Texas
State Plan on Aging
2015-2017

Submitted to the
Administration on Community Living
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The Honorable Rick Perry
Governor of the State of Texas

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Texas Department of Aging and Disability Services

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Verification of Intent Page from State Governor or Designee

The State Plan on Aging is hereby submitted by the State of Texas. The Department of Aging and Disability Services submits the plan for the period of October 1, 2014 - September 30, 2017. The Texas Department of Aging and Disability Services certifies the administration of the state plan shall comply with the required assurances and provisions of the Older Americans Act of 1965, as amended. The Department of Aging and Disability Services has been given the authority to develop and administer the State Plan on Aging according to the requirements of the Older Americans Act, and is responsible for coordinating all state activities related to the act, and to serve as the effective and visible advocate for older Texans.

In accordance with the authority provided to me by the Honorable Rick Perry, Governor of Texas, I hereby approve the Texas State Plan on Aging and submit it to the Assistant Secretary on Aging for approval.

[Signature on file]

_____ _____

Jon Weizenbaum Date
Texas Department of Aging and Disability Services

Executive Summary

Current System

The Department of Aging and Disability Services (DADS) is the designated State Agency on Aging and is required to submit a state plan on aging to the Administration for Community Living. Also, DADS is the operating agency for most of the Medicaid waiver programs for older individuals and individuals with disabilities. Because DADS serves these two functions, it has been successful in coordinating its service delivery, such as by negotiating regional meal rates for common home-delivered meals providers; improving access to services through Aging and Disability Resource Centers (ADRC); implementing a common needs assessment on activities of daily living and instrumental activities of daily living; implementing a uniform caregiver assessment at the area agencies on aging (AAA) level and the point of entry for Medicaid services; and offering flexibility in service delivery options under common program requirements such as the Consumer Directed Services option.

Older Americans Act (OAA) services are available in all 254 Texas counties through a network of 28 AAAs. Services are provided directly by AAAs or are purchased through contracts and vendor agreements between the AAAs and service providers across the state. DADS and this network of providers target services to the older adult special needs populations as described in the OAA. These people are frail, have low income, are in great social need, and face the greatest risk for more costly institutional care or long-term community based services and supports.

Major Issues and Trends

According to the United States Census 2010 and the Texas State Data Center, University of Texas at San Antonio, between 2010 and 2050, the number of Texans age 60 and older is projected to increase more than threefold, from 3.8 million in 2010 to 12 million. By 2050, older individuals will comprise approximately 22 percent of the Texas population (see Attachment D, Figure 1). Every facet of life in the state -- from public services, to the economy, to health care -- will be affected by this growth. This aging demographic requires federal, state and local leaders, along with communities, to view such disparate issues as workforce, housing, transportation, insurance, safety and particularly the system of long-term services and supports, in a new context.

Approximately every four years, DADS conducts the Aging Texas Well Indicators Survey, a state-wide survey of Texans age 60 and older. The 2013 survey identified transportation, assistance with personal care, safe and affordable housing, understanding benefits, advance life planning, nutrition and wellness, and caregiver issues as priority needs for older Texans.

According to a recent AARP study, most Americans 45 and older expect, in the event long-term services and supports are needed, to receive services in their own homes with the help of an aide or a medical professional. Only about 12 percent expect to receive care in an assisted living facility or nursing facility. Nearly a quarter are unsure where they will receive care. With such an interest in obtaining services in the community and with the population age 85 and older substantially increasing, the Texas service network for older individuals will need to target funding and program development to community-based long-term services and supports and seek new models to sustain services. DADS and the AAAs must emerge as true coordinators of community resources and must improve business acumen to be able to tap into opportunities such as those presented through the

Affordable Care Act (ACA). The expertise of the baby boomers will need to be fostered in volunteer settings to meet the increase in demand coupled with the decrease in funding at the federal and state levels.

This state plan will serve as a roadmap to address priority needs and to improve access to the Texas long-term services and supports system, with the intent of making it easier for older individuals and their caregivers to control what, where and by who services are delivered.

A public forum was held in June for interested parties to provide suggestions and comment to the state plan. Where possible, input was incorporated into the plan.

Context of the Texas State Plan on Aging

DADS was created to administer long-term services and supports for older Texans and individuals with disabilities. In the effort to provide comprehensive and coordinated services and consumer choice, DADS vision, mission and strategic goals support the Administration on Community Living (ACL) goals.

Vision
Aging Texans and individuals with disabilities will be supported by a comprehensive and cost-effective service delivery system that promotes and enhances individual well-being, dignity and choice.

Mission
To provide a comprehensive array of aging and disability services, supports and opportunities that are easily accessed in local communities.

Trends/Critical Issues/Future Implications/Challenges

According to the U.S. Census Bureau, in 2010 there were an estimated 3.8 million people in Texas who are age 60 and older comprising about 15 percent of the estimated total state population of 25 million. Between 2010 and 2050, the Texas population of adults age 60 and older is projected to more than triple to 12 million. Figure 1, Attachment D, shows the projected growth of the age 60 and older population in Texas from 2010 to 2050.

By 2050, individuals age 60 and older will make up more than 22 percent of the Texas population (see Attachment D, Figure 2). As the older population grows, Texas can anticipate an increasing need for health and human services, preventive and wellness services, accessible and safe housing, transportation options, and employment opportunities, as well as an increasing need for volunteer and community engagement activities. Table 1 in Attachment D shows the projected population growth for people age 60 and older from 2012 through 2017 by area agency on aging (AAA) region. Increases in this segment of the population range from 12 percent in West Central Texas to 36 percent in the North Central Texas.

Diversity
While Texas has the fourth-largest population of older individuals in the nation, it has the second-largest older Hispanic population in the nation. To reach diverse populations of older individuals, DADS and the AAAs must implement culturally sensitive and linguistically appropriate approaches to service delivery.

Limited English Proficiency
Nearly one million older Texans report having limited English proficiency. According to the U.S. Census Bureau, more than 33 percent of the Texas population speaks a language other than English at home. This presents many challenges to the local service network for older individuals. AAAs use technology, such as language line services, and employ bilingual staff to provide direct services to consumers and to work with diverse communities to develop culturally appropriate publications, training materials, and programs. With the expected growth of minority populations, demand for community services for non-native English speakers will continue to rise. Growth of the state's older Hispanic population is expected to outpace that of Caucasians and African-Americans (see Attachment D, Figure 3).

To support good health and self-sufficiency within the *colonias* along the Texas-Mexico border, the Texas Legislature required agency strategic plans to enhance service delivery in these areas. The *colonias* initiative is a collaborative effort of all health and human service agencies. Health and human service agencies using *promotoras,* who serve as liaisons between the *colonias'* residents, work to increase access to services for residents of the *colonias* and provide needed services.

Rural and Frontier Counties
Of the 254 counties in Texas, 177 are rural. These rural counties had a population of 3.1 million--approximately 12 percent of the state's total population -- in 2010. Texas also has 64 frontier counties, which have an average of fewer than seven people per square mile.

Texas faces a number of challenges in meeting the needs of older individuals living in rural and frontier areas, including providing support for informal caregivers, in-home programs and adequate transportation. According to the Texas State Data Center, the general population is expected to grow most rapidly in urban areas, while the population of rural counties may slow or even shrink. However, because of the migration of younger people to the cities, by 2040, older Texans will make up a higher proportion of the population in rural and frontier areas.

Individuals with disabilities
Approximately 1.3 million people, or nearly 32 percent, of Texans 65 years of age or older have a disability. Attachment D, Table 2 shows the rise in disability rates as age increases. Twenty-nine percent of women age 65-74, and 57 percent of women age 75 years of age and older, report having one or more disabilities. Among men age 65-74, the disability rate is 31 percent, climbing to 53 percent among those age 75 years and older. The population of older Texans with disabilities is expected to be more diverse than previous generations, and the prevalence of disabilities will vary by ethnic group (see Attachment D, Figure 5). Increases in numbers, diversity and disability result in the need for developing a more consumer-oriented service delivery system.

Growth of the 85+ Population
In Texas, the fastest-growing age group is comprised of people age 85 and older. Between 2010 and 2050, this group will increase more than fivefold, from 305,000 to 1.6 million. Attachment D, Figure 6, shows the growth projected for this segment of the population through 2050. Since this population typically has chronic health conditions, its rapid growth is expected to have significant implications for the demand for long-term services and supports.

Caregivers
According to the AoA (Administration on Aging)/SAMHSA (Substance Abuse and Mental Health Services Administration) Older Americans Behavioral Health Issue Brief 12: Caregivers as Partners and Clients of Behavior Health Services' statistics about caregiving in the United States, in 2009, an estimated 65.7 million caregivers provided $450 billion worth of unpaid services each year. In Texas, informal caregiving has been valued at $26 billion annually, higher than total Medicaid expenditures statewide. This is more than double the national expenditure for nursing facility care and paid home care combined. In Texas, approximately 655,000 people of all ages with disabilities require help with activities of daily living, and are at or below 220 percent of the federal poverty level, or have monthly incomes below 300 percent of the monthly income limit for Supplemental Security Income. This does not include the unknown numbers of Texans who live above these thresholds yet depend on informal caregivers daily. Identifying and meeting the needs of the estimated 3.1 million caregivers in Texas often determines whether the person requiring care can remain at home. Yet, as in the rest of the nation, Texas caregivers tend to be under-prepared for their role. The service network for older individuals in Texas will be more pressed to provide supports, including education and training, respite and in-home supports for caregivers.

Service Use/Service Users
DADS long-term services and supports system includes Medicaid entitlement and waiver services, Title XX, OAA and general revenue services and services to people living in institutions, including nursing facilities, assisted living facilities and intermediate care facilities for individuals with intellectual disability (ICFs/IID), including state supported living centers (SSLCs). As of February 2011, 38 percent of those using community entitlement programs were 18-64 years old and 62 percent were 65 or older. Attachment E, Table 1, compares the costs and numbers served in each of DADS Medicaid waiver programs in state fiscal year 2012 and state fiscal year 2013. As of February 2011, 38 percent of those using Community Services (Title XX of the Social Security Act) were 18-64 years old and 62 percent were 65 or older. Attachment E, Table 2, compares the number receiving social services and the average monthly cost of those services for state fiscal year 2012 and state fiscal year 2013. Attachment D, Table 3, shows the breakdown of people on interest lists for the community service waiver programs for state fiscal year 2012 and state fiscal year 2013.

Table 4 in Attachment E shows the average monthly number of Medicaid-eligible people served, and the average monthly costs per person, for nursing facility care during state fiscal year 2012 and state fiscal year 2013. Table 5 in Attachment D shows the average monthly number of people receiving skilled nursing facility co-payments, and the average Medicaid/Medicare recipient co-pay during state fiscal year 2011 and state fiscal year 2012. The individuals served in Medicare facilities include Medicaid Qualified Medicare Beneficiaries, Qualified Medicare Beneficiaries, and consumers whose Medicare co-insurance is paid by Medicaid. Promoting Independence data

(Attachment D, Table 6), shows the average monthly number of consumers served and the average monthly costs for federal fiscal year 2011 and federal fiscal year 2012. Even a cursory review of the information in these tables will indicate the important role the service network for older individuals in Texas plays in supporting older individuals wanting to remain in the community and for those living in facilities to have a visible, trusted advocate.

Critical Issues and Funding Challenges

Texas is facing a number of major challenges, one of which is funding for services for older individuals. DADS and other state agencies have had to trim certain program allocations, resulting in staff hiring freezes and fewer new programs and services being offered.

Texas faces a shortage of direct service workers for community-based services. This shortage will threaten the independence of frail or at-risk older individuals, especially in rural areas. Finding ways to reverse this critical shortage will be one of the many issues facing Texas policymakers and providers of long-term services and supports.

Health care reform, resulting from the new Patient Protection and Affordable Care Act, will have an impact on the service delivery system. DADS will have to better understand and coordinate with MCOs as they become the primary provider of both acute and long-term care.

The informal caregiver system is experiencing increased stress as the pool of family caregivers shrinks and the average age of caregivers increases. According to the AARP Public Policy Institute, in 2010 the caregiver support ratio was more than seven potential caregivers for every person in the high-risk years of age 80 and over. By 2030, the ratio is projected to decline to four to one and by 2050, three to one. Caregivers will continue to impact the ability of older individuals to remain at home as long as possible.

Components of State Agency on Aging

The needs of aging Texans are complex. No single organization or entity is responsible for providing the resources to meet those needs. Partnerships and coordination within and among different organizations are crucial. The Health and Human Services Commission (HHSC) is the umbrella agency with responsibility for oversight of the coordination and operation of the four health and human service agencies and serves as the state Medicaid Agency for Texas. The four health and human service agencies are the Department of State Health Services (DSHS), the Department of Family and Protective Services (DFPS), the Department of Assistive and Rehabilitative Services (DARS), and DADS (see Attachment F, Figure 1).

DADS is designated as the State Agency on Aging and is responsible for administering programs under the OAA. DADS contracts with AAAs to provide services in all 254 Texas counties. Funding is allocated to AAAs through a federally approved intrastate funding formula (see Attachment C). Services for each region are based on the local needs of older individuals within their service regions. AAAs use federal, state and local resources to provide access and assistance, nutrition and supportive services.

In addition to the OAA funded services, DADS provides long-term services and supports to older Texans and individuals with disabilities (see Attachment G). The array of services includes Medicaid community-based and institutional entitlements, Medicaid waivers, non-Medicaid community-based services and state-funded services.

State Agency on Aging functions are supported by numerous divisions throughout DADS as illustrated in attachment F, Figure 2, and through contracts with AAAs. Detailed below are the major State Agency on Aging functions supported through DADS.

Texas Aging and Disability Services Council

The Texas Aging and Disability Services Council was created by the Texas Legislature to provide advice and counsel, and to study and make recommendations to the Executive Commissioner of the Texas Health and Human Services Commission and the DADS commissioner on the management and operation of the department. This includes review and comment on policies and rules governing the delivery of services to individuals served by DADS and the rights and duties of those who are served or regulated by DADS.

Access and Intake Division

Area Agencies on Aging Section

To ensure state and federal mandates are met, the Area Agencies on Aging Section of the Access and Intake (AI/AAA) division provides oversight for the State Agency on Aging. The section allocates funds and administers OAA programs and services. The section also provides fiscal oversight of state funds for programs administered by the Corporation for National and Community Service. These programs include the Retired Senior Volunteer Program (RSVP), the Senior Companion Program (SCP), and the Foster Grandparents Program (FGP), offering volunteer opportunities for older individuals. AI/AAA section responsibilities include developing the State Plan on Aging, programmatic and fiscal oversight, disaster preparedness support, area plan approval, performance reporting, monitoring for federal grants management requirements, and training and technical assistance for AAAs. The State Health Insurance and Assistance Program (SHIP) is located within the AI/AAA section.

Community Access and Grants Unit

The Community Access and Grants Unit, also within the AI division, manages the grant process for many of the OAA discretionary grants, such as those for the ADRCs, the Lifespan Respite Care Program, Centers for Medicare and Medicaid Services system change grants, special grants from foundations, and grants from other funding sources that are available to provide services and supports to older Texans and individuals with disabilities.

Center for Policy and Innovation

The Center for Policy and Innovation (CPI) develops, coordinates and implements DADS agency-wide policy initiatives and serves as a resource in the development and management of discretionary grants. CPI conducts research and provides project management on initiatives related to DADS populations and services. CPI periodically conducts the Aging Texas Well survey, a state-wide survey of Texans age 60 and older, to better understand their conditions and to develop program and policy recommendations to address their needs. The staff contributes to the development of, and analyzes data from, other state-wide surveys, such as the Behavioral Risk

Factor Surveillance System survey; it regularly conducts large-scale outcome and satisfaction surveys of recipients of both institutional and community services; and is also responsible for coordinating DADS activities with HHSC Services. CPI coordinates the Aging Texas Well initiative which focuses on preparing the state and local communities for the growing population of older Texans through research, planning, policy analysis, public-private partnerships and community capacity building. In 2011, CPI began coordinating the Texas Culture Change Initiative to provide education and information about culture change in long-term care facilities through an annual state conference, periodic topic-specific webinars and online resources for nursing facilities. In 2013, DADS formed a partnership with the Texas Culture Change Coalition to present the annual conference as joint training to reduce overlap of effort and cost, and eliminate competition for a similar audience. In addition, the CPI area administers the Quality Monitoring Program (QMP, 77th, which among other areas of focus, provides in-services and educational materials related to Texas Culture Change initiatives during visits to Long Term Care Facilities.

Associate Commissioner

State Long-term Care Ombudsman Program

The Long-term Care Ombudsman Program advocates for quality of life and care for nursing facility and assisted living facility residents. Long-term care ombudsmen identify, investigate and work to resolve complaints made by, or on behalf of, residents. Long-term care ombudsmen also provide information and assistance in choosing a long-term care setting to people and their caregivers and provide other services to help protect the health, safety, welfare and rights of residents.

Volunteer and Community Engagement

The Volunteer and Community Engagement (VCE) office creates opportunities for people, communities and the business sector to engage in activities and programs that improve the quality of life of older Texans and individuals with disabilities to help them live and age well. The VCE office also supports and develops recognition for DADS volunteers and partners.

Through health and wellness programs, volunteer opportunities and collaborative partnerships, the key functions of the VCE office include:

- Developing community projects that support DADS strategic goals, including volunteer opportunities and internship programs with institutions of higher education.
- Enhancing existing programs and services through collaborative community partnerships and volunteer programs including the Age Well Live Well (AWLW) community collaboration.
- Sharing valuable information with the public about what DADS and the service network for older individuals provide for older Texans and their families.

Texas Area Agencies on Aging

DADS contracts with 28 AAAs to provide OAA services across the state (see Attachment E, Table 1). Based on the local needs of older individuals in the AAAs' service regions and as identified in their area plans, AAAs provide nutrition, in-home, and other support services, as well as services specifically targeted for informal caregivers. A primary function for AAAs is providing access and assistance services to assist older individuals, their family members and other caregivers receive the information and help they need to obtain community services, public and private, formal and

informal. They serve as visible advocates for older individuals and act as catalysts for change to meet the needs of their target populations.

AAAs, through contracts and vendor agreements with service providers across the state, provide services using flexible procurement methods. AAAs target those services to people in greatest social and economic need. Programs in the service network for older individuals are distinguished by their ability to target populations most in need and to serve people who require short-term supports and/or interventions. Target groups of special interest include people who are low-income, racial/ethnic minority, live in rural areas, have frail health, have physical or mental disabilities, have language barriers, are at risk for institutionalization, and/or have the greatest social need (i.e., a combination of many of the characteristics listed above).

