



**Lower Rio Grande Valley  
AAA Area Plan  
FFY 2024 – FFY 2026**

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**As Required by  
Older Americans Act, As Amended in  
2020: Section 306, Area Plans**

**Pending Approval by HHSC Office of  
Area Agencies on Aging  
July 2023**

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## Section 1. Executive Summary

Area Agency on Aging (AAA) of the Lower Rio Grande Valley Development Council presents the Area Plan for the period of 2024 through 2026, a comprehensive blueprint that outlines our commitment to enhancing the well-being and quality of life for the senior population in our region. As an Area Agency on Aging, we provide essential services and support to seniors in our community, ensuring they age with dignity, independence, and a sense of belonging. This plan serves as a guiding framework, encompassing our goals, strategies, and collaborative efforts to meet the diverse needs of our senior residents. With a steadfast focus on promoting health, access to resources, social engagement, and empowerment, we aim to create an inclusive and thriving environment for seniors to flourish. This introduction sets the stage for our collective journey in fostering a vibrant and age-friendly community, one that honors and cherishes the invaluable contributions of our seniors. Together, let us embark on this transformative path, united in our dedication to enhancing the lives of those who have enriched our region with their wisdom and experiences.

As described in this Plan, the AAA of the Lower Rio Grande Valley will focus on six distinct goals in response to needs for health and nutrition, housing, transportation, veteran services, population with disabilities, and attracting new partnerships. The needs were identified using the information gathered from the Regional Needs Assessment and the Information, Referral, and Assistance data for the two-year period of 2022 to 2023, as well as a survey. This data also supports Social Determinants of Health. Furthermore, AAA has identified several gaps in resources to address these needs.

Ultimately, in order to address the needs of the Lower Rio Grande Valley Region, AAA has focused on strengthening its local partnerships with the Citizens Advisory Council, ADRC Advisory Council, Community Development Block Grant (CDBG) programs, Local Mental Health Authorities, Housing Authorities, Health Clinics, Local Media, Emergency Management, Adult Protective Services, Faith Based Communities, local higher education institutions amongst other community service agencies. The Area Agency on Aging has been able to maintain its traditional, long-standing partnerships and has identified new, non-traditional partners in order to expand access to services. For this particular goal, the Lower Rio Grande Valley AAA sought support through the Small Cities Coalition and veteran coalition across the region. AAA was also able to expand direct services to the population with disabilities through bimonthly clinics for skills building and conferences.

The population of local seniors and “Winter Texans” continues to actively contribute to the region’s economy. AAA in collaboration with UTRGV will develop and establish an internship program to further assess Winter Texans needs to develop and implement means to address those identified needs.

## Section 2. Mission and Vision Statements

Legal Reference: 45 CFR 1321.53

### Mission

Provide an opportunity for a high quality of life of older persons through the development and expansion of a comprehensive and coordinated social service delivery.

### Vision

The Area Agency on Aging of the Lower Rio Grande Valley shall improve, coordinate, and maintain a locally based system of resources and services such as access to quality health care, comprehensive care for vulnerable individuals, and accessible services to safeguard a livable, healthy, and safe community for persons of all ages.

## **Section 3. Board of Directors/Governing Body/Executive Committee**

### **Membership Composition**

LRGVDC's General Membership includes county and municipal government, school districts, education institutions, special-purpose governmental units, representatives of grassroots, at-large and other stakeholder organizations dedicated to the regional, unified development of the Lower Rio Grande Valley. LRGVDC is governed by a twenty-seven (27) member Board of Directors of whom two-thirds are required to be elected officials of the designated boundaries. This Board is primarily responsible for providing direction for LRGVDC programmatic implementation through LRGVDC policies, committees, plans, and programmatic activities. Board of director annual elections are held during May's board of directors meeting.

### **Frequency of Meetings**

LRGVDC Board of Directors meetings are held the last Wednesday of every month. No meetings are scheduled for the months of July and November. The December meeting is held at the beginning of the month.

### **Officer Selection Schedule**

The elections for the Board of Directors are conducted annually on the last Wednesday of the month of May. The upcoming election dates are as follows: May 29, 2024, May 28, 2025, and May 27, 2026.

# Current Officers

## Executive Committee

Title	Name	City	Term	Term Date
President	Mayor David Suarez	City of Weslaco	1 year	06/2023 – 05/2024
1 <sup>st</sup> Vice President	Mayor Norma Sepulveda	City of Harlingen	1 year	06/2023 – 05/2024
2 <sup>nd</sup> Vice President	Mayor Norie González Garza	City of Mission	1 year	06/2023 – 05/2024
Secretary	Judge Aurelio “Keeter” Guerra	Willacy County	1 year	06/2023 – 05/2024
Treasure	Mr. Jim Darling	Member-at-Large (Membership)	1 year	06/2023 – 05/2024
Immediate Past President	Mayor John Cowen, Jr.	City of Brownsville	1 year	06/2023 – 05/2024

## Section 4. Advisory Council

Legal References: 45 CFR 1321.57; OAA 2020 306(a)(6)(D)

### Council Composition

The AAA Citizen's Advisory Committee (CAC) is comprised of over 50% of members aged 60 and over. Representation from the community includes but is not limited to representatives of the local business community, family caregivers, local elected officials, partnership agencies, public, and seniors.

### Members by Category

**Table 1. Advisory Council Members by Category**

Category	Number of Members
Older Individuals Residing in Rural Areas	0
Clients of Title III Services	0
Older Individuals	7
Minority Older Individuals who Participate or are Eligible to Participate in OAA Programs	7
Local Elected Officials	0
General Public	3
Veterans' Health Care Providers, if applicable	0
Service Providers	4
Family Caregivers of Older Individuals who are Minority or who Reside in Rural Areas	0
Business Community Representatives	8
Representatives of Older Individuals	12
Representatives of Health Care Provider Organizations	4
People with Leadership Experience in the Private and Voluntary Sector	12
Representatives of Supportive Services Provider Organizations	8



## **Frequency of Meetings**

Meetings are held the second Tuesday of each month. All meetings are held in conjunction with the LRGVDC Board of Directors meeting schedule. There are no meetings held in the months of July and November.

## **Member Selection Schedule**

The Citizen's Advisory Council membership appointments are submitted for approval during each September LRGVDC Board of Directors meeting to ensure CAC members are approved by the beginning of each fiscal year. As vacancies occur and replacements are recruited, members are brought to the Board for approval.

# Advisory Council Members

Table 2. AAA Advisory Council Members

Name	Occupation or Organization or Affiliation	County of Residence	Member Since	Current Office Term
Rose R. Timmer	Healthy Communities of Brownsville	Cameron	05/2016	09/2023
Roy Fuentes	Retired (HHSC)	Hidalgo	1996	09/2023
Noe Portillo	Retired	Hidalgo	04/2015	09/2023
Christina Botello	Tropical Texas Behavioral Health	Hidalgo	11/2016	09/2023
Maria C. Garza	Retired	Hidalgo	02/2018	09/2023
Melissa Castellano	Adult Protective Services	Hidalgo	2/9/21	09/2023
Armando Garza	Texas Health and Human Services Commission	Hidalgo	7/13/21	09/2023
Dr. Kendra M. Stine	The University of Texas Rio Grande Valley	Cameron	9/14/21	09/2023
Dr. Sudershan Pasupuleti	The University of Texas Rio Grande Valley	Hidalgo	3/13/18	09/2023
Debra Lachico	Retired	Cameron	10/26/22	09/2023
Dr. John Gonzalez	The University of Texas Rio Grande Valley	Hidalgo	2/22/23	09/2023
Dr. Lin Jiang	The University of Texas Rio Grande Valley	Hidalgo	2/22/23	09/2023

## Section 5. Agency Description and PSA Profile

Legal References: 45 CFR 1321.53; OAA 2020 306(a)(3), 306(a)(4), 306(a)(5) and 306(a)(12); 26 TAC 213.1

### Identification of Counties and Major Communities

The Lower Rio Grande Valley Development Council (LRGVDC) provides services to Cameron, Hidalgo, and Willacy counties, encompassing an area of approximately 3,053.27 square miles in the southernmost part of Texas. Unique among Texas regions, the Lower Rio Grande Valley stands apart from other border areas along the U.S./Mexico border. It is relatively isolated from major metropolitan centers in Texas, located 240 miles south of San Antonio, 153 miles southwest of Corpus Christi, and 161 miles southeast of Laredo, Texas. The region is bordered by Mexico to the south and the Gulf of Mexico to the east, with rural areas of Starr, Brooks, and Kennedy counties to the west and north.

Hidalgo County, situated in the Rio Grande Valley of South Texas, experiences rapid population growth, making it one of the fastest-growing counties in the United States. The county seat is Edinburg, while the largest city is McAllen. According to the 2020 census, Hidalgo County's population was 870,781, ranking it as the eighth-most populous county in Texas. It falls under the McAllen-Edinburg-Mission metropolitan statistical area designated by the U.S. Census Bureau, which is also part of the McAllen-Edinburg-Mission-Rio Grande City cluster. The combined population of Edinburg, Mission, McAllen, and Pharr is 407,946. Hidalgo County contains 22 municipalities, with nine having populations of 25,000 or more. McAllen is the most populous municipality, with 142,210 residents.

Cameron County is the second largest county in the region, with a total population of 425,208. It comprises 17 municipalities of varying sizes. The three largest municipalities in Cameron County are Brownsville, Harlingen, and San Benito, with a combined population of 285,840.

Willacy County, the most rural county in the region, has a total population of 20,143 residents. The county seat is Raymondville, often referred to as the "Gateway to the Rio Grande Valley," with a population of 10,510.

## Socio-Demographic and Economic Factors

The Lower Rio Grande Valley Development Council is home to the fifth-largest population among the 24 Council of Governments. According to the latest statistics from the Texas Demographers office (as reported by the United States Census Bureau), the population of the Rio Grande Valley stands at 1,311,962 as of April 1, 2020, with the Hispanic community constituting 91% of the total population. Among the Area Agencies on Aging in Texas, the Area Agency on Aging of the Lower Rio Grande Valley stands as one of the largest, serving approximately 175,802 individuals aged 65 and over. This accounts for about 13.4% of the general population across Cameron, Hidalgo, and Willacy counties. Moreover, the region is home to around 31,149 veterans, with Hidalgo County having the largest veteran population in the tri-county area, followed by Cameron County and Willacy County.

Due to the region's unique characteristics, it has a significant Hispanic minority and a larger low-income population compared to the rest of the State of Texas. The average household income in the tri-county area is \$42,374.66, and approximately 29.23% of the population lives in poverty according to the 2020 Census.

To assess the economic impact of Winter Texans in the Rio Grande Valley, the University of Texas Rio Grande Valley's (UTRGV) Data and Information Systems Center (DISC) collaborated with the marketing firm Welcome Home RGV to conduct a survey. The 2021-2022 Welcome Home RGV Winter Texan Survey & Economic Impact Report estimates that around 52,910 households visit the Valley as Winter Texans. The average household size among Winter Texans is approximately 1.89 persons, and approximately 42% of them prefer staying in hotels when visiting South Padre Island, contributing an estimated \$6.3 million to South Padre Island's hotel industry.

## Economic and Social Resources

The Lower Rio Grande Valley's strategic location near northern Mexico and its multiple entry points create a thriving trade and commerce relationship between the two nations, bolstering the region's economic growth. With ten US-Mexico bridge crossings, four in Cameron County and six in Hidalgo County, and four navigation Ports along the Gulf of Mexico - Port of Harlingen, Port Mansfield, Port Isabel/San Benito, and the Port of Brownsville - international trade and export of diverse goods flourish, including recyclable materials, agricultural products, and electronic appliances.

The Valley's excellent transportation infrastructure further supports its economic vitality. Major highways like US 77, US 83, and US 281 (I69 Corridor) connect various areas of the region and provide access to major interstate highways beyond. Moreover, the presence of six airports, with commercial service available in McAllen, Harlingen, and Brownsville, and Weslaco, Edinburg, and Cameron County airports developing into successful freight centers, facilitate efficient connectivity for businesses and travelers.

The region's warm and subtropical climate, with an average of approximately 330 warm days per year, appeals to Winter Texans, where over 92% of them aged 60 and over embrace the recreational and business opportunities the area offers. The prevalence of mobile homes and RV parks caters to the needs of these seasonal residents, contributing to the local economy.

Economically, Hidalgo County serves as the region's economic hub, hosting major hospitals, medical centers, financial institutions, and private businesses. The McAllen, Edinburg, Pharr, and Mission Metropolitan Statistical Area (MSA) with a population exceeding 300,000 significantly boosts the county's economic activity. In Cameron County, cities like Brownsville, Harlingen, and San Benito also play vital roles in business interests, with Brownsville being the largest municipality in the region. The proximity to Mexican municipalities such as Matamoros and Reynosa foster cross-border trade and collaborations, further fueling economic opportunities in the Lower Rio Grande Valley.

