

ACTIONABLE AGING POLICY AGENDA

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Colorado is in the midst of a significant demographic shift. Over the next decade, our state's Demography Office predicts the number of Coloradans aged 65 and older will grow by more than 35 percent. This impacts our entire state, offering us valuable opportunities — opportunities to leverage the skills and talents of older workers; opportunities to create sustainable, age-friendly communities; and opportunities to lead in supporting our direct care workforce, one of the [fastest growing professions in both Colorado and the nation](#).

But to realize these opportunities and forestall the inevitable challenges which will come with inaction, Colorado needs intentional and proactive public policies. That's why, with support from [NextFifty Initiative](#), the Bell Policy Center created a comprehensive aging agenda that is:

- **Actionable:** There's an immediate need for strong public policy that supports our changing demographics. Recognizing this, the following recommendations are robust and ready to be used by Colorado policymakers.
- **Holistic:** An aging population impacts all community members, not just those at, near, or over 65. That's why these recommendations holistically consider opportunities and challenges as they relate to our businesses, families and friends of older Coloradans, and paid workers responsible for providing direct, hands-on support.
- **Additive:** State leaders have made meaningful progress in enacting strong, age-friendly policies. This work has been done by groups like the [Strategic Action Planning Group on Aging \(SAPGA\)](#), the [Respite Care Coalition](#), [Area Agencies on Aging \(AAA\)](#), and the [Community Living Advisory Group](#). These ongoing efforts provide the foundation for many of the following recommendations.
- **Community informed:** Policymaking works best when informed by impacted individuals, organizations, and communities. To ensure our recommendations embody this reality, we intentionally engaged a diverse group of over 80 stakeholders across geographic areas, communities, and industries. Their feedback was essential in shaping the priority and focus areas discussed throughout this agenda.

More than 80 organizations provided feedback on community needs, assets, and priorities. Stakeholders include state agencies, universities and postsecondary institutions, health care providers, research and policy organizations, service providers, and local governments.

There was an intentional effort to engage stakeholders from across the state. As a result, feedback came from the Denver metro area, Fort Collins, the Eastern Plains, Grand Junction and the Western Slope, mountain communities, and Colorado Springs. Several national partners also provided input and perspective.

To create a state that's supportive of all, policies must reflect our diverse demographics. As Colorado ages, this requires expanding the way we look at existing systems to identify new opportunities and challenges. The following actionable, holistic, and community-informed recommendations offer a roadmap to crafting the age-friendly policies we need.

Process

To create these recommendations, we used an intentional, iterative, and community-informed process that involved:

- **Research:** This agenda is rooted in evidence-based practices and analysis of Colorado's current and future needs. Our previous report, "[Healthy Aging & Promising Practices: A State Scan of Long-Term Care Policies](#)," combined with other research from the Bell and papers from state and national partners played an essential role in identifying important priority areas and potential recommendations.
- **One-on-one conversations:** Individual conversations with dozens of stakeholders helped identify which areas to prioritize, provided valuable ongoing feedback, and ensured policy recommendations were tailored to community needs and opportunities.
- **Small group conversations and surveys:** All stakeholders were invited to participate in focused, small group conversations on specific issue areas including unpaid caregiving, the direct care workforce, older adults in the workforce, and the general agenda. These small group conversations provided an opportunity to gain more fluid, collaborative, and in-depth comments. Individuals were given a chance to share additional thoughts through an online survey as part of follow-up feedback.
- **Large group conversations:** Based on the one-on-one and small group conversations, a tentative list of recommendations was developed. Large group meetings in Fort Collins and Denver allowed stakeholders to provide feedback on prioritization and share specific thoughts on individual recommendations.

The process described above relies upon robust research and community input. This helped create recommendations reflective of best practices and an assessment of opportunities and challenges specific to those affected. Moving forward, the following agenda not only offers policymakers a comprehensive roadmap to support our aging demographics, but readymade recommendations with positive momentum and community support.

Priority Recommendations

Six focus areas (in need of their own specific policy recommendations) were identified through the process above.

- **State strategy:** Involves coordinated action from state agencies and departments to leverage the existing systems and resources of Colorado's government.
- **Service and program funding:** Centers on ensuring sustainable funding for comprehensive supports needed by both older adults and unpaid caregivers.
- **Health and prevention:** Focuses on keeping older adults healthier for a longer period of time.
- **Older adults in the workplace:** Supports and capitalizes upon the efforts of older Coloradans who either choose or need to remain in the workforce.
- **Unpaid caregivers:** Recognizes the valuable contribution, but also substantial costs, from thousands of family members and friends providing unpaid care to an older loved one.
- **Direct care workforce:** Bolsters and supports the growing number of women and men providing hands on, direct care to older Coloradans.

