West Central Texas Area Agency on Aging

Area Plan

FFYs 2017 – 2019

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West Central Texas AAA
Authorized Signature Form

The Area Plan is hereby submitted by the West Central Texas Area Agency on Aging, for the period of October 1, 2016, through September 30, 2019. All assurances are included and are to be followed by the West Central Texas Area Agency on Aging under provisions of the Older Americans Act, as amended, during the period identified. The West Central Texas Area Agency on Aging will assume full authority to develop and administer the Area Plan in accordance with all requirements of the act and related State policy. In accepting this authority the West Central Texas Area Agency on Aging assumes the major responsibility for the development and administration of the Area Plan and serves as an advocate and focal point for individuals who are older and their caregivers in the planning and service area.

The signature(s) below is of the individual(s) authorized to sign for purchase vouchers, budget amendments, expenditure reports and requests for payment; any changes to this information will be provided by the grantee by replacement of this form.

Michelle Parker, AAA Director
Name (Type or Print)

Christy Marlar, Finance Director
Name (Type or Print)

I certify that the signatures above are the individuals authorized to sign for purchase vouchers, budget amendments, expenditure reports and requests for payment.

Tom K. Smith
Signature (Executive Director)
Name (Type or Print)

I hereby certify the governing body of the Grantee Agency has reviewed and approved the Area Plan; further, the grantee and area agency on aging will comply with the federal requirements and assurances contained in the Older Americans Act, as amended, and with appropriate Department of Aging & Disability Services, Access & Assistance-Area Agency on Aging’s outcomes for services contained in the Texas Administrative Code.

Tom K. Smith
Signature of Authorizing Official of Grantee
Name (Type or Print)

Michelle Parker
Signature of Authorizing Official of Grantee
Name (Type or Print)
Area Plan Narrative
Environmental Overview

Community Assessment
(Not to exceed 15 pages)

The mission of the West Central Texas Area Agency on Aging (AAA) is to assist older individuals and those with disabilities in accessing a comprehensive, coordinated, and cost-effective system designed to allow older adults to lead independent, healthy, and dignified lives in their home of choice as long as possible.

The AAA role is to ensure that collaborative efforts maintained and encouraged through a group of network providers and community based organizations, both public and private, assuring a regional commitment to access and assistance of services designed to meet the unique needs of West Central Texans.

In order to achieve the goals and objectives set forth by the Older Americans Act, the Texas Department of Aging & Disability Services, a regular community assessment of statistics, surveys, and voices from older individuals is needed. Collectively the result is an area plan for the West Central Texas AAA region to provide currently needed services and address any needs that may be encroaching in the next two to three years.

West Central Texas AAA
To begin the assessment, information was compiled telling the demographic makeup of the region. The American Community Survey’s 5-year estimate for 2013-2018 is that the West Central Texas region will grow in population from 336,329 to 349,903, this reflects a 4.04 percent total population increase. In contrast to the total population increase, however, the population of 60+ individuals is estimated to increase 12.33% or 84,793 persons with 12.09% living at or below poverty, and those 65-75 years of age suffering from Alzheimer’s disease growing by 10.02%. Of the 84,793 persons, 33.15% reside in Taylor County, the largest populated county in the 19 county region, and the remaining 66.85% live in the very rural areas of the region. In addition, 45.7% are male and 54.3% are female. The region has approximately 7,056 persons that are 85 years of age and older. The counties with the greatest concentration of residents 60+ are Taylor, Brown, Eastland, Comanche, and Jones, in descending order. According to the Texas State Data Center 28.4% of the number of seniors have a documented disability. For the region, only 3.17% of the current senior population reside in an institutional setting, such as a nursing facility. The racial composition of the West Central Texas for persons 60 years of age and older in 2013 is 63,395 (83.98%) white, 2,017(2.67%) black, 8,718(11.54%) Hispanic, and 1,934 (1.79%) all other. From the age 60 and over population of 75,484; 12,089 are minorities. A total of 4,658 (38.5%) reside in Taylor County with 7,431 (61.5%) living in the remaining 18 counties. The counties with the highest number of minority, 60+ individuals, in order of most to least, are Taylor, Brown, Nolan, Scurry, Jones, Runnels, and Mitchell. These counties make up 79.49% of the minority elderly population in the region. The number of older individuals living in poverty is 12.09% residing in the West Central Texas region. Eastland, Nolan, and Mitchell counties have the highest percentage, at 15% of older individuals living in poverty. There are 11 counties that have a percentage of 10.0 – 14.0% living at or below poverty, those counties are Brown, Callahan, Coleman, Comanche, Fisher, Haskell, Knox, Runnels, Scurry, Shackelford, and Taylor.
According to the U.S. Census Bureau American Facts Finder, the number of limited English speaking proficiency people over the age of 65 in the West Central Texas region is 1,271. This number is very low (1.6%) compared to the total number of age 65 and over population. Even though this number is low, the AAA is staffed with a bilingual/Spanish speaking benefits counselors and also relies on Language Line for languages other than Spanish, to ensure consumers and their family members have complete access and understanding of AAA services. Short term population trends for 2014 thru 2016 shows a slight increase of 1.6% per year for persons aged 60+, with a total senior population of 81,055 for the region. Of that population, 17.7% are minorities. This is a less than 1% increase over the projected years. It is worthy to note that of the 60+ population, 67.29% live in very rural areas, outside of the Abilene metropolis area (104,000 population). And while 67.29% of the 60+ population live rurally the senior population in the Abilene area are projected to decrease slightly over the next 3 years

Even with the small increase (>1%) in the number of Hispanics, per projections, the number of limited English proficient individuals is not expected to increase. Counties with the highest concentration of increases in minority elderly are Mitchell, Nolan, Scurry, Knox, Runnels, Fisher, Jones, and Taylor counties. These make up 73.19% of the minority senior population in the region with increases in these counties primarily due to an influx of workforce populations related to the oil and energy jobs for family members. Traditional, Hispanic family units are relocating to “oil counties” which include the senior members of the family.
Long range trends show the West Central Texas population growing to 364,040 with an anticipated 25% increase in resident’s age 60+ by 2025 from 77,200 to 96,470. The geographical distribution of the 85+ will be the same as 2014 levels, 35% urban and 65% rural. Brown and Taylor counties will see increases above 140 individuals, while Haskell County is the only county projecting a decrease of individuals 60+. Although the number of 60+ individuals are projected to rise by 2016, those living in poverty remains the same.

These demographic changes will affect the rural elderly the most as they are the ones remaining in their homes and are quickly losing familial and community supports from the small towns they live in. These are the individuals with the greatest economic and social need due to their lower incomes and lack of transportation, which could lead to poor access to services. The region is fortunate that the projected demographic changes will have a slow but steady increases, especially for those 85 years of age and older, this will allow for natural business growth to occur which will assist in accommodating their increased needs.

Historically, the AAA has worked closely with partners such as the ADRC, DADS Community Services offices, APS, MHMR, and Centers for Independent Living to assist in keeping seniors in their homes as long as possible, resulting in a low percentage of senior placements in an institutional setting. On the negative side though, because of this incoming seniors needing institutional care will not have a variety of choices, let alone an affordable option as those residing in metropolitan areas. Currently, seniors are being re-directed in and out of their home community to be placed in an institution. Caregivers and family members are stressed during these current times as the lack of housing increases and the need for residential rehabilitation to keep seniors in their home increases while there continues to be a high decrease in partner agency funding that historically has met these needs.

With 10,251 (12.09%) persons over 60 living at or below poverty affordable housing that is also accessible for seniors aging-in is one of the highest challenges we will face with the Baby Boomer aging population. The AAA’s capacity to meet the demands that are coming quickly are no longer a conversation piece but reality. In working closely with the ADRC’s Housing Navigator, housing is very limited and developers are not building apartments, independent living centers, assisted living residences, or institutional facilities as the growth of the baby boomer population is far higher in urban areas where developers are concentrating their efforts. Given a trend in reduced funding in the past 5 years across a number of aging related grants, including those funds that in the past have been available through partner agencies for transportation, housing, and residential repairs, the AAA continues to increase partnerships and collaborations to obtain private, State, and Federal funding via a group effort.
cultivating creative solutions and leveraging resources between one another. The increased need for transportation to regular medical appointments such as dialysis, lack of accessible and specialized medical care as physicians are not retained in our region, and lack of affordable and accessible housing via private, HUD, and institutional settings, in a slow growth region (1.6% growth rate) for adults under 60 affects the availability of needed services for the high growth in those entering into the 60+ population in the next three years. The overall economy, although steady, lacks business development and job creation for younger populations that would be providing employment services ensuring senior services. In addition, seniors aging out of the workforce in the ranching and farming businesses are not being replaced with family members to continue producing agricultural businesses primarily due to lack of water, high cost of fuel and lack of "conveniences". Properties are simply sitting without producing and contributing to economic growth. According to Dr. Steve Murdock, professor of sociology at Rice University and a former Census Director, of Texas' 177 rural counties only 12 of them exceeded the state average for population growth, and those dozen counties are within commuting distance of at least one metro area. Of the remaining rural counties growth was less than 5 percent over 30 years, and 78 rural counties, mostly in West Texas (the West Central AAA region) and the Panhandle, lost residents. Urban sprawl and the popularity of bedroom communities are drawing many rural counties into nearby fast-growing metro areas, particularly if they lie in or near the Texas Triangle.

Very rural communities are dying a death of many cuts. The new aging in generation of older adults (Baby Boomers) bring a new world of attitudes, challenges and opportunities as well as retaining historical barriers. For instance, aging in Baby Boomers are retaining and working full-time jobs while also being caregivers to those 80+ resulting in many challenges including quality health care for the "younger senior" caregiver and the specialized health care needs of the "older generation" of seniors simultaneously; adult day care needs that are currently non-existent for rural communities forces families to quit their jobs to take care of loved ones resulting in reduced income which in turn is affecting senior nutrition and healthcare access. Surprisingly, one would anticipate the need for respite provision increasing, however in the past 18 months the AAA has seen a decrease in interest in this service. Concerned, staff began asking caregivers why they do not access these available services. The #1 reason is that they do not want to leave their family member. Comments such as "it is my responsibility not someone else's", "I just can't leave them, something might happen when I am away", and even when services have been authorized "I will when I really need the help". Staff and our 2-1-1 partner are responding by creating an "infomercial" on the day in the life of a caregiver who utilizes respite. The goal is to encourage caregivers to take time for themselves and the rewards that are seen by both the caregiver and the loved one. The video can then be placed on our websites as well as promoted by local stations, and utilized by AAA and partner staff at outreach and health care events across the region.

Overall, the biggest challenge is seniors having the ability to access services from rural areas. As the majority of social services, chronic disease informational classes, health and wellness seminars hub in the Abilene area, it continues to be a challenge for low-income and/or minority seniors in very rural areas to access real-time information and services. Seniors who can no longer drive long distances do not leave their small communities, primarily due to poor eye sight and health concerns. With the cost of fuel, and residing as far away as 95 miles, poverty stricken seniors cannot afford to attend, nor can agencies afford to bring, services to them due to budget cuts. In addition, funding cuts have been reported by rural transit organizations making it difficult for non-Medicaid seniors to access services if they cannot drive or do not have a vehicle. Transportation in our 18,000 square mile region is the “life-line” to assisting seniors in accessing services, and remaining socially interactive and independent in their home communities. Ideas such as internet based classes sound good, however, many communities do not have a public library and even if there is a library they have no internet access. Seniors 70+ have difficulty adjusting to a computerized world, some are unwilling while others simply cannot afford the
computer or the cost of the internet service. Additionally, they have no one to teach them the skills to maneuver a web based system.

Although one might conclude that the rural areas of West Central Texas are not growing as rapidly as larger metropolitan areas, approximately 12,000 seniors in the upcoming three years could be affected when they are forced to access medical services in Dallas/Ft. Worth Metroplex or Austin, as our region continues to lose regular and specialty physicians to the Metroplex. In addition, physicians are limiting the number of Medicare and Medicaid patients they serve and/or accept as new. Seniors desiring to remain in their community are moving to obtain affordable and accessible housing, and leaving behind their family history and roots in our frontier region. It will be the AAA’s role to not only encourage seniors to make healthy choices and remain active, access services, and assist their fellow West Texan in accessing services, but to be a voice to their elected officials and Texas Silver Haired Legislatures ensuring that the AAA, partners, providers, and vendors are funded to enhance and expand choices of the services they need. Department staff and partner agency staff report that seniors are “forced” to move to larger metropolises to access specialized care or obtain affordable housing, both private and institutional. In addition, in the past 3 years, the region has experienced 4 nursing facility closures in very rural communities, 1 assisted living closure, and 1 rural hospital closure, relocating seniors outside of the region, decreasing accessibility and placement.

The top economic trends that are affecting older adults and persons with disabilities in the West Central Texas region are the decline in agricultural growth, decline in oil industries, limited health care access, and lack of physicians, especially those trained in geriatrics. Despite economic growth across the state, and even in pocket areas of our region, Texas’ cities still outshine rural areas with higher per capita income, total employment, lower poverty rates, and lower unemployment rates. From 1992 to 1997 Texas land developed for urban uses grew more than any other state, reducing the number of acres available for agriculture and increased the state’s limited water resources. Growth in rural counties (less than 30,000 in population) is directly contributed to their close proximity to urban areas. As the majority of counties in our region are over 100 miles from any urban area, we are not seeing land development for urban uses. Our rural counties are more isolated, the biggest losers being those counties that are economically dependent on agriculture, as commuting to a larger community such as Abilene is no longer cost effective due to high fuel costs. In a demonstration by the West Central Texas Workforce Development Center (WDC), the #1 highest projected annual job openings through 2020 for our region are farmers, ranchers, and agricultural managers while #3 is farmworkers/laborers. Contributing factors include losing laborers to the oil field industry, older ranchers closing the business and simply living in the community, as children no longer desire to live in small community settings and remain in urban areas. As the industry has progressed into a more corporate style of agriculture, older ranchers are not educated nor equipped with utilization of technology, leaving no avenue for them to “turn over” the family business to uninterested children who may have the technology skills but no desire to live rurally.

Although agriculture is seeing a decline due to lack of water, high transportation costs to get livestock to market, and generational management declining, the oil and energy industries are booming. The downside is fracking is utilizing what little water is available putting a long term strain on the agricultural and ranching businesses. In addition, although studies are showing small amounts of growth in certain counties, such as Eastland and Brownwood, families had moved to “oil boom” counties with little or no income, relying on inflated wages to sustain the entire family. Today, thousands of mid-40-60 year old family members are left with no employment, housing costs have not decreased proportionately to the income levels, and health risks increased due to stress, work related injuries and caregiving concerns of those senior parents who they moved into the region, now have few options for affordable healthcare. For those under 60 that are highly skilled, the economic benefits are huge to a small community, but for those over 60, especially the oldest of the senior population, this news is not
necessarily welcomed. Housing costs, rent and taxes, are rising double, sometimes tripled and have not declined! For seniors who own their home, not all counties/cities participate in a tax freeze for property taxes resulting in higher taxes in upcoming years. Seniors have reported in 3 of the “oil boom counties” that they do not know how they will financially manage, some say they will be forced to leave their home of many years if local property taxes are not reduced to pre-oil boom rates. Those seniors and person with disabilities that are part of the rental community are not exempt from the housing crisis. Finding affordable and accessible housing is difficult, and challenging families to remain in their long time communities. As the oil field industry has changed and low skilled jobs are extremely limited, these families are now left with no resources when employment is not gained.