## Description of Service System

The LRGVDC adopts a sustainable funding and support model based on population-based dues membership to complement grant funds and facilitate various programs and projects. Additionally, programs within the LRGVDC actively seek public-private partnerships to strengthen their funding capacity. Each subrecipient of the Area Agency on Aging of the Lower Rio Grande Valley contributes a match in addition to the collected dues, maximizing the reach of their services. Notably, the cities of McAllen, Mission, Edinburg, Pharr, and Harlingen allocate CDBG funds to provide health maintenance services, residential repair, and homemaker services to eligible seniors.

To ensure access to services and network providers, the Area Agency on Aging fosters local partnerships. Collaborations with subrecipients focus on assisting homebound seniors and those at congregate meal sites. Partnerships with local hospitals and the Benjamin Rose Institute (BRI) aim to expand evidence-based intervention programs.

Direct services provided by the Area Agency on Aging directly impact the consumers. These services encompass case management (care coordination), caregiver support coordination (care coordination for caregivers), legal assistance, legal awareness, evidence-based interventions (care transitions/BRI), information, referral, and assistance. The agency also offers specialized services, including long-term care ombudsman services for individuals in skilled nursing facilities and assisted living facilities.

Contracting for services is divided into two parts. The first involves engaging home health agencies, pharmacies, transportation providers, and building contractors under the direct purchase of services. These providers are utilized by case managers to procure services for their clients, such as homemaker, respite care, medical transportation, medication assistance, medical supplies and equipment, and home modifications. The second part involves subrecipients providing operational services, including senior center operations, transportation, congregate meals, home-delivered meals, caregiver education, training, and caregiver information services.

A comprehensive report detailing the programmatic functions of the Area Agency on Aging, upcoming year's performance goals, and a summary of productivity outcomes achieved in the previous fiscal year is submitted annually to the LRGVDC Board of Directors for approval. This report satisfies the Regional Planning

Commission's Reporting requirements set forth by the Office of the Governor, ensuring transparency and accountability in the agency's operations.

The following report provides a transparent overview and outline of the programmatic functions of the Area Agency on Aging and describes the performance goals for the upcoming year and a summary of the productivity outcomes achieved for the previous fiscal year. This report, along with other departments in the LRGVDC is submitted on an annual basis to the LRGVDC Board of Directors for approval and fulfills the functions of the Regional Planning Commission's Reporting requirements set forth by the Office of the Governor:

## Area Agency on Aging Annual Report – Performance Goals & Productivity Outcomes Fiscal Year 2024

### 2023 Performance Goals:

- A. Fulfill compliance requirements and obligations as the designated Area Agency on Aging (AAA) as authorized by the Texas Health and Human Services under the Older Americans Act.
- B. Provide a locally based comprehensive service delivery system which provides eligible individuals access and benefits to community services as outlined in the approved Area Plan on Aging.
- C. Administer and facilitate advisory committees, stakeholder groups, and outreach programs to solicit program guidance, create expanded awareness of services, and further develop a local partnership network of resources and services.
- D. Administer and monitor cooperative agreements with organizations for the implementation of local comprehensive and coordinated services to provide resources and services to older and vulnerable individuals as outlined in the approved Area Plan on Aging.

### 2022 Productivity Outcomes:

#### GOAL A.

- A.1. Provided program oversight to comply with local, state, and federal requirements in relation to the approved Area Plan and requirements under the Older Americans Act.
- A.2. Conducted desk and on-side monitoring of all Title III services.



A.3. Coordinated all subrecipient agreements, contractor agreements, applications, program, and financial reports.

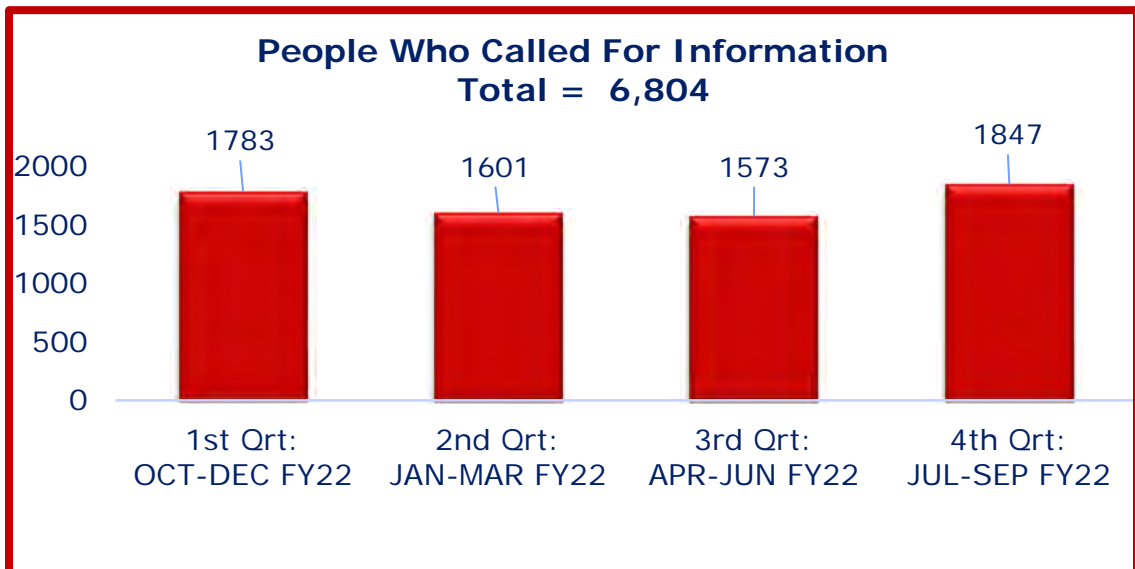
**GOAL B.**

B.1. Provided caregiver support coordination to 656 unduplicated clients and 4,182 units of service. The reduction in units of service was due to the lack of personnel to provide the services.

B.2. Provided legal assistance services to 376 clients.

B.3. Provided legal awareness services to 1,687 clients.

B.4. Provided Information, Referral, and Assistance and answered a total of 6,804 calls.



B.5. The Ombudsman Program provided coverage to 37 skilled nursing facilities and 23 assisted living facilities and supported 512 facility visits. The complaint resolution rate was 88%.

B.6. Provided Evidenced-based services to 1,069 individuals in coordination with 4 partnering hospitals.

B.7. Provided congregate meals serving 931 individuals, with a total of 59,544 congregate meals served.

B.8. Provided home-delivered meals to 5,125 individuals and delivered 653,855 home-delivered meals.

B.9. Supported non-medical transportation service to 198 new participants with a total of 11,659 one-way trips. Transportation access included nutrition, medical, recreational, and senior centers.

B.10. Ensured Senior Center Operations provided care to 1,681 individuals.

B.11. Provided 650 individuals with Caregiver Education and Training.

B.12. Provided homemaker services to 337 individuals with 19,800 units of service.

B.13. Provided respite in-home care serving 580 caregivers with 50,694 hours of service.

B.14. Ensured Health Maintenance was provided to 829 individuals with 1082 units of services (items include medication assistance, medical supplies, and durable medical equipment).

B.15. Provided residential repairs to 324 homes with improvements such as grab bars, ramps, and bathroom door widening.

B.16. Provided outreach and education activities in rural areas and targeting low-income individuals, minorities, and individuals with limited English proficiency, as well as education activities pertaining to the Medicare Provider and Patient Act (MIPPA) relating to the Medicare cost savings and preventive services, and the Health Insurance Counseling and Advocacy Program (HICAP).

B.17. Provided support to the CDC Vaccination initiative by hosting outreach events in coordination with small communities. A total of 6,296 individuals were served within the twelve months of grant monitored service.

#### GOAL C.

C.1. Pursuant to Section 306 (a)(6)(D) of the Older Americans Act, maintained an advisory council representing seniors, business community, caregivers, low-income, rural, and members from partner organizations.

C.2. Maintained the RIO-Net ADRC advisory committee representing various organizations.

C.3. Submitted monthly reports to the Board of Directors on activities carried out by the Area Agency on Aging.

C.4. Provided information to regional groups like the Regional Small Cities Coalition and Partnering organizations on activities and presented ways to expand services to the small communities.

GOAL D.

D.1. Entered into ninety vendor contractual agreements to provide support services such as medical transportation, homemaker, residential repairs, health maintenance, respite care.

## Focal Points

Table 3. Focal Points in the Planning and Service Area

Community Served	Name and Address of Focal Point	Services Provided	Services Coordinated with Other Agencies
Cameron, Hidalgo, and Willacy Counties	Area Agency on Aging of the Lower Rio Grande Valley, 301 W. Railroad St. Weslaco, Texas 78596	Access, Referral and Assistance Services	Access, Referral and Assistance Services

## Role in Interagency Collaborative Efforts

The Area Agency on Agency staff meets with elected officials, members of congress, and elected state officials to advise about our services and further needs. AAA collaborates with the Silver Hair Legislator for the region ensuring discussion of clear needs to be addressed at the congressional level. Furthermore, AAA maintains, and activity participates with US Aging and staying up to date with policy updates.

The Ombudsman program the program serves as "An advocate for Nursing Facility and Assisted Living Facility Residents" in the Lower Rio Grande Valley. Staff and volunteers are specially trained and certified to advocate for quality of care and quality of life for residents in long-term care facilities.

In collaboration with ADRC we have strengthen our scope of resources by entering into collaborative agreements with Transition Coalition assisting individuals with disabilities to learn and develop independent living skills. We have partnered with Workforce Solutions to provide assistance and support in obtaining employment. Through our partnership with VAIL (Valley Association for Independent Living), we have been able to further educate the community about mobility resources across the valley. Through our conference and clinics, we have been able to further psycho-educate caregivers of individuals with disabilities regarding the importance of self-care, coping strategies, community support, and ways to accessible health care.

Our collaboration agreement with Tropical Behavioral Health has provided support to staff and caregivers via education and mental health training addressing Military Cultural Competency and Suicide Prevention. Other training opportunities have come from HHS, for example, Alzheimer and Dementia workshops, for our staff, ensuring adequate and compassionate service delivery. Invitations for further collaborations have been extended to all Senior Centers, Centers for Independent Living, and Local Intellectual and Developmental Disability Authorities to promote services and accessibility further. AAA has extended its efforts to spread awareness regarding Caregiver Burnout through free-of-cost training provided by staff.

## Section 6. Preparedness Assessment

Legal Reference: OAA 2020 306(b)

### Projected Population Changes

The aging population in Texas is on a significant upward trajectory, with a notable decline in the proportion of individuals under the age of 60. The U.S. Census Bureau estimates that by the year 2030, over 20 percent of Texas' population will be aged 60 and above, representing an approximate 25 percent increase from 2012.

From 2010 to 2019, Texas experienced a faster growth rate in its older population compared to the rest of the nation. As of 2019, among all 50 states and the District of Columbia, Texas held the distinction of having the third-largest elderly population. During this period, the State's share of the nation's older population increased from 6.1 percent to 6.5 percent. According to the Texas Demographic Center (TDC), the population of Texans aged 65 years and older reached approximately 3.8 million, making up 13 percent of the total Texas population in 2019. The TDC projects that by 2030, Texas' older population will grow to 5.6 million, accounting for 16 percent of the State's population. Beyond 2030, further growth is expected, with the older population projected to reach 8.3 million by 2050, constituting almost 18 percent of Texas's total population.

# Analysis of Population Changes

## Analysis 1: Impact on Different Demographic Groups

The significant population growth of individuals aged 60 and over in the Lower Rio Grande Area Agency on Aging (AAA) from 2025 to 2035 (24.4%) raises important considerations for various demographic groups. Firstly, individuals with low incomes may face challenges as the aging population expands, leading to increased demand for affordable housing, healthcare, and social support services. This could strain resources and necessitate targeted assistance programs to prevent economic hardship among this group.

Secondly, the growth in the older population also has implications for individuals with the greatest economic need. As the number of older adults increases, the demand for financial assistance and benefits like Social Security and Medicare could rise, potentially putting a strain on existing social welfare programs. There may be a need to reevaluate eligibility criteria and funding allocation to ensure these individuals receive the necessary support.

Moreover, the growth rate is higher for minority older individuals in the region. As such, culturally sensitive services and outreach efforts may be required to address the unique needs and challenges faced by these communities. Language accessibility and culturally appropriate care become critical in meeting the requirements of older individuals with diverse backgrounds.

Furthermore, the analysis indicates a substantial increase in the population of older individuals residing in rural areas. This demographic shift may necessitate adjustments in service delivery strategies to reach those living in remote locations. Expanding outreach efforts, enhancing transportation options, and establishing satellite service centers could be beneficial to ensure rural older adults have access to essential programs and services.

## Analysis 2: Improving Programs and Resource Allocation

To effectively meet the evolving needs of the changing older population, the AAA must focus on improving programs, policies, and services. The projected growth in the older population demands a comprehensive assessment of existing services and identification of areas for enhancement. Collaborative efforts with local community organizations, healthcare providers, and social service agencies can help design tailored programs to address the diverse needs of older adults.

