects	x			
Increase procurement efficiencies			x	
Increase service delivery efficiencies			x	
Explore pilot feasibility of single source menu creation and analysis.		x		
Increase partnerships, collaboration, resource sharing and cooperation across AAA regions in areas such as RD sharing, vendor sharing, & menus			x	
Train to outcomes	x			
Link to medical community		x		
Review current technology and uses	x			
Strengthen nutrition education and nutrition counseling.				x
GOAL FIVE: MAKE ORAL HEALTH SERVICES AVAILABLE TO LOW-INCOME AND RURAL OLDER ADULTS AND THOSE WHO PARTICIPATE IN NUTRITION PROGRAMS				
Support for the full restoration of Old Age Pension (OAP) Dental and other legislative issues.				x
With partners, develop education program on oral health for older adults.		x		
Promote fluoride varnishes.	x			
Strengthen current partnerships and create new partnerships		x		
Investigate feasibility for partnership with AAAs, Councils of Governments and other partners to purchase unused time of Mobile Dental Vans in				x

Outcomes, Goals, and Strategies	**Anticipated Date of Completion**			
	9/30/12	**9/30/13**	**9/30/14**	**9/30/15**
lower-income, rural areas of the state.				
GOAL SIX: FOSTER INDIVIDUAL ECONOMIC SELF-SUFFICIENCY THROUGH SCSEP (SENIOR COMMUNITY SERVICES EMPLOYMENT PROGRAM)				
Review and renew Memoranda of Understanding (MOU) with the local workforce centers.	x			
Provide education to workforce centers	x			
Continue to develop relationships with the local media promoting SCSEP statewide.	x			
Provide opportunities to participants seeking employment in the "green" field.	x			
Newly enrolled SCSEP participants who are placed within State Agencies will participate in new employee training for State workers.	x			
Outcome Four: Older adults in Colorado stay active and healthy				
GOAL ONE: EXPAND AVAILABILITY AND TYPE OF EVIDENCE-BASED PROGRAMS				
Publicize the program to insurance companies, medical centers and physicians.				x
Create partnerships in areas where older adults tend to congregate.				x
Collaboration with federal, state and local agencies involved in older adult wellness.	x			
Collaboration with medical communities.			x	
GOAL TWO: STRENGTHEN FALL PREVENTION PROGRAMS				
Identification of sources to fund statewide initiatives and local fall prevention programs.			x	
Dissemination of quality informational materials on fall prevention.		x		
Outcome Five: Older adults in Colorado are free of abuse, neglect and exploitation				
GOAL ONE: INCREASE EFFICIENCIES IN LEGAL SERVICES				
Training on most essential uses of legal assistance.			x	
Create flow chart of best cases to be handled by *pro bono* attorneys.			x	
Statewide access to 800 number.				x
Refer simple wills, power of attorneys, medical power of attorneys, and other legal documents to *pro bono* attorneys when possible.				x

Outcomes, Goals, and Strategies	**Anticipated Date of Completion**			
	9/30/12	**9/30/13**	**9/30/14**	**9/30/15**
Seek funding for FT Colorado Legal Assistance Developer (CLAD) and part-time legal assistant.			x	
Identify legal services within AAA contracts.	x			
Determine cost and efficiency savings of statewide contract for legal services.			x	
Implement statewide contract if justified by cost and efficiency savings.				x
GOAL TWO: INCREASE EFFICIENCIES IN OMBUDSMAN PROGRAM				
Enhance ombudsman training / cross training		x		
Seek funding for a community-based Long-Term Care Ombudsman.			x	
Support minimum two ombudsmen per region.			x	

Attachment B: ADRC/ARCH PLAN

Contact Information

State Name	Colorado
Grantee contact person	Todd Coffey
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Participants in ARCH/ADRC Statewide Plan Development

Name & Title	***Organization***
Tim Cortez, Supervisor	State Medicaid Agency (required)
Todd Coffey, Manager Peggy Spaulding, Program Specialist Todd Swanson, Program Specialist	State Unit on Aging (required)
Pauline Burton, Deputy Executive Director	State Disability Agency (required)
Regions 1,2A,2B,3A,3B,4,6,7,8,9,11,12,13,14	Area Agencies on Aging
Linda Taylor, Grand Junction, CIL Todd Coffey, Council Member	Centers for Independent Living Developmental Disability Governor Appointed Council Member

