Texas
State Plan on Aging
2019-2021

Submitted to the
Administration for Community Living
August 31, 2018

The Honorable Greg Abbott
Governor of the State of Texas

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Verification of Intent page from State Governor or Designee

The State Plan on Aging (SPoA) is hereby submitted by the State of Texas. The Health and Human Services Commission (HHSC) submits the plan for the period of October 1, 2018, through September 30, 2021. HHSC certifies the administration of the state plan shall comply with the required assurances and provisions of the Older Americans Act of 1965, as amended in 2016 (OAA). HHSC has been given the authority to develop and administer the SPoA according to the requirements of the OAA, and is responsible for coordinating all state activities related to the act, and to serve as the effective and visible advocate for older Texans.

In accordance with the authority provided to me by the Honorable Greg Abbott, Governor of Texas, I hereby approve the Texas SPoA and submit it to the Assistant Secretary on Aging for approval.

Cecile Erwin Young
Acting Executive Commissioner
Health and Human Services Commission
Executive Summary

The Texas Health and Human Services Commission (HHSC) is designated to serve as the State Unit on Aging (SUA). In this role, HHSC is required to submit a SPoA to the Administration for Community Living (ACL), and carry out all functions and requirements within the SPoA. Operational functions funded through the Office of Area Agencies on Aging (OAAA), within Access and Eligibility Services (AES), is dedicated to state-level program development, innovation, cross-coordination of services, and programmatic oversight of the 28 Area Agencies on Aging (AAA) in Texas.

As the SUA, HHSC has demonstrated its capability to implement and sustain projects and activities supporting the services prescribed in the Older Americans Act by successfully overseeing the provision of OAA services to an average of 652,448 Texans per year. Successful disbursement and management of ACL Disaster funds awarded to Texas following Hurricane Harvey demonstrate HHSC’s ability to respond swiftly to the needs of people during a crisis. Continued support of core OAA work with a focus on innovation and policy development, seeking ACL discretionary funds as appropriate, encouraging participant-directed/person-centered planning in service delivery design, and integrating elder justice as a common theme to its strategies to serve older people in Texas exemplify HHSC’s commitment to serve as the SUA.

From 2000 to 2014, Texas’ older population grew at a faster rate than other states, and ranks third in the nation for the largest elderly population. The Texas share of the U.S. older population grew from 5.9 percent to 6.7 percent during that period, with an estimated 345 new seniors added each day between 2013 and 2014. In 2014, the Texas Demographic Center shows the “older population” (65 years and older) was approximately 3 million or 5 percent of the Texas population. By 2030, the total Texas older population will double to 6 million or 10 percent; and by 2050, the older population will double again to 9 million or 15 percent of the Texas 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 aging population in Texas.

The plan was distributed to stakeholders on June 11, 2018 through email and US Postal Service. Stakeholders were asked to provide comments and suggestions by July 11, 2018. Program staff then revised the plan to incorporate relevant stakeholder feedback.
To focus the agency's initiatives to serve the aging populations in Texas, the following goals are established in the state plan:

- **State Goal 1**: Develop and maintain an effective and flexible system of services and supports capable of meeting and responding to the unique and diverse needs of older Texans, their families and caregivers with a focus on consumer directed service, choice and control options.

- **State Goal 2**: Provide a long-term system of services and supports that promotes independent living, and enhances quality of life for individuals who are aged and disabled and their families or caregivers.

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

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

Older Americans Act Services

OAA services are available in all 254 Texas counties through a network of 28 AAAs. Services are provided directly by AAAs or are purchased through contracts between the AAAs and service providers across the state to deliver cost-effective, non-clinical long-term services and supports in the homes and communities of older people. HHSC 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 costlier institutional care or long-term community-based services and supports.

In 2017, the 28 Texas AAAs submitted area plans for federal fiscal years 2017 through 2019. Insufficient transportation and lack of service providers, particularly mental health service providers, were noted as barriers to service delivery. Other barriers to service provision identified were language and cultural diversity. In 2013, HHSC conducted a statewide survey of Texans age 60 and older. The survey identified transportation, assistance with personal care, safe and affordable housing, understanding benefits, advance life planning, nutrition and wellness, and caregiver issues as priority needs for older Texans.

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual state-based telephone survey conducted in all 50 states of the United States and its territories to assess the health and health behaviors of non-institutionalized adults. The BRFSS is a joint effort of the Centers for Disease Control and Prevention (CDC) and state departments of health. In Texas the BRFSS is coordinated through the Texas Department of State Health Services (DSHS), and is used nationwide under the direction of the CDC so that Survey methods and much of the questionnaire are standardized across all 50 states, three territories, and the District of Columbia. Data from the 2016 Texas BRFSS were analyzed to examine the characteristics of adult Texans who provide regular, informal care or assistance to friends and family members who have health problems. Characteristics of care recipients were also examined. Compared with non-caregivers, caregivers reported worse mental health outcomes and less sleep. A majority of both caregivers and care recipients were female, and most caregivers were employed. The largest single group of caregivers fell in the 45-64 age group, were mostly White, non-Hispanic, followed by the second largest group that was Hispanic. The majority of care recipients needed help in performing activities of daily living, home care, and transportation.

Demographic Trends

Demographic trends that could impact HHS System programs include changes in the size,
composition, and geographical distribution of the population. The population in Texas continues to grow at a rate higher than the national average, due to both a 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 outnumber out-migrants). According to the 2017 U.S. Census of Population Estimates, Texas is the second-most populous state, with 28.3 million residents\(^1\) and it grew at a rate of 12.1 percent, compared to 5.2 percent nationally, between 2010 and 2017.\(^2\)

The Texas Demographic Center estimates that the state's population is projected to increase by 3.6 million or 13 percent between 2017 and 2023, including an increase of 2.5 million from 2019 to 2023.\(^3\) If that projection holds true, the 2023 population in Texas will reach 32.4 million people, close to 9.5 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 with the aging of the baby boom generation. By the year 2019, the youngest baby boomer will be 55 and the oldest will be 73 years old; they will comprise 19% of total Texas population. The percent share of the population age 65 and older is projected to increase during the foreseeable future 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 2019 and 2050, the percent 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.

The population age 65 and older is projected to grow from 3.8 million in 2019 to 9.4 million in 2050. This group’s share of the total population is projected to increase from 12.8 percent in 2019 to 17.4 percent in 2050. The population age 85 and older is projected to quadruple during the 2019–2050 period, growing from 389,000 in 2019 to approximately 1.6 million in 2050.

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3. The population projections for Texas cited throughout this Plan are derived from the Texas Demographic Center’s 2000–2010 Migration Growth Scenario, which uses the 2010 Census counts and 2000–2010 migration and natural increase trends for producing population projections.
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 19.8 to 27.7 between the years 2019 and 2050. This could mean that a greater proportion of the income and resources of younger working adults might 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 and/or a chronic health condition. People with one or more disabilities, especially those with a severe disability, are more likely to need and to use health and human services.

Results from the U.S. Census Bureau’s 2012–2016 American Community Survey (ACS) for Texas show that, on a yearly average basis, 3.4 million or 12.3 percent of Texans lived with a disability. The percentage living with a disability was higher among adults age 65 and older at 40.3 percent, while 9.7 percent of adults age 18–64 had a disability.

**Race/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, its proportion is changing as the non-White, non-Hispanic populations have experienced higher growth rates in recent years. Data has shown that working families headed by racial/ethnic minorities were twice as likely to be poor or low-income compared to families headed by White, non-Hispanic. The changing demographics could signal a higher need for health and human services.

According to the 2012–2016 American Community Survey for Texas, White, non-Hispanic accounted for 42.5 percent of the population and Hispanics for 39.1 percent. It is projected that the size of the White, non-Hispanic population will slightly decrease, to 37.1 percent, while the Hispanic population will slightly increase, to 43.9 percent in 2023. African Americans will account for 11.2 percent, and all the other groups, combined, will account for the remaining 7.7 percent. The Texas Demographic Center projects the

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following growth trends between 2019 and 2023.

- The White, non-Hispanic population is projected to grow from 11.9 to 12.0 million, with a growth rate of 1.3 percent.
- The African-American population is projected to grow from 3.4 to 3.6 million, with a growth rate of 7 percent.
- The Hispanic population is projected to grow from 12.6 to 14.2 million, with a growth rate of 13.3 percent.
- The population of all the other population groups, combined, is projected to grow from 2.1 to 2.5 million, with a growth rate of 18.8 percent.

Over the long term, Hispanics are projected to become the largest group. They will account for 55 percent of the total population in 2050, while White, non-Hispanics will account for 22 percent.

Focusing on the population age 65 and over, the White, non-Hispanic population is projected to grow from 2.4 million to 3.3 million; the African-American population is projected to grow from 358,000 to 1 million; and the Hispanic population is projected to grow from 915,000 to 4 million. For all other groups combined, the age 65 and older population is projected to grow from 191,000 to 1.1 million.

Figures 1.3 and 1.4 in Attachment D illustrate some of the projected changes in population size and population composition by race/ethnicity during the 2019–2050 period.

**Rural and Urban Population Trends**

The majority of the Texas population resides in counties that are part of a metropolitan area. The map in Attachment D, Figure 1.5 depicts the projected total population in 2019 by county. The largest population concentrations are 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 populations are mostly found in the vast geographical regions of West, Central Northwest, and Northwest Texas.

According to the 2012–2016 American Community Survey for Texas, 3.3 million or 12 percent of Texans resided in non-metropolitan (rural) counties. Although these residents account for a relatively small fraction of the state's total population, the total combined population for those counties exceeds the total population of many states. Residents of
rural counties tend to experience challenges for the delivery of health and human services, including:

- 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 youth 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. In 2015, 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. 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. Table 1.1 in Attachment D provides information relating to the ten leading causes of death in Texas in 2015.

Four of the top five leading causes of death in Texas in 2015 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 include:

- Physical inactivity,
- Nutrition/dietary behavior,
- Obesity,
- Tobacco use,
- Hypertension,
- Environmental dangers,
- Lack of access to health care,
- 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.\(^5\) It is estimated that 17.8 percent of the adult U.S. population has a mental health disorder during a year.\(^6\) In Texas, the 2017 estimated number of adults with serious and persistent mental illness was 532,295.\(^7\)

**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.

**Alcohol Use**

• In 2010, the economic impact of alcohol abuse was estimated to be $18.8 billion, which includes health care expenditures, lost productivity, motor vehicle accidents, crime, and other costs.\(^8\)

• Of the 3,776 motor vehicle fatalities in 2016, 1,438 (38 percent) were alcohol-related.\(^9\)

**Tobacco Use**

Tobacco use remains a leading cause of preventable death and disease in Texas. Each year 28,000 Texans die from smoking-related causes.\(^10\)

**Physical Activity**

Physical inactivity often contributes to being overweight and obese, the second leading

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\(^7\) CMHS, SAMHSA, HHS (1999) Estimation Methodology for Adults with Serious Mental Illness (SMI). Federal Register v 64


cause of preventable mortality and morbidity in the U.S. The prevalence rate of adults who are obese is rising in Texas. In 2016, 33.6 percent of Texas adults were obese. This is up from 31.9 percent in 2014. Regular physical activity, even in moderate amounts, has been shown to produce significant health benefits. Despite this fact, 2017 BRFSS and Youth Risk Behavior Surveillance data showed that many adults in Texas reported little or no exercise.

**Influenza**

Influenza (flu), which is particularly dangerous for the aged, was widespread in Texas for 10 weeks, from mid-December through mid-February, in the 2017-2018 season. For about three weeks starting in early January, the flu was classified as widespread in 49 states at the same time. This was the first time in 13 years that the entire country was reporting widespread flu simultaneously. In responding to widespread flu, DSHS stays in contact with hospitals during the height of any flu season, closely monitors the situation, and is ready to assist hospitals if needed.

**Healthcare-Associated Infections**

Healthcare-associated infections (HAIs) and preventable adverse events (PAEs) continue as significant causes of morbidity and mortality nationally and in Texas. In the U.S., an estimated 722,000 patients acquire HAIs annually, and as many as 75,000 of those patients die during their hospital stay. A total of 110 HAI outbreaks were investigated by the DSHS Healthcare Safety Team in 2017. 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 HAI outbreak containment. To complete the investigation, the HAI epidemiologist explores other healthcare facilities where the index patient was admitted to uncover additional cases.

