

LOWER RIO GRANDE VALLEY
Area Plan 2008 – 2010



Serving Cameron, Hidalgo and Willacy
Counties

The Area Agency on Aging is a program of the Lower Rio Grande Valley Development Council and funded by the Texas Department of Aging and Disability Services



Area Agency on Aging of the Lower Rio Grande Valley

2008 –2010 Area Plan

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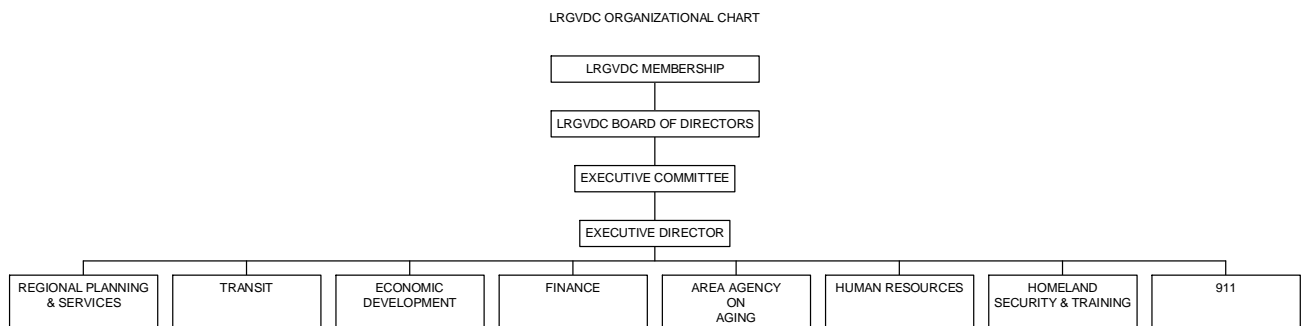
ENVIRONMENTAL ASSESSMENT

I. ENVIRONMENTAL OVERVIEW

A. Community Assessment

LRGVDC

The Lower Rio Grande Valley Development Council (LRGVDC), was designated as the Area Agency on Aging of the Lower Rio Grande Valley on November 19, 1982. The LRGVDC, formed in 1967 by a Merger of the Texas South-most Economic Development District and the Lower Rio Grande Valley Council of Governments, the LRGVDC is now one of twenty-four State Planning Regions as chartered by the state (V.A.C.S. 1011m). The LRGVDC is a voluntary association of local governments formed to deal with problems and planning needs that cross boundaries of individual local governments within the area of Cameron, Hidalgo, and Willacy Counties that require regional attention. It is governed by a twenty-three (23) member Board of Directors, is primarily responsible for the direction of all LRGVDC functions, and exerts this responsibility through agency policy and procedures, policies, committees, planning strategies and programmatic activities.



AREA AGENCY ON AGING

All Program activities for aging services are carried out by Area Agency on Aging. The Area Agency on Aging is one of seven (7) departments under the LRGVDC. The Area Agency on Aging is divided into two components. One is the Administrative component, responsible for the implementation of the Area Plan and the other is the Direct Service component. Staffing for the Area Agency's Administration consists of the Director, Assistant Director, Program Planner, Technician IV (Monitoring and Technical Assistance) and Technician III (Administrative Support). The Direct Service component is composed of two main Programs, Care Coordination and Elder Rights.

The Care Coordination Program is responsible for Access and Assistance, Case Management, Home Modification, Health Maintenance, Homemaker, Caregiver, Transportation and other services. Staffing includes a Program Administrator, 6 Care Coordinators and 4 support staff. Two of the six Care Coordinators are dedicated to the Caregiver Program.

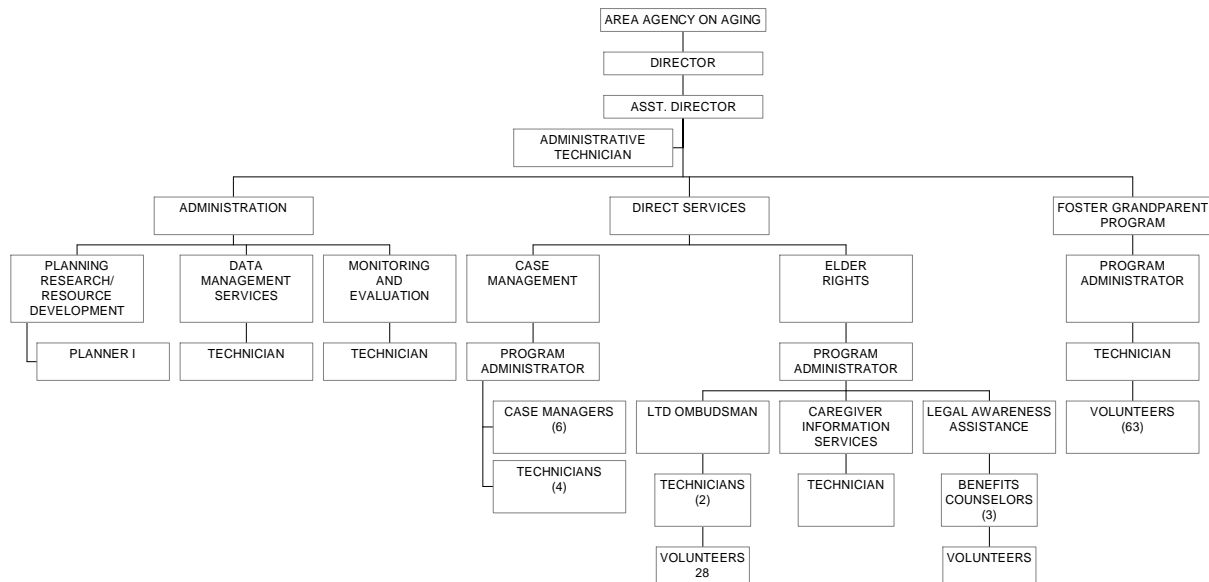
The Elder Rights Program is comprised of the Legal Assistance, Legal Awareness, Ombudsman and the Caregiver Information Services. Staffing for the Program includes an Administrator, three Technician IV (Public Benefits), two LTC Ombudsman and one Technician III (Caregiver Information Services). The Program Administrator is designated as the Managing Local Ombudsman. The MLO, the two Ombudsman Technicians and twenty eight (28) volunteers are the key personnel to carry out the duties of the program. Three Public Benefits Technicians are assigned the activities and duties of the Legal Assistance and Legal Awareness programs. The Elder Rights Program is also responsible for the dissemination of Caregiver information Services to the General public.

The Area Agency on Aging also manages a satellite office in Harlingen in order to ensure full

coverage of services in the region. Harlingen is the second largest city in Cameron County and is centralized to both Willacy County and Cameron County clients. The office houses a public benefits technician, a care coordinator for caregivers, a care coordinator for general 60+, a local ombudsman, and an information, referral, and assistance technician.

The general operation of the agency is overseen by a 21 member Advisory Council. Area Agency on Aging staff and the Advisory Council meet on a monthly basis to discuss agency business and activities. The meetings are public but comments are restricted to agenda items.

Area Agency on Aging Departmental Chart

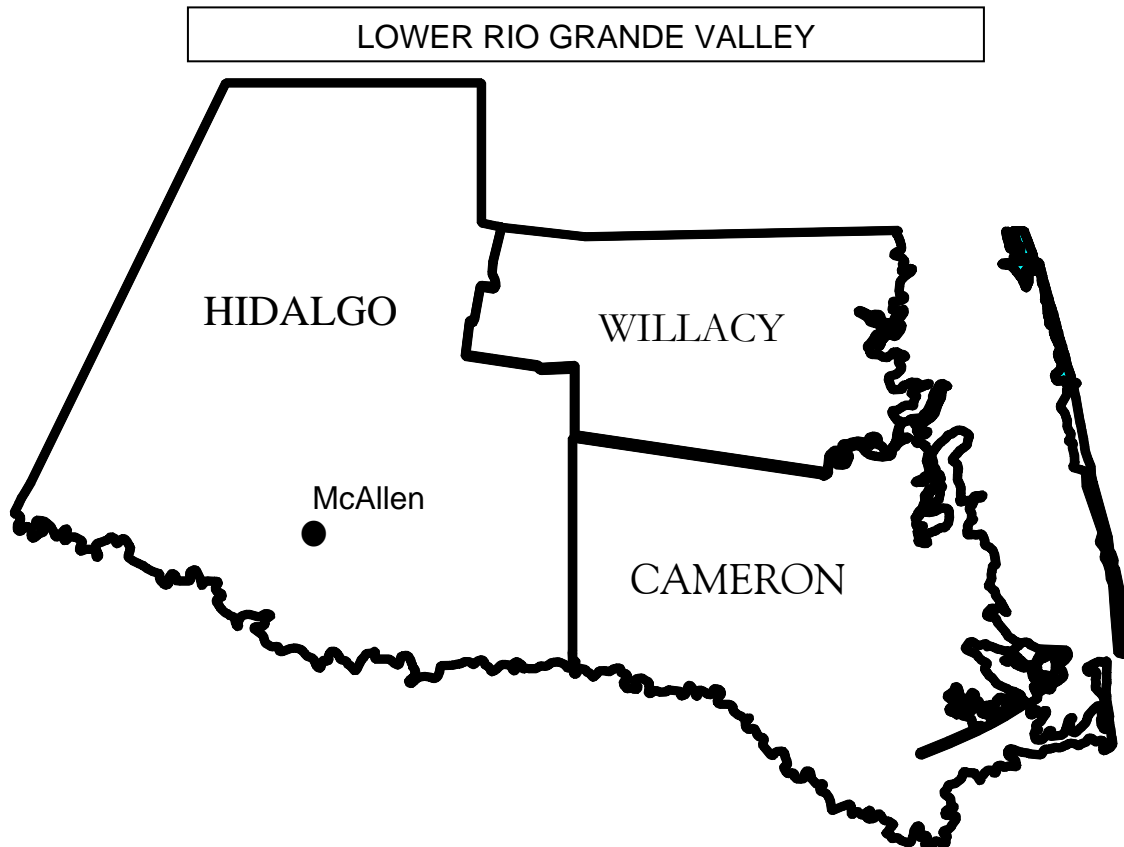


REGION

The Lower Rio Grande Valley is comprised of Cameron, Hidalgo, and Willacy counties which are the three (3) southernmost in counties in Texas. The three counties cover approximately 3,600 sq. miles. The area is bordered by Mexico to the south, The Gulf of Mexico to the east, Starr County to the west, and Brooks/ Kenedy counties to the north. The general population in the tri-county area is estimated at **1,054,442** for 2007. There are 147,170 persons in the 60 and older age group, this represents 14.0% of the general population. This number will continue to

increase as baby boomers keep coming of age. It is expected that by 2010 the age 60 and over population will be at 162, 987, an increase of 10.75%. By 2020, the number will increase to 231, 454. This will represent an increase of 57.27% from 2007.