The next concerning trend in our area is lack of access to physicians, especially those specializing in geriatric illnesses. The region has seen the closure of a long time hospital in FY13, and continue to receive reports from other small hospitals (less than 20 beds) struggling to remain viable. Reasons for the decline in access to rural hospitals is the lack of regular physicians and decline in nurses. According to an article from Susan Combs, Texas Comptroller, only 9% of registered nurses practice in rural Texas. The shortage is primarily directly related to the income that can be gained in an urban versus rural area. The AAA partners with the Area Health Education Center (AHEC) of West Central Texas to educate young people on the need for health care professionals in rural Texas, and provide them with information on the many benefits of living in rural Texas. The trend however for medical students is to work in rural hospitals during internships but move back to urban areas once education requirements are fulfilled. The last trend that is most concerning to our region is lack of access to health care. With the continued rise of chronic diseases, rising cost of healthcare, and lack of local physicians, seniors will be forced to access healthcare in urban areas. AAA and partnering agency staff have reported that there is definitely a trend in our seniors having to access health care, especially specialized geriatric healthcare in urban areas as far away as Austin and Dallas. For lower income, minority older adults it is not possible for them to travel due to high fuel costs and a lack of regular transportation available to medical appointment outside of the region. Although urban areas are utilizing telemedicine, very few physicians are turning to telemedicine in our region. The primary barrier is lack of internet access for the system to be fully affective. There are parts of this region that remain with no cell service, or service is very limited, and the cost of service is too high for our target population.

In FY16, the ADRC and AAA lost key staff, one who was a trained Coleman Model Care Transitions Coach, the other a certified Home Meds Case Manager. Therefore, a recognized care transitions program is not in place at this time. With the assistance from the CAC members, staff will be working closely with TSHL members to develop health care standards for transitions of care beyond the Coleman model. Although the Coleman Model of Care Transitions worked well for our pilot project, expansion which would include training and certifications for new staff. Along with extensive travel to maintain the model, the mere cost of the training is overwhelming and not budgetable at this point. Therefore, a transitions of care team will be developed in FY17 to work towards an affordable coordination model that would include such entities as health care providers, physicians, discharge nurses, case managers, nursing/assisted living directors, community partners, and faith based organizations.

Programs such as Friends for Life in Abilene work closely with the AAA and ADRC to provide volunteer rides to assist in filling this ever growing need, however with budget constraints, slow growth in volunteer bases, the need is greater than the ability to fill. In response to these trends, the AAA will continue to increase awareness on healthy living through Evidence Base Programs, providing chronic disease self-management classes, Matter of Balance, and caregiver specific symposiums to address healthcare issues.
In FY14-15 the AAA worked closely with the ADRC to promote healthy life styles and community volunteerism through the Age Well Live Well project increasing involvement and awareness of AAA services and the needs of frail populations. In FY16 the City of Abilene obtained funding to run the Age Well Live Well project. The AAA and ADRC have a strong partnership with the City and will continue to promote the Age Well Live Well project to continuing providing for the needs of frail populations. AAA staff working closely with the ADRC's Long Term Service and Supports Coordinator to ensure those with disabilities have new resources available for seniors with physical and intellectual development disabilities.

A growing concern is the number of grandparents living in households with one or more of their grandchildren under the age of 18 and the number of grandparents responsible for the care of their grandchildren, especially those grandparents raising children with disabilities. According to the 2010 Census, in the West Central Texas region 7,536 grandparents are living in the households with one or more of their grandchildren. Of these, 1,431 or 19% of them are 60+ and responsible for their grandchildren. Projections show the population of those 60 and older to grow by 12.33% over the next 5 years. In FY14, through a partnership with the ADRC's Faith Based Initiatives, staff became aware of a pocket of grandparents raising special needs grandchildren desiring respite assistance. While the ADRC no longer has the Faith Based program, AAA and ADRC staff are working to find a solution as specialized, medical respite for children is proving difficult to locate.

Major factors that are affecting the economic stability of our region's 60+ population is the decline in retirement/investments accounts and it's slow rebound, although unemployment is relatively low at 4.3% (January 2016) the region is primarily filling part time positions with few long term, full-time positions available. In addition, in our far western region the "oil boom", although in decline, has raised property taxes and rental property prices to a level that is unaffordable for our seniors, at times forcing them to relocate in to other areas of the state with family as the city in which they reside has not adopted a tax freeze for seniors or person with disabilities. Outreach efforts are being combined with partnering agencies to ensure that this very special population are aware of AAA services. I, R & A staff have been trained and are now collecting information on Veterans and disability status. Case managers ask pertinent questions that will better identify at-risk populations of those seniors who have a disability, live alone, or have served our country. When reviewing cases for financial assistance such as income support, residential repairs, and health maintenance items seniors who have multiple needs and/or are minority/low income are considered priority. In general, these fragile seniors have no other resources and many do not have family members involved in their continued or daily care.

During FY15 the AAA received over 3400 calls from individuals reaching out for temporary assistance, with the top three basic needs being Medicare/ Medicaid assistance, home repairs, and health maintenance items. Although the AAA cannot fill the many needs in our region with current funding, over 37 regional partners coordinate with the AAA in assisting consumers. Partners such as Rolling Plains Management places priority on assisting seniors with utility bills on a 6 month basis; Adult Protective Services, Community Action Programs (CAP), Central Texas Opportunities (CTO), Abilene/Taylor County Public Health District assists with very discounted dental assistance, Texas Ramps Projects, Beltway Baptist Church, and Dyess AFB We Care Team all work with staff to fill the need for larger home repairs allowing AAA funding to be used for small home repairs; and 2-1-1 coordinates with faith based organizations for those needs that cannot otherwise be provided in the AAA or other social service agency.

The AAA will work to maintain current levels of service in the years to come by concentrating on partnerships and collaborative grant efforts bringing additional funding to the region and filling service gaps. Providing rural services is more costly than what urban areas experience simply due to the sheer number of miles to be traveled from point A to point B, possibly for just 1 senior in a far, outlying

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community 90 miles from their physician. Services such as respite and homemaker (add residential repair) are becoming increasingly more difficult to provide due to lack of skilled workers. Vendors report that it is becoming increasingly more difficult to recruit staff who live in small communities or are willing to travel long distances. With a trend in declining/inadequate funding for AAA services meeting the needs of older individuals will continue to provide angst throughout the region.

In addition to departmental changes, changes were needed in the meals and transportation department of the AAA. In evaluating senior center providers, it was apparent that senior center operations and the provision of regulated, well thought our meal planning, and cost saving techniques were not understood. Therefore, quarterly trainings were put into action to provide providers with information and training to ensure compliance and improve with paperwork and flow. Streamlined processes include the utilization of a web based, secure SharePoint site eliminating duplicative paperwork and errors. Although difficult at first for some senior center staff to adapt to, after 5 months and trainings, center staff comment on their appreciation of the changes. Data entry is now completed each month in a timely manner resulting in quicker payment to meal providers via bank auto deposit. Trainings have included cost saving techniques, meal planning, regulations and requirements, and upcoming self-evaluation tools. These tools will help the centers address any known issues prior to a site evaluation performed annually. An evaluation tool has been developed and is provided to meal providers annually. Site evaluations/monitoring take place annually, with a report provided to each site, the Citizens Advisory Committee, and WCTCOG Executive Committee by the end of the fiscal year. Sites are provided a copy of the initial review and provided ample time to make any necessary changes if a direct result of a non-compliance issue. If a trend of a corrective action area is seen across a number of sites, then a specific training will be provided at one of the upcoming quarterly meetings to ensure guidance is provided.

In addition to site evaluations, the AAA utilizes the Citizens Advisory Council to review the progress and performance measures based upon the Area Plan annually. This enables changes to be made with processes, goals, or objectives in a timely manner that is consistent with local trends.

West Central Texas AAA
Organizational Structure

(Not to exceed five pages)

The West Central Texas Council of Governments is a political subdivision or governmental unit of the state of Texas which has dedicated 50 years in serving a rural West Texas region while administering over 50 federal, state, and local grants. The programs that we manage are an “alphabet soup” ranging from services for older adults and grandparents raising grandchildren, advocacy, preventive services to emergency services, educational and training programs and everything in between. We have created, implemented, managed, and monitored social programs for all age groups in our 19 county region with a current budget exceeding 7 million dollars. We currently employ over 150, full time, professionals to maintain and grow these programs. The AAA which serves persons 60 years of age and older, caregivers and persons with disabilities in 19 counties of West Central Texas has been an integral part of the Council of Government’s services since its inception. The 19 county region encompasses 18,000 square miles and includes Brown, Callahan, Coleman, Comanche, Eastland, Fisher, Haskell, Jones, Kent, Knox, Mitchell, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor and Throckmorton counties. The region is primarily rural, with very small towns. A majority of cities are less than 4,000 in population with the only “urban area” being the city of Abilene located within Taylor County with a total populations of 117,063.

The WCTCOG addresses issues such as regional planning, economic and community development, hazard mitigation and emergency planning, aging services, law enforcement training, youth and community programs and transportation planning. The WCTCOG plans, assists local governments, and delivers public services, but has no power to tax or to regulate leaving financial responsibility to provide, improve, and increase services to grants and resource development. The Executive Committee (governing body) is comprised entirely of local elected officials.

The West Central Texas Council of Governments was organized in 1966 as a regional planning commission. Since its creation 51 years ago, the Council has established a notable record of service to our communities. To this end, the Council constantly undertakes new activities as well as continues its long-term programs and services. In addition, the Council has traditionally served as a forum for all jurisdictions in a nineteen county region to discuss issues of mutual interest. The WCTCOG is a voluntary association of local governments organized in 1966 under Title 12, Subtitle C, Chapter 391, Vernon’s Texas Codes Annotated (Local Government Code), as a political subdivision of the State of Texas to promote area-wide planning and cooperation among local governments. WCTCOG was created with a mission to assist member governments to improve conditions for the health, safety, and general welfare of their citizens; to plan for future development for the area; to make efficient and economical use of public funds through regional coordination to help eliminate waste from duplication; and to assist member governments in solving current problems and in completing improvement projects. Within the framework of the law, WCTCOG is enabled to: conduct planning and assist member governments in implementing plans; contract for services; review and comment on state and federal grant applications; and provide technical assistance to local governments in problem solving. For over 45 years, the WCTCOG has continued to serve as an effective vehicle for its large and diverse membership through adaptability and responsiveness to need and change. WCTCOG has successfully operated programs such as 9-1-1 system implementation, law enforcement training, homeland security and hazard mitigation planning, Small Business Administration loan programs, regional economic development services, programs for youth and their families, natural resource management initiatives, Workforce Development Center operations providing services to job seekers, employers, and universal customers, services for veterans and persons with disabilities and a wide range of services for the elderly including case management, meals in senior centers, ombudsman training, and caregiver support systems. Additional background information is available at www.wctcog.org.

West Central Texas AAA
The Executive Committee serves as the governing body of the Council and shall be responsible for the general policies and programs of the Council and for control of its funds except when these Bylaws specify action by the Board of Directors. The President of the Council shall preside at all meetings of the Executive Committee and Board of Directors. In the absence of the President, the First Vice-President, Second Vice-President or the Secretary Treasurer, in turn, shall preside. The Executive Committee shall be chosen from among members of the Board of Directors representing the governing bodies of member units and from among members of the Texas Legislature who reside within the region.

Currently the WCTCOG has 6 Directors of a variety of programs, including the Community Programs Director who serves as the Director of the Area Agency on Aging. All Directors report to the WCTCOG Executive Director. All 6 Directors have served in this capacity on a long term basis, ranging from 5-27 years. The only turn over in Directors has been related to retirement. In addition, the WCTCOG serves as Employer of Record for several Workforce Development Boards and Workforce Solutions. Fiscal management is provided by 3 highly skilled staff, including a Finance Director who is a Certified Public Accountant and has been employed by the WCTCOG in this capacity for 26 years, data specialist who has served for 12 years, part of which was under the current AAA Director, and finance specialist who has served in the accounting department for 10 years. The Executive Director served over 28 years as the Director of Workforce Programs for the WCTCOG and has lead the organization as Executive Director for the past 9 years. The Employee Benefits manager has served in this capacity for 10 years. The Community Programs Director advises the Executive Director, the Advisory Committee and the WCTCOG Executive Committee on aging-related issues, barriers, needs, trends, and program performance. She has served in a similar capacity as Director for the ADRC and Youth and Community Programs for over 17 years.

The AAA is a key piece of the WCTCOG as a regional agency providing diverse services to seniors, Veterans, and persons with disabilities in nineteen counties including Brown, Callahan, Coleman, Comanche, Eastland, Fisher, Haskell, Jones, Kent, Knox, Mitchell, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton. The AAA service capabilities for our senior population at large are enhanced and extended through numerous coordination efforts and assistance from other departments of the WCTCOG, community partner agencies, faith based organizations, and locally housed State and Federal agencies.

The WCTCOG Executive Committee serves as the governing body and meets monthly at which the Directors or designated staff provide programs news or updates, requests for approvals of such items as budgets, plans, and out of state travel. These meetings provide opportunities for discussion and suggestions surrounding area needs, policy changes, provide guidance to staff, provide demographic data, and assist in asset mapping through surveys and publication distribution. In addition, a number of Executive Committee members serve on steering committees and advisory boards in each department, including the AAA.

The AAA Citizens Advisory Council (CAC) meets on a quarterly basis. Included as council members are 5 Texas Silver Haired Legislature members, of which one served as the first AAA Director for the West Central Texas region and continues to provide assistance and guidance to the AAA Director. The CAC is involved in advising and assisting AAA staff with the development and administration of the Area Plan, as well as providing guidance on AAA operations and performance measures. The CAC assists in outreach efforts and community needs assessments, as well as providing legislative updates specific to the aging population. The CAC plays an important role in guiding the AAA through sharing of ideas, updating on participating agency information, policy and legislative updates, and providing the Director guidance based on both historical and trending information. Local partners participating in the CAC include key “front doors” such as DADS Community Service, Mental

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Health Agency representation, Community Action Programs, and Adult Protective Services. This allows for opportunities to share and update one another on program, policy, eligibility information, and ensuring better coordination of consumer services. The CAC is comprised of all OAA required demographic populations from areas throughout the 19 county region. Although there are members under the age of 60, the majority are over 60 years of age and have historical experience with aging services.