**Caregivers**

The backbone of the long-term care system is informal caregivers. According to the Congressional Budget Office, in 2011, the unpaid care provided by family caregivers to older adults was estimated to be worth $234 billion. In Texas an estimated 3.4 million caregivers care for older Texans and persons with disabilities, enabling the person receiving care to age in place and delay the need for institutional placement. The largest single group of caregivers fell in the 45-64 age group and most were White, non-
Hispanic, followed by the second largest group that was Hispanic.\textsuperscript{11} It is estimated that 75 percent of the caregivers are female and spend approximately 50 percent more time providing care than males.\textsuperscript{12} Identifying and meeting the needs of the estimated 3.4 million caregivers in Texas often determines whether the person requiring care can remain at home. The service network for older individuals in Texas will be more pressed to provide supports, including education and training, respite and in-home supports for caregivers.

**Conclusion**

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

The state continues to restructure the way health and human services are provided to all Texans. Significantly, strategies to align functions within the SUA, specifically within AES, for 2019 and beyond will strengthen support for program operations as a part of this transformation. These strategies provide a unique opportunity to define new roles for SUA program components and establish a foundation for the SUA to fully engage in a leadership role. It has an opportunity to effect policy to more effectively serve people through core OAA programs, and to expand its 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 Texans who are aging, the state and its readiness to support its diverse population of older people, and the policy of the state in maximizing support for core OAA programs.

\textsuperscript{11} Behavioral Risk Factor Surveillance System (FRFSS), 2016

\textsuperscript{12} Institute on Aging. (2016). Read How IOA Views Aging in America

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Goals, Objectives, and Strategies

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

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

**State Goal 1:** Develop and maintain an effective and flexible system of services and supports capable of meeting and responding to the unique and diverse needs of older Texans, their families and caregivers with a focus on consumer directed service, choice and control options.

**Objective:** Provide administration and oversight of programs funded through the OAA, state general revenue funds, and other federal and/or state funds to ensure 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.

- Review and approve area plans of 28 AAAs for fiscal years 2020 - 2022; review and approve area plan amendments submitted for plan years 2017-2019; and conduct a plan progress report review for each AAA once during each area plan cycle (2017-2019 and 2020-2022).

- Provide coordinated technical assistance and training for AAA's, service providers and volunteers to include support from the State Long-term Care Ombudsman (SLTCo), and Texas Legal Services Center (TLSC).

- Develop volunteer programs to supplement the work of benefits counselors,
including recruiting, training, and supervising volunteers in compliance with ACL requirements for the State Health Insurance Assistance Program (SHIP).

- Provide supplemental information to assess progress in meeting deliverables.
- Ensure meal service provider compliance with Dietary Guidelines for Americans and the Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.
- Coordinate services with the Title VI federally recognized Native American grantees, including nutrition and support services, to include appropriate referrals and assistance as required by the OAA.
- SLTCO will support staff and trained volunteers to serve residents of assisted living facilities.
- Promote awareness and use of advance directives for health care planning in the community and long-term care facilities through training and education.
- Continue nursing facility culture change initiative to support nursing facilities that provide individualized services that reinforce well-being, dignity and choice.

**Objective:** Maintain a collaborative governance structure to provide support, policy direction and feedback to inform organizational strategies and facilitate consistent communication with agency partners, volunteers, stakeholders, aging Texans, their families and caregivers.

**Strategies:**

- Facilitate regular collaborative sessions to assess modes of service delivery, identify best practices and construct recommended programmatic, policy or procedural changes to ensure the most efficient and effective services are readily available to the aging population and their community of support.
- Provide increased opportunity for legal assistance services through contract with TLSC for the Legal Hotline for Older Texans to provide direct legal assistance for individuals as well as staff resources and training SHIP benefits counselors.

**Objective:** Ensure access to comprehensive information regarding programs, supports and services.
Strategies:

• Provide public access to information about HHSC services, including OAA services and activities, AAAs, Aging and Disability Resource Center (ADRC) projects, Title VI grantees, evidence-based disease prevention programs, the Texas Long-term Care Partnership program, and benefits and entitlements available through Title XIX and Title XX of the Social Security Act.

• Maintain and expand partnerships with public, private, non-profit and faith-based organizations, including expanding the Age Well Live Well (AWLW) initiative, to help create awareness of programs and services.

• Provide culturally competent information to people, their family members and other caregivers to promote understanding of service needs, issues and resources available to address such needs.

• Coordinate services with the Title VI federally recognized Native American grantees, including nutrition and support services, to include appropriate referrals and assistance as required by the OAA.

ACL Focus Area B: For Administration on Community Living Discretionary Grant programs, develop measurable objectives that include integration of these programs with OAA core programs (Title III, VI, and VII) with Alzheimer's Disease Supportive Services Program (ADSSP); Evidence-Based Disease and Disability Prevention Programs; Senior Medicare Patrol (SMP) and programs that support community living.

State Goal 2: Provide a long-term system of services and supports that promotes independent living and enhances quality of life for individuals who are aged and disabled and their families or caregivers.

ADRCs are integrated with the OAA core programs and located statewide. HHSC does not administer an ACL ADRC Discretionary Grant; however, ADRCs have other State and Federal grants. Federal grants include Money Follows the Person (MFP)-Local Contact Agency (LCA), MFP-Housing Navigator (HN) and MIPPA. For FFY2018, MIPPA received $336,977, MFP-HN received $1,400,000, and MFP-LCA received $400,000.
Objective: Enable ADRCs throughout the state using federal funding, and general revenue, as well as local and other resources to provide a continuous system of support services.

Strategies:

- Provide project management and oversight, technical assistance, training and project evaluation to ADRC providing services.
- Support the sustainability of the ADRC structure with federal and/or state funding.
- Support ADRC projects and sustain formalized contractual partnerships among ADRC community agencies.
- Support informal family caregivers through caregiver education and training, person-centered planning and supplemental support services.
- Expand partnerships for critical pathways to extend the reach of ADRCs.
- Promote person-centered specialized information and referral (I&R) training to support ADRCs in providing statewide, standardized and optimal I&R.
- Implement a person-centered assistance service delivery model that promotes the provision of consistent core services across ADRCs, while allowing individual ADRCs to maintain local flexibility.
- Develop, review and modify performance metrics to monitor the success of ADRC’s in providing person-centered services to individuals seeking assistance.

Objective: Build a system of LTSS through collaborative efforts to expand service options including choice and control for individuals and their caregivers by September 30, 2021.

Strategies:

- Coordinate with HHSC agencies and participate on councils and workgroups to increase awareness and improve access to services.
- Advise the HHSC Consumer Direction workgroup, which is charged with providing guidance and recommendations on implementation of consumer-directed services.
- Increase and expand services and programs for health, wellness and volunteerism through HHSC AWLW initiative.

**Objective:** Identify and meet the changing needs of older people and people with disabilities, and support those who need lifelong care.

**Strategies:**
- Provide technical assistance to AAAs and ADRCs to develop services providing veterans, individuals and their caregivers more service delivery options.
- Regularly update the Take Time Texas website to provide current, valuable information for caregivers.
- Evaluate caregiver assessment data for informal family caregivers to identify appropriate services and supports and educational needs of caregivers through the care coordination services provided by the AAAs.
- Provide information to older individuals and individuals with disabilities to promote understanding of service options, public benefits, and available services.
- Support training for AAA care coordinators on processes for consumer direction and provide outreach materials for individuals.
- Expand person-centered and consumer-directed service options to ensure individuals have a choice in service delivery.
- Work with the Texas Council on Developmental Disabilities to ensure individuals and families are aware of evidence-based health and fitness programs that provide exercise opportunities and nutrition information specifically designed for individuals with developmental disabilities.
- Establish dementia-capable systems for people with Alzheimer’s disease and related disorders through systems change.

**Objective:** Provide a replicable model of caregiver respite care programs through flexible service delivery options (consumer-directed services and voucher programs).
Strategies:

- Support informal family caregivers, including caregivers of adults with developmental disabilities who are age 60 or older that through effective caregiver education and training, respite services, person-centered options counseling, and supplemental support services.

- Provide training to care coordinators on implementation processes for consumer direction and provide outreach material for individuals and caregivers of individuals with developmental disabilities.

- Provide oversight and technical assistance for the activities of the Texas Respite Coalition (TRC) to better coordinate and disseminate service delivery between agencies and organizations providing respite services.

- Continue development of a state strategic plan for respite that includes priorities for increasing the availability and coordination of lifelong respite care and promotes a more sustainable lifespan respite care program, which includes federal grants or additional state funding opportunities.

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

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

Objective 1: Provide opportunities for people to engage in healthy behaviors to increase their potential to live longer, maintain quality of life, and contribute to the community as indicated in pre- and post- participation in community activities.

Strategies:

- Texercise Select will be offered to the aging and disability networks at little to no cost to local agencies.
• Continue to provide the AWLW campaign, Aging Texas Well (ATW) initiative, and Texercise programs to enrich the lives of residents of Texas long-term care facilities by providing volunteers, managers, and citizens with tools and resources that encourage social engagement and exercise opportunities in these facilities.

• Promote awareness of the health and fitness projects of the Texas Council for Developmental Disabilities.

• Provide oversight to Care Transitions Intervention projects and Stress-Busting Program activities that are supported with Title III funds.

• Continue to support evidence-based interventions including disease self-management.

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

Strategies:

• Continue to provide Texercise programs statewide to improve the health and well-being of older individuals and to address rising health care costs related to poor health.

• Work with Texercise community programs to implement wellness programs for older individuals.

• Expand the AWLW initiative that focuses on health and wellness, volunteerism and awareness of resources by sharing HHSC resources, community partners, the faith-based community, and the aging network.

Objective: Provide support for professionals and service providers with information and resources that can be used in evidence-based disease prevention program development and in providing services to older individuals and their caregivers through September 30, 2021.

Strategies:

• Continue to develop, issue, and post easy to read issue briefs to support basic understanding of complex aging and gerontological topics for use by AAAs, the service network for older individuals, researchers, public policy leaders and
community organizations interested in developing services and programs relevant to the needs of older individuals. The issue briefs will be posted to the HHSC internet site - https://hhs.texas.gov/about-hhs/community-engagement/age-well-live-well/aging-texas-well.

- Post information on evidence-based practices for caregivers on the Take Time Texas website.
- Continue to partner in the Behavior Health and Aging Workgroup coordination.

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

**Strategies:**

- Provide contract oversight and support to the Senior Corps volunteer programs of the Corporation for National and Community Service through state general revenue funds.
- Develop and support HHSC volunteer and internship programs to expand community involvement efforts.
- Recruit and train a corps of volunteers in the benefits counseling program provided through all AAAs that will include training on specific benefits topics that will allow the volunteers to specialize in areas of interest to them.

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

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

**Objective:** Provide a system of long-term care ombudsmen coordinated by the Long Term Care Ombudsman Office of HHS that for the needs of long-term care facility residents.
Strategies:

- Provide support to certified ombudsmen through training and technical assistance, and development of ombudsmen guidelines through administrative rules, operating procedures, program instructions, and technical assistance memoranda.

- Conduct oversight for the long-term care ombudsmen programs through desk review of performance measures and onsite program monitoring.

- Develop and nurture self-advocacy of long-term care residents and other individuals by supporting the development of resident and family councils.

- Oversee the protection of Texans who live in or who are receiving services in a licensed or contracted program or facility through effective regulatory services.

- Coordinate on training of professional staff and maintain communication protocols outlined in a program agreement to ensure coordination of services on behalf of nursing facility and assisted living facility residents.

- Receive, research, investigate and effectively resolve complaints regarding the health, safety, welfare and rights of residents of nursing and assisted living facilities.

- Develop policy recommendations to the Texas Legislature and to state and federal agencies as part of a statewide systems advocacy agenda.

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

Strategies:

- Participate in the Texas Kincare Taskforce that serves grandparents and other relatives by advocating for services and protections.

- Coordinate with the DFPS/APS, AAAs and TLSC to increase public awareness about elder abuse, neglect and exploitation, including causes, profiles of victims and perpetrators, warning signs, reporting and prevention strategies.