Priority recommendations within each focus area are summarized on the next page. An overview of all recommendations can be found in Appendix A.

Summary of Priority Recommendations

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| State Strategy | <ol style="list-style-type: none"> 1. Require all state agencies to formally assess internal capacity to leverage opportunities and meet evolving needs associated with Colorado’s aging demographics <ul style="list-style-type: none"> ○ Provides a baseline assessment of statewide readiness and capacity 2. Create a permanent, executive-level Advisor on Aging position <ul style="list-style-type: none"> ○ Institutionalizes a central point person in the executive office charged with coordinating aging policy across state government |
| Service & Program Funding | <ol style="list-style-type: none"> 3. Develop a state-facilitated retirement plan for employees without an employer-sponsored option <ul style="list-style-type: none"> ○ Provides an essential retirement savings mechanism for nearly half of all Colorado workers who lack access to an employer-sponsored retirement plan 4. Secure additional funds for Area Agencies on Aging by increasing state support and facilitating public-private partnerships <ul style="list-style-type: none"> ○ Invests in a statewide network of effective community-based service providers charged with meeting the needs of older adults and their caregivers |
| Health & Prevention | <ol style="list-style-type: none"> 5. Apply for a federal Medicaid waiver to increase access to preventative home and community-based services <ul style="list-style-type: none"> ○ Provides earlier, less expensive support to older adults to prevent or delay expensive acute health needs in the future 6. Increase Medicaid reimbursement rates for preventative health services <ul style="list-style-type: none"> ○ Grows the network of available service providers, especially for those in traditionally underserved communities |
| Older Adults in the Workplace | <ol style="list-style-type: none"> 7. Expand and strengthen age discrimination laws <ul style="list-style-type: none"> ○ Bolsters existing legal protections to support older adults who enter and remain in the workforce 8. Create tax credits for businesses to hire and provide initial/ongoing training for older workers <ul style="list-style-type: none"> ○ Incentivizes employers in select industries and areas to hire and train qualified older adults |
| Unpaid Caregivers | <ol style="list-style-type: none"> 9. Expand access to portable benefits, like paid family and medical leave and health care <ul style="list-style-type: none"> ○ Provides access to benefits which are essential for the financial security and health of working caregivers 10. Increase state funding for unpaid caregiver services, outreach, and training <ul style="list-style-type: none"> ○ Provides access to needed supports for the state’s growing number of unpaid caregivers |
| Direct Care Workforce | <ol style="list-style-type: none"> 11. Create a unified, stackable credentialing system for direct care workers <ul style="list-style-type: none"> ○ Promotes skill development and worker well-being through portable, progressive, and universal trainings 12. Increase Medicaid reimbursement rates for direct care services <ul style="list-style-type: none"> ○ Expands state investment in a necessary and growing workforce |

Recommendations should:

- Encourage use of an **age-friendly lens** to intentionally consider how policy is both impacted by and impacts Colorado's changing demographics
- Increase **statewide recognition and understanding** of the opportunities and challenges connected to our aging state

State Strategy

Concerted action from state government is essential to creating holistic, age-friendly policies. A state government that understands the value of an age-friendly lens can leverage its statewide infrastructure and natural connections to the everyday lives of Coloradans to create meaningful opportunities and fill service gaps. These realities make it important for leaders within state government to recognize and embrace opportunities for action.

Priority Recommendations

1. **Require all state agencies to formally assess internal capacity to leverage opportunities and meet evolving needs associated with our aging demographics.** To best leverage state government's assets, we must first understand its ability to meet current and future demands. In order to fill information gaps, the governor's office should require each state agency to conduct a comprehensive assessment of its programs, policies, and structures as they relate to our aging demographics.
Assessments should include analysis of the agency's ability to capture and meet current and projected needs of older adults, employers, and caregivers; leverage new opportunities stemming from demographic changes; and collect and use disaggregated information relating to underserved communities, including those from rural areas and communities of color. Additionally, agencies should examine existing legislative, regulatory, and funding barriers. Upon completion, assessments should be analyzed and, with help from the governor's Advisor on Aging, used to increase agency capacity.
 - **How:** Executive Order with corresponding budget request
 - **Responsible for implementation:** Governor's office and state agencies
2. **Create a permanent, executive-level Advisor on Aging position.** Older Coloradans interact with all parts of state government. To ensure their continuous representation in state policy, the governor's office should create a permanent, executive-level Advisor on Aging position. The Advisor's responsibilities should include educating state and local leaders, as well as the public, on Colorado's aging demographics and the need for an age-friendly policy lens; coordinating policies related to older adults across state agencies; and connecting state and local aging efforts. [Thanks primarily to SAPGA](#), which recommended creating this role in 2016, Colorado already has an Advisor on Aging position. However, currently this position is temporary, funded through a three year, \$450,000 [NextFifty Initiative grant](#). Colorado should invest in this role and make the position state funded and permanent.
 - **How:** Executive Order with corresponding budget request
 - **Responsible for implementation:** Governor's office

