

BOULDER COUNTY AREA AGENCY ON AGING

Region 3B

Area Plan

**for Older Americans Act and
State Funding for Senior Services**

SUA Policy Directive 18-05

State Fiscal Years 2020-2023

(July 1, 2019 to June 30, 2023)



Information & Assistance for Aging Well

303-441-3570

www.BoulderCountyAging.org

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INTRODUCTION

The following sections are to help guide and focus the Colorado Area Agencies on Aging (AAAs) in developing their Area Plans for State Fiscal Years 2020-2023 (SFYs 2020-2023) to ensure uniformity and continuity as a whole. The Area Plans will be used to inform the development of the State Plan on Aging for Federal Fiscal Years 2020-2023. AAAs may incorporate additional information into the area plan beyond the requirements of this Planning Assistance document.

Area Agencies on Aging (AAAs) are a national network of roughly 620 public or private nonprofit organizations designated by states to address the needs and concerns of older adults at state, regional or local levels. AAAs coordinate and offer services that help older adults remain in their homes, aided by services that make independent living in their communities a viable option. Many AAAs also provide Long Term Care Ombudsmen who advocate for the rights of older adults living or staying in long term care communities. By providing an array of services that can respond to the needs of adults at different stages of the aging process, AAAs make it possible for individuals to choose the services and living arrangements that suit them best as they age. AAAs are led by the Administration on Aging (AoA) under the US Department of Health and Human Services at the federal level, and by the State Unit on Aging under the Department of Human Services in Colorado.

The designated Area Agency on Aging for Region 3B in Boulder County is the Boulder County Area Agency on Aging (BCAAA), situated within the Community Services Department of Boulder County Government and under the Board of County Commissioners of Boulder County. BCAA's Aging Advisory Council is appointed by the Board of County Commissioners and advises in the administration and planning of Older Americans Act programs by gathering information and ideas that help to coordinate the delivery of services, and by responding effectively to the strengths and needs of older adults throughout Boulder County. BCAA's mission is to deliver, fund, and advocate for services that promote well-being, independence, and dignity for older adults, people with disabilities, family caregivers, and veterans in Boulder County.

Every four years, the Colorado State Unit on Aging requires each of the 16 Colorado Area Agencies on Aging (AAA) to submit a plan of action for the following four years. This plan takes into account the demographic trends of Boulder County, the evolving needs of consumers, and the services BCAA provides or contracts out for that are funded by Federal Older Americans Act funds (OAA), Older Coloradans Program (OCP), and Colorado's State Funding for Senior Services (SFSS).

SECTION I: EXECUTIVE SUMMARY

SUA PD 18-05: The Area Plan is the AAA's primary blueprint of action for the upcoming four-year period. The Executive Summary should incorporate the essential points of the Area Plan.

This Area Plan for Region 3B indicates the directions in which BCAA intends to go in the four-year period July 1, 2019 through June 30, 2023. In preparation for the plan, BCAA obtained input from the community through a survey, community conversations, key informant input, and data from the Colorado State Demographer's Office.

This plan includes a description of the current programs provided and funded by the AAA and a discussion of how volunteers add capacity to the strength of programs by increasing the number of people reached and units of service provided. The commitment of BCAA and the Aging Advisory Council (AAC) continues to strongly support the core services of the Older Americans Act, including

transportation and assisted transportation, information and assistance, benefits counseling, legal services, in-home services (homemaker, personal care, and chore), material aid, screening and education for older adults who are visually impaired or blind, mental health counseling, congregate and home-delivered meals, nutrition counseling, evidence-based health promotion, caregiver support, elder rights and long-term care ombudsman, and LGBT services. These core services will remain funding priorities throughout the four years covered by this plan.

In addition, during the four-year period covered by this plan, BCAAA and the AAC will be taking a look at some new types and models of service delivery that will foster consumer choice and be more responsive to the needs of a growing aging population. BCAAA will continue discussion and planning efforts through the next four years to address concerns we have heard in community conversations and surveys, including:

- Need for more case management and benefits assistance options for family caregivers and older adults
- Supporting more flexible transportation options
- Availability and affordability of housing
- More focus on and options for in-home services and home modifications
- Raising awareness about where the public can access information on resources (via BCAAA's Aging and Disability Resource Center)
- Using current and emerging technologies in service delivery and communications with the public, including online screenings and referrals and online chat functions
- Targeted outreach to unserved, underserved, and hard-to-reach populations
- Continue to build the agency's resource, referral, and service connections with local healthcare providers

This plan identifies demographic shifts and segments of the older adult population who may be in greatest need of BCAAA's services. It is noted that there will be over 81,000 adults age 60 and over in Boulder County by 2023, the last year covered by this plan.

BCAAA will continue to practice a strengths-based and solutions-focused philosophy toward strategic planning and service delivery during the upcoming four-year period. We will promote revised goal areas and domains of an updated *Age Well Boulder County Strategic Plan*, to be released in 2020, that reflect the necessary components that must be considered for a truly age-friendly community. These new domains will follow domain framework of AARP's age-friendly/livable communities program, as well as Colorado's new Lifelong Colorado program:

- Domain 1: Outdoor Spaces and Buildings (*Built Environment*)
- Domain 2: Transportation (*Built Environment*)
- Domain 3: Housing (*Built Environment*)
- Domain 4: Social Participation (*Social Environment*)
- Domain 5: Respect and Social Inclusion (*Social Environment*)
- Domain 6: Civic Participation and Employment – *Social Environment*
- Domain 7: Communication and Information (*Community and Health Support*)
- Domain 8: Community and Health Services (*Community and Health Support*)

SECTION II: PUBLIC INPUT

SUA PD 18-05: The primary foundation of the Area Plan is the voice of the consumer. The aspirations, strengths, and needs of each Area Agency on Aging Region should guide the Area Plan.

The AAA shall conduct at least three public input meetings on the Area Plan to provide an opportunity for older adults, local government officials, key informants, and other interested parties to provide input into the Area Plan. The AAA may conduct more public input meetings as they deem necessary to the development of their Area Plan, and should consider ensuring representation from all geographic areas of their region. The AAA must ensure adequate published notice is extended to increase older adults' opportunity to participate. AAAs shall retain documentation of each public input meeting (through recorded or written minutes) and a list of participants. The meetings should consider current and future service and support needs of older adults and the issues, challenges, and opportunities facing the region. In this section, the AAA must describe the number, dates, and locations of the public input meetings. Documentation of public meetings may be identified as an attachment to the Area Plan. The AAA should discuss how those attending informed the Area Plan.

Community Conversations were held in Region 3B during the summer of 2018. The practice in Boulder County has been to utilize these conversations to receive public input for the area plan while also gaining public perspectives and concerns to inform the next iteration of the Age Well Boulder County Strategic Plan. The Age Well Boulder County committee, comprised of local senior services and BCAA, worked collaboratively in developing the questions, location, and dates for the community conversations.

The efforts of the Age Well committee and the strategic plan product of its work were recognized by AARP and the World Health Organization with an Age-Friendly Community designation in 2016. This led the group to use the new domains for age-friendly communities as the structure on which to build the updated strategic plan, and the questions used in the community conversations were developed accordingly.

Community Conversations

Members of the BCAA Aging Advisory Council (AAC) and members of local senior advisory boards and committees participated in a trial run to give input on the questions and structure for the upcoming community conversations. Their input was helpful and appreciated. Special acknowledgement also goes to the local senior services managers and members of their staff, who along with BCAA staff members and BCAA's strategic planning and advocacy intern, facilitated and recorded notes at the conversations.

Recruitment for the community conversations in 2018 utilized posting invitations on Next Door and Facebook, as well as in local newspapers, printed newsletters, and BCAA's email newsletter. BCAA also listed all of the meetings on its strategic advocacy website, www.AllAgeWell.com. This succeeded in attracting older adults who were not regular attendees at senior centers or current recipients of aging programs. In all, 22 sessions were scheduled and 21 were completed; total attendance was 277 individuals. The list of sessions showing target audience, dates, and locations is below.

List of Community Conversations Held By BCAA / Region 3B (Boulder County)

TARGET POPULATION	DATE	LOCATION
Family Caregivers	5/17/2018	Caregiving Symposium, Longmont
Mountain Leaders	6/1/2018	AAC Meeting, Fire Station Community Room, Allenspark
Spanish Speakers/Latinx	6/1/2018	Longmont Senior Center
Lafayette Residents	6/5/2018	Josephine Commons
Lafayette Residents	6/5/2018	Lafayette Senior Center
Longmont Residents	6/7/2018	Longmont Senior Center
Erie Residents	6/8/2018	Erie Community Center
Longmont Residents	6/11/2018	Longmont Senior Center
Longmont Residents	6/11/2018	Longmont Library
Boulder Residents	6/12/2018	East Senior Center Ballroom
Louisville Residents	6/13/2018	Louisville Senior Center
LGBT Residents	6/14/2018	Longmont Senior Center
Subsidized Housing Residents	6/18/2018	Lydia Morgan Housing, Louisville
Boulder Residents	6/19/2018	West Senior Center Creekside
Boulder Residents	6/21/2018	West Senior Center Creekside
Louisville Residents	6/26/2018	Louisville Senior Center
LGBT Residents	6/28/2018	Boulder Public Library Main Branch
Spanish Speakers/Latinx Residents (No members of the public showed up for this session)	6/28/2018	Lafayette Senior Center
Lafayette Residents	7/10/2018	Lafayette Public Library
Nederland Residents	7/11/2018	Nederland Community Center
Boulder Residents	7/18/2018	Golden West, Boulder
Spanish Speakers/Latinx Residents	8/1/2018	San Juan del Centro, Boulder

The same format and questions were used at each conversation to ensure consistency. Participants were told that input was being gathered for both the strategic plan and for the AAA Area Plan. A notetaking application, Otter, was used at most of the sessions to get real time transcription of the discussion in addition to the notes being taken on flip charts in front of the room. In addition to the discussion, a written response form was completed by most participants. Following are major themes heard at the conversations that inform the area plan for the next four-year period:

- **Transportation** was a frequently mentioned subject. One participant commented, *“Every single person in our discussion has mentioned transportation.”* Attendees expressed interest in comprehensive transit options, including:
 - Convenience, flexibility, and new service options
 - Affordability was identified as a significant issue
 - There was an openness to technology
 - Availability of transportation options is a concern in mountain communities
- **Need for information** and how to find it was mentioned frequently and in connection with most services during the conversations. One participant said, *“I’m not aware of resources nor how to access them.”* Many attendees expressed frustration with not knowing where to get information about services. A “one-stop shop” was suggested, so one of the challenges for BCAA during the

upcoming four years is to market the ADRC and its website and phone line to a broader audience. Some suggestions made by conversation attendees for disseminating information included traditional news media; social media and web-based sources; printed materials; and using homeowners' associations.