The Area Agency on Aging offices are located in the main office building of the West Central Texas Council of Governments, 3702 Loop 322 Abilene, TX 79602.
The West Central Texas AAA has developed and implemented a comprehensive and coordinated system of services. Through this system, collaborations with local public agencies, private organizations, local government entities (i.e., cities, counties, and towns), faith-based organizations, and non-profit organizations provide a strong foundation for a diverse service delivery and information system to assist older individuals, their families, and caregivers with opportunities to make informed decisions and choices regarding needed services. Having this wide variety of partnerships and collaborations is imperative in older persons accessing needed services to remain in their homes with dignity and maintain a high quality of life. The core function of the AAA is to be the expert in the region in serving the needs of those 60 and above with special attention to the following groups for coordination, advocacy, program development, public awareness, and outreach:

- Low-income minority older individuals
- Frail and vulnerable adults, especially those residing in very rural, isolated parts of the region
- Older individuals with limited English proficiency
- Persons over 60 with disabilities
- Veterans over 60
- Seniors at risk of entering an institutional setting
- Persons over 60 with Alzheimer’s disease or related disorder

The staff from the AAA accomplish this by working closely together internally with each other and the co-located ADRC staff, as well as externally with numerous partnering agencies ensuring that the individual needs, preferences, and rights of the consumer are taken into consideration when developing programming and services. Staff development trainings in house, formally at local and state trainings, and available webinars include sensitivity training to ensure that our consumers, partners, and caregivers opinions, choices, values, dignity, and privacy are top priority. Many consumer and caregivers comment on the quality of service and respect they have been provided. Input is provided on suggested ways to best serve the needs of the aging population in a variety of ways including but not limited to web surveys through our ADRC partner, satisfaction surveys from consumers, community assessment surveys available at all senior centers and partner locations, and follow up calls from staff. Program information is disseminated throughout the 19 county region in a multitude of manners through distribution and outreach efforts made through printed materials mailed and posted in highly visible business areas; media advertisements (PSAs, billboards, newsprint); community visitations/outreach from staff; material placement at partner locations, including the key “front doors” of DADS Community Service, Betty Hardwick and Center for Life Resources MHMR locations, and ADRC. Additional locations include nursing facilities, assisted living residences; and the WCTCOG/AAA websites. All materials are provided in both English and Spanish and include our local access number, 800# and website information.

With input from our many communities via town hall presentations, outreach events, open enrollment events, and several types of surveys, the AAA is able to respond to the needs of our older populations and caregivers. The WCT-AAA provides a variety of services that support individuals, families and caregivers through case management, benefits counselors, Ombudsman, volunteers, and information specialists ensuring proper service delivery by promoting consumer choice. Consumers are...
provided with as much information as possible to make informed decisions that will enhance their independence and result in individual dignity and well-being.

Community assessments and demographic information is collected internally utilizing local universities and partnering agencies, to ensure at-risk, targeted populations are being served. In addition, vendor agreements state that the vendor will abide by the OAA definitions and provide equitable and accessible services to the targeted population.

To provide outreach activities for service to targeted populations the AAA staff works with a wide variety of entities and community leaders to ensure that services and outreach efforts are being made to at-risk elderly populations. All staff work with community leaders throughout our 19 county area from elected officials to grass-roots and non-profit agency directors working closely with volunteer groups from 2-1-1, RSVP, and Connecting Caring Communities. Cross training opportunities are coordinated between social service agencies and non-profits who serve those with a disability and senior populations to ensure that all are aware of available services, intake processes, and eligibility requirements. These agencies collaborate to ensure that whatever “front door” is entered by an older individual, staff at that agency can get them to the right agency in an effective manner. These agencies include DADS Community Services, Local Authorities, the ADRC, Adult Protective Services, the Alzheimer’s Association, local universities, as well as, churches and faith based organizations and service vendors.

In our meals and transportation department we work closely with county elected officials to implement congregate, home delivered, and transportation services. Training and service coordination is provided and implemented through the senior centers. To ensure equal access to those seniors who may be limited English speaking, the AAA currently has a Certified Benefits Counselor that is bi-lingual, a bi-lingual volunteer from RSVP who works 2 days per week, and access to 2 bi-lingual Veterans Specialists from the ADRC who housed in the same area as the AAA. In addition, non-bilingual staff can utilize Language Line when necessary. Staff coordinate closely with many partnering agencies to be included in outreach and health fairs throughout the 19 county region. Health benefits and information fairs are held regularly with home health agencies, senior centers, counties, hospitals, 2-1-1, universities, and pharmacies to ensure that seniors most vulnerable and in need of services are reached with our services information. When regional opportunities are available, staff host or participate in training events specific to our targeted population. The AAA utilizes many avenues to outreach to potential and current consumers. Primary outreach avenues include website, radio (PSAs), newspaper, flyers, posters, postcards, and newsletters distributed throughout partner agencies, senior centers, and emailed to partner lead staff. In FY13 a partnership was formed with a local electronic billboard company to inform the public, caregivers, and senior in particular of upcoming events, education specific to Medicare, and news on available AAA services. There are four billboards all located in an area that serves a bulk of Taylor County’s low income, at risk populations. The response has been very positive as reflected in an increase in calls. Staff are involved in major coordination efforts targeted to the senior and persons with disabilities community including the Dyess AFB We Care Team, Regional Veterans Coalition, 2-1-1 Basic Needs Network, ADRC Advisory Council, Brownwood County Cares Team, Alzheimer’s Association, Regional Roundtable, Aging Clusters, Community Transition Team and Regional Transportation.

To ensure that the most vulnerable older individuals residing in our region are served, the AAA staff work closely together from the point of entry at I, R & A through case management and extended to co-located partners such as the ADRC LTSS Service Coordinator. The WCTAAA strives to develop programs and services relevant to the needs of our region’s older individuals, with underserved, very rural communities being the primary target for outreach and service provision. Special attention is provided to those seniors who are low income, minority and/or disabled as we know that it is difficult
for them to readily access services and staff will have to go to them for case management, intake, assessment, and advocacy of their needs. Although the AAA is centrally located within the 19 nineteen counties, partnerships with senior centers, rural clinics, and non-profit agencies have been formed allowing staff to outreach and/or meet consumers and caregivers within their community setting. In addition, if a consumer or caregiver requires staff to translate, staff can utilize Language Line or call a bi-lingual staff at the office to proceed with assistance.

While the bulk of AAA revenues are dedicated to specific services by funding sources/regulation, the AAA Director and staff are dedicated in locating potential sources of discretionary funds. The AAA Director and supporting staff continually look for methods of increasing funding to provide additional or new services to our seniors. Special attention is paid to locating available resources concerning the health and wellness of our consumers. In FY13, the AAA obtained grant funding to begin an Age Well Live Well Project for the city of Abilene. Although still in infancy stages, the response by community leaders and community participation has been outstanding. The project works closely with the ADRC staff and AAA Coordinators to promote evidence based programs such as our Chronic Disease & Diabetes Self-Management, and Matter of Balance. In addition, staff have formed many positive relationships with corporate sponsors such as Blue Cross Blue Shield, Integracare, Hendrick Hospital, Abilene Regional Hospital, and Alzheimer’s Association. Many local businesses also contribute to the success of the quarterly Caregiver Symposiums provided in 4 different counties of the region annually. Case managers work closely with DADS community Service, Adult Protective Services, Rolling Plains Management, Community Action Programs, 2-1-1, Abilene Health Department, Texas Ramps Project and many others to assist in sharing costs of needed services to our seniors. Without staff continually looking for resources and negotiating lower costs for utility bills on behalf of the consumer, AAA funding would not be able to “stretch” and serve as many consumers.

Staff encourage and work diligently toward a seamless system of care that can be easily accessed empowering older adults, the caregivers, and family members, as well as general consumers to make informed decision for short and long term care options.

Resource development by AAA staff encourages contract providers to initiate cost sharing at their agencies, to stretch their current resources, and have offered to assist with developing a cost sharing program. Staff will continue to encourage our providers by sharing with them success stories from the AAA and Community Programs Department encouraging others to utilize cost sharing collaborations.

Currently the AAA has ongoing collaborations for cost sharing for minor home repairs, dental care, hearing aids, prescriptions, eyewear, and utility assistance.

The AAA will continue to collaborate with partners including the ADRC, Local Authorities and DADS Community Based Services to provide programs and services assisting our clients requiring long term services that will enable them to remain independent and in their homes for as long as possible. Flyers/Posters regarding voluntary contributions are posted at each senior center site and are shared with consumers both verbally and in written form. In FY16, in addition to the meals contributions, staff will provide an estimate of services delivered summary of costs when services are completed for education and awareness of services that were provided. We anticipate seniors or family members may voluntarily contribute, which can then lead to assistance to additional consumers.

The meals and transportation providers do collect voluntary contributions. These contributions are reported monthly to the AAA Data Specialist and tracked according to DADS regulations.
Current cash funding resources for AAA operations include local, State, and Federal resources with local resources utilized for required match.

- Information and Referral Services – Title IIIB, SGR
- In-home and Community Based Services – OAA Title IIIB, In-kind match
- Long Term Care Ombudsman program – Title VII, Elder Abuse, Title IIIB, Legislated Assisted Living Funding in FY13, 14 and 15
- Benefits Counseling and Legal Awareness – Title IIIB, CMS, and MIPPA Priority 3
- Congregate Meal Service – Title III C1, Program Income, and Other Local Funds
- Home Delivered Nutrition Services – Title III C-2, Program Income, & Other Local Funds
- Nutritional Services Incentive Program – USDA
- Family Care giver Support Program – Title III E, In-kind & Cash match
- Health, Wellness, and Evidence Based Programming – Title IIIE, State funded grant, In-kind and Cash match

With the number of grants for which we are responsible, an A-133 federal annual audit is required. In the past 16 years WCTCOG has had no audit findings. With over 100 years of experience in grant management between the key persons involved in this project, project goals and objectives have been met on time and were within budget. WCTCOG is responsible for the financial accountability and reporting for the AAA, including monitoring and audits of the program. Day-to-Day activities are performed by AAA staff who have established effective methods of youth program management, including tracking, data collection, and evaluation methods to ensure that the project design is measurable and achievable. Regular meetings with partners are held to ensure the programs are meeting the needs of the communities. The AAA Director works very closely with Finance Department staff, including the Director of Finance. The WCTCOG has extensive fiscal policies and procedures with internal controls that have been approved by all funders. The WCTCOG undergoes an external annual audit along with departmental monitoring’s by State and Federal funders. The WCTCOG Finance Director works closely with the AAA Director when projecting budgets and establishing performance measures. In addition, a designated finance department staff is assigned to track and enter information for the Quarterly Performance Report (QPR). The Finance Director reviews and approves the QPR prior to submission ensuring a high quality report.

Financial monitoring by the WCTCOG finance department ensures fiscal integrity for the AAA and service providers/vendors. Vendors are reimbursed for units served. Units served for each consumer are entered into the HARMONY system by the case manager or data specialist dependent on type of service. Billing begins with a full review by the case manager to ensure units were provided within the service authorization. Once units are entered into HARMONY and payment authorization provided by the AAA Director, the finance department will reimburse the Vendor. When self-monitoring, these units are tracked back to supporting documents.

The WCTCOG/AAA requires all service providers to complete a vendor package requesting to be listed on the WCTCOG Approved Vendor List. This list is inclusive of all WCTCOG programs, however includes, meal, transportation, home maker, residential repair, chore maintenance and other necessary vendors to ensure seniors have a choice in service provision. All vendors are provided with information regarding the Older American’s Act requirements. Each vendor is required to sign and comply with a vendor agreement specific to the services they will be providing. Vendor agreements

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require that priority be given to serving older persons with the greatest economic and social need, living in very rural areas, those at risk for institutional placement, limited English speaking, and low-income minority older persons. The AAA purchases Title III services from providers at a fair market rate; or at a rate comparable to non-profit providers under contract or provider agreement with AAA when possible. In the attachment section a sample copy of the vendor solicitation and agreement utilized by the AAA for vendor services is included.

Contract documents stipulate that all contractors must comply with all Federal and State laws and regulations regarding the confidentiality of client information, as well as the policies and procedures of the WCTAAA and OAA.

During senior center/meal provider evaluations AAA staff will review the vendor’s protocols for keeping client files safe including paper files and electronic files. These protocols include locked files and password protected computers to limited access of electronic files. The AAA monitors contracts, provider agreements, and provider service delivery activities to ensure that preference is given to older persons with the greatest economic and social need. AAA contracts and agreements require providers to comply with debarment regulations and to disclose any conflicts of interest. AAA agreements specify quantity and/or quality of the services to be provided. All vendor agreements require providers to implement a grievance procedure for consumers who are dissatisfied with or denied Title III services. To ensure compliance with the requirements, the AAA utilizes the DADS approved vendor template, along with a debarment form signed annually by each vendor. In addition, nutrition and transportation vendors utilize the required DADS workbooks which are submitted and approved annually. Grievance procedures are included in the Clients Rights and Responsibilities form which is explained and provided to all clients for signature. The AAA requires providers to supply consumers with a copy of their signed Clients Rights and Responsibilities. We encourage consumers to resolve any questions with the staff person that has assisted them, however, in the event that they are not comfortable with this then are welcomed to contact the AAA Director. If a resolution is not gained, then the complaint or grievance can be addressed with the WCTCOG Executive Director.

The AAA participates in surveys and studies surrounding long term care services which may result in recommendations made to boards, commissions, or organizations. The AAA has participated in surveys from the ADRC, United Way/2-1-1, Texas Tech AHEC Community Assessment for Health Care Needs, and Abilene Christian University Assessment for Senior Needs survey. In addition, the AAA Director sits on the West Central Texas Regional Transportation Coalition, 2-1-1 Basic Needs Network, the West Central Texas Veterans Coalition, and is a part of the Regional Round Table quarterly meetings that include staff from DADS Community Service/Guardianship programs, ADRC, and Local Authorities. Through the participation in these coalitions, the AAA has firsthand access to regional trends which enables staff to strategically plan long term services for targeted population more effectively. The AAA has determined specific Performance Outcome Measures that address AAA Programs and Services as well as contracted services. These performance outcome measures are used in such way that the AAA director can review key data points to ensure budgetary and service related performance numbers will be met.

Staff are trained and provided a copy of the AAA Policies and Procedures Manual which describes the functions of the AAA and each area of service. It details how each program or service is offered and delivered, the eligibility requirements, data entry, unit determination, service coordination, procurement, and confidentiality. The Policies and Procedures Manual specifies required performance measures that are monitored by the AAA Director and are used to evaluate agency activities. Quality assurance measures are used to evaluate service providers to ensure program compliance, including a self-evaluation tool for meals providers.

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The AAA staff meet regularly and hold specific service delivery meetings several times throughout the fiscal year to discuss, plan, and if needed, change direction. Below are questions that are addressed in the team to ensure that services being provided are appropriate to the needs of the targeted population, fiscally the goals can be met, and performance goals will be met by the close of the performance year.

- Does the program reach those with the greatest economic and/or social need; those with disabilities, those with limited English-speaking skills, those residing in very rural areas of the region, are minority and ethnic populations being served?
- What is the significance of the program in relation to the larger community network of services?
- Does the program enhance an individuals' ability to live independently?
- Is the service cost-effective and serving an appropriate number of consumers?
- Is there an unmet need that is increasing that needs to be considered?
- Status of overall performance with key performance measures, including consumer satisfaction surveys, and community needs assessments collected throughout the year.