- Continue collaboration with DFPS/APS, AAAs and TLSC to provide services to victims of elder abuse, neglect and exploitation, and to collaborate on joint training for DFPS/APS and AAA.
• Support awareness of Senior Medicare Patrol fraud protection through joint activities, Medicare Improvements for Patients and Providers Act (MIPPA) outreach events and senior expos.

• Develop an awareness/outreach initiative to improve the financial literacy for the seniors and their caregivers.
Outcomes and Performance Measures

**State Goal 1.** Ensure Texas LTSS system has the capacity, flexibility and sensitivity to meet the unique and diverse needs of Texans, their family members, and caregivers.

- **Outcome:** Older individuals and their caregivers have access to services that meet their needs and interests.

  **Measure:** At least 85 percent of individuals are satisfied with the OAA services they received, as evidenced in the client satisfaction surveys conducted by OAAA once during the plan cycle.

- **Outcome:** Contract agencies and service providers are accountable for the services provided to older individuals and their caregivers.

  **Measure:** Implementation of a uniform, National Aging Program Information System (NAPIS) -compliant information system in all 28 AAAs as evidenced by timely (95% received by the due date established by OAAA), accurate reporting verified through HHSC Performance Measure Testing procedures.

**State Goal 2.** Provide a long-term system of services and supports that promotes independent living and enhances quality of life for individuals who are aged and disabled and their families or caregivers.

- **Outcome:** Older individuals’ access to LTSS is improved by increased capacity and sustainability of the service network.

  **Measure:** Offer three trainings to AAAs and ADRCs on person-centered and consumer directed services.

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

- **Outcome:** Increase the number of older individuals and their caregivers who have the opportunity to participate in evidence-based disease prevention programs.

  **Measure:** Increase in the number of participants completing the programs by ten percent.
**State Goal 4.** Serve as an effective advocate to uphold and ensure the rights, quality of life, and quality of care for nursing facility and assisted living facility residents.

- **Outcome:** Reduce the adverse effects of isolation, abuse, neglect and exploitation through a corps of trained and motivated volunteer ombudsmen who advocate for residents of nursing facilities and assisted living facilities.

  **Measure:** Four hundred-fifteen volunteers completing training sessions for long-term care ombudsmen services.
Quality Management

Access and Eligibility Services

AES 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 - on-site monitoring, corrective action plans, leading the risk assessment process, and payments to providers. In addition, AES provides technical assistance and training to AAAs and ADRCs in the areas of contract management and monitoring.

Collect data to assess program: AAAs and ADRCs submit quarterly fiscal and performance reports to HHSC, 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. AAAs and ADRCs report monthly to ACL State Health Insurance Program – National Performance Reporting (SHIP-NPR) database on SHIP and MIPPA-related assistance and outreach activities. Fiscal reports are monitored monthly.

Remediation of problem areas: HHSC staff analyze AAA and ADRC fiscal and program performance to identify specific issues for a specific contractor, or systemic issues that require a broader approach. Technical assistance may be provided in person, over the phone, and via email when working with individual ADRCs to remediate problem areas. Systemic issues are addressed through webinars and for ADRCs, quarterly in-person meetings. Additionally, HHSC has implemented a formal monitoring process to ensure effective, efficient, and coordinated administration of AAA and ADRC programming and services.

Continuous improvement: HHSC convenes four ADRC Advisory Committee meetings each year, attended by representatives of the ADRCs. Committee members provide guidance on program enhancement and strategies to address challenges identified by 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. 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.

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**Long-term Care Ombudsman**

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

**Quality Monitoring Program (QMP)**

Quality improvement activities are conducted by the QMP within Medicaid & Children’s Health Insurance Program (CHIP) Services, Quality & Program Improvement. QMP 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, QMP staff provide nursing facility staff with technical assistance for implementing evidence-based best practice approaches to care that can improve resident outcomes. The QMP 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 continue. 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 QMP.

Signature and Title of Authorized Official

Date
Attachment A - State Plan Assurances and Required Activities

Older Americans Act, As Amended in 2006

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

ASSURANCES

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

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

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

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

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

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

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.
States must assure that the following assurances (Section 306) will be met by its
designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

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

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

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

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

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

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

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

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency—

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

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

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

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

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

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

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

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;
(17) Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Sec. 307, STATE PLANS

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

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

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

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

(11)(A) The plan shall provide assurances that area agencies on aging will--
(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
(ii) include in any such contract provisions to assure that any recipient of funds under division
(A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.
(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

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

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(A) public education to identify and prevent abuse of older individuals;
(B) receipt of reports of abuse of older individuals;
(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

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

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

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

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

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

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

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).
(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

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

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

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

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

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

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

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

Sec. 308, Planning, Coordination, Evaluation, and Administration of State Plans

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.
Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

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

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

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

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

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

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

REQUIRED ACTIVITIES

Sec. 307(a) State Plans

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

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

(2) The State agency:
(A) evaluates, using uniform procedures described in section 202(a)(26), the need
for supportive services (including legal assistance pursuant to 307(a)(11),
information and assistance, and transportation services), nutrition services, and
multipurpose senior centers within the State;
(B) has developed a standardized process to determine the extent to which public or
private programs and resources (including Department of Labor Senior Community
Service Employment Program participants, and programs and services of voluntary
organizations) have the capacity and actually meet such need;

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

(5) The State agency:
(A) affords an opportunity for a public hearing upon request, in accordance with
published procedures, to any area agency on aging submitting a plan under this
title, to any provider of (or applicant to provide) services;
(B) issues guidelines applicable to grievance procedures required by section
306(a)(10); and
(C) affords an opportunity for a public hearing, upon request, by an area agency
on aging, by a provider of (or applicant to provide) services, or by any recipient of
services under this title regarding any waiver request, including those under
Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

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

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

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

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

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

Section 305(a)(2)(E)

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

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

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

OAAA ensures AAAs give priority in accordance with the OAA target groups by requiring Area Plans to address needs priorities in the planning and service areas, using focal areas, public forums, and demographic information related to the targeted populations, and conducting performance measure testing and desk reviews.
Section 306(a)(17)

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

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

In 2015, OAAA reviewed all disaster and emergency preparedness plans using the Administration for Community Living/Administration on Aging’s (ACL/AoA) guidelines. The review checklist was reviewed by the regional ACL/AoA office and the state office disaster coordinator. OAAA reviews the AAAs’ disaster and emergency preparedness plans at least once in a SPoA cycle.

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

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.

AAAs are required to provide a minimum proportion of funding to the core services.

For Federal Fiscal Year (FFY) 2018, total minimum proportions were:
- Access and Assistance Services – 25% (Title III B funds): $4,417,530
- In-home Services – 10% (Title III B funds): $1,767,013
- Legal Assistance – 2% (Title III B funds): $353,403
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.

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

- AAAs whose population density factor exceeds the statewide average of
  people age 60 and older per square mile will receive no rural allocations.
- AAAs with a population density factor of 50 percent of the statewide
  average, up to the statewide average of people age 60 and older per
  square mile, will receive a rural allocation of $15,000.
- AAAs with a population density factor of less than 50 percent of the
  statewide average of people age 60 and older per square mile will
  receive a rural allocation of $30,000.
- For federal fiscal year 2018, the projected project cost for providing
  services through AAAs serving the rural-residing population is
  $29,340,456.

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.

HHSC service providers and vendors, deliver services using flexible
procurement methods. Services are targeted to individuals in the greatest
social and economic need. Target groups of special interest include individuals
who are low-income, ethnic minorities, reside in rural areas, in frail health,
have physical or mental disabilities, have limited English proficiency, at risk
for institutionalization, or in greatest social need.
To ensure targeting criteria are met services such as home-delivered meals and in-home services, are restricted to individuals with functional limitations. Limitations are determined through thorough screening and assessment of ability to perform activities of daily living and instrumental activities of daily living.

Section 307(a)(14)

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

With information from the U.S. Census Bureau’s American Fact Finder for the 2016 American Community Survey 1-Year Estimates, Texas is estimated to have 412,548 low-income minority individuals age 60 and over population. The estimated number of low-income minority older individuals with limited English proficiency is 59,407.

AAA outreach material and consumer forms are translated into Spanish. Many AAAs have also translated into German, Mandarin Chinese, and Korean. The HHSC website is also available in Spanish. Currently, there is 173 bilingual AAA staff. Languages include Spanish, Japanese, French, Vietnamese, American Sign Language, Hindi. In addition, the HHSC staff and the 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 (title III), if applicable, and specify the ways in which the State agency intends to implement the activities.

The AAAs work with the tribes to provide outreach and assistance. The AAA of Deep East Texas services the Alabama-Coushatta Tribe, the AAA of the Middle Rio Grande Area serves the Kickapoo Traditional Tribe of Texas, and the AAA of the Rio Grande Area serves the Ysleta del Sur Pueblo. The coordination of OAAA services with Title VI federally-recognized Native American grantees includes Nutrition, in-home supportive services, and appropriate referrals and other assistance. AAAs provide information about their activities in the various
periodical reports such as the MIPPA and ACL-SHIP grant reports. All area plans are reviewed to ensure Native Americans have access to OAA services.

Section 307(a)(29)

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

OAAA participates as a member of the HHSC Emergency Management Team (statewide) with the other health and human service agencies and the Department of Public Safety. OAAA requires updates to disaster preparedness plans from AAAs and provides technical assistance and management oversight for services provided during disasters. OAAA will require and review updates to disaster preparedness plans from the 28 AAAs once during the state plan period; and will provide technical assistance and management oversight for services provided during disasters. The OAAA administers and oversees disaster funds for federally declared disasters, when available.

Section 307(a)(30)

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

OAAA participates as part of the HHSC Emergency Management Team with other health and human service areas and the Department of Public Safety in the state's disaster management efforts. In addition, OAAA is a member of the Disability Outreach and Effective Communication Subcommittee, Disability Virtual Support Team, and participates in the Texas Persons with Disabilities History and Awareness Month. OAAA maintains a Continuity of Operations Plan (COOP, which is included in the HHSC COOP. In addition, OAAA provides awareness about personal and family disaster preparedness. Plus, once during a SPoA plan period, OAAA reviews all area agencies on aging's disaster preparedness/emergency response plans.
Section 705(a)(7)

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

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

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

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

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

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

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

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

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

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

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


(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

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

A comment period was open from June 11, 2018 to July 11, 2018, for stakeholders to provide suggestions and comments to the state plan. The report was revised based on the comments.

OAAA conducts a statewide satisfaction survey with the individuals receiving core services. The survey is modeled after the AoA Consumer assessment survey to enable a comparison to the nation survey results. In accordance to the Texas Administrative Code, Chapter 85, the AAAs must survey individuals receiving services to ensure the services are meeting their needs.

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

HHSC assures it will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expanded 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.

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 the Texas Administrative Code, Chapter 85 and the Long-term Care Ombudsman policy manual.

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

HHSC, as the SUA, allocates Title III, Title VII, and state general revenue to the AAAs based upon an approved interstate funding formula. The current funding formula is contained in 40 Texas Administrative Code §85.501. The goal of this formula is to distribute funding equitably based upon the most currently available population projections 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 upon a three-part formula:
  - AAAs whose population density factor exceeds the statewide average of people age 60 and older per square mile will receive no rural allocation.
  - AAAs with a population density factor of 50 percent of the statewide average, up to the statewide average of people age 60 and older per square mile, will receive a rural allocation of $15,000.
  - AAAs with a population density factor of less than 50 percent of the statewide average of people age 60 and older per square mile will receive a rural allocation of $30,000.
- All remaining funds, excluding Title VII Ombudsman Activity Grant, is allocated in accordance with the following formula of weighted factors:
  - Total 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.
  - Total AAA’s regional population age 60 and older who are living on
incomes below the poverty level, weighted at 50 percent.

- Each host agency for the operation of the Ombudsman Program in accordance with the Older Americans Act, §306(a)(9) is allocated funds by the Long-term State Ombudsman office. 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:
  
  o For state fiscal year 2019:
    
    • 55 percent of the funds is allocated based on the licensed capacity of nursing facilities in the ombudsman service area.
    
    • 20 percent of the funds is allocated based on the number of assisted living 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.

  o For state fiscal year 2020:
    
    • 65 percent of the funds is allocated based on the licensed capacity of nursing facilities in the ombudsman service area.
    