- **Technology:** Attendees at community conversations indicated openness to technology and interest in seeing it applied across more services and issues, including variations of telemedicine and virtual meetings, means of staying in touch with family members and friends, obtaining medical and financial information, and using technology to sign up for transportation. Interest in self-driving cars came up in discussions as well.
- **Support for caregivers:** One conversation participant said, *"Caregiving is like holding on the steering wheel and you are is going 100 miles an hour down the road and you are weaving around."* Many caregivers said they feel their work is devalued by society, and would like to see more public resources like guides, phone-based navigation and counseling, information about self-care, and dementia-specific caregiving support. Caregiver respondents also commented that more mental health services catering to individuals caring for loved ones would be appreciated.
- Need for appropriate **housing** was discussed at each of the 21 conversations that took place. Some concerns mentioned included more resources for home modification assessments and services, including ramps and smart technologies like video doorbells and security monitors. Publicly available do-it-yourself home safety evaluations were also expressed as desirable. Participants also expressed concern about the escalating cost of housing across Boulder County, and the need for more appropriate housing stock to suit older occupants (one story, smaller, accessible, etc.).
- **Socialization and connections to community** was another theme. The importance of social connections and mental and physical health and wellbeing was acknowledged by some participants. Involvement in senior centers and social activities in communities were also discussed.

Key Informant Survey

The Boulder County Age Well Key Informant Survey is conducted every four years to collect insights and perspectives from professionals, advocates, and volunteers across industries and sectors in Boulder County who directly or indirectly affect the lives of older adults. The latest survey, conducted in late 2018 through the SurveyMonkey platform, had 183 respondents. Participants were from different sectors serving older adults, from companies and organizations of various sizes, representing geographical areas across Boulder County.

Services respondents reported their clients accessing the most in 2018 included:

- Information, referral, client advocacy, and case management (26%)
- Food and nutrition (22%)
- Social participation activities (21%)
- Benefit assistance (14%)
- Financial services (13%)

Respondents reported dramatic increases in the following areas over the last twelve months:

- Information, referral, client advocacy, and case management (16%)
- Food and nutrition (14%)

- Benefit assistance (10%)

Respondents rated the following services as being the least available throughout the county:

- Housing acquisition (56%)
- Employment assistance (34%)
- Technology-related services/assistance (33%)
- Transportation (32%)

Respondents reported the following services as the most in-demand among their clients:

- Housing acquisition (50%)
- Transportation (41%)
- Information, referral, client advocacy, and case management (39%)
- In-home supports (35%)
- Food and nutrition (31%)
- Benefit assistance (31%)
- Social participation (28%)

The services with the highest shares of “don’t knows” in this category were:

- Family conflict resolution (58%)
- End of life and bereavement (51%)
- Employment assistance (49%)
- Adaptive equipment/disability resources (46%)

Nearly half of respondents (47%) reported working directly with unpaid or family caregivers. They reported that caregivers seek the following with the greatest frequency:

- Available resources (62%)
- Information about caregiving (52%)
- Respite services (46%)
- In-home caregiving assistance (44%)
- Dementia support information, resources, classes (41%)

When asked which resources are inadequate for caregivers, key informants reported financial help and respite with the greatest frequency. Financial help was reported as being in too small of a quantity with limited availability, and respite was reported as being too expensive with too few providers.

See Section IV below to learn about the Community Assessment Survey of Older Adults (CASOA), the third component of our public input efforts.

SECTION III: DEMOGRAPHICS

SUA PD 18-05: For the SFYs 2020-2023 Area Plans, the State Demography Office will provide demographic information to the AAAs in coordination and collaboration with the State Unit on Aging (SUA).

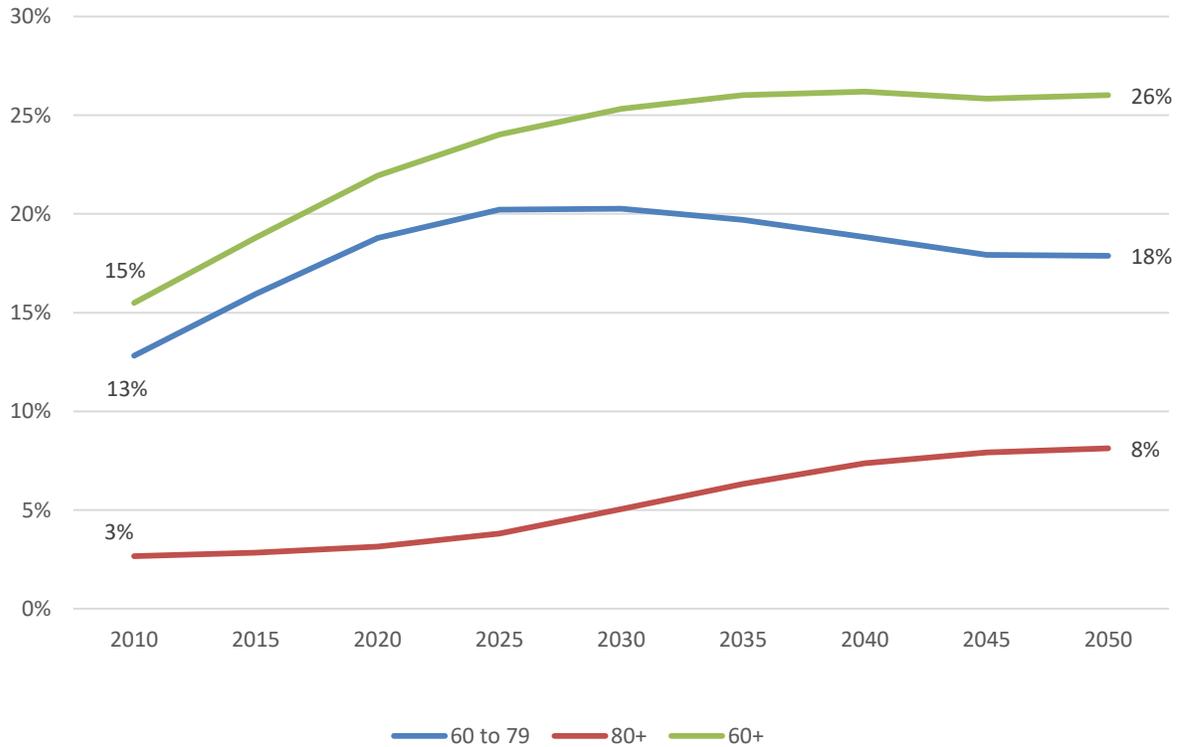
AAAs may request custom population projections in writing from the SUA by July 31, 2018. The SUA will send the custom requests to the State Demography Office. The information collected will be compiled for each AAA and distributed to them by the SUA. The AAA will include the population projections for the AAA region over the next four years for individuals over 60 in the categories of: low-income, over 75, rural, ethnic

minority, and below the poverty level. The AAA will provide an interpretation of how the AAA region is changing in terms of the demographic shifts and what impact these changes may have on the funding levels and services provided by the AAA.

According to the Colorado State Demographer’s Office, in 2017 there were 64,927 adults age 60 and over residing in Boulder County. This is a 43% increase from 2012, when there were 45,194 older adults in the county. By 2023, older adults in Boulder County are expected to tally at 81,161 – a 25% increase from 2017. The last Baby Boomers will be turning 60 years old in 2024. The share of Boulder County’s population as being 60 or older will continue to increase through 2050, at which point it is expected to level out at over a quarter of Boulder County’s population. A quarter of older adults (16,404) in Boulder County are 75 years and over, and this figure is expected to increase to 20,506 by 2023.

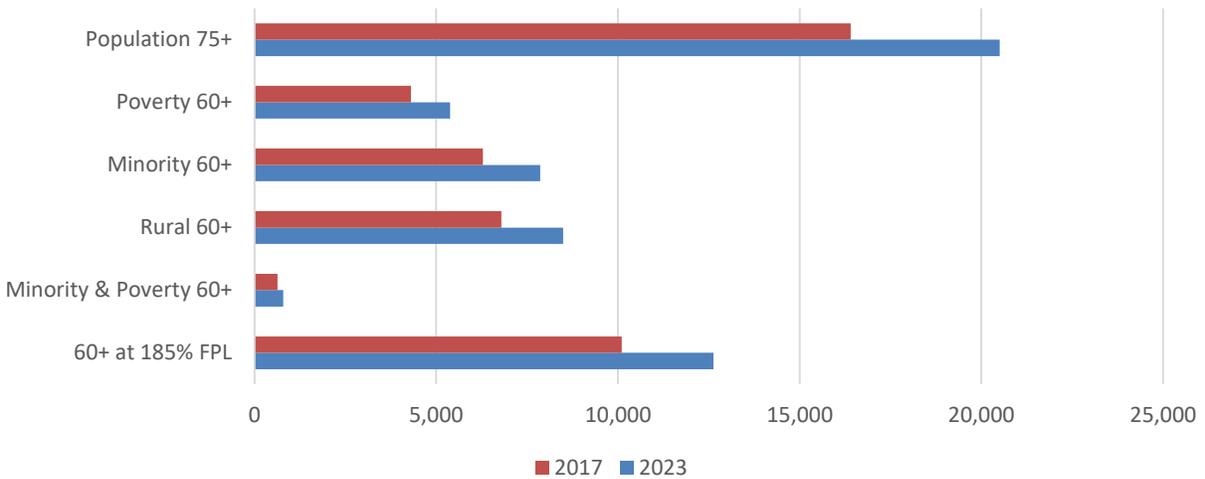
Boulder County is somewhat unique in that half of the square mileage of the county are mountain communities and half are foothills. BCAAA has a presence in all areas of the county. Ten percent of older adults in Boulder County live in rural areas.