To ensure targeting criteria are met, services such as home-delivered meals and in-home services are limited to people with certain functional limitations. Functional limitations are determined through thorough screening and assessment.

As identified previously, there are 28 AAAs in Texas. See Attachment H for a list of AAA offices.

Goals, Objectives and Strategies

For each of the ACL state plan focus areas, this plan details the interrelated activities supporting a responsive, consumer-directed long-term services system that supports older individuals needing services in the community. This plan outlines services and programs related to each of the four ACL goals and it describes how the state goals, objectives and strategies support those goals.

OAA Core Services

ACL Focus Area A. Coordinate Title III (Supportive Services, Nutrition, Disease Prevention/Health Promotion and Caregiver Programs) with Title VI (Native American Programs); strengthen or expand Title III and Title VII (Elder Rights Programs); increase the business acumen of partners in the service network for older individuals; work to integrate health care and social services systems; and integrate core programs with ACL discretionary programs addressed in Focus Area B.

Area Agencies on Aging
Within each of the 28 planning and service areas, AAAs plan, coordinate and advocate for a comprehensive service delivery system addressing older Texans short- and long-term needs. AAAs work with federal, state and local officials, local citizen advisory councils, senior constituents, the private/voluntary sector and service providers to develop community-based services. AAAs, through contracts and vendor agreements with service providers, provide services using flexible procurement methods.

The OAA requires services be targeted to those in greatest social and economic need. Within the service network for older individuals, programs are distinguished by their ability to target populations most in need and to serve people who require short-term supports and/or interventions. As money is limited, and to ensure target criteria are met, other services, such as home-delivered

meals and in-home services, are targeted to individuals with certain functional limitations as determined by screening and assessment. Information, referral and assistance, benefits counseling and education and training are available for everyone.

Access and Assistance Services Provided through AAAs
Access and assistance services provided by AAAs (directly and through contractor and vendor agreements) help older individuals, their family members and/or other caregivers receive the information and assistance they need to get community services, public and private, formal and informal. Access and assistance services provided by the service network for older individuals include information, referral, and assistance; legal assistance (including benefits counseling) for consumers age 60 and over and for medicare beneficiaries under age 60; legal awareness; care coordination; participant assessment; ombudsman services; caregiver information services; caregiver education and training, and caregiver support coordination.

Aging and Disability Resource Center (ADRC) Grant
DADS received an ADRC discretionary grant, Texas NWD ADRC Sustainability Grant Project – Grant # 90DR0013-05. The budget is $250,364.00.

The objectives for the grant are as follows:
- To continue to develop standardized protocols and training for ADRC options counseling service delivery.
- To increase dissemination and knowledge of potential sustainable funding sources and practices. DADS released a request for applications to local ADRCs to solicit proposals for sustainability projects. ADRCs will present their project deliverables and lessons learned in a sustainability summit to be held in August 2014.

State Goal 1. Ensure Texas long-term services and supports system has the capacity, flexibility and sensitivity to meet the unique and diverse needs of older Texans, their family members and other caregivers.

Objective: Provide administration and oversight of programs funded through the Older Americans Act, state general revenue funds, and other federal and/or state funds to ensure consistent, coordinated and accountable service delivery by September 30, 2017.

Strategies: DADS will implement the following strategies:
- DADS financial services division, AAAs, and the AI/AAA and will serve as an effective steward of federal and state funds through quality assurance and contract accountability and oversight. Target completion date: September 30, 2017.
- AI/AAA will review and approve area plans of 28 AAAs. Target completion date: September 30, 2017.
- AI/AAA, the State Long-term Care Ombudsman, the Texas Legal Services Center (TLSC) and the Department of Insurance (TDI) will provide technical assistance and training for AAAs and service providers. Target completion date: September 30, 2017.
- CPI, AI/AAA, and Community Access and Grants will monitor contracts with AAAs, the Corporation for National and Community Service, and all discretionary grant program providers to ensure compliance with requirements and effective program implementation

through on-site visits and desk monitoring of performance information. Target completion date: September 30, 2017.

- AI/AAA, TDI and TLSC will update training curriculum for benefits counselor certification, to include changes in eligibility and service options for public benefits implemented through the Patient Protection and Affordable Care Act. Target completion date: September 30, 2017.
- AI/AAA and AAAs will develop volunteer programs to supplement the work of benefits counselors, including recruiting, training, and supervising volunteers. Target completion date: September 30, 2017.
- AI/AAA and AAAs will work with Harmony Systems, Inc., the contractor of the State Agency on Aging Program Uniform Reporting System (SPURS) to identify and resolve anomalies in data reports to standardize information and reporting via one system across the state. Target completion date: September 30, 2017.
- AI/AAA, AAAs and Harmony Systems, Inc. will monitor SPURS to ensure service delivery and use information for Title III and other federal and state funded services are accurate. Target completion date: September 30, 2017.
- AI/AAA will serve as lead and all DADS organizational units responsible for State Agency on Aging activities will provide supplemental information to develop and submit a three-year state plan to ACL based on the requirements of the OAA. Target completion date: September 30, 2017.
- AI/AAA will administer the Housing Bond Fee program used to modify or adapt substandard housing to provide safe and accessible housing, when funds are available in the program. Target completion date: September 30, 2017.
- AI/AAA and AAAs will oversee meal service provider compliance with Dietary Guidelines for Americans and the Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. Target completion date: September 30, 2017.
- In collaboration with the Texas Association of Area Agencies on Aging (T4A), AI/AAA will provide support and guidance for service specific workgroups to develop and test program policy changes before implementation by AAAs. Target completion date: September 30, 2017.
- AI/AAA will participate as a member of the DADS Emergency Management Team with the other health and human service agencies and the Department of Public Safety in the state's disaster management efforts. Target completion date: September 30, 2017.
- AI/AAA will require updates to disaster preparedness plans from AAAs and will provide technical assistance and management oversight for services provided during disasters. Target completion date: September 30, 2017.
- AI/AAA will administer and oversee disaster funds for federally declared disasters, when funds are available. Target completion date: September 30, 2017.
- The Office of the State Long-term Care Ombudsman will expand services to include regular coverage to residents of assisted living facilities. Target completion date: September 30, 2017.
- CPI, AI/AAA, TLSC, and AAAs will promote awareness and use of advance directives for health care planning in the community and long-term care facilities through training and education. Target completion date: September 30, 2017.
- CPI will continue its nursing facility culture change initiative to support nursing facilities that provide individualized services that reinforce well-being, dignity and choice. CPI is planning a series of training webinars each year, offering continuing education credit for a variety of

professionals. All education materials are posted to the DADS Cultural Change webpage for nursing facility trainers to provide to their staff. Also, DADS will present an annual one-day joint conference that focuses on culture change and person-directed services with the Texas Culture Change Coalition. Target completion date: September 30, 2017.

Objective: Develop a more responsive system of long-term services and supports that is supportive of interagency and community coordination efforts by September 30, 2017.

Strategies: DADS will implement the following strategies:

- DADS staff will maintain and update the DADS website to provide public access to information about DADS services, including OAA services and activities, AAAs, ADRC projects, Title VI grantees, evidence-based disease prevention programs, the Texas Long-term Care Partnership program, and benefits and entitlements available through Title XIX and Title XX of the Social Security Act and the new federal Patient Protection and Affordable Care Act. Target completion date: September 30, 2017.
- AI/AAA and AAAs, with assistance from the Volunteer and Community Engagement (VCE) Unit, will maintain and expand partnerships with public, private, non-profit and faith-based organizations, including expanding the AWLW initiative, to help create awareness of DADS and the aging network's programs and services, and to expand and enhance existing resources for DADS services. Target completion date: September 30, 2017.
- AI/AAA and AAAs will provide increased opportunity for legal assistance services through contract with TLSC for the *Legal Hotline for Older Texans* to provide direct legal assistance for individuals as well as staff resources and training SHIP benefits counselors. Target completion date: September 30, 2017.
- AI/AAA and AAAs will provide culturally competent information to people, their family members and other caregivers to promote understanding of service needs, issues and resources available to address such needs. Target completion date: September 30, 2017.
- AI/AAA and AAA of Deep East Texas, AAA of the Middle Rio Grande Area and the AAA of the Rio Grande Area will coordinate all OAA services with the Title VI federally recognized Native American grantees, including nutrition and support services, to include appropriate referrals and assistance as required by the OAA. Target completion date: September 30, 2017.

Objective: During the 2015 and 2017 legislative sessions, serve as a resource on issues related to older Texans and their caregivers.

Strategies: DADS will implement the following strategies:

- Governmental Relations Unit (GRU), CPI and AI/AAA, will analyze proposed legislation affecting older Texans and their caregivers and provide information and staff resources as requested by legislative committees and individual legislators. Target completion date: June 1, 2017.
- GRU, CPI and AI/AAA will provide information and staff resources to the Joint Legislative Committee on Aging of the Texas Legislature as requested by the committee leadership or other members of the committee. Target completion date: June 1, 2017.
- GRU, CPI and AI/AAA will provide information and staff resources to interim legislative committees appointed to study issues affecting older Texans, as requested by the legislative

leadership, committee leadership, and/or members of the Texas Legislature. Target completion date: June 1, 2017.

- AI/AAA, GRU, and CPI will provide information to the Texas Silver Haired Legislature as requested by the Speaker of the Silver Haired Legislature or its committee chairs or other members. Target completion date: June 1, 2017.

ACL Focus Area B: For the following Administration on Community Living Discretionary Grant programs, develop measureable objectives that include integration of these programs with OAA core programs (Title III, VI, and VII) with Alzheimer's Disease Supportive Services Program (ADSSP); Evidence-Based Disease and Disability Prevention Programs; Senior Medicare Patrol (SMP) and programs that support community living. For the Aging and Disability Resource Centers (ADRCs) discretionary grants, list projected objectives, partners and budget leading to the statewide expansion of ADRCs and full integration with OAA core programs.

Aging and Disability Resource Center Expansion
Texas has 14 ADRCs that provide a "no-wrong-door" system of access to LTSS. ADRC key operating partners include the DADS local offices, local intellectual and developmental disability authorities, and AAAs. ADRCs also include other social and health service entities, including centers for independent living, mental health authorities, 2-1-1 and veteran service organizations.

The existing ADRCs provide services in the most populated areas of the state. Through the Balancing Incentive Program (BIP), new ADRCs will be established and six existing ADRCs will expand to accomplish comprehensive statewide ADRC coverage. ADRCs will serve as the main entry point into the LTSS system and will administer a standard LTSS (Level 1) Screen and provide additional planning services when indicated. A statewide toll-free number will connect callers to their local ADRC, and a website through which a caller can self-screen for services using an automated version of the LTSS Screen will be established.

State Goal 2: Provide a long-term system of services and supports that promotes independent living and enhances quality of life in a manner that is respectful of the individual.

Objective: Implement fully functioning ADRCs throughout the state by September 30, 2017, using federal funding, state general revenue, local and other resources.

Strategies: DADS will implement the following strategies:

- CAG Unit will administer the ADRC initiative, including providing project management and oversight, technical assistance, training and project evaluation. Target completion date: September 30, 2017.
- CAG Unit and AI/AAA will support the sustainability of the ADRC structure with federal and/or state funding and training resources available through BIP and other funding sources. Target completion date: September 30, 2017.
- A&I/AAA and Community Access and Grants (CAG) Unit will participate in the development of a common screening tool that will be used across the LTSS system and will make it easier for people to access long-term services. Target completion date: September 30, 2017.

- CAG Unit, with assistance from AI/AAA, will expand ADRC projects to provide at least one project in all 11 DADS regions as identified in the five-year ADRC State Plan. Target completion date: November 30, 2017.
- CAG Unit will develop standardized operational requirements for all ADRC projects to support implementation of fully functioning ADRC projects in all 11 DADS regions. Target completion date: September 30, 2017.
- CAG Unit will support ADRC projects and develop formalized contractual partnerships among ADRC staff and community agencies, including the regional service network for older individuals and providers of long-term services. Target completion date: September 30, 2017.
- All ADRCs, with oversight and support from the CAG Unit and AI/AAA, will support informal family caregivers through caregiver education and training, person-centered planning and supplemental support services. Target completion date: September 30, 2017.
- ADRCs, with oversight and support from the CAG Unit, will expand partnerships for critical pathways to extend the reach of ADRCs. Target completion date: December 30, 2017.

Objective: Build a system of long-term services and supports through collaborative efforts in order to expand service options including choice and control for individuals and their caregivers by September 30, 2017.

Strategies. DADS will implement the following strategies:
- CPI, Promoting Independence Initiative staff, and AI/AAA will coordinate with HHSC agencies and participate on councils and workgroups to increase awareness and improve access to services. Target completion date: September 30, 2017.
- CPI and Program Business Operations Unit will advise the HHSC Consumer Direction workgroup, which is charged with providing guidance and recommendations on implementation of consumer-directed services. Target completion date: September 30, 2017.
- VCE, AI/AAA, and the AAAs will develop community collaboratives through DADS AWLW initiative to create awareness of the programs and, through the local partnerships, increase and expand services and programs for health, wellness and volunteerism. Target completion date: September 30, 2017.

Objective: Identify and meet the changing needs of older individuals and individuals with disabilities, and support those who need lifelong care during the state plan on aging period.

Strategies. DADS will implement the following strategies:
- AI/AAA and the CAG Unit will provide technical assistance to AAAs and ADRCs to develop services to provide veterans, individuals and their caregivers more service delivery options. Target completion date: September 30, 2017.
- AI/AAA, CAG Unit and AAAs will support informal family caregivers through effective caregiver education and training, respite services, person-centered options counseling, and supplemental support services and explore options for expanding consumer-directed service with caregivers. Target completion date: September 30, 2017.
- CAG Unit, with assistance from the AI/AAA, will provide oversight and technical assistance to the Lifespan Respite Care demonstration projects that provide respite services to family

caregivers through federal and state revenue resources. Target completion date: September 30, 2017.

- CAG Unit will provide oversight and technical assistance for the activities of the Texas Respite Coalition to better coordinate and disseminate service delivery between agencies and organizations providing respite services. Target completion date: September 30, 2017.
- CAG Unit and the Texas Respite Coalition will develop a state strategic plan for respite that includes priorities for increasing the availability and coordination of lifelong respite care and promotes a more sustainable lifespan respite care program. Target completion date: September 30, 2016.
- CAG Unit will regularly update the Take Time Texas website to provide current, valuable information for caregivers. Target completion date: September 30, 2017.
- AI/AAA and Community Services and Program Operations section will evaluate data received from the caregiver status review and prepare a report to the Texas Legislature in accordance with Senate Bill 271, 81st Legislature, Regular Session, 2009. Target completion date: December 31, 2016.
- CPI, AI/AAA, and AAAs will evaluate data of the caregiver assessment for informal family caregivers to identify appropriate services and supports and educational needs of caregivers through the care coordination services provided by the AAAs. Target completion date: September 30, 2017.
- AI/AAA, CAG Unit and AAAs will provide information to older individuals and individuals with disabilities to promote understanding of service options, public benefits, and available services. Target completion date: September 30, 2017.
- CPI, AI/AAA, and Program Business Operations will train AAA care coordinators on implementation processes for consumer direction and provide outreach material for individuals. Target completion date: September 30, 2017.
- CPI, AI/AAA, Program Business Operations, CAG, and AAAs will expand person-centered and increase consumer-directed service options to ensure individuals have a choice in service delivery. Target completion date: September 30, 2017.
- CPI and Program Business Operations will provide computer-based training for the contracted consumer directed service agencies and Support Advisors Training for those who wish to become certified to be a support advisor. Target completion date: September 30, 2017.
- AI/AAA, with support from the Promoting Independence Initiative staff, will collaborate with the Housing Resource Center of the Department of Housing and Community Affairs and the Housing and Health Services Coordination Council to provide training to the service network for older individuals on housing and health care issues and to coordinate service delivery policy intended to increase state efforts to offer service-enriched housing. Target completion date: September 30, 2017.
- CPI and Program Business Operations Unit will continue to work with AAAs and other public, private and state agency partners to promote the implementation of the Aging Texas Well Community Assessment Toolkit in communities across the state. CPI will provide technical assistance to all groups that use the Toolkit to assess the aging-friendliness of their community and to create plans to make their community more aging-friendly. Target completion date: September 30, 2017.
- CPI will ensure the program and policy recommendations developed by the Aging Texas Well Advisory Committee (ATWAC) are submitted to DADS leadership for consideration. ATWAC recommendations aim at promoting state and community preparedness for the growing

population of older Texans, and at supporting aging with dignity, independence and the opportunity to continue to contribute to society. Target completion date: September 30, 2017.

- AI/AAA will provide funding for a module concerning caregiving in the Behavioral Risk Factor Surveillance Survey to obtain planning information about caregivers in Texas. Target completion date: September 30, 2016.
- CPI and Program Business Operations Unit will serve in an advisory capacity on HHSC's Consumer Direction workgroup, charged with providing guidance and recommendations on implementing consumer-directed services. Target completion date: September 30, 2017.

Volunteer Engagement and Community Partnerships

Social connections are a vital component of a person's health at any age. AAAs and their service providers increasingly rely on volunteers to support nutrition programs, senior centers, benefits counseling and long-term care ombudsman programs. Also, with general revenue appropriated by the legislature, DADS contracts with the Corporation for National and Community Service to support the RSVP program, Senior Companion and Foster Grandparents Programs. In addition to contributing to needed public services, volunteerism provides important benefits to the volunteer by keeping older Texans involved, socially connected, mentally alert and productive.

Evidence-Based Disease and Disability Prevention Programs

The 2013 Aging Texas Well (ATW) Indicators Survey, a state-wide survey conducted with Texans age 60 and older, found that high proportions of respondents reported having chronic conditions. Sixty-two percent reported having been diagnosed with high blood pressure; 50 percent, arthritis; 29 percent, diabetes; 22 percent, heart disease; and 17 percent reported a diagnosis of chronic obstructive pulmonary disease, emphysema or asthma. Chronic diseases exact a heavy health and economic burden on older individuals due to associated illnesses, disability, diminished quality of life and increasing health care costs.

Initiatives underway in Texas to promote health, manage chronic disease and prevent illness include Texercise, A Matter of Balance, Care Transitions Intervention, the Stress-Busting Program for Family Caregivers, and the Aging Texas Well Evidence-based Programs Clearinghouse.