    • 10 percent of the funds is allocated based on the number of assisted living 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.

  o For state fiscal year 2021 and later:
    
    • 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:
  
  o 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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Table 1. Total Distribution of Awards by Standard Funding Formula by AAA for Federal Fiscal Year 2018
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<tr>
<th>Region</th>
<th>III B</th>
<th>III C1</th>
<th>III C2</th>
<th>III D</th>
<th>III E</th>
<th>OM</th>
<th>FAP</th>
<th>SGR Service Amount</th>
<th>OMB-ALF</th>
<th>NSIP</th>
<th>III B Admin</th>
<th>III C1 Admin</th>
<th>III C2 Admin</th>
<th>III E Admin</th>
<th>Total Award GR and FED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rio Grande</td>
<td>770,369</td>
<td>1,078,977</td>
<td>562,151</td>
<td>53,009</td>
<td>359,273</td>
<td>18,304</td>
<td>12,213</td>
<td>184,104</td>
<td>30,719</td>
<td>243,842</td>
<td>92,005</td>
<td>120,373</td>
<td>62,129</td>
<td>39,361</td>
<td>3,626,829</td>
</tr>
<tr>
<td>South Plains</td>
<td>360,302</td>
<td>423,928</td>
<td>206,652</td>
<td>18,250</td>
<td>123,691</td>
<td>24,726</td>
<td>4,705</td>
<td>102,726</td>
<td>41,848</td>
<td>128,051</td>
<td>31,676</td>
<td>41,442</td>
<td>21,390</td>
<td>13,551</td>
<td>1,542,438</td>
</tr>
<tr>
<td>South Texas</td>
<td>410,735</td>
<td>504,491</td>
<td>250,374</td>
<td>22,525</td>
<td>152,664</td>
<td>7,136</td>
<td>5,189</td>
<td>112,735</td>
<td>198,666</td>
<td>39,095</td>
<td>51,149</td>
<td>26,400</td>
<td>16,726</td>
<td>1,797,885</td>
<td></td>
</tr>
<tr>
<td>Tarrant Co.</td>
<td>890,215</td>
<td>1,318,344</td>
<td>692,057</td>
<td>65,711</td>
<td>445,359</td>
<td>64,144</td>
<td>15,139</td>
<td>212,840</td>
<td>140,134</td>
<td>754,606</td>
<td>114,050</td>
<td>149,216</td>
<td>77,015</td>
<td>48,792</td>
<td>4,988,622</td>
</tr>
<tr>
<td>Texoma</td>
<td>238,067</td>
<td>276,590</td>
<td>126,690</td>
<td>10,432</td>
<td>70,702</td>
<td>16,971</td>
<td>2,403</td>
<td>84,422</td>
<td>15,480</td>
<td>156,334</td>
<td>24,916</td>
<td>32,599</td>
<td>16,825</td>
<td>10,660</td>
<td>1,083,091</td>
</tr>
<tr>
<td>West Central</td>
<td>364,493</td>
<td>430,623</td>
<td>210,286</td>
<td>18,605</td>
<td>126,098</td>
<td>27,014</td>
<td>4,286</td>
<td>103,558</td>
<td>25,574</td>
<td>253,118</td>
<td>32,292</td>
<td>42,249</td>
<td>21,806</td>
<td>13,815</td>
<td>1,673,817</td>
</tr>
<tr>
<td>Totals</td>
<td>17,670,099</td>
<td>24,675,929</td>
<td>12,736,133</td>
<td>1,190,534</td>
<td>8,068,872</td>
<td>1,046,876</td>
<td>274,281</td>
<td>4,467,229</td>
<td>1,751,980</td>
<td>9,688,146</td>
<td>2,095,626</td>
<td>2,741,770</td>
<td>1,415,125</td>
<td>896,541</td>
<td>88,719,131</td>
</tr>
</tbody>
</table>
Figure 1.1 Percent Population Growth by Texas County, 2019–2023

---

1 Sources: Texas Demographic Center: Population Projections for Texas According to the 2000–2010 Migration Scenario; HHSC, Center for Analytics and Decision Support. April 2018.
Figure 1.2: Percent of Texans with a Disability during the 2012–2016 Period, by Age Group

![Graph showing percent of Texans with disabilities by age group.]

Figure 1.3: Percent of Population by Race/Ethnicity, 2019–2050

![Graph showing population percentages by race/ethnicity over years.]

---

2 Source: U.S. Census Bureau, 2012–2016 ACS for Texas; HHSC, Center for Analytics and Decision Support, April 2018.

3 Sources: Texas Demographic Center, Population Projections for Texas According to the 2000–2010 Migration Scenario; HHSC, Center for Analytics and Decision Support. April 2018.
Figure 1.4: Projected Population by Race/Ethnicity, 2019 and 2050

![Bar chart showing projected population by race/ethnicity for 2019 and 2050. The categories are Anglo, African-American, Hispanic, and Other.]

Sources: Texas Demographic Center, Population Projections for Texas According to the 2000-2010 Migration Scenario; HHSC, Center for Analytics and Decision Support. March 2016.
Figure 1.5: Total Population by County, 2019

Sources: Texas Demographic Center, Population Projections for Texas According to the 2000-2010 Migration Scenario; HHSC, Center for Analytics and Decision Support. April 2018.
Table 1: Provides a matrix of the aging populations from age 65 years to 85 plus.\(^6\)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2010</th>
<th>2020</th>
<th>2030</th>
<th>2040</th>
<th>2050</th>
<th>2010-2050 Numeric Change</th>
<th>2010-2050 Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 and Older</td>
<td>2,601,886</td>
<td>4,014,083</td>
<td>5,929,471</td>
<td>7,583,385</td>
<td>9,442,865</td>
<td>6,840,979</td>
<td>262.9%</td>
</tr>
<tr>
<td>65-69</td>
<td>853,100</td>
<td>1,375,699</td>
<td>1,779,930</td>
<td>2,019,401</td>
<td>2,519,575</td>
<td>1,666,475</td>
<td>195.3%</td>
</tr>
<tr>
<td>70-74</td>
<td>619,156</td>
<td>1,081,697</td>
<td>1,569,556</td>
<td>1,747,404</td>
<td>2,136,439</td>
<td>1,517,283</td>
<td>245.1%</td>
</tr>
<tr>
<td>75-79</td>
<td>477,245</td>
<td>714,641</td>
<td>1,181,376</td>
<td>1,568,513</td>
<td>1,830,330</td>
<td>1,353,085</td>
<td>283.5%</td>
</tr>
<tr>
<td>80-84</td>
<td>347,206</td>
<td>440,399</td>
<td>794,965</td>
<td>1,186,724</td>
<td>1,365,653</td>
<td>1,018,447</td>
<td>293.3%</td>
</tr>
<tr>
<td>85+</td>
<td>305,179</td>
<td>401,647</td>
<td>603,644</td>
<td>1,061,343</td>
<td>1,590,868</td>
<td>1,285,689</td>
<td>421.3%</td>
</tr>
<tr>
<td>Total Population</td>
<td>25,145,561</td>
<td>30,541,978</td>
<td>37,155,084</td>
<td>44,955,896</td>
<td>54,369,297</td>
<td>29,223,736</td>
<td>116.2%</td>
</tr>
</tbody>
</table>

Table 1.1: Leading Causes of Texas Resident Deaths, 2015\(^7\)

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Disease</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Diseases of the Heart</td>
<td>22.80%</td>
</tr>
<tr>
<td>2</td>
<td>Malignant Neoplasms</td>
<td>20.60%</td>
</tr>
<tr>
<td>3</td>
<td>Cerebrovascular Diseases</td>
<td>5.50%</td>
</tr>
<tr>
<td>4</td>
<td>Chronic Lower Respiratory Diseases</td>
<td>5.40%</td>
</tr>
<tr>
<td>5</td>
<td>Accidents</td>
<td>5.30%</td>
</tr>
<tr>
<td>6</td>
<td>Alzheimer's Disease</td>
<td>4.70%</td>
</tr>
<tr>
<td>7</td>
<td>Diabetes Mellitus</td>
<td>2.90%</td>
</tr>
<tr>
<td>8</td>
<td>Septicemia</td>
<td>2.30%</td>
</tr>
<tr>
<td>9</td>
<td>Nephritis, Nephrotic Syndrome and Nephrosis</td>
<td>2.10%</td>
</tr>
<tr>
<td>10</td>
<td>Chronic Liver Disease and Cirrhosis</td>
<td>2.00%</td>
</tr>
<tr>
<td></td>
<td>All Other Causes</td>
<td>26.30%</td>
</tr>
<tr>
<td></td>
<td>Total Deaths in 2015</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

---

\(^6\) Source: US Census Bureau, 2010 Census, Texas State Data Center, 2014 Projections, 1.0 Migration Scenario
Table 2. Projected Population Change: Texas Population Age 60 or Older\(^8\)

<table>
<thead>
<tr>
<th>Area Agency on Aging</th>
<th>Numerical Change, Years 2013-2018</th>
<th>Percent Change, Years 2013-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alamo</td>
<td>37,862</td>
<td>28.1%</td>
</tr>
<tr>
<td>Ark-Tex</td>
<td>8,202</td>
<td>12.4%</td>
</tr>
<tr>
<td>Bexar County</td>
<td>56,834</td>
<td>20.0%</td>
</tr>
<tr>
<td>Brazos Valley</td>
<td>11,883</td>
<td>21.5%</td>
</tr>
<tr>
<td>Capital</td>
<td>89,679</td>
<td>31.1%</td>
</tr>
<tr>
<td>Central Texas</td>
<td>16,276</td>
<td>22.9%</td>
</tr>
<tr>
<td>Coastal Bend</td>
<td>20,490</td>
<td>17.7%</td>
</tr>
<tr>
<td>Concho Valley</td>
<td>4,808</td>
<td>13.7%</td>
</tr>
<tr>
<td>Dallas</td>
<td>55,824</td>
<td>16.7%</td>
</tr>
<tr>
<td>Deep East Texas</td>
<td>15,796</td>
<td>17.0%</td>
</tr>
<tr>
<td>East Texas</td>
<td>32,277</td>
<td>16.6%</td>
</tr>
<tr>
<td>Golden Crescent</td>
<td>6,191</td>
<td>14.1%</td>
</tr>
<tr>
<td>Harris</td>
<td>136,638</td>
<td>23.8%</td>
</tr>
<tr>
<td>Heart of Texas</td>
<td>11,781</td>
<td>15.9%</td>
</tr>
<tr>
<td>Houston-Galveston</td>
<td>123,313</td>
<td>34.8%</td>
</tr>
<tr>
<td>Lower Rio Grande</td>
<td>42,310</td>
<td>22.5%</td>
</tr>
<tr>
<td>Middle Rio Grande</td>
<td>4,713</td>
<td>14.3%</td>
</tr>
<tr>
<td>North Central Texas</td>
<td>142,921</td>
<td>35.9%</td>
</tr>
<tr>
<td>North Texas</td>
<td>6,366</td>
<td>13.1%</td>
</tr>
<tr>
<td>Panhandle</td>
<td>13,921</td>
<td>17.0%</td>
</tr>
<tr>
<td>Permian Basin</td>
<td>14,380</td>
<td>19.9%</td>
</tr>
<tr>
<td>Rio Grande</td>
<td>27,508</td>
<td>20.4%</td>
</tr>
<tr>
<td>South East Texas</td>
<td>11,271</td>
<td>14.8%</td>
</tr>
<tr>
<td>South Plains</td>
<td>10,952</td>
<td>15.0%</td>
</tr>
<tr>
<td>South Texas</td>
<td>9,829</td>
<td>22.0%</td>
</tr>
<tr>
<td>Tarrant</td>
<td>59,658</td>
<td>22.2%</td>
</tr>
<tr>
<td>Texoma</td>
<td>8,355</td>
<td>18.0%</td>
</tr>
<tr>
<td>West Central Texas</td>
<td>9,488</td>
<td>12.6%</td>
</tr>
<tr>
<td>Statewide Summary</td>
<td>989,536</td>
<td>23.2%</td>
</tr>
</tbody>
</table>

\(^8\) Source: Texas Demographic Center/Office of the State Demographer at the University of Texas at San Antonio.
Table 3. Texans Aged 65 and Over by Disability Status