Additional Recommendations

- **Fund and further develop [Lifelong Colorado](#).** Announced at the end of Governor Hickenlooper's administration, Lifelong Colorado exists to facilitate connections and share best practices between local communities pursuing [age-friendly policies](#). Housed within the Department of Local Affairs, the initial, but unfunded budget request was for approximately \$500,000. By funding this program, evaluating outcomes, and expanding accordingly, our state government can support locally led efforts to make communities accessible for people of all ages.
- **Create a coordinated, statewide system to connect older adults and unpaid caregivers with local resources.** The 2018 [Colorado Assessment Survey for Older Adults](#) (CASOA) finds over half of surveyed older Coloradans have difficulty understanding where to find community resources. A state-supported referral system, housed within the Department of Local Affairs, can meet this need. This system should connect both older adults and unpaid caregivers to local community supports like transportation and nutrition services; be designed to provide a wide range of connections on issues like employment opportunities, education, and health; and leverage existing state and local systems, including workforce development centers and Area Agency on Aging networks, to provide comprehensive resource directories. In addition to creating a statewide system, the

Department of Local Affairs, in partnership with the Advisor on Aging and Lifelong Colorado, should support local efforts, like [Senior Access Points of Larimer County, which has developed its own community-driven effort](#) to connect older adults to resources. State officials and entities can support this work by sharing best practices and facilitating information exchanges between communities.

- **Require an aging lens for all new state-supported infrastructure projects.** The state plays an important role in developing the housing and transportation systems we all rely on. As we continue investing state resources into these projects, they should be required to use an age-friendly lens. This can be done by either requiring a certain portion of project funding be spent on age-friendly components or potential projects can be evaluated on established [age-friendly criteria](#). Possible criteria can include the consistency of a proposed transportation system or the inclusion of [universal design](#) features in subsidized affordable housing units.

Recommendations should:

- **Create diverse and sustainable funding streams from across public, private, and individual sources**
- **Invest in effective systems already providing quality services and supports**
- **Provide flexible funding to local communities for tailored solutions**

Service & Program Funding

Whether it's to invest in opportunities or meet expanded service needs, our support systems for older adults require additional funding. Without change, analysis from the Colorado Health Institute predicts our state's long-term care budget will have an approximately [\\$488 million yearly gap](#) between revenues and expenses. Our failure to ensure adequate and sustainable funding prevents us from fully leveraging available opportunities and resources.

Priority Recommendations

3. **Create a state-facilitated retirement plan for employees without an employer-sponsored option.** Increasing individuals' ability to afford long-term services and supports must be a priority for our state. However, as we've found, driven largely by the fact they lack access to such a benefit, more than [half of all Coloradans](#) don't participate in a workplace sponsored retirement plan. To remedy this, Colorado's legislature should create a [Secure Savings Retirement Plan](#). A public-private partnership, this would automatically enroll those without an employer-based retirement option into a state-sponsored program. Similar plans have been successfully implemented in other states, including [Oregon](#) and California.
 - **How:** Legislation
 - **Responsible for implementation:** Treasurer's office
4. **Secure additional funds for Area Agencies on Aging by increasing state support and facilitating public-private partnerships.** Operating throughout the entire state, [Colorado's Area Agencies on Aging](#) (AAAs) provide essential, community-specific services for older adults and their caregivers. Several of the AAAs more prominent preventative services include transportation, education, nutrition, and health and wellness programming. As the number of older Coloradans' has increased, AAAs have seen their numbers [more than double between 2013 and 2018](#). Colorado's legislature should increase its investment in this network by allocating additional state funds to the AAAs. Importantly, AAAs should be allowed to use additional funds for both services and infrastructure (e.g., vehicles and building maintenance and repair). To adequately fund this, the Department of Human Services should assess AAAs' current and future needs as described in Recommendation 1. At a minimum, the legislature should allocate additional funds to meet the current needs of the [5,000 waitlisted individuals](#) while this assessment is underway. However, more than just allocating additional state funds, Colorado agencies, including the Division of Insurance and Department of Health Care Policy and Financing, should help AAAs develop additional funding streams. In previous years, local AAAs have successfully [partnered with hospitals and insurance companies](#). These partnerships offer AAAs a new, private revenue stream, while simultaneously benefiting insurers and hospitals by reducing health care costs. Moving forward both the Division of Insurance and Department of Health Care Policy and Financing should advocate for, and when possible, facilitate continued partnerships between these entities.
 - **How:** Legislation to increase state funding and agency action to convene and educate private partners
 - **Responsible for implementation:** Department of Human Services, Division of Insurance, and Department of Health Care Policy and Financing