By addressing these key questions, staff are able to be involved in the decision making process of performance and management of services to consumers and the Director is able to hear the needs from a ground level perspective. The team reviews IR & A logs, Performance records (QPR), area plan budget and Harmony reports to ensure we are on target and serving to the best of our capability, the needs of the older adults in our region with appropriate services. In addition, it empowers staff to share their knowledge of unmet needs or trends with partners they work closely with.

The AAA coordinates with partner agencies for the planning, identification, needs assessment and service provisions for persons with disabilities, severe disabilities and individuals at risk for institutional placement. The AAA accomplishes this by working closely with major service entry point partners including Centers of Independent Living, Local Authorities, the DADS local Community Service Office, ADRC, Workforce Solutions, DARS, Housing Authorities, local Veterans offices and clinics, nursing homes and assisted living facilities, to name a few, to identify and assess special needs and services for older individuals with disabilities that can be coordinated with the AAA. AAA staff participate in various coalitions, workgroups, and community meetings to foster ongoing program development and improvement, including Regional Roundtable meetings, 2-1-1 Basic Needs Network, Homeless Coalition, and Regional Veterans Coalition. AAA staff work closely with the ADRC Housing Navigator and LTSS Service Coordinator in an effort to avoid consumers being placed in an institutional facility. Demographic data collected from IR&A and intake applications provide support of service delivery to persons with disabilities.

Through an MOU with the ADRC, the AAA and ADRC staff coordinate closely to ensure that consumers with multiple needs in the targeted areas are referred to the appropriate agencies. Specifically, the AAA uses established coordination procedures, such as written referral protocols, training opportunities, and information sharing. Partnering agencies include, ADRC, Abilene Housing Authority, RSVP (volunteer programs), Medicare/Medicaid offices, Social Security offices, Rolling Plains Management Corporation (CSBG, Housing, Energy Assistance), Aspermont Small Business Development Center (CSBG, Housing, Energy Assistance), Central Texas Opportunities CAP (CSBG, Housing, Energy Assistance), Veterans offices, and Workforce Solutions of West Central Texas.

The AAA Director serves on 2-1-1 Advisory Board for Emergency Preparedness which keeps staff apprised of their processes in the event a disaster strikes the region. The Managing Local West Central Texas AAA
Ombudsman staff coordinate closely with nursing homes and assisted living facilities to ensure an emergency preparedness plan is in place at each facility. If requested, the AAA will assist in the coordination of emergency preparedness plans with local, state emergency personnel, or other institutions responsible for disaster assistance in our region. This may include assisting with coordination of volunteers and/or mobilization of resources as requested. During a time of disaster, the AAA is in contact with local emergency officials and can assist in coordinating the availability of beds in nursing facilities. The MLO may utilize local volunteer ombudsmen to assist with the tracking of facility evacuees.

To meet the needs of older adults, the AAA must be proactive in how information and educational materials are provided and delivered. As the West Central Texas region is vast, 18,000 square miles, primarily very rural, delivery of services with limited budgets delivery is challenged. The primary goal is to provide services equitably across all 19 counties, especially to those adults that themselves are challenged culturally or financially and live in very small, rural areas of the region. The AAA makes every effort to reach out to homebound consumers with information available AAA services utilizing the senior centers’ home delivered meals programs. Staff attend community wide meeting to outreach to seniors, the WCTCOG hosts the AAA website and the AAA regularly posts announcements via web and hard copy through the community, of classes taking place throughout the region, including caregiver support groups, evidence based programs, and caregiver symposiums quarterly. Information on all programs is placed at key partner locations that are often visited by seniors, such as, rural health clinics, pharmacies, and grocery stores. The AAA utilizes PSAs with a variety of radio and TV stations that cover our vast region to get information out to both homebound and active seniors, as well as those residing in nursing facilities, that may not otherwise see our information in partner locations.

Once someone has gained our phone number via website, DADS, local partners, or perhaps another consumer, our friendly and highly knowledgeable Information, Referral and Assistance Specialist is able to start their journey of receiving further information about our services, referred to other local agencies if we are unable to provide the service(s) they need, or transfer the consumer to a case manager. Although our goal is to answer every incoming call immediately, with only one I, R & A Specialist some calls do roll to voicemail. All calls received prior to 4:00 pm each day are returned the same day by the I, R & A Specialist. If transferred to a case manager or other department staff, calls are to be taken immediately. If the primary staff person is out of the office, a cross trained staff member, if available, will be asked to assist the consumer. All messages are to be returned within 24 hours. The AAA strives to cross train all department staff to ensure a quick response to our consumers, as many times they are calling in a crisis situation and need a quick response. For example, if the consumer is needing care coordination services, and the care coordinator is not available, a benefits counselor can assist in performing the intake and beginning the case. Consumers then do not feel that their call was in vain. Consumers respond more positively if they can speak with a “live voice” and not an answering machine. The I, R & A Specialist makes consumer satisfaction and follow up calls the month after the initial calls from a consumer is received. This ensures that any unmet needs, especially for those older adults that we could not provide the service directly to, have had their needs addressed.

The AAA provides evidence programming through master trained staff, ADRC master trained staff, and Texas Agri-Life trained staff. Programs beginning in FY13 included Dakim Brain Fitness and Chronic Disease Self-Management. In FY14, the AAA added Diabetes Self-Management, and Laughter Yoga, and brought back A Matter of Balance. In FY16, the AAA removed the Dakim Brain Fitness from the funded AAA Evidence Based programs, as it no longer is considered a high priority. The program is now housed at a nursing facility and the City of Abilene Senior Center who have staff to continue this much liked program. The AAA also no longer provide Laughter Yoga as certified staff are no longer

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available in the AAA. In FY17-19, the AAA plans to continue to provide Chronic Disease Self-Management and A Matter of Balance. The AAA Caregiver staff work closely with trained ADRC staff and Texas Agri-Life Extension office trainers to promote and encourage enrollment in these evidence based programs. In addition, designated staff will obtain training for dementia specific evidence programming (to be determined in late FY16 or FY17). Master trained staff provide technical assistance to community organizations and volunteers assisting in the promotion and education of the need of healthy lifestyles for our older adults. Partners included in this project, outside of those names prior, are: Coronado Nursing Home, Wisteria Place, Scurry County Senior Center, Rolling Plains Hospital. Additional partnering locations will continue to be added as the programs expand into new counties each quarter. In addition, the AAA will provide any adaptive devices needed for consumers to carry out these vital activities. The AAA offers respite for grandparents raising grandchildren and works with our Workforce Solutions Center to coordinate other childcare assistance. Respite to grandparents raising grandchildren is typically utilized so that the grandparent can attend appointments without taking the child(ren) with them, such as medical or school related meetings. Recently, the AAA Director became aware of an unaddressed need in our region, respite for grandparents raising intellectually developmentally disabled grandchildren. The awareness was brought up by the ADRC’s Faith Based Initiatives staff. The Caregiver Coordinator has been tasked with determining need, finding providers, and educating this group of grandparents with information on types of respite care available. Caregivers desiring respite services that may not be comfortable leaving their loved one in the capable hands of a professional providers care often times will access services via voucher. The primary use of this service has been for Alzheimer’s patients as they would know the person taking care of them leaving less chance for a traumatic event.

AAA consumers over 60 with disabilities are referred to both the ADRC, as well as, 1 of 3 community MHMR health care facilities, and Centers for Independent Living, dependent upon their service needs. AAA funds are not currently utilized to provide mental health services directly to consumers, however voucher services are available for respite if needed. In addition, AAA makes available health maintenance items such as an adaptive/assistive devices needed due to an impairment that would enable the consumer to remain in their home or to better carry out activities of daily living. In FY13 a tremendous resource began in the Abilene area and continues to go strongly. A local business began a mission to serve seniors and persons with disabilities with adaptive devices and durable medical equipment. This elderlly couple takes donations of used equipment, refurbishes the products, and provides them to anyone over 60 or with a disability at no charge. The owners simply ask that when the consumer is finished with the product they return it, regardless of how long they have it, for the to refurbish and pass on to another. With this valuable community service, the AAA then can extend budget dollars to those residing outside of Taylor County.

The AAA has trained volunteers that assist in the Ombudsman, Benefits Counseling, Evidence Based and Care Coordination programs. Meal providers utilize trained volunteers in serving and delivering meals, and to conduct an annual client assessment throughout our rural region. The AAA works with local colleges and universities to provide internship opportunities to students seeking degrees in social work, sociology, and gerontology to assist during the Medicare Part D Open Enrollment period, for evidence based programming, or to assist staff with general office duties. RSVP volunteers are utilized to assist at outreach events, office and clerical assistance to AAA staff, and assistance to staff at Caregiver Symposums. Without these valued individuals, many of which are over 60, the AAA could not be as effective. Ombudsman volunteers traveling outside their home community to visit a nursing facility or assisted living are provided mileage as most cannot afford the additional fuel costs and would not be able to serve in this capacity.
AAA staff coordinate services with DADS Community Services staff through assessing consumer needs and preferences and making/accepting referrals as necessary. Staff coordinate with hospitals and private LTC agencies to provide services to consumers as they transition from their facility back into the community. For consumers not eligible for AAA services, referrals are made to appropriate service agencies, beginning with the ADRC Long Term Services and Supports Coordinator. Staff coordinate consumer directed services with local providers, both private and public, to ensure client needs are met through the development of care/service plans appropriate to their needs and eligibilities. The AAA meets monthly within the agency and regularly with all partnering agency staff to provide opportunities for cross training and information sharing/updates.

The AAA Benefits Counseling, Ombudsman and Caregiver staff provide information workshops for clients and caretakers on a regular basis through coordination efforts with local nursing home facilities, assisted living facilities, hospitals, and community partners. The AAA provides a number of “mini-workshops” throughout the year targeting potential clients and/or their caretakers. Workshops and outreach events take place where older individuals typically congregate making access easier. PSAs and distribution of a monthly newsletter and calendar is provided to past, potential and current caretakers. Staff utilize well placed flyers, email outreach, and word of mouth as funding for paid advertisements is limited. The partnership between the AAA and ADRC enables seniors and persons with disabilities, their caretakers, and family members a variety of means in accessing information, advocacy, and advice surrounding a full range of public and private long-term care programs, options, services, and resources. Each department of the AAA (care giver, care coordination, benefits counseling) work with community partners, including the ADRC, to provide advance care planning information at regional health and information fairs, senior centers, and through cross training opportunities with partnering agencies to ensure that information is disseminated equitably to both the aging and disabled communities. The AAA utilizes both the WCTCOG and WCT-ADRC websites to provide information, contacts, and web links to advance care planning tools. In addition, with the partnership with the ADRC, the AAA is able to expand the Care giver Resource library and make information more readily available to seniors/care givers by placing IR&A staff and printed materials in the ADRC’s Resource center. Along with outreach by the AAA staff, the ADRC staff provide coordination outreach efforts/events in the region.

The AAA uses consumer surveys, follow/satisfaction calls, and the AAA staff conduct outreach activities on regular basis throughout the region to determine community needs to ensure capacity is available to provide services to targeted population include. AAA staff work closely with a number of partners who provide case management including, but not limited to, DADS, ADRC, DARS, VAMC, APS, and Workforce Solutions. Partners to cross train staff which assures that referrals are made accurately and timely, while ensuring that services are not being duplicated. Case managers accomplish this by screening clients to determine what, if any, current service are being received and provide further screening to determine eligibility on other needed services.

All case management services provided by the AAA staff include verbal and written notice of their right to make an independent choice of service providers. When applicable to the service, a list of providers is offered to the consumer so they may make an informed decision when choosing a service provider. The WCTAAA’s Client Rights and Responsibilities provides notice to the consumer of their right to make an independent choice of service providers. Care plans are discussed/developed based on an assessment and client input.

The AAA provides self-directed care through our Care Coordination and Caregiver Support Programs. Case managed clients participate in the planning, arranging, and coordination of services to meet their identified needs. Clients can then choose a provider from an approved list for services. All staff are committed to advocating for seniors to make certain that they get the services they need on a
day to day basis and will continue to do so. The Long Term Care Ombudsman will continue to work with staff of Long Term Care Facilities, family members of residents of long term care facilities and the residents themselves to ensure that residents' rights are adhered to and to educate everyone involved on their rights. Staff has assisted seniors in applying for assistance in paying for prescription drugs, food stamps, applying for Medicaid and other resources. Over the upcoming years AAA staff will continue to establish relationships with their local elected officials as this will allow staff the opportunity to communicate concerns about issues affecting the elderly of the West Central Texas. Staff will look to the AAA Citizens Advisory Committee, ADRC Steering Committee, Round Table partners and WCTCOG's Board of Directors with assistance in this area. Staff will continue to participate in and attend public hearings held within the West Central Texas or by statewide entities on issues and plans that affect older persons. All of the aforementioned activated ensure that AAA services become well known throughout the region, crossing all ages, public, private and governmental entities.

The methods and efforts required by a rural AAA in meeting the needs of older adults living in a very rural region are challenging. When looking at each primary area, outreach, information and education, and service delivery of case management, social services, and evidence based programming one must be willing to think outside the box. It requires dedicated staff and volunteers that are rotating through the 19 county region on any given day, sharing information about all programs available through the AAA and ADRC. It requires training of staff, volunteers, and partner agency staff to get the word out. It requires a marketing and outreach plan that is inclusive of traditional methods such as newsletter and brochures handed out at community and health care events, and out of the box ideas like electronic billboards in rural areas, Facebook, Twitter, town hall meetings, information placed in church bulletins, establishing relationships with private businesses such as grocery stores, pharmacies, and convenience stores that will allow posters to be placed and even better allowing information to be placed in their employees' paycheck stubs. Partnerships play a crucial role in reaching seniors with AAA information. When reviewing reports from the previous 4 years (FY10-14) AAA service provision was to the largest population of seniors, those that resided in the Abilene area. In FY13 the AAA Director challenged staff to increase services to individuals living outside of Taylor County, to focus on getting into the region as many times as possible and coordinating between themselves and partners to reach our seniors. This challenge still stands as the goal is to ensure that all seniors, especially those living in outlying, very rural areas, are given priority of our services. Staff continue to approach reaching our seniors in a multi-faceted manner with much success, including a public awareness campaign to start in summer FY16, created by TSTC students, utilizing TV commercials and radio advertising - all at no cost to the AAA!