<table>
<thead>
<tr>
<th>Disability Status</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Disability</td>
<td>1,997,691</td>
<td>59.7%</td>
</tr>
<tr>
<td>One Disability</td>
<td>569,947</td>
<td>17.0%</td>
</tr>
<tr>
<td>More Than One Disability</td>
<td>781,033</td>
<td>23.3%</td>
</tr>
</tbody>
</table>

Table 4: Disability by Age, Gender and Type

<table>
<thead>
<tr>
<th>Gender/ Age</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>Any Disability</td>
<td>31.10%</td>
<td>29.00%</td>
<td>55.30%</td>
<td>56.30%</td>
</tr>
<tr>
<td>Hearing</td>
<td>15.50%</td>
<td>7.00%</td>
<td>32.90%</td>
<td>20.50%</td>
</tr>
<tr>
<td>Vision</td>
<td>6.30%</td>
<td>6.00%</td>
<td>10.80%</td>
<td>12.60%</td>
</tr>
<tr>
<td>Cognitive</td>
<td>7.90%</td>
<td>6.10%</td>
<td>15.10%</td>
<td>19.40%</td>
</tr>
<tr>
<td>Ambulatory</td>
<td>17.00%</td>
<td>21.30%</td>
<td>33.90%</td>
<td>42.90%</td>
</tr>
<tr>
<td>Self-Care</td>
<td>6.00%</td>
<td>5.80%</td>
<td>14.10%</td>
<td>21.20%</td>
</tr>
<tr>
<td>Independent Living</td>
<td>8.60%</td>
<td>10.80%</td>
<td>22.70%</td>
<td>35.60%</td>
</tr>
</tbody>
</table>

Hearing disability is difficulty without aids; vision disabilities indicate difficulty even when using glasses. Cognitive disability indicates difficulty making decisions or thinking, whether due to mental illness, intellectual disability, dementia or other cause. Ambulatory, the most common type of disability, indicates serious difficulty walking or climbing stairs. Self-care indicates difficulty with activities such as bathing and dressing, and may indicate a need for long-term services and supports. Independent living indicates difficulty in leaving the home for shopping, medical appointments, church and similar activities.

Table 5. Disability Age 65 and Over by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent with a Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglo</td>
<td>38.8%</td>
</tr>
</tbody>
</table>

---

9 Source: U.S. Census Bureau, 2016 American Community Survey
10 Source: U.S. Census Bureau. 2016 American Community Survey.
<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent with a Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>44.8%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>44.3%</td>
</tr>
<tr>
<td>Other</td>
<td>34.0%</td>
</tr>
<tr>
<td>All</td>
<td>40.3%</td>
</tr>
</tbody>
</table>

Table 6. Selected OAA Services Provided through AAAs – Title III Only

<table>
<thead>
<tr>
<th>Program</th>
<th>FY2015</th>
<th>FY2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statewide Nutrition Service</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number receiving congregate meals</td>
<td>56,731</td>
<td>52,143</td>
</tr>
<tr>
<td>Number of congregate meals served</td>
<td>3,505,048</td>
<td>3,005,360</td>
</tr>
<tr>
<td>Statewide average cost per congregate meal</td>
<td>$5.20</td>
<td>$5.59</td>
</tr>
<tr>
<td>Number receiving home-delivered meals</td>
<td>38,523</td>
<td>35,329</td>
</tr>
<tr>
<td>Number of home-delivered meals served</td>
<td>4,730,098</td>
<td>4,070,754</td>
</tr>
<tr>
<td>Statewide average cost per home-delivered meal</td>
<td>$4.98</td>
<td>$5.20</td>
</tr>
<tr>
<td><strong>Statewide Services to Assist Independent Living</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number receiving homemaker services</td>
<td>2,324</td>
<td>1,143</td>
</tr>
<tr>
<td>Average cost per person receiving homemaker services</td>
<td>$693.23</td>
<td>$587</td>
</tr>
<tr>
<td>Number receiving personal assistance</td>
<td>855</td>
<td>718</td>
</tr>
<tr>
<td>Average cost per person receiving personal assistance</td>
<td>$1,299</td>
<td>$1,082</td>
</tr>
<tr>
<td>Number of homes repaired or modified</td>
<td>1,864</td>
<td>1,700</td>
</tr>
<tr>
<td>Average cost per repaired/modified home</td>
<td>$1,120</td>
<td>$1,184</td>
</tr>
<tr>
<td>Number of one-way trips</td>
<td>760,320</td>
<td>649,134</td>
</tr>
<tr>
<td>Number of RSVP volunteers</td>
<td>31,500</td>
<td>19,000</td>
</tr>
</tbody>
</table>
Table 7. Interest List Summary

<table>
<thead>
<tr>
<th>Previous Biennium Counts</th>
<th>CLASS</th>
<th>DBMD</th>
<th>HCBS(^{11})</th>
<th>MDCP</th>
<th>STAR+</th>
<th>TXHML</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>As of 8/31/17</td>
<td>62,476</td>
<td>302</td>
<td>87,522</td>
<td>18,766</td>
<td>20,668</td>
<td>67,164</td>
<td>256,898</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Released/ Removed from interest list(^{12})</th>
<th>CLASS</th>
<th>DBMD</th>
<th>HCBS(^{11})</th>
<th>MDCP</th>
<th>STAR+</th>
<th>TXHML</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled(^{13})</td>
<td>18</td>
<td>1</td>
<td>0</td>
<td>18</td>
<td>186</td>
<td>0</td>
<td>223</td>
</tr>
<tr>
<td>Denied/ Declined/ Withdrawn(^{14})</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>195</td>
<td>828</td>
<td>0</td>
<td>1,029</td>
</tr>
<tr>
<td>Pipeline</td>
<td>194</td>
<td>129</td>
<td>0</td>
<td>1,074</td>
<td>4,119</td>
<td>0</td>
<td>5,516</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Releases This Biennium(^{15})</th>
<th>CLASS</th>
<th>DBMD</th>
<th>HCBS(^{11})</th>
<th>MDCP</th>
<th>STAR+</th>
<th>TXHML</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Since 9/1/17</td>
<td>218</td>
<td>130</td>
<td>0</td>
<td>1,299</td>
<td>5,178</td>
<td>0</td>
<td>6,825</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Added this biennium</th>
<th>CLASS</th>
<th>DBMD</th>
<th>HCBS(^{11})</th>
<th>MDCP</th>
<th>STAR+</th>
<th>TXHML</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Requests</td>
<td>561</td>
<td>11</td>
<td>509</td>
<td>189</td>
<td>2,095</td>
<td>507</td>
<td>3,872</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Interest List Counts(^{16})</th>
<th>CLASS</th>
<th>DBMD</th>
<th>HCBS(^{11})</th>
<th>MDCP</th>
<th>STAR+</th>
<th>TXHML</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>As of 9/30/17</td>
<td>63,011</td>
<td>311</td>
<td>88,214</td>
<td>18,639</td>
<td>21,911</td>
<td>67,921</td>
<td>260,007</td>
</tr>
</tbody>
</table>

\(^{11}\) Home and Community Based Services (HCS) and TxHmL counts for Released/Removed and Total Releases are derived from CARE data source.

\(^{12}\) Released/Removed counts include individuals already in the pipeline as of August 31, 2017, excluding MFP.

\(^{13}\) These totals count unique individuals with close codes in this category, who also had a release date (except HCBS and TxHmL, see footnote 11).

\(^{14}\) These totals count unique individuals with close codes in this category, who also had a release date (except HCBS and TxHmL, see footnote 11).

\(^{15}\) An individual may be counted more than once in the Enrolled and Denied/Declined/Withdrawn categories, but only once in Total Releases. Therefore, Release/Removal counts may be higher than the total count of released individuals.

\(^{16}\) The total of Current Interest List Counts in the above table is a duplicated count. The unduplicated count across all six Interest Lists is: 143,192
HHSC is designated as the SUA and is responsible for administering programs under the OAA. HHSC contracts with the umbrella agencies of AAAs (COGs, development councils, and a not-for-profit organization and city government) to provide services in all 254 Texas counties. Funding is allocated to AAAs through a federally approved intrastate funding formula (see Attachment C). Services for each region are based on the local needs of older individuals within their service regions. AAAs use federal, state and local resources to provide access and assistance, nutrition and supportive services.

In addition to the OAA funded services, HHSC provides long-term services and supports to older Texans and individuals with disabilities. The array of services includes Medicaid community-based and institutional entitlements, 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. Detailed below are the major SUA components through HHSC.

The following organizational charts describe the relationship of the SUA in HHSC, the umbrella agency for HHS system in Texas, and the functional areas in HHSC that fulfill the responsibilities of the SUA.
Figure 1. HHSC Organizational Chart

Texas Health and Human Services

Legend

1 - SUA Director
2 - SUA Oversight
3 - Fiscal Services
4 - Policy Development Stateside
5 - Research, Analysis, Aging Resource Expertise
6 - Website, Graphics
7 - Volunteer Promotion, Partnership, Outreach
8 - Access and Intake Local Policy Development
9 - Legal Oversight
10 - State Long-Term Care Ombudsman
11 - Community Access & Grants
12 - Regulatory & Licensing Institutional Providers
Health and Human Services Commission (HHSC)

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 SLTCO and the SLTCO program report to the Chief Deputy Executive Commissioner. The new structure reduces the number of direct reports to the Executive Commissioner and established a chain of command of the Chief Deputy Executive Commissioner and the Chief Program and Services Officer.

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 HHS 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 HHS 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 operation of the SUA. Additionally, the division consults with program staff responsible for administering the contracts in compliance with federal and state requirements.

Chief Deputy Executive Commissioner

Office of the State Long Term Care Ombudsman (SLTCO)

The Office of the SLTCO 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 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, develops dynamic interfaces with various databases that are accessed via the Internet site and they 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.

Chief Program and Services Officer

Aging Services Coordination (ASC)

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 AWLW initiative, the key functions of the ASC office include:

- Developing community projects that support the HHSC strategic goals and grow local capacity to serve 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 ATW initiative and ATWAC.
- 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 (MSS) Division

The MSS 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. MSS 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 (MSS)**

MSS develops, coordinates and implements HHSC agency-wide policy initiatives. MSS 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.
- Administers and performs statistical analysis of the Long-Term Services and Supports Quality Review (LTSSQR) survey results.
- Maintains a group of public websites including the Quality Reporting System (QRS), Facility Information, Vacancy, and Evacuation System (FIVES), QMVisit Database, Relocation Database, Medication Administration Records (MARS) Database, and MDCP Database.
- Supports the reporting and analytics of data regarding individuals in receipt of long-term care services and supports housed within in the Quality Assurance and Improvement (QAI) Data Mart.

MSS 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 (AES)

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 (SSI).

- **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. The OAAA is within this section; the OAAA works with the AAAs to provide services such as home delivered meals, attendant and emergency response system services. The OADRC is within this section. In addition to ADRCs, the OADRC is responsible for the Lifetime Respite Care Program and FGP. An additional function of Community Access is to help people who are aging live independently or in their community; provides information and referral; determines functional and financial eligibility.

Office of Area Agencies on Aging (OAAA)

To ensure state and federal mandates are met, the 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 CNCS. These programs include the Retired and Senior Volunteer Program (RSVP), the Senior Companion Program (SCP), and the Foster Grandparent Program (FGP), offering volunteer opportunities for older individuals. OAAA section facilitates the development of the SPOA, 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 (SHIP) and the ACL-SHIP basic grant are located within the OAAA section.
In addition, OAAA facilitates the development of the SPoA, 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 SHIP, ACL, and MIPPA grants are located within the OAAA section.

Office of Aging and Disability Resource Centers (OADRC)

The ADRCs support the Texas “No Wrong Door” system and serve as key points of access for individuals seeking specialized information, referral, and assistance for LTSS options in their communities. Individuals 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. The OADRC administers the ADRC program through 22 contracts with governmental and non-profit organizations throughout the state, ensuring full service to all 254 Texas counties.

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 (LCA), 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 MIPPA – ADRCs facilitate and participate in community events to provide outreach and education to Medicare beneficiaries with limited incomes who may be eligible for the Low-Income Subsidy program (LIS), Medicare Savings Program (MSP), 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 instance, 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 have targeted Native American, refugee, and non-English speaking populations.

