Area Agency on Aging of the Capital Area  
(AAA-83105)  
Capital Area Council of Governments

Area Plan
FY 2017 – 2019

For submission due date: April 1, 2016 by 10:00AM

6800 Burleson Road, Bldg. 310, Suite 165
Austin Texas 78744
(512) 916-6062
www.aaacap.org
**Table of Contents**

Area Plan Narrative ................................................................................................................. 4

Environmental Overview ........................................................................................................... 5
  Community Assessment .......................................................................................................... 5

Organizational Structure .......................................................................................................... 17


Regional Needs Summary ......................................................................................................... 31

Local Strategies Supporting Program Goals and State Strategies ................................. 40
  Section A. Area Agency on Aging Administration .............................................................. 40
  Section B. Long-term Care (LTC) Ombudsman Services ..................................................... 46
  Section C. Access and Assistance Services ......................................................................... 47
  Section D. Services to Assist Independent Living ................................................................. 52
  Section E. Nutrition Services ................................................................................................. 61

Attachments ............................................................................................................................. 63
  Organizational Chart ............................................................................................................ 64
  Staff Activities ...................................................................................................................... 65

Standard Assurances ............................................................................................................... 71

Older Americans Act Assurances ........................................................................................... 75
Authorized Signature Form

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

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

Jennifer Scott, Director
Name (Type or Print)

Pam Moreno, Accountant IV
Name (Type or Print)

Lisa Byrd, Finance Director
Name (Type or Print)

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

Betty Voights
Name (Type or Print)

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

Commissioner Cynthia Long, Board Chair
Name (Type or Print)
Date

Mayor Debbie Holland, Board Vice Chair
Name (Type or Print)
Date

(Area Agency on the Aging-Capital Area)
Area Plan Narrative
Environmental Overview

Community Assessment

Current Demographic and Economic Conditions

The older population of Texas and across America is living longer and enjoying greater prosperity than any previous generation. Despite advances, inequalities between the sexes, among income groups, and racial and ethnic groups continue to exist. As the baby boomers continue to age and America’s older generation grows larger and more diverse, there is a greater need to provide supports for improved health and economic well-being of the older individual. This growth affects many aspects of our society, challenging policymakers, families, businesses, and health care providers, among others, to meet the needs of this population.

The aging of the baby boomers is accelerating the growth of the older population. This group is more racially diverse and better educated than previous generations. There is an increased proportion of older individuals considered at a high income level and a decreased proportion living in poverty. Further, a decrease in the low-income group, those just above the federal poverty line, has also been observed. There are concerns this trend may weaken as more baby boomers reach the age of retirement due to slower income growth and the effects of the Great Recession. That is, their ability to ensure financial stability in their retirement years has been compromised. Despite overall gains for the population as a whole, it is important to recognize that major inequalities continue to exist for older minorities and people without high school diplomas who report fewer resources overall.

Americans are living longer. Growing older is accompanied by increased risk of certain diseases and disorders and a variety of chronic health conditions. Despite these conditions, the rate of functional limitations among older people has declined in recent years. This may be a result of positive social and lifestyle changes that affect the health and well-being of the older individual. Even so, health care costs have risen dramatically for older Americans. The recent enactment of the Affordable Care Act may be expected to affect these trends, however, at this point it is very difficult to determine the nature and extent of those effects.

The state of Texas leads other states in domestic in-migration since 2006. Our state is home to the second-largest Hispanic, third-largest non-Hispanic white and Asian-origin, and fourth-largest African American work force of any state in the country.

Texas, and particularly the Austin-Round Rock metropolitan area, enjoyed relatively strong growth during and, in the years following the Great Recession. The perception of Texas and, in particular, the greater Austin area, as among the few areas of opportunity for employment available in the United States, had the effect of attracting those who were most able to move from regions experiencing a prolonged recession.

Texas and the Austin-Round Rock metro continued to grow at unusually high levels. With this growth, however, has come a new set of challenges, and the overall success of the region can easily distract from the significant areas of concern that affect the region.

Following is a discussion of the current population in State Planning Region 12, otherwise known as the Capital Area. The region includes: Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis and Williamson counties.
The extent of the growth in the Capital Area can be seen very clearly when considering the period between 2010 and 2015. With an average annual growth rate of 3.11%, the Capital Area has gained nearly 57,000 people each year on average. For a region of about 1,830,003 at the beginning of that period, that level of growth is having an extraordinary impact on the region – supporting economic growth, but also placing an increasingly heavy burden on public resources, infrastructure and the ability to provide services to the most vulnerable. Today, the Capital Area has a population of 2,114,226 million people, and there is little indication that growth will subside in coming years.

The chart on the left reflects the cumulative growth of the Capital Region between 2004 and 2014. As the reader can see the Capital area has grown over three times the growth rate of the U.S. as a whole and one and a half times that of Texas.

In the table below, the increase in the 60 to 69 age cohort from 2004 to 2014 is apparent. The change is due to the “leading edge” of baby boomers turning 60 starting in 2006. This age “bulge” will continue to move up through the demographic groupings in the future.

Additionally, the population in the Capital Area continues to become more racially diverse with a large increase in the Asian/Pacific Islander and Hispanic populations, as noted in the following chart. This reflects the need to increase resources offered in other languages than English.
The rate of change in the Ethnic population is expected to continue to escalate through 2030 as reflected in the chart on the right.

The gender split in the region continues to remain stable, at nearly 50% Male and 50% female.

The number and percent of the population who live alone can be considered one indicator for the need for services and supports. It is an accepted fact that living alone can lead to social isolation and increased risk of medical events going untreated in a timely manner. Social isolation, or the lack of access to social support and the lack of meaningful social relationships, roles, and activities, is related to poor health and lower well-being. The result of this poor health and lower well-being is the need for supportive services.

According to the 2014 American Community Survey, the following counties have very high percentages of seniors who live alone, Bastrop, 36.7%; Burnet, 37.2%; Hays, 40.1%; Travis, 42.4%; and Williamson, 37.0%. The living arrangements of the older population are linked to income, health status, and the availability of caregivers. Older people who live alone are more likely than older people who live with their spouses to be in poverty.

The caregiver population in the Capital region is large. According to the National Alliance for Caregiving and Evercare (March 2009), caregivers make up 29% of the U.S. adult population and 31% of all U.S. households. In translating these numbers to Region 12, we can estimate that there are 222,929 caregiving households in the Capital Region. That demonstrates a very high need in 2014 and the need for services will only escalate in the coming years as the population of seniors continues to escalate.
The U.S. Census Bureau defines limited English speaking ability as being able to speak English “Not Well” or “Not at all”. Looking to those individuals age 60 and above, eight out of ten counties in the region have a higher percentage of individuals with limited English speaking skills, with only Blanco and Fayette counties being equal to or less than the state rate. With the increasing percentage of minorities over the age of 60, it is likely that the number of seniors with limited English speaking ability will rise in the coming years.

The table below summarizes the data for the Capital area.

<table>
<thead>
<tr>
<th>Entity</th>
<th>Total Population, Age</th>
<th>60+ Limited English</th>
<th>Percent 60+ with Limited English</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bastrop</td>
<td>12,065</td>
<td>543</td>
<td>4.5%</td>
</tr>
<tr>
<td>Blanco</td>
<td>10,604</td>
<td>297</td>
<td>2.8%</td>
</tr>
<tr>
<td>Burnet</td>
<td>7,081</td>
<td>212</td>
<td>3.0%</td>
</tr>
<tr>
<td>Caldwell</td>
<td>18,303</td>
<td>1,629</td>
<td>8.9%</td>
</tr>
<tr>
<td>Fayette</td>
<td>7,819</td>
<td>141</td>
<td>1.8%</td>
</tr>
<tr>
<td>Hays</td>
<td>105,301</td>
<td>10,951</td>
<td>10.4%</td>
</tr>
<tr>
<td>Lee</td>
<td>48,656</td>
<td>2,433</td>
<td>5.0%</td>
</tr>
<tr>
<td>Llano</td>
<td>3,537,463</td>
<td>488,170</td>
<td>13.8%</td>
</tr>
<tr>
<td>Travis</td>
<td>54,209,080</td>
<td>4,336,726</td>
<td>8.0%</td>
</tr>
<tr>
<td>Williamson</td>
<td>12,065</td>
<td>543</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau

Of the more than 181,722 individuals over the age of 65 in the Capital Area in 2014, approximately 62,982 (35.5%) reported having a disability. The percentage of the population age 65+ living with a disability was highest in Burnet, Caldwell, Lee, and Llano counties, each over 40% versus a rate of 39.8% for the State of Texas. As noted in the chart on the left, each of the counties in the region has nearly a 30% or higher ratio of seniors who are disabled.

With countless publications ranking the area as among the best in the nation across a number of social and economic indicators, Austin continues to be one of America’s most desirable communities in which to live and work. In many respects, the recent growth has been somewhat self-perpetuating, as more and more individuals move to the region due to economic opportunities associated with its growth. Underpinning this growth, is a diversifying economy that is particularly strong in high skill, high technology industries that enable the region to support further growth in the future. The Capital Region grew by 18.94% in the last six years, with a population increase of 346,595 residents between 2010 and 2016 according the Texas State Data Center. The region expanded from 1,830,003 residents to 2,176,598. In fact, the US Census Bureau posted a press release on March 24, 2016 announcing that the Austin Round Rock metro area was one of four Texas metro areas that added more people last year than any other state in the country.
The area’s population is younger and better educated than U.S. and state averages, factors that will additionally enhance the future economic expansion\(^1\), however, the population (as in the United States as a whole) is quickly aging, and those age 25-35 are assuming a smaller and smaller proportion of the regional population, while those over the age of 65 are experiencing disproportionate growth.

Being located in a region where the State Capitol is centered has its own set of opportunities and challenges. The AAACAP is in close proximity to the state agencies with which it works. This makes it convenient to participate in a multitude of workgroups and planning sessions and have multi-level information available. The challenges surround the highly charged political atmosphere of the region. Travis County is the home to a variety of advocacy organizations, which makes it a politically savvy and competitive region in which to provide services. Political fallout, especially at the state agency level, can affect the region, particularly on matters of public spending at a time when demand for public services is increasing significantly. Employment rates and the prosperity of the region may be affected by legislative and political decisions at the state level, such as reduction in funding or agency reorganization (a trend that can be seen in the declining number of public sector jobs within the region). Senate Bill 7, which was enacted during the 87\(^{th}\) Legislature, is also changing the landscape of Long Term Services and Supports throughout the region.

Medicaid services were transitioned to Managed Care Organizations effective September 2014 and re-organization of Long Term Services and Support agencies is ongoing. The reorganization of the Department of Aging and Disability Services effective September 2016 as a result of the Sunset Commission recommendation to disband that agency and combine it into the Health and Human Services Commission is in progress.

**Anticipated Economic Trends and the Impact of Change**

The United States has entered one of the most dramatic demographic shifts experienced in the past century, as its largest generation reaches into an age that brings with it greater challenges relating to health, transportation and financial support. These challenges in turn create additional socioeconomic pressure on other segments of the population to ensure that immediate needs are met without detrimentally impacting necessary investments in the future.

Over the next thirteen years the proportion of the U.S. population over the age of 60 will dramatically increase, as 77 million baby boomers reach traditional retirement age. By 2030, more than 70 million Americans- twice the number in 2000 – will be 65 and older\(^2\). At that

\(^1\) Angelou Economics 2010-2011 Economic Forecast/Challenging Times, Emerging Opportunities/Austin Economy


[http://www.census.gov/population/projections/summarytables.html](http://www.census.gov/population/projections/summarytables.html)
point, older Americans will comprise nearly 20 percent of the U.S. population, representing one in every five Americans. This demographic shift will be accompanied by a corresponding rise in the need and demand for fiscal, health, and social supports that are necessary to ensure a sound quality of life for millions of older Americans. The aging of our nation’s population will challenge not only federal entitlement programs, such as Social Security, Medicare, and Medicaid, but will substantially increase the demand for home and community-based services and supports offered through such programs as the Older Americans Act.

While there are certainly differences between regions and individual communities with respect to the character and extent of the impact that will be produced by the aging of such a large segment of the American population, these trends are widespread, consistent and highly significant. Although in certain areas of the country or in previous decades, an aging population has been associated with areas experiencing overall declines in population or significant outmigration of younger residents, today and in the years to come, quickly growing communities, even those known for their relative youth, are experiencing disproportionate growth in the number of individuals over the age of 60. This is attributable, in large part, to the overall size of the Baby Boomer generation as well as to continued medical advances that extend the average life expectancy, and it is forcing all communities to confront the challenges that these trends present.

**Future Growth in the Region**

Growth in the Capital Area will continue to outpace the State rate through 2030. The growth being experienced within the Capital Area is among the highest currently experienced anywhere in the nation and, with no signs of slowing down, it is transforming the region and the communities within it.

Most of this growth will continue to occur in the central counties and if growth continues along this trend, Bastrop, Hays, and Williamson Counties will more than double in population. Travis will add the second most number of residents of any county in the region with over 250,000, but because of its already large size, the growth rate is relatively low compared to the other fast growing counties.

---

3 National Association of Area Agencies on Aging (n4a) 2010 Policy Priorities
Projected Growth of the Over 60 and Over 85 Population

Although strong in-migration and natural increases in the population continue to contribute to the overall growth of the population, the population will be increasingly be represented by those over the age of 60. For the entire Capital Area, the growth rate of the over 60 age group is expected to be 95.5% from 2015 to 2030 as compared to a total growth rate of approximately 50%. The chart on the left shows this doubling of the over 60 population from an estimate of 322,362 in 2015 to a projected population of 630,215 in 2030.

The over 85 population is expected to grow by a somewhat slower rate of 32% between 2010 and 2020, however that growth will be extended to a total of 106% by 2030, as the growth first seen in those age 60 and above begin to reach their later years of life.

Although there are notable differences between counties, the trends are found in practically all portions of the Capital Area. The chart below shows the expected growth rates of the total population, and the 60+ and 85+ age groups from 2015 to 2030 for all counties within the region. For each county, the middle bar, which represents the growth rate for the over 60 age group, is approximately twice as large as the first bar which represents the growth rate of the total population. The growth rate of the 85+ age group is less uniform across the region, represented by the final bar; however significant growth is projected for this segment as well, with Williamson County projected to experience higher growth among this age group than for the population as a whole. Fayette County is projected to have a modest decrease in the portion of the community over the age of 85.

The chart on the right (Source: Texas State Data) shows the percentage of the population over 60 for each county in the region. It is important to emphasize that these figures are based on the percentage of the total population as opposed to absolute growth and, therefore, it is easily seen that for all counties in the region the population is increasingly concentrated in the over 60 age group. For some counties in the region the increase is projected to be very large, for example Llano County will be nearly 50% populated by residents over the age of 60 by 2030. Fayette and Blanco
counties are also projected to significantly increase. The growth of the senior population reaches throughout the Capital Area as a whole and is significantly reshaping the demographics of the region.

Projected Growth of Minority Population by 2030

The race and ethnic breakdown of the Capital area is following the statewide trend of increasing diversity marked by a decreasing percentage of the total population of non-Hispanic whites (Anglo) and an increasing percentage of the total population of Hispanics. The population of blacks (African American) is relatively stable from 2000-2030, while the Asian population and other race/ethnic combinations are increasing. (Source: Texas State Data Center’s Population Projections)

Each County is expected to see an increased percentage of minorities making up the entire population, however, several of the more rural counties will continue to be predominately White based on the projections. The graph below shows the percentage of minorities for the total population in each county.