The region is very diverse with each of the three counties being physically and economically unique.



Cameron County

Cameron County lies at the tip of Texas and encompasses 1,276 sq. miles. The county's general population is 377,306. The senior population (60+) is 57,798 and represents 15.3% of the total population for the county. Hispanics make up 86.5% of the general population and 65.4% of the 60+ population.

The County is home to the largest city in the three county area. Brownsville has a population of 167,448. It is also the county seat. It is bordered to the east by the Gulf of Mexico, west is Hidalgo County, north is Willacy County and south is Mexico. The County is comprised of 15 other municipalities. Harlingen and San Benito are the second and third respectively in population. Cameron County has three points of entry with Mexico. The two bridges located in the city of Brownsville and the N.A.F.T.A. Bridge located on Highway 281 (Military Highway) west of San Benito.

The Texas Attorney General's office indicates that Cameron County has approximately 173 Colonias. The Texas Secretary of State defines colonias as "a residential area along the Texas-Mexico Border that may lack some of the most basic living necessities, such as portable water and sewer systems, electricity, paved roads, and safe and sanitary housing" Depending on the particular funding source, the definition may be different and the geographic areas will also differ.

Cameron County Social and Health Service Infrastructure

The county's health care facility infrastructure includes 6 Hospitals with 1350 licensed beds and 13 Nursing Facilities with 1,294 licensed beds. Additionally, 10 Assisted Living Facilities with 404 beds are located in Cameron county. Other health care resources include 55 Adult Day Care centers and 110 Home Health agencies. Texas Department on Aging and Disabilities Services has offices in Brownsville, Harlingen, and San Benito. The Social Security Administration has offices in Harlingen and Brownsville. Title III supports 15 senior centers, of which 14 serve as nutrition sites. The Valley Association for Independent Living, whose main office is in Hidalgo County, has an independent living center in Brownsville. Harlingen is the home for the regional offices for the Texas Department of Health Services, Texas Department of

Rehabilitative Services. A State Mental Health and Mental Retardation Center is also located in Harlingen. Cameron Willacy Counties Community Projects is the designated Community Action Agency with a network of twelve multi-service centers in Cameron County. One of the centers is the Brownsville Senior Citizens Center and is supported by this Agency. Brownsville and Harlingen each have a community health center. There are other agencies and services that are not included on this plan but are available and are accessed by seniors at one time or another.

Hidalgo County

Hidalgo County is considered the western half of the region and is the largest of the three counties. It encompasses over 1,584 square miles of territory. The county is bordered by Cameron County, Willacy County, Starr County, Brooks County, and Kenedy County. The southern end it is bordered by Mexico. The southern half of the county is more densely populated and contains twenty-one of the county's incorporated municipalities. The majority of these municipalities are strung along Expressway 83 from Sullivan City to Mercedes. Others are located along Highway 107.

The largest city is McAllen (123,055), however; the county seat is in the city of Edinburg (64,604) home of University of Texas at Pan American. Within a fifteen mile radius from McAllen the population exceeds a quarter of a million. This area comprises of McAllen, Mission, Pharr, Edinburg, Hidalgo, and San Juan. The area has also been recognized nationally as one of the fastest growing areas of the country. It also has three points of entry with Mexico. These are Progresso, Pharr, and the city of Hidalgo. The Texas Attorney General's office indicates that Hidalgo County has approximately 847 Colonias. Virtually the majority of the Region's manufacturing and business operations are located in Hidalgo County.

The northern half is sparsely populated and is still largely farming, ranching and oil fields. The county's general population is 655,209. The senior population represents 13.4% (86,134) of the total population for the county. Hispanics comprise 89.9% (588,810) of the general population and 72.2% (62,215) of the 60+ population.

Hidalgo County Social and Health Service Infrastructure

The county's health care facility infrastructure includes 9 Hospitals with 1671 licensed beds, 18 Nursing Facilities with 2049 licensed beds and seven (7) Assisted Living Facilities with 167 beds. Other resources include 129 Adult Day Care centers, 207 Home Health agencies, Texas Department on Aging and Disabilities Services has offices in Weslaco, Donna, Edinburg, Mission, and McAllen. Social Security has an office in McAllen. Title III supports 19 senior centers/nutrition sites. The regional offices for the Texas Department on Aging and Disability Services and Texas Department of Protective and Regulatory Services are in Edinburg. Edinburg is also the home for Mental Health Authority with field offices in Cameron County. The main office of the Independent Living Center (VAIL) is located in McAllen, adjacent to the Social Security office. The Rio Grande Valley Community Council in Weslaco is the designated Area Information Center. The Hidalgo Community Service Agency is the Community Action Agency for the county. The county has only one community health center located in Pharr. There are other agencies and services that are available and are accessed by seniors at one time or another.

Willacy County

Willacy County lies to the north of Cameron County and encompasses 784 square miles. North of it is Kenedy County and west is Hidalgo County. To the east is the Gulf of Mexico. It is the

smallest of the three counties and has a total general population of 21,927. Its senior population is 3,238 or 14.8 % of the population. Hispanics also comprise the majority ethnic minority with 87.5% of the general population. Hispanic seniors represent 75.9% of the senior population, which is higher than Cameron and Hidalgo County. Willacy County is primarily rural with farming and ranching operations. The county seat is Raymondville. It is also the largest community with a population of 9,683. The other two municipalities are San Perlita and Lyford. The Texas Attorney General's office indicates that Willacy County has approximately 16 Colonias.

Willacy County Social and Health Service Infrastructure

The county has no Acute Care Facilities and only one Nursing Facility with 120 beds. It does have 6 Adult Day Care centers and 3 Home Health Agencies. Cameron and Hidalgo County Home Health Agencies also serve seniors in Willacy County.

The Texas A&M Colonia Project has opened a community center in La Sara. Title funds III also supports one senior center in Raymondville and provide meals at a center in Sebastian. Willacy County residents must travel to Harlingen in Cameron County or Edinburg and Weslaco in Hidalgo County in order to obtain most services. Texas Department on Aging and Disabilities Services has an office in Raymondville.

The major focus of service delivery has been on older minority persons who live in rural communities and have medium to severe impairments. This will continue to hold true in addressing issues such as nutrition, transportation, in home and other community services for seniors in need. The Area Agency will always focus the fact that services must be provided to

seniors with the greatest social and economic need first. Grandparents raising grandchildren is also a priority for this agency. Seniors have to assume the responsibility taking care of the grandchildren for many reasons. In many cases they are the sole providers for the family. Similarly, when an older person has to care for a **developmentally disabled** family member who may be younger is the main caregiver. They must be helped in order to live in safety.

As the region progresses through the 21st century, there will be a significant increase in population due to health practices and overall life expectancy of seniors. Moreover, Baby boomers are reaching retirement age and provide new challenges to the Area Agency in addressing new issues and diverse needs of a new generation of older persons. A recent study conducted by the National Association of Area Agencies on Aging, through funding by the Met Life Foundation indicated that the majority of the communities are not ready for the influx of seniors. The Area Agency continues to provide services to elders in Cameron and Willacy Counties from its satellite office in Harlingen. The satellite office was acquired in order to better meet the needs of elders in that area of the region.

B. Organizational Structure

The Lower Rio Grande Valley Development Council is the parent Organization for the Lower Rio Grande Valley Area Agency on Aging. The Administrative office for the LRGVDC and the eight departments it oversees is located at 311 N. 15th Street in McAllen, Texas. The Area Agency on Aging as a department of the LRGVDC is located in the same building. The Regional Police Academy is located in Harlingen and Rio Transit, the LRGVDC's transit program, has its office in Weslaco. The Area Agency on Aging also has a full service office in

the Treasure Hills Plaza in Harlingen located at 1514 S. 77 Sunshine Strip, Suite 16. Staff assigned to the Harlingen office cover all programs under the direct service component.

The Area Agency on Aging is the designated unit to administer all Older Americans Act programs for seniors in this region. In addition, the Foster Grandparent Program (FGP) is under the auspices of the Area Agency on Aging. Under the FGP, the Area Agency has 1.5 staff in addition to 65 Foster Grandparent Volunteers.

Area Agency on Aging staff in the McAllen office answer all calls under this toll free phone line.

The Area Agency has seen a significant increase in the senior population while resources continue to shrink. Hospitals, Home Health Agencies, and other providers know the Area Agency's Care Coordination and Benefits Counseling programs well and utilize them consistently. As needs increased and resources dwindled, the Area Agency saw the need to increase its accessibility to seniors throughout the region. It was decided to open a satellite office in San Benito in order to address clients' needs in Cameron and Willacy Counties more efficiently. In 2001 an office was opened with two care coordinators. It soon became necessary to look for bigger space as the number of staff had to be increased. In 2003, the Area Agency moved the satellite office to Harlingen, six miles north of San Benito. The Harlingen office currently supports 5 full-time staff.

New space is again being secured for the Harlingen staff in order to meet current and future needs. A small Training room is being added to the new space. The Cameron County staff consists of a care coordinator for general services another for Caregiver services, a benefits counselor, a staff ombudsman, and an Information, Referral, and Assistance technician.

The Area Agency has operated a national toll-free telephone number for over twenty years. This is a reflection of the agency's track record. Seniors and other service agencies have come to

know the Area Agency through the agency's public forums, marketing skills, community outreach efforts, and word of mouth among seniors throughout the region. Efforts will continue in this endeavor until the Area Agency on Aging and its logo are branded as the service provider for seniors in the region.

Overall the Area Agency has determined that there are several influential issues that affect its delivery of services. The first issue is limited resources. The Area Agency and the majority of its contractors depend on Title III funds. In Hidalgo County, Community Development Block Grants provides limited support for the meal program and senior centers. This places the Area Agency in a peculiar situation when congress fails to pass appropriation bills on a timely basis. Local communities provide limited support. The nutrition provider collects the biggest amount of local funds and participant contributions. Non-federal funds that match the Area Agency's administration and direct services are local dues from local municipalities paid to the LRGVDC and over match from local contractors. The lack of state planning funds has placed a burden on matching administrative funds. All senior center operation contractors provide in-kind match for their Title III contracts. Title III providers that provide over-match provide local match for Direct Purchased Services. Due to the economic condition of the area participant contributions for Direct Purchased Services is almost non-existent. The demand for Title III services has increased tri-fold because of the number of formal health care providers. Seniors that are self-denying because of the Medicaid Estate Recovery Program has also increased the burden on the Area Agency. The Area Agency has positioned its self as a major player in the community in deciding how clients should have access to all programs. Working with other partners will also provide an opportunity to the Area Agency to tap into other resources.