• Money Follows the Person (MFP) - Demonstration services included behavioral health/substance abuse services that helps individuals transition and remain living in the community piloted in two areas of the state and relocation services to help individuals transition from nursing facilities to community-based settings. Authorization for Money Follows the Person Demonstration ended September 30, 2016. The project is in the “sustainability” and wind-down phase of the MFP Demonstration. The state will continue transitions from institutions to the community through managed care and HCS as legislative funding allows. Each project receiving funding has an approved plan for maintaining sustainability after funding ends.

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 (EBI). 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 EBI programs and a matrix showing the EBI 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.

Access and Assistance Services Provided through AAAs

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

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

**Adult Foster Care**

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

**Community Attendant Services**

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

**STAR+PLUS-Home and Community Based Services (HCBS)**

The STAR+PLUS HCBS program within the 1115 demonstration waiver that provides HCBS services to older individuals and individuals with disabilities who are age 21 and older as cost-effective alternatives to institutional care in nursing facilities. Available services include:

- 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

Community Living Assistance and Support Services (CLASS)

The CLASS program is a 1915(c) Medicaid waiver program that provides services and supports for people with related conditions as an alternative to living in ICF/IID. Recipients may live in their own or family home. Services include adaptive aids and medical supplies, case management, habilitation, minor home modifications, nursing services, occupational and physical therapy, psychological services, respite, specialized therapies, speech pathology, and transition assistance.

Consumer Managed Personal Attendant Services Program

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

The option provides a person or guardian the choice of becoming the employer of people 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.

Day Activity and Health Services (DAHS)

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

Deaf-Blind with Multiple Disabilities (DBMD)

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

Emergency Response Services

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

Family Care

Non-skilled, non-technical attendant care services available to eligible adults who are functionally limited in performing activities of daily living. Primary home care provider agencies have the option of providing family care services. Family care services are provided by an attendant and do not require the supervision of a registered nurse.
Home and Community-based Services

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

Home-Delivered Meals

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

Hospice

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

Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)

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

Medically Dependent Children Program (MDCP)

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

**Primary Home Care (PHC)**

The PHC program is a non-technical, medically related personal care service. PHC is available to eligible adults whose health problems cause them to be functionally limited in performing activities of daily living according to a practitioner's statement of medical need. PHC services are provided by an attendant.

**Program of All-inclusive Care for the Elderly**

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

**Residential Care**

Residential care services are provided via this program to individuals who require round-the-clock access to services, but who do not need daily nursing intervention. Care is provided in 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 individuals with disabilities achieve habilitative or rehabilitative goals that encourage maximum independence.

**Texas Home Living (TxHmL)**

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

Area Agency on Aging of the Alamo Area
8700 Tesoro, Suite 700, San Antonio, Texas 78217-6228
Ph: 210-362-5561 1-866-231-4922
Director: Gloria Vasquez
Alamo Area Council of Governments 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
Ph: 903-832-8636 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
8700 Tesoro, Suite 700, San Antonio, Texas 78217-6228
Ph: 210-362-5254 1-800-960-5201
Director: Gloria Vasquez
Alamo Area Council of Governments Executive Director: Diane D. Rath
Counties served: Bexar

Area Agency on Aging of Brazos Valley
P. O. Box 4128, Bryan, Texas 77805-4128
Ph: 979-595-2806 1-800-994-4000
Director: Ronnie Gipson
Brazos Valley Council of Governments Executive Director: Tom M. Wilkinson Jr.
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  1-888-622-9111
Director: Patricia Bordie
Capital Area Council of Governments Executive Director: Betty Voights
Counties served: Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, Williamson

Area Agency on Aging of Central Texas

2180 North Main Street, Belton, Texas 76513-1919 Ph: 254-770-2330  1-800-447-7169
Director: Kerry Fillip
Central Texas Council of Governments Executive Director: Jim Reed
Counties served: Bell, Coryell, Hamilton, Lampasas, Milam, Mills, San Saba

Area Agency on Aging of the Coastal Bend

2910 Leopard, Corpus Christi, Texas 78408-3614
Ph: 361-883-3935  1-800-817-5743
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
Ph: 325-223-5704  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

1349 Empire Central, Suite 400, Dallas, Texas 75247-4033
Ph: 214-871-5065  1-800-548-1873
Director: Teresa Sheffield
Community Council of Greater Dallas Executive Director: Ken Goodgames Counties served: Dallas
Area Agency on Aging of Deep East Texas
210 Premier Drive, Jasper, Texas 75951-7495
Ph: 409-384-7614 1-800-435-3377
Director: Holly Anderson
Deep East Texas Council of Governments 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: 903-984-8641 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
120 South Main Street, Suite 210, Victoria, Texas 77901
Ph: 361-578-1587 1-800-574-9745
Director: Cindy Cornish
Golden Crescent Regional Planning Commission Executive Director: Joe E. Brannan
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 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
Ph: 713-627-3200 1-800-437-7396
Director: Curtis M. Cooper
Houston-Galveston Area Council Executive Director: Jack Steele
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 St., Weslaco, Texas 78596 Ph: 956-682-34811-800-365-6131
Director: Jose L. Gonzalez
Lower Rio Grande Valley Development Council Executive Director: Ron Garza
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: 830-876-3533 1-800-224-4262
Director: Gloria Perez-Cruz
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
Ph: 817-695-9194 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 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 8th, Amarillo, Texas 79101-2215
Ph: 806-331-2227 1-800-642-6008
Director: Melissa Carter
Panhandle Regional Planning Commission Executive Director: Gary Pitner

Area Agency on Aging of the Permian Basin

2910 Laforce Blvd., Midland, Texas 79711-0660
Ph: 432-563-1061 1-800-491-4636
Director: Jeannie Reeves
Permian Basin Regional Planning Commission Executive Director: Terri Moore
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 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 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 Plains
1323 58th Street, Lubbock, Texas 79412-3030
Ph: 806-687-0940 1-888-418-6564
Director: Liz Castro, Director
South Plains Association of Governments Executive Director: Tim C. Pierce
Counties served: Bailey, 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
Ph: 956-722-3995 1-800-292-5426
Director: Nancy Rodriquez
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
Ph: 817-258-8081 1-877-886-4833
Director: Don Smith
United Way Metropolitan Tarrant County Executive Director: Marilyn Jones Counties served: Tarrant

Area Agency on Aging of Texoma
1117 Gallagher, Suite 200, Sherman, Texas 75090-3107
Ph: 903-813-3505 1-800-677-8264
Director: Judy Conner
Texoma Council of Governments Executive Director: Dr. Susan B. Thomas Counties served: Cooke, Fannin, Grayson

Area Agency on Aging of West Central Texas
3702 Loop 322, Abilene, Texas 79602-7300
Ph: 325-672-8544 1-800-928-2262
Director: Michelle Parker
West Central Texas Council of Governments Executive Director: Tom K. Smith
Counties served: Brown, Callahan, Coleman, Comanche, Eastland, Fisher, Haskell,
Jones, Kent, Knox, Mitchell, Nolan, Runnels, Scurry, Shackelford, Stephens,
Stonewall, Taylor, Throckmorton
Attachment H – HHSC Approved Evidence-Based Intervention Programs

1. A Matter of Balance

PROGRAM GOALS: Reduce fall risk and fear of falling, improve falls self-management, improve falls self-efficacy, and promote physical activity.

TARGET AUDIENCE: Adults 60+ who are ambulatory, able to problem solve, concerned about falling, interested in improving flexibility, balance and strength and have restricted their activities because of concerns about falling.

WEBSITE/CONTACT: www.mainehealth.org/mob

2. Active Choices

PROGRAM GOALS: Physical activity program that helps individuals incorporate preferred physical activities in their daily lives.

TARGET AUDIENCE: Adults 60 and older.

WEBSITE/CONTACT: http://hilp.stanford.edu/organizational-consulting/ or cync@stanford.edu

3. Active Living Every Day (ALEO)

PROGRAM GOALS: Behavior change program that helps participants overcome their barriers to physical activity and make positive changes that improve their health and well-being. Participants learn to set goals, overcome barriers and find activities they enjoy.

TARGET AUDIENCE: Adults interested in integrating physical activity into their daily lives. WEBSITE/CONTACT: www.ActiveLiving.info/

4. AEA Arthritis Foundation Aquatic Program (AFAP)

PROGRAM GOALS: Overall sense of well-being, better quality of life, reduce pain/inflammation, increase social interaction, fun, safe and effective way to promote better health, improved joint function, and increased muscular strength.

TARGET AUDIENCE: Adults with arthritis, related rheumatic diseases or musculoskeletal conditions, ranging from people who are older, sedentary and very...
limited by impaired joint mobility to those who are relatively active with only mild joint involvement.

WEBSITE/CONTACT: www.aeawave.com

5. AEA Arthritis Foundation Exercise Program (AFEP)

PROGRAM GOALS: Overall sense of well-being, better quality of life, reduce pain/inflammation, increase social interaction, fun, safe and effective way to promote better health, improved joint function, increased muscular strength.

TARGET AUDIENCE: Adults with arthritis, related rheumatic diseases or musculoskeletal conditions, ranging from people who are older, sedentary and very limited by impaired joint mobility to those who are relatively active with only mild joint involvement.

WEBSITE/CONTACT: www.aeawave.com

6. Arthritis Self-Management Program (ASMP)

Better Choices, Better Health- Arthritis (online ASMP)

Programa de Manejo Personal de la Artritis (Spanish Arthritis Self-Management Program)

PROGRAM GOALS: Enable participants to build self-confidence to take part in maintaining their health and managing their rheumatic diseases. People with different types of rheumatic diseases, such as osteoarthritis, rheumatoid arthritis, fibromyalgia, lupus, and others, attend together.

TARGET AUDIENCE: Adults with rheumatic diseases.


7. Bridge Model of Transitional Care

PROGRAM GOALS: The Bridge Model is a person-centered, social work-led, interdisciplinary model of transitional care. Bridge emphasizes collaboration among hospitals, community-based providers, and the Aging Network in order to ensure a seamless continuum of health and community care across settings. It does not add another layer or silo of care, but rather connects existing silos to assist older adults and their caregivers who are transitioning across the continuum of care. Bridge is the only widely-replicated model of transitional care that is explicitly social worker led.

TARGET AUDIENCE: Adults 60+, their caregivers, and other vulnerable populations.

WEBSITE/CONTACT: http://www.transitionalcare.org/the-bridge-model/
8. Brief Intervention & Treatment for Elders (BRITE)

PROGRAM GOALS: Substance abuse screening and intervention program for community-dwelling older adults who are at-risk for or experiencing substance abuse problems.

TARGET AUDIENCE: Adults 60+

WEBSITE/CONTACT: http://brite.fmhi.usf.edu/BRITE.htm

9. Community Aging in Place- Advancing Better Living for Elders (CAPABLE)*

PROGRAM GOALS: Reduce fall risk, reduce fear of falling, improve activities of daily living (getting on/off of toilet, in/out of bath, getting dressed), improve instrumental activities of daily living (food shopping, going on small trips).

TARGET AUDIENCE: Adults 60+ who have any difficulty with at least 1 ADL who are cognitively able to problem solve.

WEBSITE/CONTACT: http://nursing.jhu.edu/capable

10. Care Transitions Intervention (CTI)

PROGRAM GOALS: Promote self-identified personal goals around symptom management and functional recovery in the care transition from hospital to home and to reduce hospital admissions. TARGET AUDIENCE: Adults 65+ who are transitioning from hospital to home who meet the following criteria: non-psychiatric-related hospital admission, community-dwelling (i.e., not a long-term care facility) residence within a predefined radius of the hospital (thereby making a home visit feasible), have a working telephone, have at least one of 11 diagnoses documented in their record (congestive heart failure, chronic obstructive pulmonary disease, coronary artery disease, diabetes, stroke, medical and surgical back conditions (predominantly spinal stenosis), hip fracture, peripheral vascular disease, cardiac arrhythmias, deep venous thrombosis, and pulmonary embolism)

WEBSITE/CONTACT: www.caretransitions.org

11. Chronic Disease Self-Management Program (CDSMP)

Better Choices, Better Health- Chronic Disease (online CDSMP)
Tomando Control de su Salud (Spanish Chronic Disease Self-Management Program)

PROGRAM GOALS: Enable participants to build self-confidence to take part in maintaining their health and managing their chronic health conditions, such as hypertension, arthritis,
heart disease, stroke, lung disease, and diabetes.