Additional Recommendations

- **Empower local communities to provide residents with tailored financial education.** To plan for the future, Coloradans need quality and affordable financial advice throughout their lives. To provide this, Colorado legislators should pass legislation supporting local communities' ability to offer tailored financial services to residents. This should be part of a larger coordinated effort by the state to build community wealth and well-being based upon [locally identified needs](#). To support localities in their efforts and share best practices, a statewide office should be created and staffed within the attorney general's office. Housed in the attorney general's office, this body will help coordinate and support local community efforts to ensure Coloradans who need it have access to quality financial counselling services tailored to [locally identified needs](#), among other things.
- **Strengthen long-term care insurance reporting and oversight requirements.** Though private long-term care insurance is an [expensive and often unstable product](#), it provides financial relief for some Coloradans who need long-term care services. Additional oversight of these products by the Division of Insurance can help stabilize prices and provide additional transparency for current and future consumers. Additional oversight should involve greater publicization of information around popular plans, average premiums, and enrollment data, as well as a more public process for consumers to weigh in on rate changes.
- **Seed local wellness funds.** Needs and opportunities associated with our changing demographics differ between communities. However, too often the way our state funds aging-related services doesn't account for these differences. To promote local ingenuity with flexible funding streams, Colorado should seed an [aging wellness fund](#), administered by the Department of Local Affairs. This will allow localities to access funding for community-tailored projects. As examples, projects could include promotion of intergenerational activities or upgrading of public spaces to make them more age friendly.

Recommendations should:

- Promote **earlier access** to less intensive, more preventative care services
- Prioritize **impactful, cost-effective, and evidence-based** strategies
- Ensure all Coloradans have **equitable, culturally competent access** to services

Health & Prevention

Our entire state — including older Coloradans, their loved ones, employers, and our budget — benefit when we invest in preventative health measures. Doing so is cost effective and allows Coloradans to age in ways they find meaningful. Importantly, Colorado can both learn from and capitalize upon the good work done in this space by leaders throughout our state and those across the country.

Priority Recommendations

5. **Apply for a federal Medicaid waiver to allow earlier access to home and community-based services.** [Medicaid is a prime payer](#) of long-term care in Colorado. However, [to qualify for these services](#), applicants must have a high level of need, make less than 300 percent of supplemental security income ([just over \\$2,300/month in 2020](#)), and have assets of less than \$2,000 per single individual. These stringent requirements often prevent low- and middle-income older adults from accessing needed preventative services.

To address this issue, Colorado's Department of Health Care Policy and Financing should apply for a [federal 1115 waiver](#), modeled after similar efforts in [Washington and Vermont](#), that allows older adults with moderate needs to qualify for certain Medicaid home and community-based services and increases qualifying asset limits. Importantly, 1115 waivers are budget neutral, meaning they must demonstrate they don't cost state Medicaid programs more money. As in other states, the above-mentioned actions can reduce long-term costs by delaying or preventing the use of more costly, acute Medicaid services.

- **How:** Legislation allowing the Department of Health Care Policy and Financing to apply for a federal 1115 Medicaid waiver
- **Responsible for implementation:** Department of Health Care Policy and Financing

6. **Increase Medicaid reimbursement rates for preventative health services.** Many older adults, especially those in rural communities, struggle to access preventative services because of a lack of qualified health care providers. Especially significant gaps exist for dental, personal care, and mental health services. Though not the sole reason, low Medicaid reimbursement rates (which don't adequately cover provider expenses) are a contributor to an inadequate preventative care network for those least likely to be able to afford these important supports. To grow the network of preventative care providers, Colorado should increase Medicaid reimbursement rates for these services. The process to do this begins with [the Medicaid Provider Rate Review Advisory Committee](#). This group is responsible for assessing and making recommendations to the Department of Health Care Policy and Financing on needed rate changes. Using the Committee's suggestions, the Department of Health Care Policy and Financing then submits its own recommendation to the legislature, which has ultimate authority in making rate adjustments. By statute, rates for Medicaid services are reviewed on a regular, established basis. As preventative services are reviewed, the Medicaid Provider Rate Review Advisory Committee, the Department of Health Care Policy and Financing, and the legislature should recommend and then increase rates with an eye toward expanding and building a robust network of preventative care providers for older adults.
- **How:** Through the Medicaid Rate Review Process, which involves the Medicaid Provider Rate Review Advisory Committee, Department of Health Care Policy and Financing, and the legislature
 - **Responsible for implementation:** Department of Health Care Policy and Financing

