Texas State Plan on Aging
2023-2025

Submitted to the
Administration for Community Living
July 1, 2022

The Honorable Greg Abbott
Governor of the State of Texas

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Texas Health and Human Services
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Verification of Intent

The State Plan on Aging (State Plan) is hereby submitted by the State of Texas. The Texas Health and Human Services Commission (HHSC) submits the Texas State Plan for the period of October 1, 2022 through September 30, 2025. HHSC certifies the administration of the state plan shall comply with the required assurances and provisions of the Older Americans Act of 1965 (OAA), as amended in 2020. HHSC has been given the authority to develop and administer the State Plan, according to the requirements of the OAA, to coordinate 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 Greg Abbott, Governor of Texas, I hereby approve the Texas State Plan and submit it to the Assistant Secretary on Aging for approval.

_________________________________  ________________________
Cecile Erwin Young  Date
Executive Commissioner
Texas Health and Human Services Commission
Executive Summary

HHSC is designated to serve as the State Unit on Aging (SUA), in accordance with the OAA. As the SUA, HHSC is responsible for developing a State Plan, as required under the OAA. The State Plan provides a vision and direction for Texas’ aging services network and an opportunity for the State to share its priorities and strategies for improving the lives of older Texans, people with disabilities and their caregivers.

The State of Texas is committed to ensuring that all Texans age well with dignity, independence and opportunities to contribute to society. HHSC works closely with federal, state, local, and community-based public and private agencies and organizations to represent the interests of older Texans, people with disabilities, caregivers and advocates.

HHSC administers the core OAA programs with a focus on innovation and policy development, seeking Administration for Community Living (ACL) discretionary funds as appropriate, encouraging participant-directed and person-centered planning in service delivery design, and ensuring equity as a common theme in the strategies to serve older adults in Texas.

From 2010 to 2019, Texas' older population grew at a faster rate compared to the rest of the nation. In 2019, among the 50 states and the District of Columbia (DC), Texas had the third largest elderly population and the State’s share of the nation’s older population grew from 6.1 percent to 6.5 percent during that period. According to the Texas Demographic Center (TDC), in 2019 the population of Texans age 65 years and older was approximately 3.8 million or 13 percent of the Texas population. TDC projects that by 2030, Texas’ older population will reach 5.6 million, accounting for 16 percent of the State’s population. Additional growth is projected beyond 2030, with the older population expected to reach 8.3 million by 2050, which would account for almost 18 percent of Texas’ total population.

HHSC is committed to developing and implementing comprehensive strategies to provide effective and quality services and supports in a timely manner to the increasing population of older Texans.

In 2020, the Coronavirus (COVID-19) pandemic disrupted all aspects of daily life and limited access to many in-person services for older adults and people with disabilities. Throughout the pandemic, HHSC has worked closely with the Texas Department of Emergency Management, the Department of State Health Services, the aging services network and our public and private partners to ensure vulnerable Texans have access to critical services while remaining safe. As we move forward, HHSC will continue to seek innovative ways to ensure access to nutrition and social support services and identify potential alternatives to in-person service delivery methods for the State’s most vulnerable populations.
The State Plan was posted in <February 2022> for stakeholder review and comment and relevant stakeholder feedback has been incorporated.
Context

Older Americans Act Services

OAA services are the foundation of the State’s aging services network and are available in all 254 Texas counties through a network of 28 Area Agencies on Aging (AAAs) and Aging and Disability Resource Centers (ADRCs).

The AAAs provide services directly, such as information and assistance and outreach, or through contracts with local service providers to deliver cost-effective, non-clinical, long-term services and supports in the homes and communities of older adults. HHSC, AAAs and this network of providers target services to older adults who are frail, have low income, are in great social need, and face the greatest risk for costly institutional care or long-term community-based services and supports.

Survey on Aging Priorities

In 2021, the HHSC Aging Service Coordination (ASC) office conducted a non-experimental, cross-sectional survey to inform the 2022-2023 Aging Texas Well Strategic plan. The survey sought to understand the needs, concerns, and priorities of older adults, informal caregivers of older adults, and organizations providing services to older adults.

Priorities of Older Texans

Older adult survey respondents were provided a selection of aging-related topics and asked to choose the topics that aligned with their needs or concerns over the past three years. The top three selected topics were physical health, access to social enrichment and recreation opportunities, and services and support in the community. Using the same list of topics, respondents were then asked to rank their top three current concerns from greatest need to least need. The responses were very similar to the top three needs of the past three years, with mental health and finances also identified. After identifying their current needs and concerns, respondents were asked to list and rank their top three areas of need and concern for the upcoming five years. The topics of greatest future needs or concerns identified by the respondents were similar to previous responses: physical health, finances, and services and support in the community.

The five most selected current needs or concerns are: physical health (49.2 percent), access to social engagement opportunities (41.2 percent), services and support in the community (33.3 percent), legal issues (26.6 percent), and mental and behavioral health (26.6 percent).

**Priorities of Informal Caregivers of Older Texans**

Informal or non-professional caregivers, such as family members, provide vital support to the people they care for and are integral components of Texas’ long-term services and supports (LTSS) system. Caregivers fill gaps in the professional field by providing care many older Texans would not be able to afford or access otherwise. They help older loved ones remain independent and often provide complex chronic care such as nursing and medical tasks. Informal caregivers enable many older adults to age in place and remain active and connected to their communities. Because of their large role in the lives of older Texans and their impact on the LTSS system, it is imperative the needs and concerns of caregivers are identified and addressed.

The five most selected current needs or concerns for caregivers are: mental health concerns (54.5 percent), physical health concerns (54.5 percent), work strains/issues (54.5 percent), resources and eligibility for services (54.5 percent), and financial strains (50.0 percent).

**Demographic Trends**

Demographic trends that impact HHSC aging services programs include changes in the size, composition, and geographical distribution of the State’s population. Texas’ population continues to grow at a rate higher than the national average. This is due to both natural increase (the amount by which the number of births exceeds the number of deaths) and positive net migration (the amount by which in-migrants for 2019). Texas is the second most populous state, with almost 29 million residents. The TDC projects that the state’s population will grow by approximately 1.5 million or 5 percent between 2022 and 2025. If that projection holds true, by 2025 Texas’ population will reach 32.2 million, accounting for 9.4 percent of the total U.S. population.

**Aging of the Population**

Key projected long-term trends are important in helping Texas plan to serve a changing population. The age composition of the Texas population will change significantly between now and the year 2050. During the next 20 years, members of the baby boom generation (persons born during the 1946-1964 period) will continue to account for a significant portion of the population age 65 and older. By the year 2022, the youngest baby boomer will be 58 years old and the oldest will be 76; this generation will comprise 17 percent of the total Texas population. The percentage share of the population age 65 and older is also projected to increase due to advances in medicine and health care. Those who reach age 65 will have a greater chance of living to age 85 and beyond.

Between 2022 and 2050, the percentage share of the population age 65 and older will continue to increase, and older females will continue to outnumber older males, particularly among those aged 85 and older.

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The population age 65 and older is projected to grow from 4.2 million in 2022 to 8.3 million in 2050. This group’s share of the total population is projected to increase from 13.8 percent in 2022 to 17.5 percent in 2050. The population age 85 and older is projected to quadruple during the 2022-2050 period, growing from 442,000 in 2022 to approximately 1.5 million in 2050.

The old-age dependency ratio will also be impacted by changes in the age composition of the population. This ratio represents the number of people age 65 and older per 100 working-age people (ages 18-64). Higher values for this measure suggest a potential for more economic and other dependency of older adults on younger adults. The old-age dependency ratio for Texas is projected to increase from 22.6 to 29.4, between 2022 and 2050. This could mean that a greater proportion of the income and resources of younger working adults may be needed to provide income support and other forms of assistance to older retired adults who cannot work any longer due to health-related limitations or permanent disabilities.

**Prevalence of Disability**

The gradual aging of the population will likely result in an increase in the number of people living with a disability, a chronic health condition or both. People with one or more disabilities, especially those with a severe disability, are more likely to need and to use community services and supports.

The U.S. Census Bureau estimates based on the American Community Survey covering the 2015-2019 period indicate that 3.2 million or 11.4 percent of Texans live with a disability. Among people age 65 and older, the percentage of people with a disability was 37.3 compared to 9.5 percent among people between the ages of 18-64.

**Race and Ethnic Composition of the Population**

Texas is becoming more racially and ethnically diverse over time. While the White, non-Hispanic population has been the largest group for decades, the proportion is shifting as the non-White, non-Hispanic populations have experienced higher growth rates in recent years.

According to short-term population projections developed by the TDC, in 2022 the non-Hispanic White population will account for 40 percent of Texas’ total population and Hispanics will account for 40.1 percent. It is projected that in 2025 the share of non-Hispanic White population will decrease to 38.7 percent while the Hispanic population share will increase to 40.7 percent. In 2025, non-Hispanic African Americans will account for 12.2 percent of the population, and all the other non-Hispanic race groups, combined, will account for the remaining 8.4 percent.

The TDC projects the following trends between 2022 and 2025.

- The non-Hispanic White population is projected to grow from 12.3 to 12.5 million, with a growth rate of 1.6 percent.
- The non-Hispanic African-American population is projected to grow from 3.7 to 3.9 million, with a growth rate of 6.1 percent.
• The Hispanic population is projected to grow from 12.3 to 13.9 million, with a growth rate of 6.4 percent.
• The non-Hispanic population of all other population groups, combined, is projected to grow from 2.4 to 2.7 million, with a growth rate of 13.8 percent.

Over the long term, Hispanics are projected to become the State’s largest group. They will account for 43 percent of the total population in 2050, while White, non-Hispanics will account for 29 percent.

Focusing on the population age 65 and over, between 2022 and 2050, the non-Hispanic White population is projected to grow from 2.6 million to 3.3 million; the non-Hispanic African-American population is projected to grow from 415,000 to almost 1 million; and the Hispanic population is projected to grow from 1 million to 3.1 million. For all other non-Hispanic race groups combined, the age 65 and older population is projected to grow from 226,000 to close to 1 million.

Figures 1.3 and 1.4 in Attachment D illustrate some of the projected changes in population size and population composition by race and ethnicity during the 2022-2050 period.

**Rural and Urban Population Trends**

Following the long-term trend towards increasing urbanization, it is projected that during the foreseeable future most Texans will continue to reside in counties that are part of a metropolitan area. The map shown in Figure 1.5 (see Attachment D) depicts the projected total population in 2022 by county.

The largest population concentrations are expected to remain in and around the major metropolitan areas of the state, such as Houston, Dallas-Fort Worth, San Antonio, Austin, El Paso and McAllen. The counties with the smallest population will continue to be those found in the vast geographical regions of West, Central Northwest, and Northwest Texas. Although the residents of these rural counties accounts for a relatively small fraction of the State’s total population, the total combined population for these counties is likely to exceed the total population of many states.

Residents of rural counties tend to experience challenges for the delivery of health and human services, such as:
• Limited access to affordable health care;
• Limited number of trained health professionals;
• Increased need for geriatric services;
• Prolonged response times for emergency services;
• Limited job opportunities and other incentives for residents to stay in the community;
• Limited transportation options; and
• Limited economic development and fiscal resources.
Health Trends

Chronic Disease and Health Risk Factors

Chronic diseases have significant impact on the aging population in Texas. Chronic diseases are generally characterized by a long period of development, a prolonged course of illness, functional impairment or disability, multiple risk factors, and low curability. In 2019, the most recent year for which death data is available, chronic diseases accounted for a majority of the leading causes of death in the U.S. and in Texas. Table 1.1 in Attachment D provides information relating to the ten leading causes of death in Texas in 2019.

Four of the top five leading causes of death in Texas in 2019 have several risk factors in common. Understanding certain risk factors can help in developing strategies to reduce the impact of preventable or treatable chronic conditions. These risk factors are tracked at the state and national levels to understand the health status of populations and to inform policymaking. Some of these risk factors are:

- Physical inactivity;
- Nutrition and dietary behavior;
- Obesity;
- Tobacco use;
- Hypertension;
- Environmental dangers;
- Lack of access to healthcare;
- Heavy alcohol consumption; and
- High cholesterol.

Behavioral Health

Behavioral health issues cross demographic populations and mental illness is a leading cause of disability in the U.S.\(^3\) It is estimated that 17.8 percent of the adult U.S. population has a mental health disorder during a year.\(^4\) In Texas, the 2017 estimated number of adults with serious and persistent mental illness was 532,295.\(^5\)

Substance Use

Substance use, including the use and misuse of drugs, underlies a wide range of health problems. While opioid use has been prioritized as a national crisis, the use and misuse of other substances like alcohol and tobacco also remain health issues in Texas.

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\(^5\) CMHS, SAMHSA, HHS (1999) Estimation Methodology for Adults with Serious Mental Illness (SMI). Federal Register v 64
**Physical Activity**

Studies have shown that maintaining regular physical activity can help prevent many common diseases, such as heart disease and diabetes. Physical inactivity often contributes to being overweight and obese, the second leading cause of preventable mortality and morbidity in the U.S. The prevalence rate of adults who are obese is rising in Texas. As of 2020, nearly 36 percent of adult Texans are obese, according to data from the Centers for Disease Control and Prevention. This is up from 33.6 percent in 2016. Regular physical activity, even in moderate amounts, has been shown to produce significant health benefits. Despite this fact, 2017 Behavioral Risk Factor Surveillance System and Youth Risk Behavior Surveillance data showed that many adults in Texas reported little or no exercise.

**Influenza**

Every year millions of people get sick with influenza. Influenza epidemics in the U.S. usually occur during the winter months. During the 2020-2021 influenza season, individuals 65 and older accounted for 74 percent of influenza-associated deaths reported in Texas. The highest rates of influenza infection occur among children, but the risks for serious health problems, hospitalizations and deaths from influenza are higher among people 65 years of age or older, young children, pregnant women, and people of any age who have medical conditions that place them at increased risk for complications from influenza. Anyone, including healthy people, can get influenza, and serious health problems from influenza can occur at any age. The severity of an influenza season varies from year to year and depends on many things, including the strains of circulating influenza viruses, how much flu vaccine is available, when the vaccine is available, how well the flu vaccine is matched to flu viruses that are causing illness, and the levels of protective antibodies in the population.

The official influenza reporting season for the U.S. begins in October and continues through May. In Texas, influenza activity usually peaks in January or February, although the peak of influenza has happened as early as October and as late as March. Individual cases of influenza are not tracked; however, sentinel surveillance partners in the state provide information on when and where influenza viruses are circulating, if circulating influenza viruses match the vaccine strains, if the circulating influenza viruses are changing, where and when influenza-like illnesses are occurring, and the severity of influenza activity.

**Healthcare-Associated Infections**

Healthcare-associated infections and preventable adverse events continue to be significant causes of morbidity and mortality nationally and in Texas. In the U.S., an estimated 722,000 patients acquire healthcare-associated infections annually, and as many as 75,000 of those patients die during their hospital stay. A total of 110 healthcare-associated infections outbreaks were investigated by the Texas Department of State Health Services (DSHS) Healthcare Safety Team in

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Healthcare facilities fall on a continuum of care in which patients transfer between facilities depending on the level of care needed. Usually geographically divided, these complex health systems present unique challenges for coordinating healthcare-associated infections outbreak containment. To complete the investigation, the healthcare-associated infections epidemiologist explores other healthcare facilities where the index patient was admitted to identify additional cases.

**Caregivers**

In Texas, an estimated 3.4 million caregivers provide almost 3 billion hours of care for older adults and people with disabilities. This allows the people receiving care to age in place and delays the need for institutional placement.7

Informal caregivers are considered the backbone of the long-term care system. They often assist with daily activities, such as bathing, feeding, and managing medication, and may also help manage doctor appointments and provide or arrange transportation.

Demographic characteristics of care recipients were also examined. Compared with non-caregivers, caregivers report worse mental health outcomes and less sleep. A majority of both caregivers and care recipients are female, and most caregivers are employed. The largest single group of caregivers falls in the 40-64 age group, are mostly White, non-Hispanic, followed by the second largest group that is Hispanic. The majority of care recipients need help in performing activities of daily living (ADL), home care and transportation.

Many caregivers are often unprepared to assume the role of caregiver when the time comes. Helping them prepare for and sustain their roles as caregivers has a positive impact on both the caregiver and the person receiving care. Additionally, this assistance helps avoid the higher costs of long-term services and supports.

HHSC and the AAAs use the Caregiver Assessment Questionnaire and the Caregiver Status Questionnaire, to evaluate the needs of informal caregivers. These questionnaires are used to determine placement of care recipients on program interest lists or to develop a care plan for services. The Caregiver Assessment Questionnaire collects caregiver information for recipients of the National Family Caregiver Program and the Caregiver Status Questionnaire, which is part of the intake process for HHSC community programs, collects caregiver information for recipients of other long-term care programs.