Projected Growth of the Over 60 Minority Population by 2030

Along with the large increase in the minority population, there is an even greater percentage increase of minority residents over the age of 60. The disproportionate growth of minority individuals 60 years of age or older present a number of challenges for serving the elderly within the region, especially with respect to language skills, certain issues relating to patterns of urban growth, and access to transportation in traditionally underserved areas. This population has special needs requiring cultural and linguistically appropriate materials. The AAACAP provides most resources in Spanish and has bi-lingual staff on board to meet this need. The agency also maintains a current agreement with The Language Line for translation services.
Estimated Over 60 Population in Poverty by 2023

Using poverty rates from the 2010-2014 American Community Survey, it is possible to obtain some idea as to the number of individuals over the age of 60 who are likely to be impoverished if poverty rates remain consistent. In so doing, it is possible to identify those counties that may be expected to have a particularly strong need for support services and resources in order to address a multitude of issues associated with the combination of an aging population with one that is faced with persistent financial challenges.

<table>
<thead>
<tr>
<th>County</th>
<th>Estimated Rate below 100% poverty level*</th>
<th>Total 60+</th>
<th>Estimated 60+ in Poverty</th>
<th>Total 60+</th>
<th>Estimated 60+ in Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bastrop</td>
<td>7.00%</td>
<td>16,521</td>
<td>1,156</td>
<td>31,992</td>
<td>2,239</td>
</tr>
<tr>
<td>Blanco</td>
<td>9.10%</td>
<td>3,925</td>
<td>345</td>
<td>6,285</td>
<td>616</td>
</tr>
<tr>
<td>Burnet</td>
<td>7.40%</td>
<td>12,839</td>
<td>940</td>
<td>21,298</td>
<td>1,576</td>
</tr>
<tr>
<td>Caldwell</td>
<td>13.40%</td>
<td>7,611</td>
<td>1,172</td>
<td>13,192</td>
<td>2,154</td>
</tr>
<tr>
<td>Fayette</td>
<td>10.00%</td>
<td>7,656</td>
<td>1,225</td>
<td>11,764</td>
<td>1,271</td>
</tr>
<tr>
<td>Hays</td>
<td>5.20%</td>
<td>27,620</td>
<td>1,426</td>
<td>62,281</td>
<td>5,239</td>
</tr>
<tr>
<td>Lee</td>
<td>10.10%</td>
<td>3,992</td>
<td>643</td>
<td>6,099</td>
<td>1,039</td>
</tr>
<tr>
<td>Llano</td>
<td>9.10%</td>
<td>8,284</td>
<td>755</td>
<td>10,164</td>
<td>925</td>
</tr>
<tr>
<td>Travis</td>
<td>8.40%</td>
<td>135,984</td>
<td>11,414</td>
<td>225,234</td>
<td>18,900</td>
</tr>
<tr>
<td>Williamson</td>
<td>5.90%</td>
<td>75,717</td>
<td>4,613</td>
<td>159,327</td>
<td>10,259</td>
</tr>
</tbody>
</table>

*Est CR 2010 Pop 60+ 2010-2014 ACS Survey 5 Yr Estimates

% in Poverty Total: 7.26%

Implications

The very high rate of overall growth that is occurring in the Capital Area brings a large number of challenges in itself, without accounting for the significant shifts in the age distribution of that population growth. These challenges include ensuring adequate infrastructure and public services are extended to areas of growth and that scarce public resources do not become overextended in the process. The added dimension of an aging population only amplifies these challenges and presents new ones. Not only is the region expected to continue its present rate of growth, but the region is growing older as well, with more and more of the overall population represented by those over the age of 60, and it is growing more diverse, with steady increases in minority, especially older minority residents.

The implications of such patterns of growth suggest that there will be an increasing reliance upon agencies that serve older residents, including the Area Agency on Aging, particularly as high overall growth in the region places higher demand on public resources for infrastructure and basic public services. Where communities and public resources are unable to keep pace with the growth of the region, agencies that serve the elderly will find challenges becoming even more severe and affecting those over the age of 60 to a larger degree than might have been the case in the past. As such, it is quite possible that the Area Agency on Aging will be looked to for leadership on a more diverse set of issues.

Similarly, just as public agencies must adapt to the changing conditions of the region, it will be important for industry in the Capital Area to adapt to a population that is increasingly over the age of 60, which has a broad set of implications for the region’s workforce, purchasing habits and economic expansion. In part due to the effects of the Great Recession, many individuals are pushing back their retirement well past the traditional age of previous generations in order to meet...
current financial obligations. This presents further challenges for ensuring that those who must or who choose to continue working have employment options available to them. This will require partners within the industry to consider opportunities to utilize this segment of the workforce and it may require public agencies to provide assistance to older individuals in obtaining various technical skills that will enable them to continue working well into their 60s and beyond. Absent these efforts, there can be expected to be increased pressure on public resources to serve those who are elderly and in need who are unable to support themselves through traditional employment.

The projected numbers of older adults in the region who will be eligible for services through the AAACAP are staggering. The projected 60 plus population will far surpass the agency’s ability to provide the services currently offered, especially with flat and or diminishing Title III funds. Through a process of more targeted outreach during this planning cycle, as well as a possible narrowing of service criteria, AAACAP will serve fewer and fewer older adults that do not meet the targeting criteria. Priority must be given to those more frail individuals who have few, if any, financial, social and community supports and who live in rural areas in the region.

This planning cycle will be infused with challenges. The demand for the services and supports to meet the needs of a burgeoning older population may threaten to outstrip the limited resources of the AAACAP and other social service organizations who serve older adults in the region. The challenge of adhering to rigorous targeting policies will become more and more critical in order to manage the demand. Programs and services for older adults will require greater flexibility to meet the needs of this diverse population. Continuing to provide the same level of service will mean more resources are needed and/or require a change in the focus of current programs. Partnerships with other providers will be an absolute necessity to pool resources to meet the needs of the elderly in the CAPCOG region.

Unique Regional Needs

The AAACAP region is a very large territory, approximately 8,575 square miles. This causes transportation gaps within the region for both the senior and disability population. The region also has a very high proportion of non-English speaking citizens with continual growth rates in the Asian and Hindi populations. This creates enormous challenges for public service agencies that lack adequate budget and personnel to provide effective communication to non-English speakers and full access to services. There are very few resources for services in several of the counties, for example in Lee County in the city of Giddings, there are no Long Term Care facilities or medical facilities. The citizens of that city and throughout the county must travel into Travis or Bastrop County to meet their medical needs and transportation resources are scarce and/or don’t run frequently enough to meet the needs of the senior population. Fayette County is considered to be of one the poorest counties with only one major city, LaGrange, so the citizens of that county also have to travel to distant locations to meet their medical needs. Each of counties has its own challenges, ranging from insufficient, conveniently, located food sources to inadequate transportation resources that meet a senior population needs. With an aging population come a number of challenges (e.g., increasing dependency ratios, greater demand for
healthcare services—both general and specialized, accessible housing, para-transit, and long-term services and supports). In addition, it drives up demand for health care providers at all skill levels, which are already in short supply in many communities.

**Improvements in AAACAP Programs, Policies, and Services**

The AAACAP intends to take the following actions to improve its programs, policies, and services:

- Concentrate on recruitment of multi-lingual volunteers who can assist with outreach and service to minority older adults who do not speak English.
- Apply for new funding sources to prevent a reduction in service levels as federal and state funds fail to keep up with dramatic population growth.
- Continue to partner with federal, state and local partners to ensure that the AAACAP targets those with greatest need, avoids duplication of effort, and leverages non-Title III resources as they become available through applications for additional grant resources.
- Continue to become proficient in and expand evidence-based programs and increase capacity by securing alternate funding sources for these programs.
- Continue to leverage the increased capacity in evidence-based programs to obtain contracts with Managed Care Organizations.
- Increase knowledge of federal, state, and local resources for people with disabilities, to serve as a comprehensive source of information about long-term services and supports.
- Conduct targeted recruitment of volunteers to serve as health coaches and certified ombudsmen assigned to assisted living facilities.
- Continue to research the feasibility of securing remote office locations in partnership with other providers/agencies throughout the region to better serve the rural population and to expand the AAACAP vendor pool in the more rural counties.

**Adjustments in AAACAP Resource Levels**

The AAACAP stands ready to adjust its resource levels as needed—within the TAC and in consultation with DADS—to ensure that it is responsive to local needs and making the best use of available funds. To that end, it proposes taking the following actions:

- Continually evaluate requests for services and units of service provided when completing the Planning and Working Budgets and making the necessary adjustments based on funding levels of Title III dollars.
- Transferring unutilized congregate meal funds to services to help fill service gaps, subject to DADS approval. This approach will be more necessary due to the decrease in Title III-B funds which support Care Coordination and In-Home support services.
- Continually seek input from the Aging Advisory Council members regarding the changing needs of the senior populations in their counties to assess service level needs throughout the region and to utilize that information when adjusting fund allocations.
between the services during the budget process twice yearly or more often as the need is identified.
Organizational Structure
The Area Agency on Aging of the Capital Area is a program of the Capital Area Council of Governments, a voluntary association of counties, cities, and special districts formed under Chapter 391, Local Government Code of Texas.

AAACAP employees’ relationship to the Capital Area Council of Governments and each other is depicted in the following organizational chart.

Historical Description
The Capital Area Council of Governments (CAPCOG) was organized in 1970 to serve local governments in its ten county (Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, and Williamson) region, also known as State Planning Region 12. CAPCOG administers a broad array of programs; Area Agency on Aging; Regional Services-Air quality, Economic Development, GIS Mapping, Regional Planning, and Solid Waste; Emergency Communication-911 District; Homeland Security; and Regional Law Enforcement Academy. Since its designation as the area agency on aging in 1974, CAPCOG has endeavored to identify needs, determine priorities and develop strategies to formulate a comprehensive and coordinated system of service for those persons 60 years of age and older and their caregivers as mandated by the Older American’s Act of 1965, as amended.

Location of the AAA
The CAPCOG offices are located in southeast Travis County at 6800 Burleson Road, Building 165, Austin, Texas 78744. All CAPCOG staff work from this primary location. The Area Agency on Aging established a remote satellite office location at the WellMed Charitable Foundation Senior Center which is located in Southwest Travis County. This location is on a main thoroughfare and is easily accessible by
public transportation. This location allows for easy walk in consumers to access the services and supports offered by the Area Agency on Aging. The office space and basic business equipment, computer, copier, and phone, are donated by the WellMed Charitable Foundation. During the previous planning cycle, 2015-2016, the Area Agency on Aging established partnerships for additional office space(s) throughout the region in the rural counties to improve access to services throughout the region. Benefit Counselors routinely spend at least one day per month at established remote locations, at senior centers and libraries throughout the region.

Organizational Structure

The role of the area agency on aging has continued to expand and evolve to become an active participant in advocacy and service delivery through its Access and Assistance and Caregiver Support Programs. Its organizational structure reflects that evolution. (Reference: AAACAP organizational chart page17). The AAACAP’s structure is designed to provide the staff support necessary to ensure that the region’s target population has access to:

- Information about the complete array of aging and disability services and opportunities when entering the system of long term services and supports in order to make informed decisions;
- Information and services to meet their needs, taking into account their preferences and rights, and that those services are of the highest quality within the most appropriate, effective and efficient system;
- Staff that are well trained in issues that directly concern older adults and their caregivers; including skills that promote and enhance the individual dignity, well-being, safety of the consumer; and knowledge of techniques that encourage consumers to advocate for themselves when possible;
- Resources that are used in the most appropriate and cost-effective manner and programs whose performance and accountability are maintained to the highest possible standard;
- Multilingual and multicultural personnel; the AAACAP has on staff five Spanish speakers and a staff who speaks five different Asian languages. The staff has varied educational backgrounds, with degrees in Social Work, Counseling, Gerontology, Public Health, and Nursing.

A competitive benefits package is offered through employment at CAPCOG: medical, dental, prescription and vision coverage; long term disability insurance; life insurance; a voluntary 401(k) plan with employer match; paid holidays, sick and vacation days; and reimbursed business mileage. This is helpful in recruiting and retention of qualified personnel.

In addition to its paid staff, the AAACAP is fortunate to have recruited volunteers that provide work within the programs. Volunteers assist the Benefits Counseling program with data entry; typing and printing cover letters and labels for staff as needed; printing and mailing of Benefits Check-Up questionnaires and reports; assembling information packets for presentations and outreach events; basic level legal awareness activities; and other miscellaneous administrative duties. Volunteers are also utilized in the Health and Wellness programs that are offered and they act as Lay Leaders and Coaches within the programs. The Ombudsman program utilizes Volunteer Ombudsman throughout the region to visit and advocate for seniors residing in Nursing Homes and Assisted Living facilities.
Human Resources Strengths and Weaknesses

Staffing of the Area Agency on Aging of the Capital Area (AAACAP) is with the approval of CAPCOG’s Executive Director, Betty Voights, and based upon adequate funding to support individual positions. Ms. Voights has served in her capacity as Executive Director since 1996. CAPCOG currently employs twenty full-time and 2 part-time staff in its Aging Programs and 2 full-time staff in the ADRC. The Director of Aging Services, Jennifer Scott, has been the Director since the end of 2011.

The AAA has increased staffing since the last Area Plan was submitted for 2015-2016 to address increasing service needs, increased Ombudsman assisted living performance requirements, and as a result of being designated as the lead agency of the ADRC in the Capital Region, effective September 2014. Furthermore, staff positions and duties were adjusted to be better aligned for improved work flow, incorporation of the LTSS screen, and customer service.

The primary human resource weaknesses include: 1) inability to compensate employees commensurate with increases in workload, given flat and declining federal revenues. 2) DADS, the regulatory agent of the AAACAP is located in the same town as CAPCOG and offers higher salaries, a guaranteed pension upon retirement, and more holidays. As retirements have occurred at DADS, vacancies have been filled with the highly trained and skilled AAACAP employees. 2) Lack of clearly defined work ladder for employees who assume greater experience and responsibilities. 3) Lack of clinical personnel, who are often viewed as more credible by potential healthcare partners; and 4) lack of sufficient staffing and related resources to provide face-to-face services on a regular basis.

Role of the Advisory and Executive Committees

CAPCOG’s Executive Committee, whose membership is elected by and from a larger General Assembly, is the governing body of CAPCOG. The Executive Committee is charged with the establishment of overall policies and objectives, the oversight of funds, the submission of an annual budget to the General Assembly, approval of contracts for services, the appointment of advisory committee members, and for the appointment of an Executive Director.

The Aging Advisory Committee (AAC) provides advice and direction to the AAACAP and recommends policies and programs to the Executive Committee Board for consideration. The AAC has responsibilities that include assisting with the development of the Area Plan, representing and advocating for older persons in the region, specifically from the counties they represent, identifying and establishing relationships with groups, agencies, and individuals that provide services to older adults, providing input regarding program development and implementation, evaluating and scoring RFP applications from contract providers, and promoting awareness of aging issues within the region. The AAC meets quarterly and upon special request by the Executive Director, Aging Director, and/or the Aging Advisory Chair to address immediate needs.

The AAACAP receives appointments for the ACC from the CAPCOG Executive Committee members and consistent with the Older Americans Act appointment considerations are made concerning the required representation of older persons, local elected officials, providers of veterans’ health care, family caregivers, healthcare professionals, and the general public.
Service Delivery System, System Design, Program Development, and Innovation

The AAACAP understands the administration of the programs under their authority is a serious matter. The philosophy of the agency and its staff is one of stewardship. The agency is entrusted with public funds and along with those funds comes an extraordinary degree of responsibility for their proper use.

Staffing
Jennifer Scott, the Director or Aging Services for CAPCOG, is responsible for the oversight of the administrative and programmatic functions of the agency. She has in place a management team consisting of a Assistant Director and three Program Managers to assist her in the oversight of programs. The team has developed and maintains an organized and efficient system of administration that demonstrates accountability and compliance with state and federal laws and rules, and with all terms and conditions of the contract with the Texas Department of Aging and Disability Services. The following are specific responsibilities of the management team that is charged with the administrative functions of coordination, advocacy, program development, public awareness, compliance, and outreach:

- **Director of Aging Programs and ADRC**: fiscal control, budgeting, program planning, determine capacity to develop new programs; ensure adequate resources; ensure inter-agency and intra-agency coordination, to prevent duplication of services and leverage non-AAA resources, as may be available; advocate for needs of older adults by educating legislators and policy-makers; participate in interagency collaborations; conduct outreach to managed care organizations; help design and implement public awareness and outreach campaigns; directly oversees all division staff with direct reports of the Assistant Director, Health and Wellness Coordinator, Administrative Assistant, and three Program Managers. Provides management and direction for all activities of the ADRC including supervision of ADRC Coordinator, and ADRC Navigator.