Texercise

Texercise, a DADS statewide health promotion program, was developed to improve the overall health and well-being of older individuals and individuals with disabilities to address rising health care costs related to poor health. The program educates and involves older individuals and individuals with disabilities in the community through promoting physical activity and proper nutrition, community events, worksite wellness initiatives, and policies that support fitness in all areas of life.

Texas Healthy Lifestyles Program

DADS has received evidence-based disease prevention funding since 2006 to operate the Texas Healthy Lifestyles (THL) program. The project's purpose is to extend evidence-based health promotion to seniors across Texas and reduce the burden of chronic illness by incorporating a more comprehensive approach to chronic disease management. Although federal funding for DADS THL program has expired, evidence-based practices continue to be conducted with support from Title III funds and federal grants awarded directly to AAAs and ADRCs. The evidence-based

programs offered are Chronic Disease Self-Management Program, Diabetes Self-Management Program, Care Transitions Intervention, A Matter of Balance, EnhanceFitness, Healthy IDEAS, Stress-Busting Program, and Medication Management.

Chronic Disease Self-Management Program (CDSMP) and Diabetes Self-Management Program (DSMP)

The Stanford CDSMP and DSMP have been shown to help people with chronic disease better manage their condition and reduce the pain, disability and discomfort associated with chronic disease. Training addresses topics such as dealing with frustration, fatigue, pain, and isolation; appropriate exercise for maintaining strength and flexibility; appropriate use of medications; communicating with family, friends and health professionals; nutrition; decision-making; and how to evaluate new treatments.

Care Transitions Intervention

The Care Transitions Intervention model is a patient self-managed model that helps reduce hospital readmissions. During the program, patients receive specific tools, are supported by a transition coach, and learn self-management skills to ensure their needs are met during the transition from hospital to home. Research has found that patients assisted under this model are significantly less likely to be readmitted and more likely to achieve self-identified, personal goals around symptom management and functional recovery. These findings are sustained for as long as six months after Care Transitions Intervention services ended.

A Matter of Balance

This evidence-based program emphasizes practical strategies to reduce fear of falling and increase activity. Trained leaders teach participants to view falls and fear of falling as controllable, set realistic goals to increase activity, change their environment to reduce fall risk factors, and exercise to increase strength and balance. DADS provides funding for the program, which is implemented through the Texas Association of Area Agencies on Aging in most Texas counties.

Stress-Busting Program

The Stress-Busting Program (SBP) for Family Caregivers is an evidence-based program that supports family caregivers of people with dementia. It is designed to improve the quality of life of family caregivers who provide care for people with Alzheimer's disease or other dementias, and help caregivers manage their stress and better cope with their lives. SBP is a multi-component program in which two facilitators meet with a small group of family caregivers to facilitate education, support, problem-solving and stress management. The program takes a holistic approach to addressing the emotional, physical, spiritual and cognitive needs of family caregivers.

Aging Texas Well Evidence-based Clearinghouse

The ATW Evidence-based Clearinghouse is a resource database of national- and state-level evidence-based programs that address physical and mental health conditions and caregiver support. The programs listed in the ATW Evidence-based Clearinghouse are promoted by the National Council on Aging and/or are programs for which evidence has been published in peer-reviewed journals. The Evidence-based Clearinghouse is accessible to the public free of charge at www.dads.state.tx.us/services/agingtexaswell/initiaitives/ebased/index.cfm.

The importance of promoting evidence-based, disease prevention and disability prevention programs is underscored in the OAA where funds support health maintenance, health screening and health monitoring activities. Under these programs, AAAs provide OAA core services of prescription assistance, medication management and analysis by a medical professional, as well as routine monitoring of blood pressure, vision, diabetes and other conditions.

ACL Focus Area C. Support participant-directed/person-centered planning for older adults and their caregivers across the spectrum of long-term care services, including home, community and institutional settings.

Texas is committed to providing individuals receiving OAA services with a choice of services and how those services are procured. Texas has committed to several initiatives for consumer choice through program policy and grant opportunities which support those policies. Texas will continue to support the Promoting Independence Initiative, Long-term Care Partnership and OAA services and programs that offer consumer-directed services and voucher services.

Home and Community-based Services

According to a recent AARP study, most Americans over 45 years old expect that, if needed, long-term services and supports will be delivered in their own homes with the help of an aide or a medical professional. Only about 12 percent expect to receive care in an assisted living facility or nursing facility. Nearly a quarter are unsure where they will receive care.

States investing in community-based programs save money on long-term care expenses over the long run. Texas, with its history of innovative Medicaid programs to support older individuals and individuals with disabilities in the community, uses OAA funding effectively to allow Texans to maintain their independence in their own homes.

To receive long-term services and supports in their homes or communities, people must know how to access those services, services must be available and funding (public or private) must also be available, and there must be organizations to provide those services.

OAA home and community-based services include homemaker, personal assistance, hospice, chore maintenance, emergency response, residential repair, respite services, telephone reassurance, adult day care and visiting.

Nutrition Services

Proper nutrition lowers the risk of many common diseases, including heart disease, stroke, osteoporosis, diabetes and some types of cancer. Congregate and home-delivered meal services provided by the AAAs represent the social model of preventative services promoted by the OAA. In addition to providing meals, the OAA supports nutrition education, counseling and consultation. All of these services are provided by AAAs, nutrition providers, and registered dieticians to promote better health through nutrition.

Services to Assist Independent Living

Community support is essential for people to get quality services and supports in a manner consistent with their community living preferences. Long-term services and supports may be

provided by contracted providers, informal caregivers or a combination of the two. OAA services to assist independent living include evidence-based intervention, evidence-based prevention programming, health maintenance, health screening, housing placement, income support, instruction and training, mental health services, physical fitness, senior centers, shopping, and transportation (demand-response, fixed-route and assisted). Additionally, beginning in 2011, individuals were able to receive OAA transportation services through a new voucher system.

Services Supporting Caregivers

With funding authorized under the National Family Caregiver Support Program (OAA, Title III-E), AAAs provide information and critical support services needed by families to assist them maintain their caregiver role. While AAAs have always provided services for caregivers, dedicated funding under the National Family Caregiver Support Program has enabled AAAs to expand and focus services specifically for a growing number of caregivers, including grandparents raising grandchildren. AAAs and their network of service providers deliver Caregiver Education and Training, Caregiver Information Services, Caregiver Support Coordination, and Caregiver Respite (in-home, and institutional), as well as Caregiver Supplemental Support Services. A respite voucher program to provide supports for people who want to direct the services and to address the lack of traditional service providers in both rural and urban areas is available.

DADS CAG Unit administers ACL funding for Lifespan Respite Care. These funds increase the availability and coordination of respite care for individuals who are caring for people of any age and with any disability. Activities under these grants include conducting outreach to health-care providers to increase their awareness of respite care, providing evidence-based caregiver education, expanding partnerships with faith-based and volunteer groups to expand the availability of affordable respite care, conducting a respite summit to identify state priorities for respite care and developing a state strategic plan for respite.

Funding from earlier ACL grants were used to develop the Take Time Texas website (www.taketimetexas.org), which provides information on respite care and other supports for family caregivers. The website includes information on best practices in caregiving, information on identifying and managing stress and educational programs to help caregivers overcome some of the daily challenges of caring for loved ones. There are training curricula and outreach materials for service providers, including a Take Time Texas media campaign that providers can customize. The centerpiece of the website is an inventory of respite services, which is the state's only online searchable database of respite care providers in Texas.

The CAG unit also oversees the allocation of state general revenue funds for Texas Lifespan Respite Care Program. A total of $1 million per biennium is awarded to the AAAs and ADRCs to develop demonstration projects to make respite care for individuals of all ages and any disability more available. In addition, the funds support outreach and marketing, to increase awareness of respite care and the delivery of caregiver training, so that caregivers can maintain their health and continue in their role.

Direct Service Workforce

Quality of care for recipients of long-term services and supports relies on the availability of well-trained and valued direct service workers (DSWs). Efforts to address the critical shortage of DSWs

include legislative action to increase the base wage of many DSWs to $7.86 per hour beginning September 1, 2014. Additionally, the Texas Health and Human Services Commission is conducting a statewide survey of DSWs to provide state leaders reliable data on DSW benefits, wages and training needs; meanwhile, DADS staff are providing logistical support to the Centers for Medicare and Medicaid Services Core Competencies Validation project, the goal of which is to learn more about the skills DSWs need to provide excellent care. These projects support the challenge of maintaining a viable workforce to provide attendant care for older Texans and those with disabilities.

Promoting Independence

Texas was one of the first states to develop a response to the *Olmstead* decision and has received national recognition for its proactive public policies and support of the Promoting Independence Initiative. The initiative includes the Promoting Independence Plan, all policy, programs and activities in support of the plan and the oversight of the Promoting Independence Advisory Committee. The plan highlights the state's efforts to assist people who want community placement, who were appropriate for community placement as determined by the state's treatment professionals, and whose placement in the community did not constitute a fundamental alteration in the state's services. Additionally, the initiative articulates a value base that serves as the framework for system improvements:

- People should be informed about their program options, including community-based programs, and be allowed to choose among affordable services and supports.
- Families' desire to care for their children with disabilities at home should be recognized and encouraged by the state.
- Services and supports should be built around a shared responsibility among families, state and local governments, the private sector and community-based organizations, including faith-based organizations.
- Programs should be flexible, designed to encourage and facilitate integration into the community, and accommodation of people's needs.
- Programs should foster hope, dignity, respect and independence.

The long-term services and supports system is different compared to 1999, when the U.S. Supreme Court rendered its *Olmstead* decision. This ongoing change from an entitled institutionally-based system to one of choice of community-based programs is based in statute, policy and appropriations.

Money Follows the Person Rebalancing Demonstration Grant

In January 2007, Texas obtained CMS approval to participate in a Money Follows the Person (MFP) Demonstration that is designed to build on existing Promoting Independence initiatives. This project assisted in relocation of people from institutional settings through 2016.

The demonstration project includes:

- Residents of nursing facilities, large (14 or more bed) community ICFs/IID and state supported living centers.
- Two new specialized supports services -- Cognitive Adaptation Training and Substance Abuse Services -- for people in the San Antonio service delivery area who have co-occurring behavioral health needs.

- Voluntary closure, which provides assistance to providers of community ICFs/IID with nine or more beds who want to voluntarily close their facilities and take those beds off-line, and provide each resident with a choice in living arrangements.
- Post-relocation services for contacts with people once they have left a nursing facility to help ensure a successful relocation to the community.
- Housing initiatives to develop links between the LTSS system with the housing system to increase dedicated housing vouchers for the *Olmstead* population, and to develop more integrated, accessible and affordable housing.

Relocation Services

Relocation specialists help identify nursing facility residents who want to transition back to the community and facilitate in that transition. Not every nursing facility resident who wants to move to the community needs relocation services, but for those without housing, community supports, informal caregivers, or for those who have a complex functional and/or medical need, a specialist can provide assistance to secure housing and household goods, identify community supports, and coordinate necessary paperwork.

Also, AAAs provide relocation activity support to nursing facility residents. Assistance is provided upon self-referral, the request of a caregiver or a long-term care ombudsman. Ombudsmen are trained to provide information to families and nursing facility residents about transition out of the facility. In addition, ombudsmen link people and their family members with relocation specialists in one of the relocation contracted agencies that can coordinate the process. The Office of the State Long-term Care Ombudsman and the network of 28 AAAs continue to support the Promoting Independence Initiative. Training and program updates are provided for ombudsmen staff during state-level trainings. Since 2003, ombudsmen have received training on the relocation process and new initiatives in Promoting Independence. The State Long-term Care Ombudsman coordinates with relocation contractors and facilitates training with other AAA programs.

Once a resident has decided to transition out of a nursing facility, the AAA has two additional areas in which consumer choice may be provided. The OAA requires the AAA's care coordination program to provide the resident with a list of providers to ensure that he or she has a choice of service providers. Caregiver respite services and homemaker services can be provided through a voucher for individuals and their caregivers who want the choice of using services.

Long-term Care Partnership

To minimize Medicaid's long-term care costs, Texas has implemented the Long-term Care Partnership, authorized under the federal Deficit Reduction Act of 2005. This program creates public/private long-term care insurance partnerships and allows Texans to purchase long-term care insurance and receive asset protection. The Long-term Care Partnership's "Own Your Future", Texas awareness campaign raises awareness about long-term care; educates the public on the value and availability of the Long-term Care Partnership insurance program; encourages people to plan for their long-term care needs (including availing themselves of state information and resources); and encourage people to obtain long-term care partnership insurance. The campaign targets baby boomers with no long-term care plans.

State Goal 3: Promote healthy lifestyles, resulting in less long-term illness and reduced mortality from preventable and chronic diseases through evidence-based, disease prevention and disability prevention programs.

Objective: Provide opportunities for people to engage in healthy behaviors to increase their potential to live longer, maintain quality of life, and contribute to the communitiy as indicated in pre- and post-participation in community activities and self-reported levels of chronic diseases of program participants.

Strategies. DADS will implement the following strategies:

- VCE contracted with Texas A&M University School of Rural and Public Health to evaluate DADS Texercise program to help develop an evidence-based program – Texercise Select. Texercise Select is a structured health promotions and disease prevention program that certifies class facilitators, administers research-based health behavior practices and develops social support groups. Once certified as evidence-based, Texercise Select will be offered to the aging and disability network at little to no cost. Publication of the research of Texercise Select is in process. Target completion date: September 30, 2017.
- VCE will continue to provide a volunteer recruitment campaign and Texercise programs to enrich the lives of residents of Texas long-term care facilities by providing volunteers to provide social engagement and exercise opportunities. Target completion date: September 30, 2017.
- AI/AAA and CAG Unit will provide oversight to Care Transitions Intervention projects and Stress-Busting Program activities that are supported with Title III funds. Target completion date: September 30, 2017.

Objective: Support community projects, services to promote health and wellness, volunteer opportunities, and collaborative partnerships between DADS and the service network for older individuals and their families.

Strategies: DADS will implement the following strategies:

- VCE Unit and AAAs will continue to provide *Texercise* programs statewide to improve the health and well-being of older individuals and to address rising health care costs related to poor health. Target completion date: September 30, 2017.
- VCE, AI/AAA and the AAAs will work with Texercise community programs to implement wellness programs for older individuals. Target completion date: September 30, 2017.
- VCE and AI/AAA will continue to expand the AWLW initiative that focuses on health and wellness, volunteerism and awareness of resources by sharing DADS resources, community partners, the faith-based community, and the aging network. Target completion date: September 30, 2017.
- CPI and AI/AAA will continue to work with AAAs and other public, private and state agency partners to support community implementation of the Aging Texas Well Community Assessment Toolkit, which helps community members identify community strengths for supporting aging well and gaps in needed services and supports, and make their community more aging-friendly. Typical plans for creating more aging-friendly communities include creating more walkable or “complete” streets, more diverse and accessible transportation options, and more exercise and social engagement opportunities for older individuals, all of

which contribute to improved health and well-being. Target completion date: September 30, 2017.

- CPI and CAG Unit will continue to support ADRCs providing Care Transitions Intervention. Target completion date: September 30, 2017.
- AI/AAA will continue to support and participate in the Medicaid for the Elderly and Individuals with disabilities (MEPD) annual conference. Target completion date: September 30, 2017.
- AI/AAA and Department of Assistive and Rehabilitative Services will continue to support and participate in the Texas Persons with Disabilities History and Awareness Month Awareness Day activities. Target completion date: September 30, 2017.

Objective: Provide support for professionals and service providers with information and resources that can be used in evidence-based disease prevention program development and in providing services to older individuals and their caregivers.

Strategies: DADS will implement the following strategies:

- CPI will continue to support and expand the Evidence-based Clearinghouse on the DADS Aging Texas Well website to provide information on the latest research and best practices regarding evidence-based and emerging evidence-based programs for the AAAs and the service network for older individuals. Target completion date: September 30, 2017.
- CPI will develop and post on the DADS website a series of easy-to-read resource briefs to support basic understanding of complex aging and gerontological topics for use by AAAs, the service network for older individuals, researchers, public policy leaders and community organizations interested in developing services and programs relevant to the needs of older individuals. Target completion date: September 30, 2017.
- CAG Unit will post information on evidence-based practices for caregivers on the Take Time Texas website. Target completion date: September 30, 2017.
- CPI will use data obtained from the DADS-developed Technology Module of the 2014 Texas Behavioral Risk Factor Surveillance System survey to develop recommendations on older individuals and technology. Target completion date: September 30, 2016.
- AI/AAA, CPI and Department of State Health Services will continue to partner in the Behavior Health and Aging Workgroup coordination. Target completion date: September 30, 2017.

Objective: Expand the capacity of the system of long-term services through the use of a trained volunteer force.

Strategies. DADS will implement the following strategies:

- AI/AAA will provide contract oversight and support to the Senior Corps volunteer programs of the Corporation for National and Community Service through state general revenue funds. Target completion date: September 30, 2017.
- VCE Unit will develop and support DADS volunteer and internship programs to expand community involvement efforts. Target completion date: September 30, 2017.
- AI/AAA, the AAAs and Texas Legal Services Center will recruit and train a corps of volunteers in the benefits counseling program provided through all AAAs that will include training on specific benefits topics that will allow the volunteers to specialize in areas of interest to them. Target completion date: September 30, 2017.

ACL Focus Area D. Support an enhance multi-disciplinary responses to elder abuse, neglect, and exploitation involving adult protective services, long-term care ombudsman services, legal assistance programs, law enforcement, health care professionals, financial institutions and other essential partners across the state.

In Texas, the Adult Protective Services Division of the Department of Family and Protective Services (DFPS/APS) In-Home Investigations and Services investigates allegations of abuse, neglect, and financial exploitation of adults who are 65 and older or who have disabilities and live in their own homes or in unlicensed room-and-board homes. During state fiscal year 2013, the highest number of validated in-home allegations by category investigated by DFPS/APS included physical neglect (43,543), medical neglect (12,176), and mental health neglect (5,757). When maltreatment is validated, DFPS/APS may provide or arrange for services to alleviate abuse, neglect or financial exploitation. During state fiscal year 2013, DFPS/APS validated investigations that did not involve self-neglect 41.9 percent of the perpetrators were the individual's adult children.

DADS licenses nursing facilities and home health agencies and handles complaints regarding licensed agencies and facilities. The Office of the State Long-term Care Ombudsman recruits, trains and certifies ombudsmen to advocate for the rights of nursing facility and assisted living facility residents, and provides benefits counseling and legal services for older individuals, and DADS serves as guardian for some people.