Since the last reporting period, between 2016 to 2018, caregiver support services data shows an overall increase in caregivers served. There was a 20.7 percent increase in the Caregiver Assessment Questionnaire interviews which is likely due to the growing population of adults accessing home and community-based services,

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increased utilization of community partnerships for outreach, and increased utilization of in-home caregiver respite across the state.

**Conclusion**

Texas is a geographically and culturally diverse state, with a growth rate of the older population that is outpacing that of the U.S.

The state continues to restructure the way community services and supports are provided to all Texans. Significantly, strategies to align functions within the SUA will help to strengthen support for program operations. These ongoing strategies provide a unique opportunity to define new roles for the SUA program components and establish a foundation for the SUA to fully engage in a leadership role. The SUA has an opportunity to affect policy to more effectively serve people through core OAA programs, and to expand work with stakeholders to seek innovative ways to support aging programs in the future.

This plan reflects a focus for a multi-year assessment of the needs of aging Texans, the State and its readiness to support a diverse population of older people, and the policy of the state in maximizing support for core OAA programs.
Quality Management

HHSC ensures the integrity of OAA funded programs and services by conducting periodic monitoring reviews of programs and services administered by the AAAs and ADRCs for adherence to contract provisions; compliance with state and federal laws; and alignment with HHSC’s policies and procedures.

Contracts

HHSC is responsible for contract management and monitoring to ensure compliance with state and federal requirements. These functions include all activities related to the life cycle for every contract, including on-site monitoring, corrective action plans, the risk assessment process, and payments to providers. In addition, HHSC provides technical assistance and training to AAAs and ADRCs in the areas of contract management and monitoring.

Collect Data to Assess Program

HHSC receives quarterly fiscal and performance reports from the AAAs and ADRCs, which include data on information and referral calls, application assistance, community education and public awareness events or activities, legislatively established metrics, consumer characteristics, services provided to consumers, and special projects. These reports are monitored monthly. The AAAs and ADRCs also submit monthly reports on State Health Insurance Program and Medicare Improvement for Patients and Providers Act related assistance and outreach activities through the ACL State Health Insurance Assistance Program-National Performance Reporting database.

Remediation of Problem Areas

HHSC staff analyze AAA and ADRC fiscal and program performance reports to identify issues for a specific contractor or to identify systemic issues that may require a broader approach. Technical assistance is provided in person, over the phone and via email, as needed, to remediate any problem areas. Systemic issues are also addressed through webinars and bi-monthly meetings with the AAAs and ADRCs. Additionally, HHSC has a formal monitoring process to ensure effective, efficient, and coordinated administration of AAA and ADRC programs and services.

Continuous Improvement

All AAAs and ADRCs are required to establish and maintain local advisory groups comprised of required partner agencies, service providers, representatives of the target populations served, and other stakeholders identified in legislation such as the OAA. These groups assist in the development and implementation of AAA and ADRC programming, as well as the continuous improvement of services.

The Aging and Disability Resource Center Advisory Committee also assists HHSC with the development and implementation of the ADRC program. The committee includes
people who represent populations served by the ADRCs, as well as representatives of aging services providers and other stakeholder organizations, including the AAAs. The committee meets quarterly and provides guidance to HHSC on program enhancement and strategies to address challenges identified by the local ADRCs. These meetings are followed by ADRC Coalition meetings, which were established by the ADRCs to provide an in-person forum to discuss common challenges and share best practices.

**State Long-Term Care Ombudsman**

The Office of the State Long-Term Care Ombudsman uses several techniques to monitor 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 Office maintains an Ombudsman Policies and Procedures Manual that details documentation requirements of certified ombudsmen who enter their work in the ombudsman database. Newly certified ombudsmen are trained to document and report their work based on the Office of the State Long-Term Care Ombudsman certification training manual and the Ombudsman Policies and Procedures Manual, which are consistent with National Ombudsman Reporting System reporting requirements and guidance from the Administration for Community Living.

The Office of the State Long-Term Care Ombudsman conducts periodic reviews of documentation by a local ombudsman entity for purposes of program monitoring. Each local ombudsman entity receives an onsite monitoring visit once every three years. This process includes a comprehensive data review and evaluation of documentation. Because technical assistance is provided to programs daily, and the Office of the State Long-Term Care Ombudsman has access to ombudsman data as soon as it is entered, the Office of the State Long-Term Care Ombudsman also conducts desk reviews for compliance with program documentation and reporting policies on a quarterly basis. To remedy problems identified during onsite monitoring, or after a desk review, the manager of a local ombudsman entity is given written feedback and time frames to correct any documentation errors or concerns.

**Quality Monitoring Program**

Quality improvement activities are conducted by the Quality Monitoring Program within Medicaid and CHIP Services, Quality and Program Improvement. The Quality Monitoring Program nurses, pharmacists, and dietitians conduct visits to nursing facilities to determine if the clinical systems in place are consistent with key elements of evidence-based best practice. Based on the information gathered during the visit, the Quality Monitoring Program staff provide nursing facility staff with technical assistance for implementing evidence-based best practice approaches to care that can improve resident outcomes. The Quality Monitoring Program is not a regulatory function, and quality monitoring staff do not cite deficient practices.

A number of strategies have been utilized to improve the quality of care for residents with dementia, while reducing the inappropriate use of antipsychotic medications, including an intense focus on antipsychotic medication use during quality monitoring visits. Efforts to further reduce unnecessary antipsychotic medication usage
The Nursing Facility Quality Review is a biannual survey of residents' quality of care and quality of life in Texas’ nursing facilities and includes trends where improvements have been made or lost over time. It is used to identify potential new focus areas for the Quality Monitoring Program.
Goals, Objectives, Strategies and Outcomes

For each of the ACL state plan key topic areas, this plan details the interrelated state activities which support a responsive, consumer-directed long-term services system that supports older people.

Key Topic Areas

OAA Core Programs

OAA core programs are found in Titles III (Supportive Services, Nutrition, Disease Prevention/Health Promotion and Caregiver Programs), VI (Native American Programs), and VII (Elder Rights Programs) and serve as the foundation of the national aging services network.

State Goal

Promote excellence and innovation in the delivery of core Older Americans Act Programs to meet the unique and diverse needs of older Texans and family caregivers.

Objective 1

Provide administration and oversight of programs funded through the OAA, state general revenue funds, and other federal and/or state funds to ensure a consistent, coordinated and accountable service delivery model.

Strategies

- Maintain effective quality assurance, contract monitoring and oversight practices to ensure proper stewardship of federal and state funds designated to provide services and supports to aging Texans.
- Ensure coordinated technical assistance and training across the aging network.
- Increase use of volunteer programs to supplement the work of benefits counselors.
- Ensure awareness of the 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.
- Promote awareness and use of advance directives for health care planning in the community and long-term facilities through training and education.

Outcome and Measures

- OAA funds are appropriately used to ensure older adults and their caregivers have access to services that meet their needs and interests.
- At least 85 percent of individuals are satisfied with the OAA services they receive, as evidenced in annual satisfaction surveys.
- Continue regular, ongoing technical assistance for AAAs and ADRCs.
• Provide presentations and resource material to assist with recruiting, training, and supervising of volunteers, and ensure compliance with ACL requirements for State Health Insurance Assistance Program.
• Provide information on Dietary Guidelines for Americans and Dietary Reference Intakes in at least one training per year for the AAAs and nutrition providers led by a registered, licensed dietitian and monitor the number of attendees.
• Provide presentation and resource material on advance directives for health care planning led by legal services contractor.
• Share resource information on aging services website(s).

Objective 2
Coordinate Title III (Supportive Services, Nutrition, Disease Prevention and Health Promotion and Caregiver Programs) with Title VI (Native American Programs).

Strategies
• Ensure outreach and coordination of services with the Title VI federally recognized Native American grantees, including nutrition and support services.

Outcome and Measures
• Increase awareness of federally recognized tribes within the state to ensure appropriate referrals and assistance is provided by Title III or Title VI grantees.
• Share information with aging services network staff, volunteers, and providers at least once during state plan cycle.
• Share resource information on aging services website(s).

Objective 3
Raise awareness and understanding of the impacts of malnutrition through comprehensive policy review, tool development, and marketing campaigns.

Strategies
• Educate the aging services network on the signs and symptoms of poor nutrition and increase awareness of the health impacts of malnutrition.
• Incorporate malnutrition in the AAA Nutrition Education Services.
• Increase awareness of the Texercise Prevents: Malnutrition campaign to help aging services providers and other professionals serving older adults learn the signs, symptoms, and resources for addressing malnutrition.
• Review policies and resources relating to nutrition to ensure malnutrition is addressed.

Outcome and Measures
• Provide at least one training per year for the AAAs and nutrition providers led by a registered, licensed dietitian and monitor the number of attendees.
• Share information with aging services network staff, volunteers and providers on resources for mitigating malnutrition, including Home Delivered Meals and Supplemental Nutrition Assistance Program.
• Increase the number of organizations requesting Texercise Prevents: Malnutrition resources.
• Increase in information available on the aging services website(s).

**Objective 4**
Protect older Texans from abuse, neglect and exploitation through services designed to detect, assess, intervene and investigate elder abuse, neglect and financial exploitation.

**Strategies**
- Increase awareness across the aging network and public and private partners on the risks of abuse, neglect, and exploitation among older adults and how to recognize the signs.
- Increase awareness of OAA services available to assist older adults experiencing abuse, neglect or exploitation.
- Develop and distribute education brochures and training that describes a person’s legal responsibility to report suspected abuse, neglect, and exploitation and how to report it.
- The State Long Term Care Ombudsman rules, policies and procedures clearly instruct local ombudsman entities on how to report abuse, neglect and exploitation regarding a resident of a long-term care facility.

**Outcome and Measures**
- Provide at least one training per year for the AAAs and ADRCs led by The Office of the Ombudsman and monitor the number of attendees.
- Develop educational brochures and provide presentations on the responsibility to report suspected abuse, neglect, and exploitation and how to report it.
- Require AAAs and local ombudsman entities to provide education to the public, including law enforcement, on issues of abuse, neglect, and exploitation, and how to recognize signs and symptoms of elder abuse, neglect, and exploitation.

**Objective 5**
Enhance cross agency responses to elder abuse by the Office of the Ombudsman, legal assistance programs, law enforcement, health care professionals, financial institutions, and other essential partners across the state.

**Strategies**
- Collaborate with public and private partners across the state to educate the public on services available for older adults experiencing abuse, neglect or exploitation. The Office of Area Agencies on Aging (OAAA) provides and
implements training to AAAs on requirements related to reporting suspected abuse, neglect, and exploitation of older Texans.

- Increase collaboration between the aging network, the Ombudsman, legal assistance programs, law enforcement, health care professionals, and other essential partners across the state.

**Outcome and Measures**

- Increase awareness of stakeholders and aging services network staff and volunteers on the programs and services available for older adults experiencing abuse, neglect or exploitation.
- Develop partnerships across agencies to share information and best practices.
- Require AAAs to provide information for providers related to abuse, neglect and exploitation of older adults.
- Share information on the aging services website(s).

**Objective 6**

Strengthen efforts related to dementia and Alzheimer’s Disease.

**Strategies**

- Ensure all aging services network employees and volunteers who provide services directly to older adults and their family members or caregivers receive training on Alzheimer’s disease and dementia.
- Increase awareness of the Take Time Texas website and information related to caring for a person with Alzheimer’s disease or dementia.
- Regularly update the Take Time Texas website to provide current information for caregivers, including information related to caring for a person living with dementia.

**Outcome and Measures**

- Increase awareness of dementia and Alzheimer’s disease.
- Require AAA staff and volunteers who provide services directly to persons age 60 or older to receive training on Alzheimer’s disease and dementia.
- Increase awareness of Take Time Texas website and track for increase in activity.
- Share informational material related to dementia and Alzheimer’s disease on the aging services website(s).

**Objective 7**

Increase awareness of risks of fall related traumatic brain injuries for older adults.
**Strategies**

- Coordinate a cross agency wide workgroup, including stakeholders from DSHS and aging services network, to identify resources and referral information for the for the prevention and treatment of traumatic brain injuries.
- Create a public awareness campaign highlighting the risks of fall-related traumatic brain injuries and resources for fall prevention.

**Outcome and Measures**

- Establish a cross agency workgroup including members from the Office of Acquired Brian Injury, DSHS and the aging services network.
- Create a public awareness campaign highlighting the risks of fall related traumatic brain injuries and fall prevention. Track number of requests for information and increase in referrals to the Office of Acquired Brian Injury.

**Objective 8**

Strengthen Title III and Title VII services.

**Strategies**

- Ensure access to comprehensive information regarding Older Americans Act Title III and Title VII programs.
- Provide information to older adults to promote understanding of service options, public benefits, and available services.
- Expand person-centered practices and consumer-directed service options to ensure older adults have a choice in service delivery.

**Outcome and Measures**

- Create an HHSC Aging Services website.
- Include information on all HHSC services for older adults and caregivers, including OAA services and activities, AAAs, ADRCs, Title VI grantees and programs, evidence-based disease prevention programs, the Texas Long-term Care Partnership program, and other benefits available through Title XIX and Title XX of the Social Security Act.
- Provide trainings on person-centered practices and consumer-directed service options for care coordinators.
- Develop resource materials on person-centered practices for AAAs, ADRCs and older adults.

**COVID-19**

COVID-19 highlighted the overall importance of the services that make it possible for older adults to live independently, created a national awareness of the impact of social isolation on older adults and caregivers, and increased awareness of the need to plan for future disasters. It also transformed the aging network; drove by driving rapid innovation to create new approaches that will endure beyond recovery. Finally,
Congress approved the release of supplemental funding, some of which remains available until expended, to support evolving needs nationwide.

**State Goal**

Prepare for and increase community engagement during emergencies and disasters to improve resiliency and reduce the impacts of social isolation and loneliness on the health and well-being of older Texans, people with disabilities and their caregivers.

**Objective 1**

Support older adults’ behavioral health through awareness of the impacts of social isolation and loneliness and establishing resources and tools to encourage engagement.

**Strategies**

- Increase awareness of the impacts of isolation and loneliness in the older adult population through the Age Well Live Well: Be Connected campaign.
- Increase awareness of, and participation in, the Know Your Neighbor campaign.
- Create awareness of behavioral health screenings for service providers and the aging services network to help identify risks and refer to appropriate resources.

**Outcome and Measures**

- AAAs, ADRCs and service providers will be more aware of the risk for and impacts of social isolation.
- Share information on the Age Well Live Well: Be Connected campaign and the Know Your Neighbor campaign.
- Track the number of organizations and external stakeholders requesting the Know Your Neighbor Campaign resource kit.
- Provide annual presentations and reminders about the risk for social isolation during emergencies and disasters.
- Require AAAs provide presentations and trainings for service providers on the impacts of isolation and loneliness.
- Review intake and assessments forms, update questions as needed and provide appropriate guidance on referral actions based on responses.
- Share information on aging services website(s).

**Objective 2**

Enhance awareness of the available assistive technology supports and strengthen HHSC partnership with the state assistive entity.

**Strategies**

- Develop stronger collaboration and partnership between the state assistive technology entity and the aging services network.
• Increase awareness of available resources, services and supports for older adults experiencing vision loss and blindness as well as training for service provider networks.

**Outcome and Measures**

• Analyze Innovation in Nutrition Programs & Services grant data to identify the number of tablets provided to older adults.
• Implement regular meetings with the State assistive technology entity University of Texas and OAAA staff.
• Implement campaign to create awareness of resources for older adults experiencing vision loss and blindness.
• Share best practices and resource information on aging services website(s).

**Objective 3**

Increase the aging services network’s use of trauma-informed care practices for serving older adults and their caregivers.

**Strategies**

• Increase knowledge and awareness of trauma and how it impacts older adults.

**Outcome and Measures**

• Survey AAAs and ADRCs to gather baseline data about knowledge and implementation of trauma-informed care.
• Share information and best practices on aging services website(s).
• Require AAAs provide trainings and presentations for service providers, as needed.

**Objective 4**

Increase the aging services network’s knowledge of suicide risks, prevention and resources.

**Strategies**

• Ensure current screening tools include behavioral health screening questions where appropriate.
• Provide aging services network with mental health first aid training and develop awareness and marketing focusing on suicide prevention and treatment options.

**Outcome and Measures**

• Review and update questions on assessment tools to collect the appropriate information on a person’s mental and behavioral health.
• Provide guidance on appropriate referral actions based on assessment questions.
• Share information and best practices on aging services website(s).
Objective 5
Support the aging services network’s preventative health efforts through the provision of resources and tools that highlight the importance of regular screenings and immunizations.