- **Assistant Director of Aging Programs**: Fiscal coordination, budget development, fiscal monitoring, program and administrative quality assurance, special projects, program compliance and support, staff training, data integrity, grant writing, public awareness, consumer advocacy, delegated authority as Acting Director in the absence of the Director.

- **Program Manager-Benefit Counselors/Data Management-Contracted Services**: provides technical assistance, education, and support to nutrition/transportation contractors and vendors to ensure effective coordination of direct and contracted services; assist contractors in developing and implementing public awareness activities; ensure outreach targets priority populations, such as minority older adults and older adults in rural areas; supervises the Benefit Counseling (BC) staff and ensures they are well trained and certified, supervises BC volunteer recruitment; and, supervises the Data Management and Program Monitoring staff. Ensures that performance measure targets are met. Completes contractor program monitoring and performance measure testing. Budgetary oversight for departmental budgets and contracted services.
• **Program Manager-Direct Services**: provide technical assistance, education, and supervision to Care Coordination/Caregiver Support Coordination staff and the Information & Referral Specialist to ensure effective coordination and implementation of services; assists the Health and Wellness Coordinator with EBI programs to promote cross departmental collaboration for implementation of EBI programs; ensures outreach targets priority populations, such as minority older adults and older adults in rural areas; ensures departmental staff are well trained and completes ongoing quality control of consumer files and records; develops and implements special projects and assists with development, design, and implementation of outreach plans for special initiatives, such as the Senior Medication Safety Program. Ensures that performance measure targets are met. Budgetary oversight for departmental budgets and vendor services.

• **Program Manager/MLO**: provides supervision, technical assistance, education, and support to certified staff and volunteer ombudsman; ensures the ombudsman program meets its performance targets, assists in public awareness activities and advocacy initiatives, supervises and administers the ombudsman volunteer activities, recruitment and training, and completes ongoing quality control of consumer files and records. Ensures that performance measure targets are met. Budgetary oversight for departmental budgets.

**Capacity to provide services:**
The agency is consistent in its efforts to develop and implement programs to meet the needs of the older adults and their caregivers in the region. There is a constant evaluation of identified needs and gaps that come to the attention of agency staff. These needs are discussed formally and informally within the agency, and in many instances brought to the attention of the Aging Advisory Council and to other providers and organizations in the region. Most organizations, including the AAACAP, have limited resources to meet the needs that present themselves. AAACAP feels that more needs are able to be met through coordination, collaboration and partnerships with other organizations.

The AAACAP participates in ongoing outreach to the target population through advertising (print, radio or television), brochures (English and Spanish), website, publication of articles, participation in media interviews, meetings, interagency groups, presentations, participation in health and information fairs, and referrals to other agencies (for profit, non-profit and public) that serve seniors and their caregivers. Other agencies include: volunteer organizations, home health agencies, hospitals, physicians, country extension agents, Legal Hotline for Texans, DADS regional and local services, hospice organizations, senior centers, nutrition sites, churches, and so forth. Advocacy, as well as outreach takes place through agency volunteers in the Ombudsman and Benefit Counseling program, and through Aging Advisory Council members, and staff presentations at numerous educational events. The agency focuses much of its outreach efforts, which is often presented by bilingual staff, to rural parts of the region in order to reach underserved vulnerable populations. As the AAACAP seeks additional means of targeting individuals with greatest economic and social needs, new partnerships with the Association of
Rural Cities will be sought to expand senior programs and services in rural areas to the target populations. At the current time the AAACAP has the capacity through its staffing and network to provide services to target populations. As the “age wave” continues to expand the size of that target population and with continued drop in funding levels and rising costs, it will become increasingly difficult to continue. In the future more stringent targeting and reduction in service levels will be required.

The AAACAP believes that it must shift its organizational structure to be both a social service provider and to develop a business model that is based on private sector service provision. In doing so, it must be able to distinguish itself as a cost-effective provider of quality services that are not otherwise available. Throughout the last several years, in its effort to develop work with managed care organizations, we have stressed our services competitive advantages—being driven by mission rather than profit, serving as part of a coordinated and comprehensive network of providers, being able to provide a continuum of care that ranges from preventive health programs to nursing home advocacy, and having expertise in evidence-based programs that reduce risk of mortality and morbidity. Developing this model of service delivery is encouraged by the Administration on Community Living (ACL) and the Strategic Operations and Grants Unit at DADS. The AAACAP was extensively involved in the Capacity Building Grant that was offered through the ACL and Partners in Care Foundation. The AAACAP did sign the contract addendum with DADS that authorizes the AAA to enter into service contracts with managed care organizations.

To ensure that AAACAP makes service decisions consistent with the intent of the Older Americans Act, the Agency has an intake specialist that completes a thorough intake, paying close attention to the consumer’s current resources to ensure duplication of services does not occur. All staff are trained on the specific targeting criteria required by the OAA and procedures and polices incorporate the targeting requirements.

Most senior centers and nutrition sites in the region are in areas easily accessible by those who meet the targeting criteria. The AAACAP has impressed upon subcontractors in recent years the urgency to evaluate each of their centers/sites in light of the target population. If the attendees generally do not fit the targeting criteria, then they should consider relocation of the center/site to a location more easily accessible to them. Some have already accomplished this, but AAACAP continues in its efforts to stress to subcontractors the necessity of a stronger focus on the target population and expects additional movement during this planning cycle. Nutrition sites are supported by subcontractors and encourage the target population to attend to not only provide nutrition but socialization within the community. Many nutrition sites hold activities and educational programs as a means of communicating to the seniors in their county.

Available Resources/Funding and Fiscal Management
The AAACAP is funded through OAA Title III funds, state general revenue funds, local cash, program income, in-kind and other grants.
The CAPCOG-AAACAP demonstrates and maintains fiscal integrity in order to comply with all state and local laws as pertains to the financial operations of a political subdivision of the State of Texas and an area agency on aging. Some of the strategies to maintain this integrity are through:

- Ensuring all purchases of service, materials, equipment and goods made with grant funds follows the criteria of allowable expenses as prescribed in the Uniform Guidance; CFR 200
- Obtaining an annual audit by an independent certified public accounting firm and requiring all subcontractors to adhere to its Independent Audit Policy requirements for an independent audit;
- Having an Indirect Cost Allocation Plan approved in accordance with the Uniform Grant Management Standards;
- Taking appropriate action including requiring the repayment of and/or withholding of funds in such cases that overpayment has occurred;
- Preparing a budget that reflects approved activities of the Area Plan;
- Entering into service provider contracts and vendor agreements that comply with all federal, state and local laws as they pertain to contracting and reimbursement methodologies;
- Meeting or exceeding match, adequate proportion, and maintenance of effort requirements; and
- Handling program income contributions according to rules and regulations.

The AAACAP’s method of fiscal management, as with its administrative oversight, is the use of a team approach; the Director of Aging Services, Assistant Director, Program Managers, and the CAPCOG Financial Director and Analyst work together to manage the budget and track funding and performance. In reality, all staff, no matter what their position, has some level of responsibility for assuring the successful fiscal plan at their individual level. The team approach at the AAACAP is based on open communication. All staff is kept abreast of the financial position of the agency, and what is needed from each of them to keep the agency on the target established through the budgetary and Performance Measure Projection process.

One of the primary tools used by the Team to project budgets is to review prior year’s expenditures and budgets. The Team evaluates actual budget performance while taking into consideration the fiscal climate of the year being reviewed (i.e. Medicare Part D enrollment, vendor rate increases, loss of providers, etc.) That information is then considered in the proposed service delivery mix, resources, changes in rules that affect the way in which services are delivered, and any other pertinent information. The CAPCOG Financial Analyst, who works under the supervision of the CAPCOG Finance Director, prepares the internal budget workbook of expenses and revenues, with consideration of all factors identified in the evaluation/projection process. The Director of Aging Services and Assistant Director complete the first “scrub” of the
budget. The Director then meets with the Program Managers to discuss the preliminary budget, and again make any necessary adjustments. The Director and Finance Director meet to review the final budget before its submission to DADS. Once submitted, the agency begins to operate under that budget while it awaits budget approval. The Program Managers are given the budget information from which to operate.

This Financial Analyst enters the budget information into the Sage MIP Fund Accounting software. Through that software the details of expenditures for each program/service are tracked. The rest of the Team is provided with monthly expenditure reports so they are aware of what has been expended from the original budget amount and the remaining program balances. The Financial Analyst, Aging Director, Assistant Director, and Program Managers meet monthly to review the previous month’s expenditure reports to identify expense errors; to monitor adequate proportion, unit costs, local match, and budget to actuals.

The Financial Analyst has developed several spreadsheets that assist in tracking all aspects of the fiscal position of the agency. These tools include:

- A Notice of Funds Available (NFA) Summary Spreadsheet is available to show each funding allocation and the date it was received;
- A budget and expenditures workbook that shows budget, each month’s request for payments (RFP), requests for adjustment journals (Rfaj), and each month’s actual expenditures includes a separate tab for each program and a year-to-date consolidation page;
- A spreadsheet to track units, persons, in-kind contributions, number of contracts and vendors;
- General Ledger from MIP;
- Various budget comparison spreadsheets;
- A provider log to verify that each monthly account payable (AP) has been submitted;
- A spreadsheet to accumulate provider’s other local and other federal dollars; and
- A spreadsheet to accumulate provider’s program income

The Finance department works closely with the Aging management team to track program performance. A variety of spreadsheets have been developed and are used by the AAA in order to accurately track performance and ensure accountability:

- A worksheet is used for tracking monthly program income by service, which also has a cumulative page that calculates the program income average unit rate per service;
- A worksheet is used as budgets are developed that tracks proposed units by service and funding source, the percent of Title III funding per agency, and NFA’s to subcontractors for nutrition programs;
- Monthly nutrition provider recap worksheet for each provider that tracks the monthly total units reported by site and service, and disallowed units if applicable. It also includes a cumulative page that allows the tracking of monthly units by funding source. This is
compared monthly to the provider RfR and the client management software (Harmony / SAMS) generated provider summary report to ensure the accuracy of total units reported. The updated recap worksheet is sent as an electronic attachment monthly to each provider if adjustments are made to the provider RfR; and

- After monthly reports are completed, the units are entered in a Unit Per Person Workbook. The provider reimbursement rates are calculated on the AP worksheets. Program income is applied to the service from which it was generated. These calculations are compared to the monthly expenditure reports, to verify accurate payment of vendors and contractors, and tracking of program income. This worksheet is the primary tool used by the team and review Performance Measure Projections. After the program data is entered into the spreadsheet each month, the Director and Assistant Director review the data and compare it to the Performance Measure Projections submitted to DADS. At the end of each quarter, the data is reviewed by the Director, Program Managers and Financial Analyst prior to entry on the Quarterly Performance Report (QPR). This process serves as the agency’s guide for making service mix and level adjustments during the year in order to meet Performance Measure Projections.

Procurement, Delivery, Quality Assurance
The AAACAP administers services using three major procurement methods: 1) direct service provision, 2) contracting with qualified entities for service provision; and 3) purchasing specific service components through direct purchase of service (DPS) vendor agreements. Contract providers are selected through a competitive procurement process and the selections are made with the assistance of the Aging Advisory Committee Evaluation Committee. All financial obligations are approved by the Executive Director and obligations of $15,000 or higher must be approved by the CAPCOG Executive Committee. Contract cycles, generally, correspond with the Area Plan cycle.

The Agency’s direct services include Information, Referral and Assistance; Legal Awareness; Legal Assistance; Care Coordination, Caregiver Support Coordination, Caregiver Information Services, Health and Wellness programs (EBI Programs – Meds Screening, AMOB, CDSM(D), Stressbusting for Family Caregiver), and Long-Term Care Ombudsman. Professional services are provided through vendor agreements, which are reviewed, revised, and the requirements such as debarment, license and insurance verifications, are checked per required annual requirements. Vendor agreements are used to provide the array of indirect services authorized through Care Coordination and Caregiver Support services such as Demand Response Transportation; Caregiver Education Services; Caregiver Respite, Emergency Response, Health Screening, and Health Maintenance. To expand capacity in Legal Assistance services, vendors are also utilized such as with Texas Legal Services. Contracted services are for Congregate and Home Delivered meals and Senior Center Operations.

Regardless of the procurement methodology, the AAACAP takes its responsibility to ensure compliance with all program requirements seriously. It conducts a number of quality assurance
activities among its contractors, including: 1) conducting on-site program monitoring; 2) conducting on-site fiscal monitoring; 3) conducting consumer satisfaction surveys for each program 4) participating in Administration on Community Living consumer satisfaction surveys; and 5) calling Care Coordination and Caregiver Support Coordination consumers monthly to verify units of service and satisfaction with the service/vendor provider, 6) verification of units and consumer eligibility monthly for the meal programs. The AAACAP provides in house Data Management Services to ensure quality control of data integrity and unit verification.

Each service program, no matter what the method of procurement, has an evaluation and quality assurance built into it. All programs provide consumer satisfaction surveys to participants. The AAACAP surveys a random sample of consumers who received services through contractual arrangements at least annually. Survey results are returned to the Program Manager and entered into survey monkey and the Assistant Director and Director review assess a compilation of the results weekly. The information garnered is used to make adjustments or improvements in the program(s). At year’s end, the results are tabulated to determine how the agency is performing in the area of general consumer satisfaction in meeting consumer needs and expectations in a quality manner.

Funding to support the agency and its system of services and supports is made available through federal awards under Title III of the Older Americans Act, as amended, and passed through the Texas Department of Aging and Disability Services. Additional funding is provided through state general revenue, local governments, grants, and client contributions. While the bulk of the program funding is through the allocation of Title III dollars, the AAACAP does derive substantial support from client contributions/program income, match (in-kind and actual dollars) and donations. Clients are afforded the opportunity to contribute toward the services they receive. Offering this opportunity to clients is a contractual requirement for all subcontractors. For services provided through vendor agreements and vouchers, the AAACAP sends out Statements of Service that gives the client the opportunity to contribute, but the statement specifically states that contributions are not required in order to receive the service. All contributions are placed into the program from which they were generated in order to expand the program. The AAACAP continues to research opportunities for additional funding sources to augment and leverage current resources.

In addition to cash resources, in-kind contributions are accepted from communities and organizations. Some of these are in the form of the provision of facilities in which Title III programs are held. The Housing Authority in San Marcos allows the use of their building in Allenwood for the Nutrition Site. The Luling and Llano Housing Authorities do the same. The City of Austin and Travis County provide facilities and coordinates congregate meal programs through the Meals on Wheels and More nutrition programs. While these facilities, and others, do not belong to the AAACAP or its subcontractors, their use can certainly be counted as a valuable resource to the region’s aging network and to the older adults they serve.
Another valuable source of in-kind support is the time spent by individuals in volunteer activities for the AAACAP and its subcontractors. They complement and strengthen the efforts of the paid labor force. These volunteers are activity assistants at senior centers, meal servers for nutrition sites, meal deliverer for the home delivered meal providers, friendly visitors at nursing facilities, and certified volunteer ombudsman. Funding is not sufficient to have paid staff doing the work of all of the region’s volunteers. The Older Americans Act mission would indeed be impossible to accomplish without their contribution of time, talent and dedication.

OAA programs’ budgets have eroded over the last several years as federal funding has not kept pace with inflation or the growing population of individuals in need of services. In addition, the effects of sequestration in FY2013 are continuing to impact the ability of the AAACAP to sustain the same level of service delivery. Although the effects of funding has shown some recovery, at a minimal rate, the funding for in home services, Title III-B services, remain affected. As a result, services have lost service capacity, causing families to be placed on waiting lists for some supportive services, adding to their emotional, physical and financial hardships. A larger federal investment in core OAA services and supports is needed to ensure the Aging Network has the necessary resources in the years ahead to adequately serve the projected growth in the numbers of older adults. This is particularly true both of the growing ranks of caregivers and the 85 and older population who are the most frail, vulnerable and in the greatest need of supportive services.