DADS supports programs and initiatives that support the ACL/AoA goal of ensuring the rights of older individuals and preventing their abuse, neglect and exploitation. They include the following activities, programs, and services:

- **Collaboration with Texas Legal Services Center**
  Through a grant with CMS, DADS funds the TLSC to provide legal advice for Texans 60 and older through the Legal Hotline for Texans. Funding from DADS, AARP and the Texas Equal Access to Justice Foundation allows the hotline to serve low-income Texans whose access to legal assistance would be otherwise limited. For people who need ongoing legal representation, and whose cases are not of a type legal aid will accept, or who are otherwise not eligible for legal services, TLSC maintains a database of attorneys who have agreed to receive hotline referrals for reduced fees.

  TLSC provides training and certification testing for the two levels of certified benefits counselors available through the AAAs. In addition, TLSC attorneys provide support and consultation about complex consumer benefits cases to the certified benefits counselors.

  To address the unmet needs of exploited seniors in the state, TLSC's Legal Hotline for Texans provides extended services to older victims of exploitation. Since DADS is responsible for developing and maintaining statewide LTSS systems for older Texans, including ADRCs and AAAs, DADS will partner with TLSC to promote awareness, and leverage the resources of TLSC's new program.

- **Long-Term Care Ombudsman Program**
  Long-term care ombudsmen are advocates for residents of nursing facilities and assisted living facilities. Long-term care ombudsmen advocate on behalf of people and groups of residents, provide information to residents and their families about LTSS, promote resident-directed policies and provide other services to protect the health, safety, welfare and rights of residents. Twenty-six AAAs operate the program as part of their local system of access and assistance (discussed under Goal 1); two AAAs subcontract long-term care ombudsman services to local agencies. Fifty-seven staff perform ombudsman functions, including the supervision of 675 volunteers statewide. Complaints are received from different sources and information about the complainant is released only with the resident's or complainant's permission. Long-term care ombudsmen refer some complaints to other agencies for assistance. The most frequent referral sources are DADS Regulatory Services, relocation contractors, and the Texas Legal Services Center.

- **Guardianship Services**
  A guardian is a court-appointed person or entity that makes decisions on behalf of people with diminished capacity. The DADS Guardianship Program provides guardianship services, either directly or through contracts with local guardianship programs, to adults who are referred to the program by the Department of Family and Protective Services or referred to the program by courts, and who have been adjudicated as lacking capacity by a court with probate authority and need a guardian. DADS staff who provide guardianship services must be certified by the Texas Guardianship Certification Board.

- **Regulatory Services**
  DADS provides licensing, certification, and/or contract enrollment services, as well as financial monitoring and complaint investigation, to ensure service providers comply with state and federal standards and that people receive high-quality services and are protected from abuse, neglect and exploitation. DADS provides these regulatory services in home settings or facilities, including nursing facilities, assisted living facilities, adult day care facilities, ICF/IID, home and community support services agencies, and providers of Home and Community-based Services waiver and Texas Home Living waiver services.

State Goal 4. Serve as an effective advocate to uphold and ensure the rights, quality of life and quality of care for nursing facility and assisted living facility residents.

Objective: Provide a system of long-term care ombudsmen that connects older individuals with the services and benefits.

Strategies. DADS will implement the following strategies:

- Office of the State Long-Term Care Ombudsman, with assistance from AI/AAA, will provide support to certified ombudsmen through training and technical assistance, and development of ombudsmen guidelines through administrative rules, operating procedures, program instructions, and technical assistance memoranda. Target completion date: September 30, 2017.
- Office of the State Long-Term Care Ombudsman will conduct oversight for the long-term care ombudsmen programs operated by the AAAs through desk review of performance measures and onsite program monitoring. Target completion date: September 30, 2017.

- Office of the State Long-term Care Ombudsman and certified ombudsmen will develop and nurture self-advocacy of long-term care residents and other individuals by supporting the development of resident and family councils. Target completion date: September 30, 2017.
- State Long-Term Care Ombudsman and DADS Regulatory Services will oversee the protection of Texans who live in or who are receiving services in a licensed or contracted program or facility through effective regulatory services. Target completion date: September 30, 2017.
- State Long-Term Care Ombudsman and DADS Regulatory Services will coordinate on training of professional staff and maintain communication protocols outlined in a program agreement to ensure coordination of services on behalf of nursing facility and assisted living facility residents. Target completion date: September 30, 2017.
- Office of the State Long-Term Care Ombudsman will receive, research, investigate and effectively resolve complaints regarding the health, safety, welfare and rights of residents of nursing and assisted living facilities. Target completion date: September 30, 2017.
- State Long-term Care Ombudsman will develop policy recommendations to the Texas Legislature and to state and federal agencies as part of a statewide systems advocacy agenda. Target completion date: September 30, 2017.

Objective: Partner with state agencies to support systems that provide protections and needed services to vulnerable older individuals.

Strategies. DADS will implement the following strategies:
- AI/AAA will continue to participate in the Texas Kincare Taskforce that serves grandparents and other relatives by advocating for services and protections. Target completion date: September 30, 2017.
- AI/AAA will coordinate with the DFPS/APS, AAAs and TLSC to increase public awareness about elder abuse, neglect and exploitation, including causes, profiles of victims and perpetrators, warning signs, reporting and prevention strategies. Target completion date: September 30, 2017.
- AI/AAA will continue collaboration with DFPS/APS, AAAs and TLSC to provide services to victims of elder abuse, neglect and exploitation, and to collaborate on joint training for DFPS/APS and AAA staff. Target completion date: September 30, 2017.
- AI/AAA will continue to support and promote World Elder Awareness Day. Target completion date: September 30, 2017.
- AI/AAA, AAAs and ADRCs, and the Senior Medicare Patrol will continue to support awareness through joint activities, Medicare Improvements for Patients and Providers Act (MIPPA) outreach events and senior expos. Target completion date: September 30, 2017.

Texas Lifespan Respite Care Program

In 2009, DADS was awarded a 36-month, $200,000 grant from AoA and appropriated $1 million from the Texas Legislature to establish the Texas Lifespan Respite Care Program. The project is using the federal grant to strengthen and expand a coalition of respite services providers and stakeholders through the creation of a Texas Respite Coordination Center which compiled a Texas inventory of respite services, conducted six respite forums across the state for stakeholders and providers, developed media kits and outreach materials aimed at caregivers, and developed training and best practice tools for providers of respite services. Funding for this grant was used to develop the Take Time Texas website (www.taketimetexas.org) to make it easier for caregivers to find

respite care services and support. Also, DADS and the Texas Respite Coordination Center created the state's only comprehensive, searchable database (Inventory) of Texas respite care providers and posted it on the website.

A second continuation grant was awarded by Administration on Aging in 2011. The focus of this grant was to expand the marketing campaign to increase awareness of caregiver needs and resources and to replicate two caregiver service models that emphasized caregiver skills and self-care. This grant also supported strengthening of the Texas Respite Coalition to make it more sustainable and regionally representative.

In August 2012, DADS received a third grant from the ACL to expand the Texas Lifespan Respite Care Program. The objective of the grant is to make the Texas Lifespan Respite Care Program more sustainable and to improve integration of respite care into the existing health and human services system. A fourth grant was received in August 2013 to further efforts to increase the sustainability of the Texas Lifespan Respite Care Program and integrate respite care into existing systems.

Outcomes and Performance Measures

State Goal 1. Ensure Texas long-term services and supports system has the capacity, flexibility and sensitivity to meet the unique and diverse needs of Texans, their family members, and caregivers.

- **Outcome**: Federal and state funding is increased to expand services and programs for older individuals and their caregivers.
  Measure: Additional federal and state funding obtained through OAA and, where available, CMS and other federal funding sources and state general revenue grant programs.

- **Outcome**: Contract agencies and service providers are accountable for the services provided to older individuals and their caregivers.
  Measure: Implementation of a uniform, NAPIS-compliant information system in all 28 AAAs as evidenced by on-time accurate reporting verified through DADS Performance Measure Testing procedures.

- **Outcome**: Older individuals and their caregivers experience a common intake process regardless of where they access long-term services and supports.
  Measure: Successful implementation of a uniform LTSS screening tool in participating LTSS programs.

- **Outcome**: Information on older individuals and caregivers' needs is shared between agencies in the LTSS system, reducing the need for people to repeat their story.
  Measure: Implementation of a uniform LTSS screening tool in participating LTSS programs.

- **Outcome**: Older individuals and their caregivers have access to services that meet their needs and interests.
  Measure: At least 85 percent of individuals are satisfied with the OAA services they received, as evidenced in client satisfaction surveys conducted by the AAAs.

State Goal 2. Provide a system of long-term services and supports that promotes independent living and enhances quality of life in a manner that is respectful of the individual.

- **Outcome**: Replicable model of caregiver respite care program that includes flexible service delivery options (consumer-directed services and voucher programs), tools to review caregiver status that provides assessment of need and status of caregiver, activities that strengthen the capacity of the Texas Respite Coalition to enhance respite care.
  Measure: Availability of documents, tools and products for replication by AAAs and ADRC projects.

- **Outcome**: Increased capacity of the service network for older individuals to provide long-term services and supports through collaborative and coordinated efforts with partners in the state's long-term services and supports system.
  Measure: Additional funding to support staffing, training and outreach efforts.

State Goal 3. Promote healthy lifestyles, resulting in less long-term illness and reduced mortality from preventable and chronic diseases through evidence-based, disease prevention and disability prevention programs.

- **Outcome**: Increase the number of older individuals and their caregivers who have the opportunity to participate in evidence-based disease prevention programs as a result of expanded service models and delivery sites.
  Measure: Increase in number of evidence-based disease prevention project sites by five additional sites and a ten percent increase in the number of participants to enroll in the programs.

State Goal 4. Serve as an effective advocate to uphold and ensure the rights, quality of life, and quality of care for nursing facility and assisted living facility residents.

- **Outcome**: A corps of trained and motivated volunteer ombudsmen who advocate for residents of nursing facilities and assisted living facilities to reduce the adverse effects of isolation, abuse, neglect and exploitation.
  Measure: Maintain or increase in the number of training sessions provided for long-term care ombudsmen.

- **Outcome**: Coordination of community long-term services and supports for victims of abuse, neglect and exploitation available through the service network for older individuals and DFPS/APS.
  Measure: Memorandum of Understanding signed by AAAs and local DFPS/APS offices.

Quality Management

Aging and Disability Resource Centers

- **<u>Collect data to assess ongoing program implementation</u>**
  ADRCs provide contact/client data and project progress twice a year using the web-based ACL Semi-Annual Reporting Tool (SART). DADS collects quarterly narrative reports with respect to local ADRC progress on fully functional status and special initiatives. Fiscal reporting is monitored monthly. Ad hoc reports are created as needed to capture additional information. Draft performance measures have been established and will be implemented in September 2014. Measures tracked will include metrics for information and referral, application assistance, outreach activities and customer experience.

- **<u>Remediation of problem areas</u>**
  Technical Assistance calls are used to address common issues. If an individual ADRC has an issue, DADS staff will address the issue with individual meetings with the ADRC. A new monitoring tool is being developed to review ADRC performance based upon the performance measures which will be implemented in September 2014. Desk reviews and on-site monitoring plans are also being established.

- **<u>Continuous improvement</u>**
  DADS convenes four ADRC Advisory Committee meetings each year. Committee members provide guidance to address challenges identified by local ADRCs. These meetings are followed by ADRC Coalition meetings during which the local ADRC partners meet to discuss challenges and/or best practices. DADS attends coalition meetings to answer questions, provide training and highlight state and national best practices. DADS also host monthly webinars and/or technical assistance calls to discuss program changes, provide training and address program development issues. Local ADRCs use customer satisfaction surveys to address stakeholder issues and possible program improvements.

  A program support specialist whose primary responsibility is analysis of reporting information to identify problem areas, and additional technical assistance and training needs was added to the CAG unit.

Access and Intake Area Agencies on Aging (AI/AAA) Section

The AI/AAA section conducts quality assurance using the following methods:

- A four-year cycle:
  - On-site monitoring of program and fiscal activities of each AAA
  - Desk reviews; and
  - In-depth Area Plan Assurance review.
- Annually or as necessary:
  - Budget review and approval;
  - Area Plan Budget Amendment review and approval;
  - Risk Assessment; and
  - Review for accuracy of the data (service deliveries) into the State Agency on Aging Program Uniform Reporting System (SPURS).

When it becomes necessary to manage quality of service provision documentation, the following is used:

- Technical assistance, either written or face-to-face at DADS or AAA level;
- Corrective action plans may be requested and confirmed; or
- Sanction for non-compliance.

The AI/AAA has a variety of means to communicate and provide technical assistance to the AAAs:

- Weekly Wednesday Broadcast, an electronic communication, containing upcoming events and due dates, process and procedure clarification, and announcements for training and funding opportunities.
- Help Desk Mailbox for the AAA directors and staff to submit inquiries about any pertinent concern, issue, process, or comment.
- Program instructions and technical assistance memorandum providing detail information about a processes or best practices, posted to the DADS website.
- Conference call, Lets Connect, for the AI/AAA management and to share information, provide clarification, and express concerns.
- Trainings including the Access and Assistance Conference, Benefits Counseling Training Conference, SPURS training, AAA requested training; and AAA Operations Training.

Center for Policy and Innovation

Key quality improvement activities conducted by the Quality Monitoring Program within the Center for Policy and Innovation:

- DADS nurses, pharmacists, and dietitians conduct regular visits of nursing facilities to determine if the clinical systems being used are consistent with key elements of best practice, and to provide technical assistance to promote best practice in assessment, care planning, and outcomes.
- As data shows that Texas has one of the highest anti-psychotic medication usage rates in its nursing facilities in the nation, efforts are underway to reduce unnecessary anti-psychotic medication usage. An anti-psychotic medication tracking tool is currently being distributed for field testing by pharmacists during Quality Monitoring visits. Use of the tool is intended to promote interdisciplinary decision-making for starting, continuing, or reducing a psychotropic drug by identifying targeted behaviors, adjusting dosages accordingly, and reducing the length of time in which unnecessary medications remain within an individual's drug regimen. In addition, a collaborative training and support project is being developed by DADS, the Texas Medical Foundation Quality Improvement Organization and other stakeholders to reduce the use of antipsychotic medications in nursing facilities, improve pain management in individuals with dementia, increase the use of alternative strategies to manage dementia-related behaviors, and explain F-tags 309-Quality of Care and 329-Unnecesary Drugs implications for regulatory employees.
- An annual survey of nursing facilities, Nursing Facility Quality Review, is conducted to assess quality of care and quality of life. The annual report, which presents survey findings including trends where improvements have been made or lost over the years, is used in planning to improve resident outcomes.
- The annual survey, Long Term Services and Supports Quality Review is conducted to gather data on the experiences and quality of life of individuals receiving long term services and

supports through programs administered by DADS. An annual report presenting survey findings is used to evaluate quality of services and identify possible areas for improvement.

Long-term Care Ombudsman

The Office of the State Long-term Care Ombudsman uses several techniques to monitor its compliance with requirements and improve program quality. For data collection, the program uses a web-based application that complies with National Ombudsman Reporting System reporting and OAA requirements. To ensure good data collection, the state created an OmbudsManager Desk Reference which details the data collection process from start to finish by local ombudsmen who enter their work. New staff ombudsmen are trained from this reference, which is consistent with National Ombudsman Reporting System reporting requirements and AoA definitions. Routine reporting and self-monitoring guidance is also included in the Desk Reference. The Office of State Long-term Care Ombudsman conducts periodic reviews of local program data for purposes of program monitoring (each program generally receives an onsite monitoring visit once every three years). This process includes a comprehensive data review and evaluation of program documentation. Because technical assistance is provided to programs on a daily basis, and the Office of State Long-term Care Ombudsman has access to OmbudsManager data as soon as it is entered, the Office conducts desk reviews for compliance with program documentation and reporting policies. To remediate problems identified during onsite monitoring, or after a periodic desk review, ombudsmen are given written feedback and time frames to correct. In 2012, the Office of State Long-term Care Ombudsman began an annual analysis of program data, separated by ombudsman program, that compares programs based on their size and service area. This information is shared statewide to encourage competition and pride for program accomplishments.

Attachments

Attachment A - State Plan Assurances and Required Activities
Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2006.

ASSURANCES

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

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

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

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

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

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

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-
(A) services associated with access to services (transportation, health services (including
(B) mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);
(C) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(D) legal assistance and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(l) provide assurances that the area agency on aging will-
(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will-
(1) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the area agency on aging, for providing services to
low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

describe the methods used to satisfy the service needs of such minority older individuals; and
provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--
(I) older individuals residing in rural areas;
(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement; and
(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:
in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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

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

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

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

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

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

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

Sec. 307, STATE PLANS

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

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

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

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

(11)(A) The plan shall provide assurances that area agencies on aging will--
(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
(ii) include in any such contract provisions to assure that any recipient of funds under division (i)
(iii) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iv) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

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

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals,
(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--
(i) public education to identify and prevent abuse of older individuals;
(ii) receipt of reports of abuse of older individuals;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
(iv) referral of complaints to law enforcement or public protective service agencies where appropriate.

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

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area-
(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--
(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

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

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

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

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

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

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

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

the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

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

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

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

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

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

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

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

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

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

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3–
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--
(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if
(v) appropriate;
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

(l)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
(B) The State plan is based on such area plans.

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

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

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

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

(5) The State agency:
(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and
(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.
(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

Signature and Title of Authorized Official

Date

Attachment B – Information Requirements

States must provide all applicable information following each OAA citation listed below. The completed attachment must be included with your State Plan submission.

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

Across the state, DADS providers deliver services using flexible procurement methods. Service delivery is targeted to individuals in greatest social and economic need. Target groups of special interest include individuals who are low-income, racial or ethnic minority, reside in rural areas, in frail health, have physical or mental disabilities, have limited English proficiency, at risk for institutionalization, or in the greatest social need.

To ensure targeting criteria are followed services such as, home-delivered meals and in-home services are limited to people with functional limitations. These are determined through thorough screening and assessment of ability to perform activities of daily living and instrumental activities of daily living (ADLs and IADLs).

AI/AAA ensures AAAs give priority in accordance with the OAA target groups by:

- *Reviewing the AAA area plans and determining if the AAA addresses needs priorities in the planning and service areas, using focal areas, public forums, and demographic information related to the targeted populations; and*
- *Conducting performance measure testing and desk reviews.*

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

Each AAA area plan must include information about the agency's disaster and emergency preparedness readiness. This includes the coordination with other local organizations, both public and private and is confirmed during the review and approval of area plans and area plan amendments.