Strategies
- Increase awareness of the Texercise Select evidence-based health promotion program and related preventative measures resources.
- Increase awareness of preventative measures and resources related to screenings, vaccinations, and immunizations.

Outcome and Measures
- Share information with aging services network staff and volunteers on the Texercise program and the benefits of regular exercise.
- Create resource material targeted for older adults.
- Survey AAAs to determine current activities related to preventative measures such as screenings, vaccinations, and immunizations.
- Share information and best practices during regular meetings with all AAAs and ADRCs.
- Share information on the aging services website(s).

Objective 6
Strengthen the aging services network’s connections to public health and emergency response networks.

Strategies
- Explore and implement best practices for use of telecommunication and virtual services during disaster emergency situations.
- Increase awareness of the State of Texas Emergency Assistance Registry.
- Increase awareness of first responders and emergency planners highlighting the special needs and conditions of older adults.

Outcome and Measures
- Review the policies implemented during COVID and other disasters.
- Identify best practices for use of telecommunication and virtual services during disaster emergency situations.
- Track the number of older adults who sign up for the State of Texas Emergency Assistance Registry.
- Provide timely updates and reminders (at least annually).
- Provide trainings and resources for first responders and emergency planners focused on the special needs of older adults during disasters and emergency events.
- Share information and best practices on the aging services website(s).
Equity
Serving individuals with the greatest economic and social need means ensuring equity in all aspects of plan administration.

State Goal
Promote activities that ensure equity and access to services for those with the greatest economic and social need.

Objective 1
Ensure meals can be adjusted for cultural considerations and preferences.

Strategies
- Increase awareness of nutritional needs based on cultural and ethnic considerations and preferences.

Outcome and Measures
- Include information for the AAAs and nutrition providers on cultural and ethnic nutritional preferences in trainings led by a registered, licensed dietitian at least once annually and monitor the number of attendees.
- Share resource information for culturally and ethnically appropriate meals on the aging services website(s).

Objective 2
Prepare, publish, and disseminate educational materials dealing with the health and economic welfare of older adults.

Strategies
- Research and identify current trends impacting the health and economic welfare of older adults.

Outcome and Measures
- Coordinate with Aging Texas Well to identify current trends impacting older adults’ economic welfare and the State’s readiness to support them.
- Develop educational material for aging network staff.
- Share information and best practices on the aging services website(s).

Objective 3
Increase awareness of available resources and services for older adults living with Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome.
**Strategies**

- Create awareness of available services and resources for older adults living with Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome.
- Establish partnerships with DSHS and other subject matter experts to coordinate resources and ensure access to current data.

**Outcome and Measures**

- Create regular exchange of information with DSHS for information related to services and resources for older adults living with Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome.
- Include subject matter experts in periodic AAA and ADRC meetings to share information and best practices.
- Share information and links to available resources related to older adults living with Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome on the aging services website(s).

**Objective 4**

Support participant-directed/person-centered planning for older adults and their caregivers across the spectrum of LTSS, including home, community, and institutional settings.

**Strategies**

- Increase awareness of person-centered practices.
- Explore expanding the use of voucher services for Older Americans Act services.

**Outcome and Measures**

- Create regular interagency meetings to share information on person-centered practices.
- Increase the number of person-centered practices trainings for AAAs and ADRCs provided by subject matter experts.
- Review ACL guidance on the expanded use of vouchers for OAA services.
- Develop policies and procedures on the use of vouchers as payment method for OAA services.
- Share resources on aging services website(s).

**Expanding Access to Home and Community Based Services**

Home and Community Based Services are fundamental to making it possible for older adults to age in place.
**State Goal**
Provide a coordinated system of in-home and community-based long-term care services that enables older Texans and people with disabilities to be active, engaged and supported in their homes and communities.

**Objective 1**
Develop a comprehensive, coordinated system of long-term care that enables older adults to receive long-term care in settings of their choice and in a manner responsive to the needs and preferences.

**Strategies**
- Build and strengthening partnerships with community and faith-based organizations, who primarily serve the aging population.
- Increase awareness of efforts across the HHSC aging services network to facilitate the coordination of community-based service for older individuals.

**Outcome and Measures**
- Increase the number of community partners who serve the aging population.
- Share informational fact sheets on services and supports available for older adults through the Age Well Live Well campaign and track the number of requests.
- Increase awareness of services and resources through the Texas Talks campaign and track the increase in the number of requests for information.

**Caregiving**
Enhancing services and supports for caregivers.

**State Goal**
Promote and enhance activities that provide a coordinated system of services and supports for caregivers.

**Objective 1**
Enhance awareness of caregiving services and supports.

**Strategies**
- Increase awareness of Texas Lifespan Respite Care Program.

**Outcome and Measures**
- Share information on the Texas Lifespan Respite Care program with all AAAs and ADRCs.
- Track the number of visits to the Texas Lifespan Respite Care website.
- Document and share best practices.
• Track the number of ADRC respite requests.

**Objective 2**

Coordinate Title III caregiving efforts with the Lifespan Respite Care program.

**Strategies**

- Increase awareness of the Take Time Texas website and regular updates to the available caregiving resources.
- Increase awareness of the findings from the informal caregiving report.
- Increase awareness of the Alzheimer's Disease Program website.

**Outcome and Measures**

- Track the increase of visits to the Take Time Texas website.
- Share findings from the informal caregiving report with AAAs and ADRCs.
- Require AAAs to share available resources and information with caregivers related to caregiver wellness and community resources.
- Track increased activity on the Alzheimer's Disease Program website.
- Share information and links to available resources on the aging services website(s).

**Objective 3**

Coordinate with the National Technical Assistance Center on Grandfamilies and Kinship families.

**Strategies**

- Increase awareness and availability of services for caregivers, including grandparents.

**Outcome and Measures**

- Share resources on respite services available for caregivers, including grandparents caring for grandchildren.
- Identify and track AAA and ADRC respite care providers.
- Share information and links to resources on the aging services website(s).

__________________________
Signature and Title of Authorized Official

__________________________
Date
STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended in 2020

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 2020.

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—

(2) The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such 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;

(B) 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;

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

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) 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;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency;

(c) An area agency on aging designated under subsection (a) shall be—

(5) in the case of a State specified in subsection (b)(5), the State agency;
and 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. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

(1) a descriptive statement of the formula’s assumptions and goals, and the application of the definitions of greatest economic or social need,
(2) a numerical statement of the actual funding formula to be used,
(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and
(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: STATES MUST ENSURE 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, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of
older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4) (A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with
limited English proficiency, and older individuals residing in rural areas within
the planning and service area; and
(iii) with respect to the fiscal year preceding the fiscal year for which such plan
is prepared—
(I) identify the number of low-income minority older individuals in the
planning and service area;
(II) describe the methods used to satisfy the service needs of such
minority older individuals; and
(III) provide information on the extent to which the area agency on
aging met the objectives described in clause (i).
(B) provide assurances that the area agency on aging will use outreach efforts
that will—
(i) 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, specifically including
survivors of the Holocaust; and
(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of
clause (i), and the caretakers of such individuals, of the availability of such
assistance; and
(C) contain an 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) 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) provide that the area agency on aging will—
(A) take into account in connection with matters of general policy arising in the
development and administration of the area plan, the views of recipients of services
under such plan;
(B) serve as the advocate and focal point for older individuals within the
community by (in cooperation with agencies, organizations, and individuals
participating in activities under the plan) monitoring, evaluating, and commenting
upon all policies, programs, hearings, levies, and community actions which will affect
older individuals;
(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans’ health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

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

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;
(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) 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 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) 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;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) 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 contract or such relationship;

(D) 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 contract or such relationship; and

(E) 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) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of 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;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—
(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and
(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) 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 those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—
(A) the projected change in the number of older individuals in the planning and service area;
(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and
(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions
determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—
(A) health and human services;
(B) land use;
(C) housing;
(D) transportation;
(E) public safety;
(F) workforce and economic development;
(G) recreation;
(H) education;
(I) civic engagement;
(J) emergency preparedness;
(K) protection from elder abuse, neglect, and exploitation;
(L) assistive technology devices and services; and
(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.
(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.
(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.
(B) At a minimum, such procedures shall include procedures for—
(i) providing notice of an action to withhold funds;
(ii) providing documentation of the need for such action; and
(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3)  
(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—
(1) contracts with health care payers;
(2) consumer private pay programs; or
(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—
   (A) require 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) be based on such area plans.

(2) The plan shall provide that the State agency will—
   (A) evaluate, 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) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and
(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 section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—
   (A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and
   (B) with respect to services for older individuals residing in rural areas—
      (i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000
      (ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and
      (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.

(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).

(5) The plan shall provide that the State agency will—
   (A) afford an opportunity for a 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) issue guidelines applicable to grievance procedures required by section 306(a)(10); and
   (C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any 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 plan shall provide that 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.

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

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) 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 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

(10) The plan shall provide assurances 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) The plan shall provide that with respect to legal assistance—

(A) the plan contains 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) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(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.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(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; and

(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;

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

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

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

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

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.
(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—
   (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
   (B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—
      (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
      (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

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

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.
(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—
   (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
   (B) are patients in hospitals and are at risk of prolonged institutionalization; or
   (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.
(19) The plan shall include the assurances and description required by section 705(a).
(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.
(21) The plan shall—
   (A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
   (B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.
(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).
(23) The plan shall provide assurances that demonstrable efforts will be made—
   (A) to coordinate services provided under this Act with other State services that benefit older individuals; and
   (B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in childcare, 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 area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.
(27) (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State’s statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
   (B) Such assessment may include—
      (i) the projected change in the number of older individuals in the State;
      (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

(28) 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.

(29) 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.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

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

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

(a) ELIGIBILITY—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

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

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).
(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
   (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—
      (i) public education to identify and prevent elder abuse;
      (ii) receipt of reports of elder abuse;
      (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
      (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
   (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
   (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—
      (i) if all parties to such complaint consent in writing to the release of such information;
      (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
      (iii) upon court order.

__________________________
Signature and Title of Authorized Official   Date
INFORMATION REQUIREMENTS

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. 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;

State Response

Across the state, HHSC ensures service delivery is targeted to individuals with the greatest need.

- The intrastate funding formula is the basis for ensuring preference is given to older individuals with the greatest economic and social need. The intrastate funding formula includes weighted factors for distributing funds based on the percentage of minority, poverty-level and rural populations.
- AAAs are required to assess the needs of older individuals residing in their service and planning areas and address in their Area Plans how individuals with the greatest economic and social need will be identified and prioritized.
- To ensure services are targeted to individuals with the greatest need, AAAs and service providers also identify individuals with functional limitations through thorough screening and assessment of the individual’s ability to perform ADL and instrumental activities of daily living.

Section 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;
**State Response**

The Texas Technology Access Program develops programs to improve access, advocacy, and awareness of Assistive Technology to meet the needs of older people and people with disabilities in Texas.

- HHSC will ensure all AAAs are aware of the state’s assistive technology entity.
- HHSC will require each AAA to address access to and utilization of assistive technology in their Area Plan.

**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.

**State Response**

Each AAA must include information about their agency’s disaster and emergency preparedness in their area plan. This includes all coordination efforts with other local organizations, both public and private.

- HHSC reviews each AAA’s disaster and emergency preparedness plan at least once every three years.
- HHSC provides disaster and emergency preparedness support to the AAAs.

**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 for each category of service.)

**State Response**

- AAAs are required to expend a minimum proportion of OAA Title III-B funding for the following core services:
  - Access [and assistance] services – 25 percent
  - In-home services – 10 percent
  - Legal assistance services – 2 percent

**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 not less than the amount expended for such services for fiscal year 2000;
(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and
(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.

**State Response**

The state assures that HHSC will not spend less than the amount expended in fiscal year 2000 for services to older individuals residing in rural areas.

- **The goal of the current funding formula is to distribute funding equitably based upon the most current population projections of the Texas State Data Center and to meet the assurances contained in the OAA, Section 305(a)(2)(E), as it relates to targeting.**
- **The rural allocation factor is based on 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 allocations.
  - AAAs with a population density factor of 50 percent of the statewide average, up to 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.

Reference Appendix C for the current Intrastate Funding Formula, which includes a description of the method used to provide services to older individuals in rural areas.

**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.

**State Response**

The state assures that the special needs of older individuals residing in rural areas are taken into consideration, in part through the Intrastate Funding Formula’s rural allocation factor and through collaboration with the AAAs and their provider networks who deliver services to those in rural locations.

- AAAs must address in their Area Plans how they will consider the needs of older individuals residing in rural areas when conducting outreach and providing services.
• HHSC will continue to explore alternative delivery methods and the use of virtual programs to reach individuals residing in rural areas.

**Section 307(a)(14)**

(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.

**State Response**

Based on the most recent U.S. Census Bureau’s data for calendar year 2020 there are 2,242,300 minority older adults in Texas.

• Texas is estimated to have 367,700 low-income minority individuals age 60 and over.

• The estimated number of low-income minority older Texans with limited English proficiency is 61,700.

• The Intrastate Funding Formula ensures funding is allocated based on the population of low-income minority older adults in Texas.

• AAAs must include in their Area Plans all outreach methods and service provision methods to ensure access for low-income minority individuals, including individual with limited English proficiency.

• AAA outreach material and consumer forms are translated into Spanish, Mandarin, Vietnamese, Korean, Cantonese, German and American Sign Language.

• Currently, there are 157 bilingual AAA staff. Spoken languages include Spanish, Japanese, French, Vietnamese, Urdu, and Hindi.

• The HHSC website is also available in Spanish.

• Both HHSC and AAA staff have access to a language translation line.

**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, if applicable, and specify the ways in which the State agency intends to implement the activities.
State Response

- The AAAs work with the tribes within their service and planning areas 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.
- AAAs must include in their Area Plans all efforts to coordinate OAA services with Title VI federally recognized Native American tribes, including nutrition, in-home supportive services, appropriate referrals and other assistance.
- AAAs also provide information about their activities in periodic reports, including the Medicare Improvements for Patients and Providers Act and ACL-State Health Insurance Assistance Program grant reports.
- All area plans are reviewed to ensure Native Americans have access to OAA services.

Section 307(a)(27)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State’s statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

State Response

Texas anticipates a continued growth in the number of older individuals over the next 10 years. Through statewide surveys and needs assessments, HHSC will monitor the growth and potential changes in the demographics of this population and adjust resources to meet their needs.

Section 307(a)(28)

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

**Section 307(a)(29)**

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.

**State Response**

As part of the HHSC Emergency Management Team, the OAAA, other health and human service agencies and the Department of Public Safety participate in the state’s disaster management efforts. The OAAA maintains a Continuity of Operations Plan, which is included in the HHSC Continuity of Operations Plan. Additionally, the OAAA provides awareness about personal and family disaster preparedness.

- AAAs are required to provide updates to their disaster preparedness plans.
- OAA provides technical assistance and management oversight for services provided during disasters.
- The AAA disaster preparedness plans are reviewed at least once during the state plan period.

**Section 705(a) ELIGIBILITY —**

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307—

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307—

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter; 
(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5); 
(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—
(i) public education to identify and prevent elder abuse; 
(ii) receipt of reports of elder abuse; 
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and 
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate; 
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and 
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—
(i) if all parties to such complaint consent in writing to the release of such information; 
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or 
(iii) upon court order.

State Response

HHSC has policies governing programs operated under OAA Title VII: Vulnerable Elder Rights Protection Activities

HHSC provides a State Long-Term Care Ombudsman Program in accordance with the OAA and provides state level Ombudsman services and services provided through a statewide network of volunteers under agreements with the AAAs.

- HHSC assures services are delivered in accordance with the OAA.
- AAAs, ADRCs, and Long-Term Care Ombudsman programs are monitored for compliance and corrective action is taken when necessary.
• The OAAA conducts a statewide satisfaction survey with the people receiving core services. The survey is modeled after ACL’s Consumer Assessment Survey to enable a comparison to the nation’s survey results.

• AAAs must survey participants receiving services to ensure the services are meeting their needs. HHSC requires the AAAs to provide a Rights and Responsibilities form that includes the contact information for the AAA and the service provider. The form outlines the participant’s rights and the AAA’s responsibilities to the participant. During the monitoring process, provision of the form is confirmed.

• HHSC assures funds made available under this subtitle will be used in addition to, and will not supplant, 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.

• HHSC 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 26 Texas Administrative Code, Chapter 88 and the Long-Term Ombudsman policy manual.

The HHSC works with the Department of Family and Protective Services (DFPS) and Adult Protective Services (APS), AAAs, and HHSC’s contractor for legal services to increase public awareness about elder abuse, neglect, and exploitation, including causes, profiles of victims and perpetrators, warning signs, reporting and prevention strategies.