Advocates maintain that raising the funding levels for OAA services and supports will enable older adults to remain as independent as possible and in their homes for a longer period, thus delaying their dependence on Medicaid and other more costly state and federally funded programs.

The Older Americans Act of 1965 reauthorization, after many years of negotiations in the Senate, an agreement was reached on S.192 and it passed with bipartisan support by the Senate. The House approved the legislation and passed the OAA reauthorization on March 21, 2016. The bill has been sent for the President’s signature. The National Association of Area Agencies on Aging (n4a) and others advocacy organizations are seeking to raise the authorized funding levels for all titles of the OAA and expand on the number of core OAA services and supports with dedicated authorized funding amounts.

**Accessing Services:**
The most common way that individual’s access services through the AAACAP is through telephone contact. The Agency upgraded the phone system during the last year to be able to provide better customer service and handle an increased call volume as a result of being designated as the ADRC of the Capital Area. The new phone system is set up with “hunt group” technology so calls are escalated and rolled to the next available staff member for an increased opportunity for the caller to speak with a representative rather than landing in a voice mail box. The voice mail system allows for staff to record an outgoing message that explains their
availability and schedule to the caller. The agency standard for returning voice messages is to do so as soon possible, but no longer than one business day. Due to the high call volume for Information, Referral and Assistance, return calls may take longer than 1 business day but this is avoided through a call escalation methodology where additional staff are utilized to return calls if the need arises.

For those who prefer to make a personal visit to the CAPCOG/AAACAP, offices are located on a major thoroughfare in southeast Austin, and are on a Capital Metro bus line. The office facility is ADA compliant. The office address and telephone number are published on all written materials, including a five-county telephone book, and a locator map is available on the website or through hard copy. Staff is available to make home visits to those who request it, regardless of where the consumer’s resides in the region. The AAA has a remote office location, which is hosted by the WellMed Foundation, in South West Austin on another major thoroughfare with easy bus line access. Also, the Benefit Counselors have set up remote office locations throughout the region where they report to work at least one day per month to provide services to consumers who cannot travel into Austin. A long term partnership with AGE of Central Texas, which is located in Central Austin, provides a Caregiver Resource Center that provides access and assistance on behalf of the AAA. They donate space, staff and volunteer time, to man the resource center and the AAA provides Caregiver Support materials and educational opportunities at the center.

The agency strives to provide outstanding customer service. Characteristics such as empathy, resourcefulness, and the recognition of the importance of the communication to the consumer, are high on the list of desirable traits to accomplish this goal. Our desire is to treat all consumers equally while communicating accurate information about resources and services available to assist in meeting their needs. The agency management team cultivates an environment where each employee takes personal responsibility for interaction with the consumer.

The AAACAP continues the development of an area-wide comprehensive, coordinated system for providing long-term services and supports in home and community based settings. It attempts to do this in a manner that is responsive to the needs and preferences of older individuals, their family members and/or other caregivers through information garnered from many sources in the region. Much of this development is done through relationships with other organizations described in this document.

Additionally, the AAACAP has a working relationship with DADS Access and Intake section along with other provider partnerships in this region.

- AAACAP continues its relationships with DADS front door partners that began with the Community Roundtable process. Staff communicates with DADS Community Services Regional Office(s) as well as Bluebonnet Trails MHMR and Austin Travis County Integral Care (ATCIC), and Hill Country MHDD Centers staff in the provision of service
to consumers. Referrals, information sharing and education are the cornerstone of the relationship.

- AAACAP intends to have an increased emphasis on coordination of mental health services in the region by increasing awareness activities and working with the Local Authorities to provide mental health screenings and improved access to diagnosis.
- AAACAP is represented at the DADS/DSHS Behavioral Health and Aging (BHA) workgroup. This group collaborates on community projects to identify issues with the aging population and mental/behavioral health. Meetings are held to determine needs assessment and represent the entire state of Texas.
- On behalf of T4A (Texas Association of Area Agency on Aging), the AAA director participates in the statewide Respite Coalition.
- AAACAP is a member of the Capital Area Rural Transportation Coordination Committee (RTCC). RTCC is charged with creating a seamless transportation system in the 10-county Capital region.
- The Age Well-Live Well East Austin Initiative is led by the AAA director. This initiative was formed to advocate through the DADS Age Well Live Well program for residents of the eastside area of Austin.
- The AAA director sits on the City of Austin Commission on Seniors. The Commission identifies and advocates for elder issues including, transportation to the City of Austin City Council.
- AAACAP is a member of Aging Services Council of Central Texas (ASC). ASC is an area network of Aging professionals and organizations working together to ensure excellent provision of services in the metro area.
- AAACAP also has representation on the Texas Veterans Commission and is a member of the communications, outreach, and women veterans’ workgroups.
- The AAACAP continues its relationship with DADS Long Term Care Regulatory Services through participation in quarterly regional meetings between ombudsman staff and Regulatory staff. Ombudsmen also participate in the required nursing home surveys and inspections. It is through this relationship and DADS ombudsman training that Ombudsman staff keep up to date on issues related to promoting independence and transition from nursing homes into community settings. The Managing Lead Ombudsman updates Ombudsman Volunteers through their intermittent opportunities about this program and their role in the process.
- The AAACAP also has a long-standing Memorandum of Agreement (MOA) in place with the region’s Area Information Center (AIC) and 211 providers, United Way First Call for Help. We collaborated with them on special projects in the past, and will continue to do so as needs arise in the future.
- The AAACAP has a long-standing relationship with the Guardianship Services provider in the region, Family Eldercare. Regular referrals to and from this agency are commonplace.
- The AAACAP has implemented the evidence based program of A Matter of Balance™ (AMOB) which is designed to reduce the fear of falling, stop the falling cycle, and improve the activity levels among community-dwelling adults. The goal of the program is to use volunteer lay leaders as facilitators, in order to make the program affordable to
offer in the community setting. There is a current partnership with Tarrant County AAA on the “FREE” grant which is an ACL grant program that increases capacity of AMOB classes by 10% in the regions that are participating in the grant program.

- The use of prescription and nonprescription medications in older adults remains a public health issue. The AAACAP, in partnership with the St. David’s Foundation, public support and OAA Title III funds, continued the implementation of the evidence-based model originally developed by The Partners in Care Foundation for screening consumer medications for drug interactions, side effects and reductions in the fall of seniors. Screening information is gathered, through assessments, by Care Coordinators or Benefits Counseling staff for any consumer age of 60 or older in the 10 county area. Through an Agreement, two Austin based pharmacists complete the screenings through a phone consultation and/or printed report or a face to face consultation with the consumer. UT School of pharmacy 3 and 4 th year students also participate in the screening program through an inter-local agreement. Their participation increases their health literacy related to medications and senior populations.

- The AAACAP expanded its Evidence Based Programs during the 2015-2016 planning cycle by incorporating Care Transitions and Chronic Disease Self-Management programs into its array of services.

AGE of Central Texas operates a Caregiver Resource Center in collaboration with the AAACAP. The AAACAP has made a variety of assistive devices available in that Center to be used for demonstration of their effectiveness in assisting individuals with functional impairments. These assistive devices are also available for AAACAP Care Coordinators to take to client’s homes for demonstrations. AGE of Central Texas is also a vendor provider for Caregiver Education and Training services and they have co-hosted the Annual Striking A Balance Caregiver Conference for the past 13 years.

While the AAACAP uses volunteers in its Ombudsman program, it currently does not use volunteers for the provision of direct in-home services, such as homemaker or chore maintenance, to older individuals or individuals with disabilities. As the Area Agency on Aging of the Capital Area reaches out to establish onsite exposure of programs and services to our rural areas, the development of trained volunteers to serve as face to face contact for education and awareness in the 10 county area sites will be further explored.

The AAACAP is actively involved in activities surrounding emergency preparedness planning. As a program of a council of governments that is responsible for Homeland Security Planning and Emergency Services for the region, there are ongoing opportunities to participate in planning and coordination efforts. The AAACAP updated our emergency preparedness plan in 2015 with final approval of DADS.. The Aging Director meets weekly with the other COG Directors, including the Directors of Home Land Security and Emergency Services to discuss regional issues of importance.
The ten-county CAPCOG/AAACAP region covers approximately 8,575 square miles. Such a large expanse of territory is certainly a challenge for programs such as home delivered meals and in-home services. Distances between the provider and the client can be overwhelming and costly to cover, especially in consideration of variable food and fuel costs. It is important when looking at the region to consider the differing level of service availability to meet the needs and interests of those individuals. There is a great disparity between the extremely urban IH-35 corridor and the rural eastern and western counties.

The AAACAP continues efforts to develop services and capacity to meet the needs of older adults, and their caregivers, in both urban and rural areas of the region. Even so, special emphasis is placed on replicating services that are available in the urban areas into the rural areas and encouraging other organizations and partnerships to think regionally as well.

The AAACAP fully embraces the guiding principles of Consumer Focus and Consumer choice. It does so by providing Voucher services. These services provide increased opportunities to consumers, especially those who live in rural areas where there is a lack of service providers. The AAACAP provides Caregiver Respite and Homemaker Voucher programs. The AAACAP continues to research the viability and possibility of a transportation voucher program to better meet the needs of consumers who reside in areas that do not have accessible transportation resources.

**Regional Needs Summary**

**Methods used to set service priorities:**

The current Area Plan that is active covered the years 2015 and 2016 and the regional assessment was completed in 2014 for that area plan. That was not that long ago and the needs identified then remain current today, therefore a micro focused assessment was completed for the 2017-2019 plan. In preparation for development of the 2017-2019 Area Plan, the AAACAP considered various sources to identify the service needs of the older individuals and their caregivers in the region: focus groups, AAACAP information and referral logs, AAACAP client satisfaction surveys, electronic key informant and stakeholder surveys, the Mayor’s Task Force on Aging Report of Needs and Recommendations from 2013, City of Austin Commission on Seniors needs assessment and gap analysis, City of Georgetown Commission on Seniors report to the city, the Office of Mobility Management report of call topics, and the information reported by the Aging Advisory Committee members throughout the year at the meetings.

A small sample of focus groups was held throughout the region, primarily through participants in the AMOB classes, and a professional provider survey was sent out for survey responses.

There was representation on the focus groups from all 10 counties of the Capital Area:
The purpose of the focus groups was to allow participants to identify and clarify critical issues and needs related to the current older population in the region. Each focus group had between five to eleven people in attendance. While results of the focus groups are not statistically significant, they are indicative of the awareness, or lack of awareness, of the services available in the region. The focus groups raised the participants’ awareness of the services that are available for older adults in the region.

The following is a summary of information that was gathered through the focus groups:

- Participants were asked what types of services are currently available for older adults in area. Many programs named were Title III funded, such as the congregate and home delivered meal programs, senior transportation and senior centers. Other services identified were nursing homes, home health services, food pantries, emergency response services, utility assistance programs, hospice, adult day care, 211 call centers, veteran services and non-profit health clinics.
- Participants were asked what types of services are currently available for caregivers of older adults in their area. The responses were minimal but included respite care, home health services, social workers, support groups and adult day care.
- Participants were asked how people in need access these services and where to go or who they call in their area to access services. The response from most groups included the 2-1-1 service. Other responses included the county judge, family crisis centers, Older Adult Rural Services (OARS), Veterans Administration, newspapers, local food bank, ministerial alliance or faith-based organizations, yellow pages, AARP, Chamber of Commerce and the local post office.
- Participants were asked if their community has an information hotline or directory of services for older adults and to name the organization that provides the hotline or directory. The responses again included 2-1-1 service, United Way agencies, and local senior centers. One response included the Area Agency on Aging.
- Participants were asked if there were other services that would benefit older adults and caregivers that are not currently available. The response that occurred in the majority of focus groups addressed transportation. Other services discussed included affordable health care, dental care, senior housing, and activities for older adults, telephone reassurance, exercise classes, computer training, adult day care, utility assistance and residential repair services.
- When participants were asked what prevents older adults from accessing or getting services they need, the overwhelming response was the lack of information regarding services available and lack of transportation resources. The groups noted the difficulty in navigating through systems, applications for assistance are difficult to complete, language barriers, fear of rejection, pride and not knowing who to ask.
- When participants were asked if they felt there is a difference in the amount of services available to older adults in rural and urban areas, the participants agreed this is true. Suggestions to lessen the differences included soliciting existing agencies to expand
services, allocate more tax dollars to services for older adults or provide more transportation in rural areas to access services, and do more outreach.

- When asked what could be done to improve existing services, the participants responded with increased transportation, expand medical services in rural areas with weekend emergency services such as clinics or minor emergency centers. Other responses included the need for better publicity and education and information regarding existing services. The need for legal services and benefits counseling for widows and veterans was also reported.

- When asked what their most pressing concerns were as they and their family continue to age, the groups all addressed the increasing cost of housing and being able to live safely and independently in their homes. Rising health care costs, prescription drugs cost, and cost of living were addressed. The rural groups noted the lack of transportation and isolation of seniors.

An advocate and provider survey which mirrored the questions asked in the focus groups was developed and distributed via email to an extensive list of healthcare providers, non-profits, and service organizations in the region asking for input to identify the service needs of the older adults. The results closely mirrored the responses given in the focus group setting. The following are results of this survey:

- When asked to list three strengths of the current long term services and support delivery system for older adults in the region, the responses included the services provided by AAACAP at no cost; access and assistance services provided through the AAACAP; compassionate staff of non-profit agencies; nutrition programs; transportation services; ombudsman services and the coordination; collaboration and networking between community agencies that improve service delivery in the communities.

- Informants were asked to identify other services that would benefit older adults currently unavailable. The most common response stated increased and expanded transportation service. Other responses included home maintenance; yard work; preventive health service; end of life services; home call physicians; health and wellness programs; companionship; social and physical activities.

- Informants were asked to list services that would benefit caregivers. The responses included increased transportation and respite services; evening and weekend assistance; support groups, education, training and additional resources.

- The informants were also asked what they feel prevents older adults from accessing the services they need. The responses included lack of knowledge and accessibility of information related to services; again the need for increased transportation; and finally independent attitude and the belief they are able to manage on their own.

- The informants provided the additional responses that in their opinion prevent caregivers from accessing services: lack of awareness and access; lack of information and resources; the process needs to be simplified.
• The majority of informants agreed there is a disparity between service availability in rural and urban area and strategies that might lessen the disparity included: increased networking, outreach and education in rural areas; targeting of service dollars and the possibility of satellite offices in rural communities.

• When asked what could be done to improve long term services and support systems for older adults in the region, the suggestions included increasing availability of services; provide one stop access to activities, socialization, health needs, nutrition and education workshops; more outreach to engage local communities, churches and faith-based groups; increased transportation services and case managers.