Section I: Vision and Goals

The Colorado Department of Human Services (CDHS) and the Colorado Department of Health Care Policy and Financing (HCPF) received funding from an Aging and Disability Resource Center (ADRC) Grant in 2005 to develop Adult Resources for Care and Help (ARCH) in Colorado. ARCH utilizes the resources and knowledge base of existing agencies including: the Area Agencies on Aging (AAAs), Options for Long Term Care (OLTCs) Agencies (AKA Single Entry Point (SEPs) Agencies), Centers for Independent Living (CILs); and other long term care providers. The goal of Colorado ARCH is to improve access to information and assistance for long-term care services for aging and disabled adults in Colorado. ARCH coordinates with community agencies and stakeholders to streamline access to both publicly and privately funded services. Expected outcomes of ARCH include: long term care services, resources, and supports are made known to consumers in Colorado; long term care services, resources and supports are easily accessed; Resource Specialists improve the connections and collaboration to these services; and accessing the best fit for services expands consumer choice. ARCH currently covers 34.0% of the population and 45.6% of the square miles in Colorado. By the end of September 30, 2012, it is anticipated that

96.4% of the population and 75.4% of the square miles in Colorado will be covered. The final expansion of ARCH statewide to include the remaining population and square miles is anticipated to be completed by September 30, 2014.

Colorado also received two Affordable Care Act Grants. One to standardize Options Counseling within ARCH Statewide and the other to provide Care Transition Coaches from the hospital to home to avoid re-hospitalization in Mesa County. ARCH Options Counseling statewide policies and procedures shall be piloted beginning October 1, 2011 and after an evaluation of the policies and procedures the standards will be finalized by September 30, 2012. The Care Transition Program in Mesa County will be evaluated to determine if a decrease in re-hospitalization is obtained by September 30, 2012. ARCH shall explore other Care Transition funding, including grant opportunities and hospital resources.

State ARCH/ADRC Vision Statement:
Connecting Colorado Consumers to resources for long term care through a strong, consistent, and accessible system known as Adult Resources for Care and Help (ARCH).

State ARCH/ADRC Goal #1:

Designate An ARCH Coordinator

Description of Approach

Colorado will evaluate the available funding sources to provide a dedicated staff for the statewide ARCH implementation and expansion, including evaluation of current staffing structure within the State Unit on Aging. An ARCH Coordinator is anticipated to be designated by September 30, 2012. The designated ARCH Coordinator will provide technical assistance for all ARCH sites. The designated ARCH Coordinator will oversee the development of ARCH tools to be shared and implemented statewide. The designated ARCH Coordinator will explore funding opportunities to include foundations, grants, and other available funding.

How will you measure progress toward your goal?

A designated ARCH Coordinator will be available to provide assistance to all the ARCH sites.

What are your anticipated barriers? How will you address these challenges?

AAAs, CILs, and long-term care providers in Colorado are experiencing budget cuts and staff hiring freezes, which will make transitioning to ARCH a challenge even if new funding becomes available.

What is your overall timeline and key dates?

Please refer to timeline in the State Plan on Aging on page 12.

State ARCH/ADRC Goal #2:

Establish Active Ongoing Partnerships

Description of Approach

Partnerships shall be established by finding common ground within the long term care community. The Colorado ARCH Statewide Taskforce consists of consumers; HCPF; SUA; AAAs; OLTC/SEPs; CILs; and long term care providers. The local ARCH Advisory Council members include consumers; SUA; AAAs; OLTC/SEPs; CILs; and long term care providers. The members in both the Statewide and Local ARCH are mirrored. The partnerships within these councils shall continue to be developed by including Mental Health. Each agency's mission shall be reviewed to determine how the ARCH and the agency will work together to be mutually beneficial. A communication system shall be developed that benefits all stakeholders through meetings and electronic dissemination. Champion partners will be determined and will present to the Governor's Office and Legislature on the benefits of ARCH. The timeline to complete this goal is September 30, 2012.