Projected Growth for 60+ Year-Olds as a Share of Entire County Population, 2010-2050

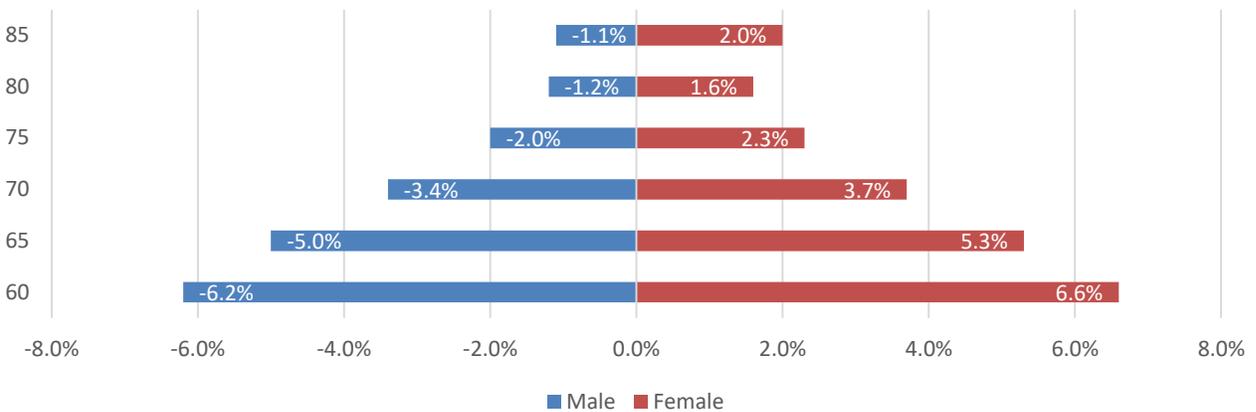


Along with increases in the volume and share of Boulder County’s older adult population, BCAAA expects increases of older adults who are minorities, living in poverty, and living in rural communities.

Older Adult Subpopulation Growth Projections, 2017-2023



Population Pyramid for BCAA, 2017 (Region 3B)



Race and Ethnicity

In 2017, there were 6,290 minority older adults in Boulder County. This figure is expected to increase to 7,862 by 2023. The following is the current racial/ethnic breakdown of older adults in Boulder County:

- White alone, not Hispanic/Latino: 90%
- Hispanic or Latino origin (of any race): 5.8%
- Asian: 2.6%
- Black or African-American: 0.5%
- American Indian or Alaska Native: 0.3%

Poverty and Income

The federal poverty level (FPL) for a single adult in 2019 is \$12,490 and \$16,910 for two adults. 4,308 older adults in Boulder County, or 7% of the older adult population, are living at or below the federal poverty level. This figure is higher for minority older adults, at 10%.

185 percent of the FPL for one adult is \$23,107, and \$31,284 for two adults. Of older adults in Boulder County, 16%, or 10,104, have an income of up to 185 percent of the FPL. If current trends continue, this number is expected to increase to 12,522 by 2023. Mean earnings for older adults in Boulder County is \$79,060.

Other Characteristics Boulder County's Older Adults

- 56.2% of Boulder County's older adults have at least a bachelor's degree.
- 22.6% of Boulder County's older adults are living with a disability, compared with 8.3% of the overall population.
- 15% of Boulder County's older adults are Veterans.
- 10% of older adults speak a language other than English at home.
- Just over 18,000 older adults in Boulder County are housing cost-burdened.
 - 79.4% of Boulder County's older adults are homeowners and 25.9% of these homeowners are housing cost-burdened.
 - One-fifth of Boulder County's older adults are renters and 56.5% of these renters are housing cost-burdened.

Data Interpretation

The share of Boulder County's population who are older adults has been increasing for over a decade, and will continue to do so into the middle part of this century. With this increase comes a greater number and share of people with evolving acute needs, as well as a need for more services and solutions that encourage health and wellbeing and greater support for those caring for older adults – paid and unpaid caregivers, healthcare professionals, mental and behavioral health professionals, public health professionals, and human services professionals.

With a growing share of the population aging in place and experiencing the later stages of life in their homes and communities, residents will need more direct assistance with medical and behavioral health needs, as well as assistance with the components of social determinants of health – including safe and affordable housing and mobility solutions, age-friendly environmental design, social engagement opportunities, and much more.

Without increases in local, state, or federal funding; changes in state or federal healthcare policy that favors investments in value-based, non-medical services; or expanded alternative revenue streams through fee-based contracts and private philanthropy, BCAA will be challenged to meet the increasing need of a dramatically increasing population. BCAA will need to examine priorities and further develop and refine strategies to ensure older adults who have the most need and the highest risk are being served.

SECTION IV: COMMUNITY ASSESSMENT SURVEY OF OLDER ADULTS (CASOA)

SUA PD 18-05: In SFY 2018-19, the Colorado Area Agency on Aging Association (C4A) is contracting with a vendor to complete a Community Assessment Survey of Older Adults (CASOA) throughout Colorado. The Area Plan shall provide a summary of the results of the CASOA for the AAA region. The summary shall include: an identification of strengths of the community; identification of areas of need; how the AAA used the CASOA to inform the Area Plan; and how the information collected from the CASOA will be disseminated across the AAA region.

The Colorado Association of Area Agencies on Aging (c4a) contracted with National Research Center to conduct CASOA surveys of adults age 60 and older across the whole state of Colorado during the summer of 2018. The project was funded by the NextFifty Initiative. The results for the state and each AAA region can be found on c4a's website: <http://www.c4a-colorado.org/>. BCAA has conducted CASOA in 2010 and 2014 as part of preparation for the four-year area planning process, so results of the 2018 survey can be compared to previous surveys conducted in the county. CASOA has also been conducted in other regions of the country, providing an opportunity for even greater comparisons.

For Boulder County's 2018 CASOA effort, 688 surveys were returned for a +/- 4% margin of error. The 2018 Boulder County CASOA report is available on the BCAA website: www.bouldercountyaging.org. A geographic and demographic characteristics subgroup comparison report is also available at that site.

Strengths of the Community

Overall, there were many positive results in the 2018 Boulder County CASOA study. Ninety percent of respondents rated their community as an excellent or good place to live and 65% would recommend it as a place to retire, which is similar to responses of peers in other parts of Colorado and the US. 63% of respondents rated the quality of services available as high, which is a rate higher than their peers across the US. Eighty-three percent reported an overall feeling of being safe in the community. Respondents also rated their own overall physical health as high (83%) and opportunities for fitness activities in the community as high (88%).

The CASOA report includes information about the economic value of older adults to the community. The economic value or contribution of older adults in Boulder County for a 12-month period estimated to equal \$1.6 billion, based on paid employment and volunteer work.

Thirty percent of respondents indicated that they used a senior center in the last year; this is up from the 2014 study and is the highest rate reported across Colorado (tied with Region 14). This is likely a result of the the strong strategic and operational partnerships BCAA has had with its local senior services organizations for many years.

A new topic was added to the CASOA survey in 2018 at the request of c4a in the area of technology. The results indicate that many older adults use technology, and that service providers could utilize it more as a means of communication and service delivery with clients. The following results indicate at least monthly use of the internet for the following reasons:

- E-mail (90%)
- Research (84%)
- Answers to questions (82%)
- Looking up health-related information (65%)
- Communicating with government (17%) *This is the lowest area and one that provides a challenge and opportunity for AAAs and others to expand access, clear instructions, etc. to take advantage of the fact that people are using technology for other purposes*

Respondents indicated that they were very or somewhat comfortable using Email (96%), accessing the internet (95%), and social networking platforms (76%).

Areas of Need

The National Research Center includes an analysis of needs in the region by sociodemographic characteristic in the CASOA report. This helps identify high risk populations and therefore suggests targeting for BCAA in planning service delivery. Although needs were spread across many demographic profiles, those most in need tend to be Hispanic, low-income, and renters (See chart on p. 30 of the 2018 Boulder County CASOA).

This suggests that increased outreach to older Hispanics, broadening efforts to offer services and education in Spanish, Spanish speaking front-line staff are important to reach this target audience. Programs such as Project HOPE that provide support to low-income renters is one way to address a population more at risk. The work of legal services providers who help renters is also critically important. Outreach to lower income older adults and offering classes and other educational programs in low-income housing and communities are strategies that should be further developed.

- Information:** While knowing how to access information is less of a problem in Boulder County than across the country, with 6 in 10 reporting they feel informed about activities and services that still means that about 4 in 10 do not. When asked specifically about knowing what services are available to older adults, 50% report this as a problem. These findings, corroborated by comments from many attendees at community conversations, suggest that a challenge remains for the aging network in letting people know about services and how to access them. 43% report having information about or dealing with Social Security, Medicare, and Medicaid as problematic. This suggests a need for continued and expanded effort by BCAA in promoting and providing Medicare and benefit counseling services.
- Housing:** 91% of the 2018 CASOA respondents rated the availability of affordable housing as low in Boulder County. This was up from 87% in 2014. Only 22% said the variety of housing options is good. Housing cost stress remains fairly constant at 31%, suggesting that nearly a third of the population is experiencing the stress. Since BCAA does not fund housing directly, these issues will continue to be a focus of the AAC Housing Committee and BCAA's Aging Policy Advocate and Planner, acting as advocates with city planners and local decision makers. The Housing Committee will continue to review zoning ordinances for flexible options and ideas such as "visitability" to provide more universal design (therefore accessible) housing. BCAA's Short Term Assistance Program occasionally provides financial assistance to older adults in need of one-time housing-related assistance, such as security deposits and secondary services that may mitigate threatened evictions for renters, which could be more targeted and available to intake points across the county.
- In-home assistance and modifications:** A related issue is the ability of older adults to maintain their homes, and that those dwellings are safe and appropriate. 38% of the respondents reported needing assistance with yard work, home modifications, and similar services, and 36% reported needing help maintaining their home. These findings suggest ongoing support for chore services such as yard work, in-home services such as housekeeping, and programs that will help make homes more accessible and appropriate through home modifications.
- Falls:** 26% of respondents reported falls with injuries during the past year. This is just over 1 in 4; compared to 1 in 3 in 2014 CASOA (though in the margin of error range); it is good that the statistic is not increasing. Given the seriousness of falls, which can lead to hospitalization, residential facility placement, and even death, any fall must be taken seriously. BCAA will continue to focus on fall prevention through Matter of Balance classes and the success in engaging the wider aging network

in fall prevention efforts. The rate of falls is higher among those from low-income respondents (with 40% reporting a fall), so this suggests targeting fall prevention efforts to lower income older adults.