The final question asked the informant what are the most pressing concerns for individuals and their family members as they age. The responses included: isolation and loneliness; lack of resources to pay for basic needs, health care and prescriptions; maintaining health and safety; lack of affordable and accessible housing, and the need for support systems for the older adults and family members.
The advocate and professional survey elicited responses that represented all 10 counties of the CAPOG Region:

**Advocate and Professional Survey Results for Area Plan 2017-2019**

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bosnup</td>
<td>53.1%</td>
<td>17</td>
</tr>
<tr>
<td>Blanco</td>
<td>21.9%</td>
<td>7</td>
</tr>
<tr>
<td>Burnet</td>
<td>18.4%</td>
<td>13</td>
</tr>
<tr>
<td>Calaver</td>
<td>21.9%</td>
<td>7</td>
</tr>
<tr>
<td>Fayette</td>
<td>31.3%</td>
<td>10</td>
</tr>
<tr>
<td>Hayes</td>
<td>48.6%</td>
<td>13</td>
</tr>
<tr>
<td>Lee</td>
<td>34.4%</td>
<td>11</td>
</tr>
<tr>
<td>Llano</td>
<td>21.9%</td>
<td>7</td>
</tr>
<tr>
<td>Travis</td>
<td>62.5%</td>
<td>20</td>
</tr>
<tr>
<td>Williamson</td>
<td>59.4%</td>
<td>19</td>
</tr>
</tbody>
</table>

The AAACAP Information, Referral and Assistance call logs for FY 2015 were reviewed to determine service requests by category. While the details of services requests do not identify gaps in service, these numbers support the continued and growing need for services provided through the AAACAP. The results of this review for the fiscal year included 3551 contacts with an average of 296 calls per month:

- 1281 Calls for Benefits/Supplemental Insurance/Medicare
- 908 Calls for Caregiver Support
- 618 Calls for Care Coordination Support
- 124 In Home Services
- 30 Income Support
- 7 APS Referral/Elder Abuse
- 153 for Housing
- 85 Calls for Transportation
- 64 Calls for Nursing Facilities
- 71 Calls for Meals
- 50 Calls for Medical Equipment
- 39 Calls for Emergency Response System
- 7 Calls for Senior Center Information
- 99 Calls for Dental/Vision/Hearing
- 15 Other (including disease-specific and wellness program information)

United Way Capital Area published their 2013 Needs and Trends for the 60+ Population in the Ten County Region using 211 Data. The following includes the data summary:

- Approximately 15,325 unique calls were made to 2-1-1 by people ages 60 and up or on behalf of people ages 60 and up located in the ten county regions.
- Highest number of calls of people ages 60 and up or on behalf of people ages 60 and up came from the most populous counties.
  1. 10,853 calls from Travis County
2. 2,104 calls from Williamson County
3. 802 calls from Hays County

Results of the top 10 presenting needs of clients ages 60 and up in 2013 were

1. Electric Service Payment Assistance
2. Evacuation Transportation
3. Food Stamps/SNAP
4. Food Pantries
5. General Dentistry
6. VITA Program Sites
7. Rent Payment Assistance
8. In Home Attendants for people with physical disabilities
9. Medical Appointments Transportation
10. Social Security Numbers

The top five agencies that clients ages 60 and up were referred to in 2013.

1. Travis County Health and Human Services and Veterans Services
2. Capital Area Council of Governments
3. Foundation Communities
4. Baptist Community Center
5. Social Security Administration.

In addition, the AAACAP Access and Assistance program client satisfaction survey results were reviewed to identify service needs for older individuals and caregivers in the region. All clients served through the Access and Assistance programs receive short term services and the consumer is offered the opportunity to make a voluntary contribution toward the cost of the service and provide comments on a satisfaction survey upon completion of care. The review included surveys received between October 1, 2014 and September 30, 2015 and the comments received during the program year denote overwhelming satisfaction of the programs and written comments include statements of appreciation and gratitude for the services provided. While the results of the surveys did not identify gaps in services, the results document the benefits and support the need for these programs in the region.

The Central Texas Medical Center located in San Marcos, Hays County, completed a Community Health Needs Assessment (CHNAC) which included Hays and Caldwell county service areas. The AAACAP Director was a participant on the CHNAC committee. The top needs identified by that assessment were:

- Improved healthcare access for uninsured, low-income adults
- Timely access to healthcare professionals, especially primary care physicians and mental health professionals
- Health promotion programs emphasizing the value of making healthier lifestyle choices,
• Disease prevention programs and treatment programs focused on cardiovascular disease, diabetes, cancer and respiratory disorders
• Transportation resources, especially transportation for healthcare services
• Teen pregnancy prevention and support services

The full report is located on the Central Texas Medical Center Website (http://www.ctmc.org)

The City of Austin Mayor’s Task Force on Aging 2013 report of recommendations identified the following needs after extensive research and evaluation. The Task Force on Aging was a partnership between many community leaders, service providers, and subject experts in the field of aging. The AAACAP Director participated on the committee. Graduate students from the Lyndon B Johnson School of Public Affairs at the University of Texas (LBJ) conducted research to support the Task Force efforts. The Students met with area experts, studied national best practice strategies, and engaged local seniors through a multi-topic survey. The group surveyed over 500 area seniors. Personal interviews were conducted at Meals on Wheel sites, affordable senior housing communities, retirement homes, and telephone surveying of homebound seniors was conducted by a supporting agency (H.A.N.D of Austin). Overarching results of the survey findings were as follows: (Task force recommendations – http://austintexas.gov/).

• Affordable housing – senior’s report they want to remain in their homes but 63% said that living in Central Texas will become unaffordable in the next 10-15 years. Affordable senior housing properties in Austin are full to capacity and many have waiting lists.
• Affordable and accessible food – A Quarter of the respondents to the survey reported their income will not cover their food expenses and a similar number felt they did not have access to the food needed for a balanced diet.
• Reliable transportation- Over 80% of the respondents rely on their own car as their primary mode of transportation; most see it as their only option. More than half of them reported that they don’t walk to neighborhood destinations and 67% do not feel that public transportation is a good option for them.
• Social Inclusion – Senior surveyed, over 85% say they participate in community events. 62% feel that there are not many job opportunities for their age group.
• Caregivers and Long-Term Supports – Nearly 40% of the survey respondents have a caregiver currently, and a majority foresaw the need for a caregiver in the future. In a short survey directed at Caregivers, 78% were interested in increased services, such as expanded respite care. Caregiver support is critical to ensuring caregivers are able to take care of themselves and their loved one. Caregiver stress can result in cases of elder abuse.

Methods used to set priorities:

The AAACAP staff compiled results from the needs assessment processes for review of service needs identified in the region. Census data was utilized to identify target populations, as well as
the results of service needs identified by consumers, service providers and community partners were considered in the process to determine service priorities for the next planning cycle.

Community resources, service agencies and community partners have been identified in the "Community Capacity to Address Needs". These resources were also considered as service priorities were determined.

The AAACAP is consistent in its efforts to develop and implement programs to meet the needs of older adults and their caregivers in the region. There is a constant evaluation of identified needs and gaps that come to the attention of agency staff. These needs are discussed formally and informally within the agency and in many instances brought to the attention of the Aging Advisory Council and other providers and organizations in the region. The AAACAP feels that more needs are able to be met through coordination, collaboration and partnerships with other organizations.

The role of the Aging Advisory Council (AAC) is to assist the area agency in managing the provision of long term services and supports under the Older Americans Act. For this process the AAC assisted AAACAP staff in determination of service needs, review of results and made recommendations to the CAPCOG Executive Committee. Proposed changes to service priorities were based on consumer input, service gaps and needs identified as well as funding to support the programs.

Consumer input from client satisfaction surveys was reviewed. Each service program of the AAACAP, no matter what the method of procurement, has an evaluation and quality assurance built into it. All programs provide consumer satisfaction surveys to participants. Surveys are returned to the Program Manager and Director who review and assess them. The information garnered is used to make adjustments or improvements in the program(s); and determine how the agency is performing in the area of general consumer satisfaction in meeting consumer needs and expectations. Improvements have been made in response time to consumer through the BC program as result of consumers expressing that long wait times were distressing. The AAACAP implemented a BC intake role so that consumers receive an initial call back for an intake within 24 of the initial call. Even if a BC cannot assist them with the entirety of their case, customer satisfaction has improved based on quicker response times.

The demand for expanded transportation service was identified repeatedly as a service need throughout the region. The AAACAP is limited in service agencies available to provide the transportation services, especially in the rural areas, but continues to seek other options to meet the service needs. The transportation voucher service will be offered through the care coordination and caregiver support programs during the next planning cycle.

The AAACAP began replication of an evidence-based model developed by The Partners in Care Foundation for screening client medications for drug interactions. Currently, as care coordination staff complete assessments of clients, the clients are offered the opportunity to have their prescription and over-the-counter medications screened for potential drug interactions. The
program the AAACAP provides does can utilize the Partners in Care medication database but in most cases the screens are completed through a vendor agreement with established local pharmacist who provide the medication screens and provide personalized calls to review the results with the consumers. The consumers receive a written report as well which is consistent with the HomeMeds program. An inter-local agreement is in place to incorporate the University of Texas, School of Pharmacy students as the screeners to provide the students with a greater awareness of the numbers and types of medications seniors are most frequently prescribed and the serious side effects of the medications if taken incorrectly. This will increase the overall awareness of issues related to senior care by the students.

The AAACAP began using service authorizations to fill the service gap in the provision of dental and vision services in health maintenance services as funding was available. The service authorization program continues to be successful in meeting some to the identified needs of low income older adults in the region. During the next planning cycle the health maintenance service will be offered in the array of services available through the care coordination and caregiver support coordination programs to fill this gap in service needs.

Projections of funding and state performance measure requirements were taken into consideration as service priorities were determined. Funding to support the agency and its system of services and supports is made available through federal awards under Title III of the Older Americans Act, as amended, and passed through the Texas Department of Aging and Disability Services. Additional funding is provided through state general revenue, local governments, and client contributions. While the bulk of the program funding is through the allocation of Title III dollars, the AAACAP does derive substantial support from client contributions/program income, match (in-kind and actual dollars) and donations. Clients are afforded the opportunity to contribute toward the services they receive offering this opportunity to clients is a contractual requirement for all subcontractors. All contributions are placed into the program from which they were generated in order to expand the program. The AAACAP continues to research opportunities for additional funding sources to augment and leverage current resources.

The AAACAP did not identify many differences from the previous Area Plan and the 2015-2016 priorities. Income insecurity has been identified higher priority than last time. Transportation continues to be a high priority need but the AAACAP has had to lower funds towards this service because of the decreased in Title III-B funds.

**Service Priorities:**

<table>
<thead>
<tr>
<th>Service Need</th>
<th>Priority</th>
<th>Service Included in Area Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition-</td>
<td>1</td>
<td>Congregate</td>
</tr>
<tr>
<td>Nutrition</td>
<td>1</td>
<td>Home Delivered Meals</td>
</tr>
<tr>
<td>Transportation</td>
<td>1</td>
<td>Transportation Demand/Response</td>
</tr>
<tr>
<td>Transportation</td>
<td>1</td>
<td>Transportation Voucher</td>
</tr>
<tr>
<td>Service Type</td>
<td>Level</td>
<td>Service Description</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Respite Services</td>
<td>2</td>
<td>Caregiver Respite – In Home</td>
</tr>
<tr>
<td>Respite Services</td>
<td>2</td>
<td>Caregiver Respite Voucher</td>
</tr>
<tr>
<td>Access to Support Services</td>
<td>2</td>
<td>Care Coordination</td>
</tr>
<tr>
<td>Access to caregiver services</td>
<td>2</td>
<td>Caregiver Support Coordination</td>
</tr>
<tr>
<td>Advocacy in Long Term Services</td>
<td>2</td>
<td>Ombudsman</td>
</tr>
<tr>
<td>Assistance with Bills</td>
<td>2</td>
<td>Income Support</td>
</tr>
<tr>
<td>Benefits Assistance</td>
<td>2</td>
<td>Legal Assistance-60 and Over</td>
</tr>
<tr>
<td>Benefits Assistance</td>
<td>3</td>
<td>Legal Assistance-Under 60</td>
</tr>
<tr>
<td>Benefits Education</td>
<td>3</td>
<td>Legal Awareness</td>
</tr>
<tr>
<td>Information about caregiver services</td>
<td>3</td>
<td>Caregiver Information Services</td>
</tr>
<tr>
<td>Medication Safety</td>
<td>3</td>
<td>Evidence Based Intervention</td>
</tr>
<tr>
<td>Help with ADL’s</td>
<td>3</td>
<td>Personal Assistance</td>
</tr>
<tr>
<td>Caregiver Stress reduction</td>
<td>4</td>
<td>Evidence Based Intervention</td>
</tr>
<tr>
<td>Chronic Illness Information</td>
<td>4</td>
<td>Evidence Based Intervention</td>
</tr>
<tr>
<td>Emergency Response</td>
<td>4</td>
<td>Emergency Response</td>
</tr>
<tr>
<td>Caregiver Education</td>
<td>4</td>
<td>Caregiver Education Training</td>
</tr>
<tr>
<td>Homemaker</td>
<td>4</td>
<td>Homemaker</td>
</tr>
<tr>
<td>Homemaker</td>
<td>4</td>
<td>Homemaker Voucher</td>
</tr>
<tr>
<td>Home Repairs/modifications</td>
<td>4</td>
<td>Residential Repair</td>
</tr>
<tr>
<td>Falls Prevention</td>
<td>4</td>
<td>Evidence Based Intervention</td>
</tr>
<tr>
<td>Healthy Aging-disease management</td>
<td>4</td>
<td>Evidence Based Intervention</td>
</tr>
<tr>
<td>Health Screening/Meds Management</td>
<td>5</td>
<td>Health Screening</td>
</tr>
<tr>
<td>Dental, Vision, DME</td>
<td>5</td>
<td>Health Maintenance</td>
</tr>
<tr>
<td>Activities for seniors</td>
<td>6</td>
<td>Senior Center Operations</td>
</tr>
<tr>
<td>Affordable Housing</td>
<td>6</td>
<td>None</td>
</tr>
</tbody>
</table>

Local Strategies Supporting Program Goals and State Strategies

Section A. Area Agency on Aging Administration

ACL/AoA Focus Area(s): #1, #2, #3, and #4

State Objective: #1 and #2

Local Goal: The Capital AAA will continue to act as the focal point to provide a locally based system that connects people with the services and benefits they need by coordinating services that ensure a system that positively impacts consumer’s health, safety, and wellness; honoring the respect, dignity, and consumer choice, of older individuals in the Capital Region, by carrying
out the duties as set forth in the Older Americans Act and the Texas Administrative Code for the duration of the Area Plan FFY 2017-2017.

**Local Objective #1:** The Capital AAA will conduct ongoing planning and community needs assessment activities to determine service delivery priorities for target populations for next planning cycle.

**Local Strategy #1A:** Conduct consumer focus groups throughout the region within the FY2015-2016 Planning Cycle

**Staff Position(s) Responsible for Strategy:** Program Manager(s), Assistant Director, and Aging Director

**Measurable Outcome:** Focus groups will be conducted to assess service delivery priorities in each of the counties located within the Capital Region.


**Local Strategy #1B:** Conduct vendor, contractor, and healthcare needs assessment surveys within the FY2017-2019 planning cycle.

**Staff Position(s) Responsible for Strategy:** Program Manager(s), Assistant Director, and Aging Director

**Measurable Outcome:** Survey will be completed prior to the end of the planning cycle.


**Local Objective #2:** The Capital AAA will provide an array of consumer focused and consumer choice services that are realistic and cost effective methodologies of service deliveries.

**Local Strategy #2A:** The Capital AAA will provide an array of services using flexible procurement methodologies: vendor agreements, contracts and vouchers

**Staff Position(s) Responsible for Strategy:** Program Manager(s), Assistant Director, and Aging Director

**Measurable Outcome:** A combination of vendor agreements and contracts will be utilized as appropriate for the service deliveries.


**Local Objective #3:** The Capital AAA will routinely assess program and consumer satisfaction.
Local Strategy #3A: The Capital AAA will conduct ongoing quality assurance reviews.

**Staff Position(s) Responsible for Strategy:** Program Manager(s), Assistant Director, and Aging Director

**Measurable Outcome:** Review monthly service data to ensure compliance.


Local Strategy #3B: Schedule and complete performance measure testing of vendors and contractors to ensure quality of services and compliance.

**Staff Position(s) Responsible for Strategy:** Program Manager(s), Assistant Director, and Aging Director

**Measurable Outcome:** The Capital AAA will perform performance measure testing on vendors and contractors.


Local Strategy #3C: Conduct client satisfaction surveys to ensure the individual needs, preferences, and consumer rights are validated.