The downside to accessing services in our region is that seniors still encounter a variety of barriers. Although not necessarily to AAA services, but rather in finding transportation to medical facilities that are sometimes, for their medical condition, in Dallas/Ft. Worth. In FY15 transportation for non-Medicaid seniors was still the #1 need in our region as determined by over 200 attendees, primarily seniors, at a recent intergenerational town hall event in coordination with Abilene Christian University. Students and seniors shared their concerns from both the older individuals' views and needs versus the experiences of students (18-22), and family caregivers of all ages. In FY16 the high cost of prescription drugs for seniors is the #1 concern in our region as determined by over 200 seniors at a town hall event. With this much publicized and attended event, public awareness and advocacy efforts are improved each time the town hall is held. In FY15 Vendors continue to report that it remains difficult to obtain staff due to increased job competition in other industries that have declined, with traditionally equally paying jobs and the desire of staff to travel long distances. We see this primarily in the western part of the region due to the "oil boom". While the oil boom is down in FY16 vendors are continuing to see the same difficulties in obtaining staff. Working individuals can work for a fast food restaurant close to home and make far more in wages than a home health worker.
Regional Needs Summary
(Not to exceed 15 pages)

Families are the first responders to a person’s need for help with a short or long term care condition. Typically family members are willing and often able to contribute to important care needs, especially tasks which can require otherwise licensed assistance. However, studies show that family caregivers health and wellness suffer at a greater rate as they are maintaining their “normal” life while adding additional care duties to their regime. As the West Central Texas region has declined in population in many smaller communities, family members who have moved out of the region to gain employment in the past ten years are trying to access services from all over the state of Texas as well as many other states. The commitment of the AAA is to support core programs that provide home and community based services to older citizens and their caregivers in our 19 county region. The AAA is committed to providing services that will advance healthier living and independence through services that offer nutrition programs, transportation, health promotion, education, and in-home services. The WCTAAA’s comprehensive system for service delivery ensures that the needs of our older adults as determined by a variety of needs assessments, surveys, and meetings.

Following are the methods of assessment that are utilized to assess the needs of the target population:

- Town Hall meetings
- Surveys are conducted on an on-going basis determine whether service delivery plans need to be amended based on needs identified by the respondents.
- Collaboration with vendors, state agencies, community based organizations and public/private sector to identify and assess individuals requiring services and supports.
- Face-to-face evaluations with participants to assess potential and existing needs.
- Case management assists in identifying a full range of services and referral agencies to meet the need of the targeted population.
- Utilizing statistics from the US Census Bureau and other internet based research studies
- Utilizing reports from the HARMONY data base system, including I, R & A logs, and
Current events, including local newspaper articles. The following is a description of the methods along with a brief synopsis of the information derived from each one.

**Consumer Needs Survey:**

The AAA conducts ongoing surveys to the targeted population at large, as well as, with consumers who have received AAA services. This allows for a complete examination the needs most requested and received from the older/disabled residents in the region. The majority of the responses, 68.20%, came directly from the individual needing assistance, with spouses at 6.28%, and a noticeable increase in adult children of seniors of 12.46%. Responding participants expressed the following services needed in order of most important: General information about benefits counseling (Medicare/Medicaid information and assistance), care coordination services and referrals, caregiver services including information on in-home and respite services, utility assistance, general housing information, and rental assistance.

**ADRC Internet Screening Survey:** The AAA partners with the ADRC to obtain needs assessment information has set up a consumer’s survey that can be accomplished via the internet. Responding participants have expressed the following service needed in order of most importance with utility assistance being highest need, followed by Veterans service assistance, residential repair, rent assistance, and advocacy. In addition, the ADRC reports that the top 2 consumers’ health conditions included persons with multiple disabilities and a physical disability.
Community Survey 1: The AAA conducts a yearly survey addressed to consumers receiving meals and/or transportation services through senior centers and social services agencies. In this survey, participants were asked to list the top three needs they see for older/disabled individuals in their communities. Results were compiled and listed in descending order from most common needs. In the past 2 years, we have seen a trend of increased home delivered meals. In this region, we have gone from a 70%+ average in congregate meals to 61% in FY15. Most noted would be in rural communities where transportation is no longer offered due to increasing cost of vehicle maintenance.

Responding participants expressed the need and importance of a lunch meal.
service activities to improve memory, physical fitness, including walking and nature walks, and an expressed interest in adding dance and/or yoga type activities. 97.4% of seniors accessing meal service said they tell others about the program.

Q17 What are some activities you would enjoy before or after your meal?

Table Games (bingo, card...)
Physical Fitness
Nutrition Classes
Dances/Socials
Exercise Classes (yog...)
Classes on smartphones...
Other (please specify)

Q8 What is your favorite cuisine? (Pick a maximum of 2)

Chinese
American (hamburgers,...)
Sandwiches
Mexican
Light Meals (fish, salad...)
Italian
Indian
Other (please specify)

An interesting fact is that “light meals” ranked third highest in choice of meal types, with American (hamburgers, pizza, hot dogs) being a strong #1. With this information the AAA Director shares these trends with meal providers, and encourages them to look at menus that include favorite items that can be prepared in a healthy way, i.e. turkey burgers. Below are compilations of all 19 providers in the region, however, each site will receive a copy of the responses specific to their community.
Community Survey 2: With a partnership with our region’s Texas Silver Haired Legislatures, a town hall meeting was held in February 2016 requesting seniors input and opinions on what was seen as areas of concern for the older individuals of the region. The town hall meeting was an intergenerational effort in addressing the needs of seniors in the region. More than 200 seniors, professionals who serve seniors, and Abilene Christian University Students attended and provided discussion in a round table atmosphere. The top 5 documented needs, in order of most importance were: Lower cost of prescription drugs; Need for more senior homes that are quipped to take care of individuals with mental illnesses such as PTSD and depression; More affordable, safe housing for seniors; Need for more funding to take care of aging veterans; Senior centers/programs that promote intergenerational involvement.

Community Survey 3: With an ongoing partnership between the AAA and the Texas Tech Area Health Education Center, a hospital survey with local patients was performed in January 2016. 72% of the respondents were 60 and above with 17% being over 85 years of age. As you will note, this is a community wide, not just senior needs survey, therefore the top 3 needs are more general in nature. However, key concerns still remain for elder care options, transportation, and affordable housing.

In addition, other concerns included healthy living needs. The top 3 including elder care, exercise, health and wellness and managing weight. All of which are related to both CMS objectives and evidence programming needs.

In your opinion, which health behaviors do people in your community need more information about?

<table>
<thead>
<tr>
<th>Answer Options (you may check more than 1)</th>
<th>Response Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating well/nutrition</td>
<td>50.0%</td>
</tr>
<tr>
<td>Exercising/fitness</td>
<td>50.0%</td>
</tr>
<tr>
<td>Managing weight</td>
<td>66.7%</td>
</tr>
<tr>
<td>Going to a dentist for check-ups/preventive care</td>
<td>25.0%</td>
</tr>
<tr>
<td>Going to a doctor for yearly check-ups and screenings</td>
<td>41.7%</td>
</tr>
<tr>
<td>Getting prenatal care during pregnancy</td>
<td>41.7%</td>
</tr>
<tr>
<td>Getting flu shots and other vaccines</td>
<td>33.3%</td>
</tr>
<tr>
<td>Preparing for an emergency/disaster</td>
<td>33.3%</td>
</tr>
<tr>
<td>Using seat belts</td>
<td>16.7%</td>
</tr>
<tr>
<td>Driving safely</td>
<td>16.7%</td>
</tr>
<tr>
<td>Quitting smoking/tobacco use prevention</td>
<td>50.0%</td>
</tr>
<tr>
<td>Child care/parenting</td>
<td>33.3%</td>
</tr>
<tr>
<td>Elder care</td>
<td>58.3%</td>
</tr>
<tr>
<td>Caring for family members with special needs/disabilities</td>
<td>50.0%</td>
</tr>
<tr>
<td>Substance abuse prevention (ex: drugs and alcohol)</td>
<td>41.7%</td>
</tr>
<tr>
<td>Suicide prevention</td>
<td>25.0%</td>
</tr>
<tr>
<td>Stress management</td>
<td>41.7%</td>
</tr>
<tr>
<td>Anger management</td>
<td>25.0%</td>
</tr>
<tr>
<td>Domestic violence prevention</td>
<td>50.0%</td>
</tr>
<tr>
<td>Crime prevention</td>
<td>41.7%</td>
</tr>
</tbody>
</table>
Consumer Satisfaction Survey: The AAA mails out a consumer satisfaction survey to older/disabled individuals, as well as, calls consumers who have accessed our services. The first section addresses general personal activities they needed assistance with. Areas in which the respondents felt were highest of their needs were: 1) assistance with Medicare Part D, 2) assistance with supplemental services, and 3) health care assistance.

Access and Assistance Program Review: The AAA Access and Assistance program staff continually identify and assist consumers with their unmet needs. Listed are the most commonly reported consumer needs:

- Case Management: residential repair, medical (vision, hearing, dental), income support, assistance with utilities and rent, homemaker services, specialized home delivered meals.
- Benefits Counseling
- Ombudsman: particularly for resident housing options
- Information, Referral & Assistance
- Caregiver: Support groups in outlying areas, additional caregiver education

In FY15, consumers reported the following to the AAA Director via anonymous surveys. AAA staff strive to maintain high levels of satisfaction, watch trends to ensure services offered are meeting the needs of older adults, especially those with a disability, those who suffer from Alzheimer’s, and caregivers, including grandparents raising grandchildren. Of those surveyed, 43% were referred to the AAA from another partner agency, with an additional 30% being referred by a friend or family member who knew or experienced services through the AAA. 96% of those respondents reported that they were highly satisfied with the staff and the service delivery time frame. In addition 97% strongly agreed that they were treated with respect and professionally. 95% said they would definitely recommend the AAA to others. Below you can view the services that were accessed in FY15 by the survey respondents. Prescription assistance and Caregiver services were the top 2 services. A strong trend continues in referrals and calls requesting assistance with prescription and or medical treatment costs.
SETTING SERVICE PRIORITIES

The AAA received 3,534 survey responses in FY15 and to date 1,205 for FY16 up from 1,078 returned surveys in FY13. In addition, input was gathered from community based partners, staff, and advisory board members. Top needs continue to be noon time meals programs for both congregate and home delivered, utility and rental assistance, information of available community services, of the medical assistance category, dental needs are the most requested; legal assistance, and residential repairs. In speaking with the I, R & A Specialist, those seniors needing residential repairs, the repairs are extensive. Far beyond the funding capability of the AAA. Replacing leaking roofs is the number one request. This would be due to a region of homes that are primarily built pre-1970, with little growth in small communities that would bring in new housing developments. Homemaker services remain high on the list of needs, as it has for many years. All of these needs, with the exception of dental assistance, are priority needs according to the Older Americans Act.

Currently, all of the above mentioned services are being provided throughout the 19 county region. Service priorities are set by a team of case managers and the AAA Director when establishing the AAA Planning budget. Assessed needs are placed in priority levels, then available funding is distributed accordingly. For services that are needed, even though not seen as the highest need, for the previous year, the budget will reflect a small amount of funding accordingly. While the traditional view of caregiver support focuses on the needs of the older adult in need of care, an increasing trend is being seen in the older adult playing a key role in caring for younger family members under the age of 18, grandparents raising grandchildren. While perhaps in poor health already, they now have an added strain resulting in declining health. The AAA is committed to providing a variety of accessible support services, including information and assistance, support groups, health and wellness training and education, respite care via vendor, institutional, or voucher and supplemental resources such as financial assistance with day care or school supplies for low income grandparents. In response to identified needs, congregate and home delivered meals continue to provide socialization and nutrition. Without this vital service, especially to those that are frail and homebound, maximum independence could not be achieved. Although transportation services are limited in the very rural areas of our region, AAA staff will continue to work with providers and funders in bringing services to this region. Case management services will continue to provide needs assessment, developing care plans to fit the needs of our consumers, with follow-up and reassessment as necessary to ensure our consumers have quality services, delivered in a timely and professional manner and to the satisfaction of the senior. In home services such as homemaker and chore maintenance are vital to assisting those who can no longer lift, stand for a length of time, or are frail remain in their home independently. Although respite services are very needed, staff are tasked with educating caregivers in accepting respite services to ensure their health and wellbeing as well of the loved one they are caring for. In FY17, staff will be focusing on “out of the norm” education avenues to increase awareness about AAA caregiver services. As noted at the TSHL Town hall meeting, one of the highest requests for senior services was for caregiver education in regards to Medicare, how it works, how to complete applications, and how to advocate for their loved one(s). In addition, although services requested by grandparents raising grandchildren is low, staff will continue to outreach and educate grandparents of available services, especially those grandparents raising grandchildren with a disability. It is important to note, that evidence based programs are vital to all areas of service to older adults, be it for caregivers, or consumers suffering from a chronic disease, these designed activities boost a healthier lifestyle which in turn will enable seniors and caregivers to remain independent and in the homes and communities.

When setting service priorities conversations are also held with key partners that provide assistance in high need areas. Discussions include upcoming budgets to review how services can be accessed and provided to our seniors in an effective manner. For instance, Rolling Plains Management, a

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Community Action Program, works closely with AAA case managers for utility assistance. They continue to be awarded additional funding to provide up to six months of utility assistance for very low income individuals over the age of 60. With this resource, the AAA budget and services can then be redirected toward residential repair needs and prescription assistance.

With the collective data, two recurring needs emerged out of the norm. The first being a lack of accessible physicians, especially specialists, throughout the region. In addition, a large number of physicians are no longer accepting Medicare/caide and are specifically trained in geriatric health care. As we see, hear, and have documented needs of older adults in our region, one is unclear how this region will continue to maintain our growing senior population. Recent national survey results show that seniors, especially those who work after 65, are retiring where they last worked. With growing senior numbers, general and specialized geriatric care poses a problem for seniors who have lived the majority of their adult life in the region and will not be able to maintain independence in this region.

AAA staff will continue to work with community leaders, partners such as hospitals, rural health care clinics, and the Area Health Education Center in finding a solution to a critical medical needs and accessibility issues for the ever growing older adult population in West Central Texas. Anticipated changes for the region included an increase access and information of services through the AAA in a variety of manners. Two contributing factors to an increase in consumer needs has been through the partnership with the ADRC, and increased awareness activities targeting our smaller, rural communities. It is proving successful for caregivers, older adults, and person with disabilities in accessing information through the ADRC webpage. The survey tool that ADRC utilizes generates information and contact information for those seeking information on regional services. ADRC staff can then refer those individuals, eligible for the AAA's services, in a timely and effective manner.
Local Strategies Supporting Program Goals and State Strategies

Section A. Area Agency on Aging Administration

ACL/AoA Focus Area(s): Focus Area 1

State Objective: Objective #1 – Intake, Access and Eligibility

Local Goal: Coordinate and promote Title III programs and services to persons over 60 with special attention to minority, low income and disabled older adults residing in rural West Central Texas.

Local Objective #1: To ensure contractual obligations, advocacy efforts and performance accountability. To analyze data and ensure that those targeted populations most vulnerable (minority, low income, disabled, Alzheimer’s patients) are being served.

Local Strategy #1A: Provide training and education to staff who can then work with partners concerning needs, eligibility, and delivery of services to older adults.

Staff Position(s) Responsible for Strategy: AAA Director, Program Manager, Lead Service Coordinator

Measurable Outcome:
1. Monthly staff meetings that include development activities
2. Ensure policies and procedures are an actual reflection of staff delivering services and are in accordance with requirements of the Older Americans Act, Texas Administrative Code, and DADS
3. Ensure that staff are provided a copy of the AAA Approved Area Plan to best understand their role in accomplishing the overarching goals of the AAA once approved by DADS.
4. Hold cross training opportunities at Round Table meetings held quarterly.