- **Transportation:** CASOA respondents highly rated the ease of walking in the region. However, only 40% rated the ease of using public transportation as good compared to 48% in 2014. Safe and affordable transportation was an issue for 18% of the survey respondents. Participants at community conversations consistently brought up transportation as an important factor in remaining connected to the community and accessing services. Maintaining this core service of the OAA and the desire for flexibility and new options will impact transportation services in the upcoming years.
- **Caregiving:** 46% of respondents reported providing care to others while 22% feel emotionally burdened by their caregiving duties. The Family Caregiver Alliance points out that 78% of adults receiving long-term care at home rely exclusively on family and friends to provide that assistance. Given the important role family caregivers play in keeping older adults in the community, BCAAA will continue to provide services to support caregivers with OAA funds supplemented with local cash, including donations and event sponsorships, and look at additional and innovative services that can be provided during the period of the area plan.
- **Oral health:** 24% of respondents indicate that getting needed oral health services is a problem. This, coupled with poor to non-existent insurance coverage of dental services for older adults leads BCAAA to continue to work with the Colorado Department of Health Care Policy and Finance and the Aging Services Foundation of Boulder County to obtain specific funds for low-income older adults for oral health services in the county.
- **Socialization and Isolation:** In 2018, 39% of respondents to CASOA indicated challenges with social connections, attending events and participating in community activities. This is up from 31% in 2014. The efficacy of reducing isolation as a way to improve mental and physical health is gaining more attention across medical, behavioral, and social sectors. During the period of this Area Plan, the OAA will be up for reauthorization. BCAAA and the broader AAA network may want to participate in efforts to see socialization and related services addressed more clearly in the act. On a local level, BCAAA may explore ways in which to promote more social activities and social inclusion beyond traditional direct services.

Disseminating CASOA

Since its public release, the 2018 Boulder County CASOA report has been available through the BCAAA website, www.BoulderCountyAging.org, and through BCAAA's strategic planning and advocate website, www.AllAgeWell.com. BCAAA has delivered several public presentations on the CASOA findings, and will continue to do so over the course of this four-year period with key stakeholder groups, community groups, and the general public. BCAAA has also notified the public about CASOA through its email newsletter and Facebook page.

BCAAA also receives invitations to present on its services and current trends on aging in the community, and uses CASOA findings in those presentations. 2018 CASOA data has also been used in recent news articles on aging in and around Boulder County.

SECTION V: VOLUNTEERS - CURRENT AND FUTURE PROGRAMS

The Area Plan shall describe the AAA's current volunteer program(s) and the total number of volunteers at the time of the writing. The Area Plan shall describe any projected changes to the volunteer program(s) during the course of the Area Plan.

Volunteers play an integral role in BCAA's direct services, programs, and advocacy activities. The following chart represents the scale and scope of BCAA's volunteer activities across the entire organization and funding streams as of February 2019:

Name of Program	Description of work	Number of volunteers in 2018	Number of hours in 2018
Respite and Companion Volunteer Program	Visit older adults to reduce isolation and provide respite for family caregivers.	99	5,010
Long-Term Care Ombudsman	Certified LTC Ombudsmen volunteers provide advocacy with and for residents of nursing homes and assisted living residences, working to promote and protect the rights of residents.	6	195
Medicare Counseling Program	SHIP-certified volunteers assist older adults and people with disabilities understand their healthcare options; review and compare Medicare plans; educate Medicare beneficiaries about eligibility, enrollment, costs, and benefits; and help resolve billing problems and file appeals. Volunteers also empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse, as well as provide general administrative support.	9	505
LGBT Programs	Facilitate monthly social support groups (Coffee Klatch and Supper Club); promote the BCAA LGBT programs at Pridefests; help run annual Lavender Gala; and serve as Project Visibility facilitators.	27	153
Evidence-Based Wellness Classes	Volunteer Wellness Leaders are trained to co-facilitate evidence-based health education classes. These include six-week Chronic Disease Self-Management classes in English and Spanish that teach tools for dealing with chronic disease; eight-week Matter of Balance classes that help participants reduce their fear of falling and increase activity levels; and six-week Walk with Ease classes that give participants an opportunity to start a regular walking program.	17	206
Care Connections Advisory Committee	Committee members provide input into direction and topics of the newsletter and contribute articles.	6	66

Powerful Tools for Caregivers	Trained volunteers co-lead courses that provide family caregivers with tools for improving their self-care and confidence.	5	139
Aging Advisory Council	County Commissioner appointed advisory council for the AAA; also advises the ADRC; Technical Review Committee reviews funding application and participates in oversight; advocacy role in area of housing, funding, and elder rights; participates in planning activities.	20	480
Project HOPE Professional Advisory Committee (PAC)	PAC members include: a geriatric physician, a senior care pharmacist, home health care, senior housing, and mental health professionals. They assess participants and make recommendations for Project HOPE program entry.	6	63
Nutrition Programs	Volunteers support congregate meal sites by performing tasks such as setting up tables, making coffee, helping with sign-in, serving food, cleaning up, and counting money.	2	360
Aging Services Foundation of Boulder County	The volunteer Board of Directors of the Aging Services Foundation helps steward private grant, donation, and corporate sponsorship funds.	5	360
Total for BCAA		202	7,537

In the next four years, BCAA will explore increasing the volume and roles of volunteers that could include:

- Engaging community volunteers to help keep the ADRC Resource Guide up to date.
- Creating a volunteer base to help consumers build their capacity to stay in the community. An example might be taking notes at the consumer's doctor appointment.
- Recruiting nutrition volunteers to help with community outreach and the nutrition newsletter.
- Establishing a regular meeting schedule for all LGBT program volunteers to support current programs and help define future services.
- Adding more volunteer-coordinated social support groups for LGBT older adults
- Recruiting volunteers to provide Project Visibility Trainings in Boulder County
- Providing volunteer services in the form of weekly phone calls or visits to LGBT older adults in the community.
- Increasing program offerings and role of Respite and Companion volunteers (regular meetings, online trainings, lead volunteer positions).
- Piloting program of matching Respite and Companion volunteers with long-term care residents.
- Increasing the use of short-term or one-time administrative, episodic administrative volunteers when we have special projects or community events, such as the Caregiving Symposium.
- Increasing the role of volunteers with Medicare Counseling program, with the recent addition of new volunteer job descriptions, and possibility of lead volunteer positions in the program.
- Identify key social and political advocates in the community who can respond to calls for action on local, regional, and national advocacy efforts.
- Exploring how the use of corporate volunteerism could support our mission.

- Encouraging funded service providers to continue to use, where feasible, additional volunteers to enhance their programs and activities.

BCAAA's funded service providers use volunteers to enhance the quality of their services, increase the number of units of service they can provide, and maximize the impact of their funding. The following chart represents some of the volunteer efforts of or funded providers:

Provider	Description of Work	Current Number of Volunteers	Number of Hours in 2018
Audio Information Network of Colorado (AINC)	Readers	168	973
	Help with technical issues including those related to recording computers, the Telephone Reader System, and streaming on the website.	2	993
Boulder County Legal Services (BCLS)	Pro Bono Attorneys	5	142
Center for People with Disabilities (CPWD)	Peer education and support	3	471
Cultivate	<i>VetsGo</i> : Volunteer drivers take veterans to medical appointments, including outside of Boulder County	71	1,534
	<i>YardBusters, IceBusters</i> : Chore service volunteers who mow lawns, remove tree branches, scrape walks, shovel snow etc.	YB:242 IB: 122	YB:1,417 IB: 2,438
	<i>Carryout Caravan</i> : Volunteers shop for and deliver groceries	69	6,138
Louisville Senior Services <i>Brooks Café</i>	Meal site setup/cleanup; greeter; server.	14	1,304
Mental Health Partners <i>Peer Caregiver Support Group</i>	Peer led caregiver support group	2	757
Via Mobility <i>Volunteer Driver Program</i>	Volunteer drivers provide rides, including outside of Boulder County	27	2,932
Total for Outside Providers		725	19,099

SECTION VI: QUESTIONS

SUA PD 18-05: The Area Plan covers SFYs 2020-23 (July 1, 2019 through June 30, 2023). The Area Plan shall respond specifically to each of the following questions.

Core Services

1. Which of the following services is funded by the AAA?

a. Congregate Meals

BCAAA funds several congregate meal programs in Boulder County. The City of Louisville Senior Services serves meals five days a week at the Louisville Senior Center. Nederland Area Seniors serves lunch two days a week and breakfast and dinner once a month at the Nederland Community Center. The Allenspark Lunch Bunch serves a meal one day week under the oversight of BCAAA. The Lyons Bistro serves a meal two days a week at a low-income senior housing site's community room.

BCAAA provides a program manager (.35 FTE of time) and a .5FTE Registered Dietitian (RD) who monitors and inspects these meal sites. BCAAA's RD writes and provides guidance on policies and procedures based on Nutrition Program regulations, providing food safety trainings for staff, volunteers and meal site participants; monthly written education and nutrition talks at the meal sites; talks and cooking demonstrations to the general public; and input of recipes into the state required Food Processor data base and menu analysis for the Title III meals in the region.

b. Home Delivered Meals

BCAAA funds Nederland Area Seniors to provide home-delivered meals in their mountain area. These are the only home-delivered meals currently funded by OAA in Boulder County. Most home-delivered meal services in our region are provided by four non-profit Meals on Wheels organizations.

c. Transportation Services

BCAAA currently supports two programs funded by OAA/SFSS funds. Boulder-based Cultivate recently ended their Medical Mobility program and is transitioning efforts to focus on the expansion of their VetGo ride services to include Veteran family members. Via Mobility is funded with OAA/SFSS funds that support its paratransit services and group rides for the mountain communities in Boulder County. Via is developing a pilot on-demand service across its entire fleet of dispatched vehicles (bus, car, van, volunteer, etc.) in Boulder and Longmont in the fall of 2019.