How will you measure progress toward your goal?

Long term care partners will be surveyed to determine if their expectations have been met and ARCH has proven to be beneficial.

What are your anticipated barriers? How will you address these challenges?

Time is a valuable commodity. Stakeholders have limited time and require that time spent is beneficial. The ARCH will evaluate to ensure the partnership is beneficial for all stakeholders. ARCH has provided previous opportunities for partners to participate through Summits and Advisory Council meetings. These opportunities have proven to be most beneficial for all partners; therefore, this may not be a major challenge.

What is your overall timeline and key dates?

Please refer to timeline in the State Plan on Aging on page 12

State ARCH/ADRC Goal #3:

Establish a Client Centered Service Map

Description of Approach

Each geographic region of the ARCH Partners is different. There are 16 Area Agencies on Aging, 10 Centers for Independent Living, 24 Options for Long Term Care AKA Single Entry Point Agencies, and 20 Community Centered Boards. ARCH will determine the regional and statewide growth that is most effective. In making this determination ARCH and the stakeholders will evaluate the cost and time involved in becoming an ARCH site, identify the agency most appropriate to house the ARCH, and identify the demographics of potential populations. The anticipated date of completion is September 30, 2013.

How will you measure progress toward your goal?

The geographic regions for ARCH will not be based on partners' regions, but will be based on the most appropriate agency housing ARCH and the appropriate populations being served. ARCH will be available statewide.

What are your anticipated barriers? How will you address these challenges?

It is difficult to blend so many different geographic regions. However, the ARCH will work with all partners to ensure the most appropriate agency within the determined ARCH geographic region is serving the appropriate populations.

What is your overall timeline and key dates?

Please refer to timeline in the State Plan on Aging on page 12.

State ARCH/ADRC Goal #4:

Identify Operational Parameters

Description of Approach

The goal of ARCH is to eliminate duplication and to improve access to long term care services for individuals. In order to eliminate duplication, ARCH must first map out the programs and processes of the stakeholders and partners. ARCH will develop standard operating procedures and tools to be used by each ARCH site. Standardization will help to improve access to long term care services for individuals. A statewide role out plan shall be formulated to ensure standardization across the state. There are currently three Management Information Systems (MIS) being used in the ARCH program. An evaluation to determine the advantages and disadvantages of having three MIS will be conducted. The evaluation will help to determine if all or one system should be used and if one, which one. The anticipated date of completion is September 30, 2012.

How will you measure progress toward your goal?

What are your anticipated barriers? How will you address these challenges?

There are currently three MIS being used in the ARCH program. The ability to have all three systems communicate would enable more accurate date to be collected. The continued expense of a singular MIS may be prohibitive. The evaluation will help to address these challenges.

What is your overall timeline and key dates?

Please refer to timeline in the State Plan on Aging on page 12.

State ARCH/ADRC Goal #5:

Evaluate and Disseminate

Description of Approach

ARCH has previously and continues to evaluate the program to determine areas requiring improvement and to ensure the effectiveness of the program. The evaluations help to define ARCH activities and create change within the program. The Statewide ARCH Taskforce will develop outcome measures. Quality Assurance will be integrated into the MIS. ARCH is currently in the process of standardizing Options Counseling Policies and evaluation of those policies. ARCH continues to explore other opportunities to provide services to individuals with other agencies, including Veterans Directed Home and Community Based Services and working with Health Care Policy and Financing with the Money Follows the Person Grant. The anticipated date of completion is September 30, 2015.

How will you measure progress toward your goal?

The development of outcome measures, integration of the quality assurance into the MIS, and expansion of services will measure progress.

What are your anticipated barriers? How will you address these challenges?

Expansion of services is dependent on other agencies requiring collaboration and coordination. Currently, Colorado ARCH does not have access to Medicaid data, including Home and Community Based approvals and Nursing Facility admissions. ARCH will continue to work with Health Care Policy and Financing to explore a means to obtain this information and to determine if legislation changes are required.