• The OAAA collaborates with DFPS and APS, AAAs, and HHSC’s contractor for legal services to provide support to victims of elder abuse, neglect and exploitation; and to provide training for AAA staff.

• HHSC supports and promotes World Elder Abuse Awareness Day.

• The OAAA, AAAs, ADRCs, and the Senior Medicare Patrol support awareness through joint activities, the Medicare Improvements for Patients and Providers Act outreach events and senior expos.

• AAAs must instruct staff, volunteers and service providers to report allegations of abuse, neglect, or exploitation to DFPS and must take corrective action if a report is not made.

• DFPS confirms abuse, neglect, or exploitation in accordance with the Texas Human Resource Code, Chapter 48.
Attachment C – Intrastate Funding Formula

HHSC, as the SUA, allocates Title III, Title VII, and state general revenue to the AAAs based on an approved interstate funding formula.

Funds are allocated to the AAAs according to the funding formula provided in 26 Texas Administrative Code §213.301. The goal of this formula is to distribute funding equitably based on the most current population projections available to the state; and meet the assurances contained in the OAA, Section 305(a)(2)(E), as it relates to targeting.

- Each AAA is allocated a base amount of $60,000 of state general revenue.
- In accordance with the OAA, an administration pool comprising ten percent of the federal allocation of funds to AAAs is established. Of this amount, each AAA is allocated no less than $85,000.
- Each AAA is allocated a base amount of $115,000 for Title III Supportive Services.
- Each AAA is allocated a base amount of $100,000 for Title III Nutrition Services.
- The rural allocation factor is based on a three-part formula:
  - AAAs whose population density factor exceeds the statewide average of people age 60 and older per square mile 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, 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 receive a rural allocation of $30,000.
- All remaining funds, excluding Title VII Ombudsman Activity Grant, are allocated in accordance with the following formula of weighted factors:
  - Total AAA's regional population age 60 and older, weighted at 40 percent.
  - Total AAA's regional population age 60 and older who are minorities, weighted at 10 percent.
o Total AAA's regional population age 60 and older with incomes below the poverty level, weighted at 50 percent.

In accordance with the OAA, §306(a)(9), the State Ombudsman allocates funds for the operation of the Title VII Ombudsman Program in accordance with the funding formula provided in 26 Texas Administrative Code §88.105(b).

- Each host agency is allocated a base amount of $3,000 of federal funds appropriated or otherwise available for the Ombudsman Program. Additional federal funds are allocated as follows:
  - 75 percent of the funds is allocated based on the licensed capacity of nursing facilities in the ombudsman service area.
  - 25 percent of the funds is allocated based on the number of certified ombudsmen in the ombudsman service area who actively performed functions of the Ombudsman Program during the previous state fiscal year.

- Each host agency is allocated funds from state general revenue funds appropriated or otherwise available for the Ombudsman Program based on the following factors:
  - The number of assisted living facilities in the ombudsman service area on or about July 1 of each year;
  - The number of assisted living facilities in the ombudsman service area located in a rural area, as determined by the State Ombudsman, on or about July 1 of each year; and

The type and licensed capacity of assisted living facilities in the ombudsman service area on or about July 1 of each year.

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<td>155,133</td>
<td>733,458</td>
<td>8,994,678</td>
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<td>186,818</td>
<td>1,488,596</td>
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<td>694,616</td>
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<td>1,908,392</td>
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</table>

<table>
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<th>AAA</th>
<th>III B Admin</th>
<th>III C1 Admin</th>
<th>III C2 Admin</th>
<th>III E Admin</th>
<th>VAC5 IIIB Admin</th>
<th>CDSA III C2 Admin</th>
<th>Total III AAA Admin</th>
<th>Total AAA Admin</th>
<th>Total Award GR and FED</th>
</tr>
</thead>
<tbody>
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<td>Alamo</td>
<td>63,340</td>
<td>78,931</td>
<td>43,895</td>
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<td>28,507</td>
<td>214,349</td>
<td>214,349</td>
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<td>40,302</td>
<td>22,413</td>
<td>14,391</td>
<td>4,332</td>
<td>14,556</td>
<td>109,449</td>
<td>109,449</td>
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<td>24,751</td>
<td>83,163</td>
<td>625,309</td>
<td>625309</td>
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<td>13,057</td>
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<td>13,207</td>
<td>99,302</td>
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<td>1,681,937</td>
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<td>106,551</td>
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<td>69,109</td>
<td>520,312</td>
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<td>23,954</td>
<td>15,380</td>
<td>4630</td>
<td>15,557</td>
<td>116,972</td>
<td>116972</td>
<td>1,923,407</td>
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<td>Dallas</td>
<td>207,090</td>
<td>258,074</td>
<td>143,517</td>
<td>92147</td>
<td>27,740</td>
<td>93,207</td>
<td>700,828</td>
<td>700828</td>
<td>9,793,837</td>
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<td>6,009</td>
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<td>151,811</td>
<td>151811</td>
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<td>121,770</td>
<td>67,718</td>
<td>43,479</td>
<td>13,089</td>
<td>43,980</td>
<td>330,683</td>
<td>330683</td>
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<td>Harris County Heart of Texas</td>
<td>32,666</td>
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<td>258,274</td>
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<td>167,737</td>
<td>1,261,196</td>
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</tr>
<tr>
<td>Houston/ Galveston</td>
<td>34,438</td>
<td>42,917</td>
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<td>15,324</td>
<td>4,613</td>
<td>15,500</td>
<td>116,546</td>
<td>116546</td>
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<td>Lower Rio</td>
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<td>247,425</td>
<td>137,595</td>
<td>88,345</td>
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<td>89,361</td>
<td>671,910</td>
<td>671910</td>
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<tr>
<td>Middle Rio</td>
<td>184,870</td>
<td>230,383</td>
<td>128,118</td>
<td>82,260</td>
<td>24,764</td>
<td>83,206</td>
<td>625,631</td>
<td>625631</td>
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<td>31,336</td>
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<td>14,103</td>
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<td>242,120</td>
<td>134,645</td>
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<td>87,445</td>
<td>657,505</td>
<td>657505</td>
<td>9,652,183</td>
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<tr>
<td>AAA</td>
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<td>III C1 Admin</td>
<td>III C2 Admin</td>
<td>III E Admin</td>
<td>VAC5 IIIIB Admin</td>
<td>CDSA III C2 Admin</td>
<td>Total III AAA Federal Admin</td>
<td>Total AAA Admin</td>
<td>Total Award GR and FED</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
<td>--------------</td>
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<td>-------------</td>
<td>------------------</td>
<td>-------------------</td>
<td>-----------------------------</td>
<td>----------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Nortex</td>
<td>23,717</td>
<td>29,556</td>
<td>16,436</td>
<td>10,553</td>
<td>3,177</td>
<td>10,674</td>
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<td>80,262</td>
<td>1,568,585</td>
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<td>48,911</td>
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<td>5,257</td>
<td>17,665</td>
<td>132,824</td>
<td>132,824</td>
<td>2,178,761</td>
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<tr>
<td>Permian</td>
<td>39,913</td>
<td>49,738</td>
<td>27,660</td>
<td>17,759</td>
<td>5,346</td>
<td>17,964</td>
<td>135,070</td>
<td>135,070</td>
<td>2,308,788</td>
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<tr>
<td>Rio Grande</td>
<td>117,767</td>
<td>146,759</td>
<td>81,614</td>
<td>52,401</td>
<td>15,775</td>
<td>53,004</td>
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<td>398,541</td>
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<td>17,875</td>
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<td>5,339</td>
<td>17,938</td>
<td>134,876</td>
<td>134,876</td>
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<td>49,551</td>
<td>61,751</td>
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<td>22,302</td>
<td>167,690</td>
<td>167,690</td>
<td>2,650,558</td>
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<tr>
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<td>185,664</td>
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<td>66,292</td>
<td>19,957</td>
<td>67,055</td>
<td>504,191</td>
<td>504,191</td>
<td>7,562,326</td>
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<tr>
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<td>21,420</td>
<td>26,694</td>
<td>14,845</td>
<td>9,531</td>
<td>2,869</td>
<td>9,461</td>
<td>72,490</td>
<td>72,490</td>
<td>1,392,334</td>
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<td>36,449</td>
<td>45,422</td>
<td>25,259</td>
<td>16,218</td>
<td>4,882</td>
<td>16,405</td>
<td>123,348</td>
<td>123,348</td>
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<td>2,536,188</td>
<td>3,160,578</td>
<td>1,757,628</td>
<td>1,128,505</td>
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<td>1,141,490</td>
<td>8,582,899</td>
<td>8,582,899</td>
<td>128,503,449</td>
</tr>
</tbody>
</table>
Attachment D – Demographic Information on Older Individuals

Figure 1.1 Percent Population Growth by Texas County, 2022-2050

Figure 1.2: Percent of Texans with a Disability during the 2015-2019 Period, by Age Group

Figure 1.3: Percent of Population by Race and Ethnicity, 2022-2050
Figure 1.4: Projected Population by Race and Ethnicity, 2022-2050

![Projected Texas Population by Race/Ethnicity (2022 and 2050)](image)

Data Source: Texas Demographic Center.
Figure 1.5: Total Population by County, 2022

Table 23: Matrix of Population Age 65 and Older by Age Group, Years 2022 - 2050⁹

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2022</th>
<th>2030</th>
<th>2040</th>
<th>2050</th>
<th>2022-2050 Numeric Change</th>
<th>2022-2050 Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 and Older</td>
<td>4,239,506</td>
<td>5,576,489</td>
<td>6,908,944</td>
<td>8,306,674</td>
<td>4,067,168</td>
<td>-4.1</td>
</tr>
<tr>
<td>65 to 69</td>
<td>1,424,369</td>
<td>1,654,735</td>
<td>1,811,976</td>
<td>2,187,242</td>
<td>762,873</td>
<td>-46.4</td>
</tr>
<tr>
<td>70-74</td>
<td>1,116,543</td>
<td>1,450,937</td>
<td>1,565,203</td>
<td>1,838,277</td>
<td>721,734</td>
<td>-35.4</td>
</tr>
<tr>
<td>75-79</td>
<td>780,182</td>
<td>1,102,008</td>
<td>1,406,761</td>
<td>1,579,642</td>
<td>799,460</td>
<td>2.5</td>
</tr>
<tr>
<td>80-84</td>
<td>475,920</td>
<td>754,686</td>
<td>1,081,689</td>
<td>1,206,224</td>
<td>730,304</td>
<td>53.5</td>
</tr>
<tr>
<td>85+</td>
<td>442,492</td>
<td>614,123</td>
<td>1,043,315</td>
<td>1,495,289</td>
<td>1,052,797</td>
<td>137.9</td>
</tr>
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</table>

Table 34: Leading Causes of Texas Resident Deaths, 2019¹⁰

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<tr>
<th>Ranking</th>
<th>Disease</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Diseases of the Heart</td>
<td>22.68%</td>
</tr>
<tr>
<td>2</td>
<td>Malignant Neoplasms</td>
<td>20.40%</td>
</tr>
<tr>
<td>3</td>
<td>Accidents</td>
<td>5.59%</td>
</tr>
<tr>
<td>4</td>
<td>Chronic Lower Respiratory Diseases</td>
<td>5.31%</td>
</tr>
<tr>
<td>5</td>
<td>Cerebrovascular Diseases</td>
<td>5.31%</td>
</tr>
<tr>
<td>6</td>
<td>Alzheimer’s Disease</td>
<td>4.97%</td>
</tr>
<tr>
<td>7</td>
<td>Diabetes Mellitus</td>
<td>3.39%</td>
</tr>
<tr>
<td>8</td>
<td>Chronic Liver Disease and Cirrhosis</td>
<td>2.14%</td>
</tr>
<tr>
<td>9</td>
<td>Nephritis, Nephrotic Syndrome and Nephrosis</td>
<td>2.05%</td>
</tr>
<tr>
<td>10</td>
<td>Intentional Self Harm</td>
<td>1.91%</td>
</tr>
<tr>
<td>All Other Causes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Deaths in 2019</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 45. Projection Population Change: Texas Population Age 60 or Older, Years 2019-2024¹¹

<table>
<thead>
<tr>
<th>Area Agency on Aging</th>
<th>Numerical Change, Years 2019-2024</th>
<th>Percent Change Years 2019-2024</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alamo</td>
<td>25,718</td>
<td>16.2%</td>
</tr>
<tr>
<td>Ark-Tex</td>
<td>5,522</td>
<td>7.5%</td>
</tr>
<tr>
<td>Bexar County</td>
<td>63,784</td>
<td>17.9%</td>
</tr>
<tr>
<td>Brazos Valley</td>
<td>8,604</td>
<td>13.2%</td>
</tr>
<tr>
<td>Capital</td>
<td>106,476</td>
<td>26.8%</td>
</tr>
<tr>
<td>Central Texas</td>
<td>9,495</td>
<td>11.8%</td>
</tr>
<tr>
<td>Coastal Bend</td>
<td>11,730</td>
<td>8.9%</td>
</tr>
<tr>
<td>Concho Valley</td>
<td>3,273</td>
<td>8.2%</td>
</tr>
<tr>
<td>Dallas</td>
<td>74,754</td>
<td>17.7%</td>
</tr>
<tr>
<td>Deep East Texas</td>
<td>6,698</td>
<td>6.7%</td>
</tr>
<tr>
<td>East Texas</td>
<td>18,184</td>
<td>8.4%</td>
</tr>
<tr>
<td>Golden Crescent</td>
<td>3,670</td>
<td>7.4%</td>
</tr>
<tr>
<td>Harris</td>
<td>138,762</td>
<td>18.6%</td>
</tr>
</tbody>
</table>

¹⁰ Source: DSHS. Texas Death Certificate Data
<table>
<thead>
<tr>
<th>Area Agency on Aging</th>
<th>Numerical Change, Years 2019-2024</th>
<th>Percent Change Years 2019-2024</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart of Texas</td>
<td>6,941</td>
<td>8.4%</td>
</tr>
<tr>
<td>Houston-Galveston</td>
<td>122,368</td>
<td>25.1%</td>
</tr>
<tr>
<td>Lower Rio Grande</td>
<td>31,619</td>
<td>14.4%</td>
</tr>
<tr>
<td>Middle Rio Grande</td>
<td>1,868</td>
<td>5.3%</td>
</tr>
<tr>
<td>North Central Texas</td>
<td>160,155</td>
<td>29.7%</td>
</tr>
<tr>
<td>North Texas</td>
<td>4,211</td>
<td>7.7%</td>
</tr>
<tr>
<td>Panhandle</td>
<td>9,031</td>
<td>9.7%</td>
</tr>
<tr>
<td>Permian Basin</td>
<td>9,561</td>
<td>11.6%</td>
</tr>
<tr>
<td>Rio Grande</td>
<td>22,971</td>
<td>14.0%</td>
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<tr>
<td>South East Texas</td>
<td>7,379</td>
<td>8.4%</td>
</tr>
<tr>
<td>South Plains</td>
<td>8,848</td>
<td>10.4%</td>
</tr>
<tr>
<td>South Texas</td>
<td>8,339</td>
<td>15.8%</td>
</tr>
<tr>
<td>Tarrant</td>
<td>81,732</td>
<td>22.5%</td>
</tr>
<tr>
<td>Texoma</td>
<td>5,790</td>
<td>10.8%</td>
</tr>
<tr>
<td>West Central Texas</td>
<td>5,216</td>
<td>6.4%</td>
</tr>
<tr>
<td>Statewide Summary</td>
<td>962,699</td>
<td>18.1%</td>
</tr>
</tbody>
</table>

Table 56. Texans Aged 65 and Over by Disability Status in 2019\(^{12}\)

<table>
<thead>
<tr>
<th>Disability Status</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Disability</td>
<td>1,960,986</td>
<td>65.1%</td>
</tr>
<tr>
<td>One Disability</td>
<td>465,606</td>
<td>15.5%</td>
</tr>
<tr>
<td>More Than One Disability</td>
<td>586,816</td>
<td>19.5%</td>
</tr>
</tbody>
</table>

Table 67. Disability by Age, Gender and Type in 2019\(^{13}\)

<table>
<thead>
<tr>
<th></th>
<th>Male 65-74 years</th>
<th>Female 65-74 years</th>
<th>Male 75+ years</th>
<th>Female 75+ years</th>
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</thead>
<tbody>
<tr>
<td>Any Disability</td>
<td>29.2%</td>
<td>26.7%</td>
<td>50.5%</td>
<td>53.1%</td>
</tr>
<tr>
<td>Hearing</td>
<td>13.2%</td>
<td>5.76%</td>
<td>26.5%</td>
<td>19.0%</td>
</tr>
<tr>
<td>Vision</td>
<td>5.2%</td>
<td>5.1%</td>
<td>8.5%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Cognitive</td>
<td>5.5%</td>
<td>5.9%</td>
<td>11.8%</td>
<td>15.7%</td>
</tr>
</tbody>
</table>

\(^{12}\) Source: U.S. Census Bureau. 2019 American Community Survey.