Resource allocation is crucial to ensuring that sufficient funds are available to support the expanded demand for services. As the older population grows, there may be a need for increased funding for healthcare services, nutrition programs, and caregiver support. Analyzing the data on population growth and demographic trends can aid in predicting resource requirements and advocating for appropriate funding levels.

### Analysis 3: Anticipating the Need for Supportive Services for Individuals Aged 85 and Older

The sharp increase (51.4%) in individuals aged 85 and older in the Lower Rio Grande AAA region from 2025 to 2035 indicates a potential rise in the demand for supportive services for the oldest and most vulnerable segment of the older population. Services such as home healthcare, long-term care, and specialized geriatric care may experience a surge in demand.

To meet this anticipated need, the AAA should collaborate with healthcare providers and community organizations to develop comprehensive programs that cater to the specific requirements of this age group. Moreover, it will be essential to explore options for affordable and accessible long-term care facilities, in-home assistance, and respite care for family caregivers to support the aging population effectively.

In conclusion, the population changes in the PSA will have multifaceted effects on various demographic groups, necessitating adjustments in programs, policies, and resource allocation to address the evolving needs of older individuals in the region. The projected growth in the 85 and older age group calls for careful planning and preparation to ensure adequate supportive services are available to meet the needs of this particularly vulnerable segment of the older population.



## Capacity Building

To enhance the capacity of the Lower Rio Grande Area Agency on Aging (AAA) in meeting the needs of older individuals in the PSA, future recommendations should emphasize collaborative efforts with various stakeholders. The AAA can work closely with government officials, State agencies, tribal organizations, and local entities to address the diverse needs of older adults comprehensively. Firstly, collaborating with health and human services providers will ensure better access to healthcare, mental health support, and social services tailored to the aging population. Partnering with local authorities in land use planning will facilitate the creation of age-friendly communities that prioritize seniors' well-being. Engaging with housing agencies will help expand affordable and accessible housing options for older adults.

The AAA can collaborate with transportation authorities to develop efficient and senior-friendly transportation options, enabling mobility and access to essential services. Cooperation with public safety agencies will promote elder-friendly safety measures and emergency response plans. Involvement with workforce and economic development entities will enable the creation of job opportunities and training programs for older individuals seeking employment or transitioning into new careers.

Encouraging partnerships with recreational organizations will foster opportunities for social engagement and physical activity, promoting overall well-being. Collaboration with educational institutions can offer senior-friendly learning opportunities, encouraging lifelong learning among older adults. Involvement with civic engagement initiatives will empower seniors to actively participate in decision-making processes that affect their lives.

To enhance emergency preparedness, the AAA can work alongside emergency management agencies to develop tailored disaster response plans for older individuals. Collaborating with agencies focused on elder abuse prevention will strengthen protective services and support for vulnerable seniors. Moreover, partnering with technology providers can enhance access to assistive devices and services, promoting independence and improving quality of life.

Lastly, the AAA can remain adaptable to address any emerging needs or services as identified through ongoing assessment and community engagement. By fostering these collaborative partnerships, the AAA can build a strong network of support, effectively meeting the diverse needs of older individuals in the PSA and ensuring their well-being and dignity are upheld.

## SWOT Analysis

The SWOT analysis consists of identifying Strengths, Weaknesses, Opportunities, and Threats. In Table 4, list the ways the AAA will address population changes in the PSA (during the 10-year period of 2025 – 2035), including: exploring new solutions to problems, identifying barriers that will limit the ability to achieve goals and/or objectives, deciding on the direction that will be most effective, revealing possibilities and limitations to change, and revising plans to best navigate systems, communities, and organizations.

**Table 4. Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis**

<b>Strengths</b>	<b>Weaknesses</b>	<b>Opportunities</b>	<b>Threats</b>
Conducting educational workshop and outreach events to targeted populations.	Decrease of seniors congregating at subrecipient sites due to hesitancy of in person interactions.	Expanding our services to the Veterans and Disability Communities.	Government regulations and changing legislation not tailors to the specific population to service region.
Establishment of strong collaborative partnerships with local nonprofits, businesses and government agencies to promote a holistic approach to the health and wellbeing of the senior populations.	Limited social media and online presence.	Increase Volunteerism withing the Ombudsman and Benefit Counseling Programs.	Limited transportation providers
Conducting regular trainings for staff surrounding the topics of Military Cultural Competency, Alzheimer's and Dementia awareness and serving Individuals with Disabilities to be equipped to work with the various growing populations.	Increase in cost of living and decrease in Medicare coverage and SSI.	Establish a centralized information-sharing platform within the aging services network to streamline communication and increase awareness of services.	Language barriers may hinder older adults from understanding and communicating their needs effectively, leading to potential misunderstandings and inadequate assistance.

Tenured staff with extensive expertise in services and an established positive reputation among reoccurring consumers.	Decrease of participation in surveys and assessments leading to inaccurate data collected.	Increase awareness and implementation of campaigns such as Take Time Texas and Lifespan Respite Care program.	
Implementation of feedback and surveys for assessment.		Conducting face to face services post-pandemic.	
Local funds through Community Development Block Grants and In-kind support.			

## Stakeholder and Public Input (Statewide)

In 2021, as part of the [Aging Texas Well Initiative](#), HHSC conducted a statewide survey to identify the current and future needs and priorities of older adults, informal caregivers of older adults, and social service providers supporting older adults. Data analysis identified the following top priorities for each group:

- Older Adults
  - ▶ Physical health
  - ▶ Access to services and support in the community
  - ▶ Access to social engagement opportunities
- Informal Caregivers of Older Adults
  - ▶ Mental health
  - ▶ Physical health
  - ▶ Work strains and issues
- Service Providers Supporting Older Adults
  - ▶ Collaboration and coordination
  - ▶ Funding
  - ▶ Staffing
  - ▶ Addressing social isolation
  - ▶ Addressing food insecurity
  - ▶ Supporting informal caregivers

## Addressing Needs and Priorities within the PSA

**Refer to the list above (in Stakeholder and Public Input subheading) and briefly describe how the identified statewide needs and priorities are potentially impacting the local AAA's planning and service area (PSA). Include information on how the AAA plans to address the identified needs and priorities of the PSA's older individuals, caregivers, and aging services providers over the next 10 years.**

The statewide needs and priorities identified through the Aging Texas Well Initiative have a direct impact on the local Area Agency on Aging's (AAA) planning and service area (PSA). These identified needs and priorities reflect the pressing

concerns and challenges faced by older individuals, informal caregivers, and aging service providers within the PSA. Understanding these priorities is crucial for the AAA to effectively tailor its programs and services to address the unique needs of the local aging population.

For Older Adults in the PSA:

**Physical Health:** The AAA will focus on expanding access to healthcare services, promoting preventive health measures, and collaborating with healthcare providers to ensure older adults' well-being and longevity.

**Access to Services and Support in the Community:** The AAA will work to improve outreach efforts, enhance service navigation, and expand resources that enable older adults to remain independent and engaged within their communities.

**Access to Social Engagement Opportunities:** The AAA will develop and promote social programs, recreational activities, and virtual engagement platforms to combat social isolation and foster meaningful connections among older adults.

For Informal Caregivers of Older Adults in the PSA:

**Mental Health:** The AAA will offer support and provide referrals and resources for caregivers, including counseling services, respite care, and caregiver education to address the emotional and psychological strains of caregiving.

**Physical Health:** The AAA will provide caregiver training on managing their own health and well-being, recognizing the importance of caring for themselves while looking after their loved ones.

**Work Strains and Issues:** The AAA will explore flexible employment opportunities, caregiver-friendly workplace policies, and respite care options to ease the burden on working caregivers.

For Service Providers Supporting Older Adults in the PSA:

**Collaboration and Coordination:** The AAA will foster strong partnerships with other aging service organizations, healthcare providers, and community stakeholders to ensure seamless service delivery and avoid duplications.

**Funding:** The AAA will advocate for increased funding from various sources to enhance service offerings and support innovation in addressing the needs of older individuals.

**Staffing:** The AAA will invest in staff training and development to maintain a skilled workforce capable of meeting the evolving demands of the aging population.

**Addressing Social Isolation:** The AAA will implement programs and initiatives that combat social isolation among older adults, encouraging peer support, community engagement, and intergenerational activities.

**Addressing Food Insecurity:** The AAA will collaborate with local food banks and community organizations to provide food assistance and meal programs for older adults facing food insecurity.

**Supporting Informal Caregivers:** The AAA will offer caregiver support services, respite care options, and educational resources to help informal caregivers effectively care for their loved ones.

Over the next 10 years, the AAA will integrate these identified needs and priorities into its strategic planning process, ensuring that resources are allocated to address the pressing concerns of older individuals, caregivers, and aging service providers within the PSA. Regular evaluation and feedback mechanisms will be in place to assess the effectiveness of programs and make adjustments as needed to meet the changing needs of the aging population in the region.

## Section 7. Outreach

Legal References: OAA 2020 306(a)(4) and 306(a)(5)

### Strategy Effectiveness and Best Practices

All goals of the Targeted Outreach Plan for the AAA were successfully achieved. The plan identified various asset groups, including the Small Cities Coalition through the LRGVDC, comprising 25+ small municipalities with elected and city officials. Presentations were provided to this group on participating in health fairs and informational events, emphasizing their impact on seniors and family caregivers. Opportunities were also developed with the healthcare industry, including affordable care organizations, hospitals, post-acute care providers, and community health clinics. All subrecipient agreements with contractors and partners were committed to engaging in targeted outreach for older individuals with the greatest economic and social need, with a focus on rural, low-income, socially isolated, and limited English proficiency populations. A significant achievement was conducting outreach in mobile home parks, considering the region's large population of 100,000 Winter Texans who reside in the Valley for 5 months each year. By effectively engaging these asset groups and implementing outreach initiatives, the AAA successfully met all its goals for expanding and enhancing the Targeted Outreach Plan. Amidst the challenges posed by the COVID-19 pandemic, we successfully adapted our outreach activities. We took proactive measures by administering vaccines to homebound individuals, hosting convenient walk-in clinics, and transitioning to serving consumers through telephone, mail, and virtual platforms. These changes have proven effective and have become permanent additions to our approach, ensuring we continually meet the evolving needs of the population.

## Targeted Outreach Plan

During the area plan period (FFY2024 - FFY 2026), the Area Agency on Aging (AAA) will conduct comprehensive outreach efforts to identify and support individuals eligible for assistance under the OAA, with a special emphasis on various at-risk populations within the Planning and Service Area (PSA). These outreach initiatives will particularly target the following groups:

1. Older individuals residing in rural areas
2. Older individuals with the greatest economic need, with specific attention to low-income minority individuals and those living in rural areas
3. Older individuals with the greatest social need, with a focus on low-income minority individuals and those residing in rural areas
4. Older individuals with severe disabilities
5. Older individuals with limited English proficiency
6. Older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction, along with their caretakers
7. Older individuals at risk of institutional placement, including survivors of the Holocaust
8. Older Native Americans
9. Caretakers of all the above-listed older individuals

To address the needs of these special emphasis populations, the AAA has devised a series of clinics and combination outreach/educational events. These events will cover a wide range of topics, including direct client services, caregiver support services, financial awareness, employment/education assistance, nutrition education, physical health and well-being, and mental health and wellness.

Furthermore, the AAA will host the 2nd Annual Leadership Inclusion & Independence Family-support Engagement (LIIFE) Disability Conference. This conference aims to promote leadership, inclusion, independence, family support, and empowerment of individuals with disabilities and their support systems. The



LIIFE Conference will offer attendees the opportunity to learn, network, and participate in interactive sessions through a hybrid event format.

Additionally, the AAA will organize the second annual Veterans Festival, scheduled for November 2023. This event will serve veterans and their families, and the AAA will collaborate with over 50 community-based organizations to provide resources, networking opportunities, and support services. The Veterans Festival represents the AAA's dedication to establishing and maintaining a functional and operational veterans assistance program, making it an essential and recurring event to serve the 31,149 veterans in the Lower Rio Grande Valley.

By actively engaging with these special emphasis populations and conducting targeted outreach efforts, the AAA seeks to ensure that all eligible individuals receive the necessary support and services they require. The AAA's strategic approach will help address the unique challenges faced by older adults and their caregivers within the PSA and promote their well-being and independence.

As an Area Agency on Aging, our commitment to inclusivity and support extends to all older individuals, including Native Americans and survivors of the Holocaust, whom we may not have yet connected with. If we become aware of any such groups, we will proactively reach out to establish meaningful collaborations and provide the necessary support within the scope of our capabilities. In line with this dedication, we will collaborate with community service agencies to psycho educate older individuals affected by Alzheimer's disease and related disorders with neurological and organic brain dysfunction, as well as their caretakers. By working together with community partners, we aim to enhance awareness, knowledge, and resources for this vulnerable population, ensuring they receive the compassionate care and understanding they deserve.