AI/AAA administers and oversees disaster funds for federally declared disasters, when available. AI/AAA responsibilities include disaster preparedness support to the area agencies on aging.

In 2009, all disaster and emergency preparedness plans were reviewed by AI/AAA using the Administration on Aging guidelines. AI/AAA provided recommendations to the AAAs. AI/AAA will review the AAAs' emergency plans and will provide technical assistance and management oversight for services by September 30, 2017.

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

AAAs are required to provide a minimum proportion of funding to the core services. The total minimum proportion is:

- *Access and Assistance Services – 25% (Title III B funds): $4,466,925*
- *In-home Services – 10%(Title III B funds): $1,786,696*
- *Legal Assistance – 2% (Title III B funds): $357,340*

Section 307(a)(3)
The plan shall:
(B) with respect to services for older individuals residing in rural areas:
(i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.
(ii) identify for each fiscal year to which the plan applies, the project costs for providing such services (including the cost of providing access to such services).
(iii)describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

The current funding formula was approved by the Texas Board on Aging in fiscal 2002 and is contained in 40 Texas Administrative Code §85.501. The goal of this formula is to distribute funding equitably based upon the most currently available population projections of the Texas State Data Center; and meet the assurances contained in the Older Americans Act of 1965, as amended, Section 305(a)(2)(E), as it relates to targeting. The rural allocation factor is based upon a three-part formula:

- *AAAs whose population density factor exceeds the statewide average of people age 60 and older per square mile will receive no rural allocation.*
- *AAAs with a population density factor of 50 percent of the statewide average, up to the statewide average of people age 60 and older per square mile, will receive a rural allocation of $15,000.*
- *AAAs with a population density factor of less than 50 percent of the statewide average of people age 60 and older per square mile will receive a rural allocation of $30,000.*

For federal fiscal year 2014 the projected project cost for providing services through AAAs serving the rural-residing population is $24,601,381. DADS provides level funding each year of the state plan on aging.

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

DADS service providers and vendors, deliver services using flexible procurement methods. Services are targeted to individuals in the greatest social and economic need. Target groups of special interest include individuals who are low-income, ethnic minorities, reside in rural areas, in frail health, have physical or mental disabilities, have limited English proficiency, at risk for institutionalization, or in greatest social need.

To ensure targeting criteria are met services such as home-delivered meals and in-home services, are restricted to individuals with functional limitations. Limitations are determined through thorough screening and assessment of ability to perform activities of daily living and instrumental activities of daily living.

Section 307(a)(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared-
(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and
(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

With information from the American Community Survey for 2007-2011 and analysis provided by the Demographic Analysis Unit of HHSC, Texas is estimated to have 478,636 or 11.24% low-income minority individuals age 60 and over population. The estimated number of low-income minority older individuals with limited English proficiency is over 67,000.

AAA outreach material and consumer forms are translated into Spanish. Many AAAs have also translated material into German, Mandarin Chinese, and Korean. The DADS website is also available in Spanish. Currently, there 130 bilingual AAA staff and a language translation line is available for use by DADS and AAA staff.

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

The AAAs work with the tribes to provide outreach and assistance. The AAA of Deep East Texas serves the Alabama-Coushatta Tribe, the AAA of the Middle Rio Grande Area serves the Kickapoo Traditional Tribe of Texas, and the AAA of the Rio Grande Area serves the Ysleta del Sur Pueblo. The coordination of OAA services with Title VI federally-recognized Native

American grantees includes nutrition, in-home supportive services, and appropriate referrals and other assistance. AAAs provide information about their activities in the various periodical reports such as the MIPPA and CMS grant reports. All area plans are reviewed to ensure Native Americans have access to Older Americans Act services.

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

AI/AAA requires updates to disaster preparedness plans from AAAs and provides technical assistance and management oversight for services provided during disasters. The section administers and oversees disaster funds for federally declared disasters, when available.

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

AI/AAA participates as part of the DADS Emergency Management Team with other health and human service agencies and the Department of Public Safety in the state's disaster management efforts. In addition, AI/AAA is a member of the Disability Outreach and Effective Communication Subcommittee, Disability Virtual Operations Support Team, and participates in the Texas Persons with Disabilities History and Awareness Month.

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

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

DADS assures services are in accordance with the OAA. AAAs, ADRCs, and Long-term Care Ombudsman programs are monitored for compliance and corrective action is taken when necessary.

In June 2014, a public forum was held for interested parties to provide suggestions and comment to the state plan. Where possible, input was incorporated into the plan. AI/AAA conducts a statewide satisfaction survey with the individuals receiving core services. The survey is modeled after the AoA consumer assessment survey to enable a comparison to the national survey results. In accordance to Texas Administrative Code, Chapter 85, the AAAs must survey individuals receiving services to ensure the services are meeting their needs.

DADS requires the AAAs to provide a Client's Rights and Responsibilities form that includes the contact information for the AAA and the service provider. The form outlines the individual's rights and the AAAs responsibilities to the individual. Provision of this form is confirmed during the monitoring process.

DADS assures it will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in

existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection

DADS assures there are no restrictions other than those included in Section 712(a)(5)(c)(i)-(iv), regarding the eligibility of entities for designation as local Ombudsman entities. All local Ombudsman entities must follow the Texas Administrative Code, Chapter 85 and the Long-term Care Ombudsman policy manual.

AI/AAA works with the DFPS/APS, AAAs and TLSC to increase public awareness about elder abuse, neglect and exploitation, including causes, profiles of victims and perpetrators, warning signs, reporting and prevention strategies. In addition, AI/AAA collaborations with DFPS/APS, AAAs and TLSC to provide services to victims of elder abuse, neglect and exploitation, and to collaborate on training for DFPS/APS and AAA staff. DADS supports and promotes World Elder Awareness Day. AI/AAA, AAAs and ADRCs, and the Senior Medicare Patrol support awareness through joint activities, Medicare Improvements for Patients and Providers Act (MIPPA) outreach events and senior expos. Per the Texas Administrative Code, Chapter 85, AAAs must instruct staff and service providers to report allegations of abuse, neglect, or exploitation to DFPS. In addition, the AAAs must take corrective action if staff or service providers do not submit a report. DFPS confirms abuse, neglect, or exploitation in accordance with the Texas Human Resources Code, Chapter 48. The ombudsmen follow guidelines in accordance to Texas Administrative Code, Chapter 85 and the Long-term Care Ombudsman Policy manual.

Signature and Title of Authorized Official Date

Attachment C - Intrastate Funding Formula

The Department of Aging and Disability Services, as the State Agency on Aging, allocates Title III, Title VII, and state general revenue to the area agencies on aging based upon an approved interstate funding formula. The current funding formula was approved by the Texas Board on Aging in fiscal 2002 and is contained in 40 Texas Administrative Code §85.501. The goal of this formula is to distribute funding equitably based upon the most currently available population projections of the Texas State Data Center; and meet the assurances contained in the Older Americans Act of 1965, as amended, Section 305(a)(2)(E), as it relates to targeting.

- Each area agency on aging is allocated a base amount of $60,000 of state general revenue.
- In accordance with the Older Americans Act, an administration pool comprising ten percent of the federal allocation of funds to area agencies on aging is established. Of this amount, each area agency on aging is allocated no less than $85,000.
- Each area agency on aging is allocated a base amount of $115,000 for Title III Supportive Services.
- Each area agency on aging is allocated a base amount of $100,000 for Title III Nutrition Services.
- The rural allocation factor is based upon a three-part formula:
  - AAAs whose population density factor exceeds the statewide average of people age 60 and older per square mile will receive no rural allocation.
  - AAAs with a population density factor of 50 percent of the statewide average, up to the statewide average of people age 60 and older per square mile, will receive a rural allocation of $15,000.
  - AAAs with a population density factor of less than 50 percent of the statewide average of people age 60 and older per square mile will receive a rural allocation of $30,000.
- All remaining funds, excluding Title VII Ombudsman Activity Grant, is allocated in accordance with the following formula of weighted factors:
  - Total area agency on aging's regional population age 60 and older, weighted at 40 percent.
  - Total area agency on aging's regional population age 60 and older who are minorities, weighted at ten percent.
  - Total area agency on aging's regional population age 60 and older who are living on incomes below the poverty level, weighted at 50 percent.
- Each area agency on aging is allocated a base amount of $3,000 of Title VII Ombudsman Activity Grant. Remaining funds are allocated based on the following factors:
  - Number of licensed nursing facility beds, based upon the most recent DADS Long-term Care Regulatory Facility Report for the prior state fiscal year, weighted at 50 percent.
  - Number of licensed assisted living facilities, based upon the most recent DADS Long-term Care Regulatory Facility Report for the prior state fiscal year, weighted at 25percent.
  - Number of certified volunteer ombudsmen, based upon the recent DADS Active Volunteer Ombudsman Report for the prior state fiscal year, weighted at 25 percent.

Texas Department of Aging and Disability Services													
Total Distribution of Awards by Standard Funding Formula by AAA for Federal Fiscal Year 2014													
	III B	III C1	III C2	III D	III E	OAG	EAP	SGR Service Amount	III B Admin	III C1 Admin	III C2 Admin	III E Admin	Total Award GR and FED
ALAMO	474,293	631,496	317,569	31,085	200,669	32,472	7,280	145,355	51,972	66,956	34,151	21,880	2,015,178
ARK-TEX	315,514	377,160	180,338	16,749	108,125	21,018	3,923	105,992	28,004	36,078	18,402	11,790	1,223,093
BEXAR	1,019,593	1,528,999	801,831	81,673	527,236	57,265	19,127	284,262	136,551	175,921	89,729	57,487	4,779,674
BRAZOS	280,107	320,445	149,736	13,553	87,489	19,797	3,174	97,214	25,249	32,529	16,592	10,630	1,056,515
CAPITAL	777,721	1,141,563	592,783	59,835	386,262	55,254	14,013	224,298	100,040	128,883	65,737	42,116	3,588,505
CENTRAL	304,844	360,069	171,116	15,786	101,906	25,218	3,697	103,346	26,393	34,003	17,343	11,111	1,174,832
COASTAL	510,961	690,232	349,261	34,396	222,040	25,885	8,055	154,446	57,507	74,087	37,789	24,210	2,188,869
CONCHO	241,082	233,906	103,042	8,675	56,001	14,655	2,032	83,820	25,249	32,529	16,592	10,630	828,213
DALLAS	1,040,313	1,562,188	819,739	83,543	539,312	74,051	19,565	289,399	139,679	179,951	91,785	58,804	4,898,329
DEEP EAST	393,370	501,873	247,628	23,779	153,503	22,871	5,569	125,293	39,757	51,219	26,124	16,737	1,607,723
EAST TEXAS	616,672	883,590	453,590	45,294	292,396	56,051	10,607	184,372	75,729	97,562	49,762	31,881	2,797,506
GOLDEN	272,789	284,695	130,447	11,538	74,481	18,995	2,702	91,681	25,249	32,529	16,592	10,630	972,328
HARRIS CO.	1,840,920	2,844,624	1,511,695	155,828	1,005,941	106,368	36,490	487,880	260,534	335,649	171,200	109,684	8,866,823
HEART OF TEXAS	331,856	403,338	194,462	18,225	117,650	28,410	4,268	110,043	30,471	39,253	20,023	12,828	1,310,827
HOUS/GALVESTON	1,033,207	1,550,806	813,597	82,902	535,171	58,446	19,415	287,637	138,606	178,568	91,080	58,353	4,847,788
LOWER RIO	1,064,499	1,600,930	840,643	85,727	553,409	22,112	20,076	295,395	143,330	184,654	94,184	60,341	4,965,300
MIDDLE RIO	309,390	343,324	162,081	14,842	95,814	8,404	3,476	100,755	25,249	32,529	16,592	10,630	1,123,086
NORTH CENTRAL	1,002,975	1,502,379	787,468	80,172	517,550	73,663	18,775	280,142	134,043	172,689	88,081	56,431	4,714,368
NORTEX	266,393	274,451	124,919	10,960	70,753	22,244	2,567	90,095	25,249	32,529	16,592	10,630	947,382
PANHANDLE	348,691	406,277	196,048	18,391	118,720	22,450	4,307	110,498	30,748	39,613	20,205	12,945	1,328,893
PERMIAN	367,452	436,329	212,263	20,084	129,654	17,899	4,704	115,149	33,580	43,261	22,066	14,137	1,416,578
RIO GRANDE	748,539	1,046,764	541,633	54,492	351,769	16,929	12,761	209,626	91,107	117,374	59,867	38,355	3,289,216
SOUTH EAST	321,548	410,853	198,517	18,648	120,385	21,302	4,367	111,206	31,179	40,168	20,488	13,126	1,311,787
SOUTH PLAINS	339,179	391,040	187,827	17,532	113,176	23,066	4,106	108,140	29,312	37,763	19,261	12,340	1,282,742
SOUTH TEXAS	381,596	458,986	224,488	21,361	137,898	8,096	5,003	118,656	35,715	46,012	23,469	15,036	1,476,316
TARRANT CO.	768,234	1,126,365	584,583	58,978	380,733	57,944	13,812	221,946	98,608	127,038	64,796	41,514	3,544,551
TEXOMA	224,271	255,033	114,442	9,866	63,688	16,898	2,310	87,090	25,249	32,529	16,592	10,630	858,598
WEST CENTRAL	352,427	412,261	199,277	18,728	120,897	34,781	4,386	111,424	31,312	40,340	20,575	13,182	1,359,590
Totals	15,948,436	21,979,976	11,211,023	1,112,642	7,182,628	962,544	260,567	4,735,160	1,895,671	2,442,216	1,245,669	798,068	69,774,610

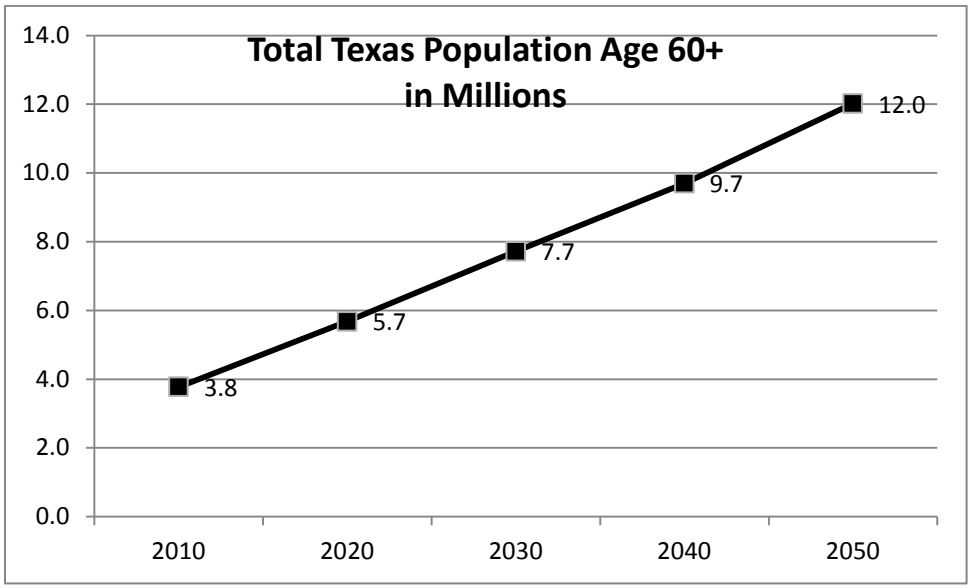
Note: all funding figures are in U.S. dollars.

Attachment D - Demographic Information on Older Individuals

Population Served

According to the U.S. Census Bureau, in 2010 there were 3.8 million people in Texas age 60 and older; they made up approximately 15 percent of the total Texas population of 25 million. This group is one of the fastest -growing populations in Texas, and is expected to more than triple between 2010 and 2050. By 2050, this group is expected to grow to 12 million (Figure 1).

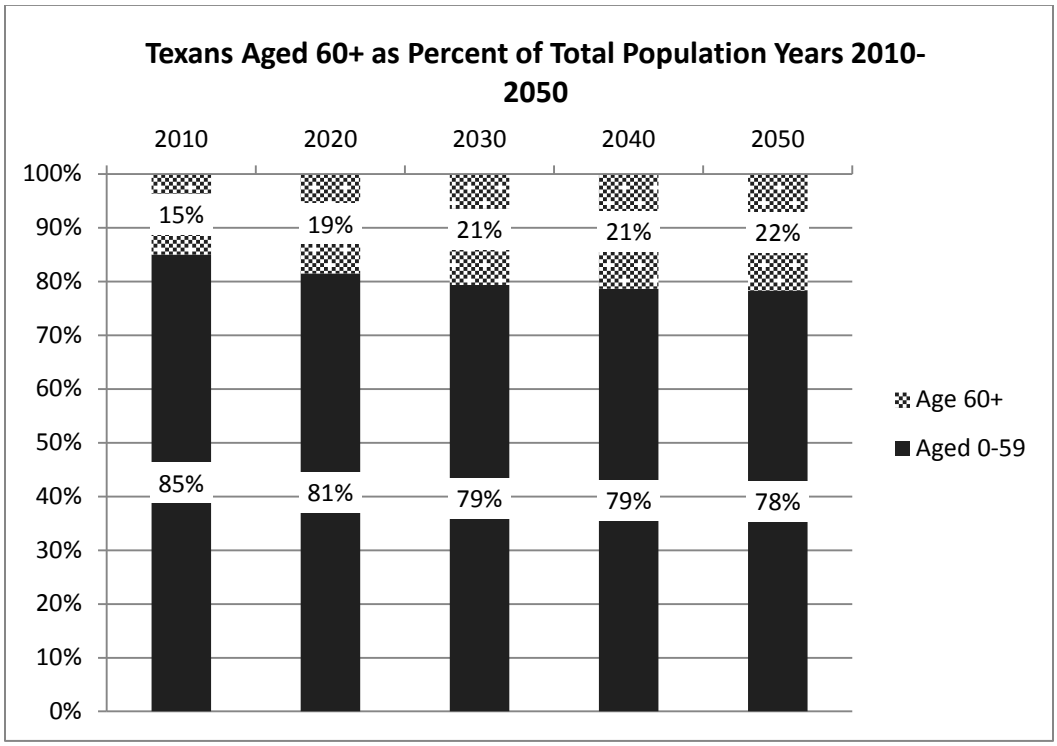
Figure 1 – Total Texas Population Age 60+



Source: US Census 2010 and Texas State Data Center, University of Texas at San Antonio.
Population projections based on the 1.0 scenario.