TARGET AUDIENCE: Adults with chronic health conditions. WEBSITE/CONTACT: http://patienteducation.stanford.edu/programs/cdsmp.html

12. Chronic Pain Self-Management Program (CPSMP)

PROGRAM GOALS: Provides information and teaches practical skills for managing the challenges of living with chronic pain.

TARGET AUDIENCE: Adults with chronic pain.

WEBSITE/CONTACT: http://patienteducation.stanford.edu/programs/cpsmp.html

Email Contact: info@cpsmp.com

13. Diabetes Self-Management Program (DSMP)

Better Choices, Better Health- Diabetes (online DSMP)

Programa de Manejo Personal de la Diabetes (Spanish Diabetes Self-Management Program) PROGRAM GOALS: Teaches the skills needed in the self-management of diabetes and to maintain and/or increase life’s activities.

TARGET AUDIENCE: Adults with type-2 diabetes.

WEBSITE/CONTACT: http://patienteducation.stanford.edu/programs/diabeteseng.html

14. EnhanceFitness

PROGRAM GOALS: Improve the overall functional fitness and well-being of older adults. TARGET AUDIENCE: Sedentary older adults wishing to maintain and/or improve their physical functioning and stay socially connected.

WEBSITE/CONTACT: www.projectenhance.org/EnhanceFitness.aspx

15. EnhanceWellness

PROGRAM GOALS: Maintain or increase the health and functional status of community-based older adults with chronic conditions.

TARGET AUDIENCE: Older adults with one or more chronic conditions, excluding dementia. WEBSITE/CONTACT: www.projectenhance.org/EnhanceWellness.aspx
16. Falls Talk

PROGRAM GOALS: Increase falls prevention behaviors and falls self-management skills; improve recognition of fall threats (personal traits and circumstances that could cause a fall) & self-efficacy; prevent participant falls and reduce fall risk.

TARGET AUDIENCE: Adults 60+ who have fallen OR are experiencing regular loss of balance, AND are at risk for falls OR are concerned about falling.

WEBSITE/CONTACT: www.fallscape.org

17. FallScape

PROGRAM GOALS: Increase falls prevention behaviors and falls self-management skills; improve recognition of fall threats (personal traits and circumstances that could cause a fall) & self-efficacy; enhance fall threat recognition and prevention behaviors with multimedia; prevent participant falls and reduce fall risk.

TARGET AUDIENCE: Adults 60+ who have fallen OR are experiencing regular loss of balance, AND are at risk for falls OR are concerned about falling.

WEBSITE/CONTACT: www.fallscape.org

18. Fit and Strong!

PROGRAM GOALS: Manage lower-extremity osteoarthritis through engagement in safe, balanced program of physical activity that builds lower extremity strength.

TARGET AUDIENCE: Sedentary older adults who are experiencing lower-extremity joint pain and stiffness and have received physician clearance to participate in exercise. WEBSITE/CONTACT: www.fitandstrong.org

19. Geri-Fit® Strength Training Workout

PROGRAM GOALS: Increases strength, flexibility, range of motion, mobility, gait and balance. TARGET AUDIENCE: Older adults age 65+.

WEBSITE/CONTACT: www.gerifit.com; 1-888-GERI-FIT (437-4348); Francesca Fisher, CSSTS

20. Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)

PROGRAM GOALS: Reduce the severity of depressive symptoms in frail, high risk, and diverse older clients of community agencies.
TARGET AUDIENCE: Ethnically and socioeconomically diverse populations of older adults and family caregivers who are living in the community and are at high risk for depressive symptoms. WEBSITE/CONTACT: www.careforelders.org/healthyideas

21. Healthy Moves for Aging Well

PROGRAM GOALS: In-home physical activity intervention (chair bound and advanced exercises) that is focused on maintaining health status and quality of life of frail elders.

TARGET AUDIENCE: Adults 65+ who are currently enrolled in a care management program that includes an ongoing, problem-solving relationship with a care manager. Participant criteria includes assistance with 2-4 ADLs, motivation to participate and ability to stand unassisted or with caregiver assistance.


22. HomeMeds

PROGRAM GOALS: Enable community agencies to address medication-related problems and errors that endanger the lives and well-being of community-dwelling elders.

TARGET AUDIENCE: AAAs, care management programs, and home care agencies with community- dwelling elder clients. Amenable also to typical Title III-D screening events, senior housing, care transitions coaching, and caregiver support and education sessions.

WEBSITE/CONTACT: www.HomeMeds.org

23. IMPACT (Improving Mood-Promoting Access to Collaborative Treatment)

PROGRAM GOALS: Trained depression care manager works with the patient, the patient's primary care provider, and a psychiatrist to develop and administer a course of treatment.

TARGET AUDIENCE: Adult patients who have a diagnosis of major depression or dysthymia, often in conjunction with another major health problem. IMPACT was implemented with the following populations: patients who were 60+ and had a diagnosis of major depression or dysthymia alone or in conjunction with comorbid panic disorder, posttraumatic stress disorder, mild cognitive impairment, and/or chronic medical illnesses and patients who are 18+ and had a diagnosis of major depression or dysthymia as well as comorbid cancer and/or diabetes.
24. MedOptz

PROGRAM GOALS: Identify older adults at highest risk for medication problems for referral to a pharmacist for medication management services. Assist in problem identification and clinical decision-making when evaluating complex medication regimens to identify, resolve and prevent medication-related problems. Facilitate identification, prevention and resolution of actual and potential medication-related problems in community-dwelling older adults. Aid in evaluation of medications as a cause or aggravating factor contributing to an older adult’s physical, cognitive or functional decline. Facilitate incorporation of medication monitoring information into the older adult’s plan of care. Improve health, maintain or improve physical functioning and reduce health care costs.

TARGET AUDIENCE: Community-based organization serving older adults (60+) with one or more chronic diseases and/or conditions treated with medications.


25. National Diabetes Prevention Program (NDPP)

PROGRAM GOALS: Prevent or delay the onset of Type 2 diabetes; increase physical activity to 150 minutes of moderate physical activity; lose a minimum of 5% bodyweight.

TARGET AUDIENCE: Adults who are at high risk for developing Type 2 diabetes based on fasting glucose or A1C or via a short risk survey. Adults 60+ automatically qualify. WEBSITE/CONTACT: www.cdc.gov/diabetes/prevention

26. NYU Caregiver Intervention (NYUCI)

PROGRAM GOALS: Provide psychosocial counseling and support to improve the well-being of spousal caregivers of people with Alzheimer’s disease. Delay institutional placement of the care recipient into a nursing home.

27. The Otago Exercise Program

PROGRAM GOALS: Increase strength, balance, and endurance. Lifestyle change to incorporate strength and balance training a minimum of 2 hours per week. RCT demonstrated a 35% reduction in falls in high risk older adults.

TARGET AUDIENCE: Community-dwelling frail older adults. Most effective for those who are age 80 and over or 65 and older and frail. Can be implemented in the home, outpatient, assisted living facilities as well as in the community.

WEBSITE/CONTACT: http://www.med.unc.edu/aging/cgec/exercise-program

28. Program for All-Inclusive Care for Elderly (PACE)

PROGRAM GOALS: Comprehensive and seamless service delivery system and integrated Medicare and Medicaid financing.

TARGET AUDIENCE: Eligible individuals are age 60+ and meet the clinical criteria to be admitted to a nursing home but choose to remain in the community. An array of coordinated services is provided to support PACE participants to prevent the need for nursing home admission

WEBSITE/CONTACT: www.npaonline.org Shawn M. Bloom, National PACE Association, (703) 535-1567, mshawnb@npaonline.org. Teresa Belgin, National PACE Association (703) 535-1518, mteresab@npaonline.org

29. PEARLS (Program to Encourage Active, Rewarding Lives for Seniors)

PROGRAM GOALS: Reduce symptoms of depression and improve health-related quality of life. TARGET AUDIENCE: Adults 60+ who have minor depression or dysthymia and are receiving home- based social services from community services agencies.

WEBSITE/CONTACT: www.pearlsprogram.org Lesley Steinman, M.S.W., M.P.H. University of Washington Health Promotion Research Center, (206) 543-9837, lesles@uw.edu

30. Positive Self-Management for HIV (PSMP)

PROGRAM GOALS: Help individuals actively participate in their HIV disease and symptom management.

TARGET AUDIENCE: Adults living with HIV.

WEBSITE/CONTACT: http://patienteducation.stanford.edu/programs/psmp.html
31. Powerful Tools for Caregivers

PROGRAM GOALS: A self-care education program for family caregivers to improve: self-care behaviors, management of emotions, self-efficacy, and use of community resources.

TARGET AUDIENCE: Family caregivers of adults with chronic conditions.
WEBSITE/CONTACT: http://www.powerfultoolsforcaregivers.org

32. Prevention and Management of Alcohol Problems in Older Adults

PROGRAM GOALS: Reduce alcohol-related problems among older at-risk or problem drinkers. TARGET AUDIENCE: Older adults who engage in at-risk or problem drinking behaviors. WEBSITE/CONTACT: http://www.pathwayscourses.samhsa.gov/aaap/aaap_2_pg1.htm

33. Resources for Enhancing Alzheimer’s Caregiver Health II (Reach II)

PROGRAM GOALS: Multi-component psychosocial behavioral intervention to reduce caregiver burden and depression, improve caregivers’ ability to provide self-care, provide caregivers with social support, and help caregivers learn how to manage difficult behaviors in care recipients with Alzheimer’s disease or related disorders.

TARGET AUDIENCE: Caregivers of people with Alzheimer’s disease and related dementias. Culturally appropriate for ethnically diverse populations.

WEBSITE/CONTACT:
http://www.rosalynncarter.org/caregiver_intervention_database/dementia/reach_ii_intervention/

34. Stay Active and Independent for Life (SAIL)

PROGRAM GOALS: Physical activity program that reduces fall risk factors by increasing strength and improving balance.

TARGET AUDIENCE: Adults 65+


35. Stepping On

PROGRAM GOALS: Offer strategies and exercises to reduce falls and increase self-confidence in making decisions and behavioral change in situations where older adults are at risk of falling. TARGET AUDIENCE: Community-residing, cognitively
intact, older adults who are at risk of falling, have a fear of falling or who have fallen one or more times in a year.

WEBSITE/CONTACT: http://www.ncoa.org/improve-health/center-for-healthy-aging/stepping-on.html

OR http://wihealthyaging.org/stepping-on

36. Stress-Busting for Family Caregivers- Dementia (D-SBP)

PROGRAM GOALS: Improve the quality of life of family caregivers who provide care for people with Alzheimer's disease or other dementias. Help caregivers manage their stress and cope better with their lives.

TARGET AUDIENCE: Family caregivers of people with Alzheimer's disease and related dementias. WEBSITE/CONTACT: www.caregiverstressbusters.org

37. Stress-Busting for Family Caregivers- General (G-SBP)

PROGRAM GOALS: Improve the quality of life of family caregivers who provide care for people with chronic illnesses. Help caregivers manage their stress and cope better with their lives.

TARGET AUDIENCE: Family caregivers of people with chronic illnesses. WEBSITE/CONTACT: www.caregiverstressbusters.org

38. Tai Chi for Arthritis

PROGRAM GOALS: Improve movement, balance, strength, flexibility, relaxation and decrease pain and falls.

TARGET AUDIENCE: Adults with or without arthritis, rheumatic diseases or related musculoskeletal conditions. The program is appropriate for people with mild, moderate and severe joint involvement and back pain.

WEBSITE/CONTACT: http://taichiforhealthinstitute.org

39. Tai Chi Quan: Moving for Better Balance

PROGRAM GOALS: Improve balance, strength and physical performance for older adults to reduce fall frequency.

TARGET AUDIENCE: Adults 65+

40. TCARE® Support System (Tailored Caregiver Assessment & Referral®)

PROGRAM GOALS: Reduce caregiver depression; reduce caregiver stress and burnout; increase positive outcomes associated with caregiving; reduce placement of care receiver in an alternate care setting; reduces hospital readmissions; improves quality of life; improves legal, financial and medical planning; and, improves employee retention and productivity.