# Targeting Report

The purpose of the targeting report is to show how effective the AAA's targeting efforts were in serving specific population groups within the planning and service area (PSA).

**Table 5: PSA Targeting Report**

Characteristic	Population Age 60 and Over in PSA	Percent Population Age 60 and Over in PSA	Number of Registered Service Recipients in PSA	Percent Number of Registered Service Recipients in PSA	Targeting Goals for FFY 2024
Total 60 and over	205,885	4.20%	5,433	2.64%	5,569
Poverty Level (at or below 100% FPL)	45,545	22.4%	4,424	9.71%	4,535
Minority	183,342	81.82%	4,950	2.70%	5,074
Rural Areas	no matching ACS data	no matching ACS data	174	Unable to calculate	178
Household Status (lives alone)	35,290	17.4%	1,860	5.27%	1,907

Data for the columns, "Population Age 60 and Over in PSA" and "Percent Population Age 60 and Over in PSA" are derived from the U.S. Census Bureau Special Analysis 2015-2019 American Community Survey (ACS) Data Analysis for Population Age 60 and Over, with data located on U.S. Administration for Community Living's [AGID \(Aging, Independence, and Disability Program\) Data Portal/Website](#). Data for the column, "Number of Registered Service Recipients in PSA" is from data pulled from the NAPIS (National Aging Program Information Services) report, where registered services include personal assistance, homemaker, chore, home delivered meals, day activity and health services, case management, assisted transportation, congregate meals, and nutrition counseling.

## Section 8. Goals, Objectives, Strategies

Legal References: OAA 2020 306(a) and 307(a)

This area plan details the interrelated activities which support a responsive, consumer-directed long-term services system that supports older people for each of the Administration for Community Living (ACL) state plan key topic areas. The following Key Topic Areas, State Goals, State Objectives and Outcomes were derived from the ACL approved [2023-2025 Texas State Plan on Aging](#).

Each of the five State Goals is comprised of multiple State Objectives and Outcomes. For each objective and outcome, please provide the corresponding AAA Strategies. Strategies can be thought of as action steps that detail how the needs within the planning and service area (PSA) will be addressed. Identifying the AAA strategies can provide insight to HHSC on how the State Objectives and/or Outcomes are achieved at the local level. ***If there are no AAA strategies associated with a specific objective and/or outcome, please explain (in the AAA Strategies answer) the reason for why it is not applicable within the PSA.***

# **Key Topic Area 1: OAA Core Programs**

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

## **State Goal 1**

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

### **State Objective 1.1**

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

#### **Outcome 1.1**

OAA funds are appropriately used to ensure older individuals and their caregivers have access to services that meet their needs and interests.

#### **AAA Strategies 1.1**

Implement robust quality assurance measures, contract monitoring, and oversight protocols to responsibly manage federal and state funds allocated for services and support to aging Texans.

Facilitate comprehensive technical assistance and training initiatives throughout the aging network for enhanced coordination.

Enhance utilization of volunteer programs to complement the efforts of benefits counselors.

Foster familiarity with the Dietary Guidelines for Americans and the Dietary Reference Intakes by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.

Drive community and long-term facility awareness and adoption of advance directives for healthcare planning through impactful training and education programs.

## **State Objective 1.2**

Ensure collaboration between Title III (Supportive Services, Nutrition, Disease Prevention and Health Promotion and Caregivers Programs) and Title VI (Native American Programs).

### **Outcome 1.2**

Increase awareness of federally recognized tribes within the state to increase collaboration and appropriate referrals and ensure all eligible older individuals have access to OAAA services provided by Title III or Title VI grantees.

### **AAA Strategies 1.2**

We acknowledge that, at present, we face constraints and limitations that prevent us from fully achieving our objective of serving all Native Americans in the region. Specifically, cultural or geographical barriers may pose challenges in establishing connections with certain tribes or groups. However, it is crucial to emphasize our commitment to inclusivity and support for diverse communities. As we continue our efforts, we are actively seeking ways to identify and reach out to underserved Native American populations. If we recognize any Native American groups that we have not yet connected with, we will proactively work to establish meaningful collaborations and provide the necessary support within the scope of our capabilities. By persistently striving to overcome challenges, we aim to ensure that all eligible Native Americans in our region have access to the services and support they need.

## **State Objective 1.3**

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

## **Outcome 1.3**

Increase awareness of the signs and symptoms of malnutrition and how to mitigate malnutrition in older individuals.

### **AAA Strategies 1.3**

To address malnutrition concerns within our aging community, we will enhance the existing Area Agency on Aging Nutrition Education Services by incorporating comprehensive malnutrition education into the current nutrition education program. This will include providing easily understandable information on nutrition, food safety, and sanitation.

Continue to actively promote and encourage participation in Congregate meal programs, fostering a sense of community and social interaction during mealtimes.

To further bolster our efforts, we will thoroughly review, modify, and introduce new policies and resources related to nutrition, ensuring a holistic approach to tackling malnutrition issues among our senior population. Through these initiatives, we aim to improve the overall health and well-being of our aging community and foster a supportive and nourishing environment for all.

## **State Objective 1.4**

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

## **Outcome 1.4**

Increase awareness of the risk for abuse, neglect, and exploitation of older individuals.

### **AAA Strategies 1.4**

AAA will actively participate in and arrange trainings focused on raising awareness about the risks of abuse, neglect, and exploitation faced by older individuals.

AAA will take part in community health fairs and visit senior centers and facilities to distribute educational materials aimed at enhancing awareness of detecting, assessing, intervening, and investigating elder abuse, neglect, and financial exploitation.

Our dedicated staff and volunteers, as part of the State Long-Term Care Ombudsman program, will diligently work to educate, investigate, and enforce state regulations and laws safeguarding residents, ensuring their protection and well-being.

## **State Objective 1.5**

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

### **Outcome 1.5**

Increase awareness of programs and services available for older individuals experiencing abuse, neglect or exploitation.

### **AAA Strategies 1.5**

Foster collaboration with public and private partners statewide to raise awareness about available services for older adults facing abuse, neglect, or exploitation. The Office of Area Agencies on Aging (OAAA) actively conducts training sessions for AAAs to ensure they understand and adhere to reporting requirements concerning suspected cases of abuse, neglect, and exploitation among older Texans.

Enhance cooperation and coordination among the aging network, the Ombudsman, legal assistance programs, law enforcement, health care professionals, and other critical stakeholders throughout the state. By strengthening these partnerships, we can better address the needs of older adults and provide comprehensive support and protection against abuse, neglect, and exploitation.

## **State Objective 1.6**

Strengthen efforts related to dementia and Alzheimer's Disease.

### **Outcome 1.6**

Increase awareness of dementia and Alzheimer's disease.

## **AAA Strategies 1.6**

Implement mandatory training on Alzheimer's disease and dementia for all employees and volunteers within the aging services network who directly engage with older adults, their family members, or caregivers.

Heighten awareness of the Take Time Texas website and its valuable resources for individuals caring for someone with Alzheimer's disease or dementia.

## **State Objective 1.7**

Increase awareness of risks for fall related traumatic brain injuries for older individuals.

### **Outcome 1.7**

AAAs, ADRCs, and providers are aware of risks for older individuals associated to falls and how to prevent them.

## **AAA Strategies 1.7**

Create a public awareness campaign highlighting the risks of fall-related traumatic brain injuries and resources for fall prevention.

Aid with residential repairs, including the installation of accessibility features such as handrails and showers, to support aging and disabled individuals in their homes.

## **State Objective 1.8**

Strengthen Title III and Title VII services.

### **Outcome 1.8**

Increase in public awareness of aging services across the state.

## **AAA Strategies 1.8**

Strengthen our AAA and Rio-Net ADRC user-friendly and easily accessible online platform to provide comprehensive information about Older Americans Act Title III and Title VII programs. These platforms will include detailed descriptions of available services, eligibility criteria, application processes, and contact information for local Area Agencies on Aging.



Establish community outreach programs and workshops to educate older adults about service options, public benefits, and available resources. These workshops can be conducted in various settings, such as senior centers, community centers, and retirement communities, to reach a wide audience of older individuals.

Continue counseling services for older adults to assist them in understanding their service options and available benefits. Trained counselors can provide one-on-one guidance, answer questions, and help seniors make informed decisions based on their unique needs and preferences.

Collaborate with community partners, including social service organizations and healthcare providers, to disseminate information about available services and public benefits to older adults. This partnership will enhance the outreach efforts and ensure that relevant information reaches those who may benefit from it.

Conduct regular surveys and feedback sessions with older adults to gather insights into their preferences and expectations regarding service delivery. By actively involving older adults in decision-making processes, we can tailor service options to meet their specific needs and preferences.

Advocate for increased funding and resources to expand person-centered practices and consumer-directed service options. By securing additional support, we can provide more choices and flexibility in service delivery, allowing older adults to actively participate in decisions that affect their well-being.

## **State Objective 1.9**

Integrate discretionary grant activities with OAA core programs and services.

### **Outcome 1.9**

Increase knowledge and awareness of SHIP, MIPPA and SMP programs and services.

### **AAA Strategies 1.9**

Strengthen community awareness and understanding of healthcare fraud, errors, and abuse through targeted awareness campaigns and educational initiatives.

Distribute informative and accessible consumer education materials focused on Medicare fraud during presentations, health fairs, and various community events to

empower individuals with essential knowledge to safeguard themselves against potential fraud.

Offer personalized counseling services to individuals and act as consumer advocates when resolving billing disputes or issues related to healthcare services. This support will help ensure fair treatment and accurate billing practices for all consumers.

## **Key Topic Area 2: COVID-19**

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

### **State Goal 2**

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

### **State Objective 2.1**

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

### **Outcome 2.1**

Increase awareness of the risks and impacts of social isolation for older individuals.

### **AAA Strategies 2.1**

Implement a system of regular updates and reminders for service providers and aging services network staff regarding the significance of behavioral health screenings. This can be achieved through emails, newsletters, or workshops to keep the information fresh in their minds.

Foster collaborations with mental health organizations, community clinics, and behavioral health specialists to provide additional support and expertise to service

providers. These partnerships can enhance the knowledge and confidence of the providers in conducting screenings and making appropriate referrals.

Develop and distribute educational materials aimed at older adults and their families, emphasizing the importance of behavioral health screenings, and reducing the stigma associated with seeking help for mental health concerns.

## **State Objective 2.2**

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

### **Outcome 2.2**

Increase awareness of the state assistive technology entity and the need for assistive technology devices for older individuals.

### **AAA Strategies 2.2**

Develop and distribute informative materials and resources that highlight the importance of assistive technology devices for older individuals. These materials will be designed to raise awareness among older adults and their caregivers about the benefits and opportunities provided by assistive technology in improving their quality of life.

Collaborate with advocacy organizations and disability support groups to organize awareness campaigns and community outreach programs. These initiatives will target older adults, caregivers, and the public, aiming to promote understanding and acceptance of assistive technology as a valuable tool for older individuals.

Regularly evaluate and assess the effectiveness of awareness initiatives and partnerships between the state assistive technology entity and the aging services network. Feedback and data gathered from these evaluations will help refine strategies and improve outcomes for increasing awareness and access to assistive technology devices for older individuals.

## **State Objective 2.3**

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

## **Outcome 2.3**

Increase awareness of trauma-informed care and best practices.

### **AAA Strategies 2.3**

Develop and deliver specialized training programs for caregivers, service providers, and professionals working with older adults to increase their knowledge and awareness of trauma and its impact on this population. The training will cover various aspects, including recognizing signs of trauma, understanding the unique challenges faced by older adults who have experienced trauma, and implementing trauma-informed approaches in caregiving and service provision. By equipping these individuals with the necessary skills and knowledge, they will be better prepared to provide sensitive and compassionate care to older adults who may have experienced trauma, creating a supportive and healing environment for their well-being. The training sessions can be conducted through workshops, webinars, or online courses, ensuring broad accessibility and maximizing participation across various caregiving and service settings.

## **State Objective 2.4**

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

## **Outcome 2.4**

Increase awareness on how to assess a person's mental and behavioral health status.

### **AAA Strategies 2.4**

Revise current screening tools to incorporate behavioral health screening questions when appropriate, ensuring a comprehensive and holistic approach to assessing the behavioral well-being of older adults.

Create targeted awareness and marketing campaigns with a primary focus on suicide prevention and available treatment options. These initiatives will aim to reduce stigma, raise awareness about risk factors, and promote access to mental health services for older individuals.

Sustain and expand collaborations with local organizations to offer mental health first aid training to members of the aging services network. This training will equip service providers with valuable skills to recognize early signs of mental health challenges, offer initial support, and appropriately refer individuals to professional help, enhancing the network's ability to address mental health needs effectively.

## **State Objective 2.5**

Support the aging services network's preventative health efforts through the provision of resources and tools that highlight the importance of regular screenings and immunizations.

### **Outcome 2.5**

Increase awareness of available resources and best practices related to preventative health measures.