By 2050, Texans age 60 and older will comprise 22 percent of the total Texas population (Figure 2). As the older adult population increases, Texas will need more health and human services and community engagement activities.

Figure 2 – Texans Aged 60+ as Percent of Total Population Years 2010-2050



Source: US Census 2010 and Texas State Data Center, University of Texas at San Antonio. Population projections based on the 1.0 scenario.

Planning for Growth

AAAs must take into account population growth as they plan for services. The table below shows the projected population change for people age 60 and older from 2012 through 2017 by AAA (Table 1).

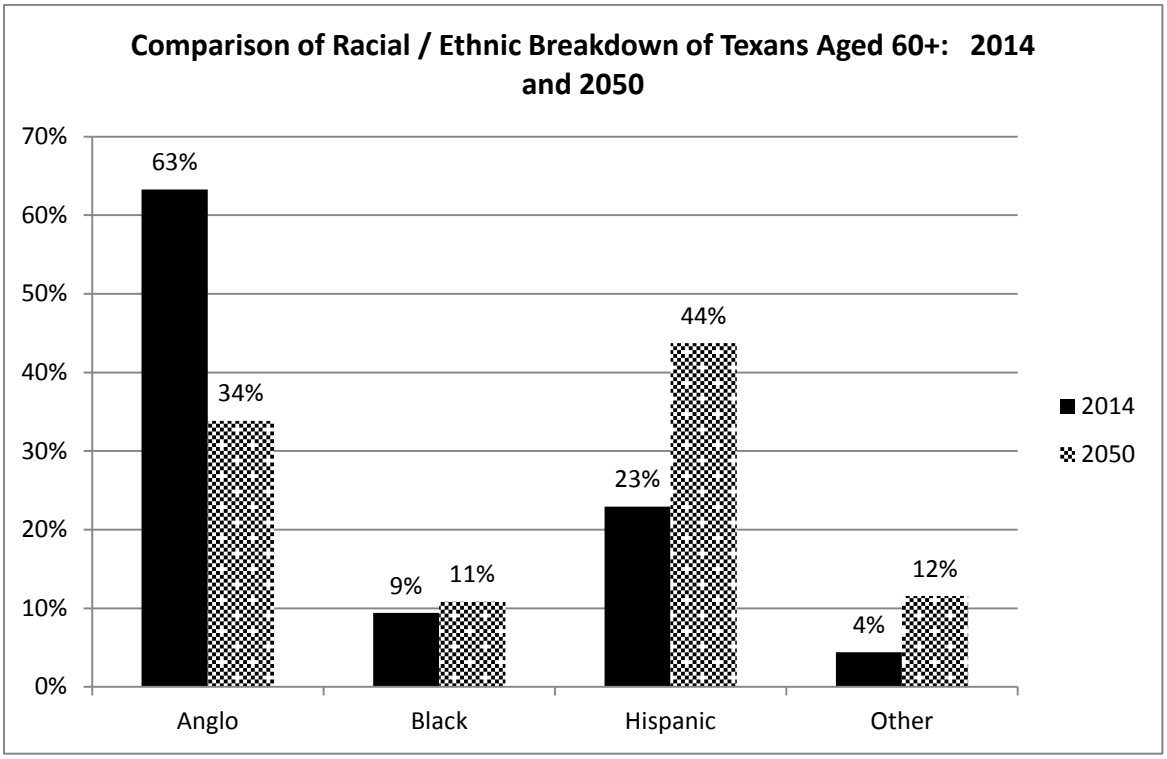
Table 1. Expected Growth by AAA Regions (2012-2017)

AAA Region	Growth of Population 60+: for 2012-2017	AAA Region	Growth of Population 60+: for 2012-2017
Alamo	28.5%	Houston-Galveston	35.2%
Ark-Tex	12.0%	Lower Rio Grande	22.9%
Bexar	20.4%	Middle Rio Grande	15.1%
Brazos Valley	21.6%	North Central Texas	36.3%
Capital	31.8%	North Texas	12.4%
Central Texas	22.3%	Panhandle	17.1%
Coastal Bend	17.5%	Permian Basin	20.7%
Concho Valley	14.3%	Rio Grande	20.3%
Dallas	15.9%	South East Texas	14.1%
Deep East Texas	16.8%	South Plains	15.4%
East Texas	16.5%	South Texas	21.5%
Golden Crescent	14.3%	Tarrant	21.7%
Harris	23.6%	Texoma	17.5%
Heart of Texas	15.4%	West Central Texas	12.1%

Race and Ethnicity

Overall, minorities make up 34 percent of Texans age 60 and older. The number of older Texans who are Hispanic or of "other" ethnicities is expected to increase much more rapidly than the number of older Texans who are Caucasian or African-American. Between 2014 and 2050, the older Hispanic population in Texas is expected to increase fivefold, while the population of older individuals of "other" ethnicities, including Asians, is expected to increase sevenfold. By 2050, Caucasians will no longer represent the majority of the older adult population in Texas (see Figure 3).

Figure 3 – Comparison of Racial/Ethnic Breakdown of Texans Aged 60+ (2014 and 2050)



Source: Texas State Data Center, University of Texas at San Antonio. Population projections based on the 1.0 scenario.

Limited English Proficiency

Twenty-five percent of Texans age 60 and older speak a language other than English at home; 14 percent speak English less than "very well." With the expected growth of minority populations, demand for community services for non-native speakers will continue to rise. The greatest demand will be for Spanish, but the demand for Asian languages may also increase.

Metropolitan, Rural and Frontier

The great majority of older Texans live in one of the 25 metropolitan areas in Texas. The 77 metro area counties contain 83 percent of the population age 60 and older. The remaining 17 percent of the older adult population lives in 177 rural counties. Sixty-eight rural counties have a population density of less than seven people per square mile; less than 1 percent of Texans age 60 and older live in these frontier counties.

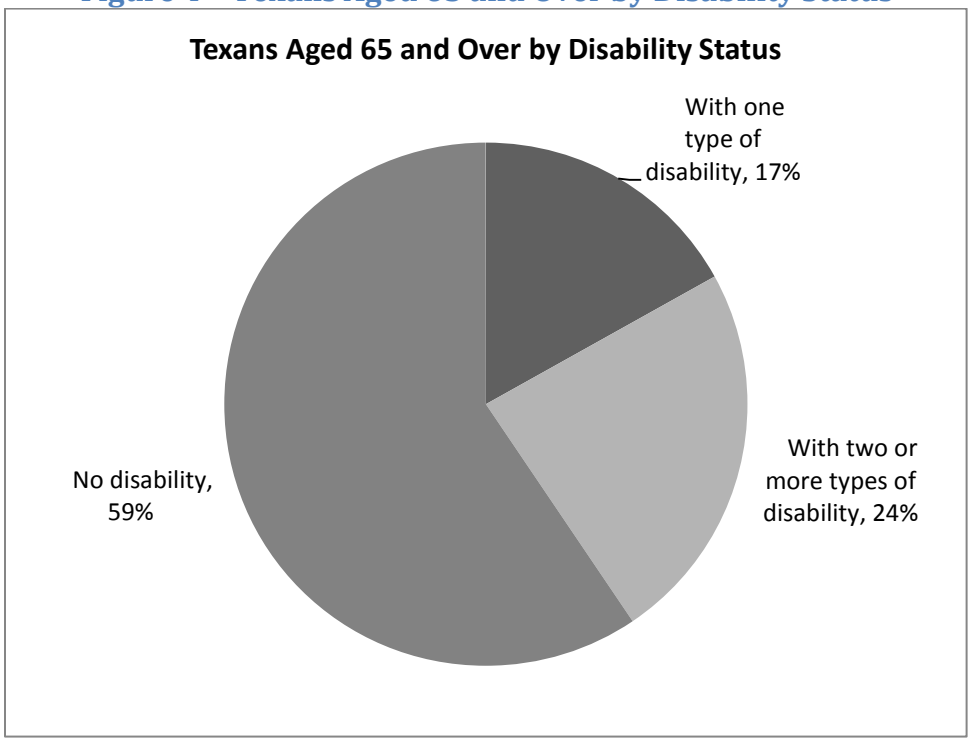
Individuals with disabilities

According to the U.S. Census' American Community Survey, 35 percent of Texans age 60 and older (1.3 million) have one or more disabilities. Detailed information about disability for this

segment of the population is not available, but data on disability among Texas age 65 and older and age 75 and older is available. This data shows the scope of disability and its relationship to age, gender, and race/ethnicity.

Figure 4 below shows the overall prevalence of disability among Texans age 65 and older.

Figure 4 – Texans Aged 65 and Over by Disability Status



Source: American Community Survey, 2008-2012, Table 18108

Disability becomes more common with increasing age. Among Texans aged age 75 and older, a majority have some type of disability (see Table 2 below).

Table 2: Disability by Age, Gender and Type

	Any Disability	Hearing	Vision	Cognitive	Ambulatory	Self-Care	Independent Living
Male 65 - 74 years	30.7%	15.5%	5.9%	6.5%	16.8%	5.3%	8.1%
Female 65 - 74 years	29.2%	6.9%	5.9%	6.6%	21.7%	6.7%	11.6%
Male 75 years +	52.8%	30.6%	11.5%	14.6%	31.8%	13.0%	22.0%
Female 75 years +	56.7%	20.9%	13.0%	18.5%	42.4%	19.4%	34.5%

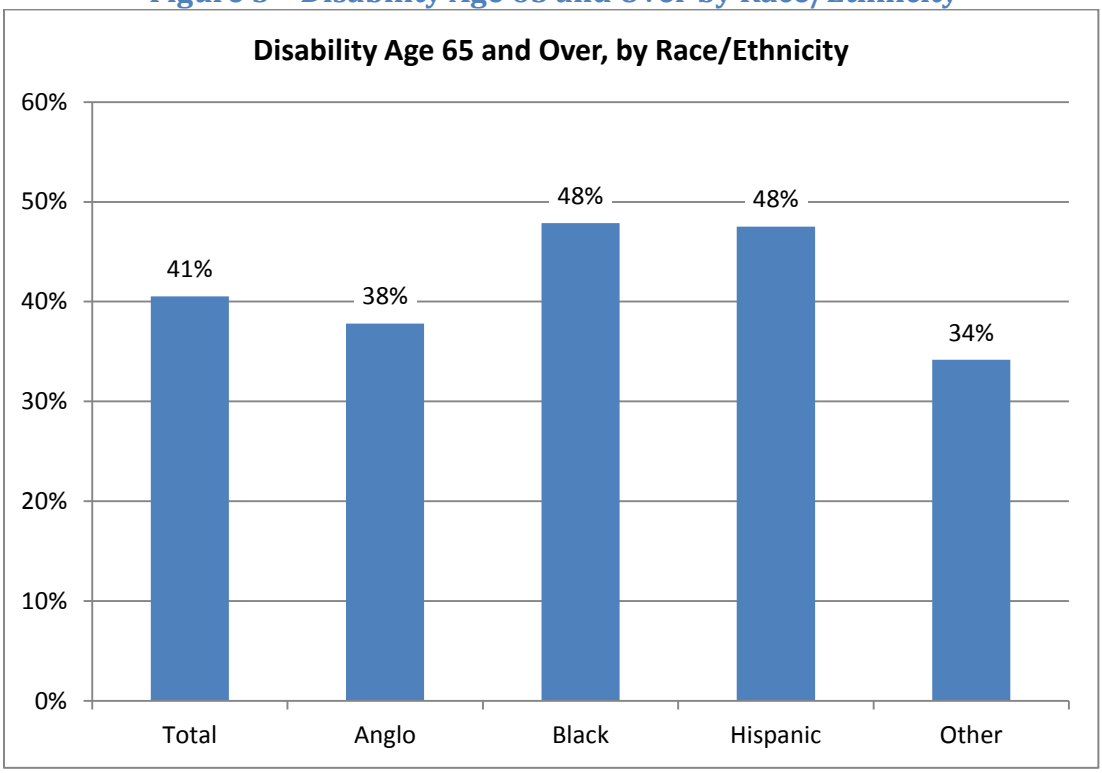
Source: American Community Survey, 2008-2012, Table 18101

[Hearing and vision disabilities indicate difficulty even when using glasses or hearing aids. *Cognitive* disability indicates difficulty making decisions or thinking, whether due to mental illness, intellectual disability, dementia or other cause. *Ambulatory*, the most common type of disability, indicates serious difficulty walking or climbing stairs. *Self-care* indicates difficulty with activities such as bathing and dressing, and may indicate a need for long-term services and supports. *Independent living* indicates difficulty in leaving the home for shopping, medical appointments, church and similar activities.]

Certain population groups are more likely to experience disability than others:

- Disability is more common among women than among men age 75 and older. This may reflect the fact that many more women than men live to be this age.
- Among people age 65 and older with incomes below the poverty level, 54 percent have a disability, compared to 39 percent of those with incomes above the poverty level.
- Disability is more common among Hispanics and African-Americans, and is least common among those of "other" ethnicities (see Figure 5).

Figure 5 – Disability Age 65 and Over by Race/Ethnicity



Source: American Community Survey, 2008-2012, Table 18101

Other Major Demographic Characteristics (data from American Community Survey 2008-12)**:**

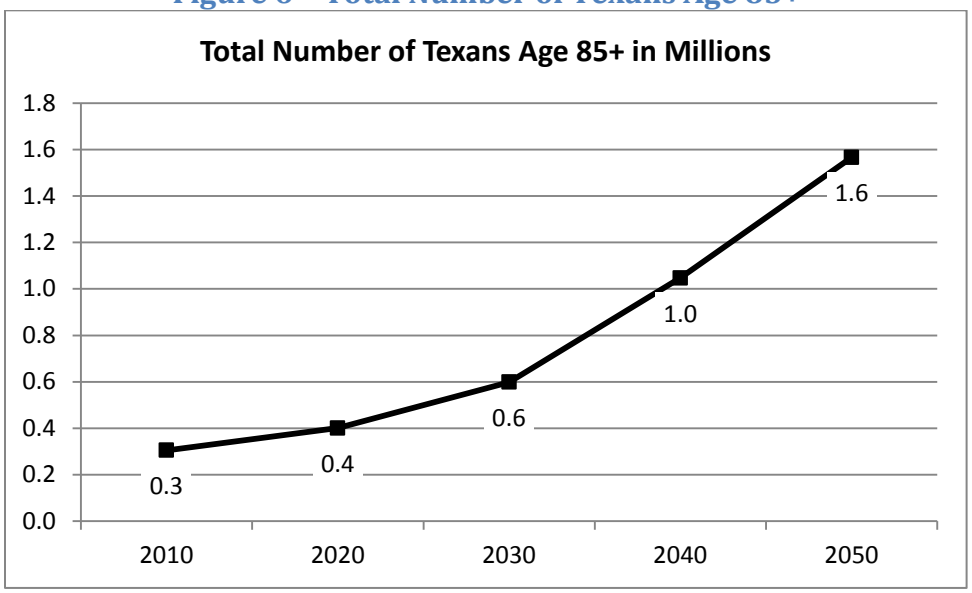
- Among Texans age 60 and older, 59 percent are married, 22 percent are widowed, 15 percent are divorced or separated, and 4 percent never married.
- While most older Texans live in family households, 22 percent live alone.
- Eleven percent have incomes below the poverty level, and another 11 percent have incomes within 150 percent of the poverty level.

- Educational status is almost equally divided, with 22-27 percent each having less than high school, high school, some college, or a bachelor's degree.
- While 71 percent are not working or seeking work, 29 percent are in the labor force.

Growth of the 85+ Population

In Texas, the growth of the aging population and increased longevity will mean a marked increase in the number of people age 85 and older. In 2010, the population age 85 and older was 305,000; by 2050, it is expected to increase to 1.6 million, an increase of greater than 500 percent. This segment of the population will increase from 1.2 percent to 2.8 percent of the total population (see Figure 6).

Figure 6 – Total Number of Texans Age 85+



Source: US Census 2010 and Texas State Data Center, University of Texas at San Antonio. Population projections based on the 1.0 scenario.

Rates of disability and serious chronic illness tend to increase with age. This rapid increase in the number of the oldest people is likely to increase the need for long-term services and supports.

Attachment E – State Agency on Aging Programs

Table 1. DADS Waiver Programs (Title XIX) Utilization Data

Program	Average number served per month		Average monthly cost per recipient	
	FY2012	FY2013	FY2012	FY2013
Community Services – Entitlement *	86,585	61,031	$819.85	$818.72
Primary Home Care (PHC)**	30,138	11,111	$840.05	$675.96
Day Activity and Health Services (DAHS)**	9,779	1,891	$538.21	$493.13
Community Based Alternatives (CBA)**	14,343	9,553	$1,458.30	$1,265.18
Home and Community-Based Services(HCS)^	19,864	20.159	$3,433.30	$3,489.25
Community Living Assistance and Support Services (CLASS)^	4,754	4,671	$3,502.77	$3,610.20
Deaf Blind Multiple Disabilities (DBMD)*	148	150	$4,175.50	$4,256.78
Medically Dependent Children Program (MDCP)*	2,313	2,291	$1,475.95	$1,444.20
Texas Home Living Waiver (TxHmL)^	3,933	4,611	$799.39	$870.46

*****Data source: DADS state fiscal year 2014 Operating Budget.
**Because of the significant expansion of STAR+PLUS in state fiscal year 2012, the average number of recipients dropped significantly.
^ Data sources: DADS state fiscal year 2014 Operating Budget – Claims Management System Payment Data – DADS Program Areas.

Table 2. Non-Medicaid Services (Title XX)

Service	FY 2012		FY 2013	
	Average Individuals Served per Month	Average Cost Per Individual per Month	Average Individuals Served per Month	Average Cost Per Individual per Month
Adult Foster Care	4449	$443.68	3238	$442.19
Client Managed Personal Attendant Services	396	$1,119.82	400	$1,108.32
Day Activity and Health Services	2,493	$527.59	2,341	$511.81
Emergency Response Services	14,445	$23.40	12,419	$23.25
Family Care	5,466	$576.48	5,104	$554.86
Home-delivered Meals	15,190	$103.60	14,556	$101.68
Residential Care	457	$787.43	425	$743.67
Special Services to Persons with Disabilities	86	$860.25	75	$1,044.99
Total (Unduplicated) Non-Medicaid Services	33,758	$215.52	30,039	$221.43

Data source: Claims Management System payment data

Table 3. Interest List Releases Summary for State Fiscal Year 2012 and State Fiscal Year 2013

	CBA	HCBS STAR + PLUS	CLASS	DBMD	MDCP	HCS	Total
Number on interest list as of August 31, 2011	30,148	10,741	38,258	420	22,063	52,676	154,306
Total released/removed from IL*	18,453	12,877	252	36	1,074	94	32,786
Enrolled	2,243	696	100	4	207	0	3,250
In the pipeline	1,172	2,299	113	9	252	94	3,939
Denied/declined	15,038	9,882	39	23	615	0	25,597
Current IL as of August 31, 2012	11,912	12,490	43,607	527	25,668	60,196	**154,400

*The counts for CBA, CLASS, DBMD and MDCP include releases from state fiscal year 2012 and state fiscal year 2013 that were still in the pipeline as of Aug. 31, 2012. Interest list counts are taken from the Aug. 31, 2012 interest list report.