OAA Assurances: 306(a)(5); 306(a)(6)(A); 306(a)(4)(A)(B)

Local Strategy #1B: Ensure performance accountability

Staff Position(s) Responsible for Strategy: AAA Director, AAA Program Manager, Care Coordinator, Caregiver Coordinator, Benefits Counselor, I, R & A Specialist, Data Specialist

Measurable Outcome:
1. Quarterly meetings reviewing performance reports generated from Harmony data system
2. Involve staff in developing performance goals when planning budgets received
3. Meet deadlines
4. Evaluate positions semi-annually, hire if necessary
5. As a best practice daily data entry into Harmony data systems is desired, however not always achievable. Data entry must be completed for a month no later than the 10 of the following month of services.

OAA Assurances: 306(a)(1); 306(a)(4)(B),(C)

West Central Texas AAA
Local Strategy #1C: Foster good working relations, partnerships and collaborations to disseminate developed programs and services focalized on themes of interest, needs, and concerns of older adults.

Staff Position(s) Responsible for Strategy: AAA Director, AAA Program Manager, Care Coordinator, Caregiver Coordinator, Benefits Counselor, I, R & A Specialist, Data Specialist, Ombudsman staff

Measurable Outcome:
1. Encourage attendance and involvement of AAA Citizens Advisory Committee members through electronic and snail mail quarterly at a minimum.
2. Utilize technology to interact with partners to disseminate information.
3. Implement a network system for immediate release of critical information by the June 2015.
4. Organize and/or attend meetings to encourage involvement in dissemination of information as a collective partnership monthly.

OAA Assurances: 306(a)(1); 306(a)(4)(A), (B); 306(a)(6)(B)(D); 306(a)(5); 306(a)(7)(A)

Local Strategy #1D: Transition meals providers to an enhanced collection of data and reporting.

Staff Position(s) Responsible for Strategy: AAA Director, Data Specialist

Measurable Outcome:
1. Encourage attendance and involvement in quarterly meal provider meetings.
2. Utilize technology to interact with vendors to disseminate information on a daily basis.
3. Encourage involvement in dissemination of information within the vendor relationship
4. Analyze data collection processes in its entirety to pinpoint areas in need of improvement annually.

OAA Assurances: 306(a)(1); 306(a)(4)(A), (B); 306(a)(6)(B)(D); 306(a)(5); 306(a)(7)(A)

Local Strategy #1E: Optimize health and well being of vulnerable populations, specifically those receiving home delivered meals.

Staff Position(s) Responsible for Strategy: AAA Director, Program Manager, Caregiver Coordinator, Data Specialist

Measurable Outcome:
1. Educate and train vendors/providers about evidenced based programming to ensure implementation of health promotion programs that prove to be effective for improving the health and well-being or reduce disease, or injury quarterly.
2. Utilize technology to interact with vendors to disseminate information.
3. Provide health and wellness information via the AAA website to ensure access by those that are homebound or for caregivers – ongoing.
4. Encourage involvement in dissemination of information within the vendor relationship.

OAA Assurances: 306(a)(1); 306(a)(7)(C); 306(a)(13)(A)(D)
ACL/AoA Focus Area(s): Focus Area 2

State Objective: Objective #1

Local Goal: Coordinate and promote Title III and Title VII programs and services to persons over 60 with special attention to minority, low income and persons with Alzheimer's disease or other related disorder, those living in their communities independently or residing in nursing homes, assisted living facilities, or other institution.

Local Objective #1: To ensure contractual obligations, advocacy efforts and performance accountability.

Local Strategy #1A: Develop relationships with public, private, education systems to integrate programs and provide services in a streamlined fashion with referral processes in place.

Staff Position(s) Responsible for Strategy: AAA Director, Program Manager, Caregiver Coordinator, Ombudsman staff, Benefits Counselors, Care Coordinators, Ombudsman, I, R & A Specialist

Measurable Outcome:

1. Ensure staff and/or volunteers are provided the opportunity to attend webinars and trainings made available by partners such as, but not limited to, the ADRC and Alzheimer’s Association electronic method as they become available.

2. Provide Cross training opportunities between agencies who are receiving like funding to establish a streamlined method for delivery of services, such as Money Follows the Person between Ombudsman and ADRC’s Local Contact, Options Counselors, and outreach staff semi-annually. Currently there is not a formal Community based Care Transitions Program, however the ADRC collaborates daily with AAA staff in providing services to OAA populations that are Veterans.

3. Hold training opportunities for volunteers, nursing facility staff, AAA, and partner agency staff to disseminate program information semi-annually.

4. To coordinate with local health care facilities, assisted living homes, partner agencies, and senior centers to promote healthy choices and provide information on chronic disease management.

5. AAA staff to coordinate with ADRC in the implementation on improved service access as initiated in the Balancing Incentive Program.

OAA Assurances: 306(a)(1); 306(a)(2)(A); 306(a)(7)(A)(D)

ACL/AoA Focus Area(s): Focus Area 3

State Objective: Objective #1

Local Goal: Provide person centered services and choice.
Local Objective #1: To provide choice and direction to consumers and caregivers when making decision concerning short or long term care decision.

Service: All AAA Services

Local Strategy #1A: Educate staff and volunteers in the philosophy of providing services with a focus on the needs and desires of the resident.

Staff Position(s) Responsible for Strategy: AAA Director, Program Manager, Caregiver Coordinator, Ombudsman staff, Benefits Counselors, Care Coordinators, Ombudsman, I, R & A Specialist

Measurable Outcome:

1. Provide training opportunities specific to a person centered service delivery system from point of contact with consumer or caregiver annually

OAA Assurances: 306(a)(1); 306(a)(16)

ACL/AoA Focus Area(s): Focus Area 4

State Objective: Objective #1

Local Goal: Implement a multi-disciplinary approach to effectively respond to elder abuse, exploitation, and neglect

Local Objective #1: To ensure that key partners, volunteers, and staff have knowledge of the processes necessary to respond/report abuse, exploitation, or neglect.

Service: All AAA services

Local Strategy #1A: To collect information from partners across all avenues including APS, legal assistance, law enforcement, health care, financial institutions, and other social service agencies annually.

Staff Position(s) Responsible for Strategy: Ombudsman staff

Measurable Outcome: Create a “response booklet” by the September 2016 that is made available to staff and AAA partnering agencies both in electronic and paper versions.

OAA Assurances: 306(a)(1); 306(a)(13)(B)(D)
Section B. Long-term Care (LTC) Ombudsman Services

ACL/AoA Focus Area(s): Focus Area 1

State Objective: Objective #1

Local Goal: To provide advocacy services that identify, investigate, and resolve complaints or concerns made by, or on behalf of residents of nursing and assisted living facilities through trained and certified volunteers and staff.

Local Strategy #1A: Provide and/or ensure staff volunteers, and ADRC partner are aware of regional resources to serve and/or advocate for residents

Staff Position(s) Responsible for Strategy: Managing Local Ombudsman, Ombudsman staff, Certified Ombudsman volunteers

Measurable Outcome: Cross train Ombudsman and ADRC Options Counselor, and LCA concerning roles within the restrictions of Money Follows the Person specific to each entity annually or as needed.

OAA Assurances: 306(a)(11)(B)(C); 306(a)(9); 306(a)(7)(A)

Local Strategy #1B: Certified staff and volunteers conduct quarterly visits to assisted living and nursing home facilities to advocate on the behalf of long term care residents and/or family members.

Staff Position(s) Responsible for Strategy: Managing Local Ombudsman, Ombudsman staff, Certified Ombudsman volunteers

Measurable Outcome: To meet performance measures as determined by the DADS State Ombudsman Department.

OAA Assurances: 306(a)(9); 306(a)(8); 306(a)(7)(A)

Local Strategy #1C: Identify, investigate and resolve complaints

Staff Position(s) Responsible for Strategy: Managing Local Ombudsman, Ombudsman staff, Certified Ombudsman volunteers

Measurable Outcome:

1. Meet approved performance measures as determined by the DADS State Ombudsman Department.
2. Ombudsman staff must input case file information into the HARMONY/Ombudsman database system daily and no later than the 10th day of the following service month.
3. Ombudsman staff to coordinate with the State Ombudsman staff and Texas Department of Health and Human Services Department to develop efficient referral systems, communication, and problem solving procedures annually.

OAA Assurances: 306(a)(1); 306(A)(9); 306(a)(10); 306(a)(7)(B)

Local Strategy #1D: Recruit, train, and retain certified volunteer ombudsman
Staff Position(s) Responsible for Strategy: Managing Local Ombudsman, Ombudsman staff
Measurable Outcome:
1. Meet approved performance measures as determined by the DADS State Ombudsman Department.
2. Coordinate with community leaders and faith based organizations to recruit potential volunteers
3. Begin training to a potential volunteer within 30 days of shown interest
4. Increase the number of certified volunteer ombudsman by 5% annually.

OAA Assurances: 306(a)(1); 306(a)(7); 306(a)(9); 306(a)(6)(E)(iii)

ACL/AoA Focus Area(s): Focus Area 2

State Objective: Objective #1

Local Goal: Collaborate with partnering agencies with a focus on residents' rights, possible relocation of residents, and advocacy

Local Strategy #1A: Provide and/or ensure staff volunteers, and partners are aware of regional resources to serve and/or advocate for residents

Staff Position(s) Responsible for Strategy: Managing Local Ombudsman, Ombudsman staff, Certified Ombudsman volunteers

Measurable Outcome:
1. Staff to meet with partnering agency to provide education of Ombudsman services quarterly.
2. Cross train Ombudsman and ADRC Long Term Services and Supports Coordinator.
3. Hold training opportunities for volunteers, nursing facility staff, AAA, and partner agency staff annually or as needed.

OAA Assurances: 306(a)(1); 306(a)(9)(10)(12); 306(a)(11)(B); 306(a)(7)(D); 306(a)(6)(F)
ACL/AoA Focus Area(s): Focus Area 3

State Objective: Objective #1

Local Goal: Provide person centered advocacy

Local Objective #1: To have a regular presence in nursing facilities and assisted living homes ensuring equitable access for residents to express their concerns, needs, or complaints.

Local Strategy #1A: Educate staff and volunteers in the philosophy of providing services with a focus on the needs and desires of the resident.

Staff Position(s) Responsible for Strategy: AAA Director, Managing Local Ombudsman, Ombudsman staff, Certified Ombudsman volunteers

Measurable Outcome: Provide training opportunities specific to a person centered service delivery system from point of contact with resident annually to staff and volunteers.

OAA Assurances: 306(a)(1); 306(a)(16); 306(a)(2)(A)

ACL/AoA Focus Area(s): Focus Area 4

State Objective: Objective #1

Local Goal: Implement a multi-disciplinary approach to effectively respond to elder abuse, exploitation, and neglect

Local Objective #1: To ensure that key partners, volunteers, and staff have knowledge of the processes necessary to respond/report abuse, exploitation, or neglect.

Local Strategy #1A: To collect information from partners across all avenues including APS, legal assistance, law enforcement, health care, financial institutions, and other social service agencies annually

Staff Position(s) Responsible for Strategy: Ombudsman staff

Measurable Outcome: Create a “response booklet” by the September 2016 that is made available across all AAA partnering agencies both in electronic and paper versions.

OAA Assurances: 306(a)(12); 306(a)(14); 306(a)(5); 306(a)(6)(B)

West Central Texas AAA
Section C. Access and Assistance Services

ACL/AoA Focus Area(s): Focus #1

State Objective: Objective #1

Local Goal: To ensure a quality service delivery system

Local Objective #1: The AAA will recruit, train and retail a skilled workforce and volunteer base.
Service: All AAA Services

Local Strategy #1A: Provide training and guidance to staff to empower them in the delivery of quality services to older adults.
Staff Position(s) Responsible for Strategy: AAA Director, and assistance when needed for specific training of new staff.

Measurable Outcome:
1. Review performance measures when upcoming planning budgets are received
2. Provide feedback to staff on performance monthly through the utilization of Harmony reports.
3. Staff to attend ongoing training opportunities and partner meetings to ensure current information from local, state, and non-profit service agencies.
4. Case files reflected in the Harmony database are to be updated daily and no later than the 10th of the following month’s service.
5. Ensure staff are coordinating together with partners and other AAA staff to provide outreach events, health fairs, meetings, and trainings.
6. The projected number of unduplicated clients will be met within the plus or minus 5% variance as stated in performance projections submitted to DADS.

OAA Assurances: 306(a)(1); 306(a)(2)(A)

ACL/AoA Focus Area(s): Focus Area 1

State Objective: Objective #1

Local Goal: Provide a locally based system that connects people with services and benefits they need through care coordination, caregiver coordination, general information, referral assistance, legal assistance, advocacy, ombudsman services, and information regarding health and wellness.
**Local Objective #1:** To maintain the West Central Texas's locally based access and assistance service delivery system by connecting older people with integrated services and benefits with a focus on serving those that are low income, minority, or limited English speaking.

**Service:** Information and Assistance

**Local Strategy #1A:** Empower older individuals, their family members, and other consumers by providing resource information to make informed choices and provide access to short and long term care options.

**Staff Position(s) Responsible for Strategy:** AAA Director, Ombudsman staff, Benefits Counselors, Care Coordinators, Data Specialist, Caregiver & Wellness Coordinator, I, R & A Specialist

**Measurable Outcome:**

1. Maintain approved performance measures +/-5% annually of the previous fiscal years’ service level.
2. Monthly outreach/education events will take place throughout the region in a multi-disciplinary approach to ensure all services are equitably disseminated.
3. Collaborate with partners to obtain up to date information on available resources.
4. Enter data into the Harmony database system no later than the 10th day of the following month of services/calls.
5. Provide monthly public awareness through print, internet, and radio.

**OAA Assurances:** 306(a)(1); 306(a)(2); 306(a)(2)(A)(B)(C); 306(a)(3)(A); 306(a)(4)(A)

**ACL/AoA Focus Area(s):** Focus Area 1

**State Objective:** Objective #1

**Local Goal:** To coordinate within and outside of the organization to ensure older adults have access to all needed services, including care coordination, caregiver coordination, general information, referral assistance, legal assistance, advocacy, ombudsman services, and information regarding health and wellness.

**Local Objective #1:** Provide seniors with information and assistance through an assessment of their needs and evaluating appropriate resources available within their communities. Follow up is provided to ensure older persons have acquired needed assistance or services.

**Service:** Care Coordination, Caregiver Coordination, Legal Awareness/Assistance

**Local Strategy #1A:** The case managers will coordinate with and participate in various coalitions, workgroups, committees, community meetings to foster innovative program development ensuring that the AAA serves as a primary advocate for older adults and caregivers.

**Staff Position(s) Responsible for Strategy:** AAA Director, Program Manager, Care Coordinators, Caregiver Coordinator, Benefits Counselors, Ombudsman staff
**Measurable Outcome:**

1. Meeting and outreach event logs maintained to ensure that staff are equitably serving on committees, attending training opportunities and educating partners on AAA services.
2. Quarterly Advisory Council meetings will take place encouraging members to be involved in the advocacy and assurance of Area Plan implementation.
3. Consumer records monitored at least annually.
5. Annual needs assessment distributed through the meal provider system.