The Lower Rio Grande Valley Area Agency on Aging is appropriately staffed for the current

conditions. There is no Human Resource problem at the moment. Both offices are capable of providing all Title Services as required. The concept of having two offices serves this agency well because services are more evenly distributed among the communities and staff is closer to their clients. The agency has also been able to save travel expenses as staff travel less in serving their clients.

Agency staff has recently received training in taking our agency from 'Good to Great'. This training has strengthened our agency by uniting our staff. Elder Rights staff has attended and will continue to participate in specialized training from the Texas Department on Aging and Disabilities Services and their Regulatory Department.

The Agency sees a need for additional office space in the near future as we continue to facilitate services to all seniors of Cameron and Willacy counties.

C. Service Delivery/System Design

The Area Agency's Administrative component provides oversight of its administrative functions such as advocacy, monitoring, planning, coordinating and developing partnerships in order to address the needs of the seniors. As the designated focal point for seniors, it maintains good contact with staff members from the local congressional offices. The Area Agency is also involved in various activities with local organizations that provide visibility to the organization, develops partnership, and enhances its coordination mandate. An example of the activities is participation in the HHSC Colonias Workgroup, Coalition for Valley Families, Cameron County Homeless Coalition, Money Follows the Person Workgroup, and the Transportation Advisory Panel. The Citizens Advisory Council also has representation from the Adult Protective Services, State Senate staff, and DADS Regional Local Services. It also has a good working

relationship with the Center on Health and Aging from the University of Texas Pan American in Edinburg and the Texas A&M School of Rural Public Health in McAllen. It has also coordinated activities with several promotora programs in order to provide information on health and public benefits.

The Area Agency on Aging is coordinating efforts with the Homeland Security Program on Emergency Preparedness for its clients. The Agency is in the third year of sponsoring a Conference on Caregivers that is targeted to professionals that work with caregiver. The Area Agency is a registered provider of continuing education for social workers. Plans are on the way to provide monthly continuation education workshops for social workers that will also enhance the visibility of the organization. The Area Agency also continues to participate on a regular basis in local health fairs and sponsors an annual aging well health fair. One of its activities is to acquire services through the issuance of request for proposals and vendor solicitation for direct purchased services (DPS). The request for proposals is issued on an annual basis for such services as transportation, congregate meals, home delivered meals, senior center operations, health education, and caregiver education and training. The vendor solicitation is issued for such services as health maintenance, medical transportation, other special transportation, homemaker, personal assistance (new service), and residential repair. The special transportation is to meet the needs of the nutrition sites that are not being met by any other means. In fiscal year 2006 the Area Agency had over 100 vendors on the pool. Onsite monitoring is conducted on all senior centers, nutrition sites and offices of providers under the traditional contracting methodology. As part of the monitoring, performance measure testing is also conducted for such services as congregate and home delivered meals, transportation, caregiver education and training, homemaker, residential repairs, care coordination, legal assistance, and legal awareness. Client

satisfaction surveys are conducted for services under DPS. Care coordinators also assess the clients satisfaction on services provided to them on a monthly basis as part of their case conference.

Service Delivery is addressed through various methods.

- The Area Agency main office is in McAllen and for the last five years it has maintained a satellite office in Harlingen. The Harlingen office provides easy access for persons in Cameron and Willacy Counties. Services provided by the Area Agency's access and assistance programs are meant to provide an opportunity to seniors to stay at home and receive services that will enhance their lives and provide an opportunity to remain independent in the least restrictive environment. The focus is on the needs of the clients and their choice in service delivery.
 - Care Coordination: Staffing consist of case managers, two of them are housed in the Harlingen office. Two of these case managers are assigned to provide care coordination to family caregivers. One of them is assigned to the Harlingen office. The other case managers work with seniors, one of them is also assigned to the Harlingen office. Additional staff consists of two technicians that provide staff support by arranging for service delivery as specified in the care plan and service authorizations, provide monthly follow-up, and provide feedback to case managers regarding issues that may come up regarding a client.
 - Clients and in some cases, family members are involved in the planning of the services that are to be provided as well as the expected outcome.
 - Clients select providers from the vendor pool and develop a schedule for

services such as homemaker, personal assistance, and respite care that best meet their needs.

- Clients make their own arrangements with transportation providers regarding transportation to medical facilities. In some cases, staff will assist clients with arrangements.
- Clients provide final approval regarding residential repair as to their satisfaction. Vendors will not be paid unless the clients indicate their satisfaction with the work completed.

Although clients are involved in the care plan development, service arrangements, and selection of the appropriate provider, the Area Agency has not considered Consumer Directed Services (CDS) or voucher program as a viable service. The system in place, as discussed this plan works well for this AAA. Any additional service such as the Consumer Directed Voucher Program would require the creation of additional systems to track program and fiscal activity. Also, it is felt that the clients and caregivers we serve have a language and culture disadvantage. Dealing on their own would impose undue strain on their lives. They would have to do all of the legwork involved in securing services, tracking activities, reporting expenditures and other things our staff currently do for them.

Care Coordination staff have for years maintained a good working relationship with local DADS Regional Local Service offices and Adult Protective Services. Under the local community collaborative initiative, the Area Agency, DADS RLS, and the local Mental Health Authority will be utilizing a standardized referral form. Case Managers will report suspected abuses to APS if during the in home assessment it is determined that the senior is at risk.

- Information, Referral, and Assistance: Staffing consist of two IR&A Technicians. One of them is in the McAllen office and the other is in the Harlingen office. Staff utilizes the resource directory that is provided by the regional 211. They also attend training provided by the 211 also. The Area Agency maintains a national toll-free phone number to provide access to seniors and family caregivers. This number is advertised in the local yellow pages and on the internet.
- Benefits Counseling: Staffing consist of Technicians for Public Benefits that provide legal awareness and legal assistance. One of these technicians is housed in the Harlingen office. In fiscal year 2006 the Area Agency started the fiscal year with one technician and ended the year with three. The reason for the increase was the amount of assistance that was being requested to address issues such as Medicare Part D enrollment, Low Income Subsidy outreach, Medicare Cost Savings Program, Medicare fraud, Medicaid Estate Recovery Program, and assisting seniors with other issues. The workload was too much for one person for the whole region. The program plans to provide training to personnel from the local adult day care centers and home health agencies in order to assist with seniors with the Medicare Part D enrollment. As part of the local collaborative initiative, Benefits Counselors will be working with the local mental health authority (MHA) to provide training to their staff regarding Medicare services and inviting MHA staff to attend Benefit Counselor staff meetings to provide information regarding their services. Benefit Counselor staff also involve community volunteers in providing services. Graduate Students from the Center

on Aging and Disabilities of the University of Texas at Pan American have joined the effort in enrolling seniors into the Medicare Part D Program. Grass roots Health clinics have provided volunteers in Medicare Part D enrollment efforts. Pharmacies have also provided free space and volunteer help for the enrollment of seniors into the Medicare Part D program. At times the local BAR association has provided free simple wills and other legal work for seniors.

- Long-Term Care Ombudsman Program: Staffing consists of two staff ombudsman and Managing Staff Ombudsman. One staff member is assigned to the Harlingen office. The placement of the Harlingen staff has enhanced the capacity of the program to participate with regulatory services in nursing home surveys and/or inspections. In addition to responding to residents' needs, family requests, and working with facility personnel. The area has over 3,000 beds in 31 facilities. Part of the time spend by staff is recruiting and training ombudsman volunteers. All Ombudsman staff participate with regulatory services in nursing home surveys and/or inspections and attend on a regular basis family council meetings. The Valley Association for Independent Living (VAIL) is the contractor for the Nursing Home Relocation project. VAIL has a commitment to provide training to Ombudsman staff and volunteers regarding the Nursing Home Relocation program in order to be able to provide appropriate information to potential clients.

- Another service delivery methodology is the traditional contractual arrangements. An annual request for proposals is issued for the following services:

- Congregate Meals
- Home Delivered Meals
- Transportation to support the meal program
- Senior Center Operations
- Health Education to include medication management and compliance
- Caregiver Education and Training
- Other services as required, needed, and approved under the Area Plan

The applications for funding are reviewed by an Ad-Hoc Committee recommended by the Advisory Council and approved by the LRGVDC Board of Directors. Proposals are scored according to past performance, agency capacity, catchment area and other considerations. All proposals are scored and funding determinations are based on the amount of funds available the ranking of the applications. Recommendations are submitted to the full Advisory Council for consideration and recommendation to the LRGVDC Board. The Board makes final approval to the funding recommendations. Once approved the contracts are sent out for signature. The Area Agency maintains two reimbursement methodologies. One is a unit rate contract for congregate and home delivered meals, transportation, and caregiver education and training. Cost reimbursement is for senior center operations and health education.

Providers are required to submit supporting documentation with their monthly invoices. Documentation on each client must meet DADS IA-AAA requirements. Clients are to be afforded same opportunities as those receiving services from Agency staff. They must be treated with the same respect and dignity as those served by Agency staff. Client and Program Records are maintained in current status by the sub-contractor. These records

are made available to the AAA for review at any given point in time during the contract year or any time there after. The sub-contractor reports all activity on a monthly basis so that performance may be monitored and measured. The activity reports and reimbursement requests are submitted to the AAA by the tenth of the month.

All Contracts are monitored every quarter to ensure program compliance/integrity. Results are shared with the sub-contractor. If needed, corrective action plans may be implemented and followed through until completion. Providers are also provided monthly status reports on their year to date balances in order to avoid excessive balances at the end of the fiscal year.

- A third service delivery methodology is the Direct Purchased Services. Vendor solicitation notices are issued on an annual basis and an open enrollment is maintained in order to have sufficient vendors in the pool. At times, the agreements will be extended contingent on Board approval. These vendors only serve clients that are referred by AAA staff. The AAA maintains control of any and all services to be provided in this method. Required services are documented in the client case record narrative, care plan, and service authorization. This information is not shared with Providers unless it is necessary.

The Provider Agreement process is an open-ended system so providers can apply for enrollment through out the fiscal year. Approval, however; is only issued on a quarterly basis. Once all application requirements are met and approved by the LRGVDC board, the Provider is placed on a rotation list for their particular service. Clients are given the opportunity to choose a provider from the list when they are ready for services. This is a fundamental right afforded to the client.

If the client does not wish to choose one, the case manager will choose the next provider on the rotation list. Some services like Home Modifications require that at least two vendors submit bids on the work to be done. The lowest and the best bid is chosen. Payment is made to the vendor only after the client is satisfied with the work done. Written confirmation is required to protect the client.

Actual services are obtained through a system of service authorization requests that are generated and monitored by Care Coordination staff. The service authorization request form starts the service cycle. The Provider responds to the request by offering and arranging for services to be provided according to the schedule approved by the client. The provider must follow all instructions and time lines given to him by AAA staff in regards to the service being purchased.

Upon completion of the service request the provider will submit all required documentation and signed invoice for payment. The required documentation will vary according to the type of service purchased. The invoice and required documentation received by the billing technician to process. He will review the documents and determine if all the required documents are in order. Payment will be processed once all documentation is in order.