**Count is duplicated. The unduplicated count is 108,825. The unduplicated count without STAR+PLUS is 96,335.

Table 4. Nursing Facility Program

Nursing Facility Program	FY 2012	FY 2013
Average number receiving Medicaid-funded nursing facility services per month	57,002	56,232
Average daily nursing facility rate	$129.25	$131.93
Average amount of individual income applied to the cost of care per day	$23.39	$24.25
Net nursing facility cost per Medicaid resident per month	$3,228.78	$3,275.64
Average number receiving personal needs allowance per month	12,695	12,975
Average monthly cost per individual: Personal Needs Allowance	$30.00	$30.00

Data source: DADS state fiscal year 2014 Operating Budget – Claims Management System Payment Data – DADS Program Areas

Table 5. Medicare Skilled Nursing Facility

Medicare Skilled Nursing Facility	FY 2012	FY 2013
Average number receiving nursing facility co-payments per month	6,162	5,810
Net Medicaid/Medicare co-pay per individual for nursing facility services per month	$2,044.04	$2,149.27

Data source: Claims Management System payment data

Table 6. Promoting Independence Services

Promoting Independence Services	FY 2012	FY 2013
Average number of Promoting Independence recipients served per month	5,760	5,221
Average monthly cost per recipient: Promoting Independence	$1,477.96	$1,400.02

Data sources: DADS state fiscal year 2014 Operating Budget – DADS Program Areas

Table 7. Selected OAA Services Provided through Area Agencies on Aging

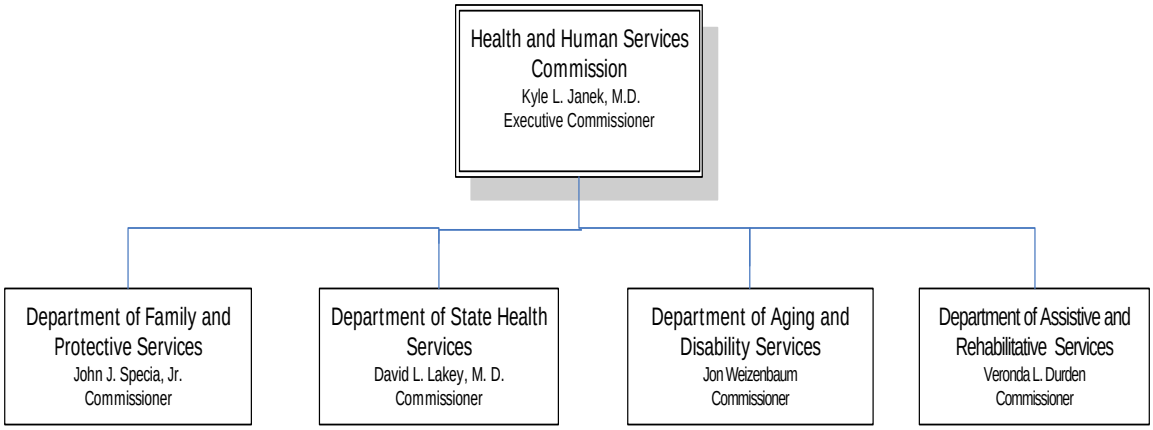
Program	FY2012	FY2013
Statewide Nutrition Service		
Number receiving congregate meals	59,499	55,584
Number of congregate meals served	3,551,746	3,227,408
Statewide average cost per congregate meal	5.20	5.35
Number receiving home-delivered meals	41,403	40,890
Number of home-delivered meals served	4,854,950	4,512,664
Statewide average cost per home-delivered meal	4.94	4.97
Statewide Services to Assist Independent Living		
Number receiving homemaker services	2,189	1,543
Average cost per person receiving homemaker services	626.27	556.44
Number receiving personal assistance	1,103	849
Average cost per person receiving personal assistance	795.86	1,090.31
Number of homes repaired or modified	2,247	1,676
Average cost per repaired/modified home	1,270.87	1,061.22
Number of one-way trips	764,023	711,763
Number of Retired and Senior Volunteer Program (RSVP) volunteers	20,551	16,292

Attachment F - Organizational Structure Of State Agency on Aging

The following organizational charts describe the relationship of the State Agency on Aging in the Health and Human Services Commission, the umbrella agency for health and human services system in Texas, and the functional areas in DADS that fulfill the responsibilities of the State Agency on Aging.

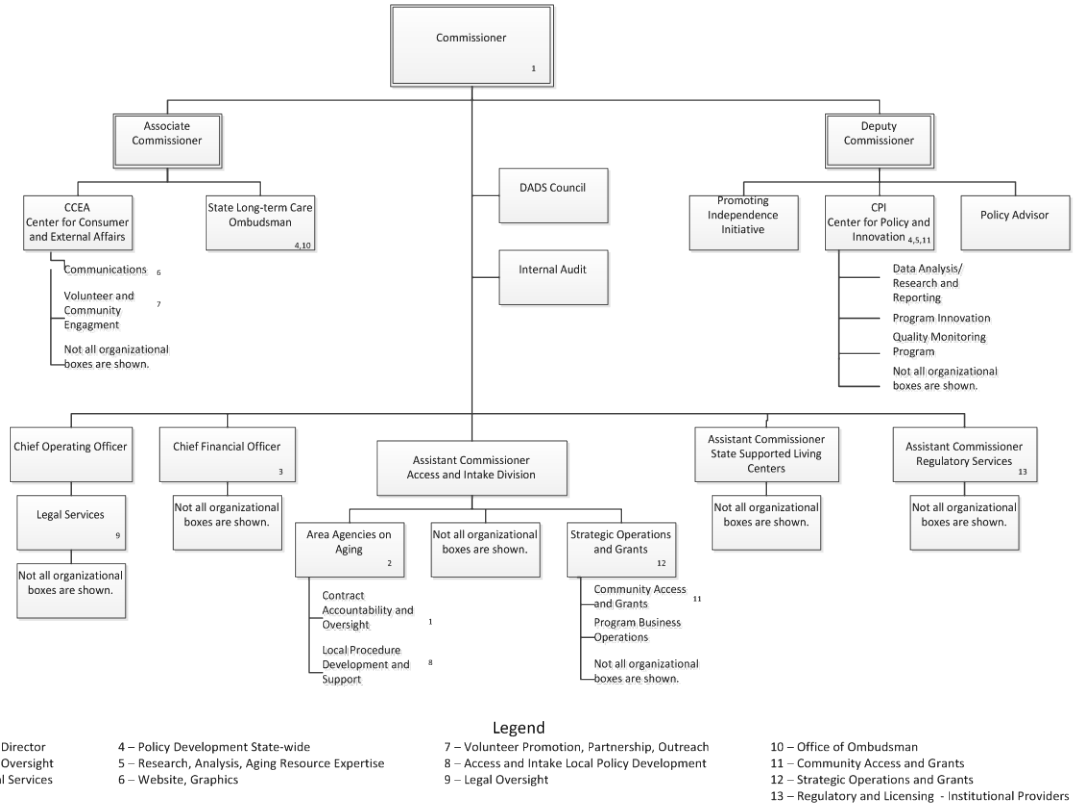
Organizational Structure of Health and Human Services Commission. The Health and Human Services Commission is the umbrella agency that oversees of coordination and operation of the four health and human service agencies and serves as the state Medicaid agency for Texas.

Figure 1. Health and Human Services Organizational Structure



Organizational Structure of the Department of Aging and Disability Services. As the designated State Agency on Aging, mandated functions are supported throughout divisions within the agency.

Figure 2. State Agency on Aging Responsibilities Across DADS



The functions indicated for the organizational units identified on the chart in Figure 2 are described below.

Texas Aging and Disability Services Council

The Texas Aging and Disability Services Council was created by the Texas Legislature to provide advice and counsel, and to study and make recommendations to the executive commissioner of the Health and Human Services Commission and the commissioner of DADS about the management and operation of the department. This includes review and comment on policies and rules governing the delivery of services to people served by the department and the rights and duties of people served or regulated by the department.

The council comprises nine members appointed by the governor with the advice and consent of the senate. Members are appointed for six-year terms with the terms of three members expiring February 1 of each odd-numbered year. The members are appointed because they have demonstrated an interest in and knowledge of issues and available services related to older individuals and those with disabilities.

Access and Intake

To ensure state and federal mandates are met, the AI/AAA is responsible for managing OAA grant funds and administering programs and services under the OAA. Key functions include:

- Providing oversight of the State Agency on Aging.
- Overseeing development and implementation of regional area plans that support the provision of programs and services for older individuals and their caregivers under the OAA.
- Overseeing development and/or revisions of intrastate funding formula and allocating funds to AAAs according to provisions of the approved formula.
- Conducting a statewide customer satisfaction survey in the second year of the three-year plan.
- Providing technical assistance and training for AAAs.
- Administering special grants from federal and state funding resources, such as disaster relief, American Recovery and Reinvestment Act programs from the ACL, State Health Insurance Program from Centers for Medicare and Medicaid Services (CMS), and home repair and modifications from Housing Bond funds authorized by the Texas Legislature.
- Providing fiscal, programmatic and performance accountability and oversight for AAAs and special grant programs.
- Completing federal, state and ad hoc reporting.

Strategic Operations and Grants

The Strategic Operations and Grants (SOG) section consists of the three units: the Planning and Reporting unit, the Community Access and Grants unit, and the Program Business Operations unit.

The SOG section:
- provides direction to the agency through planning and reporting functions;
- provides business operations support to the Access and Intake division through the administration of certain programs; and
- administers programs and grants that promote access to DADS services for eligible Texans.

Programs administered or supported through SOG include:
- Strategic and operational planning.
- Operation of the consumer-directed services programs.
- Medicaid Estate Recovery Program.
- Contract oversight for the electronic visit verification initiative.
- Procurement and oversight of innovative grant projects to support streamlined access to community-based long-term services and supports for eligible Texans and their caregivers.

Community Access and Grants

The Community Access and Grants unit, also within the AI division, manages the grant process for many of the OAA discretionary grants, such as ADRCs, Lifespan Respite Care Program grants, CMS system change grants, special grants from foundations and other grant sources available to provided services and supports to older Texans and individuals with disabilities. Key functions include:

- Preparing federal grant applications and filing all subsequent program and financial reports to the federal funding agencies.
- Executing program design and development.
- Issuing requests for proposals and executing contracts for allocation of funds to local entities.
- Providing contract oversight and technical assistance to the sub-grantees.
- Convening state level coalitions and advisory groups, and attending other related national, state and local meetings.

Center for Policy and Innovation

The Center for Policy and Innovation (CPI) develops, coordinates and implements DADS agency-wide policy initiatives. The center is also responsible for coordinating DADS activities with HHSC. Key functions include:

- Overseeing complex rule-making processes.
- Facilitating stakeholder input and providing planning and project management for policy-related initiatives.
- Conducting research and providing project management on initiatives related to DADS populations and services.
- Serving as a resource for developing and managing discretionary grants.
- Disseminating quality improvement information through technical assistance on evidence-based best practices.
- Conducting large-scale outcome and satisfaction surveys of recipients of institutional and community services.
- Ensuring agency policy development is consistent with DADS mission and vision and is coordinated with internal and external partners and stakeholders.
- Serving as an expert resource to internal and external partners and stakeholders.
- Coordinating Aging Texas Well activities.
- Administers and performs statistical analysis of the Long-Term Services and Supports Quality Review (LTSSQR) survey results.
- Maintains a group of public websites including the Quality Reporting System (QRS), Facility Information, Vacancy, and Evacuation System (FIVES), QMVisit Database, Relocation Database, Medication Administration Records (MARS) Database, and Medically Dependent Childen's Program (MDCP) Database.

- Supports the reporting and analytics of data regarding individuals in receipt of long-term care services and supports housed within in the Quality Assurance and Improvement (QAI) Data Mart.

Chief Financial Officer

DADS uses a variety of means to ensure appropriated funds are used appropriately. Fund accounting codes, factors and the DADS Cost Allocation plan are the primary means to allocate and control expenditures. Program activity codes and factors are established to accurately track and report expenditures according to funding restrictions and requirements of the funding source.

Federal reporting is performed by the cognizant agency with responsibility for the federal funds received. As the agency with authority to expend funds allocated by the ACL, DADS is responsible for federal funds reporting.

Center for Consumer and External Affairs

Volunteer and Community Engagement

DADS Volunteer and Community Engagement (VCE) office creates opportunities for people, communities and businesses to engage in activities and programs that enrich and improve the quality of life for older Texans and individuals with intellectual or developmental disabilities.

Through health and wellness programs, volunteer opportunities and collaborative partnerships, including the Age Well Live Well initiative, the key functions of the VCE office include:

- Developing community projects that support DADS strategic goals, including volunteer opportunities and internship programs with institutions of higher education.
- Enhancing existing programs and services through collaborative community partnerships and volunteer programs.
- Sharing valuable information with the public about what DADS and the older individuals service network provides for older Texans and their families.

DADS VCE office supports and develops recognition for DADS volunteers and partners through the annual statewide DADS Volunteer Recognition ceremony.

Communications Office

The DADS Communications Office is responsible for developing and implementing the agency's mass communications strategy. Communications staff provides translation services; publication design; video production; web and handbook production; and web administration. The Communications Office comprises three sections – Media Services, Multimedia Services and Web and Handbook Services.

- Media Services section staff writes, designs, edits and coordinates the printing of agency publications, including brochures, booklets, posters, displays, proclamations and some agency reports.
- The video production team is responsible for audio, video and broadcast-quality products, including training videos, radio and television public service announcements, internal video presentations and non-technical video conference support.
- The Multimedia Services section provides written Spanish translation services and manages the agency's main Internet site and the DADS View intranet site. Language Services staff translates and proofreads written materials from English to Spanish and vice versa. They also coordinate the translation of documents written in languages other than Spanish.
- The Web and Handbook Services section produces and maintains more than 60 agency online handbooks and more than 1,000 agency forms. Under an informal arrangement, the section also designs and maintains 11 online handbooks and related forms for the Texas Health and Human Services Commission.
- The web administration team designs agency websites, develops dynamic interfaces with various databases that are accessed via the Internet site and they provide advice to DADS staff about the design of internal web pages maintained by other divisions of the agency. Members of the web administration team also advise agency staff on compliance with state and industry standards for accessibility and usability of web pages.

Office of the State Long-term Care Ombudsman

The Office of the State Long-Term Care Ombudsman advocates for quality of life and care for residents of nursing facilities and assisted living facilities. Long-term care ombudsmen identify, investigate and work to resolve complaints made by, or on behalf of, residents of these facilities. The office also provides individuals and their caregivers with information and assistance in choosing a long-term care setting. Long-term care ombudsmen are trained and certified by DADS. They serve residents, their families and facility staff through volunteers supervised by professional staff of the AAAs and the Office of the State Long-term Care Ombudsman.

Long-term care ombudsmen provide other services to help protect health, safety, welfare and rights of residents. Examples of other services include educating the public about resident rights, training facility staff on resident rights, providing advice and consultation to residents to empower them to self-advocate, providing consultation to facilities for systems improvements such as person-directed care, supporting development of resident and family councils in facilities, and representing the interests of residents to influence resident-directed policies.

Legal Services

The Contracts Section of the Legal Services Division develops and approves contracts, contract amendments and memoranda of understanding for the State Agency on Aging are for the commissioner's signature. This includes review of statutory authority and relevance to other statutes and requirements that effect the operation of the State Agency on Aging, as well as

consultation with the program staff responsible for administering the contracts in compliance with federal and state requirements.

Attachment G - DADS Continuum Of Long-Term Services And Supports

In addition to services funded under the OAA, DADS supports other community based programs that enable older individuals and individuals with a disability to receive services in the community. A description of each is provided below.

Adult Foster Care - Adult foster care services provide a 24-hour living arrangement with supervision in an adult foster home for individuals who, because of physical, mental or emotional limitations, are unable to continue independent functioning in their own homes. Providers of adult foster care must live in the household and share a common living area with the individuals.

Community Attendant Services - Community attendant services is a nontechnical, medically related personal care service. Community attendant services are available to eligible adults and children whose health problems cause them to be functionally limited in performing activities of daily living according to a practitioner's statement of medical need. Services are provided by an attendant and include accompanying individuals on trips to obtain medical diagnosis or treatment or both, assistance with housekeeping activities that support individuals health and safety, and assistance with activities related to the care of consumer physical health.

Community Based Alternatives (CBA) - The CBA program is a 1915(c) Medicaid waiver program that provides home and community-based services to older individuals and individuals with disabilities who are age 21 and older as
cost-effective alternatives to institutional care in nursing facilities. Case management is provided by DADS staff. Available services include:

- Adaptive Aids and Medical Supplies
- Adult Foster Care
- Assisted Living Services
- Emergency Response Services
- Home-delivered Meals
- Minor Home Modifications
- Nursing Services
- Occupational Therapy Services
- Personal Assistance Services
- Physical Therapy Services
- Respite Care Services
- Speech and/or Language Pathology Services
- Prescription drugs, if not covered through Medicare
- Transition Assistance Services
- Financial Management Services

Community Living Assistance and Support Services (CLASS) - The CLASS program is a 1915(c) Medicaid waiver program that provides services and supports for people with related conditions as an alternative to living in an intermediate care facility for individuals with

intellectual disabilities (ICF/IID). Recipients may live in their own or family home. Services include adaptive aids and medical supplies, case management, habilitation, minor home modifications, nursing services, occupational and physical therapy, psychological services, respite, specialized therapies, speech pathology, and transition assistance.

Consumer Managed Personal Attendant Services Program - Personal attendant services are provided to individuals with physical disabilities who are mentally competent and willing to supervise their attendant or who have someone who can provide that supervision. Individuals interview, select, train, supervise and release their personal attendant. Licensed personal assistance service agencies determine eligibility and the amount of care needed and develop a pool of potential personal attendants.