**OAA Assurances:** 306(a)(2)(B),(C), 306(a)(3)(B)

**ACL/AoA Focus Area(s):** Focus Area 1

**State Objective:** Objective #1

**Local Goal:** To coordinate with meals and transportation providers to ensure OAA target population are obtaining quality services, within guidelines and services are available throughout the region. In addition, that the meals provider locations/senior centers are a focal point to access information and/or assistance to AAA

**Local Objective #1:** Provide seniors with information and assistance through an assessment of their needs and evaluating appropriate resources available within their communities. Follow up is provided to ensure older persons have acquired needed assistance or services.

**Service:** Congregate Meals

**Local Strategy #1A:** The case managers will coordinate with meal provider staff to bring information to or provide health and wellness activities with consumers.

**Staff Position(s) Responsible for Strategy:** AAA Director, Program Manager, Care Coordinators, Caregiver Coordinator, Benefits Counselors

**Measurable Outcome:**

1. Meeting and outreach event logs maintained to ensure that staff are providing opportunities to senior centers
2. Annual needs assessment distributed through the meal provider system.
3. Information is provided to senior centers via paper or electronic methods.
4. Open enrollment events are coordinated with senior center staff annually.

**OAA Assurances:** 306(a)(3)(A),(B), 306(a)(6)(B),(C),(E),(F), 306(a)(12)
ACL/AoA Focus Area(s): Focus Area 1

State Objective: Objective #1

Local Goal: To coordinate with providers, partners, and privately owned businesses to provide legal awareness and assistance to individuals over 60 or under 60 with a disability in seeking knowledge concerning Medicare/ Medicaid to make informed choices.

Local Objective #1: Provide appropriate information and assistance surrounding legal awareness, Medicare/ Medicaid services for older adults and individuals with a intellectual disability through an assessment of their needs and evaluating their circumstance on an individualized basis.

Service: Legal awareness; Legal Assistance +/- 60 and persons with an intellectual developmental disability.

Local Strategy #1A: Provide quality information to consumers

Staff Position(s) Responsible for Strategy: Certified Benefits Counselors and volunteers

Measurable Outcome:

1. Meeting and outreach event logs maintained to ensure that staff are providing opportunities to senior centers
2. Collaborating with community partners, including health care providers, social service agencies, and pharmacies, to establish outreach events throughout the year and specifically during annual Open Enrollment
3. Medicare information is provided to senior centers via paper or electronic methods.
4. Open enrollment events are coordinated with senior center staff annually.

OAA Assurances: 306(a)(2)(C); 306(a)(1); 306(a)(2)(A); 306(a)(4)(B)(C); 306(a)(5); 306(a)(6)(B)

Local Strategy #1B: The AAA will recruit, train, and retain certified benefits counseling staff.

Staff Position(s) Responsible for Strategy: All Staff except for Ombudsman

Measurable Outcome:

1. The AAA will ensure the unduplicated number of Legal Assistance clients will continue to increase at least 1% annually.
2. Benefits counselors will train certification annually as outlined in DADS benefits counseling I/II training manuals.
3. Certified staff will utilize the Legal Hotline of Texas to provide legal consultation, support, and back-up information.
4. Staff will maintain working relationships with other State and community agencies including mental health agencies and assist older persons and/or their caregivers in obtaining public benefits and rights under applicable Federal and State laws and regulations.

OAA Assurances: 306(a)(2)(C); 306(a)(1); 306(a)(4)(A)(B)(C)

West Central Texas AAA
ACL/AoA Focus Area(s): Focus Area 1

State Objective: Objective #1

Local Goal: To provide quality services within the needs of the consumer based on assessments by AAA staff, qualified vendors, or partnering agency trained staff.

Local Objective #1: Provide services to older adults based on their specific needs and situation.

Service: Care Coordination, Caregiver Coordination.

Local Strategy #1A: Provide quality services to consumers through the needs assessments determined by service definition.

Staff Position(s) Responsible for Strategy: Care Coordinators, Caregiver & Wellness Coordinator

Measurable Outcome:

1. All services requiring assessments will be performed in a timely manner, with services following as determined by the desires and needs of the consumer.
2. Case file reviews will be performed annually to ensure service delivery includes required assessments.
3. The AAA will procure a vendor agreement for participation assessment in rural areas, where it is not economically efficient to have AAA staff travel to do assessment, which requires provider to comply with DADS, TAC, and OAA policies and procedures and reporting requirements; the agreement will authorize provider to do intake and assessment documentation, which is then sent to AAA for review, approval and service authorization and require provider to contact AAA if client indicates problem or change in circumstances.

OAA Assurances: 306(a)(1); 306(a)(2)(A); 306(a)(2)(B); 306(a)(4)(A)(B)(C); 306(a)(5)

ACL/AoA Focus Area(s): Focus Area 1

State Objective: Objective #1

Local Goal: To provide information concerning AAA services and caregiver services in a collaborative and effective, regional manner.

Local Objective #1: Provide services to older adults based on their specific needs and situation.

Service: Care Coordination, Caregiver Coordination.
Local Strategy #1A: Provide quality information to consumers

Staff Position(s) Responsible for Strategy: AAA Director, Program Manager Care Coordinators, Caregiver & Wellness Coordinator, I, R & A Specialist

Measurable Outcome:
Meeting and outreach event logs maintained
Collaborating with community partners, including health care providers, social service agencies, and pharmacies, to establish outreach events throughout the year
Assessments provided as required by service definition

OAA Assurances: 306(a)(1); 306(a)(2)(A); 306(a)(2)(B); 306(a)(4)(A)(B)(C); 306(a)(5)
Section D. Services to Assist Independent Living

ACL/AoA Focus Area(s): Focus # 1

State Objective: Objective # 2

Local Goal: To provide care coordination services through collaborations with State, local, faith and community based agencies, including partnerships such as the ADRC and Community Action Programs to leverage funding and service provision ensuring older adults have access to services to remain independent in their home and community.

Local Objective #1: The AAA will recruit, train, and retain skilled and qualified personnel that works closely with partners to assist in the development of the AAA Area Plan.

Service: Care Coordination

Local Strategy #1A: Obtain relevant information such as consumer satisfaction, needs, and concerns to ensure a services are matching current needs trends.

Staff Position(s) Responsible for Strategy: AAA Director, Program Manager, Care Coordinators, Benefits Counselors, I, R & A Specialist, Ombudsman staff, Data Specialist

Measurable Outcome:
1. Conduct annual needs assessment to identify service category priorities.
2. Ensure a trained and qualified workforce at minimum levels, based on available annual funding.
3. Facilitate a local collaborative network of service providers, including the ADRC, to improve service delivery and promote a coordinated system of services, leveraging resources, and system integration, advocacy, and outreach targeting older adults.

OAA Assurances: 306(a)(1); 306(a)(2)(A); 306(a)(2)(B); 306(a)(4)(A)(B)(C); 306(a)(5); 306(a)(7)(D); 306(a)(8)(A)(B)(C)

Local Strategy #1B: Provide a care coordination program that specifically targets frail and low income older adults who live very rurally.

Staff Position(s) Responsible for Strategy: AAA Director, Program Manager, Care Coordinators

Measurable Outcome:
1. Case notes reflect that the care plan is effective and addresses the need of the consumer, that care is arranged in a timely manner, and follow up services are provided for any unmet needs.
2. Coordination efforts reflected in the case file include appropriate referrals.
3. Staff collaborate with a network of service providers and partners, including the ADRC, to improve service delivery and promote a coordinated system of services, leveraging resources, and system integration, advocacy, and outreach targeting older adults.
4. Services are coordinated with DADS Community Service for long term service needs, as appropriate. Coordination efforts are reflected in the case notes.
5. Data is reviewed quarterly with readiness of the Quality Performance Report
6. Annual file monitoring

OAA Assurances: 306(a)(1); 306(a)(2)(A); 306(a)(2)(B); 306(a)(4)(A)(B)(C); 306(a)(5); 306(a)(7)(D); 306(a)(8)(A)(B)(C)

ACL/AoA Focus Area(s): Focus # 1

State Objective: Objective # 2

Local Goal: To provide caregiver information services by disseminating information through established partnerships with accurate and relevant information to informal caregivers, grandparents or relatives caring for children under the age of 18.

Local Objective #1A: To provide regular, ongoing information to caregivers through a multifaceted approach.

Service: Caregiver Information Services

Local Strategy #1A: Provide information via publications, large group presentations, seminars/symposiums, and health care fairs utilizing mass media, websites, and partner agency publications to distribute caregiver specific information.

Staff Position(s) Responsible for Strategy: AAA Director, Program Manager, Caregiver Coordinator

Measurable Outcome:

1. Provide information on the AAA and ADRC websites.
2. Provide training to all AAA and co-housed ADRC staff on Caregiver Information Resources.
3. Facilitate a local collaborative network of service providers, including the ADRC, to promote relevant caregiver information.
4. Provide monthly outreach activities targeting different sub-regions in the 19 counties throughout the year.

OAA Assurances: 306(a)(1); 306(a)(2)(A); 306(a)(2)(B); 306(a)(4)(A)(B)(C); 306(a)(5); 306(a)(7)(D); 306(a)(8)(A)(B)(C)
ACL/AoA Focus Area(s): Focus # 1

State Objective: Objective # 2

Local Goal: To provide caregiver respite care, in home service, institutional, voucher - that complies with the TAC and DADS current AAA Service Definitions by providing services on a short-term, temporary basis while the primary caregiver is unavailable or need relief. Services will be provided in the caregiver and/or care recipient’s home environment. Special focus on service delivery to Grandparents Raising Grandchildren.

Local Objective #1: To provide respite service to allow the caregiver to attend to personal needs, Special focus to provision of services to Alzheimer’s patients or those with related disorders.

Service: Caregiver Information Services – In – home

Local Strategy #1A: Provide in home respite care based on assessment of care giver needs allowing reduced stress, reduce risk of premature institutional placement, and caregivers continued employment while providing care to loved ones in their home.

Staff Position(s) Responsible for Strategy: AAA Director, Program Manager, Caregiver Coordinator

Measurable Outcome:

1. The number of caregivers/care recipients receiving respite services will increase annually by 5%.
2. Respite services will be provided by vendors with current approved vendor agreement.


Local Objective #1B: Provide voucher respite care based on assessment of care giver needs and choice of respite provider to include an individual that the caregiver and/or older adult are comfortable with staying in the home. The allows for reduced stress and can accommodate special needs of care recipient, reducing the risk of premature institutional placement, and caregivers continued employment while providing care to loved ones.

Service: Respite Voucher

Staff Position(s) Responsible for Strategy: Caregiver Coordinator

Measurable Outcome:

1. The number of caregivers/care recipients receiving respite services will increase annually by 5%.
2. Respite services will be provided by vendors with current approved vendor agreement.

Local Strategy 1C: Provide institutional respite care based on assessment of care giver needs and choice of respite provider that is professionally equipped to provide adequate respite services for recipients with high medical needs.

Service: Caregiver Respite Care – Institutional

Staff Position(s) Responsible for Strategy: Caregiver Coordinator

Measurable Outcome:

1. The number of caregivers/care recipients receiving respite services will increase annually by 5%.
2. Respite services will be provided by through a qualified vendor providing approved services in an institutional setting.


ACL/AoA Focus Area(s): Focus # 1

State Objective: Objective # 2

Local Goal: To provide residential repair services that comply with the TAC and the current AAA Service Definitions by repairing or modifying dwellings occupied by older adults that are essential for maintaining health, safety, and independence resulting in a higher quality of life.

Local Objective #1: To assess the needs of older adults to effectively plan and arrange for residential repairs that will enable the consumer to remain safely in their home and continue to live an independent life.

Service: Residential Repair

Local Strategy #1A: Provide residential repair services for persons over 60 including repairs that are necessary to the health and safety of the consumer; adapting structures to meet the needs of older adults with disabilities; weatherization repairs to conserve energy, provide alternative energy sources, or repair from the effects of weather; repair or replace essential plumbing lines or fixtures; safety modifications that prevent accidents, fires, or intrusion; or replacement of essential appliances to sustain healthy and independent living..

Staff Position(s) Responsible for Strategy: Care Coordinator, Caregiver Coordinator

Measurable Outcome: Based on current needs assessments the number of residential repairs will increase by 5% annually.

OAA Assurances: 306(a)(1); 306(a)(2)(A); 306(a)(2)(B); 306(a)(4)(A)(B)(C); 306(a)(5); 306(a)(7)(D); 306(a)(8)(A)(B)(C)
ACL/AoA Focus Area(s): Focus #1

State Objective: Objective # 2

Local Goal: To provide income/financial support services that comply with the TAC and the current AAA Service Definitions by providing financial assistance via a third party provider for services or goods that support or supplement the basic needs of older adults or their caregivers.

Local Objective #1: To assess the needs of older adults or their caregivers to provide services.  
Service: Income Support Services

Local Strategy #1A: Staff will work with partnering agencies to ensure that services can not be obtained elsewhere. If coordination efforts do not result in finding an alternative resource for payment, the AAA will provide the service.

Staff Position(s) Responsible for Strategy: Care Coordinator, Caregiver Coordinator

Measurable Outcome: Based on current needs assessments the number of income support payments will increase by 5% annually, assuming funding is available.


ACL/AoA Focus Area(s): Focus #1

State Objective: Objective #2

Local Goal: To provide homemaker services in accordance with the TAC and the current AAA Service Definitions by providing services to older adults involving the housekeeping and home management, meal preparation, or shopping assistance. Assistance is provided to older adults who can no longer perform these activities and require assistance to remain in their home.

Local Objective #1: To assess the needs of older adults and effectively plan and arrange for services as appropriate.

Service: Homemaker Services

Local Strategy #1A: Provide homemaker services to eligible older adults based on need to reduce the risk of premature institutional placement while promoting independence and quality of life.

Staff Position(s) Responsible for Strategy: Care Coordinator, Caregiver Coordinator

Measurable Outcome: Based on current regional needs assessments services will increase by 5% annually, assuming funding is available.

West Central Texas AAA
ACL/AoA Focus Area(s): Focus #1

State Objective: Objective #2

Local Goal: To provide home delivered meals, within Dietary Reference Intake guidelines, through a locally based system of nutrition providers reducing food insecurity and assisting in the independence of homebound seniors or other eligible participants in a cost effective manner.

Local Objective #1: Coordinate services with vendors and DADS Common Meal Providers.

Service: Home delivered meals

Local Strategy #1A: Staff will work with vendors and DADS Common Providers to ensure meal provision to those homebound.

Staff Position(s) Responsible for Strategy: Data Specialist

Measurable Outcome:

1. Implement annual evaluation of meal provider sites in conjunction with DADS Common Providers annually.
2. Annual evaluation to take place for all providers to ensure food safety, DRI compliance, menu planning, and compliance with all local, state, and federal guidelines, laws, rules, and regulations.


ACL/AoA Focus Area(s): Focus #1

State Objective: Objective #2

Local Goal: To provide low income, rural older adults with health maintenance items that are not covered by insurance but are needed for the consumer to remain healthy and independent.

Local Objective #1: Coordinate health maintenance services with vendors. Service: Health Maintenance

Local Strategy #1A: Outreach to homebound and low income older adults to ensure most vulnerable populations are served.