Volunteers are recruited for the Elder Rights Programs in an effort to cover program activity. The Ombudsman Program currently has 31 volunteers visiting Nursing Facilities in addition to our agency staff. The Legal Awareness and Legal Assistance programs use volunteers from other agencies such as The Center for Health and Aging, The University of Texas at Pan American, The Milagros Health Clinic and the Senior Companion Program. These volunteers

are used as needed only. The Agency also uses volunteers from other agencies and the general public for the Citizens Advisory Council that oversees our activities.

Barriers: The Area Agency has enrolled in its vendor pool close to 100 vendors, however there is a lack of affordable transportation and residential repair vendors. The region's high number of colonias also provides a challenge to the Area Agency in identifying and providing services to isolated seniors. Local governments do not provide sufficient resources to meet the needs of seniors within their communities. Local organizations must compete for CDBG funds. This is a resource that is being scarcer every year. Since the service requirements and expectations of baby boomers means that future programming for the baby boomers will also provide a challenge to the Area Agency.

II. FISCAL RESOURCES AND MANAGEMENT

Fiscal management is primarily the function of the LRGVDC's Finance Department. The department has the fiscal responsibility for maintaining all financial records and processing payments. The Assistant Director for the finance department is the staff assigned to work with the Director of the Area Agency on Aging (AAoA). The AAoA Director prepares the annual budget for the department. The budgets for Area Plan Administration and direct services are based on prior year expenditures and availability of funds. Budgeting for contractual services and DPS services is also based on the availability of funds and funding approvals from the Board. The total amount budgeted is based on the initial planning figures provided by DADS. The working budget is submitted to the Finance Department. The Assistant Director for finance will review the budget and match the totals to the planning figures and/or NFAs on file. At the beginning of each fiscal year, the Finance department will issue all appropriate project codes to

by utilized by staff for their timesheets, travel, supplies, and all other activities according to their programs. These codes are also utilized for authorized DPS services and tracking expenditures. The AAoA Director also tracks the NFAs and assures that the budget submitted to DADS totals the NFAs. A monthly finance status report is provided to the AAoA Director. The AAoA Director utilizes the monthly report expense report developed by the AAoA Program Planner to the fiscal status report. The AAoA Director utilizes these two reports for the Budget Performance Payment Comparison Workbook review. These three documents are utilized to monitor performance measure projections. Copies of the NFA report is submitted to the Assistant Director of Finance and reviewed also by the AAoA Director.

The majority of the funds that support Area Agency on Aging activities are Older Americans Act funds and State General Revenue funds. Membership fees, which are based on the latest population figures from local governments, are paid to the LRGVDC as membership is nominal and a fixed fee for special purpose entities such as school districts. These and other funds are then utilized as the local match contributions to secure federal and state funds from the Economic Development Administration, Environmental Protection Agency, Texas Natural Resource Conservation Commission, State Office on Criminal Justice. Texas Department of Transportation, Federal Transit Administration, Texas Department of Commerce, and Texas Department on Aging and Disabilities Services.

The LRGVDC utilizes its membership fees to match in part the Area Plan Administration. Provider over match is utilized to match Direct Service budgets, in addition to local in-kind acquired by each program. Provider over match is also used to match the DPS budget.

The AAoA Director provides the Care Coordination Program Administrator an annual budget for all DPS services. This budget is broken down by service for health maintenance, transportation, residential repair, homemaker, and respite care. The Data Management and fiscal staff track authorizations by service on a monthly basis and provide the AAoA Director monthly expenditures and balances.

The AAoA also utilize State General Revenue funds provided by DADS to match Title III-E funds.

In relation to local support, small senior center operation contractors use in-kind to match their Title III portions. Nutrition, Transportation and Caregiver Service contractors utilize a combination of in-kind and cash as match.

The funding available is contingent to the budgets developed by Congress and approved by the President. If additional funding is lost, this area will suffer the most because of the high number of seniors below the poverty level. Programs for seniors are based on availability of the appropriated funds.

The inability to transfer funds beyond the 40% between categories under Title III will not allow the area agency to focus on the services with the most need. Direct Purchase Service pool has been able to open new doors for services to seniors with the most need. In 2007, the Area Agency has over 90 providers on its vendor pool. Case Managers have been able to serve elders by customizing the service delivery to meet the needs and choices of the elderly. However,

limitations on other State agencies have impacted the number of persons needing services. The Medicaid Estate Recovery Program (MERP) has impacted the seniors who are self-denying because of the lack of understanding the program and the options available under it.

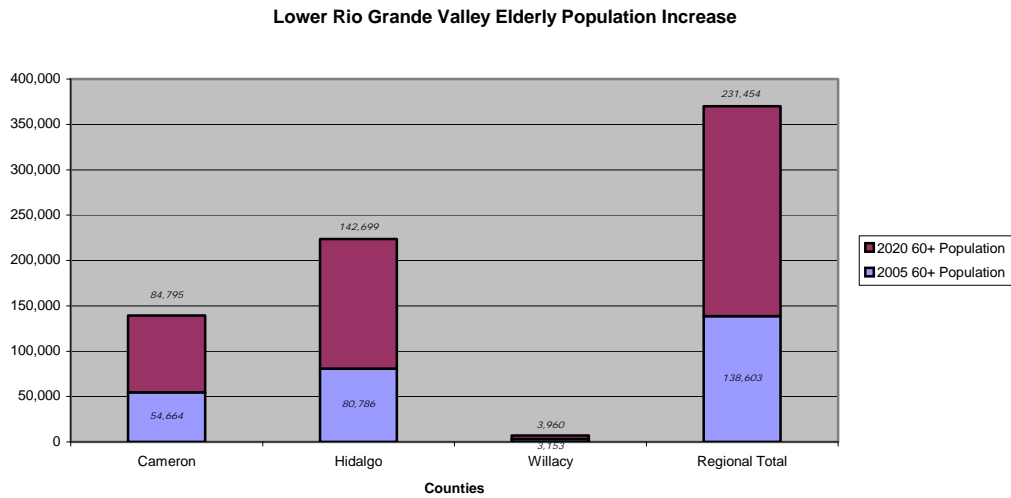
The Texas Department of Aging and Disability Services provides the Community Base Alternative Services to approximately 6750 clients, Medicare covers the cost for services provided by home health agencies of which the area has 320 home health agencies. In addition, the Texas Department of Department of Aging and Disability Services has licensed 190 adult day care centers. Title IX Medicaid is the source of payment for adult day care services for 13,367 slots in the region. The Area Agency supports services in 33 senior/nutrition sites that serve over 1900 seniors. Yet all these resources are not enough to meet the needs of the seniors. This is an indication of what is pending over the horizon with the aging of the Baby Boomers.

The cost to provide and deliver a meal is higher and Transportation is at an all time high because of inflated fuel costs. The cost of building an ADA approved ramp for an older person has increased to over \$1,800. The cost for homemaker and personal assistance services will also increase with additional demands for other services such as reading, personal care and money management. Budgetary limitations and increased costs will definitely restrict the area agency in meeting the needs of older persons. The challenge is there for us to be creative and thinking out of the box in using the resources available and developing new ones in meeting the needs of seniors and their caregivers.

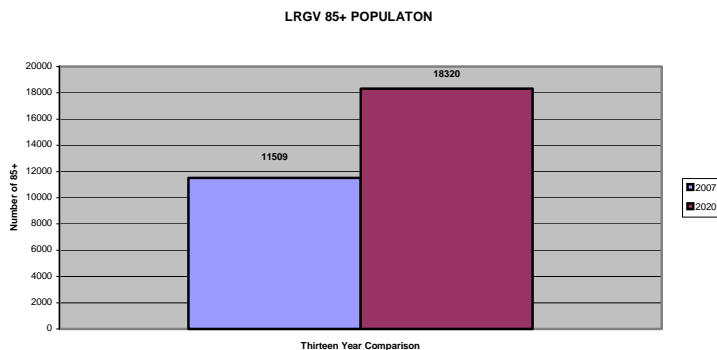
III. POPULATION DEMOGRAPHICS/ECONOMIC VARIABLES

Back when the Older Americans Act was first signed in the 1965, the authors of the bill did not

take into account the baby boomers that would create a significant increase of the senior population. The total senior population in the three counties for 2007 is estimated to be 147,170. The projected senior population for the year 2020 is 231,454. The increase within the next thirteen years will be approximately 84,284 or a 57.3%. Table below illustrates the increases by County.

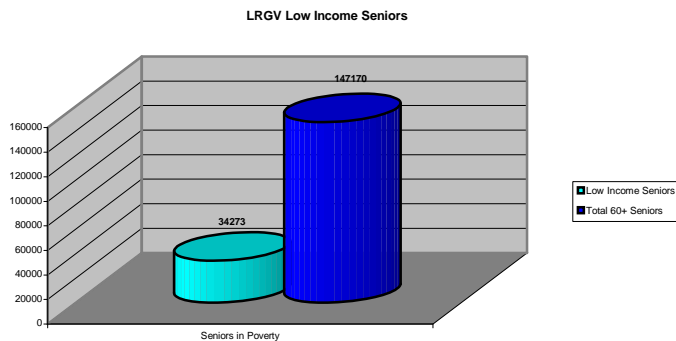


In 2007 the population that is 85 years and older for the Lower Rio Grande Valley is estimated to be 11,509 or 7.82% of the 60+ population. In 2020 this segment of the seniors will be estimated to be 18,320 or 7.92%.



Eight out of every 10 persons are of Hispanic origin in the Lower Rio Grande Valley. Hidalgo

County alone had a larger population growth as compared to the state. Cameron and Willacy counties had a similar population growth for 2000. In addition, Cameron and Hidalgo counties show over 348 persons per square mile. The poverty situation for the Region for seniors in 2007 is a 23.3% poverty level. In other words close to one out of every 4 older county residents for our region are below poverty levels. This translates to 34,273 out of 147,170 older persons in the Region. The following chart demonstrates this comparison.



As the Chart illustrate the comparison between elderly poverty levels and total 60+ in the Lower Grande Valley levels show quite a disparity.

Educational attainment is another matter when it shows that seniors had very little education as compared to the state level Senior population. In the Lower Rio Grande Valley 41.9% or (266,624) Hispanics age 25 or older have less than a High School education. Increases in populations and the economy of the area will continue to be factors.

The senior population will continue to grow as it has been evident for the last 30 years. Challenges await the Area Agency in its plan to address the needs of the 60 + population.

IV TRENDS

Valley trends are very similar to state and national trends as can be easily determined with the

following list; increasing costs due to health care, environmental issues, taxes, governmental regulations, and education continue to attribute to population growth. An upward trend has been the experience for the Lower Rio Grande Valley over the last 20 years. Three out of every four migrants/seasonal farm workers in Texas are from the Lower Rio Grande Valley.