### **AAA Strategies 2.5**

Enhance the visibility and promotion of the Texercise Select evidence-based health promotion program and associated preventive resources among our senior center subrecipients. By actively engaging with subrecipients, we aim to disseminate valuable information on Texercise Select, encouraging its widespread adoption and fostering a culture of proactive health management among older adults.

Implement targeted educational campaigns to increase awareness of various preventive measures, including screenings, vaccinations, and immunizations. Through workshops, informational materials, and community outreach, we seek to empower older individuals with the knowledge and understanding of the importance of these preventive measures for maintaining their health and well-being.

Utilize our current resource hub to provide easily accessible information on preventive healthcare measures for older adults. This online repository will serve as a comprehensive guide, offering details on recommended screenings, vaccination schedules, and available resources for seniors to proactively manage their health.

Collaborate with healthcare providers and community partners to host health fairs and wellness events dedicated to promoting preventive measures. These events will offer on-site screenings, vaccination clinics, and educational sessions to engage older adults and raise awareness about the significance of preventive healthcare.

## **State Objective 2.6**

Strengthen the aging services network's connections to public health and emergency response networks.

### **Outcome 2.6**

Awareness of the availability of telecommunications and virtual sessions.

### **AAA Strategies 2.6**

Research and adopt industry best practices for leveraging telecommunication and virtual services during disaster emergency situations. By exploring innovative approaches, we aim to enhance our preparedness and responsiveness in times of crisis, ensuring seamless communication and support for older adults and the community.

Promote awareness and utilization of the State of Texas Emergency Assistance Registry, a vital resource for older adults and individuals with special needs during emergencies. By actively encouraging registration and disseminating information about the registry, we strive to improve emergency response efforts and provide timely assistance to those requiring additional support.

Conduct targeted outreach and educational campaigns directed at first responders and emergency planners to emphasize the unique needs and conditions of older adults. By raising awareness of these specific requirements, we aim to enhance the responsiveness of emergency services, ensuring older adults receive appropriate care and attention during critical situations.

Establish collaborative partnerships with telecommunication and technology companies to bolster our capacity for virtual services during disasters. These partnerships will allow us to leverage cutting-edge technology and infrastructure, providing more efficient and effective support to older adults in times of crisis.

## **State Objective 2.7**

Increase access to services for older individuals with mobility and transportation issues.

## **Outcome 2.7**

Increase awareness of existing public transportation services, the availability of volunteer and private transportation programs, and knowledge of accessible and assisted transportation services for older individuals.

### **AAA Strategies 2.7**

Improve the availability and convenience of demand-response services within the Area Agency on Aging network to better meet the needs of the aging community.

Provide supplementary information and resources to enhance accessibility and streamline the process of accessing demand-response services for older adults.

Foster a supportive environment for older adults by facilitating easy access to transportation services through the Area Agency on Aging network.

Collaborate actively with community partners and subrecipients to promote and advocate for transportation services, raising awareness and encouraging greater utilization of these essential services within the community.



## **Key Topic Area 3: Equity**

Serving people with the greatest economic and social need means ensuring equity in all aspects of plan administration.

### **State Goal 3**

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

#### **State Objective 3.1**

Ensure meals can be adjusted for cultural considerations and preferences.

##### **Outcome 3.1**

Increase awareness for AAAs and service providers of nutritional needs based on cultural and ethnic preferences.

##### **AAA Strategies 3.1**

Further, develop a comprehensive plan to integrate culturally preferred foods into our meal service guidelines in collaboration with our meal provider. This initiative aims to offer clients more choices of familiar and healthier foods that align with their cultural preferences. By enhancing the diversity of food options, we strive to positively impact the health and well-being of our customers through improved diet quality.

Conduct surveys and in-person interviews with food service employees, senior center meal sites, and home-delivered meal clients to gather valuable ideas and feedback concerning culturally preferred foods. This data collection process will provide essential insights to tailor our meal offerings better and cater to the unique preferences and tastes of our diverse clientele.

#### **State Objective 3.2**

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

## **Outcome 3.2**

Aging network staff are aware of trends impacting the health and economic welfare of older Texans.

### **AAA Strategies 3.2**

Conduct in-depth research to identify and analyze current trends that are influencing the health and economic well-being of older adults.

## **State Objective 3.3**

Increase awareness of available resources and services for older individuals living with Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS).

## **Outcome 3.3**

HHSC OAAA, AAA, and ADRC staff are aware of information and data sources available for older individuals living with HIV/AIDS.

### **AAA Strategies 3.3**

Foster awareness of the range of services and resources available to support older adults living with Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). This initiative seeks to provide crucial information to the aging community and facilitate access to essential assistance and care.

Collaborate with the Texas Department of State Health Services (DSHS) and other subject matter experts to establish strategic partnerships that streamline resource coordination and ensure access to up-to-date data. Through these partnerships, we aim to enhance the efficiency and effectiveness of support services for older adults living with HIV/AIDS. Create awareness of available services and resources for older adults living with Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome.

Implement targeted clinics to educate both older adults and service providers about HIV/AIDS, dispelling myths, reducing stigma, and promoting understanding. These initiatives will play a key role in building a more supportive and inclusive environment for older individuals living with HIV/AIDS, fostering improved access to services and resources.

## **State Objective 3.4**

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

### **Outcome 3.4**

Increase awareness of participant-directed and person-centered planning for older individuals and their caregivers.

### **AAA Strategies 3.4**

Implement educational programs and training sessions to increase awareness and understanding of person-centered practices among service providers, caregivers, and professionals. These programs will emphasize the importance of tailoring services to the unique preferences and needs of each older adult, fostering a more compassionate and individualized approach to care.

Develop targeted outreach campaigns to inform older adults and their families about person-centered practices. Through workshops, seminars, and informational materials, we will empower older individuals to actively participate in decision-making regarding their care and support, promoting autonomy and dignity.

Collaborate with partner organizations and stakeholders to share best practices and success stories related to person-centered practices. By learning from one another, we can further refine and strengthen our approach to providing person-centered care and support for older adults. Increase awareness of person-centered practices.

Conduct a feasibility study to explore the potential expansion of voucher services for Older Americans Act (OAA) services. The study will assess the demand, resources, and logistics required to implement a voucher-based system, enabling older adults to have more flexibility and choice in accessing OAA services. This approach will enhance their ability to select services that best align with their individual needs and preferences, fostering a greater sense of empowerment and control over their care.

## **State Objective 3.5**

Ensure access to services for all older individuals with greatest social need, including populations that experience cultural, social or geographic isolation due to minority religious affiliation, sexual orientation or gender identity.

### **Outcome 3.5**

Increase in outreach efforts to underserved populations to ensure all older Texans have access to OAA services.

### **AAA Strategies 3.5**

Conduct comprehensive community needs assessments to identify underserved populations and areas experiencing cultural, social, or geographic isolation due to minority religious affiliation, sexual orientation, or gender identity. This data will serve as a foundation for targeted outreach efforts.

Develop and implement culturally sensitive outreach campaigns that specifically target underserved populations. These campaigns will utilize a variety of communication channels, such as community events, social media, and local media, to raise awareness about available OAA services and promote inclusivity.

Strengthen partnerships with community-based organizations and advocacy groups representing minority religious, LGBTQ+, and other marginalized communities. By collaborating with these organizations, we can better understand the unique needs of these populations and tailor our outreach efforts accordingly.

Establish language access services to bridge communication gaps with older individuals who speak languages other than English. This will enable effective communication and ensure access to OAA services for non-English speaking populations.

Develop user-friendly and multilingual informational materials about OAA services, making them readily available in community centers, religious institutions, LGBTQ+ centers, and other places frequented by underserved populations.

Continuously evaluate the effectiveness of outreach efforts through feedback surveys and data analysis. This will help identify areas for improvement and ensure that all older Texans, regardless of social need, have equal access to OAA services.

# **Key Topic Area 4: Expanding Access to Home and Community Based Services**

Home and Community Based Services are fundamental to making it possible for older individuals to age in place.

## **State Goal 4**

**Provide a coordinated system of in-home and community-based long-term care services that enables older Texans and people with disabilities to be active, engaged and supported in their homes and communities.**

### **State Objective 4.1**

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

#### **Outcome 4.1**

Increase awareness of long-term care services and supports that enable older individuals to receive long-term care in settings of their choice.

#### **AAA Strategies 4.1**

Foster strong and collaborative partnerships with community and faith-based organizations that have a primary focus on serving the aging population. By establishing these partnerships, we can leverage their expertise and resources to better support older individuals and enhance the reach of our services.

Promote and raise awareness about the initiatives undertaken by the HHSC aging services network to facilitate the coordination of community-based services for older individuals. Through targeted outreach campaigns, workshops, and communication channels, we aim to inform both older adults and service providers about the available support and resources within their local communities.

## State Objective 4.2

Ensure care transitions for older individuals at risk of institutionalization.

### Outcome 4.2

Coordinate information sharing across the aging services network to increase awareness of transition assistance services and facilitate connections with long term services and supports agencies and community programs at the local level.

### AAA Strategies 4.2

Develop a comprehensive care transition program that identifies older individuals at risk of institutionalization and provides targeted support to facilitate smooth transitions to community-based care settings. This program will focus on personalized care plans and timely interventions to address potential barriers to successful transitions.

Establish a centralized information-sharing platform within the aging services network to streamline communication and increase awareness of transition assistance services. This platform will serve as a hub for service providers, community programs, and long-term care agencies to exchange critical information, ensuring seamless coordination and continuity of care.

Conduct regular training sessions and workshops for service providers within the aging services network to educate them about available transition assistance services and the importance of proactive care planning. These sessions will equip providers with the knowledge and skills necessary to identify at-risk individuals and effectively connect them with appropriate services.

Implement community outreach campaigns to raise awareness among older individuals and their families about the benefits of care transitions and the available support services. These campaigns will focus on promoting independence and quality of life through community-based care options.

Establish strong partnerships with long-term services and supports agencies, community programs, and healthcare providers at the local level. Through these partnerships, we can streamline the referral process and ensure a coordinated approach to care transitions for older individuals.

Develop and disseminate informational materials and resources that highlight the importance of care transitions and provide guidance on accessing transition

assistance services. These materials will be accessible to both service providers and older individuals, empowering them to make informed decisions about their care.

Implement data collection and evaluation mechanisms to monitor the effectiveness of care transitions and identify areas for improvement. By analyzing outcomes and feedback, we can continuously refine our strategies and enhance the support provided to older individuals at risk of institutionalization.

## **State Objective 4.3**

Enhance integration of health care and social services systems.

### **Outcome 4.3**

Increase knowledge and awareness of all health care and social services available for older individuals.

### **AAA Strategies 4.3**

Establish a comprehensive database or resource directory that consolidates information about all available health care and social services for older individuals. This centralized platform will serve as a one-stop source for service providers and older adults, making it easier to access and navigate the array of services.

Implement targeted educational campaigns and workshops to increase knowledge and awareness of health care and social services among older individuals, their families, and caregivers. These initiatives will emphasize the benefits of integrated care and promote a better understanding of the various available services.

Foster collaboration and communication between health care providers and social service agencies to ensure seamless integration of services. Regular meetings, case conferences, and information sharing will promote a coordinated approach to care for older individuals.

Develop user-friendly educational materials that outline the different health care and social services available, including eligibility criteria, application processes, and contact information. These materials will be distributed to service providers, senior centers, community organizations, and healthcare facilities to enhance accessibility.

Utilize technology to improve integration and information sharing between health care and social service systems. Implementing electronic health records and data-sharing platforms will streamline communication and support better coordination of care.

Provide training programs for service providers on how to navigate and access various health care and social service resources. Equipping providers with this knowledge will enable them to better assist older individuals in accessing the services they need.

Collaborate with community-based organizations and local agencies to enhance outreach efforts and promote awareness of available health care and social services. By working together, we can reach a broader audience and ensure that older individuals are informed about the support available to them.

Regularly evaluate and assess the effectiveness of knowledge and awareness campaigns to identify areas for improvement and adjust strategies as needed. Ongoing feedback and data analysis will contribute to continuous improvement and the enhancement of integrated care for older individuals.



## **Key Topic Area 5: Caregiving**

Enhance services and supports for caregivers.

### **State Goal 5**

**Promote and enhance activities that provide a coordinated system of services and support for caregivers.**

#### **State Objective 5.1**

Enhance awareness of caregiving services and supports.

##### **Outcome 5.1**

Increase awareness of caregiving services and supports.

##### **AAA Strategies 5.1**

Implement targeted outreach campaigns and educational initiatives to increase awareness of caregiving services and supports among family caregivers and the broader community. These campaigns will emphasize the importance of self-care for caregivers and promote the available resources and assistance to alleviate the challenges of caregiving.

Strengthen partnerships with community organizations, healthcare providers, and caregiver support groups to expand the dissemination of information about caregiving services and supports. Collaborating with these organizations will increase the reach and impact of awareness initiatives, ensuring that family caregivers receive the information and help they need.