**Staff Position(s) Responsible for Strategy:** Program Manager(s), Assistant Director, and Aging Director

**Measurable Outcome:** Consumers will be given the opportunity to complete a satisfaction survey.


Local Strategy #3D: Conduct annual monitoring of contractors to ensure compliance with contract requirements and to evaluate and improve quality of services.

**Staff Position(s) Responsible for Strategy:** Program Manager(s), Assistant Director, and Aging Director

**Measurable Outcome:** Each contractor will be monitored annually.


Local Objective #4: The Capital AAA will coordinate with community organizations for the purpose of increasing public awareness, providing outreach and advocacy, removing barriers to service, educating staff, fostering program development and coordinating services to address the needs of the OAA target population and older adults with special needs.

Local Strategy #4A: The Capital AAA will actively seek and participate on community planning and coordination committees.

**Staff Position(s) Responsible for Strategy:** Program Manager(s), Assistant Director, and Aging Services Director and other staff positions as appropriate.

**Measurable Outcome:** Community coordination and outreach events will be documented monthly.

Local Strategy #4B: Support advisory council activities in relationship to the development, administration/operations of the area plan, and ongoing advocacy efforts.

Staff Position(s) Responsible for Strategy: Program Manager(s), Assistant Director, and Aging Director

Measurable Outcome: Aging Advisory Council will conduct meetings at least quarterly and as needed to address emerging issues.


Local Strategy #4C: Support and direct the coordination of ADRC efforts and services in the region.

Staff Position(s) Responsible for Strategy: Program Manager(s), Assistant Director, and Aging Director

Measurable Outcome: If the Capital AAA will continue to provide control and direction of the ADRC and work collaboratively with the ADRC partner agencies to support the role of the ADRC services, as demonstrated by participating in quarterly ADRC steering committee meetings.


Local Strategy #4D: Continue to participate and foster partnerships with local advocacy organizations, elected officials as appropriate, state and federal agencies, and the general public.

Staff Position(s) Responsible for Strategy: Program Manager(s), Assistant Director, and Aging Director

Measurable Outcome: Partnerships will be validated through documentation methodologies such as vendor agreements, memorandum of understanding and interlocal agreements, or other types of partnership documentation.


Local Objective #5: The Capital AAA will have adequate personnel to fulfill the goals of the Area Plan.
Local Strategy #5A: Recruit, train and retain qualified AAA personnel to ensure the provision of quality service and consumer satisfaction.

**Staff Position(s) Responsible for Strategy:** Program Manager(s) and Aging Director

**Measurable Outcome:** Follow established hiring and training protocols upon position vacancies to replace vacancies as quickly as feasible, within funding limitations.

**OAA Assurances:** 306 (a)(1)

Local Objective #6: The Capital AAA will ensure that an adequate proportion of the amount allotted for Title III-B to the planning and service area will be expended for the delivery of required services, unless the next regional needs assessment reflects a higher level of service delivery is needed in other OAA programs or the level of Title III-B funding is inadequate to support the array of services and still meet the adequate proportion requirement.

Local Strategy #6A: Budget development will ensure adequate proportion requirements are met.

**Staff Position(s) Responsible for Strategy:** Aging and Finance Director

**Measurable Outcome:** Adequate proportion will be met unless it is determined from the planning figures that an adequate proportion waiver is required.


Local Strategy #6B: Regional needs assessment will be completed within the 2015-2016 planning period to assess local needs and to prioritize ongoing services.

**Staff Position(s) Responsible for Strategy:** Program Manager(s) and Aging Director

**Measurable Outcome:** Regional Needs will identify priority needs to determine future appropriateness of service delivery within the adequate proportion requirements.


Local Objective #7: The Capital AAA will seek diversified funding streams, to support service expansion and sustainability.

Local Strategy #7A: Obtain at least one contract with Managed Care Organizations to be able to increase capacity of programs that promote consumer health and wellness activities.

**Staff Position(s) Responsible for Strategy:** Aging Director

**Measurable Outcome:** Obtain at least $75,000 dollars in Managed Care Revenue.


Local Strategy #7B: Pursue contracts with DADS for special awards funds, such as housing navigation, nursing home relocation, and options counseling activities.

**Staff Position(s) Responsible for Strategy:** Aging Director
Measurable Outcome: Obtain at least $250,000 in special award funding.

Local Objective #8: The Capital AAA will ensure the accuracy of data entered into the state wide data base system hosted by DADS, while maintaining confidentiality.

Local Strategy #8A: Comply with applicable OAA and DADS rules, program instructions (PI’s), technical assistance(TA) memo’s, procedures and reporting requirements to ensure timely, complete and accurate data is entered and maintained in the statewide database.

Staff Position(s) Responsible for Strategy: Program Manager(s), Assistant Director, and Aging Director

Measurable Outcome: 1) Utilize monthly reports from Harmony Advanced Reporting to ensure all NAPIS required fields are completed, error free within the 5% allowable variance ratio. 2) Continue to use encryption software (Voltage or similar application) to send/receive consumer personal identification information. 2) Complete, at minimum, 2 consumer file reviews per department monthly to ensure accuracy of the data and to ensure all required data is present.

OAA Assurances: 306(a)(1)

Local Objective #9: The Capital AAA will coordinate with state and local emergency personnel in preparation of emergency planning and disaster relief for the region.

Local Strategy #9A: Review emergency management plan annually.

Staff Position(s) Responsible for Strategy: Aging Director

Measurable Outcome: 1) Emergency Plan will be reviewed annually and updated as needed. 2) AAA will continue to assess regional impact on services after significant weather or natural disaster events occur and report consumer impact and service interruption information to DADS.

OAA Assurances: 306(a)(1), 306(a)(17)
Section B. Long-term Care (LTC) Ombudsman Services

ACL/AoA Focus Area(s): #1, #2, #3 and #4

State Objective: #1

Local Goal: The Capital AAA will continue to identify, investigate, and attempt to resolve complaints and concerns made by or on behalf of residents of nursing homes and assisted living facilities, and to promote participant-directed/person-centered planning for older adults in the Capital AAA region by ensuring access to certified Ombudsman staff or volunteers for the duration of the Area Plan FFY 2017-2019.

Local Objective #1: The AAACAP will increase the number of visits to assisted living facilities, so that all licensed facilities are visited by a certified Long-Term Care Ombudsman as required by the State Long Term Care Ombudsman’s Office.

Local Strategy #1A: Increase the number of certified volunteer ombudsmen who are assigned to assisted living facilities.

Staff Position(s) Responsible for Strategy: Program Manager (MLO)

Measurable Outcome: One volunteer per county will be recruited, trained, and assigned to make assisted living visits within that county.


Local Objective #2: The Capital AAA will meet the performance measure projection for the number of certified ombudsman within 5% of the established target.

Local Strategy #2A: Recruit, train and retain volunteers to serve as certified ombudsman in nursing homes and assisted livings facilities.

Staff Position(s) Responsible for Strategy: Program Manager (MLO)

Measurable Outcome: Performance measure for the number certified Ombudsman will be met.


Local Strategy #2B: Require certification of staff and volunteer Ombudsman and provide continuing education.

Staff Position(s) Responsible for Strategy: Program Manager (MLO)

Measurable Outcome: All staff and volunteer ombudsman will receive the required initial and annual education required to maintain their certification.
Local Objective #3: The Capital AAA will, at minimum, resolve or partially resolve 85% of complaints.

Local Strategy #3A: Consumers will receive a customer satisfaction survey to assess satisfaction with level of service provided and resolution of issues.

Staff Position(s) Responsible for Strategy: Program Manager (MLO)

Measurable Outcome: Performance measure for the number certified Ombudsman will be met.


Local Objective #4: The AAACAP will conduct workshops and training for nursing facility social workers and others on residents’ rights relocation, Section Q requirements, PASSR, and Medicaid/non-Medicaid community based programs.

Local Strategy #4A: Staff and when appropriate Volunteer Ombudsman will provide education presentations to Nursing Home personnel at least monthly.

Staff Position(s) Responsible for Strategy: Program Manager (MLO)

Measurable Outcome: Train at a minimum 50 nursing facility social workers on the Olmsted Act, Section Q, PASRR and AAA/ADRC Services.


Section C. Access and Assistance Services

ACL/AoA Focus Area(s): #1, #2, #3, #4

State Objective: #1

Local Goal: The Capital AAA will continue to act as the focal point to provide a locally based system that connects people with the services and benefits they need by coordinating services that ensure a system that positively impacts consumer’s health, safety, and wellness; honoring the respect, dignity, and consumer choice, of older individuals in the Capital Region, by carrying out the duties as set forth in the Older Americans Act and the Texas Administrative Code for the duration of the Area Plan FFY 2017-2019.

Local Objective #1: The Capital AAA will maintain the region’s integrated access and assistance service delivery system, which effectively guides the older individual, their family members and caregivers through a progression of service options consisting of Information and Assistance, Benefits Counseling, Caregiver Information, Care Coordination, Long-term
Care Ombudsman, and Caregiver Support in order to adequately address each consumer’s specific need in a consolidated and timely manner.

**Service: Data Management**

**Local Strategy #1A:** Data entry and reporting for non-direct services related to direct purchase of service, service authorization and document verification to support the provision, tracking and reporting of vendored congregate meals, home delivered meals and transportation services will be entered accurately into SPURS.

**Staff Position(s) Responsible for Strategy:** Program Monitor, Program Manager, Assistant Aging Director, Aging Director

**Measurable Outcome:** Data entry will be correct within the allowable 5% variance.

**OAA Assurances:** 306(a)(1), 306(a)(13)(E)

**Service: Care Coordination**

**Local Strategy #2A:** Develop individual care plans based on assessment and client input and authorize and purchase services for clients, while respecting individual choice, self-determination, and offering consumer directed services.

**Staff Position(s) Responsible for Strategy:** Care Coordinators, Program Manager, Aging Assistant Director, Aging Director

**Measurable Outcome:** 1.) Performance measure for number unduplicated Care Coordination clients is met within 5% of established target. 2.) Vendor providers, if established, will be required to comply with service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.


**Service: Caregiver Information Services**

**Local Strategy #3A:** Continue to disseminate accurate, timely, and relevant information for informal caregivers, grandparents, or relatives caring for children 18 years of age and under.

**Staff Position(s) Responsible for Strategy:** Care Coordinators, Program Manager, Aging Assistant Director, Aging Director

**Measurable Outcome:** 1.) Organize and host an annual caregiver conference in conjunction with partner agencies to provide information caregiver information and resources that are available throughout the region. 2.) Organize and host at least one ½ day caregiver conference in each of the counties to be completed during this Area Plan time period, with participation from advisory committee members, local agencies and service providers. 3.) Vendor providers will be required to comply with service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.

Local Strategy #3B: Continue to make available caregiver information to the public available through public presentations, health fairs, and mass media.

Staff Position(s) Responsible for Strategy: All Staff

Measurable Outcome: 1.) Caregiver information will be presented and or made available monthly via various communication methods. 2.) Contractors, if established, will be required to comply with service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.


Service: Caregiver Support Coordination

Local Strategy #4A: Develop individual care plans based on caregiver and care receiver assessments and client input and authorize and purchase services for clients, while respecting individual choice, self-determination, and offering consumer directed services.

Staff Position(s) Responsible for Strategy: Care Coordinators, Intake Specialist, Program Manager(s), Assistant Director, Aging Director

Measurable Outcome: 1.) Caregivers will be offered the opportunity to participate in and receive caregiver support coordination services as requested or identified as a need by the Care Coordinator.


Service: Information, Referral & Assistance

Local Strategy #5A: Provide effective and efficient operation; coordinate with 211 Texas and maintain a contract relationship with the Language Line for language translation services for consumers that need special assistance to effectively access services provided by the AAA.

Staff Position(s) Responsible for Strategy: Information and Referral Specialist, Program Manager(s), Aging Director

Measurable Outcome: 1.) Consumers will be surveyed and the AAA will have a 90% satisfaction rating from those who respond. 2.) Vendor providers, if established, will be required to comply with service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.


Local Strategy #5B: Require Information Specialist to complete Alliance of Information and Referral Systems (AIRS) Information and Referral Specialist, CIRS, Certification

Staff Position(s) Responsible for Strategy: Information and Referral Specialist, Program Manager(s), Aging Director
**Measurable Outcome:** IR&A Specialist will be required to obtain CIRS certificate within the two years of employment.


**Local Strategy #5C:** Incorporate ADRC referral protocols and ADRC resource information to effectively assist consumers of all ages and disabilities. Coordinate with ADRC staff to provide streamlined client access to the long term services and supports screening (LTSS) tool and ensure appropriate referrals for clients are sent to the AAA via LTSS electronic referrals.

**Staff Position(s) Responsible for Strategy:** Information and Referral Specialist, Care Coordinator/Intake Specialist, Program Manager(s), Aging Director

**Measurable Outcome:** AAA procedures will be revised to include the referral protocols of working with the ADRC and processes for conducting LTSS assessment and addressing consumer referrals received via LTSS.


**Service: Legal Assistance, Age 60&Above**

**Local Strategy #6A:** Provide a system for clients to be able to access information and services that will provide an opportunity for clients to be sure they are receiving public benefits to which they are entitled by dissemination of accurate, timely and relevant information, eligibility criteria, application requirements and assistance about public entitlements, health/long-term care services, individual rights, planning/protection options, housing and consumer needs.

**Staff Position(s) Responsible for Strategy:** Benefit Counselors I&II, Program Manager, Assistant Director, Aging Director

**Measurable Outcome:** 1) Benefit Counseling Consumers will be surveyed for customer satisfaction and the program will maintain 90% satisfaction rating. 2) Benefit Counselors will strive to meet CMS performance measure standards yearly. 3) Medicare Part D enrollment events will be held throughout the year in each county in the region. 4) Benefit Counselors will continue to work with local mental health authorities and Texas Legal Services for help with dual eligible consumers, mental health legal issues, legal assistance with wills, probate, and advanced care planning needs. 5.) Vendor providers, if established, will be required to comply with service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.


**Service: Legal Assistance, Age 60&Above**

**Local Strategy #7A:** Provide Benefits Counseling at remote office locations throughout the counties which will be staffed by Benefit Counselors and/or trained volunteers.
**Staff Position(s) Responsible for Strategy:** Benefit Counselors I&II, Program Manager, Assistant Director, Aging Director

**Measurable Outcome:** Benefit Counseling services will be provided at remote office locations throughout the region. 2.) Vendor providers, if established, will be required to comply with service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.


**Service: Legal Assistance Under Age 60**

**Local Strategy #8A:** Provide a system for clients to be able to access information and services that will provide an opportunity for clients to be sure they are receiving public benefits to which they are entitled by dissemination of accurate, timely and relevant information, eligibility criteria, application requirements and assistance about public entitlements, health/long-term care services, individual rights, planning/protection options, housing and consumer needs.

**Staff Position(s) Responsible for Strategy:** Benefit Counselors I&II, Program Manager, Assistant Director, Aging Director

**Measurable Outcome:** 1) Benefit Counseling Consumers will be surveyed for customer satisfaction and the program will maintain 90% satisfaction rating. 2) Benefit Counselors will strive to meet CMS performance measure standards yearly. 3) Medicare Part D enrollment events will be held throughout the year in each county in the region. 4) Benefit Counselors will continue to work with local mental health authorities and Texas Legal Services for help with dual eligible consumers, mental health legal issues, and legal assistance with wills, probate, and advanced care planning needs. 5.) Vendor providers will be required to comply with service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.

**OAA Assurances:** 306(a)(2)(C), 306(a)(6)(A)

**Service: Legal Awareness**

**Local Strategy #9A:** Provide a system for clients to be able to access information and services that will provide an opportunity for clients to be sure they are receiving public benefits to which they are entitled by dissemination of accurate, timely and relevant information, eligibility criteria, application requirements and assistance about public entitlements, health/long-term care services, individual rights, planning/protection options, housing and consumer needs.