Winter Texans will continue to contribute to our economic resources, population, and tourism; in addition, some will decide to make the valley their permanent home. Due to the available human resources and our proximity to Mexico, an increase in the Hispanic elder population is also expected to continue to grow. The increase from 2007 to 2020 demonstrates the effect of the baby boomer population. The building industry has shown an increase. Current infrastructure improvements such as additional bridges to cross over to Mexico; increased housing development; and the expansion of the major expressways have facilitated our senior population and the general public. The continuation of the I-69 Project which is spearheaded by our COG's (Metropolitan Planning Organization) is another indicator of growth for our region.

The valley has established itself as the front door to the global market place because of its strategic location between the U.S. and Mexico. Our strategic geographic location is an asset due to proximity to the borders of Mexico and this presents several opportunities for trade and export. Therefore, as the International Front Door to the market place the region must hold true to its commitment to plan accordingly to ensure that we enhance the Quality of Life to its residents young and elders alike. Along with this progress come challenges. The Valley's urbanization has lead to a reduction of its wildlife habitat and a reduction of agricultural land. This has had an affect on our elder migrant population in that there is less work available throughout the seasonal months. The State of Texas is showing 500,138 rural migrant residents

for the whole state and the Lower Rio Grande Valley has 252,262 rural migrant residents which is 50% of the migrant population for the whole state of Texas.

The Region shows an unemployment rate of 5.8% for Hidalgo County, 6.5% for Cameron County, and 8.0% for Willacy County.

V. REGIONAL NEEDS SUMMARY

The Area Agency obtained information from following several sources for the development of the area plan: information gathered as input to the Regional Strategic Plan; IR&A logs; interviews with care coordinators regarding needs identified by clients; White House Conference forums; WHCoA Report; Texas Priority Resolutions to the WHCoA; Advisory Council on Aging input; and, community assessment of elected offices and city administrators. In addition the Area Agency on Aging utilized other sources such as statistical data from all local hospitals in the tri-county region to determine unmet needs. Information was used from Texas Association of Hospitals, Center for Medicare and Medicaid Services, and Texas Department of State Health Services. The Director Mr. Jose L. Gonzalez was selected by Congressman Lloyd Doggett as a delegate to participate in the White House Conference on Aging in Washington, D.C. A WHCoA forum was held in McAllen. The Area Agency on Aging conducted the community assessment based on a national survey conducted by the National Association of Area Agencies on Aging. The survey targeted ten areas of need and was intended to determine what needs were not being addressed by local communities.

Assessment questionnaires were sent to 43 community city officials. Fifteen communities responded to the survey for a 34.9% response. The survey was designed to assess community involvement in the following areas. The areas of focus are listed as:

1. Health Care
2. Nutrition
3. Exercise
4. Transportation
5. Public Safety
6. Housing
7. Tax/Finance
8. Workforce Development
9. Civic engagement/volunteerism
10. Aging/Human Services

The first question the communities had to answer was whether the services were being provided in the community regardless of provider. The second question asked the communities whether they provide the service. The third question regarded funding of the service. The fourth asked communities if they publicized the service. The fifth asked if the community was a partner with some other agency in providing the service. The last question asked the communities to tell us if they played no role in providing the service in question.

The responses were very revealing and indicate to us the need for providing services and partnering with the communities.

Health Care

Forty percent (40%) of the communities responded that Health services were being provide by some agency or government program. Twenty percent (20%) of the group responded that their community provided some those services. The survey indicated that 33.3% of the communities provide some form of funding for the service. The responses further indicate that only 20% of

the communities publicize the program and 26.7% form partnerships with other Agencies or Government Program in providing this service. The low note is that 53.3% of the communities do not play any role in the provision of the service.

Nutrition

The figures for this service were much the same as the previous one. Indications are that some nutrition program is in place in forty percent of the communities regardless of who was providing the service. Again, the survey indicated that 53.3% of the communities do not play any role in providing this service.

This agency funds a provider to serve congregate meals in 33 centers through out the three county area. They also provide home delivered meals to needy home bound seniors. This alone does not ensure that all needy seniors in our catchment area are afforded nutrition support. The need for nutrition is evident.

Exercise

The survey indicated that 26.7% of the communities have some sort of exercise program available to seniors. Responses showed that 33.3% of the communities provide some exercise venue for seniors. These may be walking trails, equipment in a park or exercise machines in a senior center.

Transportation

The need for transportation has always been one of our greatest need simply because of the rural setting of our area. There are close to 1800 small communities (colonias) spread out in the three county area. These communities are where the poorest of the poor live. They have no viable

means of transportation for getting to the doctor's office, buying groceries, and other needs.

This agency has transportation providers for those seniors that are out clients, but they represent a very small number of the actual number of seniors needing transportation. The community survey indicates that only 40% of the communities have some sort of transportation program regardless provider. Twenty percent of the communities provide some of the service and 40% state that they play no role in providing seniors with any transportation.

Public Safety

The survey indicates that 53.3% of the communities have public safety programs regardless of provider. Forty percent stated they provide some of the service and 33.3% play role in it.

Housing

Forty percent of the communities state that housing programs are available regardless of the provider. Twenty percent state they provide some of the housing programs. Forty percent of the communities play no role in providing housing programs to seniors. There are some programs in providing housing for seniors but the need remains high due to number of seniors living below the poverty level. This agency provides home modifications for senior to encourage them to stay home as long as they wish or are able.

Aging/Human Services

Forty percent of the respondents stated that there are such services in their communities regardless of provider. These may be federal, state or local agencies that may not be part of the city government. The respondents also stated that twenty percent of the communities provide some of the services. Forty percent of the communities play no role in providing these services

to seniors.

The following table is being included to demonstrate the results of the needs assessments.

**Lower Rio AAA Local Government survey
For
FY 2008/2010 Area Plan**

Forty three questionnaires mailed out. Fifteen returned for 34.9% response.

		<i>Local Government Role</i>				
Programs	Available regardless of Provider	Provides Program	Funds All or Part	Publicizes Program	Partner in Program	No Role
Health Care	40.0%	20.0%	33.3%	20.0%	26.7%	53.3%
Nutrition	40.0%	6.7%	33.3%	13.3%	26.7%	53.3%
Exercise	26.7%	33.3%	33.3%	13.3%	0	40%
Transportation	40.0%	20.0%	46.7%	20.0%	40.0%	40.0%
Public Safety	53.3%	40.0%	40.0%	26.7%	20.0%	33.3%
Housing	40.0%	20.0%	26.7%	13.3%	40.0%	40.0%
Tax/Finance	26.7%	33.3%	20.0%	20.0%	0	40.0%
Workforce Development	40.0%	13.3%	20.0%	6.7%	13.3%	60.0%
Civic Engagement/Volunteerism	33.3%	26.7%	20.0%	0	13.3%	53.5%
Aging/Human Services	40.0%	20.0%	20.0%	6.7%	6.7%	40.0%

Priority Services

The OAA has established mandates and maintenance of effort requirements in addition; the State has established performance measures to specific services. These are congregate and home delivered meals, homemaker, transportation, care coordination, personal assistance, legal

assistance. Several of the sources substantiated the need for these services. Other services included legal assistance as a significant number of inquires requested information on Medicare Part D, Medicaid Estate Recovery Program and information on public benefits. The number of requests from adult day care centers and home health agencies on assistance regarding Medicare Part D and the number of Medicare Advantage Plans in the area has also made it necessary to maintain the current number of Benefits Counselors to cover the three counties. The number of requests for respite care and inquiries on caregiver services has also made it necessary to target Title III-E funds to provide care coordination and concentrate on in-home respite, adult day care, institutional respite, caregiver information services, caregiver training, and education. In order to provide access to services for seniors at the community level it is necessary to continue supporting senior center operations. The national focus on evidence based program has prompted the Area Agency to partner with the Texas Association of Area Agencies on Aging to participate in a Falls Prevention Program and to provide Instruction and Training with the focus on health education and medication management. The services being set as priorities has been the result of

1. OAA Mandate
2. Maintenance of Efforts
3. WHCoA Forums
4. Texas Priority Resolutions for WHCoA
5. IR&A Logs
6. Staff and Advisory Council input
7. Regional Strategic Plan
8. Community Assessment

Local strategies will be developed according to each service proposed as a priority.

Service Priorities	Estimated Annual Target	60+	Caregivers	General Population
Care Coordination	1500	1300	200	0
IR&A	4500	3000	500	1500
Legal Awareness	1200	1000	200	0
Legal Assistance	175	175	0	0
Long-Term Care Ombudsman	35 Vols			
Caregiver Information Services	2000	500	750	750
Congregate Meals	2100	2100	0	0
Home Delivered Meals	1850	1850	0	0
Transportation	775	775	0	0
Residential Repair	125	125	0	0
Health Maintenance	350	350	0	0
Homemaker	95	95	0	0
Personal Assistance	95	95	0	0
Adult Day Care	50	50	0	0
Respite In-Home	175	0	175	0
Respite Institutional	10	0	10	0
Caregiver Education & Training	1200	200	1000	0
Instruction and Training	900	900	0	0
Recreation	250	250	0	0
Senior Center Operations	1700	1700	0	0

The Area Agency will be experiencing changes in service delivery because of the increase in seniors. It is anticipated that in 13 years, the senior population will increase by almost 57% of the current population of 147,170 to 231,454 in 2020. The estimated increase for 2010 is approximately 11% or 162,987. The changes will be made according to annual assessments on priorities or requested services.

Area Plan Strategies

State Strategy: #1: Intake, Access and Eligibility to Services and Supports

Sub-Strategy #1: Intake & Access

Provide a locally based system that connects people with the services and benefits they need through ombudsman services, care coordination, information, referral and assistance, and legal assistance.

Services: Area Agency Administration, Data Management, Care Coordination, Legal Assistance, Age 60 & Over, Information, Referral & Assistance, Legal Awareness, Caregiver Support Coordination, Participant Assessment, Legal Assistance Under Age 60, Ombudsman

Local Strategy 1:

Maintain and Area Agency on Aging Administrative component to provide administrative support to carry out the duties and responsibilities of a designated Area Agency on Aging.