#### **State Objective 5.2**

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

##### **Outcome 5.2**

Increase awareness of caregiving resources within the state to ensure appropriate referrals and assistance is provided by the Lifespan Respite Care program.

## **AAA Strategies 5.2**

Foster seamless coordination between Title III caregiving efforts and the Lifespan Respite Care program to optimize support and resources available to family caregivers. By working collaboratively, we aim to ensure that caregivers receive comprehensive and well-coordinated assistance tailored to their specific needs.

Develop targeted awareness campaigns to increase knowledge about caregiving resources within the state and the benefits of seeking appropriate referrals and assistance from the Lifespan Respite Care program. These campaigns will emphasize the importance of caregiver support and the impact of respite care in maintaining the well-being of caregivers.

Promote the Alzheimer's Disease Program website to raise awareness about the available resources and support services specific to caregivers of individuals with Alzheimer's disease. This initiative will offer targeted assistance to caregivers dealing with the unique challenges associated with dementia caregiving.

Conduct educational workshops and webinars for healthcare professionals, community leaders, and social service providers to increase their awareness of caregiving resources and the role of the Lifespan Respite Care program. This knowledge-sharing will lead to enhanced support and referrals for family caregivers in need.

Utilize digital platforms and social media to disseminate caregiving resources and information about the Lifespan Respite Care program. Engaging with caregivers and the broader public through these channels will increase awareness and accessibility of valuable caregiving support.

## **State Objective 5.3**

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

### **Outcome 5.3**

Increase coordination with AAAs, ADRCs, and providers with the National Technical Assistance Center on Grand families and Kindship families.

## AAA Strategies 5.3

Implement targeted outreach campaigns to share comprehensive resources on respite services available for caregivers, including grandparents caring for grandchildren. Through various communication channels, such as workshops, online platforms, and community events, we aim to raise awareness about respite care options and their benefits for caregivers.

Establish a systematic process to identify and track respite care providers within Area Agencies on Aging (AAA) and Aging and Disability Resource Centers (ADRC). This tracking system will ensure a readily accessible database of respite care resources, enabling efficient referrals and connections for caregivers seeking support.

Enhance the sharing of information by incorporating respite care resources and links into the aging services website(s). By making these resources readily available online, caregivers can easily access information about available services, eligibility criteria, and how to access respite care support.

Collaborate with community-based organizations and support groups to disseminate information about respite care services to caregivers. By engaging with local partners, we can amplify outreach efforts and reach caregivers who may not be connected to formal service networks.

Develop informational materials specifically targeting grandparents who are caregiving for their grandchildren. These materials will address their unique needs and challenges and highlight respite care options tailored to their caregiving situation.

Establish partnerships with childcare facilities and schools to raise awareness about respite care services available to grandparents caring for grandchildren. By reaching out to these institutions, we can connect with caregivers who may be in need of additional support.

Utilize social media platforms and targeted online advertisements to reach caregivers and promote respite care resources. These digital channels offer a cost-effective means of reaching a wide audience and can be tailored to specific demographics and regions.

Conduct workshops and training sessions for AAA and ADRC staff to ensure they are well-informed about available respite care providers. Equipping staff with this

knowledge will enhance their ability to assist caregivers in finding suitable respite care options.

Implement a feedback mechanism to gather insights from caregivers who have utilized respite care services. This feedback will help assess the effectiveness of the respite care support provided and identify areas for improvement.

Collaborate with relevant agencies and organizations to explore funding opportunities for respite care services, enabling caregivers to access these services at little to no cost. By addressing financial barriers, we can increase the utilization of respite care and better support caregivers in their caregiving roles.

## **State Objective 5.4**

Monitor and implement recommendations from the Recognize, Assist, Include, Support, & Engage (RAISE) Family Caregiving Advisory Council and Advisory Council to Support Grandparents Raising Grandchildren.

### **Outcome 5.4**

Increase coordination with AAAs, ADRCs, and providers with the National Technical Assistance Center on Grand families and Kinship families.

### **AAA Strategies 5.4**

Establish a dedicated task force or working group responsible for monitoring and implementing the recommendations from the Recognize, Assist, Include, Support, & Engage (RAISE) Family Caregiving Advisory Council and Advisory Council to Support Grandparents Raising Grandchildren. This group will ensure that the recommendations are translated into actionable initiatives and that progress is tracked regularly.

Conduct regular meetings and communication channels between the task force and Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), and service providers affiliated with the National Technical Assistance Center on Grand Families and Kinship Families. These collaborations will foster a seamless flow of information and resources, promoting coordinated efforts to support grand families and kinship families.

Develop an implementation plan that outlines the specific actions needed to address the recommendations from the RAISE Family Caregiving Advisory Council and Advisory Council to Support Grandparents Raising Grandchildren. The plan will

include timelines, responsible parties, and measurable goals to ensure effective execution.

Provide training and capacity-building opportunities for AAAs, ADRCs, and service providers to enhance their knowledge and expertise in supporting grand families and kinship families. This training will ensure that frontline staff are well-equipped to provide quality assistance and support to these caregiving families, aligning with the recommendations from the advisory councils.

Conduct regular progress assessments and evaluations to monitor the effectiveness of the strategies implemented to increase coordination with AAAs, ADRCs, and providers associated with the National Technical Assistance Center on Grand families and Kinship families. Feedback from stakeholders, caregivers, and the advisory councils will inform any necessary adjustments to improve the coordination efforts and achieve the desired outcomes.

## Section 9. Performance Measures

Complete Table 6. Performance Measures using *State Fiscal Year* (SFY) numbers.

**Table 6. Performance Measures**

Performance Measure	Actual SFY 2022	Projected SFY 2024	AAA Strategies
Number of unduplicated active certified Ombudsman	6	6	1.4
Number of unduplicated persons receiving care coordination	1948	1997	2.4
Number of unduplicated persons receiving legal assistance (age 60 and over)	414	424	1.8
Total care coordination expenditures	458,465	469,927	1.1
Average cost per care coordination client	84.02	86.12	n/a
Total legal assistance (age 60 and over) expenditures	2,305	2363	1.9
Average cost per person receiving legal assistance	153.67	157.51	n/a
Cumulative number of visits to assisted living facilities by a certified Ombudsman	512	525	1.5
Total expenditures Ombudsman program (federal, state, other federal, program income, and local cash)	29,943	30,692	1.1
Unduplicated number of assisted living facilities visited by an active certified Ombudsman	512	525	1.5
Percentage of complaints resolved and partially resolved in nursing homes and assisted living facilities	90.17%	92.42%	1.4
Number of unduplicated persons receiving congregate meals	931	954	3.1
Number of congregate meals served	59,544	61,033	3.1

<b>Performance Measure</b>	<b>Actual SFY 2022</b>	<b>Projected SFY 2024</b>	<b>AAA Strategies</b>
Number of home-delivered meals served	653,855	670,201	1.3
Number of unduplicated persons receiving home-delivered meals	5,125	5,253	1.3
Number of unduplicated persons receiving homemaker services	432	443	1.6
Number of unduplicated persons receiving personal assistance	n/a	n/a	n/a
Number of homes repaired/modified (residential repair service)	321	329	1.7
Number of one-way trips (demand response transportation service)	1,765	1,809	2.7
Total congregate meal expenditures	333,368.00	341,702.00	1.1
Average cost per congregate meal	5.60	5.75	n/a
Total home delivered meal expenditures	3,471,969.00	3,558,768.00	1.1
Average cost per home-delivered meal	\$5.31	\$5.44	n/a
Total homemaker services expenditures	28,736	29,454	1.1
Average cost per person receiving homemaker services	13.35	13.68	n/a
Total personal assistance services expenditures	n/a	n/a	n/a
Average cost per person receiving personal assistance services	n/a	n/a	n/a
Average cost per modified home (residential repair service)	2,473.45	2,535.08	n/a

## Section 10. Summary of Services

Legal References: 2020 OAA 306(a)(1), 306(a)(2), 306(a)(7); 26 TAC 213(C)(3)

### Provided Services

Please refer to the [HHSC Services Definitions for Area Agencies on Aging Federal Fiscal Year 2023](#).

**Table 7. Services To Be Provided During This Area Plan (FFY 2024 – FFY 2026)**

<b>Service Name (As of FFY 2023)</b>	<b>Provided During this Area Plan? Yes or No</b>	<b>Direct Service of AAA? Yes or No</b>
Area Agency Administration	Yes	Yes
Assisted Transportation	Yes	No
Care Coordination (Case Management)	Yes	Yes
Caregiver Counseling	Yes	No
Caregiver Information Services	Yes	No
Caregiver Support Coordination (caregiver Case Management)	Yes	Yes
Caregiver Support Groups	Yes	No
Caregiver Training	Yes	No
Chore Maintenance	No	No
Congregate Meals	Yes	No
Data Management	Yes	No
Day Activity and Health Services	Yes	No



<b>Service Name (As of FFY 2023)</b>	<b>Provided During this Area Plan? Yes or No</b>	<b>Direct Service of AAA? Yes or No</b>
Emergency Response	No	No
Evidence-Based Intervention (Health Promotion)	Yes	Yes
Health Screening and Monitoring (Health Promotion)	No	No
HICAP Assistance	Yes	Yes
Home Delivered Meals	Yes	No
Homemaker	Yes	No
Homemaker - Voucher	No	No
Income Support	No	No
Information, Referral and Assistance	Yes	Yes
Instruction and Training	No	No
Legal Assistance – 60 years and older	Yes	Yes
Legal Awareness (Legal Outreach)	Yes	Yes
Mental Health Services (Health Promotion)	No	No
MIPPA Outreach and Assistance	Yes	Yes
Nutrition Consultation	No	No
Nutrition Counseling	No	No
Nutrition Education	Yes	No
Ombudsman	Yes	Yes
Outreach	Yes	Yes
Participant Assessment – Access and Assistance	Yes	Yes
Participant Assessment – Nutrition Services	Yes	Yes
Personal Assistance	No	No

<b>Service Name (As of FFY 2023)</b>	<b>Provided During this Area Plan? Yes or No</b>	<b>Direct Service of AAA? Yes or No</b>
Physical Fitness (Health Promotion)	No	No
Public Information Services	Yes	Yes
Recreation (Health Promotion)	Yes	No
Residential Repair	Yes	No
Respite In Home	Yes	No
Respite Out of Home	No	No
Respite Out of Home, overnight	No	No
Respite - Voucher	No	No
Senior Center Operations	Yes	No
Social Reassurance	Yes	Yes
Special Initiative	Yes	Yes
Transportation	Yes	No
Transportation - Voucher	No	No
Visiting	No	No

## Service Delivery Narratives

In this section, provide narrative descriptions for **all** services that are anticipated to be provided during this area plan period (FFY 2024 through FFY 2026). Please refer to Table 7 and include all services that were indicated as **Yes** in the column for: *Provided During this Area Plan?*

Describe each service using the “5 Ws and H” approach:

- What service is being provided in the PSA?
- Who is the targeted audience of the service within the PSA?
- Where will the service be provided in the PSA? (for example, the specific geographical area, facility or physical building, provided in-person and/or virtual, etc.).
- When will the service be provided in the PSA? Describe duration and frequency of the service.
- Why is it important to provide the service in the PSA? Describe unmet needs and barriers older individuals experience.
- How is the service being provided in the PSA? Include whether the service is contract, sub-recipient agreement or provided as a direct service. Identify service providers in the PSA and the counties served by each provider.

This section includes sub-headings to categorize similar services together. Although a service may fit into multiple categories, it is only required to provide a single narrative for that particular service. The sub-headings/categories begin on the next page and are as follows: AAA Administrative Functions; Case Management Services; Information and Assistance Services; Transportation Services; Nutrition Services; Legal Services; Caregiver Services; In-Home Services; Health Services (physical, mental and behavioral); Evidenced-Based Interventions (EBIs); and All Other Services to Assist Independence.

## **AAA Administrative Functions**

Administrative and supervisory functions include providing direction and general supervision to AAA staff; preparing and implementing comprehensive plans for provision of services to the elderly, adults with disabilities and their family caregivers; preparing and managing the grants and contrast; commenting on and providing technical assistance to member governments and private organizations which provide services to the elderly, veterans, their families or caregivers, and individuals with disabilities; creating opportunities to add or increase program revenue through building relationships with community organizations, health care agencies and/or managed care organizations.

## Case Management Services

Case management services for aging people are a comprehensive and holistic approach to providing personalized support and care for older individuals as they navigate the complexities of aging. The primary goal of case management is to enhance the overall well-being and quality of life of seniors by addressing their unique needs, challenges, and preferences.

A case manager, typically a trained professional with expertise in gerontology or social work, works closely with the elderly person 60 years of age, individuals with disabilities, veterans, their families or caregivers by conducting a thorough assessment of their physical, emotional, social, and financial situation. This assessment helps identify the individual's specific needs, strengths, and areas where support is required.

Based on the assessment, the case manager develops a personalized care plan, which outlines the recommended services, resources, and interventions to meet the senior's requirements. This plan is flexible and can be adapted as the individual's needs change over time.