TARGET AUDIENCE: Professionals working with family caregivers; HHS, Veterans Admin., Active Military Personnel, Health Insurance Companies, Disability Insurance Companies, Long Term Care Insurers, Accountable Care Organizations, Self-Insured Employers, Medical Care Providers, Professional Service Organizations.

WEBSITE/CONTACT: www.tcarenavigator.com TCARE Navigator, LLC Mequon, Wisconsin, 262.643.4740

41. Walk with Ease

PROGRAM GOALS: Reduce pain and discomfort of arthritis, increase balance and strength, build confidence in the ability to be physically active and improve overall health among older adults. Designed to decrease disability and improve arthritis symptoms, self-efficacy, and perceived control, balance, strength, and walking pace.

TARGET AUDIENCE: Adults with chronic health conditions. WEBSITE/CONTACT: http://www.arthritis.org/wwe
# Attachment I – Evidence-Based Intervention Programs at the Area Agencies on Aging FFY 2017

Area Agencies on Aging

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**Attachment J - Aging Texas Well State Plan**

**Mandates and Planned Actions**

"Mandates in Executive Order RP-42 form the core elements of the ATW Plan. All six mandates are listed below; action items and activities developed by HHSC system staff with input from Aging Texas Well Advisory Committee (ATWAC) are listed beneath each. These action items and activities will be carried out by HHSC system staff in coordination with ATWAC, ATW partners, other state agencies, educational institutions, non-governmental organizations, and private organizations.

**Mandate 1: Advisory Committee**

ATWAC will advise HHSC and make recommendations to state leadership on the implementation of the ATW initiative.

**Key Actions**

- Annually review the implementation of the *ATW Plan*.

- Participate in quarterly meetings to:
  - Review and discuss research, programs, policy issues, state government readiness, and local community preparedness for the growing population of older Texans;
  - Present on topics affecting the older adult population in Texas; and
  - Provide updates on organizations’ and agencies’ aging activities.

- Provide advice to HHSC and make recommendations to state leadership on policy issues and priorities, community preparedness, and state agency readiness by:
  - Identifying and addressing top priorities for the year;
  - Sharing insights gained in the field;
  - Preparing priority issue area papers; and
  - Making presentations as requested.

- Research and prepare issue briefs on key ATW issue areas.
• Ensure a qualified and active ATWAC by revising bylaws as needed and encouraging member engagement and development through increased responsibility, such as:
  o Drafting white papers containing policy recommendations;
  o Submitting recommendations for the HHSC legislative appropriation requests; and
  o Reviewing and providing input on the ATW Plan and Progress Reports.
• Participate in the development of the 2020-2021 ATW Plan.

Mandate 2: Aging Texas Well Plan

With the advice of ATWAC, HHSC shall create and disseminate a comprehensive and effective working plan to identify and discuss aging policy issues, guide state government readiness, and promote increased community preparedness for an aging Texas. HHSC will biennially update the plan and shall evaluate and report on its implementation.

Key Actions
• Coordinate with HHSC system program areas to create the ATW Plan.
• Gather input from ATWAC members to develop the plan.
• Assess the progress of the plan, and prepare progress reports for ATWAC to review in August 2018 and 2019.

Mandate 3: Review of State Policy

With the advice of ATWAC, HHSC shall review and/or comment on state policies, concentrating on current critical trends, including but not limited to: improving services for informal caregivers; promoting ways to increase evidence-based disability and disease prevention activities; increasing the recruitment and retention of health care providers trained in geriatrics; improving the provision of services and supports to individuals with intellectual and developmental disabilities who are aging; reviewing options to expand the mobility of older adults through affordable, accessible, and integrated transportation services; improving the provision of behavioral health services and supports to older persons; and reviewing federal changes in health care policy.

Key Actions
• Gather and analyze data to better understand the conditions and needs of older Texans.
• Develop issue briefs, reports, and presentations to encourage a broader understanding of the issues and inform policy relevant to aging in Texas on the following possible topics:
  o Texas demographics and projected demographic trends;
  o Informal caregivers and existing caregiver support programs, including evidence-based programs, respite care, education, and decision support services;
  o Older adult physical and behavioral health issues and available evidence-based programs;
  o A review of services and supports available to older Texans with developmental and intellectual disabilities;
  o Strategies and recommendations for communities to help older adults remain socially engaged, as well as methods to market community programs and services;
  o Older Texans’ transportation needs, trends in delivering transportation, and innovations in transportation systems and services; and
  o Recruitment and retention of health care providers trained in geriatrics.

• Facilitate ATWAC’s review and/or comment on state policies by collecting and providing information as requested.

• Facilitate ATWAC’s study on the projected growth and geographic distribution of seniors with visual impairment, in accordance with Senate Bill 1693, 85th Legislature, Regular Session, 2017.

• Expand the availability of evidence-based programs in health promotion, disease prevention, and caregiving by:
  o Building alliances with grant funders and evidence-based license holders to expand the availability of evidence-based program workshops and trainings;
  o Working with the AAA and the ADRCs to increase their knowledge about, funding for, and ability to offer, evidence-based programs;
  o Collaborating with Texas A&M University to create an evidence-based program clearinghouse;
  o Expanding Texercise Select evidence-based program and resources; and
• Increasing awareness of and promoting evidence-based programs through Texercise, the AAAs, and the Texas Falls Prevention Coalition.

• Provide recommendations on efforts to ensure the adequacy of geriatric health care practitioners in Texas and collaborate as requested.

• Support the Texas Lifespan Respite Care program’s efforts to expand information and services to informal caregivers throughout the state if funding continues.

• Collaborate with the University of Texas at Austin’s School of Social Work to increase the number of social workers with field placements in aging-related public policy positions within HHSC agencies.

• Coordinate aging services to expand the knowledge base, understanding, involvement, and capacity for aging issues through educational outreach (e.g., issue briefs, presentations) and trainings by serving on statewide aging initiatives, workgroups and coalitions including, but not limited to:
  • HHSC Behavioral Health and Aging Initiative
  • Holocaust/Survivors Trauma Informed Care Model workgroup
  • Advancing Suicide Prevention and Best Practices in Service Members, Veterans and their Families Peer Support Academy
  • HHSC Age Well Live Well collaboratives
  • SUA workgroup
  • HHSC Aging Services Leadership workgroup
  • Texas Lifespan Respite Coalition
  • Department of State Health Services (DSHS) initiatives
  • Texas Alzheimer’s Disease Partnership
  • Texas Healthy Communities
  • Texas Falls Prevention Coalition
  • Cardiovascular Disease and Stroke Partnership
  • Austin Commission on Seniors Age-Friendly Initiative
• Identify and work to address issues, current initiatives, and future needs in coordination with HHSC system aging programs and services, including:
  o Policy
  o Data Analytics Office
  o Person-Centered Practices
  o Community based services (e.g., AAAs, ADRCs, HHSC eligibility offices)
  o Long-term care services (e.g., QMP, Long-term Care Ombudsman)
  o Government and stakeholder relations

**Mandate 4: State Agency Readiness**

HHSC shall lead a planning effort to ensure the readiness of all Texas state agencies to serve an aging population by identifying issues and current initiatives, future needs, action steps, and methods of performance evaluation.

**Key Actions**

• ATWAC members representing state agencies will provide:
  • Updates at ATWAC meetings on their agencies' services, issues, current initiatives, future needs, and methods of performance evaluation for the older population; and
  • Updates to HHSC staff, as requested, for inclusion in ATWAC meeting notes, the ATW Plan, and progress reports.

HHSC will support Texas state agency preparedness for the growth of the older adult population by developing and sharing resources and providing expertise and technical assistance to other agencies upon request, including but not limited to:

• Providing regular information updates on the ATW website;
• Providing information and presentations to the Texas Joint Legislative Committee on Aging, as requested;
• Participating in collaborative workgroups; and
• Making presentations with and to other agency staff as appropriate.
Mandate 5: Texercise

HHSC, DSHS, Governor’s Advisory Council on Physical Fitness, and other appropriate state and community organizations shall continue to promote and expand the internationally-recognized Texercise program as a means to ensure healthy lifestyles in older Texans. Texercise is a statewide health promotion initiative developed by HHSC to educate and engage older Texans about nutrition and involve them in physical activity.

Key Actions

- Work with public, private and nonprofit organizations to promote and expand Texercise.
- Assess the effectiveness of Texercise.
- Spread awareness of and participation in the evidence-based Texercise Select program.
- Grow Texercise Classic and Select trainer capacity by developing continuing education options (e.g., Community Health Workers).
- Ensure Texercise is timely and relevant through research and collaboration with the state’s institutes of higher learning (e.g., Texas A&M University Center for Population Health and Aging).
- Provide culturally appropriate outreach, education, and resources (e.g., Texercisio).
- Expand the educational nutrition resources offered through Texercise.
- Work with HHSC’s Intellectual and Developmental Disability and Behavioral Health Services Department to establish a component for mental/behavioral health outreach.

Mandate 6: Local Community Preparedness

HHSC shall work with public and private community partners, including state and local governments, AAAs, ADRCs, the SUA, and others to build capacity to serve a growing aging population through partnership development and action planning using formal community assessment processes.

Key Actions

- Develop partnerships with public and private organizations to build community capacity to serve older Texans.
• Provide technical assistance as appropriate and as requested to communities engaged in age-friendly community assessment processes.

• Update and disseminate public awareness materials to support ATW initiatives throughout the state.

• Utilize information from AAA area plans and the SPoA to identify needs and future efforts.

• Apply for and implement grants that develop and test new initiatives.

• Develop and distribute ATW, Texercise, Age Well Live Well, Age Like a Champion, and other public awareness materials related to programs and services for older adults.”
Attachment K – Mental Health Strategic Plan –
Strategies – Gap Areas

Section 5.2. Gaps in Service

Gap 1: Access to Appropriate Behavioral Health Services
Gap 2: Behavioral Health Needs of Public School Students
Gap 3: Coordination across State Agencies
Gap 4: Veteran and Military Service Members Supports
Gap 5: Continuity of Care for Individuals Exiting County and Local Jails
Gap 6: Access to Timely Treatment Services
Gap 7: Implementation of Evidence-based Practices
Gap 8: Use of Peer Services
Gap 9: Behavioral Health Services for Individuals with Intellectual Disabilities
Gap 10: Consumer Transportation and Access to Treatment
Gap 11: Prevention and Early Intervention Services
Gap 12: Access to Housing
Gap 13: Behavioral Health Workforce Shortage
Gap 14: Services for Special Populations
Gap 15: Shared and Usable Data
The Texas Council for Developmental Disabilities supports the position that all people aging with disabilities should be fully included in their communities. Many people with developmental disabilities are supported throughout their lives by family caregivers. The number of older adults with intellectual and developmental disabilities is expected to triple over the next twenty years and the majority of Texans waiting for services have a primary caregiver who is between 31 and 59 years of age. As people with developmental disabilities and their caregivers' age, they have the right to continue to live in the community and exercise control over their own lives. All individuals face challenges caused by the aging process and need flexible services and supports equipped to meet their changing needs.

Therefore, the Council supports the position that Texas has a responsibility to ensure that the state’s long-term services and supports system can meet the needs of older Texans with disabilities and their aging family caregivers by:

- Ensuring that services and supports are available and flexible enough to allow each aging individual to remain in their home and community and exercise control over their own lives;
- Building expertise among service providers to assist people with developmental disabilities who are aging and their family caregivers in actively planning for their future long-term services and supports needs;
- Increasing capacity for respite services for aging caregivers of people with developmental disabilities;
- Including people representing the disability community on any committee developing or reviewing initiatives and policies related to aging;
- Assisting people to establish a comprehensive retirement plan to encompass any or all of the concerns below.
  - Health care

- Legal issues
- Advance directives
- Leisure time
- Counseling
- Long-term services and supports plan
- Retirement and/or employment
- Money
### Attachment M - List of Acronyms and Initialisms

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T4A  Texas Association of Area Agencies on Aging
TAC  Texas Administration Code
TLSC Texas Legal Services Center
TRC  Texas Respite Coalition
TSHL Texas Silver Haired Legislature
TWC  Texas Workforce Commission