BCAAA recently began management of Boulder County Human Services contracts for Cultivate and Via, and is able to leverage both County and State dollars for transportation services for older adults.

d. In-Home Services

BCAAA has delivered Choices@Home, an in-home services (homemaking and personal care) voucher program to clients since 2015. BCAAA currently contracts with six in-home services providers in order to offer clients more choice as well as to cover all areas within Boulder County. 92% of clients who were surveyed report positive changes in how they feel after joining this program, 89% report that the services have helped them maintain or improve their independence, and 86% say they wouldn't be able to access the services without this program. Due to the popularity and strong client outcomes of this program, BCAAA seeks to enhance the service model and expand access to more providers in order to meet client needs and BCAAA goals.

e. Additional Programs and Services

In addition to the core service areas referenced above (Section III, 1 a-d), the following programs are being provided and/or funded by Boulder County Area Agency on Aging (Region 3B) in March of 2019. (Note: This Section "1e" is an addition to the information requested in SUA PD 18-05 but is being included because it more accurately reflects the work and breadth of BCAAA, Region 3B)

ADRC (Aging and Disability Resources for Colorado): This is provided as a direct service and is funded through multiple sources including local cash (County general fund and the Aging Services

Foundation), OAA Title III Part B and SFSS, and a CCT grant from Health Care Policy and Financing (HCPF). Services include information and assistance, options counseling, and case management; telephone help line answered live, five days a week; web-based resource directory at BoulderCountyHelp.org; case management services for Choices@Home; and Community Care Transitions (CCT) under a contract with HCPF.

Age Well Boulder County: BCAAA's broader, community-centered strategic planning initiative that is funded with a combination of local cash (County general and Aging Services Foundation) and, in some years, SFSS funds.

Caregiver services: BCAAA recognizes the vital role played by family caregivers and is committed to supporting them. The Caregiver Initiative is a direct service funded with OAA Title III Part E funds, State Caregiver Match, and local cash (County general funds and donations and sponsorships through the Aging Services Foundation). Services include the *Care Connections* newsletter; evidence-based training classes; a large annual symposium featuring an extensive resource fair and selection of workshops; information and assistance; and more. BCAAA also provides respite assistance funds to family caregivers with OAA and SFSS funds (addressed below under financial assistance programs). Dementia-Friendly Community training is supported by volunteers from the Aging Advisory Council, the local Senior Centers, the Alzheimer's Association, and interested community representatives in order to provide support for people with dementia and their caregivers.

Evidence-based health promotion: BCAAA provides a robust number of health promotion classes. The staff coordinator is funded by local cash; OAA Title III-D funds go to the cost of the classes, which includes payment to some class leaders. BCAAA provides many wellness classes and workshops including Chronic Disease Self-Management Program (CDSMP); Tomando Control de su Salud (CDSMP in Spanish); A Matter of Balance (in English and Spanish); and the Diabetes Prevention Program (DPP). BCAAA is involved in a pilot program with NCOA to provide the Aging Mastery Program (AMP) for Caregivers and the AMP Starter Kit, which is designed for at-home use for people who are home-bound or unlikely to attend an in-person class. BCAAA's focus in the last eight years has been on the prevention of diabetes and falls, and management of chronic conditions, including diabetes and pain. In the next four years, we will continue with this focus and will look to implement programs in collaboration with community partners.

Emergency Preparedness: BCAAA staff are part of the ESF6 (Emergency Support Function 6: Mass Care and Sheltering) plan and structure in Boulder County. BCAAA has developed plans and annually updates its COOP (Continuity of Operations Plan) including updating information with many service providers. Long-term Care Ombudsman staff, in conjunction with Public Health, work with nursing and assisted living homes in reviewing their emergency plans.

Financial Assistance Programs: BCAAA provides direct financial assistance services to consumers from OAA Title III Parts B and E, SFSS, and local cash. Program oversight is funded by local cash and OAA/SFSS administration funds. Services include short-term, material aid assistance for helping clients purchase eyeglasses, hearing aids, first/last month rent or damage deposit, utilities, and similar items for which there are no other funding sources. Respite assistance provides cash reimbursement for caregivers to purchase respite of their choice. BCAAA also contracts with two adult day centers to offer caregivers limited respite services.

Medicare Counseling is a direct service provided by BCAAA funded by a combination of SHIP funds

awarded through the Colorado Department of Regulatory Agencies, Division of Insurance, along with OAA/SFSS funds. Operating expenses, including mileage and training, are supported by local cash. Medicare Counselors provide one-to-one consultations on the phone and in person. The program provides Medicare Basics classes in a variety of locations around the county throughout the year. BCAA targets service to those most in need by giving priority to dually-eligible (Medicare/Medicaid) beneficiaries, and Medicare counseling is provided in Spanish as well as English. BCAA also has the contract to answer the statewide Spanish line for the SHIP program. The program relies on 8-10 volunteers to help with counseling and administrative tasks and may grow the volunteer team.

LGBT Outreach and Project Visibility: BCAA's LGBT programs are funded by multiple sources, including local cash and Title III B funds. Some Title VII funds are used for resident rights training. BCAA provides Project Visibility, a cultural competence training regarding lesbian, gay, bisexual, and transgender elders for staff of long-term care facilities, home health agencies, and other service providers and members of the public. All Project Visibility trainings offered outside BCAA's region are funded through grants and donations through the Aging Services Foundation and/or are funded by the group requesting the training. BCAA's program also involves outreach and educational activities through the Rainbow Elders social support network, plus the annual Lavender Gala (funded by donations from private foundations and donations through the Aging Services Foundation).

Long-Term Care Ombudsman (LTCO) Program: The LTCO program is a direct service funded by County general fund and Title VII. Services include three LTCO staff (2.3 FTE) and six certified volunteers who visit all the long-term care and assisted living homes in Boulder County, respond to complaints, advocate for residents' rights, and work on resolution of issues. Priorities for and activities of the LTCO program are indicated in the responses to questions 5 and 6 below.

Low Income Senior Dental Grant Program: A service coordinated by BCAA and funded by a grant from Health Care Policy and Financing (HCPF) to provide oral health care to qualifying older adults. Services are provided by Dental Aid and a number of private dentists. The agency has augmented the program by raising funds through donations to provide ongoing preventive and maintenance dental care, e.g. routine cleanings for participants in the HCPF program through the Aging Services Foundation. BCAA will use OAA/SFSS funds on rare occasions as the need arises for eligible clients.

Nutrition Education and Nutrition Counseling: BCAA has a staff dietitian who provides nutrition education for all OAA-funded nutrition programs and others, in addition to menu analysis. The healthy aging program manager oversees contracts with registered dietitians (RDs) to provide nutrition counseling in Boulder County. Nutrition counseling is currently being delivered through Boulder Nutrition and Exercise that provides dietitians with a variety of specialties, and a bilingual RD, thereby reaching an important target population of monolingual speakers. On an ongoing basis, providers will be selected through a SOQ (solicitation of qualifications) process.

Project HOPE and Next Step: Through the Project HOPE program, BCAA provides case management and supportive services for older adults who are at risk of nursing home placement, so that they can remain in the community. OAA/SFSS funded services are accessed by Project HOPE participants and additional supportive services are funded through the Aging Services Foundation. BCAA has developed and piloted Next Step, a program designed to help adults at times of transition (e.g. hospital to home; rehab care to home) through social risk screenings, community resource navigation, and social service coordination. The program was piloted with Boulder

Community Health in 2018 resulting in significant reductions in readmissions, post-acute care utilization, and episodic costs over 90 days post-discharge from the hospital. Next Step is set up to be funded through fees/payments from healthcare payers and providers, and is not funded by OAA/SFSS (although some participants may become enrolled in applicable OAA/SFSS-funded services).

Veteran Services: In 2016, BCAAA brought Veteran Services for Boulder County into the BCAAA from a sister division. This has been a successful partnership as it has provided for increased and smoother referrals between programs to the benefit of veterans and their families and caregivers.

In addition to the services covered in points VI. 1. a-d and 1.e above, Boulder County Area Agency on Aging Funds the following programs and services in the community through granted OAA/SFSS Funds:

BCAAA funds services for older adults who are **blind or visually impaired (B/VI)** with State funds designated for B/VI, supplemented with SFSS funds. BCAAA currently funds three providers with these funds. CPWD (Center for People with Disabilities) and Ensign provide screening and education to increase the ability of the client to thrive in their environment. AINC (Audio Information Network of Colorado) provides radio receivers and reading service for their consumers. Additional/different providers could be funded for this service following the next RFP process.

Legal assistance services are funded with OAA Title III Part B and SFSS. Current providers include Boulder County Legal Services, a division of Colorado Legal Services, who provide legal assistance with an emphasis on issues relating to benefits and consumer financial issues. Rocky Mountain Legal Center provides a range of legal services including estate planning and housing. Additional details about these services are included in questions 7 and 8 below. Additional or different providers could be funded for this service following the next RFP opening and review for state fiscal year 2021.

Mental health counseling is funded with Part E and SFSS. Mental Health Partners provides individual and group counseling for older adults with SFSS funds. Mental Health Partners also provides individual and group counseling for family caregivers with Title III Part E funds. Many of the services are provided as part of an integrated service model in federally qualified clinics. Medical providers make a referral to the mental health services, which can be obtained in the same location and often on the same day. It makes the services easier to access and reduces some of the stigma that some consumers might experience in soliciting the services separately. It also provides a good way to target services to older residents who are low-income and low-income minorities. The funded mental health services, including caregiver groups, are also provided in the senior centers. Additional or different providers could be funded for this service following the next RFP opening and review.

f. Future Plans and Ideas

In addition to the core service areas referenced above (Section III, 1 a-e), the following are areas BCAAA may explore for future changes or additions to programs and services over the course of the next area plan term. (Note: This Section "1f" is an addition to the information requested in SUA PD 18-05)

Case Management: BCAAA intends to investigate the need for more case management services in order to be able to work with certain clients more comprehensively. The agency plans to review where and how case management should be provided, as well as screening, intake, and referral

processes.

In-Home Services: While BCAA provides in-home services and short term assistance, it does not currently coordinate or administer home safety assessments or home modifications. The agency is interested in exploring how to better support and encourage aging in place and home safety through home safety assessments and home modification service models.

Caregiver Programs: BCAA plans to look at additional ways to provide support to family caregivers. For example, programs such as TCARE (Tailored Care) that provides machine learning screening tools and case management support for family caregivers, will be explored. Based on suggestions from community conversations, communication techniques such as a caregiver hotline will also be reviewed. BCAA will explore options with external providers for reaching family caregivers with mental health services that might include using technology (e.g. virtual counseling sessions), in keeping with suggestions from community conversations. The program is also interested in adding a public event on caregiving and dementia.