OAA Assurances: 306(a)(1), 306(a)(2), 306(a)(3)(A), 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(5), 306(a)(6)(A), 306(a)(6)(B), 306(a)(6)(C), 306(a)(6)(D), 306(a)(6)(E), 306(a)(6)(G), 306(a)(7)(A), 306(a)(7)(B), 306(a)(7)(C), 306(a)(7)(D), 306(a)(10), 306(a)(13)(A), 306(a)(13)(B), 306(a)(13)(C), 306(a)(13)(D), 306(a)(13)(E), 306(a)(14), 306(a)(15)(A), 306(a)(15)(B), 306(a)(16), 306(a)(17),

AoA Program Goal(s): 1,2,3, and 4

Action Items/Steps:

- Assess the effectiveness of service delivery in meeting the needs of the elderly and/or caregivers and identifying unmet needs;
- Issue request for proposals and vendor solicitation for the acquisition of nutrition and support services;
- Assess at least on an annual basis the effectiveness of local contractors in meeting the needs of the elderly and/or caregivers and on meeting contractual and service standards requirements;
- Develop and maintain non-financial agreements with local partners to address the need of improved access to services by older persons and their caregivers;
- Continue developing partnerships and collaborative associations with other public agencies or private sector entities in order to maximize services provided to our clients
- Conduct a client satisfaction survey at least once a year to assess the level of client satisfaction towards services provided;

- Provide opportunities to stakeholders such as the elderly, caregivers, service providers, citizens' advisory council, and elected officials to comment and provide input on local priorities;
- Facilitate professional development opportunities for Area Agency staff;
- Maintain a local citizens' advisory council to provide input and guidance on addressing the requirements under the OAA;
- Obtain services to address the needs of older persons and/or caregivers by utilizing appropriate procurement procedures such as request for proposals and vendor solicitation for direct purchased services; and,
- Coordinate with the local Mental Health Authority, Independent Living Center, Area Information Center, DADS/ Regional Local Services, and other appropriate providers in the establishment of an Aging and Disabilities Resource Center.
- Continue advocacy efforts at the local, state, and national levels to reduce duplication and to simplify service delivery in a comprehensive and coordinated manner for older persons and their caregivers;
- Participate in and /or coordination of, educational initiatives that advocate for the prevention of abuse, neglect and exploitation of older adults;
- Continue to support the AAA's toll free 800 number and comply with all phone listing requirements;
- Assure compliance from providers and AAA direct services with all required DADS AI-AAA documentation and reporting procedures; and,
- Recruit/train/retain skilled and qualified access and assistance personnel to enhance the quality of services delivered by the access and assistance staff; in order to reduce liabilities and risks associated with employee turnover, lack of proper credentials, and lack of training;
- Provide as necessary technical assistance to contractors and vendors.

Local Strategy 2:

Maintain a Data Management Component to assure that all appropriate data to meet NAPIS requirements are obtained from local contractors and direct services.

OAA Assurances: 306(a)(2), 306(a)(13)(D)

AoA Program Goal(s):

Action Items/Steps:

- Recruit/train/retain skilled and qualified staff at the Area Agency on Aging office to maintain the client tracking system and assure that all required information is entered and maintain on a timely and accurate manner;
- Require the nutrition services provider to recruit/train/retain skilled and qualified staff to maintain the client tracking system and assure that all required information is entered and maintain on a timely and accurate manner;
- Work with client tracking software provider to assure that all software updates are current and that all NAPIS requirements are met;

- Assure compliance with all required DADS AI-AAA documentation and reporting procedures.

Local Strategy 3:

Maintain an integrated access and assistance component within the Area Agency on Aging which guides older persons, their family members, and/or other caregiver through a provision of Information, Referral, and Assistance in order to appropriately address each of the individual's specific needs.

OAA Assurances: 306(a)(2)(A), 306(a)(2)(B), 306(a)(2)(C), 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(5), 306(a)(7)(A), 306(a)(7)(B), 306(a)(7)(C), 306(a)(7)(D), 306(a)(8)(A), 306(a)(8)(B), 306(a)(8)(C), 306(a)(9), 306(a)(10), 306(a)(11),

AoA Program Goal(s): 1,2,3 and 4

Action Items/Steps:

- Maintain an up-to-date resource database of community resources;
- Maintain an up-to-date log of inquires to be used for reporting purposes and documenting unmet needs;
- Coordinate with the local Area Information Center to ensure that information regarding community resources is up-to-date and accurate;
- Enhance the processes to implement services related to the new requirements under the Older Americans Act as authorized; and,
- Develop and maintain a caregiver resource group to discuss and identify resources to address caregiver issues.

Local Strategy 4:

Maintain an integrated access and assistance component within the Area Agency on Aging which guides older persons, their family members, and/or other caregivers through a progression of service delivery options consisting of Legal Assistance under a Benefits Counseling Program to appropriately address specific needs regarding public benefits.

OAA Assurances: 306(a)(2)(A), 306(a)(2)(B), 306(a)(2)(C), 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(5), 306(a)(7)(A), 306(a)(7)(B), 306(a)(7)(C), 306(a)(7)(D), 306(a)(8)(A), 306(a)(8)(B), 306(a)(8)(C), 306(a)(9), 306(a)(10), 306(a)(11),

AoA Program Goal(s): 1,2,3 and 4

Action Items/Steps:

- Provide legal assistance throughout the three county area;
- Maintain a satellite office in Cameron County in order to enhance access to seniors and family caregivers from Willacy and Cameron County;
- Recruit/train/retain Benefits Counseling volunteers;
- Develop and conduct training for community partners, such as senior centers, home health and adult day care social workers, etc. ;
- Enhance the processes to implement services related to the new requirements under the Older Americans Act as authorized; and,
- Work with local promotora programs to provide outreach to isolated elderly living in colonia areas;

Local Strategy 5:

Maintain an integrated access and assistance component within the Area Agency on Aging which guides older persons, their family members, and/or other caregivers through a progression of service delivery options consisting of Legal Assistance under a Benefits Counseling Program to appropriately address specific needs regarding public benefits.

OAA Assurances: 306(a)(2)(A), 306(a)(2)(B), 306(a)(2)(C), 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(5), 306(a)(7)(A), 306(a)(7)(B), 306(a)(7)(C), 306(a)(7)(D), 306(a)(8)(A), 306(a)(8)(B), 306(a)(8)(C), 306(a)(9), 306(a)(10), 306(a)(11),

AoA Program Goal(s): 1,2,3 and 4

Action Items/Steps:

- Provide legal assistance to include persons under 60 years of age throughout the three county area;
- Maintain a satellite office in Cameron County in order to enhance access to seniors and family caregivers from Willacy and Cameron County for the Medicare Part D;
- Recruit/train/retain Benefits Counseling volunteers;
- Benefits Counseling personnel will attend trainings relating to Medicare Part D and CMS/SHIPTalk ensuring all information provided to older individuals, family members, and caregivers is up-to-date;

Local Strategy 6:

Maintain an integrated access and assistance component within the Area Agency on Aging which guides older persons, their family members, and/or other caregivers through a

progression of service delivery options consisting of Legal Awareness under a Benefits Counseling Program to appropriately address specific needs regarding public benefits.

OAA Assurances: 306(a)(2)(A), 306(a)(2)(B), 306(a)(2)(C), 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(5), 306(a)(7)(A), 306(a)(7)(B), 306(a)(7)(C), 306(a)(7)(D), 306(a)(8)(A), 306(a)(8)(B), 306(a)(8)(C), 306(a)(9), 306(a)(10), 306(a)(11),

AoA Program Goal(s): 1,2,3 and 4

Action Items/Steps:

- Provide legal awareness throughout the three county area;
 - Maintain a satellite office in Cameron County in order to enhance access to seniors and family caregivers from Willacy and Cameron County;
 - Recruit/train/retain Benefits Counseling volunteers;
 - Benefits Counseling personnel will attend trainings relating to Medicare Part D and CMS/SHIPTalk ensuring all information provided to older individuals, family members, and caregivers is up-to-date;
 - Develop and conduct training for community partners, such as senior centers, home health and adult day care social workers, etc. ;
 - Benefits Counseling staff will coordinate and/or sponsor legal awareness and other consumer awareness seminars, informational fairs, and presentations on current elder law and benefits issues such as but not limited to: Wills, Advance Directives, Medicare Part D, Medicaid Estate Recovery, and other legal tools; and,
 - Enhance the processes to implement services related to the new requirements under the Older Americans Act as authorized; and,
 - Work with local promotora programs to provide outreach to isolated elderly living in colonia areas;
-

Local Strategy 7:

To provide Caregiver Information Services within the Area Agency on Aging to make available information and resources for family caregivers.

OAA Assurances: 306(a)(2)(A), 306(a)(2)(B), 306(a)(2)(C), 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(5), 306(a)(7)(A), 306(a)(7)(B), 306(a)(7)(C), 306(a)(7)(D), 306(a)(8)(A), 306(a)(8)(B), 306(a)(8)(C), 306(a)(9), 306(a)(10), 306(a)(11),

AoA Program Goal(s): 1,2,3 and 4

Action Items/Steps:

- Caregiver Information Services will research up-to-date information on the internet or print media for families seeking answers to caregiver issues and concerns;
- Enhance the processes to implement services related to the new requirements under the Older Americans Act as authorized;
- Coordinate and/or sponsor caregiver awareness seminars, informational fairs, and presentations on caregiver issues and resources;
- Caregiver Information Services will develop and conduct outreach efforts utilizing hospitals, doctors offices, community health clinics, and community partners to promote the availability of respite care services; and,
- Develop a caregiver information guide to make available to the public.

Local Strategy 8:

Maintain an integrated access and assistance component within the Area Agency on Aging which guides older persons, their family members, and/or other caregiver through a provision of Care Coordination to appropriately and adequately address each of the individual's specific needs in a coordinated and timely manner.

OAA Assurances: 306(a)(2)(A), 306(a)(2)(B), 306(a)(2)(C), 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(5), 306(a)(7)(A), 306(a)(7)(B), 306(a)(7)(C), 306(a)(7)(D), 306(a)(8)(A), 306(a)(8)(B), 306(a)(8)(C), 306(a)(9), 306(a)(10), 306(a)(11),

AoA Program Goal(s): 1,2,3 and 4

Action Items/Steps:

- Assure through care coordination that older individuals, caregiver and care recipient needs are met through service coordination and service authorization;
 - Continue the visibility of all access and assistance programs within the community through such activities as health fairs, presentations, media coverage, and other outreach activities that publicizes the accessibility and availability of the programs;
 - Maintain all documentation to meet all reporting requirements;
 - Provide list of approved vendors to client and/or family to select provider;
 - Assure care coordination activities meet TAC compliance
 - Enhance the processes to implement services related to the new requirements under the Older Americans Act as authorized;
 - Coordinate activities with personnel from: DADS/RLS, DFPS (APS), MHA, and ILS.
-

Local Strategy 9:

Maintain an integrated access and assistance component within the Area Agency on Aging which guides older persons, their family members, and/or other caregiver through a provision Long Term Care Ombudsman in order to appropriately and adequately address each of the individual's specific needs in a coordinated and timely manner.