\(^{13}\) Source: U.S. Census Bureau. 2019 American Community Survey.
### Table 78. Disability Age 65 and Over by Race and Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Male 65-74 years</th>
<th>Female 65-74 years</th>
<th>Male 75+ years</th>
<th>Female 75+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglo</td>
<td>35.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>41.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>40.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>32.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All</td>
<td>37.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 89. Selected OAA Services Provided through AAAs - Title III Only

<table>
<thead>
<tr>
<th>Program</th>
<th>Federal Fiscal Year 2018</th>
<th>Federal Fiscal Year 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statewide Nutrition Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number receiving congregate meals</td>
<td>62,002</td>
<td>62,320</td>
</tr>
<tr>
<td>Number of congregate meals served</td>
<td>4,122,732</td>
<td>4,188,307</td>
</tr>
<tr>
<td>Statewide average cost per congregate meal</td>
<td>$6.28</td>
<td>$6.04</td>
</tr>
<tr>
<td>Number receiving home-delivered meals</td>
<td>62,143</td>
<td>63,033</td>
</tr>
<tr>
<td>Number of home-delivered meals served</td>
<td>11,818,518</td>
<td>10,586,360</td>
</tr>
<tr>
<td>Statewide average cost per home-delivered meal</td>
<td>$5.13</td>
<td>$5.13</td>
</tr>
<tr>
<td>State wide Services to Assist Independent Living</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number receiving homemaker services</td>
<td>1,221</td>
<td>1,365</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Program</th>
<th>Federal Fiscal Year 2018</th>
<th>Federal Fiscal Year 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average cost per person receiving homemaker services</td>
<td>$535.00</td>
<td>$610.00</td>
</tr>
<tr>
<td>Number receiving personal assistance</td>
<td>895</td>
<td>951</td>
</tr>
<tr>
<td>Average cost per person receiving personal assistance</td>
<td>$933.00</td>
<td>$932.00</td>
</tr>
<tr>
<td>Number of homes repaired or modified</td>
<td>1,308</td>
<td>1,647</td>
</tr>
<tr>
<td>Average cost per repaired/modified home</td>
<td>$1,897.00</td>
<td>$1,972.00</td>
</tr>
<tr>
<td>Number of one-way trips</td>
<td>739,521</td>
<td>763,536</td>
</tr>
<tr>
<td>Number of Retired and Senior Volunteer Program volunteers</td>
<td>375</td>
<td>404</td>
</tr>
</tbody>
</table>

Table 9. Rate of New HIV Cases By Year

![Bar chart showing the rate of new HIV cases by year from 2010 to 2019. The bars depict a slight increase from 17 cases in 2010 to 19 cases in 2019.](chart.png)
Table 1011. Comparing Two Years on New HIV Cases by Sex

Table 1112. New HIV Cases By Age Group
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. HHSC is the umbrella agency with responsibility for oversight of the coordination and operation of the health and human service agencies and serves as the state Medicaid Agency for Texas.

HHSC is designated as the SUA and is responsible for administering programs under the OAA. HHSC contracts with the umbrella agencies of the AAAs (Council of Governments, development councils, and a non-for-profit organization and city government) to provide services in all 254 Texas counties. OAA funding is allocated to AAAs through a federally approved intrastate funding formula (see Attachment C). Services for each region are based on the needs of older adults in 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, HHSC provides long-term services and supports to older Texans and individuals with disabilities. The array of services includes Medicaid community-based and institutional services, Medicaid waivers, non-Medicaid community-based services and state-funded services.

SUA functions are supported by numerous divisions throughout HHSC and through contracts with AAAs.

The following organizational charts describe the relationship of the SUA in HHSC, the umbrella agency for Health and Human Services system in Texas, and the functional areas in HHSC that fulfill the responsibilities of the SUA.

**Figure 2. HHSC Organizational Chart**

**Health and Human Services Commission**

HHSC Executive Commissioner reports to the Governor of Texas. The Chief of Staff and the Chief Deputy Executive Commissioner report directly to the HHSC Executive Commissioner. The Office and the Office program report to the Chief Deputy Executive Commissioner.
HHSC Executive Council

HHSC Executive Council receives public input and advises the HHSC Executive Commissioner regarding the operation of the commission. The Executive Council reviews policies related to the operation of the Health and Human Service system and its programs. The Executive Council seeks and receives public comment on:

- Proposed rules;
- Recommendations of advisory committees;
- Legislative appropriations request or other documents related to the appropriations process;
- The operation of Health and Human Service programs; and
- Items the Executive Commissioner determines appropriate.

Legal Services

The Legal Services Division develops and approves contracts, contract amendments and memoranda of understanding for the SUA for signature. This includes review of statutory authority and relevance to other statutes and requirements that impact the operations of the SUA. Additionally, the division consults with program staff responsible for administering the contracts in compliance with federal and state requirements.

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 NFs 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 HHSC. The local AAA or the local AAA’s subrecipient supervises the long-term care ombudsmen.

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 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.

Communications Office

The HHSC 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 HHSC 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.
  - The web administration team designs agency websites and develops dynamic interfaces with various databases that are accessed via the Internet site T provide advice to HHSC 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.

### Financial Services

HHSC uses a variety of means to ensure appropriated funds are used appropriately. Fund accounting codes, factors and the HHSC 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, HHSC is responsible for federal funds reporting.

### Aging Services Coordination

The ASC 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. Through health and wellness programs, social engagement opportunities and collaborative partnerships, including the Age Well Live Well initiative, the key functions of the ASC office include:

- Developing community projects that support the HHSC strategic goals and grow local capacity to service older Texans.
• Enhancing existing HHSC and local programs and services through collaborative partnerships and programs.
• Researching and reporting on the issues and needs of older Texans through the HHSC Aging Texas Well initiative and the Aging Texas Well Advisory Committee.
• Sharing valuable information with the public about what the HHSC and the states older adults’ service network provides for older Texans and their families.

**Medical and Social Services Division**

The Medical and Social Services organizational structure establishes a foundation for continuous system improvement and brings together a diverse range of programs and functions that comprise departments to set the stage to better coordinate access points and oversee service delivery. The Medical and Social Services determines client eligibility serving as the entry point for services and providing information regarding access to services; oversees or provides client services, including aging services, veteran services, community care, women’s primary and preventative services, awareness and education services, behavioral health services, intellectual and developmental disability services, and rehabilitation services and supports; and develops policy, oversees provider and health plan contracts, and submits Medicaid State Plan amendments and waivers to the federal Centers for Medicare and Medicaid Services.

**Medical and Social Services**

The Medical and Social Services develops, coordinates and implements HHSC agency-wide policy initiatives. Medical and Social Services also coordinates HHSC 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 HHSC 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 HHSC 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.
• Serving as an expert resource to internal and external partners and stakeholders.
• Administers and performs statistical analysis of the Long-Term Services and Supports Quality Review survey results.
• Maintains a group of public websites including the Quality Reporting System, Facility Information, Vacancy, and Evacuation System, QMVist Database, Relocation Database, Medication Administration Records Database, and Medically Dependent Children Program 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 Data Mart.

The Medical and Social Services is comprised of four departments:
1. Health, Developmental & Independence Services
2. Intellectual Developmental Disability & Behavioral Health Services
3. Medicaid and CHIP Services
4. Access and Eligibility Services

**Access and Eligibility Services**

The AES provides a foundation for a gradual integration and improvement that leads to a streamlined process and increased coordination. The services provided by this department are critical and complex, requiring a structure that serves as the foundation for gradual integration and improvement. The department is composed of six sections:

- **Disability Determination Services:** makes disability determinations for Texans with severe disabilities who apply for Social Security Disability Insurance or Supplemental Security Income.
- **Eligibility Operations:** determines eligibility for programs such as Medicaid, CHIP, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, and Healthy Texas Women.
- **Community Access:** provides information, application assistance and referral services for programs and services critical to individuals and families in need.

**Office of Area Agencies on Aging**

To ensure state and federal mandates are met, OAAA supports the primary functions of the SUA and is responsible for the allocation of funds and administration of OAA programs and services. The section also provides fiscal oversight of state funds for programs administered by the Corporation for National and Community Services. These programs include the Retired and Senior Volunteer Program, the Senior Companion Program, and the Foster Grandparent Program, offering volunteer opportunities for older individuals. OAAA section facilitates the development of the State Plan, 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 Assistance Program and the ACL- State Health Insurance Assistance Program basic grant are located within the OAAA section.
In addition, OAAA facilitates the development of the State Plan, 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 Assistance Program, ACL, and the Medicare Improvements for Patients and Providers Act grants are located within the OAAA section.

**Office of Aging and Disability Resource Centers**

The Office of Aging and Disability Resource Centers administers the ADRC program through 22 contracts with governmental and non-profit organizations throughout the state, ensuring full service to all 254 Texas counties.

**Texas 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.

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. See Attachment G for a list of AAA offices.

In addition, the AAAs provide a number of evidence-based intervention programs. One in particular is Care Transitions. Care Transitions promotes self-identified personal goals around symptom management and functional recovery in the care transition from hospital to home and to reduce hospital admissions. In 2017, five AAAs participated in this program: Central Texas, Deep East Texas, Lower Rio Grande, North Central Texas, and Tarrant County. See Attachment H for a list of HHSC approved evidence-based intervention programs and a matrix showing the evidence-based intervention programs provided by each AAA.

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.

**Texas Aging and Disability Resource Centers**

The ADRCs support the Texas “No Wrong Door” system and serve as key points of access for people seeking specialized information, referral, and assistance for LTSS options in their communities. People seeking assistance may call a statewide toll-free number that will connect them to their local ADRC, or they can access the YourTexasBenefits.com website through which they can self-screen for services using an automated version of the LTSS Screen.

ADRCs provide person-centered services to individuals and caregivers, regardless of age, income, and disability. In addition to providing specialized LTSS information, referrals, and assistance, ADRCs perform additional core services, including:

- **Referral to Respite Care services** – ADRCs provide referrals to other community providers for respite care services. Respite care supports families caring for an individual of any age with a chronic health condition or a disability. Respite allows caregivers to take a break while a provider cares for their loved one.

- **Local Contact Agency functions** – As the Local Contact Agency, ADRCs provide transition planning and person-centered options counseling to assist non-Medicaid NF residents who need assistance transitioning into community living.

- **Housing Navigation activities** – ADRC Housing Navigators focus their efforts on opportunities to increase accessible, integrated and affordable housing in their communities. They maintain inventories of available housing in their areas, participate in local coalitions that advocate for affordable housing, and develop and maintain working relationships with key stakeholders, including housing authorities, property owners, developers, and state and local lawmakers.

- **Outreach and education activities under the Medicare Improvements for Patients and Providers Act** - ADRCs facilitate and participate in community events to provide outreach and education to Medicare beneficiaries with limited incomes who may eligible for the Low-Income Subsidy program, Medicare Savings Program, and Medicare Prescription Drug Coverage (Part D).

- **Pilot programs and local initiatives that target underserved populations** – ADRCs also may provide other programs or services that are unique to their communities. For example, ADRCs in communities with a high number of military personnel and veterans have implemented programs to provide specialized assistance to these populations. Other local initiatives target Native American, refugee, and non-English speaking populations.
• Money Follows the Person Program (funding extended to 2023) supports efforts to help transition people who wish to leave a nursing home or other institution and return to the community. The state also provides transition assistance services through managed care and the Home and Community Based Services waiver program as funding allows. Each project receiving funding has an approved plan for maintaining sustainability after funding ends.

**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 adults 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.
Attachment F – HHSC Continuum of Long-Term Services and Supports

LTSS are provided to adults age 65 and older and individuals of all ages with physical, intellectual or developmental disabilities who require nursing care or need help with tasks of daily living. Medicaid covers LTSS through the Texas state plan and through waiver programs. The services may be delivered through managed care, fee-for-service, or both.

The types of LTSS individuals receive is largely related to where the services are delivered. The goal is to ensure older adults have seamless access to services and supports in the most appropriate, least restrictive settings. LTSS may be provided in long-term care facilities, in community settings or within the person’s home.

**Consumer Directed Service Option**

The Consumer Directed Service option provides a person or guardian the choice of becoming the employer of the person delivering attendant services to the recipient. The employer selects a financial management services agency that performs payroll functions on behalf of the employer. This option is available in a variety of HHSC programs.

The Consumer Directed Service option is available in these Medicaid LTSS programs:

- Community Attendant Services;
- Community Living Assistance and Support Services;
- Consumer Managed Personal Attendant Services;
- Deaf-Blind with Multiple Disabilities;
- Family Care;
- Home and Community-based Services;
- Primary Home Care;
- State of Texas Access Reform (STAR) Health;
- STAR Health Medically Dependent Children Program;
- STAR Kids;
- STAR Kids Medically Dependent Children Program;
- State of Texas Access Reform Plus (STAR+PLUS);
- STAR+PLUS Home and Community-based Services; and
- Texas Home Living.
**Home and Community-Based Services-Adult Mental Health**

**Overview**

The Home and Community-Based Services-Adult Mental Health is a 1915(i) Medicaid program that provides specialized supports to adults with serious mental illness (SMI).

The Home and Community-Based Services-Adult Mental Health program provides an array of home and community-based services to adults with SMI. The program services adults age 18 years and above and a proportion (14 percent) of recipients are 60 years of age or older. The services are designed to support long-term recovery from mental illness and are tailored to match each person’s needs. This helps the person to live and experience successful tenure in their chosen community. In fiscal year 2019, 32 adults age 60 and older were served by the HCBS-AMH program providing services for adults living in the community with serious mental illness and history of long-term psychiatric hospitalization, frequent arrests or frequent hospital emergency room utilization.

Data source is IDEAS data base and involved stratifying data via filters. The number served in fiscal year 2019 included all recipients who were enrolled in or before FY2019 and received services in fiscal year 2019. Recipients enrolled in FY16-18 whose services were discontinued before fiscal year 2019 have been excluded.

The flexible array of services offered by the program is designed to meet a person’s needs that are not addressed by other means and to assist in the person’s recovery. The goal of the program is to enable people to live and experience successful tenure in their community of choice and improve their quality of life and functioning. Services include, but are not limited to recovery management, housing related services, and employment services.

**STAR+PLUS Program**

The STAR+PLUS program combines acute care and LTSS, such as assisting in a member’s home with ADLs, home modifications, respite (short-term supervision) and personal assistance services. These services are delivered through providers contracted with managed care organizations. The STAR+PLUS program provides a continuum of care with a wide range of options and increased flexibility to meet individual needs. The program has increased the number and types of providers available to Medicaid members.

Service coordination, available to all members, is the main feature of the STAR+PLUS program. It is a specialized case management service for program members who need or request it. Service coordination ensures that plan members, family members, and providers can work together to help members get acute care, LTSS, Medicare services for dually-eligible members and other community support services.
Day Activity and Health Services

All members of a STAR+PLUS MCO may receive medically and functionally necessary Day Activity and Health Services (DAHS). DAHS includes nursing and personal assistance services, therapy extension services, nutrition services, transportation services and other supportive services provided at facilities licensed by the state.

Personal Assistance Services

All members may receive medically and functionally necessary Personal Assistance Services. Personal Assistance Services includes assisting the member with the performance of ADLs and household chores necessary to maintain the home in a clean, sanitary and safe environment. The level of assistance provided is determined by the member’s needs and the plan of care.

STAR+PLUS Home and Community Based Services

The STAR+PLUS Home and Community Based Services program is a managed care program delivered through the Texas 1115 Health-care Transformation Waiver that provides a cost-effective alternative to living in a nursing facility for adults age 21 and older who have disabilities or adults age 65 or older.

Individuals enrolled in the program receive all services through their STAR+PLUS Managed Care Organizations. Services offered include, but are not limited to:

- Personal Assistance Service
- Respite
- Financial Management Services
- Support Consultation
- Adaptive Aids and Medical Supplies
- Adult Foster Care
- Assisted Living
- Dental Services
- Emergency Response Services
- Home Delivered Meals
- Minor Home Modifications
- Nursing
- Occupational Therapy
- Physical Therapy
- Speech, Hearing, and Language Therapy
- Transition Assistance Services
- Cognitive Rehabilitation Therapy
- Supported Employment Services
- Employment Assistance Services
Table 1215 STAR+PLUS Member Enrollment - Fiscal Year 2019

<table>
<thead>
<tr>
<th>STAR+PLUS HCBS</th>
<th>DAHS</th>
<th>PAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>68,554</td>
<td>32,886</td>
<td>129,638</td>
</tr>
</tbody>
</table>

**Texas Medicaid State Plan**

**Community Attendant Services**

Community attendant services in 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 ADLs according to a practitioner’s statement of medical need. Services are provided by an attendant and include accompanying recipients on trips to medical appointments, assistance with housekeeping activities that support the person’s health and safety, and assistance with activities related to the care of the person’s physical health.