What is your overall timeline and key dates?

Please refer to timeline in the State Plan on Aging on page 12.

State ARCH/ADRC Goal #6:

Implement Effective Marketing

Description of Approach

After statewide expansion of ARCH, the goal will be to make ARCH a household name. A statewide marketing plan will be pursued. During 2015, a statewide tour to educate and identify partners will be conducted. Regional meetings will be held during the statewide tour with the partners that have been identified, including consumers, AAAs, CILs, OTLC/SEPs, CCBs, and long term care providers. ARCH will make available the opportunity for other state departments to receive an individualized presentation of ARCH services, participate in the regional meetings, and/or participate in the Statewide ARCH Taskforce. A statewide conference to provide training and to disseminate

information on aging and disability issues will be held during 2015. The anticipated date of completion is September 30, 2015.

ARCH will expand the target population to include individuals 18 years and older living with a disability and older adults 60 years and older by September 30, 2015.

How will you measure progress toward your goal?

The progress toward this goal will be measured by the completion of the regional meetings and the statewide conference. The ARCH will be a well-known program determined by an increase in the number of clients served.

What are your anticipated barriers? How will you address these challenges?

The anticipated barrier is the ability to obtain funding for the statewide tour and the statewide conference.

What is your overall timeline and key dates?

Please refer to timeline in the State Plan on Aging on page 12.

Section II: Partner Involvement

Who are the key players and responsible parties?

State Unit on Aging, State Medicaid Agency, State Disability Agency, Centers for Independent Living Agencies, State Area Agencies on Aging, and Home and Community Based Case Management Agencies known as Options for Long Term Care in Colorado.

Section III: Financial Plan – Resources to Sustain Efforts

What existing funds/programs are currently being used to carry out ARCH/ADRC activities?

The State Unit on Aging anticipates that funds will be drawn from several sources for Informational and Assistance. Currently, the ARCH program is funded through Administration on Aging (AoA) and Centers for Medicare and Medicaid Services (CMS) grant funds, Older American Act (OAA) funds, state funds, in-kind funds, local match funds, and foundation funds. The maximizing of resources by one ARCH site included partners providing funding, such as the local counties, OLTC/SEP, and long term care providers. This type of maximizing of resources will be explored.

Colorado ARCH received funds from the Affordable Care Act Options Counseling Grant, Care Transitions Grant, and MIPPA (Medicare Improvements for Patients and Providers Act) Grant. These funds are available through September 30, 2012. The Options Counseling Grant provides funding to develop standard operating procedures for options counseling statewide. The Care Transitions Grant provides transition coaches for individuals from hospital to home to help eliminate re-hospitalization in Mesa County. The MIPPA Grant is to implement outreach and assistance efforts directed toward Medicare beneficiaries with limited incomes who may be eligible for LIS (Low-Income Subsidy) or MS (Medicare Savings Program) programs and Annual wellness programs.

Colorado received an evidence-based grant for the Chronic Disease Self Management Program. Colorado has the evidence-based program *A Matter of Balance™*. Colorado ARCH works with evidence-based programs as a resource for individuals. ARCH Resource Coordinators use flow charts to determine individuals appropriate for referral to the evidence-based programs.

Colorado will continue to monitor opportunities for grants that help ARCH to better serve Colorado consumers.

What additional programs and service offerings are necessary to operate fully functional ARCH/ADRCs across the state?

The State Unit on Aging will develop and implement formal partnerships, standard operating procedures, and operational parameters. The standard operating procedures will be implemented statewide based on the outcomes of the Affordable Care Act Options Counseling Grant. ARCH will pursue the development of standard operating procedures in other service areas, including the formalization of partnerships that may include memorandum of understanding or confirmation letters. ARCH will pursue a written policy and procedure manual to be implemented statewide. The Care Transition model being developed in Mesa County will be evaluated for the possibility of expansion into other ARCH sites. A statewide marketing plan will be implemented upon completion of expansion.

What is your estimated cost to expand statewide (e.g., new MIS purchase)?