Additional Recommendations

- **Create loan forgiveness opportunities for needed health providers serving underserved communities.** Certain older Coloradans, including those from [rural areas](#) and [communities of color](#), are especially impacted by the state's shortage of preventative care providers. To grow the network of practitioners capable of providing preventative services, the legislature should expand the [Colorado Health Service Corps](#), a state-run program that offers loan repayment for certain medical professionals serving in high-need areas. To identify which medical positions older Coloradans would most benefit from, the Department of Public Health and Environment should solicit recommendations from local Area Agencies on Aging, health departments, and human service departments. Once gathered by the Department of Public Health and Environment, this information can be used by legislators to enact policy change.
- **Distribute information on healthy aging to community health providers.** Not all community health practitioners serving older adults are gerontologists. As a result, many lack comprehensive information about how to serve older patients and what community resources are available. To fill this gap, the Department of Public Health and Environment should work with local officials to ensure providers have information on age-friendly health care, community resources, dementia specific supports, and how to integrate unpaid caregivers into care plans.

Recommendations should:

- **Reduce age discrimination in the workplace**
- **Increase the prevalence of age-friendly workplaces**
 - **Expand retraining and skill development opportunities for older workers**

Learn more about older Coloradans' participation in the workforce, why their involvement matters, and the many obstacles they face by reading our brief [Colorado's Working Older Adults](#)

Older Adults in the Workplace

Older Coloradans are the [fastest growing segment](#) of our state's workforce. This growth is driven by the converging trends of many older adults wanting to continue participating in the workforce, while a growing number financially need to do so. Policies which support both sets of older workers benefit everyone — from older workers and their colleagues to our businesses and our families — and move us closer toward an economy that works for everyone.

Priority Recommendations

7. **Expand and strengthen age discrimination laws.** Surveys show most older workers have either [seen or experienced workplace age discrimination](#). While [state](#) and [federal](#) laws exist to protect older workers, they need to be updated and strengthened. Colorado's legislature can do this by passing more robust age discrimination laws that require employers to remove age-identifying information on applications; increase compensation for victims of age discrimination; and mirror the introduced federal [Protecting Workers Against Age Discrimination Act \(POWADA\)](#).

State legislation similar to POWADA would lower the legal standard to prove age discrimination by allowing workers to show age was a factor, by not necessarily the deciding cause, in an adverse employment or hiring situation.

- **How:** Legislation
- **Responsible for implementation:** Department of Labor and Employment and Department of Regulatory Agencies

8. **Create incentives for businesses to hire and provide initial/ongoing training for older workers.** Colorado can also play a role in supporting older workers by offering [tax credits](#) that incentivize employers to hire and provide training for older adults. To mitigate several concerns with the [effectiveness of tax credits](#) — primarily they don't incentivize new behavior, but simply reward existing efforts — they should be paired with strong evaluation mechanisms and targeted to support workers in select geographic areas, industries, and those more likely to face discrimination, including women and workers of color.

- **How:** Legislation
- **Responsible for implementation:** Department of Labor and Employment and Department of Revenue

Additional Recommendations

- **Expand local workforce centers' focus on older workers.** Workforce centers across the state offer an already-existent infrastructure intentionally built to connect and support businesses and workers. Colorado should leverage this asset and, with guidance from the state's Department of Labor and Employment, use it to educate employers on the value of integrating [age-friendly practices](#) into their businesses; connect older workers to employment and education opportunities; and incorporate evidence-based practices identified through the federal [Aging Workers Initiative](#) into supportive programs. These best practices include designing tailored programs and providing system navigators specifically for older workers.
- **Expand Earned Income Tax Credit eligibility to workers aged 65 and older.** The [Earned Income Tax Credit](#) (EITC) has proven to be an effective tool in supporting workers with low incomes. However, eligibility stops once workers reach 65, excluding a growing number of older workers from an important benefit. Colorado legislators can address this gap by expanding EITC eligibility to workers 65 and older who meet remaining qualifications.
- **Expand access to portable benefits like paid family and medical leave and health care.** Though important for everyone, workplace benefits like paid family and medical leave (PFML) and health care are especially important for older workers. Due partly to more intensive unpaid care responsibilities and personal health needs, [older workers use family and medical leave at greater rates](#) than their younger peers. Health insurance is similarly important for older workers because health conditions are generally [more expensive and prevalent](#) as we age. While some workers already have access to workplace PFML and health care, Colorado's legislature should create portable benefit programs that are universal, affordable, and accessible for all workers. [Portability](#), which ties benefits to employees and not their jobs, is important for the disproportionate number of older workers in [alternative work arrangements](#) who are less likely to have employer-sponsored coverage.