OAA Assurances: 306(a)(2)(A), 306(a)(2)(B), 306(a)(2)(C), 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(5), 306(a)(7)(A), 306(a)(7)(B), 306(a)(7)(C), 306(a)(7)(D), 306(a)(8)(A), 306(a)(8)(B), 306(a)(8)(C), 306(a)(9), 306(a)(10), 306(a)(11),

AoA Program Goal(s): 1,2,3 and 4

Action Items/Steps:

- Recruit/train/retain Ombudsman volunteers;
- Coordinate thru the Ombudsman Program with the Money Follows the Person Program and the local Nursing Home Relocation Contractor to assure that AAA staff are informed of the requirements in order to enable Ombudsman and other Access and Assistance staff to provide guidance to older individuals, their families and caregivers complete and accurate information regarding transitioning from an institutional to a community setting;
- Continue to provide advocacy by the Ombudsman Program on behalf of nursing facility residents and/or their families;
- Participate in and /or coordination of, educational initiatives that advocate for the prevention of abuse, neglect and exploitation of older adults region wide;
- Continue the visibility of the program within the community through such activities as health fairs, presentations, media coverage, and other outreach activities that publicizes the accessibility and availability of the programs; and,
- Enhance the processes to implement services related to the new requirements under the Older Americans Act as authorized.

Local Strategy 10: (Amended)

Maintain an integrated access and assistance component within the Area Agency on Aging which guides family caregivers through a provision of Caregiver Support Coordination to appropriately and adequately address each of the individual's specific needs in a coordinated and timely manner.

OAA Assurances: 306(a)(2)(A), 306(a)(2)(B), 306(a)(2)(C), 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(5), 306(a)(7)(A), 306(a)(7)(B), 306(a)(7)(C), 306(a)(7)(D), 306(a)(8)(A), 306(a)(8)(B), 306(a)(8)(C), 306(a)(9), 306(a)(10), 306(a)(11),

AoA Program Goal(s): 1,2,3 and 4

Action Items/Steps:

- Assure through caregiver support coordination that family caregivers and care recipient needs are met through service coordination and service authorization;
- Maintain all documentation to meet all reporting requirements;
- Provide list of approved vendors to client and/or family to select provider;
- Enhance the processes to implement services related to the new requirements under the Older Americans Act as authorized;
- Coordinate activities with personnel from: DADS/RLS, DFPS (APS), MHA, and ILS.

State Strategy: #2: Non-Medicaid Services

Sub-Strategy #1: Nutrition Services

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

Services: Congregate Meals, Home Delivered Meals, Nutrition Education, Nutrition Counseling, Nutrition Consultation

Local Strategy 1:

Provide congregate meals at least 5 days a week for a minimum of 250 days that meet and comply with the requirements set by the Older Americans Act and that meet the nutritional requirements for older persons.

OAA Assurances: 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(5), 306(a)(10), 306(a)(11), 306(a)(15)(A), 306(a)(15)(B),

AoA Program Goal(s): 2 and 3

Action Items/Steps:

- Require provider/s to maintain and enforce policies that provide participants the opportunity to contribute towards the cost of the program, maintains documentation on

the safeguards of collected contributions, and that such contributions are utilized to expand the appropriate service that produced the contribution;

- Require provider/s to conduct at least on an annual basis a client satisfaction survey from a sample of participants;
 - Require contractor/s to maintain policies regarding menu cycles and substitutions. Such menus and substitutions must be develop and approved by a qualified dietitian; and,
 - Contractor/s must maintain all supporting documentation regarding service delivery and maintenance of all reporting documents and utilization of the approved client tracking system;
-

Local Strategy 2:

Provide home delivered meals at least 5 days a week for a minimum of 250 days that meet and comply with the requirements set by the Older Americans Act and that meet the nutritional requirements for older persons.

OAA Assurances: 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(5), 306(a)(10), 306(a)(11), 306(a)(15)(A), 306(a)(15)(B),

AoA Program Goal(s): 2 and 3

Action Items/Steps:

- Require provider/s to maintain and enforce policies that provide participants the opportunity to contribute towards the cost of the program, maintains documentation on the safeguards of collected contributions, and that such contributions are utilized to expand the appropriate service that produced the contribution;
 - Require provider/s to conduct at least on an annual basis a client satisfaction survey from a sample of participants;
 - Require contractor/s to maintain policies regarding menu cycles and substitutions. Such menus and substitutions must be develop and approved by a qualified dietitian;
 - Require contractor/s to implement nutritional risk assessment and functional assessment for each homebound client in order to verify eligibility prior to initiating services and to conduct a reassessment no less than on an annual basis; and,
 - Contractor/s must maintain all supporting documentation regarding service delivery and maintenance of all reporting documents and utilization of the approved client tracking system;
-

Local Strategy 3:

Provide nutrition education that meet and comply with the requirements set by the Older Americans Act requirements for older persons.

OAA Assurances: 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(5), 306(a)(10), 306(a)(11), 306(a)(15)(A), 306(a)(15)(B),

AoA Program Goal(s): 2 and 3

Action Items/Steps:

- Require contractor/s to provide nutrition education to participants and to maintain all appropriate supporting documentation to substantiate the service was provided.
-

Local Strategy 4:

Provide nutrition consultation that meet and comply with the requirements set by the Older Americans Act requirements for older persons.

OAA Assurances: 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(5), 306(a)(10), 306(a)(11), 306(a)(15)(A), 306(a)(15)(B),

AoA Program Goal(s): 2 and 3

Action Items/Steps:

- Require contractor/s to provide nutrition consultation in order to develop appropriate menus to meet OAA requirements and to maintain all appropriate supporting documentation to substantiate the service was provided.
-

State Strategy: #2: Non-Medicaid Services

***Sub-Strategy #2: Services to Assist Independent Living**

Provide a locally based system of services to maintain personal independence through provision of supportive services, transportation and senior center activities, and provide opportunities for increased personal productivity through community service volunteering.

Services: Transportation - Demand Response, Homemaker, Caregiver Education & Training, Caregiver Program Development, Residential Repair, Personal Assistance, Health Maintenance, Health Screening, Emergency Response, Adult Day Care, Caregiver Respite Care - In Home, Caregiver Respite Care – Institutional, Instruction and Training, Assisted Transportation, Transportation Fixed Route, Senior Center Operations, Chore Maintenance, Employment Placement, Escort, Hospice, Housing Placement, Shopping, Telephone Reassurance, Visiting, Volunteer Placement, Income Support, Mental Health Services, Physical Fitness, Recreation, Voucher - Homemaker, Voucher - Caregiver Respite Care

Local Strategy 1:

Provide transportation demand response in order to provide an opportunity for older persons to maintain their personal independence.

OAA Assurances: 306(a)(2)(A), 306(a)(2)(B), 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(6)(E), 306(a)(10), 306(a)(11), 306(a)(13)(A), 306(a)(13)(B), 306(a)(13)(C), 306(a)(13)(D), 306(a)(13)(E), 306(a)(14), 306(a)(15)(A), 306(a)(15)(B), 306(a)(16)

AoA Program Goal(s): 1,2,3, and 4

Action Items/Steps:

- Contractor/s and/or vendors must maintain all supporting documentation regarding service delivery and maintenance of all reporting documents;
 - Provider must provide transportation as indicated in their proposal; and,
 - Provide input regarding identifying issues resources in order to expand the service.
-

Local Strategy 2:

Provide homemaker service in order to allow an opportunity for seniors to maintain their personal independence as long as possible.

OAA Assurances: 306(a)(2)(A), 306(a)(2)(B), 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(6)(E), 306(a)(10), 306(a)(11), 306(a)(13)(A), 306(a)(13)(B), 306(a)(13)(C), 306(a)(13)(D), 306(a)(13)(E), 306(a)(14), 306(a)(15)(A), 306(a)(15)(B), 306(a)(16)

AoA Program Goal(s): 1,2,3, and 4

Action Items/Steps:

- Vendor must maintain have trained and supervised homemakers to provide authorized the authorized service;
- Homemakers must provide all or the necessary service, not to exceed the activities under the service definition; and
- Vendors must maintain all supporting documentation regarding service delivery;

Local Strategy 3:

Provide personal assistance service in order to allow an opportunity for seniors to maintain their personal independence as long as possible.

OAA Assurances: 306(a)(2)(A), 306(a)(2)(B), 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(6)(E), 306(a)(10), 306(a)(11), 306(a)(13)(A), 306(a)(13)(B), 306(a)(13)(C), 306(a)(13)(D), 306(a)(13)(E), 306(a)(14), 306(a)(15)(A), 306(a)(15)(B), 306(a)(16)

AoA Program Goal(s): 1,2,3, and 4

Action Items/Steps:

- AAoA will require Vendor(s) to maintain trained and supervised personnel to provide authorized the authorized service;
- Assigned personnel must provide all or the necessary service, not to exceed the activities under the service definition;
- Vendors must maintain all supporting documentation regarding service delivery;

Local Strategy 4:

Provide residential repair service in order to allow an opportunity for seniors to maintain their personal independence as long as possible.

OAA Assurances: 306(a)(2)(A), 306(a)(2)(B), 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(6)(E), 306(a)(10), 306(a)(11), 306(a)(13)(A), 306(a)(13)(B), 306(a)(13)(C), 306(a)(13)(D), 306(a)(13)(E), 306(a)(14), 306(a)(15)(A), 306(a)(15)(B), 306(a)(16)

AoA Program Goal(s): 1,2,3, and 4

Action Items/Steps:

- Obtain quotes from providers for the cost of repairs as specified in the careplan;
 - Obtain client satisfaction prior to paying vendor; and,
 - Vendors must maintain all supporting documentation regarding service delivery;
-

Local Strategy 5:

Provide health maintenance services in order to allow an opportunity for seniors to maintain their personal independence as long as possible.

OAA Assurances: 306(a)(2)(A), 306(a)(2)(B), 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(6)(E), 306(a)(10), 306(a)(11), 306(a)(13)(A), 306(a)(13)(B), 306(a)(13)(C), 306(a)(13)(D), 306(a)(13)(E), 306(a)(14), 306(a)(15)(A), 306(a)(15)(B), 306(a)(16)

AoA Program Goal(s): 1,2,3, and 4

Action Items/Steps::

- Vendors must maintain all supporting documentation regarding service delivery;
-

Local Strategy 6:

Provide adult day care service in order to allow an opportunity for seniors to maintain their personal independence as long as possible.

OAA Assurances: 306(a)(2)(A), 306(a)(2)(B), 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(6)(E), 306(a)(10), 306(a)(11), 306(a)(13)(A), 306(a)(13)(B), 306(a)(13)(C), 306(a)(13)(D), 306(a)(13)(E), 306(a)(14), 306(a)(15)(A), 306(a)(15)(B), 306(a)(16)

AoA Program Goal(s): 1,2,3, and 4

Action Items/Steps:

- Vendors must maintain all supporting documentation regarding service delivery;
-

Local Strategy 7:

Provide senior center services in order to allow an opportunity for seniors to maintain their personal independence as long as possible.