Staff Position(s) Responsible for Strategy: Care Coordination

West Central Texas AAA
Measurable Outcome:

1. Maintain list of vendors who provide health maintenance items annually
2. Ensure that there is a minimum of one vendor per service item
3. Annually assess highest accessed health maintenance items for planning in upcoming fiscal year.


ACL/AoA Focus Area(s): Focus #1

State Objective: Objective #2

Local Goal: To contract with service providers to provide chore services designed to assist an older individual with heavy maintenance tasks that can longer be completed. Enables the older adult to remain in independent in their home and community.

Local Objective #1: Coordinate chore maintenance services with vendors. Service: Chore Maintenance

Local Strategy #1A: Outreach to homebound and low income older adults to ensure most vulnerable populations are served.

Staff Position(s) Responsible for Strategy: Care Coordination

Measurable Outcome:

1. Maintain list of vendors who provide health maintenance items annually
2. Ensure that there is a minimum of one vendor per service item
3. Annually assess need for services and budget accordingly


ACL/AoA Focus Area(s): Focus Area 1

State Objective: Objective #2

Local Objective #1: To assess the needs of older adults, especially those with health concerns, and to provide a method to gain access to emergency services.

Local Goal: To provide a method a security to older adults through the placement of an emergency response unit.

Service: Emergency Response
Local Strategy #1A: Require coordination with approved vendor for placement of emergency response monitoring unit.

Staff Position(s) Responsible for Strategy: Care Coordinator

Measurable Outcome: Based on current regional needs assessments services will increase by 5% annually, assuming funding is available.


ACL/AoA Focus Area(s): Focus Area 1

State Objective: Objective #2

Local Objective #1: To provide health and wellness activities and information through qualified and master trained staff and volunteers.

Local Goal: To optimize the health and wellbeing of older adults through effective activities and information to improve health and reduce disease, disability and/or injury among older adults.

Service: Evidence-Based Intervention

Local Strategy #1A: To educate and train staff and volunteers to ensure compliance of program delivery Staff Position(s)

Responsible for Strategy: Care Coordinator, Caregiver Coordinator

Measurable Outcome:

1. Staff and/or volunteers remain certified to provide activities
2. Evidence programming to take place on a monthly basis.
3. Annual activities to include Matter of Balance; and Chronic Disease Self-Management
4. Data entry into the Harmony data system is to be performed daily and fully completed for the month no later than the 5th of the following month of services.

OAA Assurances: 306(a)(1); 306(a)(2)(A); 306(a)(2)(B); 306(a)(4)(A)(B)(C); 306(a)(5); 306(a)(7)(D); 306(a)(8)(A)(B)(C)

ACL/AoA Focus Area(s): Focus Area 2

State Objective: Objective #1

Local Goal: To provide demand/response transportation to older adults desiring to access a nutritious meal at a senior center empowering them to remain socially active.

Local Objective #1: To assist older individuals in maintaining their health by obtaining nutritious DRI compliant meals and nutrition education.

Service: Transportation – Demand and Response

West Central Texas AAA
Local Strategy #1A: Require providers to comply with service provision rules, regulations, licensing requirements along with DADS and OAA policies and procedures, reporting requirements, AAA service authorization and vendor agreements.

Staff Position(s) Responsible for Strategy: Data Specialist

Measurable Outcome:

1. The number of projected one-way trips will be met within +/-5% variance of DADS approved performance projections.

OAA Assurances: 306(a)(1); 306(a)(2)(A); 306(a)(2)(B); 306(a)(4)(A)(B)(C); 306(a)(5); 306(a)(7)(D); 306(a)(8)(A)(B)(C)
Section E. Nutrition Services

ACL/AoA Focus Area(s): Focus Area 2

State Objective: Objective #1

Local Goal: Provide a locally based system of nutrition services that includes meals, counseling and education designed to promote good health and to prevent illness.

Local Objective #1: To assist older individuals in maintaining their health by providing nutritious DRI compliant meals and nutrition education.

Service: Congregate Meals

Local Strategy #1A: The AAA will require provider to comply with service provision rules, regulations and licensing requirements, OAA and DADS policy and procedures including requesting waivers as necessary, and reporting requirements and AAA service authorization.

Staff Position(s) Responsible for Strategy: AAA Director, Data Specialist

Measurable Outcome:

1. The AAA will ensure the projected number of meals and unit rate will be met within +/- 5% variance.
2. The AAA will ensure that nutrition education is made available to all meal participants annually.
3. The AAA will ensure nutrition providers apply for annual waivers if they do not provide hot meals 5 days a week.


Local Goal: To provide a locally based system of nutrition services that includes meals, counseling and education designed to promote good health and to prevent illness to homebound, frail older adults or other eligible recipients.

Local Objective #1: To assist older individuals in maintaining their health and socialization by providing nutritious DRI compliant meals and nutrition education.

Service: Home Delivered Meals

Local Strategy #1B: The AAA will require providers to comply with service provision rules, regulations and licensing requirements, OAA and DADS policy and procedures including requesting waivers as necessary, and reporting requirements and AAA service authorization.

Staff Position(s) Responsible for Strategy: AAA Director, Data Specialist

Measurable Outcome:
1. *The AAA will ensure the projected number of meals and unit rate will be met within +/- 5% variance.*

2. *The AAA will ensure that nutrition education is made available to all meal participants annually.*

3. *The AAA will ensure nutrition providers apply for annual waivers if they do not provide hot meals 5 days a week.*

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<thead>
<tr>
<th>Name</th>
<th>Activity</th>
<th>Percentage of Time Spent on Activity</th>
</tr>
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<tbody>
<tr>
<td>AAA Director</td>
<td>Administrative oversight of the AAA staff ensuring the implementation of AAA services, monitoring, training, and service provision</td>
<td>70%</td>
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<tr>
<td>AAA Program Manager</td>
<td>Administrative oversight of the AAA staff ensuring the implementation of AAA services, monitoring, training, and service provision</td>
<td>70%</td>
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<tr>
<td>Data Specialist</td>
<td>Data Management</td>
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<tr>
<td>Compliance Coordinator</td>
<td>Monitoring of meals subcontractors</td>
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<td>IR&amp;A Specialist</td>
<td>Information, Referral &amp; Assistance</td>
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<td>Outreach, Legal Awareness, Legal Assistance</td>
<td>100%</td>
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<td>Certified Benefits Counselor I</td>
<td>Care Coordination, Outreach, Legal Awareness, Legal Assistance</td>
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<td>Lead Service Coordinator</td>
<td>Care Coordination, Caregiver Coordination and Benefits Counseling</td>
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<td>Service Coordinator</td>
<td>Care Coordination, Caregiver support Coordination, Outreach</td>
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<tr>
<td>Ombudsman Staff</td>
<td>Ombudsman and volunteer recruitment</td>
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Standard Assurances
ASSURANCE OF COMPLIANCE


The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.

4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

West Central Texas AAA
The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant to the above provisions.

3/29/16

Date

Tom K. Smith, Executive Director

Name and Title of Authorized Official (print or type)

3702 Loop 322

Street Address

Abilene, TX 79602

City, State, Zip Code
AFFIRMATIVE ACTION PLAN

The WEST CENTRAL TEXAS COUNCIL OF GOVERNMENTS hereby agrees that it will enact

(Name of Applicant)

affirmative action plan. Affirmative action is a management responsibility to take necessary steps to eliminate the effects of past and present job discrimination, intended or unintended, which is evident from an analysis of employment practices and policies. It is the policy of the agency that equal employment opportunity is afforded to all persons regardless of race, color, ethnic origin, religion, sex or age.

This applicant is committed to uphold all laws related to Equal Employment Opportunity including, but not limited to, the following.

Title VI of the Civil Rights Act of 1964, which prohibits discrimination because of race, color, religion, sex or nations origin in all employment practices including hiring, firing, promotion, compensation and other terms, privileges and conditions of employment.

The Equal Pay Act of 1963, which covers all employees who are covered by the Fair Labor Standards Act. The act forbids pay differentials on the basis of sex.

The Age Discrimination Act, which prohibits discrimination because of age against anyone between the ages of 50 and 70.

Federal Executive Order 11246, which requires every contract with Federal financial assistance to contain a clause against discrimination because of race, color, religion, sex or national origin.

Administration on Aging Program Instruction AoA PI-75-11, which requires all grantees to develop affirmative action plans. Agencies, which are part of an “umbrella agency,” shall develop and implement an affirmative action plan for single organizational unit on aging. Preference for hiring shall be given to qualified older persons (subject to requirements of merit employment systems).

Section 504 of the Rehabilitation Act of 1973, which states that employers may not refuse to hire or promote handicapped persons solely because of their disability.

TOM K. SMITH is the designated person with executive authority responsible for the implementation of this affirmative action plan. Policy information on affirmative action and equal employment opportunity shall be disseminated through employee meetings, bulletin boards, and any newsletters prepared by this agency.

Work Force Analysis: Paid Staff

<table>
<thead>
<tr>
<th>Total Staff: 14</th>
<th>12 # Full Time</th>
<th>2 # Part Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older Persons (60+)</td>
<td># 1 100%</td>
<td># 0 0 %</td>
</tr>
<tr>
<td>Minority</td>
<td># 4 100 %</td>
<td># 0 0 %</td>
</tr>
<tr>
<td>Women</td>
<td># 9 100%</td>
<td># 2 50%</td>
</tr>
</tbody>
</table>

West Central Texas AAA
Older Americans Act Assurances

SECTION 306 (42 U.S.C. 3026) AREA PLANS

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

306(a)(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low income older individuals, including low-income minority, older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low income older individuals, including low-income minority, older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community, evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

306(a)(2)(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)

306(a)(2)(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

306(a)(2)(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;

306(a)(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including

West Central Texas AAA
multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

306(a)(3)(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

306(a)(4)(A)

(i) Provide assurances that the area agency on aging will 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, 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 include proposed methods of carrying out the preference in the area plan;

(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 the low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

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

(III) Meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared –

(I) Identify the number of low-income minority older individuals, older individuals with limited English proficiency, 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 (i);

306(a)(4)(B) Provide assurances that the area agency on aging will use outreach efforts that will –

(i) Identify individuals eligible for assistance under this Act, with special emphasis on –;

(I) Older individuals residing in rural areas;

(II) Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) Older individuals with severe disabilities;

(V) Older individuals with limited English proficiency; and
(VI) Older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);

(VII) Older individuals at risk for institutional placement; and

(ii) Inform the older individuals referred to in subclauses (I) through (VI) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

306(s)(4)(C) Contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas;

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

306(a)(6)(A) Provide that the area agency on aging will – Take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

306(a)(6)(B) Provide that the area agency on aging will – service as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

306(a)(6)(C)

(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

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

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

II. came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 675(c)(3) of the Community Services Block Grant Act (42 U.S.C. 9904(c)(3));

306(a)(6)(D) Establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans’ health care (if appropriate), and the general public, to advise continuously the area

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agency on aging on all matters relating to the development of the area plan, the administration of the plan and the operations conducted under the plan;

306(a)(6)(E) Establish effective efficient procedures for coordination of –

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

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

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

306(a)(6)(F) 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 the community health centers and by other public agencies and nonprofit private organizations;

306(a)(6)(G) If there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

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

306(a)(7)(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

306(a)(7)(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better –

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

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

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

306(a)(7)(C) Implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

306(a)(7)(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—
(i) The need to plan in advance for long-term care; and
(ii) The full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

306(a)(8) Provide that case management services provided through other Federal and State programs;

306(a)(8)(A) Not duplicate case management services provided through other Federal and State programs;

306(a)(8)(B) Be coordinated with services described in subparagraph (A); and

306(a)(8)(C) Be provided by a public agency or nonprofit private agency that –

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

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

(iii) Has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

306(a)(9) 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 that 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;

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

306(a)(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as ‘older Native Americans’), including –

306(a)(11)(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

306(a)(11)(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

306(a)(11)(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 services area, to older Native Americans; and

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

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

306(a)(13)(B) disclose to the Assistant Secretary and the State agency –

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

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

306(a)(13)(C) demonstrate that a loss or diminution in the quantity or quality of the services
provided, or to be provided, under this title by such agency has not resulted and will not result from such
contract or such relationship;

306(a)(13)(D) demonstrate that the quantity or quality of the services to be provided under this
title by such agency will be enhanced as a result of such contract or such relationship; and

306(a)(13)(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring
compliance with the Act (including conducting an audit), disclose all sources and expenditures of funds
such agency receives or expends to provide services to older individuals;

306(a)(14) provide assurances that preference in receiving services under this title will not be given
by the area agency on aging to particular older individuals as a result of a contract or
commercial relationship that is not carried out to implement this title

306(a)(15) provide assurance that funds received under this title will be used—

306(a)(15)(A) to provide benefits and services to older individuals, giving priority to older individuals
identified in paragraph (4)(A)(i); and

306(a)(15)(B) in compliance with the assurances specified in paragraph (13) and the limitations
specified in section 212;

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

306(a)(17) include information detailing how the area agency on aging will coordinate activities, and
develop long-range emergency preparedness plans, with local and State emergency
response agencies, relief organizations, local and State governments, and any other
institutions that have responsibility for disaster relief service delivery
I certify that compliance with these assurances will be accomplished and that evidence of such compliance will be available to DADS AI-AAA staff at any time requested for such purposes as, but not limited to, Performance Measure Testing, desk and/or on-site reviews, support for Area Plan Assurance Tracking Report and area plan amendments. I further certify that each assurance has been addressed by a strategy as part of the area plan.

Signature of Authorizing Official of Grantee

Tom K. Smith, Executive Director

Date

West Central Texas

Area Agency on Aging

Approval – DADS AI-AAA

Date
FOR THE READER’S REFERENCE BELOW IS A LIST OF COMMONLY USED ACRONYMS:

AAA – Area Agency on Aging
ACL - AoA – American Community Living (ACL) formerly Administration on Aging (AoA)
ADRC – Aging and Disability Resource Center
AFB – Air Force Base
AHEC – Area Health Education Center
APS – Adult Protective Services
CAC – Citizens Advisory Committee for the Area Agency on Aging
CAP – Community Action Programs
CMS – Centers for Medicare and Medicaid Services
CSBG – Community Services Block Grant
CTO – Central Texas Opportunities
DADS – Department of Aging & Disability Services
DADS AI-AAA – Department of Aging & Disability Services Access and Intake Department
DARS – Department of Assistive and Rehabilitative Services
DIA – Disabilities In Action Center for Independent Living, Abilene Texas
HUD – Housing & Urban Development
I, R & A – Information, Referral, and Assistance
LTC – Long Term Care
LTSS – Long Term Services and Supports
MHMR – Mental Health & Mental Retardation
MIPPA – Medicare Improvements for Patients and Providers Act
MLO – Managing Local Ombudsman
MOU – Memorandum of Understanding
OAA – Older Americans Act
PTSD – Post Traumatic Stress Disorder
PSA – Public Service Announcement
QPR – Quarterly Performance Report
RSVP – Retired Senior Volunteer Program
SSVF – Support Services for Veteran Families Program
TSHL – Texas Silver Haired Legislature
USDA – United States Department of Agriculture
VAMC – Veterans Administration Medical Center
WCTCOG – West Central Texas Council of Governments