The State Unit on Aging estimates the cost to expand ARCH statewide to be approximately $965,000 annually. This cost includes $75,000 for licensing of the MIS, $90,000 for an ARCH Coordinator position within the SUA, and $800,000 for one full-time ARCH Specialist at each of the 16 ARCH sites. Based on the ADRC fully functioning criteria, additonal options counselors may be required at each of the 16 ARCH sites. The unknown is the number of individuals requesting options counseling services. The trend based on the number of individuals served and the complexity of the service requested will determine the need for additional options counselors. Other costs will include direct costs of rent, office equipment, utilities, etc. and indirect costs of accounting and supervision. These costs are based on the availabity in each ARCH region. In future years, another factor may be the cost of living increases.

How will you access the resources and create the revenue opportunities necessary for sustainable ARCH/ADRC implementation on a statewide basis?

The designated ARCH Coordinator will explore funding opportunities through grants and foundations. The maximizing of resources by one ARCH site included partners providing funding, such as the local counties, OLTC/SEP, and long term care providers. The ARCH Coordinator will explore this type of maximizing of resources.

The State Unit on Aging is concerned that it will be unable to sustain the ARCH/ADRC statewide without the ability to use Older American Act funds to pay for consumers under the age of 60 who will be accessing the resources provided by the ARCH. Currently, there is no available funding to cover these costs.

What are the estimated projected cost savings/offsets of having fully functional ARCH/ADRCs statewide?

Based on estimates provided by Project 2020, the State Unit on Aging estimates the cost savings/offsets of having a fully functioning ADRC to be $10.5 million dollars by 2013. These estimates are based on savings resulting from consumers remaining in the community rather than being admitted into long term care facilities and from appropriate referrals being made to the correct resources.

Project Checklist	Yes	No
Are these goals reflected in the State Plan on Aging?	x	

Do these goals require changes that must be proposed through the current budget cycle?	x	
Does implementing these goals require regulatory, legislative, or statutory changes?	x	
Does your plan seek private funding to augment public resources to support sustainability?	x	
Have the necessary stakeholders been identified and contacted?	x	
Are your data systems prepared to track progress towards these goals?	x	

ARCH/ADRC Five Year Statewide Plan Approval

_____

Director of the ARCH/ADRC

_____

Director of the State Unit on Aging

_____

Director of the State Disability Agency

_____

Director of State Medicaid Agency

Attachment C: STATE PLAN ASSURANCES, REQUIRED ACTIVITIES, AND INFORMATION REQUIREMENTS

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, required activities and information requirements as stipulated in the Older Americans Act, as amended in 2006.

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 under chapter 3—
(A) in carrying out such programs the state agency will conduct a program of services consistent with relevant state law and coordinated with existing state adult protective service activities for--
(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social

service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) the state will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order

REQUIRED ACTIVITIES
Sec. 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.
INFORMATION REQUIREMENTS

Section 102(19)(G) – (required only if the state funds in-home services not already defined in Sec. 102(19))
The term "in-home services" includes other in-home services as defined by the state agency in the State Plan submitted in accordance with Sec. 307.

Section 305(a)(2)(E)
provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State Plan;

Section 306(a)(17)
Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and state emergency response agencies, relief organizations, local and state governments and other institutions that have responsibility for disaster relief service delivery.

Section 307(a)
(2) The plan shall provide that the state agency will:
(C) Specify a minimum proportion of the funds received by each area agency on aging in the state to carry out part B that will be expended (in the absence of a waiver under sections 306
(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) *(Note: those categories are access, in-home, and legal assistance).*

Section (307(a)(3)
The plan shall:
(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); *(Note: the "statement and demonstration" are the numerical statement of the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area)*
(B) with respect to services for older individuals residing in rural areas:
(i) provide assurances the state agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.
(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).

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

Section 307(a)(8)) (Include in plan if applicable)
(B) Regarding case management services, if the state agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a state program, the plan may specify that such agency is allowed to continue to provide case management services.
(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

Section 307(a)(10)
The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

Section 307(a)(21)
The plan shall:
(B) provide an assurance that the state agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title *(title III),* if applicable, and specify the ways in which the state agency intends to implement the activities .