Case managers serve as advocates for the aging person, coordinating services and connecting them to various community resources, such as healthcare providers, home care agencies, support groups, transportation services, and legal assistance. They also liaise with family members, ensuring effective communication and collaboration among all parties involved in the care of the senior. These services take place throughout Cameron, Hidalgo, and Willacy counties.

Throughout the process, case managers continually monitor and evaluate the effectiveness of the care plan, making adjustments, as needed to ensure the best possible outcomes for the aging individual. They provide ongoing support, guidance, and reassurance to both the senior and their family, helping them navigate challenges and address any issues that may arise.

In summary, case management services for aging people offer a vital support system that promotes independence, dignity, and a high quality of life for seniors. Through personalized care planning, resource coordination, and ongoing advocacy, case managers play a crucial role in assisting older individuals to age gracefully and comfortably in their preferred living environment. To ensure inclusivity these services are available to their families and caregivers.

These services are important in order to provide ongoing support as individuals navigate through their journey towards meeting their needs and remaining within the community. Furthermore, these services foster a greater sense of autonomy which positively impacts their mental, physical and emotional wellbeing as cultivating a life of aging gracefully with dignity and respect.

- Health Maintenance
  - Health maintenance assistance may cover the cost of essential medical supplies that play a crucial role in supporting individuals with specific health needs. This assistance includes coverage for items such as incontinence supplies, which promote comfort and dignity for those dealing with bladder control issues. Additionally, providing coverage for nutritional supplements ensures that individuals with dietary requirements receive the necessary vitamins and nutrients to maintain their health. For individuals managing diabetes, having access to durable medical equipment like glucose monitors is vital for effective monitoring and management of blood sugar levels. Health maintenance assistance also covers diabetic shoes, which offer the necessary support and protection for foot health in those with diabetes and other items identified as an allowable under the grant. By offering financial support for these medical supplies and equipment, individuals can better manage their health conditions, experience improved well-being, and enjoy a higher quality of life.
  
- Homemaker
  - Homemaker services refer to a type of in-home care provided to individuals who need assistance with various household tasks and activities of daily living. These services are designed to support people who may have difficulty performing routine chores due to age, illness, disability, or other limitations. The primary goal of homemaker services is to help individuals maintain their independence and stay in the comfort of their own homes. Homemaker services typically include a range of non-medical tasks, such as light housekeeping assistance with tidying up the home, dusting, vacuuming, and maintaining a clean-living environment. Services may include meal preparation by planning and preparing nutritious meals based on the individual's dietary needs and preferences. Other tasks may include laundry by washing, drying, and folding clothes and linens. Medication reminders

by reminding individuals to take their prescribed medications at the appropriate times.

- Homemaker services are typically provided by trained caregivers or home health aides who are well-equipped to assist with non-medical tasks. These services can be arranged on a regular schedule, depending on the individual's needs, and may range from a few hours a week to daily assistance.
  - Overall, homemaker services play a vital role in enhancing the overall quality of life for individuals who require help with daily household activities, allowing them to remain independent and safe in the comfort of their own homes. These services are provided on a temporary basis.
- Residential Repair
    - Minor residential repairs to improve accessibility in the home essential to create a more inclusive living environment for individuals with mobility challenges. These repairs may include installing ramps to provide easy access for individuals using wheelchairs or mobility aids, removing tubs, and replacing them with step-in showers for safer and more accessible bathing, and installing grab bars in bathrooms and other areas to offer support and stability. Additionally, incorporating ADA-compliant toilets ensures that individuals with disabilities can use the restroom comfortably and safely. These minor yet significant modifications not only enhance the overall safety and convenience of the home but also promote independence and dignity for those with mobility limitations, allowing them to navigate their living spaces with greater ease and confidence.

## Information and Assistance Services

Information and Assistance services implement the Information, Referral, and Assistance program. IR&A staff responds to client's inquiries regarding information to address identified needs within Cameron, Hidalgo, and Willacy Counties. The focus is to serve as a valuable resource and guide for individuals seeking assistance and support in various areas of their lives. Providing crucial information on a wide range of services, resources, and programs available within the Area Agency on Aging and ADRC, such as healthcare benefits counseling, housing, education, employment, social services, care coordination, caregiver support, residential modification, home delivered meals, congregate meals, transportation services, health maintenance services, respite in-home services, etc. Using the available resources, they then provide personalized recommendations and referrals that best suit their specific circumstances.

The goal is to empower individuals over the age of 60, individuals with disabilities, veterans, and their families or their care providers to access the appropriate services that can enhance their well-being and improve their quality of life. These services are provided via telephone, in person, email, mail, and faxed. Additionally, they follow up with them to ensure they received the help they needed and remain available for ongoing support. The scope of service is delivered within 3 business days after the initial contact from the consumer is done. Case managers will make initial contact for further assessments within 3 business days and services process will be followed according after that. These services are important in order to provide ongoing support as individuals navigate through their journey towards meeting their needs and remaining within the community. Furthermore, these services foster a greater sense of autonomy which positively impacts their mental, physical and emotional wellbeing.



## Transportation Services

The Area Agency on Aging in the Lower Rio Grande Valley region offers transportation services through a mix of approved licensed and insured contractors and subrecipients, all operating under the state of Texas regulations. These services cover the tri-county service area, encompassing Hidalgo, Cameron, and Willacy counties.

In Hidalgo County, Mission Housing Authority and Amigos Del Valle cater to transportation needs to and from their nutrition sites. Additionally, they facilitate transportation for recreational outings, health and wellness fairs, doctor appointments, medication pickups, and more.

In Cameron County, Amigos Del Valle, City of Los Fresnos, and City of Rio Hondo are responsible for transporting elderly individuals attending senior centers for congregate meals. The services extend to transportation to and from the senior center, grocery shopping, and scheduled medical visits.

In Willacy County, Amigos Del Valle operates the Raymondville Center, providing transportation to and from nutrition sites, as well as for various recreational activities, health and wellness fairs, doctor appointments, and prescription pickups.

While the Area Agency on Aging has faced challenges with a limited number of transportation contractors, the Lower Rio Grande Valley Metro now offers a paratransit service specifically designed for eligible clients, aiming to address this barrier and enhance transportation accessibility for the elderly population in the region.

## Nutrition Services

### Congregate Meals

The Area Agency partners with local provider Amigos Del Valle as a subrecipient, tasked with providing congregate meals to the counties of Cameron, Willacy, and Hidalgo. Amigos Del Valle operates a central kitchen in San Benito, Texas, where meals are meticulously prepared, packaged, and delivered to 28 nutrition sites across the region. These sites are equipped with heated holding cabinets to ensure meals are maintained at the appropriate temperature. Dedicated volunteers assist in serving the meals, and seniors have various transportation options to access the congregate meal setting, including walking, driving, public transportation, or being driven by others.

To maintain a diverse and nutritious menu, a menu committee comprised of center staff and consumers collaborates with the central kitchen staff to select menu items for the upcoming cycle of meals, both congregate and home delivered. The congregate meal rate also includes the provision of nutrition education, an integral part of the services. A registered dietitian prepares all materials used for this purpose.

While services continue to be provided, efforts are being made to ensure that at-risk populations have increased access to meals. The future strategy involves developing additional partnerships and agreements with more senior centers in the region to expand capacity and serve a larger number of individuals.

Currently, there are some challenges faced by congregate meal sites, mainly due to seniors' concerns about returning to community activities after the pandemic disrupted their daily routines and social interactions. Consequently, there is a need to recruit more delivery drivers, individuals to engage with older adults, and volunteers to encourage clients to return to the congregate meal sites.

Although the number of meals provided has remained steady, there is still room for growth and improving accessibility. The Area Agency on Aging remains committed to working closely with current senior centers to develop innovative solutions for expanding meal and nutrition sites. Additionally, efforts are underway to establish additional senior centers in smaller cities, thereby reaching more seniors and ensuring broader access to congregate meal services.

## Home Delivered Meals

The Area Agency on Aging collaborates with local provider Amigos Del Valle as a subrecipient to offer home-delivered meals in the counties of Cameron, Willacy, and Hidalgo. Amigos Del Valle operates a central kitchen in San Benito, Texas, where they meticulously prepare, package, and deliver meals to 28 nutrition sites across the region. Once delivered to the designated nutrition site, the meals are promptly transferred to heated holding cabinets, ensuring they remain at the appropriate temperature until distribution. The distribution process involves dedicated volunteers and staff from Amigos Del Valle, along with delivery drivers who transport the meals in heated holding cabinets to participants receiving home-delivered meals from each site.

Presently, there are no notable barriers concerning home-delivered meals. However, the demand for additional funding to support this service continues to grow steadily. Home-delivered meals have not experienced any reduction in demand; on the contrary, the need is projected to increase further. Seniors who wish to remain at home often require the convenience of a noon meal, and several communities in the tri-county region are contributing local funding to provide additional home-delivered meals to eligible residents.

Beyond the convenience of meal delivery, this service plays a crucial role in easing the burden of shopping and meal preparation for older individuals. Additionally, it addresses the important need for socialization, considered one of the social determinants of health. Regular meal deliveries also serve as wellness check-ins, providing peace of mind for recipients who may not have regular interaction with others during the day. For many clients, the delivery driver becomes the only person they see, making home-delivered meals a source of vital support and comfort.

Nutrition education is an integral part of the home-delivered meal rate, and the provider is obligated to offer nutrition education to all participants, promoting overall health and well-being.

## Legal Services

Legal Assistance is a crucial direct service offered by the Area Agency on Aging, facilitated by a team of four dedicated Benefit Counselors. Currently we have two which are certified as BC II, and the aim is to have filled the two existing vacancies and have all four become BC II certified. These full-time employees are strategically located, covering the tri-county region of Cameron, Hidalgo, and Willacy counties, The range of assistance provided by the Benefit Counselors includes administrative hearings, SNAP applications, Medicaid issues, Advance Directives, and any one-on-one support related to entitlement programs.

Notably, the program has cultivated valuable partnerships with entities like VAIL, community health centers, Westbrook Clinic and, upon request, dialysis centers. The staff has been proactive in establishing off-site work areas in collaboration with local partners, enabling seniors to access services without having to visit the office. Existing partnerships with Texas Legal Aid, Young Lawyers Association, and the Texas Legal Service Center further enhance the program's effectiveness.

Over the years, the program has experienced a significant increase in legal assistance units, and as we emerge from the pandemic and recover from its impact, we anticipate further growth in staff and services, especially with the resumption of in-person services. In response to the rising demand, we will be filling the two Benefit Counselors vacancies to meet the needs of our community effectively. This expansion is attributed to the unwavering commitment of our team and the strong partnerships forged through ongoing outreach efforts. The program's positive impact on the community is evident from this remarkable increase in service units despite the aging population having reservations about interacting with the public in person. Moreover, being part of the COG's emergency plan ensures that all staff members remain readily available to assist during disasters, and our local contact with FEMA enables us to support disaster response efforts efficiently. With the continued dedication of our team and the support of our valuable partners, we envision legal assistance services continuing to expand, safeguarding the rights and well-being of seniors in our region.

## Caregiver Services

This is a direct service offered by the Area Agency on Aging, which employs three dedicated case managers and due to its growing demand, we are currently in the process of hiring one more. The case managers are distributed to cover the tri-county service region according to its demand.

These case managers devote 100% of their time to providing Caregiver Support Coordination services, focusing on both the caregiver and the care recipients aged 60 years and above.

Despite the evident need for this service, a primary challenge lies in spreading awareness among the public. To address this, case managers are actively engaging with the community and collaborating with partners like community clinics and home health agencies. Collaboration with local news has been established in Spanish and English, informing the public of AAA Caregiver Services.

To strengthen and expand outreach activities, the agency aims to intensify collaboration with partners and leverage existing relationships with healthcare providers like the WellMed Charitable Foundation, local communication platforms, Regional Small City Coalitions, Community Development Block Grant committee meetings, local housing authorities, ADRC Rio-Net, Lower Rio Grande Valley Development Council websites, and local senior centers.

After completing the caregiver assessments, our dedicated case managers have gained valuable insights into the unique needs of each caregiver. Armed with this essential information, we are better equipped to provide tailored support and assistance to those caring for their loved ones. We remain committed to ensuring the well-being of both caregivers and care recipients throughout our services. As we move forward, we will continue to explore innovative ways to address the challenges faced by caregivers, forging partnerships with community organizations and healthcare providers to create a comprehensive support network. While the formal provision of services may be concluding, our dedication to empowering and assisting caregivers remains unwavering, as the purpose of these services is to play a proactive approach in preventing caregiver burnout and, as a result, a safe and trusting environment for the care recipient.