**Community First Choice**

Community First Choice is a state plan option that provides certain services and supports to people living in the community who are enrolled in the Medicaid program and meet CFC eligibility requirements. Services and supports may include:

- Assistance with ADLs (eating, toileting, and grooming), activities related to living independently in the community, and health-related tasks (personal assistance services);
- Acquisition, maintenance, and enhancement of skills necessary for people to care for themselves and to live independently in the community (habilitation);
- Providing a backup system or ways to ensure continuity of services and supports (emergency response services); and
- Training people on how to select, manage and dismiss their own attendants (support management).

In Texas, Community First Choice may be available to people enrolled in Medicaid, including those served by:

- 1915(c) waiver programs;
- Medicaid managed care; and
- Personal care services for children.

**Day Activity and Health Services**

Day Activity and Health Services facilities provide daytime services Monday through Friday to people 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.

**Texas Title XX Community Services and Supports**

**Adult Foster Care**

Adult foster care services provide a 24-hour living arrangement with supervision in an adult foster home for people 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 recipient.

**Consumer Managed Personal Attendant Service Program**

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

**Day Activity and Health Services**

Day Activity and Health Services facilities provide daytime services Monday through Friday for people 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 recipients and include noon meals and snacks, nursing and personal care, physical rehabilitation, social, educational, and recreational activities, and transportation.

**Emergency Response Services**

Emergency Response Services are provided through an electronic monitoring system for functionally impaired adults who live alone or who are socially isolated. In an emergency, the recipient 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 the recipient.

**Family Care**

Family Care is non-skilled, non-technical attendant care services available to eligible adults who are functionally limited in performing ADL. 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-Delivered Meals
A hot, cold, frozen or supplemental meal that is delivered to a person at home and 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. The goal is to help the person sustain independent living in a safe and healthful environment.

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

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

Waiver Programs for Individuals with Intellectual and Developmental Disabilities
Medicaid 1915(c) waiver programs are designed to provide home and community-based services to people with intellectual and developmental disabilities, or related conditions, as an alternative to placement in an ICF/IID.

Community Living Assistance and Support Services
The Community Living Assistance and Support Services program provides home and community-based services to people who have a related condition diagnosis which qualifies them for placement in an intermediate care facility for individuals with an intellectual disability or related condition. A related condition is a disability other than an intellectual or developmental disability, which originates before age 22 and which substantially limits life activity. 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.

Deaf-Blind with Multiple Disabilities
The Deaf Blind with Multiple Disabilities (DBMD) program provides community-based services for people who are deaf and blind and also have a third disability (e.g., an intellectual disability), as an alternative to institutional care in an intermediate care facility for individuals with an intellectual disability or related condition. 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.

**Home and Community-based Services**

The Home and Community-based Services program provides community-based services to people with intellectual disabilities, as an alternative to institutional care in an intermediate care facility for individuals with an intellectual disability or related condition. 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.

**Texas Home Living**

The Texas Home Living program provides community-based services to current Medicaid recipients with intellectual disabilities or related conditions, as an alternative to an intermediate care facility for individuals with an intellectual disability or related condition. 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 G – Texas Area Agencies on Aging

**Area Agency on Aging of the Alamo Area**
2700 NE Loop 410, Suite 101, San Antonio, Texas 78217-6228
Ph: (210) 362-5561 Toll Free 1-866-231-4922
Director: Jo Ann Tobias-Molina
Alamo Area Council of Governments Executive Director: Diane D. Rath
Counties served: Atascosa, Bandera, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, McMullen, Medina, Wilson

**Area Agency on Aging of Ark-Tex**
4808 Elizabeth St., Texarkana, Texas 75503-2910
P.O. Box 5307, Texarkana, Texas 75505-5307
Ph: (903) 832-9636 Toll Free 1-800-372-4464
Director: Lisa Reeve
Ark-Tex Council of Governments Executive Director: Chris Brown
Counties served: Bowie, Cass, Delta, Franklin, Hopkins, Lamar, Morris, Red River, Titus

**Area Agency on Aging of Bexar County**
2700 NE Loop 410, Suite 101, San Antonio, Texas 78217-6228
Ph: (210) 477-3275 Toll Free 1-866-231-4922
Director: Jo Ann Tobias-Molina
Alamo Area Council of Governments Executive Director: Diane D. Rath
Counties served: Bexar

**Area Agency on Aging of Brazos Valley**
3991 E. 29th, Bryan, Texas 77802
P.O. Box 4128, Bryan, Texas 77805-4128
Ph: (979) 595-2806 Toll Free 1-800-994-4000
Director: Stacey Urbancyzk
Brazos Valley Council of Governments Executive Director: Mike Parks
Counties served: Brazos, Burleson, Grimes, Leon, Madison, Robertson, Washington

**Area Agency on Aging of the Capital Area**
6800 Burleson Road, Building 310, Suite 165, Austin, Texas 78744-2306
Ph: (512) 916-6062 Toll Free 1-888-622-9111
Director: Patricia Bordie
Capital Area Council of Governments Executive Director: Betty Voights
Counties served: Bastrop, Blanco, Burnett, Caldwell, Fayette, Hays, Lee, Llano, Travis, Williamson

**Area Agency on Aging on Aging of Central Texas**
2180 North Main Street, Belton, Texas 76513-1919
P.O. Box 729, Belton, Texas 76513
Area Agency on Aging of the Coastal Bend
2910 Leopard, Corpus Christi, Texas 78408-3614
P.O. Box 9909, Corpus Christi, Texas 78649
Ph: (361) 232-5146 Toll Free 1-800-252-9240
Director: Viola Monrreal
Coastal Bend Council of Governments Executive Director: John P. Buckner
Counties served: Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, Nueces, Refugio, San Patricio

Area Agency on Aging of Concho Valley
2801 W. Loop 306, Suite A, San Angelo, Texas 76904-6502
P.O. Box 60050, San Angelo, Texas 76906
Ph: (325) 223-5704 Toll Free 1-877-944-9666
Director: Toni Perales Roberts
Concho Valley Council of Governments Executive Director: John Austin Stokes
Counties served: Coke, Concho, Crockett, Irion, Kimble, Mason, McCulloch, Menard, Reagan, Schleicher, Sterling, Sutton, Tom Green

Area Agency on Aging of Dallas County
1341 W. Mockingbird Lane, Suite 1000W, Dallas, Texas 75247-4033
Ph: (214) 871-5065 Toll Free 1-800-252-9240
Director: Doris Soler
Community Council of Greater Dallas Executive Director: Ken Goodgames
Counties served: Dallas

Area Agency on Aging of Deep East Texas
1405 Kurth Drive, Lufkin, Texas 75904-1929
Ph: (409) 384-7614 Toll Free 1-800-256-6848
Director: Holly Anderson
Deep East Texas Council of Governments Executive Director: Lonnie Hunt
Counties served: Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler

Area Agency on Aging of East Texas
3800 Stone Road, Kilgore, Texas 75662-6927
Ph: (903) 218-6500 Toll Free 1-800-442-8845
Director: Bettye Mitchell
East Texas Council of Governments Executive Director: David Cleveland
Counties served: Anderson, Camp, Cherokee, Gregg, Harrison, Henderson, Marion, Panola, Rains, Rusk, Smith, Upshur, Van Zandt, Wood

Area Agency on Aging of the Golden Crescent Region
1908 N. Laurent, Suite 600, Victoria, Texas 77901
Ph: (361) 578-1587 Toll Free 1-800-252-9240
Director: Cindy Cornish
Golden Crescent Regional Planning Commission Executive Director: Michael Ada
Counties served: Calhoun, DeWitt, Goliad, Gonzales, Jackson, Lavaca, Victoria

Area Agency on Aging of Harris County
8000 North Stadium Drive, 3rd Floor, Houston, Texas 77054-1823
Ph: (832) 393-4301 Toll Free 1-800-213-8471
Director: Paula Johnson
Houston Department of Health and Human Services Executive Director: Stephen Williams
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 Executive Director: Russell Devorsky
Counties served: Bosque, Falls, Freestone, Hill, Limestone, McLennan

Area Agency on Aging of Houston-Galveston
3555 Timmons Ln., Suite 120, Houston, Texas 77027-6468
P.O. Box 22777, Houston Texas 77227-2777
Ph: (713) 627-3200 Toll Free 1-800-437-7396
Director: Curtis M. Cooper
Houston-Galveston Area Council Executive Director: Chuck Wemple
Counties served: Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton

Area Agency on Aging of the Lower Rio Grande Valley
301 West Railroad Street, Weslaco, Texas 78596
Ph: (956) 682-3481 Toll Free 1-800-365-6131
Director: Jose L. Gonzalez
Lower Rio Grande Valley Development Council Executive Director: Manuel Cruz
Counties served: Cameron, Hidalgo, Willacy

Area Agency on Aging of the Middle Rio Grande Area
307 W. Nopal Street, Carrizo Springs, Texas 78834-3211
Ph: (830) 757-6122 Toll Free 1-800-224-4262
Director: Sophia Sifuentes
Middle Rio Grande Development Council Executive Director: Nick Gallegos
Counties served: Dimmit, Edwards, Kinney, LaSalle, Maverick, Real, Uvalde, Val Verde, Zavala

Area Agency on Aging of North Central Texas
616 Six Flags Drive, Arlington, Texas 76011-6317
P.O. Box 5888, Arlington, Texas 76005-5888  
Ph: 1-800-272-3921  
Director: Doni Green  
North Central Texas Council of Governments Executive Director: Mike Eastland  
Counties served: Collin, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman,  
Navarro, Palo Pinto, Parker, Rockwall, Somervell, Wise

**Area Agency on Aging of North Texas**  
4309 Jacksboro Hwy., Suite 2, Wichita Falls, Texas 76302-2740  
Ph: (940) 322-5281 Toll Free 1-800-460-2226  
Director: Rhonda K. Pogue  
Nortex Regional Planning Commission Executive Director: Dennis Wilde  
Counties served: Archer, Baylor, Clay, Cottle, Foard, Hardeman, Jack, Montague,  
Wichita, Wilbarger, Young

**Area Agency on Aging of the Panhandle Area**  
415 South West 8\(^{th}\), Amarillo, Texas 79101-2215  
P.O. Box 9257, Amarillo, Texas 79105-9257  
Ph: (806) 331-2227 Toll Free 1-800-642-6008  
Director: Melissa Carter  
Panhandle Regional Planning Commission Executive Director: Kyle Ingham  
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

**Area Agency on Aging of the Permian Basin**  
2910 Laforce Blvd., Midland, Texas 79711-0660  
P.O. Box 60660, Midland, Texas 79711  
Ph: (432) 563-1061 Toll Free 1-800-491-4636  
Director: Alma Montes  
Permian Basin Regional Planning Commission Executive Director: Virginia Belew  
Counties served: Andrews, Borden, Crane, Dawson, Ector, Gaines, Glasscock,  
Howard, Loving, Martin, Midland, Pecos, Reeves, Terrell, Upton, Ward, Winkler

**Area Agency on Aging of the Rio Grande Area**  
8037 Lockheed, Suite 100, El Paso, Texas 79925  
Ph: (915) 533-0998 Toll Free 1-800-333-7082  
Director: Yvette Lugo  
Rio Grande Council of Governments Executive Director: Annette Gutierrez  
Counties served: Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio

**Area Agency on Aging of Southeast Texas**  
2210 Eastex Freeway, Beaumont, Texas 77703-4929  
Ph: (409) 924-3381 Toll Free 1-800-395-5465  
Director: Colleen Halliburton  
South East Texas Regional Planning Commission Executive Director: Shaun Davis
Counties served: Hardin, Jefferson, Orange

**Area Agency on Aging of South Plans**
1323 58th Street, Lubbock, Texas 79412-3030
P.O. Box 3730/Freedom Station, Lubbock, Texas 79452
Ph: (806) 687-0940 Toll Free 1-888-418-6564
Director: Liz Castro
South Plains Association of Governments Executive Director: Tim C. Peirce
Counties served: Baily, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, King, Lamb, Lubbock, Lynn, Motley, Terry, Yoakum

**Area Agency on Aging of South Texas**
1002 Dicky Lane, Laredo, Texas 78043-4237
P.O. Box 2187, Laredo, Texas 78044-2187
Ph: (956) 722-3995 Toll Free 1-800-292-5426
Director: Nancy Rodriguez
South Texas Development Council Executive Director: Robert Mediola
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
P.O. Box 4448, Fort Worth, Texas 76164-0448
Ph: (817) 258-8000 Toll Free 1-877-730-2372
Director: Jeff Allison
United Way Metropolitan Tarrant County Executive Director: Shakita Johnson
Counties served: Tarrant

**Area Agency on Aging of Texoma**
1117 Gallagher, Suite 200, Sherman, Texas 75090-3107
Ph: (903) 813-3505 Toll Free 1-800-677-8264
Director: Cara Lavender
Texoma Council of Governments Executive Director: Eric Bridges
Counties served: Cooke, Fannin, Grayson

**Area Agency on Aging of West Central Texas**
3702 Loop 322, Abilene, Texas 79602-7300
Ph: (325) 793-8417 Toll Free 1-800-928-2262
Director: Christal Martin
West Central Texas Council of Governments Executive Director: Tom K. Smith
Counties served: Brown, Callahan, Coleman, Comanche, Eastland, Fisher, Haskell, Jones, Kent, Know, Mitchell, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton
Attachment H – Texas Aging and Disability Resources Centers

**Alamo Aging and Disability Resource Center**
206 Schreiner Street
Kerrville, Texas 78028
Ph: (210) 477-3275 Toll Free 1-866-231-4922
Director: Jo Ann Tobias-Molina
Alamo Area Council of Governments Executive Director: Diane Rath
Counties Served: Atascosa, Bandera, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, McMullen, Medina, and Wilson

**Ark-Tex Aging and Disability Resource Center**
2435 College Drive
Texarkana, TX 75501
Phone: (903) 255-1230 Toll Free: 1-855-937-2372
Director: Chelsey Knowles
Sabine Valley Regional MHMR Center dba Community Health Core: Inman White
Counties served: Bowie, Cass, Delta, Franklin, Hopkins, Lamar, Morris, Red River, and Titus

**Bexar County Aging and Disability Resource Center**
2700 NE Loop 410
Suite 101
San Antonio, TX 78217
Phone: (210) 477-3275 Toll Free: 1-855-937-2372
Director: Jo Ann Tobias-Molina
Alamo Area Council of Governments Executive Director: Diane Rath
County served: Bexar

**Brazos Valley Aging and Disability Resource Center**
3991 E. 29th St.
Bryan, TX 77802
Phone: (979) 595-2831 Toll Free: 1-855-937-2372
Director: Stacey Urbancyk
Brazos Valley Council of Governments Executive Director: Michael Parks
Counties served: Brazos, Burleson, Grimes, Leon, Madison, Robertson, and Washington

**Capital Area Aging and Disability Resource Center**
6800 Burleson Road
Bldg. 310, Suite 165
Austin, TX 78744
Toll Free: 1-855-937-2372
Director: Patricia Bordie
Capital Area of Council Governments: Betty Voights
Counties served: Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, and Williamson

**Central Texas Aging and Disability Resource Center**
2180 N. Main St.
Belton, TX 76513
Phone: (254) 770-2361 Toll Free: 1-855-937-2372
Director: George Losoya
Central Texas Council of Governments Executive Director: Jim Reed
Counties served: Bell, Coryell, Hamilton, Lampasas, Milam, Mills, and San Saba

**Coastal Bend Aging and Disability Resource Center**
2910 Leopard St.
Corpus Christi, TX 78408
Phone: (361) 883-3935 Toll Free: 1-855-937-2372
Director: Viola Monrreal
Coastal Bend Council of Governments Executive Director: John P. Buckner
Counties served: Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, Nueces, Refugio, and San Patricio

**Concho Valley Aging and Disability Resource Center**
2801 W. Loop 306
Suite A
San Angelo, TX 76904
Phone: (325) 944-9666 Toll Free: 1-855-937-2372
Director: Toni Perales Roberts
Concho Valley Council of Governments Executive Director: John Austin Strokes
Counties served: Coke, Concho, Crockett, Irion, Kimble, Mason, McCulloch, Menard, Reagan, Schleicher, Sterling, Sutton, and Tom Green