Consumer Directed Service (CDS) Option - Provides a person or guardian the choice of becoming the employer of people delivering attendant services to the recipient. The employer selects a consumer-directed services agency to provide financial management services that include performing payroll functions on behalf of the employer. This option is available in several of the waiver programs. The individual service plan is determined in the same manner as if the recipient were receiving services through the traditional agency option. The employer budgets the funds allocated in the recipient's service plan for services to be delivered through CDS including wages and benefits for each employee. This option is available in a variety of DADS programs.

Day Activity and Health Services (DAHS) - DAHS facilities provide daytime services Monday through Friday to individuals living in the community to provide an alternative to placement in nursing facilities or other institutions. Services are designed to address the physical, mental, medical and social needs of individuals. Services include noon meal and snacks, nursing and personal care, physical rehabilitation, social, educational, and recreational activities, and transportation.

Deaf-Blind Multiple Disabilities (DBMD) - The DBMD program is a 1915(c) Medicaid waiver program that provides services and supports for individuals with deaf-blindness and one or more other disabilities as an alternative to residing in an ICF/IID. Individuals may live in their own or family home or in small group homes. Services include adaptive aids and medical supplies, assisted living, behavior communication services, case management, chore provider, environmental accessibility, habilitation, intervener, nursing services, occupational therapy, physical therapy, orientation and mobility, respite, speech therapy, and transition assistance.

Emergency Response Services - Services are provided through an electronic monitoring system used by functionally impaired adults who live alone or who are socially isolated. In an emergency, the individual can press a call button to signal for help. The electronic monitoring system, which is monitored around the clock, helps to ensure the appropriate person or service agency responds to an alarm call from an individual.

Family Care - Non-skilled, non-technical attendant care services available to eligible adults who are functionally limited in performing activities of daily living. Primary home care provider

agencies have the option of providing family care services. Family care services are provided by an attendant and do not require the supervision of a registered nurse.

Home and Community-based Services (HCS) - The HCS program is a 1915(c) Medicaid waiver program that provides services and supports for individuals with an intellectual disability or a developmental disability as an alternative to living in an ICF/IID. Individuals may live in their own or family home, in a foster/companion care setting, or in a residence with no more than four other individuals who receive similar services. Services include case management, residential assistance, supported employment, day habilitation, respite, dental treatment, adaptive aids, minor home modifications and specialized therapies such as social work, psychology, occupational therapy, physical therapy, audiology, speech/language pathology, dietary services and licensed nursing services.

Home-Delivered Meals - A hot, cold, frozen, dried, canned or supplemental food that provides a minimum of one-third of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Academy of Sciences - National Research Council and complies with the Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture, and is delivered to individuals at home. The objective is to help the individual sustain independent living in a safe and healthful environment.

Hospice - Palliative care consisting of medical, social and support services delivered to individuals who are terminally ill and have been given six months to live or less by a physician when curative treatment is no longer possible.

Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) – The ICF/IID program includes residential facilities serving four or more individuals with an intellectual disability or a developmental disability. Provision of active treatment is the core requirement of certification as an ICF/IID. Active treatment is the aggressive, consistent implementation of a program of specialized and generic training, treatment and health services. Active treatment does not include services to maintain generally independent people who can function with little supervision or in the absence of a continuous active treatment program.

In-Home and Family Support (IHFS) - The IHFS program provides individuals with physical disabilities a means to purchase the support they need to remain in the community. Direct grant benefits are provided to eligible individuals to purchase special equipment, medical supplies, adaptive aids, and also to modify the home or an automobile so that they are accessible and functionally usable.

Medically Dependent Children Program (MDCP) - The MDCP program is a 1915(c) Medicaid waiver program that provides services and supports for families caring for medically dependent children as an alternative to living in a nursing facility. Specific services include case management, adaptive aids, flexible family support services, and minor home modifications.

Primary Home Care (PHC) - The PHC program is a non-technical, medically related personal care service. PHC is available to eligible adults whose health problems cause them to be

functionally limited in performing activities of daily living according to a practitioner's statement of medical need. PHC services are provided by an attendant.

Program of All-inclusive Care for the Elderly – This is a program of community-based services to frail older individuals who qualify for nursing facility placement. It uses a comprehensive care approach, providing services for a capitated monthly fee that is lower than the cost of comparable care. This Medicaid program is only available in a few areas.

Residential Care – Residential care services are provided via this program to individuals who require round-the-clock access to services, but who do not need daily nursing intervention. Care is provided in DADS-licensed assisted living facilities.

Special Services for Persons with Disabilities – Through this program, DADS contracts with public or private agencies to provide services to help individuals with disabilities achieve habilitative or rehabilitative goals that encourage maximum independence.

Texas Home Living (TxHmL) - The TxHmL program is a 1915(c) Medicaid waiver program that provides essential services and supports for individuals with an intellectual disability or a developmental disability as an alternative to living in an ICF/IID. Individuals may live in their own or family homes. Service components are divided into two categories: the community living service category, and the technical and professional supports services category. The community living service category includes community support, day habilitation, employment assistance, supported employment and respite services. The technical and professional supports services category includes skilled nursing, behavioral support, adaptive aids, minor home modifications, dental treatment, and specialized therapies.

Attachment H - Texas Area Agencies On Aging

Area Agency on Aging of the Alamo Area
8700 Tesoro, Suite 700, San Antonio, Texas 78217-6228
Ph: 210-362-5561 1-866-231-4922
Director: Gloria Vasquez

Alamo Area Council of Governments
Interium Directors
Jeri Rainey-Hinojosa
Joe Ramos
Timothy J. Trevino

Counties served: Atascosa, Bandera, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, McMullen, Medina, Willson

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Area Agency on Aging of Ark-Tex
P. O. Box 5307, Texarkana, Texas 75505-5307
Ph: 903-832-8636 1-800-372-4464
Director: Diane McKinnon

Ark-Tex Council of Governments
L.D. Williamson, Executive Director

Counties Served: Bowie, Cass, Delta, Franklin, Hopkins, Lamar, Morris, Red River, Titus

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Area Agency on Aging of Bexar County
8700 Tesoro, Suite 700, San Antonio, Texas 78217-6228
Ph: 210-362-5254 1-800-960-5201

Director: Dr. Martha Spinks

Alamo Area Council of Governments
Interium Directors
Jeri Rainey-Hinojosa
Joe Ramos
Timothy J. Trevino

Counties served: Bexar

Area Agency on Aging of Brazos Valley
P. O. Box 4128, Bryan, Texas 77805-4128
Ph: 979-595-2806 1-800-994-4000

Director: Ronnie Gipson

Brazos Valley Council of Governments
Tom M. Wilkinson Jr., Executive Director

Counties served: Brazos, Burleson, Grimes, Leon, Madison, Robertson, Washington

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Area Agency on Aging of the Capital Area
6800 Burleson Road, Building 310, Suite 165, Austin, Texas 78744-2306
Ph: 512-916-6062 1-888-622-9111

Director: Jennifer Scott

Capital Area Council of Governments
Betty Voights, Executive Director

Counties served: Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, Williamson

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Area Agency on Aging of Central Texas
2180 North Main Street, Belton, Texas 76513-1919
Ph: 254-770-2330 1-800-447-7169

Director: H. Richard McGhee

Central Texas Council of Governments
Jim Reed, Executive Director

Counties served: Bell, Coryell, Hamilton, Lampasas, Milam, Mills, San Saba

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Area Agency on Aging of the Coastal Bend
P. O. Box 9909, Corpus Christi, Texas 78469
Ph: 361-883-3935 1-800-817-5743

Director: Betty Lamb

Coastal Bend Council of Governments
John P. Buckner, Executive Director

Counties served: Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, Nueces, Refugio, San Patricio

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Area Agency on Aging of Concho Valley
2801 W. Loop 306, Suite A, San Angelo, Texas 76904-6502
Ph: 325-223-5704 1-877-944-9666

Director: Toni Gutierrez

Concho Valley Council of Governments
John Austin Stokes, Executive Director

Counties served: Coke, Concho, Crockett, Irion, Kimble, Mason, Mculloch, Menard, Reagan, Schleicher, Sterling, Sutton, Tom Green

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Area Agency on Aging of Dallas County
1349 Empire Central, Suite. 400, Dallas, Texas 75247-4033
Ph: 214-871-5065 1-800-548-1873

Director: Millie De Anda

Community Council of Greater Dallas
Martha Blaine, Executive Director

Counties served: Dallas

Area Agency on Aging of Deep East Texas
210 Premier Drive, Jasper, Texas 75951-7495
Ph: 409-384-7614 1-800-435-3377

Director: Holly Anderson

Deep East Texas Council of Governments
Walter Diggles, Executive Director

Counties served: Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler

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Area Agency on Aging of East Texas
3800 Stone Road, Kilgore, Texas 75662-6927
Ph: 903-984-8641 1-800-442-8845

Director: Bettye Mitchell

East Texas Council of Governments
David Cleveland, Executive Director

Counties served: Anderson, Camp, Cherokee,Gregg, Harrision, Henderson, Marion, Panola, Rains, Rusk, Smith, Upshur, VanZandt, Wood

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Area Agency on Aging of the Golden Crescent Region
120 South Main Street, Suite 210, Victoria, Texas 77901
Ph: 361-578-1587 1-800-574-9745

Director: Cindy Cornish

Golden Crescent Regional Planning Commission
Joe E. Brannan, Executive Director

Counties served: Calhoun, DeWitt, Goliad, Gonzales, Jackson, Lavaca, Victoria

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Area Agency on Aging of Harris County
8000 North Stadium Drive, 3rd. Floor, Houston, Texas 77054-1823
Ph: 832-393-4301 1-800-213-8471

Director: Deborah A. Moore

Houston Department of Health and Human Services
Stephen Williams, Director

Counties served: Harris

Area Agency on Aging of the Heart of Texas
1514 S. New Road, Waco, Texas 76711-1316
Ph: 254-292-1800

Director: Gary Luft

Heart of Texas Council of Governments
Russell Devorsky, Executive Director

Counties served: Bosque, Falls, Freestone, Hill, Limestone, McLennan

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Area Agency on Aging of Houston-Galveston
P. O. Box 22777, Houston, Texas 77227-2777
Ph: 713-627-3200 1-800-437-7396

Director: Curtis M. Cooper

Houston-Galveston Area Council
Jack Steele, Executive Director

Counties served: Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton

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Area Agency on Aging of the Lower Rio Grande Valley
301 West Railroad St., Weslaco, Texas 78596
Ph: 956-682-3481 1-800-365-6131

Director: Jose L. Gonzalez

Lower Rio Grande Valley Development Council
Kenneth N. Jones, Executive Director

Counties served: Cameron, Hidalgo, Willacy

Area Agency on Aging of the Middle Rio Grande Area
P. O. Box 1199, Carrizo Springs, Texas 78834-3211
Ph: 830-876-3533 1-800-224-4262

Director: Conrado Longoria Jr.

Middle Rio Grande Development Council
Leodoro Martinez, Executive Director

Counties served: Dimmit, Edwards, Kinney, LaSalle, Maverick, Real, Uvalde,Val Verde, Zavala

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Area Agency on Aging of North Central Texas
P. O. Box 5888, Arlington, Texas 76005-5888
Ph: 817-695-9194 1-800-272-3921

Director: Doni Green

North Central Texas Council of Governments
Mike Eastland, Executive Director

Counties served: Collin, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Wise

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Area Agency on Aging of North Texas
P. O. Box 5144, Wichita Falls, Texas 76307-5144
Ph: 940-322-5281 1-800-460-2226

Director: Rhonda K. Pogue

Nortex Regional Planning Commission
Dennis Wilde, Executive Director

Counties served: Archer, Baylor, Clay, Cottle, Foard, Hardeman, Jack, Montague, Wichta, Wilbarger, Young

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Area Agency on Aging of the Panhandle Area
P. O. Box 9257, Amarillo, Texas 79105-9257
Ph: 806-331-2227 1-800-642-6008

Director: Melissa Carter

Panhandle Regional Planning Commission
Gary Pitner, Executive Director

Counties served: Armstrong, Briscoe, Carson, Castro, Childress, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Wheeler

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Area Agency on Aging of the Permian Basin
P.O. Box 60660, Midland, Texas 79711-0660
Ph: 432-563-1061 1-800-491-4636

Director: Jeannie Raglin

Permian Basin Regional Planning Commission
Terri Moore, Executive Director

Counties served: Andrews, Borden, Crane, Dawson, Ector, Gaines, Glasscock, Howard, Loving, Martin, Midland, Pecos, Reeves, Terrell, Upton, Ward, Winkler

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Area Agency on Aging of the Rio Grande Area
8037 Lockheed, Suite 100, El Paso, Texas 79925
Ph: 915-533-0998 1-800-333-7082

Director: Yvette Lugo

Rio Grande Council of Governments
Annette Gutierrez, Executive Director

Counties served: Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio

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Area Agency on Aging of Southeast Texas
2210 Eastex Freeway, Beaumont, Texas 77703-4929
Ph: 409-924-3381 1-800-395-5465

Director: Colleen Halliburton

South East Texas Regional Planning Commission
Shaun Davis, Executive Director

Counties served: Hardin, Jefferson, Orange

Area Agency on Aging of South Plains
P. O. Box 3730 / Freedom Station, Lubbock, Texas 79452
Ph: 806-687-0940 1-888-418-6564

Director: Liz Castro, Director

South Plains Association of Governments
Tim C. Pierce, Executive Director

Counties served: Bailey, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, King, Lamb, Lubbock, Lynn, Motley, Terry, Yoakum

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Area Agency on Aging of South Texas
P.O. Box 2187, Laredo, Texas 78044-2187
Ph: 956-722-3995 **1-800-292-5426**

Director: Alberto Rivera Jr., Aging Services Director

South Texas Development Council
Amando Garza Jr., Executive Director

Counties served: Jim Hogg, Starr, Webb, Zapata

Area Agency on Aging of Tarrant County
1500 N. Main Street, Suite 200, Fort Worth, Texas 76164-0448
Ph: 817-258-8081 1-877-886-4833

Director: Don Smith

United Way Metropolitan Tarrant County
Ann Rice, Sr. Vice President

Counties served: Tarrant

Area Agency on Aging of Texoma
1117 Gallagher, Suite 200, Sherman, Texas 75090-3107
Ph: 903-813-3505 1-800-677-8264

Director: Karen Bray

Texoma Council of Governments
Dr. Susan B. Thomas, Executive Director

Counties served: Cooke, Fannin, Grayson

Area Agency on Aging of West Central Texas
3702 Loop 322, Abilene, Texas 79602-7300
Ph: 325-672-8544 1-800-928-2262

Director: Michelle Parker

West Central Texas Council of Governments
Tom K. Smith, Executive Director

Counties served: Brown, Callahan, Coleman, Comanche, Eastland, Fisher, Haskell, Jones, Kent, Knox, Mitchell, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton

Attachment I - State Plan on Aging Goals

GOAL 1. Ensure Texas long-term services and supports system has the capacity, flexibility and sensitivity to meet the unique and diverse needs of Texans, their family members, and caregivers.

Objective: Provide administration and oversight of programs funded through the Older Americans Act, state general revenue funds, and other federal and/or state funds to ensure consistent, coordinated and accountable service delivery by September 30, 2017.
Objective: Develop a more responsive system of long-term services and supports that is supportive of interagency and community coordination efforts by September 30, 2017.
Objective: During the legislative sessions 2015 and 2017, serve as a resource on issues related to older Texans and their caregivers.

Outcome: Federal and state funding is maximized for the benefit of older individuals and their caregivers.
Outcome: Contract agencies and service providers are accountable for the services provided to older individuals and their caregivers enabling DADS to demonstrate effective service delivery to federal and state funding sources.
Outcome: Older individuals and their caregivers use a common intake process regardless of where they access long-term services and supports.
Outcome: Information on older individuals' and caregivers' needs is shared between agencies in the LTSS system, thus reducing the need for applicants to repeat their story.
Outcome: Older individuals and their caregivers have access to services that meet their needs and interests.

GOAL 2. Provide a system of long-term services and supports that promotes independent living and enhances quality of life in a manner that is respectful of the individual.
Objective: Implement fully functioning ADRCs throughout the state by September 30, 2017, using federal funding, state general revenue, local and other resources.
Objective: Build a system of long-term services and supports through collaborative efforts in order to expand service options including choice and control for individuals and their caregivers by September 30, 2017.
Objective: Identify and meet the changing needs of older individuals and individuals with physical, intellectual, and developmental disabilities, and support those who need lifelong care during the state plan on aging period.

Outcome: A replicable caregiver respite program model that includes flexible service delivery options (consumer- directed services and voucher programs), tools to clearly assess caregiver needs and capacity activities that strengthen the capacity of the Texas Respite Coalition to enhance respite care, and a state strategic plan for respite.
Outcome: Increased capacity of the service network for older individuals to provide long-term services and supports through collaborative and coordinated efforts with partners in the state's long-term services and supports system.

GOAL 3. Promote healthy lifestyles, resulting in less long-term illness and reduced mortality from preventable and chronic diseases through evidence-based, disease prevention and disability prevention programs.

Objective: Provide opportunities for individualse to engage in healthy behaviors to increase their potential to live longer, maintain quality of life, and contribute to the communitiy as indicated in pre- and post-participation in community activities and self-reported levels of chronic diseases of program participants.

Objective: Support community projects, services to promote health and wellness, volunteer opportunities, and collaborative partnerships between DADS and the service network for older individuals and their families.

Objective: Provide support for professionals and service providers with information and resources that can be used in evidence-based, disease prevention program development and in providing services to older individuals and their caregivers.

Objective: Expand the capacity of the system of long-term services through the use of a trained volunteer force.

Outcome: Continue to provide older individuals and their caregivers an opportunity to participate in evidence-based disease and disability prevention programs as a result of expanded service models and delivery sites.

GOAL 4. Serve as an effective advocate to uphold and ensure the rights, quality of life, and quality of care for nursing facility and assisted living facility residents.

Objective: Provide a system of long-term care ombudsmen that connects older individuals with the services and benefits.

Objective: Partner with state agencies to support systems that provide protections and needed services to vulnerable older individuals.

Outcome: A larger corps of trained and motivated volunteer ombudsmen who provide advocacy services to residents of nursing facilities and assisted living facilities to reduce isolation, abuse, neglect and exploitation.

Outcome: A coordinated system of community long-term services and supports for victims of abuse, neglect and exploitation available through the service network for older individuals and DFPS/APS.