**Staff Position(s) Responsible for Strategy:** Benefit Counselors I&II, Program Manager, Assistant Director, Aging Director

**Measurable Outcome:** 1.) Participate in health fairs as requested by members of the community (i.e. Senior Centers, Elected Officials, Government agencies, churches, etc.) in order to distribute timely information on legal awareness topics as well as providing
information as to how members of the public may access services of the Capital Area Agency on Aging.

2.) The Benefits Counseling Program will partner with the ADRC, to conduct outreach activities.


### Section D. Services to Assist Independent Living

**ACL/AoA Focus Area(s):** #1, #2, #3, #4

**State Objective:** #2

**Local Goal:** The Capital AAA will continue to act as the focal point to provide a locally based system that connects people with the services and benefits they need by coordinating services that ensure a system that positively impacts consumer’s health, safety, and wellness; honoring the respect, dignity, and consumer choice, of older individuals in the Capital Region, by carrying out the duties as set forth in the Older Americans Act and the Texas Administrative Code for the duration of the Area Plan FFY 2017-2019.

**Local Objective #1:** The Capital AAA will maintain the region’s integrated services to assist independent living service delivery system, which effectively guides the older individual, their family members and caregivers through a progression of service options consisting in home services, caregiver support services, and transportation services, training and education for professionals working with older individuals in order to adequately address each consumer’s specific need in a consolidated and timely manner for the duration of the Area Plan FFY 2017-2019.

**Service: Caregiver Education and Training**

**Local Strategy #1A:** Provide counseling to caregivers to assist in decision-making and problem solving related to the caregiver role, including providing counseling to individuals and support groups; and caregiver training for individual caregivers and families.

**Staff Position(s) Responsible for Strategy:** Care Coordinators, Program Manager, Assistant Director, Aging Director

**Measurable Outcome:**
1.) Caregivers will be offered the opportunity to participate in and receive caregiver education and training opportunities as requested, offered, or identified as a need by the Care Coordinator.
2.) Vendor providers will be required to comply with service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.

Service: Caregiver Respite Care – In Home

Local Strategy #1B: Provide temporary relief for caregivers including an array of services provided to older individuals (care receivers) who need assistance with activities of daily living and/or supervision. Services are provided in the older individual’s home on a short-term, temporary basis while the primary caregiver is unavailable or needs relief. Respite Care – In Home services, provided to address health and safety issues for the care receiver, may include meal preparation, housekeeping, assistance with personal care and/or social and recreational activities.

Staff Position(s) Responsible for Strategy: Care Coordination, Program Manager

Measurable Outcome: 1.) Caregivers will be offered the opportunity to participate in and receive caregiver in-home respite services as requested or identified as a need by the Care Coordinator. 2.) Care receivers will have respite care in-home services which address health and safety needs and support temporary relief for the caregiver. 3.) Vendor providers will be required to comply with service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.


Service: Caregiver Respite Voucher

Local Strategy #1C: Provide caregiver respite through the consumer directed service option whereby an individual provider is chosen by the caregiver. Services are provided on an intermittent or temporary basis while the primary caregiver is unavailable or needs relief.

Staff Position(s) Responsible for Strategy: Care Coordination, Program Manager

Measurable Outcome: 1.) Caregivers will be offered the opportunity to participate in and receive caregiver respite voucher services as requested or identified as a need by the Care Coordinator. 2.) Research and if cost effective and available, establish a negotiated agreement with an adult day center to provide low cost day care services which will provide more choice and options for the consumer when utilizing the Caregiver Respite voucher program. 3.) Research the availability of quality independent personal care attendants to provide voucher program services and increase caregiver participation in this consumer directed option.


Service: Chore Maintenance

Local Strategy #1D: Provide this service that allows for performing household chores when an older individual is not able to perform the tasks on their own, such as heavy cleaning, moving heavy furniture, and yard/sidewalk maintenance.

Staff Position(s) Responsible for Strategy: Care Coordination, Program Manager
**Measurable Outcome:** 1.) Consumers will be offered the opportunity to participate in and receive chore maintenance services as requested or identified as a need by the Care Coordinator. 2.) Vendor providers, if established, will be required to comply with service provision rules, regulations and licensing


**Service: Emergency Response**

**Local Strategy #1E:** Provide this service for homebound, frail older individuals which establishes an automatic monitoring system which links to emergency medical services when the individual’s life or safety is in jeopardy. ERS services include the installation of the monitoring unit, training associated with the use of the system, periodic checking to ensure that the unit is functioning properly, equipment maintenance calls, response to an emergency call by a medical professional, para-professional or volunteer, and follow-up with the older individual.

**Staff Position(s) Responsible for Strategy:** Care Coordination, Program Manager

**Measurable Outcome:** 1.) Consumers will be offered the opportunity to participate in and receive Emergency Response services as requested or identified as a need by the Care Coordinator. 2.) Vendor providers will be required to comply with service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.


**Service: Health Maintenance**

**Local Strategy #1F:** Provide an array of health activities that promote or maintain the health and/or safety of the older individual. Examples of allowable activities include medical treatment by a health professional, Health Education, therapies, counseling services, home health services, provision of medications, nutritional supplements, durable medical equipment, glasses, hearing aids, and medication dispensing solutions and dosage alert systems.

**Staff Position(s) Responsible for Strategy:** Care Coordination, Program Manager

**Measurable Outcome:** 1.) Consumers will be offered the opportunity to participate in and receive health maintenance activities/services as requested or identified as a need by the Care Coordinator. 2.) Vendor providers will be required to comply with service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.


**Service: Health Screening/Monitoring**

**Local Strategy #1G:** Provide an array of health screening activities that are intended to assess the level of health and wellness of persons 60 years of age and older and should ensure participants are made aware of health services available to them in their community for appropriate follow-up care. Examples of allowable activities include
blood pressure monitoring, hearing tests, vision tests, dental services, podiatry services, nutritional status, blood tests, urinalysis, home injury control safety, and depression screens. Activities can occur in the consumer’s home or out of the home at senior centers, health fairs, nutrition centers, or other appropriate places.

**Staff Position(s) Responsible for Strategy:** Care Coordination, Program Manager

**Measurable Outcome:**
1.) Consumers will be offered the opportunity to participate in and receive health screening activities/services as requested or identified as a need by the Care Coordinator.  
2.) Vendor providers will be required to comply with service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.

3.) Staff will continue to research potential funding to expand the availability of Health Screening services through federal grants, state projects, local foundations and collaborations with other AAAs and/or community partners.


---

**Service: Homemaker**

**Local Strategy #1H:** Provide homemaker services by trained and supervised homemakers involving the performance housekeeping and home management task, meal preparation, or escort task and shopping assistance provided to older individuals who require assistance with these activities in their place of residence. The objective is to help the consumer sustain independent living in a safe and healthful home environment.

**Staff Position(s) Responsible for Strategy:** Care Coordination, Program Manager

**Measurable Outcome:**
1.) Consumers will be offered the opportunity to participate in and receive homemaker activities/services as requested or identified as a need by the Care Coordinator.  
2.) Vendor providers will be required to comply with service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.  
3.) Performance measure target will be met within the 5% allowable variance.


---

**Service: Homemaker Voucher**

**Local Strategy #1I:** Provide homemaker voucher services through consumer directed services option whereby the individual provider is chosen by the older individual, which promotes greater consumer choice and consumer directed care. Homemaker activities involve the performance housekeeping and home management task, meal preparation, or escort task and shopping assistance provided to older individuals who require assistance with these activities in their place of residence. The objective is to help the consumer sustain independent living in a safe and healthful home environment.

**Staff Position(s) Responsible for Strategy:** Care Coordination, Program Manager

**Measurable Outcome:**
1.) Consumers will be offered the opportunity to participate in and receive homemaker voucher activities/services as requested or identified as a need by
the Care Coordinator. 2.) Vendor providers will be required to comply with service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions. 3.) Research the availability of quality independent personal care attendants to provide voucher program services and increase caregiver participation in this consumer directed option.


**Service: Income Support**

**Local Strategy #1J:** Provide assistance in the form of a payment to a third party provider for services or goods that support the basic needs of the individual, on behalf of an older individual or their caregiver.

**Staff Position(s) Responsible for Strategy:** Care Coordination, Program Manager

**Measurable Outcome:** Consumers will be offered the opportunity to participate in and receive Income support as requested or identified as a need by the Care Coordinator.


**Service: Mental Health Services**

**Local Strategy #1K:** 1.) Provide the analysis by a mental health professional to determine a need for mental health services (diagnosis/screening) or the provision of services to support and improve the emotional well-being of an individual. Mental health service shall be provided to individuals who have mental illness, emotional or social disabilities, or who may require support and treatment. Such support may include education, prevention, screening, referral and/or intervention. 2.) Incorporate ADRC referral protocols and ADRC resource information to effectively assist consumers of all ages and disabilities to have quicker and streamlined access to Mental Health Services, once the ADRC is designated in the Capital Region.

**Staff Position(s) Responsible for Strategy:** Care Coordination, Program Manager

**Measurable Outcome:** 1.) Consumers will be offered the opportunity to participate in and receive Mental Health services as requested or identified as a need by the Care Coordinator. 2.) Will increase public awareness of mental health issues in the senior population by disseminating awareness information at community events, on the AAA website, and through social media outreach. 3.) Vendor providers will be required to comply with service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.

**OAA Assurances:** 306(a)(A), 306(a)(4)(B), 306(a)(5), 306(a)(6)(B), 306(a)(10),

**Service: Personal Assistance**

**Local Strategy #1L:** Provide assistance to older individuals who are having difficulty performing a minimum of two activities of daily living identified in the assessment process, with tasks an individual would typically perform if they were able. This service covers all activities of daily living.

**Staff Position(s) Responsible for Strategy:** Care Coordination, Program Manager
**Measurable Outcome:** 1.) Consumers will be offered the opportunity to participate in and receive personal assistance services as requested or identified as a need by the Care Coordinator. 2.) Vendor providers will be required to comply with service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.


**Service:** Residential Repair

**Local Strategy #1M:** Provide services that consist of repairs or modifications of dwellings occupied by older individuals that are essential for the health and safety of the occupant(s).

**Staff Position(s) Responsible for Strategy:** Care Coordination, Program Manager

**Measurable Outcome:** 1.) Consumers will be offered the opportunity to participate in and receive residential repair services as requested or identified as a need by the Care Coordinator. 2.) Vendor providers will be required to comply with service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.


**Service:** Senior Center Operations

**Local Strategy #1N:** Support the operation of community facilities where older individuals and people with disabilities meet together to pursue mutual interests, receive services and/or take part in activities which will enhance their quality of life, support their independence, and encourage their continued involvement in and with the community.

**Staff Position(s) Responsible for Strategy:** Program Manager

**Measurable Outcome:** 1.) Secure and monitor Senior Center Contracts for operational support. 2.) Contract providers will be required to comply with service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.


**Service:** Transportation-Demand Response

**Local Strategy #1O:** Support of program that takes an older individual from one location to another but does not include any other activity. The purpose of the program is to enhance their quality of life, support their independence, and encourage their continued involvement in and with the community.

**Staff Position(s) Responsible for Strategy:** Program Monitor, Data Entry Clerk, Program Manager, Care Coordination, Intake Specialist, I,R&A Specialist

**Measurable Outcome:** 1.) Consumers will be offered the opportunity to participate in and receive Transportation services as requested or identified as a need by the Care Coordinator, referral sources, and transportation providers. 2) Random sample survey.
consumers of transportation services regarding overall satisfaction of the service provided and maintain 90% satisfaction rating for those who respond. 3.) Vendor providers will be required to comply with service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions. 3.) Performance measure target will be met within the 5% allowable variance.


Service: Transportation- Voucher
Local Strategy #1P: Research and implement a voucher transportation program if the research proves that the program is cost effective and sustainable and can be implemented within the OAA and DADS regulations. This program provides greater consumer choice and flexibility when arranging for and securing transportation. The program provides for an eligible consumer to select an individual, commercial, or non-profit provider to transport them from one location to another but does not include any other activity. The purpose of the program is to enhance their quality of life, support their independence, and encourage their continued involvement in and with the community.

Staff Position(s) Responsible for Strategy: Program Monitor, Data Entry Clerk, Program Manager, Care Coordination, Aging Director
Measurable Outcome: 1.) The AAA will conduct research into the viability of implementing a transportation voucher program. 2.) If the program is implemented, consumers will be offered the opportunity to participate in and receive transportation voucher services as requested or identified as a need by the Care Coordinator, referral sources, and transportation providers. 3.) Providers will be required to comply with service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.


Service: Caregiver Respite Care – Institutional
Local Strategy #1Q: Provide temporary relief for caregivers including an array of services provided to dependent older individuals who need supervision. Services are provided in a congregate setting (e.g., hospital, nursing home, and adult day center) on a short-term, temporary basis while the primary caregiver is unavailable or needs relief. Supervision may include meals, personal care, monitoring, of health status, medical procedures, transportation and/or social and recreational activities.

Staff Position(s) Responsible for Strategy: Care Coordination, Program Manager
Measurable Outcome: 1.) Staff will work with local adult day care providers to determine the feasibility of establishing vendor agreements for respite care – institutional services. 2.) Caregivers will be offered the opportunity to participate in and receive caregiver out of home respite services as requested or identified as a need by the Care Coordinator. 2.) Vendor providers will be required to comply with service provision
rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.


Service: Instruction and Training

Local Strategy #1R: Provide experience or knowledge to individuals or professionals working with older individuals to acquire skills in a formal, informal, or individual or group setting.

Staff Position(s) Responsible for Strategy: All appropriate AAA staff

Measurable Outcome: 1.) Upon or as needed requests for educational presentations will be organized and held. 2.) A minimum of 5 presentations will occur annually. 3.) Vendor providers will be required to comply with service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.

OAA Assurances: 306(a)(4)(A)(ii), 306(a)(5)

Local Objective #2: The Capital AAA will continue to provide older adults’ and their caregivers access to effective Evidence-Based Disease and Disability Prevention Programs that have been proven to help to reduce their risk for disease, injury, and disability; to have improved health outcomes and overall wellness; and to support activities for living independently, for the Area Plan FFY 2017-2019.

Service: Evidence-Based Interventions

Local Strategy #2A: Provide fall prevention interventions, the A Matter of Balance™ (AMOB) program, to older adults in the region

Staff Position(s) Responsible for Strategy: Health and Wellness Coordinator, Program Manager, Care Coordination, Assistant Aging Director, and Aging Director

Measurable Outcome: 1.) Consumers will be offered the opportunity to participate in A Matter of Balance™ fall prevention program. 2.) Coaches will be required to comply with program fidelity, service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions. 3.) The number of service units provided will be increased by 2% in FFY 2018 and by 3% in FFY2019, with FY 2017 total units provided as the baseline. 4.) Survey consumers of AMOB programing to assess overall satisfaction of the service provided and maintain 90% satisfaction rating for those who respond.

OAA Assurances: 306(a)(7)(C), 306(a)(10)

Local Strategy #2B: Provide the Stress-Busting Program for Family Caregivers™ (SBP) program, to Caregivers who are caring for a loved one with Alzheimer’s or a related dementia and chronic conditions to promote Caregiver improved health and well-being.

Staff Position(s) Responsible for Strategy: Health and Wellness Coordinator, Program Manager, Care Coordination, and Aging Director
Measurable Outcome:  1.) Consumers will be offered the opportunity to participate in the SBP program.  2.) Lay Leaders will be required to comply with program fidelity, service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.  3.) The number of service units provided will be increased by 2% in FY 2018 and by 3% in FY2019, with FY 2017 total units provided as the baseline. 4.) Survey consumers of SBP programs to assess overall satisfaction of the service provided and maintain 90% satisfaction rating for those who respond.

OAA Assurances: 306(a)(7)(C), 306(a)(10)

Local Strategy #2C: Provide Chronic Disease Management (CDSMP) and Diabetes Self Management Program (DSMP) to older adults in the region with chronic conditions and Type 2 Diabetes.