Section 307(a)(28)
(A) The plan shall include, at the election of the state, an assessment of how prepared the state is, under the state's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
(B) Such assessment may include—
(i) the projected change in the number of older individuals in the state;
(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals,

older individuals residing in rural areas, and older individuals with limited English proficiency;
(iii) an analysis of how the programs, policies, and services provided by the state can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the state; and
(iv) an analysis of how the change in the number of individuals age 85 and older in the state is expected to affect the need for supportive services.

Section 307(a)(29)
The plan shall include information detailing how the state will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, state agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Section 307(a)(30)
The plan shall include information describing the involvement of the head of the state agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

Section 705(a)(7)
In order to be eligible to receive an allotment under this subtitle, a state shall include in the State Plan submitted under section 307:
(7) a description of the manner in which the state agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6). *(Note: Paragraphs (1) of through (6) of this section are listed below)*
In order to be eligible to receive an allotment under this subtitle, a state shall include in the State Plan submitted under section 307:
(1) an assurance that the state, in carrying out any chapter of this subtitle for which the state receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
(2) an assurance that the state will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
(3) an assurance that the state, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
(4) an assurance that the state will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any federal or state law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the state will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);
(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--
(A) in carrying out such programs the state agency will conduct a program of services consistent with relevant state law and coordinated with existing state adult protective service activities for:
(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) the state will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order.

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Signature and Title of Authorized Official Date

Attachment E: INTRASTATE FUNDING FORMULA (IFF) REQUIREMENTS

Each state IFF submittal must demonstrate that the requirements in Sections 305(a)(2)(C) have been met:

OAA, Sec. 305(a)(2)

"*States shall,*

(C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the state of funds received under this title that takes into account--

(i) the geographical distribution of older individuals in the state; and

(ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals."

For purposes of the IFF, "best available data" is the most recent census data (year 2000 or later), or more recent data of equivalent quality available in the state.

As required by Section 305(d) of the OAA, the IFF revision request includes: a descriptive statement; a numerical statement; and a list of the data used (by planning and service area).

The request also includes information on how the proposed formula will affect funding to each planning and service area.

States may use a base amount in their IFFs to ensure viable funding for each Area Agency but generally, a hold harmless provision is discouraged because it adversely affects those planning and service areas experiencing significant population growth

Attachment D: ACRONYMS USED IN THE STATE PLAN ON AGING

AAA	Area Agency(ies) on Aging
AAS	Aging and Adult Services (Division of)
ADL	Activities of Daily Living
ADRC	Aging and Disability Resource Center (see ARCH)
ADSSP	Alzheimer's Disease Supportive Services Program
AoA	Administration on Aging
APS	Adult Protective Services
ARCH	Adult Resources for Care and Help (see ADRC)
BRFSS	Behavioral Risk Factor Surveillance System
C4A	Colorado Association of Area Agencies on Aging
CANSD	Colorado Association of Nutrition Service Directors
CCDHS	Colorado Commission for the Deaf and Hard of Hearing
CCOA	Colorado Commission on Aging
CDHS	Colorado Department of Human Services
CDPHE	Colorado Department of Public Health and Environment
CLAD	Colorado Legal Assistance Developer
CLTCO	Colorado Long-Term Care Ombudsman
COG	Council of Governments
CQI	Continuous Quality Improvement
DRCOG	Denver Regional Council of Governments
HCBS	Home and Community Based Services
HCPF	Health Care Policy and Financing
IADLS	Instrumental Activities of Daily Living Skills
IFF	Intrastate Funding Formula
HIS	Indian Health Services
ILC	Independent Living Centers
LTC	Long-Term Care
MoB	Matter of Balance
MOU	Memorandum of Understanding
NFCSP	National Family Caregiver Support Program
OAA	Older Americans Act
OAP	Old Age Pension
OCA	Older Coloradans Act
PSA	Planning and Service Area(s)
RAC	Regional Advisory Council
SAMS	Social Assistance Management System
SCSEP	Senior Community Service Employment Program
SEP	Single Entry Point
SUCAP	Southern Ute Community Action Programs
SUA	State Unit on Aging