**Dallas Aging and Disability Resource Center**
1345 River Bend Drive
Suite 200
Dallas, TX 75247
Phone: 1-888-743-1202 Toll Free: 1-855-937-2372
Director: Sherry Chantharaj
Dallas Metrocare Services Chief Executive Officer: John Burruss
County served: Dallas

**Deep East Texas Aging and Disability Resource Center**
1405 Kurth Drive
Lufkin, TX 75904
Phone: (409) 381-5255 Toll Free: 1-855-937-2372
Director: Holly Anderson
Deep East Council of Governments Executive Director: Lonnie Hunt
Counties served: Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, and Tyler

**East Texas Aging and Disability Resource Center**
501 Pine Tree Road
Longview, TX 75604
Phone: (903) 295-5922 Toll Free: 1-855-937-2372
Director: Chelsey Knowles
Sabine Valley Regional MHMR Center dba Community Health Core Executive Director: Inman White
Counties served: Anderson, Camp, Cherokee, Gregg, Harrison, Henderson, Marion, Panola, Rains, Rusk, Smith, Upshur, Van Zandt, and Wood

**Golden Crescent Aging and Disability Resource Center**
1908 N. Laurent
Suite 600
Victoria, TX 77901
Phone: (361) 578-1587 Toll Free: 1-855-937-2372
Director: Cindy Cornish
Golden Crescent Regional Planning Commission Executive Director: Michael Ada
Counties served: Calhoun, DeWitt, Goliad, Gonzales, Jackson, Lavaca, and Victoria

**Harris County Aging and Disability Resource Center**
4802 Lockwood Dr.
Houston, TX 77026
Phone: (832) 393-5564 Toll Free: 1-855-937-2372
Director: Paula Johnson
Houston Health Department Director: Stephen L. Williams
County served: Harris

**Heart of Texas Aging and Disability Resource Center**
1514 South New Road
Waco, TX 76711
Phone: (254) 292-1855 Toll Free: 1-855-937-2372
Director: Gary Luft
Heart of Texas Council of Governments Executive Director: Russell Devorsky
Counties served: Bosque, Falls, Freestone, Hill, Limestone, and McLennan

**Houston-Galveston Aging and Disability Resource Center**
1111 Collins Road
Richmond, TX 77469
Phone: (832) 681-2635 Toll Free: 1-855-937-2372
Director: Curtis Cooper
Houston-Galveston Area of Council Executive Director: Chuck Wemple
Counties served: Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Liberty, Matagorda, Montgomery, Walker, Waller, and Wharton
Lower Rio Grande Valley Aging and Disability Resource Center
301 W. Railroad St.
Weslaco, TX 78596
Phone: (956) 412-0958 Toll Free: 1-855-937-2372
Director: Richard Flores
Lower Rio Grande Valley Development Council Executive Director: Manuel Cruz
Counties served: Cameron, Hidalgo, and Willacy

Middle Rio Grande Aging and Disability Resource Center
3406 Bob Rogers Drive
Eagle Pass, TX 78852
Phone: (830) 256-8174 Toll Free: 1-855-937-2372
Director: Juan Rodriguez
South Texas Development Council Executive Director: Robert Mendiola
Counties served: Dimmit, Edwards, Kinney, LaSalle, Maverick, Real, Uvalde, Val Verde, and Zavala

North Central Texas Aging and Disability Resource Center
616 Six Flags Drive
Arlington, TX 76011
Phone: 1-877-229-9084 Toll Free: 1-855-937-2372
Director: Doni Green
North Central Texas Council of Governments Executive Director: Mike Eastland
Counties served: Collin, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, and Wise

North Texas Aging and Disability Resource Center
4309 Jacksboro Highway
Suite 200
Wichita Falls, TX 76302
Phone: (940) 234-1644 Toll Free: 1-855-937-2372
Director: Renee Williams
Nortex Regional Planning Commission Executive Director: Dennis Wilde
Counties served: Archer, Baylor, Clay, Cottle, Foard, Hardeman, Jack, Montague, Wichita, Wilbarger, and Young

Panhandle Aging and Disability Resource Center
1323 58th Street
Lubbock, TX 79412
Phone: (806) 371-8557 Toll Free: 1-855-937-2372
Director: Liz Castro
South Plains Association of Governments Executive Director: Tim C. Pierce
Permian Basin Aging and Disability Resource Center
319 Runnels
Big Spring, TX 79720
Phone: 1-800-687-0135 Toll Free: 1-855-937-2372
Director: David Gutierrez
West Texas Centers for MHMR Chief Executive Officer: Shelley Smith
Counties served: Andrews, Borden, Crane, Dawson, Ector, Gaines, Glasscock, Howard, Loving, Martin, Midland, Pecos, Reeves, Terrell, Upton, Ward, and Winkler

Rio Grande Aging and Disability Resource Center
3210 Dyer Street
El Paso, TX 79930
Phone: (915) 298-7307 Toll Free: 1-855-937-2372
Director: Zaide Echegoyen
Project Amistad Chief Executive Officer: Andrea Ramirez
Counties served: Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, and Presidio

South East Texas Aging and Disability Resource Center
228 Durdin Drive
Silsbee, TX 77656
Phone: (409) 373-6776 Toll Free: 1-855-937-2372
Director: Holly Anderson
Deep East Texas Council of Governments Executive Director: Lonnie Hunt
Counties served: Hardin, Jefferson, and Orange

South Plains Aging and Disability Resource Center
1323 58th Street
Lubbock, TX 79412
Phone: (806) 744-2657 Toll Free: 1-855-937-2372
Director: Liz Castro
South Plains Association of Governments Executive Director: Tim Pierce
Counties served: Bailey, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, King, Lamb, Lubbock, Lynn, Motley, Terry, and Yoakum

South Texas Aging and Disability Resource Center
1002 Dicky Lane
Laredo, TX 78044
Phone: (956) 729-1425 Toll Free: 1-855-937-2372
Director: Juan Rodriguez
South Texas Development Council Executive Director: Robert Mendiola
Counties served: Jim Hogg, Starr, Webb, and Zapata

Tarrant County Aging and Disability Resource Center
1300 Circle Drive
Fort Worth, TX 76119
Phone: 1-888-730-2372 Toll Free: 1-855-937-2372
Director: Beth Noah
MHMR of Tarrant County Director Disability Services: Calen Hawkins
County served: Tarrant

**Texoma Aging and Disability Resource Center**
1117 Gallagher Drive
Suite 200
Sherman, TX 75090
Phone: (903) 813-3581 Toll Free: 1-855-937-2372
Director: Marsha Wilson
Texoma Council of Governments Executive Director: Eric Bridges
Counties served: Cooke, Fannin, and Grayson

**West Central Texas Aging and Disability Resource Center**
3702 Loop 322
Abilene, TX 79602
Phone: (325) 793-8440 Toll Free: 1-855-937-2372
Director: Alesha Burks
West Central Texas Council of Governments Executive Director: Tom K. Smith
In anticipation of the first segments of the baby boom generation reaching retirement age, the Texas State Unit on Aging created the ATW initiative in 1997 to help the state prepare for the rising number of older adults. ATW was formalized in 2005 through Executive Order RP-42 which mandates HHSC to lead the initiative, including analysis of state readiness, local community preparedness, and aging policy issues and trends. The order also created the Aging Texas Well Advisory Committee to guide and support state leadership on aging-related matters. The ATW Strategic Plan is developed in accordance with Executive Order RP-42 and submitted biennially to the Office of the Governor and Legislature as a report on the implementation of this order. The key mandates are:

- **Mandate 1: Advisory Committee** – HHSC will provide support and technical assistance to this committee as it advises and makes recommendations to state leadership on the implementation of the ATW initiative.
- **Mandate 2: Aging Texas Well Plan** – HHSC will draft and submit a comprehensive and effective working plan that identifies aging policy issues to guide state government readiness and promotes increased community preparedness for supporting the growing older adult population.
- **Mandate 3: Review of State Policy** – HHSC will review polices affecting the lives of older Texans, with special concentration on critical trends.
- **Mandate 4: State Agency Readiness** – HHSC will lead a planning effort to ensure the readiness of all Texas state agencies to service the growing older adult population by identifying issues and current initiatives, future needs, action steps, and methods of performance evaluation.
- **Mandate 5: Texercise** – HHSC will promote and expand this internationally-recognized health promotions initiative to encourage healthy lifestyles in older Texans.
- **Mandate 6: Local Community Preparedness** – HHSC will use partnership development, action planning, and community assessment resources to help communities develop policies, programs, and infrastructures that support older adults.

**New Plan Structure**

To make the ATW Plan more informed and responsive to the needs of older Texans, HHSC surveyed older adults, their informal caregivers, and the aging service provider network. This plan addresses their needs and priorities by providing proposed strategies and presents a new structure for the plan moving forward. The ATW mandates continue to serve as methods for coordinating strategies from across the agency to address needs and priorities. The plan’s new structure and direction provides a foundation for other sectors of the state to contribute their own
comprehensive strategies, innovative solutions, and effective collaborations to improve services and quality of life for older Texans.

Implementation Plan

Older Adults

Adults 50 and older were surveyed and asked to identify needs or concerns that are or will be impacting their ability to age well. The most selected concerns were physical health, access to social enrichment and recreational opportunities, and services and supports in the community. The following are preliminary strategies identified from programs across HHSC and other agencies that address these needs and concerns and to be completed within the next biennium.

Table 1316: Strategies to Support Physical Health

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empower older adults and their informal caregivers to live active, healthy lives by promoting the adoption of healthy behaviors through evidence-based programs and screening potential clients to be able to provide effective linkage to information and services</td>
<td>HHSC Community Access, Access and Eligibility Services Division</td>
</tr>
<tr>
<td>Continue the Alzheimer’s disease awareness campaign</td>
<td>DSHS Alzheimer’s Disease Program</td>
</tr>
<tr>
<td>Promote the Texas State Plan for Alzheimer's Disease and Related Disorders 2019-2023</td>
<td>DSHS Alzheimer’s Disease Program</td>
</tr>
<tr>
<td>Increase colorectal cancer screening rates through community-based and health system-based interventions</td>
<td>DSHS Texas Comprehensive Cancer Control Program</td>
</tr>
<tr>
<td>Continue Home and Community Based Services-Adult Mental Health (HCBS-AMH) annual physical exam assurances and annual nursing assessments for enrolled participants, including those age 50 years and above, to ensure medications are administered as prescribed, and prevent or minimize medication errors</td>
<td>HHSC Behavioral Health Services</td>
</tr>
<tr>
<td>Continue oversight and coordination of community-based services through HCBS-AMH Recovery Management for enrolled participants, including those age 50 years and above. Increase HCBS-AMH contractor collaboration with community providers of mental and physical health</td>
<td>HHSC Behavioral Health Services</td>
</tr>
<tr>
<td>Strategy</td>
<td>Owner</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>services, hospital social workers, and pharmacies to ensure HCBS-AMH participants receive appropriate treatment for mental and physical health disorders</td>
<td></td>
</tr>
<tr>
<td>Continue promoting Texercise resources to community partners, including underserved communities</td>
<td>HHSC Aging Services Coordination</td>
</tr>
</tbody>
</table>

**Table 1417: Strategies to Support Access to Social Engagement Opportunities**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote virtual group training and peer support resources to older adults with vision loss</td>
<td>Texas Workforce Commission Independent Living Skills for Older Adults who are Blind Program</td>
</tr>
<tr>
<td>Continue funding for adaptive aids, such as vehicle modifications, service animals and supplies, environmental adaptations, aids for daily living, and minor home modifications, for HCBS-AMH enrolled participants, including those age 50 and above</td>
<td>HHSC Behavioral Health Services</td>
</tr>
<tr>
<td>Implement new or improved equitable intergenerational mentoring programs</td>
<td>DSHS Obesity Prevention Program</td>
</tr>
<tr>
<td>Continue promoting Age Well Live Well resources to community partners, including underserved communities</td>
<td>HHSC Aging Services Coordination</td>
</tr>
</tbody>
</table>

**Table 1518: Strategies to Support Services and Support in the Community**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review ongoing research and data on older survivors’ needs and specialized services to develop recommendations for FVP contractors and provide information and/or training to enhance services within family violence centers</td>
<td>HHSC Family Violence Program</td>
</tr>
<tr>
<td>Work towards building and strengthening partnerships with community and faith-based organizations, who primarily serve the aging population, to provide access to food, cash, and health care. Aim to increase the number of AAAs that are community partners</td>
<td>HHSC Community Access, Access and Eligibility Services Division</td>
</tr>
<tr>
<td>Continue promoting person centered practices, including Person Centered</td>
<td>HHSC Medicaid and CHIP Services</td>
</tr>
<tr>
<td>Strategy</td>
<td>Owner</td>
</tr>
<tr>
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</tr>
<tr>
<td>Thinking, Planning and Practices and Montessori Dementia Care practices throughout the agency to improve support and services for older adults and their informal caregivers</td>
<td></td>
</tr>
<tr>
<td>Work with HHSC to implement elements of SB 1917 regarding increasing awareness of services and support available for older adults with vision loss</td>
<td>Texas Workforce Commission Independent Living Skills for Older Adults who are Blind Program</td>
</tr>
<tr>
<td>Make use of Silver Star Emergency Resource Rooms, rooms with basic necessity items for clients in need, and other community resources</td>
<td>DFPS, APS</td>
</tr>
<tr>
<td>Support adults with intellectual and developmental disabilities who reside in nursing facilities to build skills that increase independence and help explore community living options</td>
<td>HHSC Intellectual and Developmental Disability Services</td>
</tr>
<tr>
<td>Provide substance intervention and treatment services to address the individual’s substance use issues. Refer to resources in the community and support services designed to meet the needs of the individuals and their support systems. Provide referrals and coordinate services for specialized services</td>
<td>HHSC Behavioral Health Services</td>
</tr>
<tr>
<td>Work with local mental health authorities (LMHAs) in geographic regions impacted by a disaster or critical incident to develop a community-based outreach strategy that identifies needs, linkages to available resources, and promotion of disaster behavioral health services to vulnerable populations</td>
<td>HHSC Behavioral Health Services</td>
</tr>
<tr>
<td>Continue to create awareness of risks of opioid misuse in older adults misuse opioids and available treatment resources</td>
<td>HHSC Aging Services Coordination; HHSC Behavioral Health Services</td>
</tr>
<tr>
<td>Increase Recovery Management Entities’ assistance to enrolled HCBS-AMH participants, including those 50 years and above, to apply for benefits, such as disability, supplemental security income, and SNAP or other state benefits</td>
<td>HHSC Behavioral Health Services</td>
</tr>
<tr>
<td>Participate in HHSC Behavioral Health and Aging Workgroup and Social Isolation</td>
<td>HHSC Behavioral Health Services</td>
</tr>
<tr>
<td>Strategy</td>
<td>Owner</td>
</tr>
<tr>
<td>----------</td>
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</tr>
<tr>
<td>Subgroup to strengthen collaboration with other state agencies on mental health and the aging population. Continue participating in the HHSC Person-Centered Practices Workgroup to collaborate and strengthen person-centered practices among LMHAs/LBHAs and other BH contractors. Develop guidelines and tools for legally authorized representatives and legal authorized decision makers. Work with the UT Centralized Training Infrastructure (CTI) to ensure up to date resources on aging are available on the CTI website. Continue reviewing the resources web page quarterly to ensure information remains up to date and relevant</td>
<td>HHSC Aging Services Coordination</td>
</tr>
<tr>
<td>Continue promoting informational fact sheets on services and support available for older adults through Age Well Live Well campaign</td>
<td>HHSC Aging Services Coordination</td>
</tr>
<tr>
<td>Develop and promote issue briefs on aging-related policy topics that community stakeholders and leaders can use to learn about policy issues and innovative solutions from across the state and U.S.</td>
<td>HHSC Aging Services Coordination</td>
</tr>
<tr>
<td>Work with HHSC Vision Loss in Older Adults Workgroup to identify ways to increase awareness of and expand access to services for older adults with vision loss</td>
<td>HHSC Aging Services Coordination</td>
</tr>
<tr>
<td>Promote awareness of services and resources through Texas Talks campaign</td>
<td>HHSC Aging Services Coordination</td>
</tr>
<tr>
<td>Work with HHSC Behavioral Health and Aging Workgroup to identify ways to increase awareness of and expand access to services for older adults experiencing behavioral and mental health issues</td>
<td>HHSC Aging Services Coordination</td>
</tr>
</tbody>
</table>

**Informal Caregivers**

Informal (non-professional) caregivers of adults 50 and older were surveyed and asked to identify needs or concerns that are or will be impacting their ability to
provide care. The top selected concerns were mental health, physical health, work strains and issues, and resources and eligibility for services.