Recommendations should:

- Increase caregiver **self-identification** and awareness of available **community supports**
- Grow the availability of caregiver **resources, education, and training**
- Develop **age- and family-friendly workplaces**

Learn more about Colorado's unpaid caregivers, the challenges they face, and how we all benefit when they're supported by reading our brief [Colorado's Unpaid Caregivers](#)

Unpaid Caregivers

Unpaid caregivers — providers of uncompensated support to older adults — are essential members of our long-term care ecosystem. However, their care comes with tremendous [physical, emotional, and financial costs](#). As a result, any comprehensive policy agenda meant to support older adults must intentionally consider the needs of their unpaid caregivers.

Priority Recommendations

9. **Expand access to portable benefits like paid family and medical leave, health care, and retirement savings accounts.** Care responsibilities often impact caregivers' ability to [participate in the workforce](#), and can lead to reduced hours and/or the need to find new positions. Portable benefits like paid family and medical leave (PFML), health care, and retirement savings accounts can play an important role in allowing working caregivers to provide support to their loved ones while simultaneously maintaining their financial, physical, and emotional health.

Learn more about portable benefit programs throughout the country by reading our [Universal Portable Benefits State Scan](#)

While Colorado's legislature is responsible for creating new benefit programs, implementation is the responsibility of various state agencies and departments, including the Department of Health Care Policy and Financing, Department of Labor and Employment, and Treasurer's Office. As we create these new systems, Colorado can learn from other states who've already developed similar benefit programs. Key takeaways from these efforts center on the value of tailoring programs to state needs and learning from existing evidence-based best practices.

- **How:** Legislation
- **Responsible for implementation:** Various state agencies and departments

10. **Increase state funding for unpaid caregiver services, outreach, and training.** State-sponsored supports for unpaid caregivers — including respite, training, and education — are significantly underfunded. This need for additional resources is most clearly demonstrated in the lack of [respite](#), or temporary relief, for unpaid caregivers. As documented by the state's [Respite Care Task Force](#), though one of the most requested services, the two primary funders of respite offer supports to less than 1 percent of all Colorado caregivers.

Learn more about private insurers' current role in providing respite and how Colorado can help increase its involvement by reading our brief [Respite Coverage & Private Insurance](#)

Problematically, Colorado lacks comprehensive information on the demand for caregiver supports, making it difficult to ensure resource adequacy. To address this gap, as part of the agency assessments discussed in Recommendation 1, the Department of Human Services should calculate current and future caregiver needs. Funding, allocated by the state legislature, should be adjusted accordingly. In both the assessment and allocation of resources, attention should be paid to increasing caregiver self-identification and determining how to best reach and tailor services to different communities, including those from communities of color and those from rural areas, who are currently less likely to receive needed services.

- **How:** Determination of current and future need through recommended agency assessments, which are then used by the legislature to adjust funding
- **Responsible for implementation:** Department of Human Services

Additional Recommendations

- **Incorporate unpaid caregivers into Medicaid enrollment and assessment systems.** Unpaid caregiver needs are often overlooked within our medical system, resulting in low levels of caregiver self-identification and inadequate access to and knowledge of available services and supports. Colorado can begin to change this by asking about caregiver health, well-being, and needs when enrolling older adults into state Medicaid programs. Specific questions should be asked about caregiver stress burden, training/support needs, and employment status. While the Department of Health Care Policy and Financing can technically implement these changes without legislation, additional state funding for case managers and system upgrades will be necessary.
- **Educate hospitals and insurance carriers on the value of and how to support unpaid caregivers.** The state can't be the sole provider of services for unpaid caregivers. Nor can the cost of these services be borne primarily by individuals. Instead private hospitals and insurance carriers can, and should, play a greater role in supporting Colorado's unpaid caregivers. State agencies, including the Division of Insurance and Department of Health Care Policy and Financing, should play a role in educating these entities, and facilitating public/private partnerships to better support unpaid caregivers.

- **Educate employers on the prevalence of unpaid caregiving and how to implement family-friendly practices.** Research shows private employers [underestimate the cost of unpaid caregiving](#) on their businesses. This contributes to a lack of [family-friendly workplaces](#), which can provide working caregivers the supports they need, like flexible work schedules, paid family and medical leave, and quality [employee-assistance programs](#). Colorado’s Department of Labor and Employment, along with local workforce development centers, can address these information gaps by offering employers information on the prevalence of unpaid caregiving and how to best support these workers.