## In-Home Services

Through our in-home services, we pride ourselves on offering comprehensive support tailored to the needs of aging and disabled individuals, as well as their dedicated caregivers. One essential service we provide is respite care, designed to give caregivers a well-deserved break from their responsibilities on a temporary basis. Caring for an aging or disabled loved one can be both rewarding and demanding, which is why we understand the importance of offering caregivers the opportunity to rest and recharge. Respite services allow caregivers to take some time for themselves, knowing their loved ones are in capable and compassionate hands. During this time, experienced and trained caregivers' step in to provide the necessary care and assistance to the aging or individuals with disabilities, veterans, and their families ensuring their safety, comfort, and well-being. We firmly believe that supporting caregivers is key to maintaining the overall health and harmony of the family, and our respite services are just one of the ways we demonstrate our commitment to providing comprehensive and compassionate care for all.

## **Health Services (physical, mental, and behavioral)**

At AAA, we place a strong emphasis on psychosocial education to foster awareness about the critical importance of seeking health services. We firmly believe that promoting mental, emotional, and social well-being is just as essential as addressing physical health. Through our psychosocial education programs, we aim to inform individuals about the various aspects of their overall health and the interconnectedness between mind and body. By raising awareness about the significance of seeking health services, we empower individuals to proactively address their health concerns and to prioritize their well-being. Our educational initiatives emphasize the benefits of early detection and preventive care, encouraging individuals to seek medical attention promptly and regularly for the best possible outcomes. Through these efforts, we strive to create a community that is proactive about their health and understands the value of comprehensive care, ultimately contributing to a healthier and more informed society.

## Evidence-Based Interventions (EBIs)

The evidence-based program, Benjamin Rose Institute provides "Caregiver Needs Assessments and Care Plan Development," It is a comprehensive initiative focused on providing vital support to caregivers. Through a systematic and thorough needs assessment process, the program gathers essential information about the challenges and requirements faced by caregivers in their caregiving roles. This assessment covers various aspects, including the caregiver's physical and emotional well-being, level of knowledge about the care recipient's condition, and available social support. Based on the findings, a personalized care plan is meticulously crafted to address the specific needs and concerns identified during the assessment. The care plan incorporates evidence-based strategies and interventions, ensuring that caregivers receive the most effective support and resources to enhance their caregiving capabilities. By providing caregivers with the necessary tools, education, and emotional support, this program aims to alleviate caregiver stress, improve overall well-being, and ultimately enhance the quality of care provided to care recipients. The evidence-based approach ensures that the program's interventions are based on proven methods, leading to more successful outcomes for both caregivers and those they care for.

The evidence-based program, CTI which is a "Hospital-based Care Transition Intervention Services for the Aging Population," is a dynamic initiative designed to prevent rehospitalization within 30 days after being discharged for individuals 60 year of age and above. This program leverages the expertise of CTI Coaches working within hospitals to provide personalized and coordinated services to aging patients. Upon admission, a comprehensive assessment is conducted to identify the specific needs and challenges of each individual. Based on the assessment, CTI Coaches develop tailored care plans that encompass physical, emotional, and social aspects of care. They collaborate closely with patients, their families, and other healthcare providers to ensure seamless transitions from hospital to home. Through ongoing support and education, CTI Coaches empower patients and their caregivers with evidence-based strategies to manage health conditions, adhere to medication regimens, and make lifestyle adjustments that promote better well-being. By fostering a strong support system, this program aims to enhance patient outcomes, reduce hospital readmissions, and ultimately improve the overall health and quality of life for aging individuals. The evidence-based approach ensures that interventions are rooted in proven practices, leading to more effective and sustainable results for the aging population.



## All Other Services to Assist Independence

The Expanding the Public Health Workforce Initiative is contributing significantly to the independence of an aging individual in several ways. Firstly, by providing comprehensive education about the importance and benefits of vaccinations and the overall health the initiative empowers the individual to make informed decisions about themselves. With this knowledge, the aging person can actively participate in their healthcare decisions, including receiving recommended vaccines to protect against preventable illnesses across the Cameron, Hidalgo, and Willacy county areas. This initiative serves our aging, veterans, and caregiver population.

Moreover, through vaccine facilitation, the initiative ensures easy access to necessary immunizations. By coordinating vaccination clinics or providing information on vaccination locations, the initiative removes barriers that may hinder the aging individual from getting vaccinated, such as transportation challenges or lack of awareness about available services.

By promoting vaccination, the special initiative also helps prevent vaccine-preventable diseases, reducing the risk of illness and complications that could lead to hospitalization or increased dependence on others for care. This, in turn, preserves the individual's independence and ability to continue living life on their terms.

## Section 11. Direct Service Waiver

Legal References: OAA 2020 307(a)(8); 26 TAC 213.155

To ensure compliance with the OAA direct service provision requirements and the state's approved state plan on aging, AAAs must request HHSC approval to provide Title III services directly. Please refer to the Method of Service Provision column in the [HHSC Services Definitions for Area Agencies on Aging Federal Fiscal Year 2023](#).

As per AAA Bulletin 22-02 AAAs Providing Services Directly (from November 04, 2022), the following services **do not** require HHSC approval:

- Case Management (Care Coordination and Caregiver Support Coordination)
- Information and Assistance (Information, Referral and Assistance and Caregiver Information Services)
- Services directly related to the AAA's administrative functions (Area Agency Administration, Data Management, and Instruction and Training)
- Outreach (Legal Awareness, Outreach and Public Information Services)
- Legal Assistance services which are provided directly by a certified benefits counselor; and
- Ombudsman Services which are provided directly by a certified ombudsman.

Indicate (**yes** or **no**) whether the AAA will provide any direct service that requires HHSC approval during the effective period of this area plan (FFY 2024 through FFY2026). If **yes**, also indicate the direct service(s).

During the effective period of this area plan, we do not plan to be providing any direct services that require a waiver. However, in the event of an unexpected situation arising, we will diligently follow the direct service waiver process accordingly. Our primary focus during this period will be to ensure the efficient implementation of the area plan, adhering to the approved guidelines and strategies. We will focus on the framework of this plan, and we will actively monitor and evaluate its impact to address any emerging needs or unforeseen circumstances.

# Direct Service Waiver Form 1

All area agencies on aging (AAAs) must complete a Direct Service Waiver form to request approval to provide supportive, in-home, or nutrition service as a direct service. A direct service is defined as a service activity provided to an eligible person performed directly by a AAA employee or volunteer.

**Table 8. Direct Service Waiver Form 1**

Topic	Response
Name of AAA.	Lower Rio Grande Valley Area Agency on Aging
Identify the direct service being requested.	Not applicable
Identify the time period for which the AAA will provide the direct service, not to extend past the effective period of this area plan.	Not applicable
Condition A: Provision of the direct service by the AAA is necessary to assure an adequate supply of such service.	No
Condition B: The service is directly related to the AAA's administrative functions.	No
Condition C: The service can be provided more economically, and with comparable quality, by the AAA.	No
Specify the area(s) within the PSA for which the AAA will provide the direct service.	Not applicable

## Direct Service Waiver Form 2

All area agencies on aging (AAAs) must complete a Direct Service Waiver form to request approval to provide a supportive, in-home, or nutrition service as a direct service. A direct service is defined as a service activity provided to an eligible person performed directly by a AAA employee or volunteer.

**Table 9. Direct Service Waiver Form 2**

Topic	Response
Name of AAA.	Lower Rio Grande Valley Area Agency on Aging
Identify the direct service being requested.	Not applicable
Identify the time period for which the AAA will provide the direct service, not to extend past the effective period of this area plan.	Not applicable
Condition A: Provision of the direct service by the AAA is necessary to assure an adequate supply of such service.	No
Condition B: The service is directly related to the AAA's administrative functions.	No
Condition C: The service can be provided more economically, and with comparable quality, by the AAA.	No
Specify the area(s) within the PSA for which the AAA will provide the direct service.	Not applicable

## Direct Service Wavier Form 3

All area agencies on aging (AAAs) must complete a Direct Service Waiver form to request approval to provide a supportive, in-home, or nutrition service as a direct service. A direct service is defined as a service activity provided to an eligible person performed directly by a AAA employee or volunteer.

**Table 10. Direct Service Waiver Form 3**

Topic	Response
Name of AAA.	Lower Rio Grande Valley Area Agency on Aging
Identify the direct service being requested.	Not applicable
Identify the time period for which the AAA will provide the direct service, not to extend past the effective period of this area plan.	Not applicable
Condition A: Provision of the direct service by the AAA is necessary to assure an adequate supply of such service.	No
Condition B: The service is directly related to the AAA's administrative functions.	No
Condition C: The service can be provided more economically, and with comparable quality, by the AAA,	No
Specify the area(s) within the PSA for which the AAA will provide the direct service.	Not applicable

## Section 12. Data Use Agreement

In addition to the data use agreement the Area Agency on Aging also follows the Lower Rio Grande Valley Development Council internal policy regarding the use of data and technology. The Area Agency also has developed an internal policy regarding HIPPA requirements. The combination of these agreements includes the following elements:

Purpose and Scope

Data Handling and Protection

Data Use Restrictions

Data Retention and Disposal

Data Ownership and Intellectual Property

Confidentiality and Non-Disclosure

Data Sharing and Collaboration

Data Access and Audit

Liability and Indemnification

Governing Law and Jurisdiction

Data Use Agreement Review

By incorporating these elements into your data use agreement, we ensure that data is handled responsibly, ethically, and in compliance with applicable laws and regulations.

## Section 13. Disaster Plan

Legal References: OAA 2020 306(a)(17) and 307(a)(17); 26  
TAC 213.11 and 213.151

### Aging Services Disaster Plan

The Area Agency on Aging continuously works with the Lower Rio Grande Valley Development Council, Public Safety Department and all emergency coordinators in the region to ensure a disaster plan that includes the aging community. AAA disaster plan is regularly reviewed, assessed, and updated to ensure its effectiveness and relevance in addressing potential emergencies and disasters that may impact our elderly clients. To achieve this, we have collaborated with the development of the regions Threat and Hazard Identification and Risk Assessment and the SPR (Preparedness Review) as well as the Implementation Plan. We will collaborate closely with our team of experts, stakeholders, and community partners to gather valuable insights and feedback. We will also monitor and stay informed about the latest advancements in disaster preparedness and response strategies for aging services. By proactively engaging in ongoing training and education, and by conducting drills and exercises to test the plan's efficacy.



## Assurances

### Older Americans Act, As Amended in 2020

#### Section 306, Area Plans

By signing this document, the authorized officials commit the Area Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

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

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



multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English

proficiency, and older individuals residing in rural areas in the area served by the provider;

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

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

(iii) with respect to the fiscal year preceding the fiscal year for which such area plan is prepared -

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances the area agency on aging will use outreach efforts that will

(i) identify individuals eligible for assistance under this Act, with special emphasis on -

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(i) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems



development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

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

(6) provide that the area agency on aging will –

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

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

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

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (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;

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

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

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

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

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

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

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend

not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

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

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

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans") including -

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

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

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

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

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

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

(B) disclose to the Assistant Secretary for Aging and HHSC-

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

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

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

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



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

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

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

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

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212

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

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

(18) provide assurances that the area agency on aging will collect data to determine –

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

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

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

(2) Such assessment may include –

(A) the projected change in the number of older individuals in the planning and service area;

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

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

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

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for –

- (A) health and human services;
- (B) land use;
- (C) housing;
- (D) transportation;
- (E) public safety;
- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

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

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of



individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

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

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for –

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

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

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

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through –

(1) contracts with health care payers; or

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

## Standard Assurances of Compliance

The Grantee (aka Area Agency on Aging) provides these assurances in consideration and for the purpose of obtaining federal grants, loans, contracts, property, discounts or other federal financial assistance from the U.S. Department of Health and Human Services. The Grantee agrees that it will comply with:

1. **Title VI of the Civil Rights Act of 1964** (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the AAA receives federal financial assistance from HHSC.
2. **Section 504 of the Rehabilitation Act of 1973** (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the AAA receives federal financial assistance from HHSC.
3. **Title IX of the Education Amendments of 1972** (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the AAA receives federal financial assistance from HHSC.
4. **The Age Discrimination Act of 1975** (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the AAA receives federal financial assistance from HHSC.



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

## Authorized Signature Page

Legal Name of Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Main Telephone Number: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

The FFY 2024 – 2026 Area Plan is hereby submitted by the organization identified above for the period covering October 1, 2024, through September 30, 2026. By signing this document, the authorized officials commit the Area Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020, and agreeing to comply with the Standard Assurances of Compliance. In addition, the signatures on this page certify that the Area Plan has been reviewed and approved by the AAA's Board of Directors and/or Governing Body and/or Executive Committee.

### Authorized Official - Executive Director

Name: Manuel Cruz

Signature: [Handwritten Signature]

Date: July 31, 2023

### Authorized Official - Board of Directors/Governing Body/Executive Committee

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Authorized Official - AAA Advisory Council Chair/President**

Name: Rose R Timmer

Signature: ROSE R Timmer

Date: August 9, 2023

**Authorized Official - AAA Director**

Name: Margarita Lopez

Signature: Margarita Lopez

Date: July 31, 2023