<table>
<thead>
<tr>
<th>Table 16: Strategies to Support Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy</strong></td>
</tr>
<tr>
<td>Work with ASC to elevate experiences of women informal caregivers, including impacts of caregiving on mental health and social connection</td>
</tr>
<tr>
<td>Continue to provide education information on blindness and visual impairments and the resources available through the OIB program</td>
</tr>
<tr>
<td>Enhance the Alzheimer's Disease Program website with information for informal family caregivers on caregiver wellness and community resources</td>
</tr>
<tr>
<td>Include the Caregiver Optional Module and the Cognitive Decline Optional Module in the Texas Behavioral Risk Factor Surveillance System for 2021</td>
</tr>
<tr>
<td>Promote the Texas State Plan for Alzheimer's Disease and Related Disorders 2019-2023</td>
</tr>
<tr>
<td>Continue the Alzheimer’s disease awareness campaign</td>
</tr>
<tr>
<td>Encourage intervention and treatment programs to provide referrals on education and community support services to address mental health needs</td>
</tr>
<tr>
<td>Continue coordination efforts with HCBS-AMH Recovery Managers and BHS colleagues to learn about available resources that informal caregivers can use to address mental health concerns</td>
</tr>
<tr>
<td>Provide compassion fatigue and stress management guidance, and materials to local disaster behavioral health responders during and after a disaster. Encourage LMHAs and local behavioral health authorities (LBHAs) disaster response personnel to complete compassion fatigue and standardized stress management training to incorporate into outreach and response services related to informal caregivers</td>
</tr>
<tr>
<td>Strategy</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Work with CTI to develop training on social determinants of health on older adults and its impact on behavioral health, including measures of resiliency</td>
</tr>
<tr>
<td>Coordinate with HHSC BHS programs to learn about available resources and identify training/technical assistance gaps. Explore working with CTI to develop service provider trainings and to address gaps in training</td>
</tr>
<tr>
<td>Coordinate with HHSC Behavioral Health and Aging Workgroup to explore available mental health resources for informal caregivers of older adults and develop staff trainings</td>
</tr>
<tr>
<td>Increase informal caregiver access to educational resources and awareness about evidence-based programs designed to address informal caregiver health and wellness, including stress relief</td>
</tr>
</tbody>
</table>

**Table 1720: Strategies to Support Physical Health**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work with ASC to elevate experiences of women informal caregivers, including impacts of caregiving on health</td>
<td>HHSC Women’s Health Coordination</td>
</tr>
<tr>
<td>Enhance the ADP website with information for informal family caregivers on caregiver wellness and community resources</td>
<td>DSHS Alzheimer’s Disease Program</td>
</tr>
<tr>
<td>Include the Caregiver Optional Module and the Cognitive Decline Optional Module in the Texas Behavioral Risk Factor Surveillance System for 2021</td>
<td>DSHS Alzheimer’s Disease Program</td>
</tr>
<tr>
<td>Promote the Texas State Plan for Alzheimer’s Disease and Related Disorders 2019-2023</td>
<td>DSHS Alzheimer’s Disease Program</td>
</tr>
<tr>
<td>Continue the Alzheimer’s disease awareness campaign</td>
<td>DSHS Alzheimer’s Disease Program</td>
</tr>
<tr>
<td>Increase colorectal cancer screening rates through community-based and health system-based interventions</td>
<td>DSHS Texas Comprehensive Cancer Control Program</td>
</tr>
</tbody>
</table>
Strategy	Owner

Address the individual support system through intervention and treatment programs. Refer people to community resources designed to address the impact of substance use on physical health needs. Provide referrals and coordinate services for specialized services

HHSC Behavioral Health Services

Coordinate with DFPS, DSHS and external organizations to identify resources that address the impact of untreated physical health conditions on older adults’ mental health. Explore training options for behavioral health direct service providers working with older adults to help tailor therapeutic interventions, including Cognitive Behavior Therapy for the older adult population

HHSC Behavioral Health Services

Continue promoting Texercise as a resource for both older adults and their family and/or caregivers

HHSC Aging Services Coordination

Work with the internal and external stakeholders through the Center for Health Care Strategies (CHCS) Family Caregiving technical assistance opportunity to develop strategies to increase awareness of informal caregiver experiences and services to support them; and identify ways to leverage Medicaid managed care services to support informal caregivers

HHSC Aging Services Coordination

Table 1821: Strategies to Support Work Strains and Issues

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work with ASC on strategies to enhance informal caregiver support for Medicaid beneficiaries and their families</td>
<td>HHSC Medicaid and CHIP Services</td>
</tr>
<tr>
<td>Enhance state and local lifespan respite care systems to provide access to direct respite services, thereby increasing the total number of informal caregivers and families served. Enhance Take Time Texas website to include additional resources and training materials. Inputs will be gathered from stakeholders via surveys, needs assessments, and forums. Effectiveness will be measured through a</td>
<td>HHSC Community Access, Access and Eligibility Services Division</td>
</tr>
<tr>
<td>Strategy</td>
<td>Owner</td>
</tr>
<tr>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>count of Take Time Texas website page views and responses to survey questions</td>
<td></td>
</tr>
<tr>
<td>Work with ASC to elevate experiences of women informal caregivers, including impacts of caregiving on work</td>
<td>HHSC Women’s Health Coordination</td>
</tr>
<tr>
<td>Educate program participants on resources available from the HHSC Age Well Live Well webpage</td>
<td>Texas Workforce Commission Independent Living Skills for Older Adults who are Blind Program</td>
</tr>
<tr>
<td>Collaborate, support, and participate with caregiver organizations on events, including training events</td>
<td>APS</td>
</tr>
<tr>
<td>Continue providing both planned and emergency in-home and out-of-home respite/short-term relief for informal, unpaid caregivers of enrolled HCBS-AMH participants, including those age 50 years and above</td>
<td>HHSC Behavioral Health Services</td>
</tr>
<tr>
<td>Work with organizations through the Texas Talks initiative to elevate the experiences and issues of informal family caregivers, including impacts to employment</td>
<td>HHSC Aging Services Coordination</td>
</tr>
<tr>
<td>Work with the internal and external stakeholders through the CHCS Family Caregiving technical assistance opportunity to develop strategies to increase awareness of informal caregiver experiences and services to support them; and identify ways to leverage Medicaid managed care services to support informal caregivers</td>
<td>HHSC Aging Services Coordination</td>
</tr>
</tbody>
</table>

**Service Providers**

Providers of service to adults 50 and older were surveyed and asked to identify administrative and policy, program, and service priorities that are or will be impacting their ability to provide services. The top selected administrative priorities were collaboration and coordination, funding, and staffing. The top selected policy, program, and service priorities were addressing older adult isolation, supporting informal caregivers, and addressing older adult food insecurity.
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enable adults to maintain or improve their quality of life and self-determination through engaging in the community and social interactions, including providing a locally based system that connects older adults with services and benefits</td>
<td>HHSC Community Access, Access and Eligibility Services Division</td>
</tr>
<tr>
<td>Work with HHSC to implement elements of SB 1917 regarding training and outreach to service providers</td>
<td>Texas Workforce Commission Independent Living Skills for Older Adults who are Blind Program</td>
</tr>
<tr>
<td>Promote the Texas State Plan for Alzheimer's Disease and Related Disorders 2019-2023</td>
<td>DSHS Alzheimer’s Disease Program</td>
</tr>
<tr>
<td>Inform community members and partners about the APS Silver Star Emergency Resource Rooms that provide material goods to assist clients</td>
<td>APS</td>
</tr>
<tr>
<td>Educate law enforcement on APS services and maintaining relationships with probate courts handling APS clients</td>
<td>APS</td>
</tr>
<tr>
<td>Strengthen services and care coordination between managed care organizations and other case management entities for individuals with IDD</td>
<td>HHSC Medicaid and CHIP Services</td>
</tr>
<tr>
<td>Provide technical assistance and guidance to intervention and treatment providers serving this specialized population. Work with community service providers to maintain current resources</td>
<td>HHSC Behavioral Health Services</td>
</tr>
<tr>
<td>Build capacity and educate providers about opioid use and misuse among older adults</td>
<td>HHSC Aging Services Coordination; HHSC Behavioral Health Services</td>
</tr>
<tr>
<td>Increase coordination of community-based services through HCBS-AMH Recovery Management Entities for HCBS-AMH enrolled participants, including those age 50 years and above. Increase HCBS-AMH contractor collaboration with community providers of mental and physical health services, hospital social workers, and pharmacies, to ensure the HCBS-AMH participants receive appropriate treatment for mental and physical health disorders</td>
<td>HHSC Behavioral Health Services</td>
</tr>
</tbody>
</table>
Utilize and promote the LMHA 101 video being developed by CTI to serve as a resource for providers and referral networks and explain the role of LMHAs/LBHAs in the community and how to access their services. Share the resource with providers serving older adults.

Work with community partners to help build capacity to serve older adults living in their communities with the assistance of Age Well Live Well resources.

Continue working with internal and external partners to identify ways to increase collaboration opportunities between organizations.

Strengthen HHSC cross-coordination among offices serving older adults, improve understanding of aging issues and needs, and ultimately increase capacity to provide services for older adults in Texas.

Convene coalitions of partners across identified communities to identify resources and priorities for their population related to improving social connectedness among older adults.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin special projects to serve underserved populations, including older victims of family violence</td>
<td>HHSC Family Violence Program</td>
</tr>
<tr>
<td>Continue use of flex funds, in addition to adaptive aids, as a mechanism to potentially cover medication cost and co-pays</td>
<td>HHSC Behavioral Health Services</td>
</tr>
</tbody>
</table>

Table 2023: Strategies to Support Funding

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote the resource Eye2Eye peer support program for older adults who are blind or visually impaired</td>
<td>Texas Workforce Commission Independent Living Skills for Older Adults who are Blind Program</td>
</tr>
<tr>
<td>Strategy</td>
<td>Owner</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>Promote and increase volunteerism in Caring by Calling</td>
<td>APS</td>
</tr>
<tr>
<td>Continue promoting person-centered recovery and service planning for persons enrolled in the HCBS-AMH program, including those age 50 years and above, through choice of residential services. Promote Peer and Psychosocial Rehab services to facilitate outdoor activities and community integration</td>
<td>HHSC Behavioral Health Services</td>
</tr>
<tr>
<td>Assess continuum of care for mental health services and access to care for older adults. Consider trainings related to identifying and mitigating social isolation and promoting positive prevention and lifestyle choices</td>
<td>HHSC Behavioral Health Services</td>
</tr>
<tr>
<td>Continue promoting connections between older adults and fellow community members through the Know Your Neighbor Campaign</td>
<td>HHSC Aging Services Coordination</td>
</tr>
<tr>
<td>Promote Texercise Malnutrition Campaign to raise awareness of malnutrition and strategies to address this issue</td>
<td>HHSC Aging Services Coordination</td>
</tr>
</tbody>
</table>

**Table 2225: Strategies to Help Support Caregivers**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue promoting person centered practices, including Person Centered Thinking, Planning and Practices and Montessori Dementia Care practices throughout the agency to improve support and services for older adults and their informal caregivers</td>
<td>HHSC Medicaid and CHIP Services</td>
</tr>
<tr>
<td>Develop training and related resources for supporting informal caregivers in collaboration with HHSC for older adults with vision loss and their families, direct service providers, and community-based organizations</td>
<td>Texas Workforce Commission Independent Living Skills for Older Adults who are Blind Program</td>
</tr>
<tr>
<td>Include the Caregiver Optional Module and the Cognitive Decline Optional Module in the Texas Behavioral Risk Factor Surveillance System for 2021</td>
<td>DSHS Alzheimer’s Disease Program</td>
</tr>
<tr>
<td>Strategy</td>
<td>Owner</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>Coordinate training to LMHA disaster staff on cumulative stress, grief and loss, and/or compassion fatigue after a disaster or critical incident</td>
<td>HHSC Behavioral Health Services</td>
</tr>
<tr>
<td>Provide disaster planning and educational materials on stress management to local mental health authority staff providing direct services during and after a disaster to informal caregivers</td>
<td>HHSC Behavioral Health Services</td>
</tr>
<tr>
<td>Work with organizations through the Texas Talks initiative to elevate the experiences and issues of family informal caregivers</td>
<td>HHSC Aging Services Coordination</td>
</tr>
<tr>
<td>Work with the internal and external stakeholders through the CHCS Family Caregiving technical assistance opportunity to develop strategies to increase awareness of informal caregiver experiences and services to support them; and identify ways to leverage Medicaid managed care services to support informal caregivers</td>
<td>HHSC Aging Services Coordination</td>
</tr>
</tbody>
</table>

**Table 2326: Strategies to Address Older Adult Food Insecurity**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include resources around access to food in program outreach and community awareness, education, and training</td>
<td>Texas Workforce Commission Independent Living Skills for Older Adults who are Blind Program</td>
</tr>
<tr>
<td>Expand Healthy Pantry Project at food pantries in Texas</td>
<td>DSHS Texas Comprehensive Cancer Control Program</td>
</tr>
<tr>
<td>Promote Texercise Malnutrition Campaign to raise awareness of malnutrition and strategies to address this issue</td>
<td>HHSC Aging Services Coordination</td>
</tr>
<tr>
<td>Expand provision of monthly produce and senior box distribution, and offer SNAP application assistance</td>
<td>Obesity Prevention Program</td>
</tr>
<tr>
<td>Expand weekly home delivery program to homebound seniors that struggle with access to emergency food resources</td>
<td>Obesity Prevention Program</td>
</tr>
</tbody>
</table>
Attachment L – Texas Response to the COVID-19 Pandemic

To ensure AAAs and meal providers were able to meet the immediate nutritional needs of older Texans and to support access to Older Americans Act (OAA) services during the public health emergency (PHE), HHSC implemented temporary disaster-related flexibilities to certain state-specific OAA program requirements.

To support the AAAs in providing innovative ways to continue to meet the needs of senior Texans and provide maximum flexibility during the emergency, HHSC also activated the Special Initiative services definition. The Special Initiative service provides AAAs the flexibility to provide services or activities that do not fall under any other approved service definition. It is intended for initiatives that support the infrastructure of the OAA programs, or those that meet the needs of large groups of eligible people through innovative projects. A Special Initiative is an activity or service enabling the AAA to enhance capacity, identify partnerships, identify target populations, or identify needed services for older people and their informal caregivers.

The following six categories of initiatives were developed for use by AAAs:

1. Nutrition – Congregate Meals – Increased provider costs directly related to COVID-19 to support the provision of congregate meals.
2. Nutrition – Home Delivered Meals – Increased provider costs directly related to COVID-19 to support the provision of home delivered meals.
3. Support Service Delivery – Ordering, shopping for, packaging and delivering groceries or supplies for eligible people to address their basic needs because of COVID-19.
4. Consumable Supplies – Cost of groceries, supplies and other items to address social isolation that meet the basic needs of eligible people because of COVID-19.
5. Facilities Support – Increased costs directly related to COVID-19 to support the provision of activities in a facility that does not provide congregate or home delivered meals but supports OAA services or activities.
6. Access-Transportation – Increased provider costs directly related to COVID-19 to support the provision of transportation.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAA</td>
<td>Area Agencies on Aging</td>
</tr>
<tr>
<td>ACL</td>
<td>Administration for Community Living</td>
</tr>
<tr>
<td>ADL</td>
<td>Activities of Daily Living</td>
</tr>
<tr>
<td>ADRC</td>
<td>Aging and Disability Resource Center</td>
</tr>
<tr>
<td>ATW</td>
<td>Aging Texas Well</td>
</tr>
<tr>
<td>ASC</td>
<td>Aging Service Coordination</td>
</tr>
<tr>
<td>APS</td>
<td>Adult Protective Services</td>
</tr>
<tr>
<td>COVID-19</td>
<td>Coronavirus</td>
</tr>
<tr>
<td>DSHS</td>
<td>Department of State Health Services</td>
</tr>
<tr>
<td>HHSC</td>
<td>Health and Human Services Commission</td>
</tr>
<tr>
<td>LTSS</td>
<td>Long-Term Services and Supports</td>
</tr>
<tr>
<td>OAA</td>
<td>Older Americans Act of 1965, as Amended in 2020</td>
</tr>
<tr>
<td>OAAA</td>
<td>Office Area Agencies on Aging</td>
</tr>
<tr>
<td>State Plan</td>
<td>State Plan on Aging</td>
</tr>
<tr>
<td>SUA</td>
<td>State Unit on Aging</td>
</tr>
<tr>
<td>TDC</td>
<td>Texas Demographic Center</td>
</tr>
</tbody>
</table>