Recommendations should:

- *Prioritize **recruiting and retaining** qualified workers to meet the growing demand for long-term care services*
- *Ensure workers have the **necessary skills and training** to care for a range of clients, including those with significant physical and behavioral health needs*

Learn more about the importance of direct care workers and the structural barriers affecting them by reading our brief [Colorado’s Direct Care Workforce](#)

Direct Care Workforce

The direct care workforce — a field inclusive of home health aides, personal care aides, and certified nursing assistants — provides essential, supportive services to older adults. Though these professions are among the [fastest growing](#) in the state, [wages, benefits, and supports for these workers remain abysmally low](#), contributing to the field’s low recruitment and retention rates. These realities make it essential for our state to intentionally invest resources and supports into developing the direct care workforce Colorado needs.

Priority Recommendations

11. **Create a unified, stackable credentialing system for direct care workers.** There are significant challenges with Colorado’s current credentialing system for direct care workers. Credentials aren’t universal, and curriculums differ between organizations. This makes it difficult for workers to transfer between agencies and challenging for families and older adults to ensure workers have needed skills. Additionally, the lack of a universally recognized base curriculum makes it near impossible to create stackable credentials, or a progressive training system for workers interested in building more advanced competencies. To build a universal, stackable credentialing system, Colorado should follow recommendations from the [Training Advisory Committee](#), a state-required group that formed as a result of [SB19-238](#). This group, which released their final report at the end of 2019, was tasked with developing actionable, specific recommendations related to home care worker training. The committee’s report suggests the Department of Health Care Policy and Financing and the Department of Public Health and Environment collaborate in creating universal training content, a standardized training system for advanced curriculums, and explore the creation of a standard train-the-trainer program.
 - **How:** Through the adoption of the Training Advisory Committee’s recommendations
 - **Responsible for implementation:** Department of Health Care Policy and Financing and Department of Public Health and Environment
12. **Increase Medicaid reimbursement rates for services provided by direct care workers.** Inadequate Medicaid reimbursement rates are a significant reason for low wages within the direct care workforce. Current rates for personal care services (a category of supports provided by many direct care workers) is set at [\\$19.92 an hour](#). This rate is supposed to cover not only worker wages and benefits, but also training, overhead, and administrative costs. As discussed above in Recommendation 6, adjusting Medicaid reimbursement rates involves the Medicaid Provider Rate Review Advisory Committee, the Department of Health Care Policy and Financing, and the legislature. As each of these parties consider the adequacy of existing rates for direct care services, they should recommend and implement increases to adequately compensate workers while simultaneously considering the broader impact on recruitment and retention. Rate changes should also account for agency training and overhead and include wage-passthrough mechanisms that require a certain percentage of Medicaid reimbursements be passed to workers.
 - **How:** Through the Medicaid Rate Review Process, which involves the Medicaid Provider Rate Review Advisory Committee, Department of Health Care Policy and Financing, and legislature
 - **Responsible for implementation:** Department of Health Care Policy and Financing

Additional Recommendations

- **Create career ladders.** Career ladders offer workers well-defined opportunities to advance in their chosen field. Due to a lack of intentional investment, meaningful career ladders are largely non-existent for our state’s direct care workforce. Colorado’s Department of Labor and Employment should play an active role in developing these ladders by coordinating with businesses, universities, and workers to assess current opportunities and challenges, as well as encourage navigational and support systems for workers as career ladders are developed.
- **Establish local grow-your-own programs to increase recruitment and retention.** Assets, opportunities, and challenges as they relate to the direct care workforce are often community specific. To help communities leverage existing resources to meet their unique workforce needs, the legislature should seed a centralized fund that will support local ‘grow your own’ programs. Housed within the Department of Labor and Employment, localities could then apply to this fund in order to access monies which they can use to develop targeted, community-specific solutions to recruit and train the workforce they need.
- **Expand access to portable benefits like paid family and medical leave, health care, and retirement savings accounts.** As a low-wage field with a disproportionate number of [part-time workers](#), direct care professionals in Colorado have [minimal access to workplace benefits](#) like health care, paid family and medical leave, and retirement savings accounts. Inadequate benefits harm workers’ financial security and physical health. To fill this gap, our legislature should create affordable, accessible, and portable benefit programs open to all Coloradans.