OAA Assurances: 306(a)(2)(A), 306(a)(2)(B), 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(6)(E), 306(a)(10), 306(a)(11), 306(a)(13)(A), 306(a)(13)(B), 306(a)(13)(C), 306(a)(13)(D), 306(a)(13)(E), 306(a)(14), 306(a)(15)(A), 306(a)(15)(B), 306(a)(16)

AoA Program Goal(s): 1,2,3, and 4

Action Items/Steps:

- Require contractors to work with Benefits Counselors to provide training and technical assistance to senior center personnel regarding public benefits
 - Require contractors to coordinate with local providers to extend their services to senior center participants
 - Develop programs to address baby boomer issues
 - Maintain all supporting documentation regarding services coordinated and provided to senior center participants
-

Local Strategy 8:

Provide caregiver education and training service in order to allow an opportunity for family caregivers and care recipients.

OAA Assurances: 306(a)(2)(A), 306(a)(2)(B), 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(6)(E), 306(a)(10), 306(a)(11), 306(a)(13)(A), 306(a)(13)(B), 306(a)(13)(C), 306(a)(13)(D), 306(a)(13)(E), 306(a)(14), 306(a)(15)(A), 306(a)(15)(B), 306(a)(16)

AoA Program Goal(s): 1,2,3, and 4

Action Items/Steps:

- Require the contractor/s to provide counseling services to caregivers to assist in making decisions and solving problems related to their caregiver roles;
 - Require the contractor/s to provide one-to-one counseling services to individuals, support groups, and caregiver training for individual caregivers and families providing in-home service supports for care recipients;
 - Contractor/s must maintain all supporting documentation regarding service delivery;
-

Local Strategy 9:

Provide respite care in-home services in order to allow an opportunity for seniors to maintain their personal independence as long as possible.

OAA Assurances: 306(a)(2)(A), 306(a)(2)(B), 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(6)(E), 306(a)(10), 306(a)(11), 306(a)(13)(A), 306(a)(13)(B), 306(a)(13)(C), 306(a)(13)(D), 306(a)(13)(E), 306(a)(14), 306(a)(15)(A), 306(a)(15)(B), 306(a)(16)

AoA Program Goal(s): 1,2,3, and 4

Action Items/Steps:

- Provide list of approved vendors to client and/or family to select provider;
 - Provide the service through service authorization according to the client's need and choice;
 - Vendors must maintain all supporting documentation regarding service delivery;
-

Local Strategy 10:

Provide respite care institutional services in order to allow an opportunity for seniors to maintain their personal independence as long as possible.

OAA Assurances: 306(a)(2)(A), 306(a)(2)(B), 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(6)(E), 306(a)(10), 306(a)(11), 306(a)(13)(A), 306(a)(13)(B), 306(a)(13)(C), 306(a)(13)(D), 306(a)(13)(E), 306(a)(14), 306(a)(15)(A), 306(a)(15)(B), 306(a)(16)

AoA Program Goal(s): 1,2,3, and 4

Action Items/Steps:

- Provide list of approved vendors to client and/or family to select provider;
 - Provide the service through service authorization according to the client's need and choice;
 - Vendors must maintain all supporting documentation regarding service delivery;
-

Local Strategy 11:

Provide recreation services in order to allow an opportunity for seniors to maintain their personal independence as long as possible.

OAA Assurances: 306(a)(2)(A), 306(a)(2)(B), 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(6)(E), 306(a)(10), 306(a)(11), 306(a)(13)(A), 306(a)(13)(B), 306(a)(13)(C), 306(a)(13)(D), 306(a)(13)(E), 306(a)(14), 306(a)(15)(A), 306(a)(15)(B), 306(a)(16)

AoA Program Goal(s): 1,2,3, and 4

Action Items/Steps:

- Require the contractor/s to provide an opportunity to senior center participants to remain active by utilizing their creativity in recreational services; and,
 - Contractor/s must maintain all supporting documentation regarding service delivery;
-

Local Strategy 11:

Provide instruction and training services in order to allow an opportunity for seniors to maintain their personal independence as long as possible.

OAA Assurances: 306(a)(2)(A), 306(a)(2)(B), 306(a)(4)(A), 306(a)(4)(B), 306(a)(4)(C), 306(a)(6)(E), 306(a)(10), 306(a)(11), 306(a)(13)(A), 306(a)(13)(B), 306(a)(13)(C), 306(a)(13)(D), 306(a)(13)(E), 306(a)(14), 306(a)(15)(A), 306(a)(15)(B), 306(a)(16)

AoA Program Goal(s): 1,2,3, and 4

Action Items/Steps:

- Require the contractor/s to provide specific instruction/training designated to comply with the Title III-D medication management requirement;
- Provide health education to seniors in senior centers and/or colonia areas; and,
- Contractor/s must maintain all supporting documentation regarding service delivery;

**DEPARTMENT OF HEALTH AND HUMAN SERVICES ASSURANCE OF
COMPLIANCE WITH SECTION 504 OF THE REHABILITATION ACT OF 1973, AS
AMENDED**

The undersigned (hereinafter called the “recipient”) HEREBY AGREES THAT it will comply with section 504 of the Rehabilitation Act of 1973, as amended (20U.S.C. 794), all requirements imposed by the applicable HHS regulation (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to 84.5(a) of the regulation [45 C.F.R. 84.5(a)], the recipient gives this assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other federal financial assistance extended by the Department of Health and Human Services after the date of this Assurance, including payments of other assistance made after such date on applications for federal financial assistance that were approved before such date. The recipient recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which federal assistance is extended to it by the Department of Health and Human Services or, where the assistance is in the form of real or personal property, for the period provided for in 84.5 of the regulation [45 C.R.F. 84.5(b)].

The recipient: Check A or B

- A. (A73) employs fewer than fifteen persons;

- B. (A74) employs fifteen or more persons and, pursuant to 84.7(a) of the regulation [45 C.F.R. 84.7(a)], has designated the following person(s) to coordinate its efforts to comply with the HHS regulation.

Ann M. Hernandez, Director of Human Resources
Name of the Designee(s) – Type or Print

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF HEALTH AND
HUMAN SERVICES REGULATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT
OF 1964**

Lower Rio Grande Valley Development Council (hereinafter called the "Applicant")
Name of Applicant (Type or Print)

AHEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 880352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45C.F.R. Part 80) issued pursuant to that title, 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; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

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, and 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. In all other cases, this Assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such a date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in the Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the Applicant.

Applicant's Mailing Address:
311 N. 15th Street

Lower Rio Grande Valley Development Council
Applicant (Type or Print)

McAllen, Texas 78501-4705

Date

AFFIRMATIVE ACTION PLAN

The Lower Rio Grande Valley Development Council 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.

Kenneth N. Jones, Executive Director 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

Total Staff:	# Full Time	# Part Time
Older Persons (60+)	# 7 7%	# _____ %
Minority	# 97 94%	# _____ %
Women	# 55 53%	# _____ %

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). Each such plan shall –
- 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 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) (I) provide assurances that the area agency on aging will—
- (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
 - (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
- (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
- (ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will –
- (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;
 - (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement; and
- (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(a)(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 676B of the Community Services Block Grant Act; and
- (iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

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 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; and

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

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 under this title through the area agency on aging will—;

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 than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

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.

Kenneth N. Jones, Executive Director

Typed or Printed Name of Authorized Signature

Date

Authorized Signature

Lower Rio Grande Valley Area Agency on Aging

Approval – DADS AI-AAA Section Manager

Date

ATTACHMENT A
**LOWER RIO GRANDE VALLEY
 STAFF ACTIVITIES**
Page 1

NAME	ACTIVITY	% OF TIME SPENT ON ACTIVITY
<i>Jose L. Gonzalez</i>	<i>Area Plan Administration</i>	<i>100%</i>
<i>Alonzo Rodriguez</i>	<i>Area Plan Administration</i>	<i>60%</i>
	<i>Ombudsman</i>	<i>10%</i>
	<i>Care Coordination</i>	<i>10%</i>
	<i>Data Management</i>	<i>10%</i>
	<i>Legal Assistance</i>	<i>5%</i>
	<i>Legal Awareness</i>	<i>5%</i>
<i>Maxine Vieyra</i>	<i>Area Plan Administration</i>	<i>60%</i>
	<i>Data Management</i>	<i>40%</i>
<i>Elida Carranza</i>	<i>Area Plan Administration</i>	<i>100%</i>
<i>Mary Rojas</i>	<i>Area Plan Administration</i>	<i>100%</i>
<i>Debra Lachico</i>	<i>Ombudsman</i>	<i>80%</i>
	<i>Legal Awareness</i>	<i>10%</i>
	<i>Caregiver Information Services</i>	<i>10%</i>
<i>Diana Enriquez</i>	<i>Ombudsman</i>	<i>100%</i>
<i>Amalia Segovia (Harlingen)</i>	<i>Ombudsman</i>	<i>100%</i>
<i>Veronica Alegria</i>	<i>Legal Assistance</i>	<i>30%</i>
	<i>Legal Awareness</i>	<i>70%</i>
<i>Nelda Rodriguez (Harlingen)</i>	<i>Legal Assistance</i>	<i>30%</i>
	<i>Legal Awareness</i>	<i>70%</i>
<i>Mary Solis</i>	<i>Legal Assistance</i>	<i>30%</i>
	<i>Legal Awareness</i>	<i>70%</i>

**LOWER RIO GRANDE VALLEY
STAFF ACTIVITIES**

Page 2

NAME	ACTIVITY	% OF TIME SPENT ON ACTIVITY
<i>Kathy Betancourt (Harlingen)</i>	<i>IR&A</i>	<i>100%</i>
<i>Rosie Recio</i>	<i>IR&A</i>	<i>100%</i>
<i>Josefina Martinez</i>	<i>Care Coordination</i>	<i>100%</i>
<i>Anna Hernandez</i>	<i>Care Coordination</i>	<i>100%</i>
<i>Jaime Garza</i>	<i>Care Coordination</i>	<i>100%</i>
<i>Javier Hernandez (Harlingen)</i>	<i>Care Coordination</i>	<i>100%</i>
<i>Mary Villarreal</i>	<i>Care Coordination</i>	<i>100%</i>
<i>Denise Wylie</i>	<i>Care Coordination</i>	<i>100%</i>
<i>Viviana Moreno</i>	<i>Care Coordination</i>	<i>100%</i>
<i>Daisy Ramirez</i>	<i>Care Coordination (Caregiver)</i>	<i>100%</i>
<i>Zulema Guzman (Harlingen)</i>	<i>Care Coordination (Caregiver)</i>	<i>100%</i>
<i>Israel Yanez</i>	<i>Data Management</i>	<i>100%</i>
<i>Noemi Rodriguez</i>	<i>Caregiver Information Services</i>	<i>100%</i>