Healthcare Reform: BCAA plans to continue to monitor federal and state healthcare policy reform as more focus and funding is allocated to value-based payments, social determinants of health, and the non-medical social service models that positively influence health and wellbeing. As healthcare payers and providers begin to fund and deliver the same services as AAAs and its partners, BCAA is determining its role and position in this changing landscape. BCAA will continue to pursue opportunities to orient its services as a partner with healthcare payers and providers, through the Medicare Diabetes Prevention Program and through resource navigation, case management services, and others as relevant opportunities emerge.

LGBT Programs: BCAA recently conducted a needs assessment survey based on input from community members and partners to determine the need for a program that matches isolated, medically challenged LGBT older adults with younger LGBT people to provide weekly contact to reduce isolation and vulnerability while providing a connection to needed resources. We received positive feedback and anticipate implementing this program later in 2019. BCAA is also exploring making Project Visibility trainings available through webinars and through short topic-specific “snippets” available on the BCAA website.

Long-Term Care Ombudsman Program: BCAA would like to build the capacity of the LTCO team, with additional time to provide for volunteer coordination, to help cover the growing number of facilities in the region, and to increase our legislative and systems advocacy.

Medicare Counseling: BCAA’s Medicare program will explore utilizing technology to offer Medicare education in a variety of formats, which will include short videos, webinars and online appointments. The program anticipates adding additional positions if there is a growing demand.

Nutrition Services: BCAA may pilot new programs including nutrition vouchers. The agency will work with the nutrition network in the county to respond to the needs of the region for funding of congregate and/or home-delivered meals. SFSS funds may be used for pilot projects.

Outreach and Marketing: BCAA will continue to use its email newsletter, Facebook and NextDoor as its primary vehicles for online promotion of services and activities. BCAA would like to better target subpopulations in order to reach those most in need of services, which likely includes

encouraging and enhancing referrals from other organizations, including healthcare. BCAAA would also like to improve its outreach and communications in Spanish, expanding things like listening earphones, Spanish tracks at public resource events, etc.

Social Determinants of Health: BCAAA would also like to investigate elements of the social determinants of health that it has historically not addressed, including social isolation, homelessness, employment, and financial counseling. These efforts may involve expanded referral agreements with local government agencies and nonprofit organizations, as well as different lenses and frames to see BCAAA's programs through.

Technology and Innovation: BCAAA desires to better understand how to integrate and incorporate emerging technologies into its services and communications tools with the public. Since thousands of BCAAA's clients find their way to the agency through the internet, improving online interfaces, communications, and portals in order for clients to more easily get answers and access services may become a focus area over the next four years. BCAAA will remain open to new and emerging technologies like autonomous cars and smart homes. BCAAA may explore how the sharing and gig economies can solve multiple resource and service challenges in the community, particularly around housing, mobility, and jobs/skills. BCAAA is interested in exploring the growing market of assistive devices such as smart spoons and learn how to deliver appropriate solutions to clients in greatest need. Finally, BCAAA may explore expanding how it offers services through more voucher options, in order to optimize client choice and experience, and offer a greater diversity of aging in place-oriented services in the community.

2. *In your region, are there any situations, not including funding, that are barriers to innovation within the core Older Americans Act programs? If yes, please elaborate and be as specific as possible.*

Often new regulations or administrative requirements are accompanied by a cost that typically comes out of funds used to provide services, thereby resulting in fewer services. Additional requirements added to the administration of core services such as the CAPS check requirement create added challenges, particularly if the necessity for the regulation or positive outcome has not been clearly demonstrated. Clearly anything that has a real positive impact on safety ought to be promoted and encouraged, but new requirements or additional steps should be reviewed carefully before going into effect, in order to evaluate cost and impact on organizations and the services they deliver.

Another possible barrier, using CAPS as the example, is that some regulations can reduce potential efficient and effective means of service delivery, and begin to force public services and programs to become non-competitive, undesirable, or even obsolete. Requiring that UPS or FEDEX drivers need a CAPS check to deliver a meal from a nationally vetted meal provider creates barriers.

BCAAA supports more flexibility between Title III parts in OAA when it is reauthorized. BCAAA transfers a lot of C1 and C2 funds to B because most meals in the region are provided by private providers who would rather avoid the OAA regulations. If/when other AAAs do the same thing, the state would reach the maximum transfer limit. In Region 3B's case, the transfer allows more funds to go to other services, such as transportation, including rides to meal programs. Flexibility allows local regions to allocate funding in a way that both meets the needs and utilizes the strengths and availability of providers in the best way.

BCAAA would be interested in a discussion during reauthorization that would consider allowing a portion of OAA funds to be spent on services that directly impact isolation given the preponderance of evidence in the current literature about the positive impact of socialization and negative impact on health and well-being of isolation on the lives of older adults.

3. *What is your current process for monitoring providers and what plans do you have to update it and improve over the next 4 years?*

BCAAA has three annual compliance “events.” In March, BCAA facilitates the annual grant renewal application funding request and service projections for the following year, and also works to identify unmet needs and trends. BCAA’s AAC Technical Review Committee members review applications and approve final funding requests. In May/June, BCAA hosts annual service provider trainings for external providers and internal program staff. BCAA also reviews OAA/SFSS compliance and Policy & Procedure updates at this time. And in October, BCAA conducts annual on-site evaluations with its contracted providers, including an evaluation and documentation of programmatic and financial compliance, and review of client demographics.

As BCAA’s current process works very well, there are no plans to update the monitoring process; however, as BCAA explores different service delivery models, it is likely that this process will be updated and improved.

4. *What services currently have a waitlist? What is the process for monitoring the waitlist and how are individuals prioritized to receive services?*

We have found that waitlists can be very tricky to report on in our region. With resources available at multiple agencies throughout the county, if one of our programs is on a waitlist, resource specialists and options counselors working with clients are usually able to identify resources elsewhere.

BCAAA currently has no programs on a waitlist. Choices@Home had a waitlist briefly in December 2018. For this program, BCAA tracks client needs and situations on a weighted worksheet, which is reviewed routinely at program team meetings.

For BCAA’s external providers, Cultivate’s IceBusters program is the only service on waitlist. Waitlists were discussed with BCAA’s providers at their on-sites in 2018. All of BCAA’s providers reporting waitlists must keep a weighted waitlist spreadsheet with backup documentation as detailed in the Policy & Procedure manual.

Ombudsman and Legal Assistance

5. *What long-term care issues will your AAA’s local Ombudsman Program give priority to as a systems advocate during the next four years?*

- **Discharges:** BCAA will continue our work monitoring discharges from nursing homes and assisted living homes to ensure that proper notification is provided, that discharges are within regulations, and that appeals procedures are followed.

- **Community Provider Engagement:** We will facilitate collaborative relationships with local agencies that also come in contact with LTC residents including hospitals, homeless shelters, criminal justice systems and mental health providers, to anticipate needs of residents in long term care, to provide more appropriate services and avoid duplication.
- **New Regulations:** Both nursing homes and assisted living homes are in the midst of implementing new regulations. The ombudsman program will participate in statewide committees that are rolling these out and work with local long term care homes to stay in compliance with regulations specific to staffing, care planning, and resident rights. We will provide trainings to facility staff on these topics in addition to elder abuse and mandatory reporting.
- **Empowerment:** The ombudsman program will work closely with residents to increase their participation in improving quality of care in their homes. We will support them in leading long term care homes in making changes, encourage them to work with other residents (in their home and other LTC homes in the county) toward improved care and raising awareness in the community about resident rights and perspectives.

6. *In addition to resident council meetings, family council meetings, and trainings to facility staff, what other activities will the local Ombudsman participate in during the next four years to educate the community regarding ombudsman services?*

- LTC Ombudsman will continue participation in the Elder Justice Coalition (EJC) focused on maintaining a collaborative community response to elder abuse. Focus will be to expand already established training to new Law Enforcement and Judicial staff as well as first responders, fire departments, mental health workers and the community at large to increase awareness and reporting of elder abuse. Community partners in the EJC include the District Attorney's office, detectives from local Law Enforcement, Adult Protective Services, Domestic Violence agencies, Senior Centers and the Coroner's office. LTCO contribution includes explanation of how nursing homes and assisted livings operate and handle abuse reports, regulatory knowledge, documentation requirements, roles of various staff at homes and LTCO role within LTC and in abuse investigations.
- Adult Protection Review Team: BCAA's lead ombudsman continues to participate on this team, representing the LTCO program and the interests of resident of LTC, providing insight into operations and regulations of nursing and assisted living homes.
- Emergency preparedness: BCAA's lead ombudsman participates in the local healthcare coalition and is a link between LTC homes and local emergency preparedness experts, helping to plan and publicize trainings for long term care specific to emergency planning, and, along with other LTCO staff, provides guidance to LTC homes about realistic plans for emergencies, access to community drills to practice and plan review by local emergency planners for healthcare.
- Media: BCAA's LTCO will continue to explore ways to publicize and raise awareness about long term care issues through the BCAA Facebook page, newsletters and local news outlets.
- Public education: The LTCO team raises awareness at BCAA events and among BCAA staff and support agencies including the Aging Advisory Council, Aging Services Foundation, municipal aging advisory councils, and local senior centers.
- Participation in statewide committees: BCAA's ombudsmen are members of the Informal Dispute Resolution (IDR) committee which reviews disputed deficiencies at Assisted Living homes and the Assisted Living Advisory Committee (ALAC), which monitors the implementation of new state regulations for Assisted Living homes.

- Ethics: BCAAA’s lead LTCO will explore the interest and feasibility of forming an Ethics Committee specific to long term care with relevant partners including the ombudsman program, long term care staff and medical directors, adult protection, hospitals, first responders, and perhaps residents or families of long term care residents.

7. Specifically, what legal issues will be given priority for receiving representation from the Legal Assistance Program during the next four years? How will the AAA ensure that the local Legal Assistance provider is able and willing to provide representation for these issues?

We are fortunate to have two very strong legal assistance providers for Region 3B, Boulder County Legal Services (BCLS, part of Colorado Legal Services), and Rocky Mountain Legal Center (RMLC). Because they have such a large pool of pro bono attorneys in addition to their staff and interns, BCLS is able to cover a wide range of services. Priority is given to issues related to rights to or denial of benefits (e.g. Medicaid, housing, disability, etc.) and also to financial issues such as bankruptcy and credit card debt collection. Rocky Mountain Legal Center provides legal assistance for issues such as Estate Planning and Wills, Housing, Bankruptcy, domestic relations and consumer issues. We have found RMLC to be a great complementary legal assistance provider to our long-time provider, BCLS.