Learn more about career ladders for the direct care workforce by reading our brief [Career Ladders for Long-Term Care Workers](#)

Looking Ahead

As Colorado ages, our policies must adapt in order to meet new needs and take advantage of emerging opportunities. The time to implement proactive public policies is now, and the recommendations described above offer a meaningful, community-informed path forward. Looking ahead, the Bell Policy Center is excited to continue working in partnership with the growing network of organizations across our state dedicated to ensuring older Coloradans, and all those connected to them, have the resources and supports they need to thrive.

Appendix A: Summary Recommendations

| Recommendation | State Agency/Department/Office Responsible for Implementation | Estimated Initial Cost to State Budget | Estimated Long-Term Financial Benefit to the State |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------|
| State Strategy | | | |
| Require all state agencies to formally assess internal capacity to leverage opportunities and meet evolving needs associated with aging | Governor's Office & state agencies | High | Medium |
| Create a permanent, executive-level Advisor on Aging position | Governor's Office | Low* | Medium |
| Fund and further develop Lifelong Colorado | Department of Local Affairs | Medium* | Medium |
| Create coordinated, statewide system to connect older adults and unpaid caregivers with local resources | Department of Local Affairs | High* | High |
| Require an aging lens for all new state-supported infrastructure projects | Various agencies and departments | Low to high, depending upon mechanisms* | Medium |
| Service & Program Funding | | | |
| Create a state-facilitated retirement plan for employees without an employer-sponsored option | Treasurer's Office | Medium | High |
| Secure additional funds for Area Agencies on Aging by increasing state support and facilitating public-private partnerships | Department of Human Services, Division of Insurance, & Department of Health Care Policy and Financing | High* | High |
| Empower local communities to provide residents with tailored financial education | Attorney General's Office | Low* | Medium |
| Strengthen long-term care insurance reporting and oversight requirements | Division of Insurance | Low* | Low |
| Seed local wellness funds | Department of Local Affairs | Medium | Medium |
| Health & Prevention | | | |
| Apply for a federal Medicaid waiver to allow earlier access to home and community-based services | Department of Health Care Policy and Financing | Medium | High |
| Increase Medicaid reimbursement rates for preventative services | Department of Health Care Policy and Financing | High* | High |
| Create loan forgiveness opportunities for needed health providers serving underserved communities | Department of Public Health and Environment | Medium* | Medium |
| Distribute information on healthy aging to community health providers | Department of Public Health and Environment | Low | Low |
| Older Adults in the Workforce | | | |
| Expand and strengthen age discrimination laws | Department of Labor and Employment & Department of Regulatory Agencies | Low* | Low |
| Create incentives for businesses to hire and provide initial/ongoing training for older workers | Department of Labor and Employment & Department of Revenue | Medium* | Medium |
| Expand local workforce centers' focus on older adults | Department of Labor and Employment | High* | High |
| Expand Earned Income Tax Credit eligibility to workers 65 and older | Department of Revenue | High* | High |
| Expand access to portable benefits, like paid family and medical leave and health care | Various agencies and departments | Low to high, depending upon the program | High |
| Unpaid Caregivers | | | |
| Expand access to portable benefits like paid family and medical leave, health care, and retirement savings accounts | Various agencies and departments | Low to high, depending upon the program | High |
| Increase state funding for unpaid caregiver services, outreach, and training | Department of Human Services | High* | High |
| Incorporate unpaid caregivers into Medicaid enrollment and assessment systems | Department of Health Care Policy and Financing | High* | High |

| | | | |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------|------|
| Educate hospitals and insurance carriers on the value of and how to support unpaid caregivers | Division of Insurance & Department of Health Care Policy and Financing | Low | Low |
| Educate employers on the prevalence of unpaid caregiving and how to implement family-friendly practices | Department of Labor and Employment | Low | Low |
| Direct Care Workers | | | |
| Create a unified, stackable credentialing system for direct care workers | Department of Health Care Policy and Financing & Department of Public Health and Environment | Medium | High |
| Increase Medicaid reimbursement rates for services provided by direct care workers | Department of Health Care Policy and Financing | High* | High |
| Create career ladders | Department of Labor and Employment | Medium* | High |
| Expand access to portable benefits, like paid family and medical leave, health care, and retirement savings accounts | Department of Labor and Employment & Department of Health Care Policy and Financing | Low to high, depending upon the program | High |
| Establish local grow your own programs to increase recruitment and retention | Department of Labor and Employment | Medium | Low |

*Denotes an ongoing expense

Estimated Budget Impacts:

Low: Below \$500,000

Medium: Between \$500,000 and \$1 million

High: Above \$1 million

Long-Term Financial Benefits: Each recommendation will financially benefit the state. However, their relative impact differs and are assessed in this chart based upon knowledge of policy effectiveness