Specific legal issues BCAAA will reimburse for include Supplemental Security Income, Social Security Disability Income, Old Age Pension, Home Care Allowance, Home and Community Based Services, Temporary Assistance to Needy Families, Aid to the Needy and Disabled, Supplemental Nutrition Assistance Program, bankruptcy, eligibility and denials of Medicaid, Medicare Part D, County Court civil protection orders for victims of violence, consumer collection matters, and citizenship and immigration. Many issues related to housing are covered, including evictions and foreclosures, loss of primary residence, rental/landlord disputes, public housing, and repossessions.

8. How will the AAA ensure that legal advice from the local Legal Assistance Provider is able to provide representation for these issues?

BCAAA ensures that the legal assistance providers are representing older adults in our region and that the identified issues are being represented through review of monthly statistics and open communication with the providers. Legal assistance providers are asked to track the specific areas of representation indicating type of legal service provided using the chart supplied by Colorado Legal Assistance Developer. Both BCLS and RMLC report to the Aging Advisory Council (AAC) in person at least once each year. They are also visited as part of the annual on-site evaluation by BCAAA staff and the Technical Review Committee of the AAC.

SECTION VII: TITLE III / VI COORDINATION – Not Applicable for Region 3B

Regions that have both Title III and Title VI nutrition programs shall describe the coordination of the programs in the Area Plan. Describe plans to coordinate Title III programs with Title VI Native American programs and pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits of the AAA and specify ways in which AAA intends to implement the activities. If the AAA does not provide both programs, simply mark N/A (not applicable) in the section.

SECTION VIII: FORMS

The forms required in the Area Plans are included in one Excel spreadsheet in corresponding worksheets. All forms are required to be completed with the exception of Attachment A: Direct Service Waiver Request. Only AAAs requesting waivers need to submit Attachment A.

Worksheet A: Direct Service Waiver Request

Only AAAs providing services directly will submit this form. Waivers for all OAA/SFSS programs are allowable to permit demonstrations and to promote innovations or improve service delivery providing the waiver will not diminish services already provided. A direct service is identified for any service funded with non-administrative funding to support AAA staff. The Long-term Care Ombudsman Program does not need to be identified as a direct service.

Before requesting a waiver, the AAA shall conduct a public hearing. The AAA shall notify all interested parties in the area of the public hearing and furnish the interested parties with the opportunity to testify. The AAA shall prepare a record of the public hearing and shall furnish the record of the public hearing with the request for a waiver to the SUA when the Area Plan is submitted.

We hereby request approval of a Waiver to provide the direct services listed below:

1. Coordination of financial assistance programs: material aid, respite assistance, vouchers
2. Supportive services for Project HOPE
3. ADRC management, options counselor, website and phone line
4. Medicare Counseling
5. Nutrition oversight, education, and counseling
6. Congregate Meals Programs
7. Evidence-based wellness programs
8. Caregiver services
9. LGBT outreach and Project Visibility training

Description of the direct services to be provided by the Area Agency on Aging:

1. Coordination for Short-Term Financial Assistance, Respite Assistance, and Vouchers
 - Coordination is provided in-house by BCAA
 - The services and material aid provided by these funds goes directly to eligible consumers.
 - Funding for these services is from OAA Title III Part B and Part E, SFSS, and local cash (Aging Services Foundation). Coordination of these programs is provided by BCAA, funded by a combination of local cash and OAA/SFSS administration funds.
 - Services and material aid are purchased from a variety of providers and vendors.
 - In addition to the AAA, intake points for Short-Term and Respite Assistance involve partners outside the agency to promote geographic coverage and access for diverse populations, including local senior centers, safety net agencies, and legal services organizations.
 - Intake for vouchers for in-home Services (homemaker and personal care) is through options counselors in the ADRC and resource specialists in local senior services; service providers are vetted through an SOQ (solicitation of qualifications) process.
2. Supportive Services for Project HOPE

Worksheet A: Direct Service Waiver Request

- Project HOPE is a direct service of BCAA.
 - A portion of in-home service vouchers are prioritized for participants in Project HOPE.
 - Additional services for Project HOPE participants are purchased through funds raised by the Aging Services Foundation.
 - Case management for this program is funded by local cash.
3. ADRC Management, Options Counselors, Website and Printed Resources
- The ADRC is provided as a direct service by the BCAA. It is housed in the AAA in order to provide seamless access to long-term services and supports in collaboration with the local senior services to ensure county-wide coverage.
 - Three options counselors are funded by local cash; the program manager, ADRC supervisor, and two additional options counselors are funded by a combination of funds from OAA Title III Part B and SFSS, HCPF CCT grant, other grants, and local cash.
4. Medicare Counseling
- Medicare counseling is provided as a direct service by the BCAA. Three counselors (2.75 FTEs), part of the time of the program manager, and trained volunteers oversee and deliver this service that provides Medicare basics classes, individual consultations, and general assistance to Medicare beneficiaries.
 - Medicare Counseling is funded by a combination of SHIP funds awarded through the Colorado Department of Regulatory Agencies, Division of Insurance, along with OAA/SFSS funds, with operating expenses covered by local cash.
5. Nutrition Oversight, Education, and Counseling
- A variety of nutrition services are provided directly by the BCAA. These include:
- Program monitoring, compliance, and training for all nutrition services receiving OAA funds.
 - BCAA has a staff dietitian who assists with compliance and provides nutrition analysis and nutrition education for all OAA-funded programs and others.
 - In addition, the program manager oversees contracts with dietitians (RDs) with a variety of specialties to provide nutrition counseling in Boulder County. Providers are selected through an SOQ (solicitation of qualifications) process. Boulder Nutrition and Exercise is one of BCAA's current contractors for nutrition counseling. An individual RD who is bilingual, thereby addressing an important target of monolingual speakers and low-income minorities, also contracts with BCAA to provide nutrition counseling.
 - The program manager, along with the nutrition committee of the AAC, plans and holds an annual nutrition conference. The conference held in 2018 featured simultaneous translation so that monolingual speakers were able to fully participate.
 - The above services are funded by a combination of OAA Title III C1 and C2, SFSS, and local cash through the Aging Services Foundation.
 - The BCAA nutrition program may pilot programs including testing of nutrition vouchers. The agency will work with the nutrition network to respond to the needs of the region for funding of both congregate and/or home-delivered meals. SFSS funds may be used for future pilot projects.
6. Congregate Meals Programs
-

Worksheet A: Direct Service Waiver Request

- Allenspark Lunch Bunch: Residents of the Allenspark area have expressed a desire to continue the lunch program and continue to participate in good numbers; however, when a nutrition RFP was last opened no agency bid to provide service for this area. Therefore, BCAAA oversees this program, with good involvement of local residents as volunteers.
 - Lyons Bistro: Residents of the Lyons area receive congregate meals at Walt Self Senior Housing. When the nutrition RFP was last opened, no agency bid to provide service for this area. Therefore, BCAAA oversees this program, including providing a meal site coordinator and driver, with involvement of local residents as volunteers.
7. Evidence-Based Wellness Classes
- BCAAA provides wellness classes as a direct service. Classes provided by BCAAA and funded by OAA Title III Part D funds meet the criteria established by ACL for evidence-based programs.
 - Since the total amount of Part D funding for Region 3B is relatively small, we believe it is most effective to keep these funds in-house. They represent a small amount of funds to put out in a contract, plus the additional cost to provide the oversight.
 - BCAAA can maximize the use of these funds internally since the staff person (1.0 FTE) that coordinates the wellness program is paid through local cash match (County general fund). All Part D funds go directly to the costs of classes for the participants, including covering hourly coaches, particularly Spanish-speaking coaches. Volunteer coaches also add operational capacity to the program.
 - Having the wellness coordinator on the staff and funded by non-Part D funds allows her to invest time in a broader reach of wellness programs and services regarding falls prevention.
 - BCAAA has been successful in obtaining additional funding sources to support the evidence-based wellness classes, including insurance reimbursement for the Diabetes Prevention Program (DPP). BCAAA received full recognition from the CDC in 2018; this recognition shows that the Diabetes Prevention Program has passed rigorous CDC evaluation, and allows the AAA to bill Medicare Part B and Medicare Advantage health plans (Part C) for Medicare DPP (MDPP).
 - BCAAA will also provide MDPP for TRU PACE participants through a contract. The Aging Services Foundation is an additional source of funding for wellness programs.
8. Caregiver Program
- Caregiver services are provided as a direct service by the BCAAA.
 - Services and support for family caregivers in Boulder County precedes the addition of Part E (National Family Caregiver Support Program) to Title III of the Older Americans Act. Due to that history, BCAAA has continued to coordinate caregiver services.
 - Services provided include information and assistance, education, training classes, and the Care Connections newsletter, which are coordinated by the Caregiver Initiative Coordinator (.75 FTE). Caregiver services also include respite assistance and the Respite and Companion Volunteer Program.
 - Funding for caregiver services comes from OAA Title III E III B, SFSS, and local cash (including sponsorships and donations through the Aging Services Foundation). The Respite and Companion Volunteer Program is funded by local cash (County general fund).
 - Access to respite and other caregiver services is provided through local senior services as well as through the AAA.
 -

Worksheet A: Direct Service Waiver Request

- Some Part E funds are also awarded to an external agency to provide individual and group mental health counseling to family caregivers.

9. LGBT Outreach and Project Visibility Training

- LGBT (Lesbian, Gay, Bisexual, Transgender) outreach and cultural competency training are provided as a direct service by the BCAA.
- The program is largely funded by local cash (Aging Services Foundation and County general fund), with some OAA Title III-B funds paying a portion of the salary for the program coordinator/trainer

Public Hearing at which these waivers were presented:

Meeting: Boulder County Area Agency on Aging, Aging Advisory Council Meeting

Agenda item: Public Hearing Draft Area Plan Review

Time: 11:00 a.m. – noon

Date: Friday, March 1, 2019

Location: Louisville Senior Center, 900 Via Appia Way, Louisville, CO 80027

Worksheet B: Meal Sites

This form provides information about each OAA/SFSS congregate meal site and home delivered meal provider.

- Meal Site Name/Address (Column B): List the contact name, street address, phone number, email address, and fax number of each meal site in the AAA Region.
- Which Program(s) Operate Out of This Site? (Columns C and D): Identify if the site provides Congregate and/or Home Delivered Meal programs.
- Are meals prepared on-site? (Column E): Answer 'Yes' or 'No'.
- Which meal is served / delivered each day? (Columns G, H, and I) Check the site(s), which serve one or more than one complete meal per day. If additional meals are charged to OAA or SFSS, each meal served must provide at least one-third of the current Recommended Daily Allowance (RDA), Dietary Reference Intakes (DRI), and the United States Department of Agriculture (USDA) Dietary Guidelines for older adults (66^{2/3} for two meals, 100% for three meals).
- Number of Days of the Week C1 Meals are Served: (Column J) List the number of days of the week each meal site serves meals using C1 and/or state funds.
- Number of Days of the Week C2 Meals are Delivered: (Column K) List the number of days of the week each meal site delivers meals using C1 and/or state funds.

Worksheet B: Meal Sites

Nutrition Program Meal Sites (Congregate & Home Delivered Meal Programs) as of March 2019:

	SITE NAME/ADDRESS MEAL SITE COORDINATOR PHONE/FAX/EMAIL ADDRESS	WHICH PROGRAM(S) OPERATE OUT OF THIS SITE?		ARE MEALS PREPARED ON SITE? YES/NO	WHICH MEAL IS SERVED/DELIVERED EACH DAY? (CHECK ALL THAT APPLY)			DAYS OF THE WEEK C-1 MEALS ARE SERVED	TIME C-1 MEALS ARE SERVED	DAYS OF THE WEEK C-2 MEALS ARE DELIVERED
		C-1	C-2		B	L	D			
1	Louisville Louisville Brooks Café 900 Appia Way, Louisville, CO 80027 Operated by City of Louisville Senior Center Kathy Martin, Manager Phone 303-355-4903 Fax 303-335-4959	X		No		X		Mon-Fri	12:00 PM	NA
2	Nederland Nederland Community Center, 750 Hwy North, Nederland, CO 80466 Operated by Nederland Area Seniors Serene Karplus, Meal Site Coordinator Phone 303-258-0799 Fax 303-258-0799 nederlandareaseniors@gmail.com	X	X	Yes	X	X	X	Mon & Wed lunch Breakfast & Dinner 1x a month	12:00 PM	Mon and Wed
3.	Allenspark Highlands Presbyterian Camp, PO Box 66, Allenspark, CO 80510 Operated by BCAA Teresa DeAnni, Healthy Aging Programs Manaager Phone 303-441-4995 Fax 303-258-0799 tdeanni@bouldercounty.org Maria Shupe, Executive Director, Highlands Ranch Phone 303-747-2888 Fax 303-747-2885 maria@highlandscamp.org	X		Yes		X		Thur	12:00 PM	NA
4.	Lyons Walter Self Housing site Community room, Walt Self Housing, 333 Railroad Avenue, Lyons, CO 80540 Operated by BCAA Teresa DeAnni, BCAA Healthy Aging Programs Manaager Phone 303-441-4995 Fax 303-258-0799 tdeanni@bouldercounty.ogr	X		No		X		Wed & Fri	12:00 PM	NA

Worksheet C: Community Focal Points and Senior Centers

This form provides information on the name and location of senior centers and focal points within each region.

- Contact Information: (Column A) - List the name, address, city, zip code, and telephone number of each senior center and/or focal point facility within the AAA Region.
- Focal Point: (Column C) Check the box if the facility is a Focal Point (the term "focal point" means a facility established to encourage the maximum co-location and coordination of services for older individuals.)
- Senior Center: (Column D) Check the box if the facility is a Senior Center. (the term "Senior Center" means a facility for the organization and provision of a broad spectrum of services, which shall include, but not be limited to, provision of health including mental health, social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.) A facility can be both a focal point and senior center. If that is the case, please check both boxes.
- Funded by Title III-B and/or SFSS: (Column E) Check the box if the facility is funded through Title III-B or SFSS. Indicate if the facility is a senior center and a recipient of Title III B or SFSS funds for Senior Center Operations. Do not check if the Senior Center is a congregate nutrition site and only receiving Nutrition funds from OAA or SFSS.

Worksheet C: Community Focal Points and Senior Centers

LIST ALL FOCAL POINTS AND SENIOR CENTERS INCLUDING NUTRITION SITES IF IT IS A FOCAL POINT

	CHECK IF FACILITY IS:		
	A FOCAL POINT	A SENIOR CENTER	FUNDED THROUGH TITLE III-B or SFSS
1. Allenspark Senior Advisory Council and BCAA Options Counselor Community Room, Allenspark Fire Station 14861 Highway 7, Allenspark CO 80510 Colleen Sinclair, Options Counselor csinclair@bouldercounty.org Highlands Presbyterian Camp	X		Site of OAA funded meal site
2. Boulder Senior Services Centers: 909 Arapahoe Boulder 8030 and 5660 Sioux Drive Boulder 80303 Eden Bailey, Manager, 303-441-4439 baileye@bouldercolorado.gov	X	X	
3. Erie Community Center 450 Powers Street, Erie CO 80516 Cindy Hickman, 303-926-2795 chickman@erieco.go	X	X	
4. Lafayette Senior Services 103 S Iowa, Lafayette, CO 80026 Juli Mackenzie, 303-661-1497 juli.mackenzie@cityoflafayette.com	X	X	
5. Longmont Senior Services 910 Longs Peak Avenue, Longmont 80501 Michele Waite, 303-651-8411 michele.waite@ci.longmont.co.us	X	X	
6. Louisville Senior Services 900 Via Appia, Louisville 80027 Katie Beasley, 303-666-7400 KatieB@LouisvilleCO.gov	X	X	Site of OAA funded meal site
7. Lyons Senior Housing & Meal Site & Options Counselor Walt Self Housing, 335 Railroad Ave, Lyons 80540 Keith Carr, Options Counselor kcarr@bouldercounty.org			Site of OAA funded meal site
8. Nederland Area Seniors, Inc Serene Karplus, 303-258-0799 Nederland Community Center 750 Peak to Peak Hiway, Nederland 80466 Colleen Sinclair, Options Counselor csinclair@bouldercounty.org	X		Site of OAA funded meal site. Though not a senior center, many senior activities are offered
9. Superior Parks & Recreation 1 Superior Drive, Superior 80027 Lydia Yecke, 303-499-3675 x166 LydiaY@superiorcolorado.gov	X		

Worksheet D: Regional Advisory Council Membership

List all persons presently serving as members of the AAA’s Regional Advisory Council. In the Organizational Affiliation column, note whether this advisory council member represents older persons, the general public, provider organizations, health care provider organizations, local elected officials, county councils on aging, county commissioners, etc. For multiple county AAA regions, note which county or town the appropriate advisory council member is representing. Provide the total number of members who are low-income, minority, and/or 60 years of age or older on row 60.

List all persons presently serving as members of your Regional Advisory Council.

NAME	ORGANIZATION AFFILIATION
Sara Beery	Older Adult; Longmont Senior Advisory Board Member
Dena Boutwell	Via (transportation service); Member-at-large
Judith Brush	Older Adult; Member-at-large
Pam Christensen	Older Adult; Erie Representative
Stephanie Dunn	UC Health; ; Member-at-large
Kris Durso	Housing and Human Services Representative
Patrick Egan	Older Adult; Member-at-large
Pat Feeser	Older Adult; Member-at-large
Jeff Foster	Older Adult; Member-at-large
Tom Genovese	Older Adult; Member-at-large
Kellie Hudson	Older Adult; Hudson Integrative; Member-at-large
Michele Hurliman	Older Adult; Nederland Representative
Andy Lattanzi	Older Adult: Niwot Representative
Mary Jo Manydeeds	Older Adult; Boulder Senior Advisory Board Member
Bill Marine	Older Adult; Member-at-large
Judy Mares-Dixon	Older Adult; Member-at-large
Jessica O’Leary	Gerontologist; Member-at-large
Rebecca Paskind	Older Adult; Lyons Representative
Dave Pinkow	Older Adult; Allenspark Representative
Dale Porter	Older Adult; Member-at-large
Chuck Stout	Older Adult; Louisville Representative
Carren Williams	Older Adult: Lafayette Senior Advisory Board Member

Please indicate on the chart below how many members are low income, minority, or over 60

LOW-INCOME	MINORITY	60 +
1	2	12

Worksheet E: Statement of Intent/Signature Page

This is the transmittal form for the Area Plan. The notification of approval of the Area Plan will not be issued until the required signatures are received. Signatures of the Area Agency on Aging Director, Area Agency on Aging Advisory Council Chair, and Governing Board of the Area Agency on Aging Chair are required.

BOULDER COUNTY AREA AGENCY ON AGING

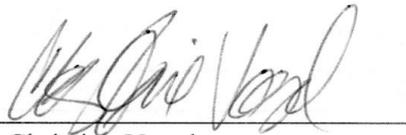
**3B Boulder County
REGION**

For the period July 1, 2019 through June 30, 2023

This Area Plan includes all assurances plans under provisions of the Older Americans Act during the period identified. The Area Agency on Aging identified above shall assume full responsibility to develop and administer the Area Plan in accordance with the requirements of the Older Americans Act and related State regulations and policy. In accepting this authority, the Area Agency on Aging assumes responsibility to promote the development of a comprehensive and coordinated system of community services and to serve as the advocate and focal point for older persons in the planning and service area.

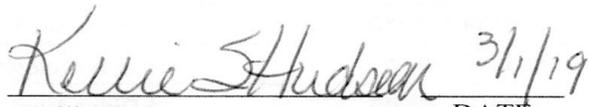
The Area Plan has been developed in accordance with the rules and regulations specified under the Older American's Act and Staff Manual Volume 10, and is hereby submitted to the Colorado Department of Human Services, Division of Aging and Adult Services for review and approval.

SIGNATURES:



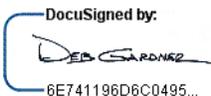
Christine Vogel
Director,
Area Agency on Aging

3/1/19
DATE



Kellie Hudson
Co-Chairperson,
Area Agency on Aging
Advisory Council

3/1/19
DATE

DocuSigned by:

6E741196D6C0495...

Deb Gardner

Elise Jones (Excused)
Chairperson,
Governing Board of the
Area Agency on Aging

03/26/2019

DATE



Dale Porter
Co-Chairperson,
Area Agency on Aging
Advisory Council

3/1/19
DATE