Staff Position(s) Responsible for Strategy: Health and Wellness Coordinator, Program Manager, Care Coordination, Assistant Aging Director, and Aging Director

Measurable Outcome:  1.) Consumers will be offered the opportunity to participate in the CDSMP and DSMP program.  2.) Lay Leaders will be required to comply with program fidelity, service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.  3.) The number of service units provided will be increased by 2% in FY 2018 and by 3% in FY2019, with FY 2017 total units provided as the baseline. 4.) Survey consumers of CDSMP and DSMP programs to assess overall satisfaction of the service provided and maintain 90% satisfaction rating for those who respond.  5.) Research, apply for, and secure grant funding for program development, operations, and training costs as soon as grant sources are located or announced by DADS, HHSC, or CMS.  6.) Train staff and volunteers for certification purposes.


Local Strategy #2D: Continue to increase EBI programs offered by the AAA to include programs such as Care Transitions™ by the end of FY2017 to be better leveraged for securing contracts with Managed Care Organizations.

Staff Position(s) Responsible for Strategy: Health and Wellness Coordinator, Program Manager, Care Coordination, and Aging Director

Measurable Outcome:  1.) Research, apply for, and secure grant funding for program development, operations, and training costs as soon as grant sources are located or announced by DADS, HHSC, or CMS.  2.) Develop and secure a partnership(s) with a local hospital system to implement Care Transitions within the 1st quarter of FY2017.  3) Train staff for certification purposes.

Section E. Nutrition Services

ACL/AoA Focus Area(s): #1, #2, #3, #4

State Objective: #2

Local Goal: The Capital AAA will continue to act as the focal point to provide a locally based system that connects people with the services and benefits they need by coordinating services that ensure a system that positively impacts consumer’s health, safety, and wellness; honoring the respect, dignity, and consumer choice, of older individuals in the Capital Region, by carrying out the duties as set forth in the Older Americans Act and the Texas Administrative Code for the duration of the Area Plan FFY 2017-2019.

Local Objective #1: The Capital AAA will maintain the region’s integrated services to provide an independent living service delivery system, which effectively guides the older individual, their family members and caregivers through a progression of service options for Non-Medicaid Eligible consumers consisting of Congregate and Home Delivered meals and Nutritional Education in order to adequately address each consumer’s specific need in a consolidated and timely manner for the duration of the Area Plan FFY 2017-2019.

Service: Home Delivered Meals

Local Strategy #1A: The Capital AAA will support a home delivered meals program that delivers nutritionally balanced meals for a minimum of 250 days per year to homebound elderly who are unable to prepare their own meals. The goal is to reduce food insecurity and to help the client sustain an independent life style in a safe and healthful environment.

Staff Position(s) Responsible for Strategy: Data Entry Clerk, Program Monitor, Program Manager, Aging Director

Measurable Outcome: 1.) Performance measure targets will be met within 5% allowable variance. 2.) Ensure nutrition providers make nutritional information and instruction available to participants on an annual basis. 3.) Random sample consumers of home delivered meal services regarding an overall satisfaction of the home delivered meals program, and maintain 90% satisfaction rating. 4.) Contract providers will be required to comply with service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.


Service: Congregate Meals

Local Strategy #1B: The Capital AAA will support a congregate meals program that delivers nutritionally balanced meals for a minimum of 250 days per year in a congregate
social setting. The goal is to reduce food insecurity and to promote good health, socialization, and wellbeing.

**Staff Position(s) Responsible for Strategy:** Data Entry Clerk, Program Monitor, Program Manager, Aging Director

**Measurable Outcome:**
1.) Performance measure targets will be met within 5% allowable variance.
2.) Ensure nutrition providers make nutritional information and instruction available to participants on an annual basis.
3.) Random sample consumers of congregate meal services regarding an overall satisfaction of the home delivered meals program, and maintain 90% satisfaction rating.
4.) Contract providers will be required to comply with service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.


---

**Service: Nutrition Education**

**Local Strategy #1C:** Ensure nutrition providers provide nutritional education and instructions to participants in a group or individual settings, overseen by a dietician or individual of comparable expertise, at a minimum annually. The goal is to promote good health and wellbeing.

**Staff Position(s) Responsible for Strategy:** Program Monitor, Program Manager

**Measurable Outcome:**
1.) Ensure nutrition providers make nutritional information and instruction available to participants on an annual basis.
2.) Contract providers will be required to comply with service provision rules, regulations and licensing requirements; OAA and DADS policies procedures; reporting requirements and AAA service definitions.

Attachments
Organizational Chart

AREA AGENCY ON AGING OF THE CAPITAL AREA
ORGANIZATION CHART
March 2016

Area Agency on Aging of the Capital Area
Director of Aging Services (1.0)

Assistant Director of Aging Services (1.0)

Program Manager (1.0)
Care Coordination & Caregiver Support & Information and Referral

Care Coordinator (4.0)
Program Coordinator (1.0)
Intake Specialists (1.0)

IR&A Specialist (1.0)
Information Referral & Assistance

Program Manager
Managing Lead Ombudsman (1.0)

Ombudsman (2-FT)
(2-PT)
Volunteers (+/- 15)

Program Manager (1.0)
Benefit Counselors, Data Mgt, & Nutrition

Benefits Counselors (3.0)
Data Entry Clerk/Nutrition (1.0)
Program Monitor/Nutrition (1.0)
BC Volunteers (+/- 5)
Administrative Assistant (1.0)

ADRC-CAP

ADRC Coordinator (1.0)
ADRC IR&A Navigator (1.0)

Health & Wellness Coordinator (1.0)
## Staff Activities

<table>
<thead>
<tr>
<th>Name</th>
<th>Activity</th>
<th>Percentage of Time Spent on Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bordie, Patty: Director of Aging Services</td>
<td>AAA Administration</td>
<td>.62</td>
</tr>
<tr>
<td>Bordie, Patty: Director of Aging Services</td>
<td>Ombudsman</td>
<td>.05</td>
</tr>
<tr>
<td>Bordie, Patty: Director of Aging Services</td>
<td>Ombudsman-ALF</td>
<td>.01</td>
</tr>
<tr>
<td>Bordie, Patty: Director of Aging Services</td>
<td>Information, Referral and Assistance</td>
<td>.02</td>
</tr>
<tr>
<td>Bordie, Patty: Director of Aging Services</td>
<td>Information, Referral and Assistance-Caregiver</td>
<td>.01</td>
</tr>
<tr>
<td>Bordie, Patty: Director of Aging Services</td>
<td>Data Management</td>
<td>.03</td>
</tr>
<tr>
<td>Bordie, Patty: Director of Aging Services</td>
<td>Legal Assistance, 60 and Over</td>
<td>.02</td>
</tr>
<tr>
<td>Bordie, Patty: Director of Aging Services</td>
<td>Legal Assistance, Under 60</td>
<td>.01</td>
</tr>
<tr>
<td>Bordie, Patty: Director of Aging Services</td>
<td>Legal Awareness</td>
<td>.01</td>
</tr>
<tr>
<td>Bordie, Patty: Director of Aging Services</td>
<td>Care Coordination</td>
<td>.02</td>
</tr>
<tr>
<td>Bordie, Patty: Director of Aging Services</td>
<td>Caregiver Support Coordination</td>
<td>.02</td>
</tr>
<tr>
<td>Bordie, Patty: Director of Aging Services</td>
<td>Caregiver Information Services</td>
<td>.03</td>
</tr>
<tr>
<td>Bordie, Patty: Director of Aging Services</td>
<td>Instruction and Training</td>
<td>.01</td>
</tr>
<tr>
<td>Bordie, Patty: Director of Aging Services</td>
<td>Evidence Based Intervention</td>
<td>.03</td>
</tr>
<tr>
<td>Bordie, Patty: Director of Aging Services</td>
<td>St. David’s Meds Screening</td>
<td>.01</td>
</tr>
<tr>
<td>Bordie, Patty: Director of Aging Services</td>
<td>ADRC Operations</td>
<td>.08</td>
</tr>
<tr>
<td>Bordie, Patty: Director of Aging Services</td>
<td>ADRC Housing Navigation</td>
<td>.01</td>
</tr>
<tr>
<td>Bordie, Patty: Director of Aging Services</td>
<td>ADRC MFP-LCA</td>
<td>.01</td>
</tr>
<tr>
<td>Davis, Michelle: Administrative Assistant</td>
<td>AAA Administration</td>
<td>.81</td>
</tr>
<tr>
<td>Davis, Michelle: Administrative Assistant</td>
<td>Ombudsman</td>
<td>.01</td>
</tr>
<tr>
<td>Davis, Michelle: Administrative Assistant</td>
<td>Information, Referral and Assistance</td>
<td>.05</td>
</tr>
<tr>
<td>Davis, Michelle: Administrative Assistant</td>
<td>Information, Referral and Assistance-Caregiver</td>
<td>.01</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Responsibility</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------------------------------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>Davis, Michelle</td>
<td>Administrative Assistant</td>
<td>Legal Awareness</td>
</tr>
<tr>
<td>Davis, Michelle</td>
<td>Administrative Assistant</td>
<td>Care Coordination</td>
</tr>
<tr>
<td>Davis, Michelle</td>
<td>Administrative Assistant</td>
<td>Caregiver Support Coordination</td>
</tr>
<tr>
<td>Davis, Michelle</td>
<td>Administrative Assistant</td>
<td>Caregiver Information Services</td>
</tr>
<tr>
<td>Davis, Michelle</td>
<td>Administrative Assistant</td>
<td>Evidence Based Intervention</td>
</tr>
<tr>
<td>Davis, Michelle</td>
<td>Administrative Assistant</td>
<td>St. David’s Med. Screen</td>
</tr>
<tr>
<td>Davis, Michelle</td>
<td>Administrative Assistant</td>
<td>ADRC Operations</td>
</tr>
<tr>
<td>Lamb, Charlotte</td>
<td>Care Coordinator</td>
<td>Care Coordination</td>
</tr>
<tr>
<td>Lamb, Charlotte</td>
<td>Care Coordinator</td>
<td>Caregiver Support Coordination</td>
</tr>
<tr>
<td>Lamb, Charlotte</td>
<td>Care Coordinator</td>
<td>Caregiver Information Services</td>
</tr>
<tr>
<td>Lamb, Charlotte</td>
<td>Care Coordinator</td>
<td>St. David’s Med. Screen</td>
</tr>
<tr>
<td>Drum, Susan</td>
<td>I, R,&amp;A Specialist</td>
<td>Information Referral &amp; Assistance</td>
</tr>
<tr>
<td>Drum, Susan</td>
<td>I, R,&amp;A Specialist</td>
<td>Information Referral &amp; Assistance</td>
</tr>
<tr>
<td>Drum, Susan</td>
<td>I, R,&amp;A Specialist</td>
<td>Legal Awareness</td>
</tr>
<tr>
<td>Drum, Susan</td>
<td>I, R,&amp;A Specialist</td>
<td>ADRC Operations</td>
</tr>
<tr>
<td>Gibbons, Kate</td>
<td>Health, Prevention &amp;Wellness Coordinator</td>
<td>AAA Administration</td>
</tr>
<tr>
<td>Gibbons, Kate</td>
<td>Health, Prevention &amp;Wellness Coordinator</td>
<td>Evidence Based Intervention</td>
</tr>
<tr>
<td>Ross, Carlos</td>
<td>Program Monitor</td>
<td>AAA Administration</td>
</tr>
<tr>
<td>Ross, Carlos</td>
<td>Program Monitor</td>
<td>Data Management</td>
</tr>
<tr>
<td>Sears, Judy</td>
<td>Data Entry</td>
<td>Data Management</td>
</tr>
<tr>
<td>Terrazas, Amalia</td>
<td>Benefits Counselor</td>
<td>Legal Assistance, 60 and Over</td>
</tr>
<tr>
<td>Terrazas, Amalia</td>
<td>Benefits Counselor</td>
<td>Legal Assistance, Under 60</td>
</tr>
<tr>
<td>Terrazas, Amalia</td>
<td>Benefits Counselor</td>
<td>Legal Awareness</td>
</tr>
<tr>
<td>Bloebaum, Emma</td>
<td>Benefits Counselor</td>
<td>Legal Assistance, 60 And Over</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Department</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td><strong>Bloebaum, Emma</strong></td>
<td>Benefits Counselor</td>
<td>Legal Assistance, Under 60</td>
</tr>
<tr>
<td><strong>Bloebaum, Emma</strong></td>
<td>Benefits Counselor</td>
<td>Legal Awareness</td>
</tr>
<tr>
<td><strong>Tee, Josephine</strong></td>
<td>Benefits Counselor</td>
<td>Legal Assistance, 60 and Over</td>
</tr>
<tr>
<td><strong>Tee, Josephine</strong></td>
<td>Benefits Counselor</td>
<td>Legal Assistance, Under 60</td>
</tr>
<tr>
<td><strong>Tee, Josephine</strong></td>
<td>Benefits Counselor</td>
<td>Legal Awareness</td>
</tr>
<tr>
<td><strong>Vacant: Program Manager</strong></td>
<td>AAA Administration</td>
<td></td>
</tr>
<tr>
<td><strong>Vacant: Program Manager</strong></td>
<td>Information Referral &amp; Assistance</td>
<td></td>
</tr>
<tr>
<td><strong>Vacant: Program Manager</strong></td>
<td>Information Referral &amp; Assistance-Caregiver</td>
<td></td>
</tr>
<tr>
<td><strong>Vacant: Program Manager</strong></td>
<td>Data management</td>
<td></td>
</tr>
<tr>
<td><strong>Vacant: Program Manager</strong></td>
<td>Care Coordination</td>
<td></td>
</tr>
<tr>
<td><strong>Vacant: Program Manager</strong></td>
<td>Caregiver Support Coordination</td>
<td></td>
</tr>
<tr>
<td><strong>Vacant: Program Manager</strong></td>
<td>Caregiver Information Services</td>
<td></td>
</tr>
<tr>
<td><strong>Vacant: Program Manager</strong></td>
<td>Evidence Based Intervention</td>
<td></td>
</tr>
<tr>
<td><strong>Vacant: Program Manager</strong></td>
<td>St. David’s Med. Screening</td>
<td></td>
</tr>
<tr>
<td><strong>Vacant: Program Manager</strong></td>
<td>ADRC Operations</td>
<td></td>
</tr>
<tr>
<td><strong>Vacant: Program Manager</strong></td>
<td>ADRC MFP-LCA</td>
<td></td>
</tr>
<tr>
<td><strong>Capistran, Jaqueline</strong></td>
<td>Care Coordinator</td>
<td>Care Coordination</td>
</tr>
<tr>
<td><strong>Capistran, Jaqueline</strong></td>
<td>Care Coordinator</td>
<td>Caregiver Support Coordination</td>
</tr>
<tr>
<td><strong>Capistran, Jaqueline</strong></td>
<td>Care Coordinator</td>
<td>Caregiver Information Services</td>
</tr>
<tr>
<td><strong>Capistran, Jaqueline</strong></td>
<td>Care Coordinator</td>
<td>Evidence Based Intervention</td>
</tr>
<tr>
<td><strong>Capistran, Jaqueline</strong></td>
<td>Care Coordinator</td>
<td>St. David’s Med. Screening</td>
</tr>
<tr>
<td><strong>DeNasha, John</strong></td>
<td>Care Coordinator</td>
<td>Care Coordination</td>
</tr>
<tr>
<td><strong>DeNasha, John</strong></td>
<td>Care Coordinator</td>
<td>Caregiver Support Coordination</td>
</tr>
<tr>
<td><strong>DeNasha, John</strong></td>
<td>Care Coordinator</td>
<td>Caregiver Information Services</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Department</td>
</tr>
<tr>
<td>-----------------------</td>
<td>---------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>DeNasha, John</td>
<td>Care Coordinator</td>
<td>St. David’s Med. Screening</td>
</tr>
<tr>
<td>Crawford, Melissa</td>
<td>Care Coordinator</td>
<td>Care Coordination</td>
</tr>
<tr>
<td>Crawford, Melissa</td>
<td>Care Coordinator</td>
<td>Caregiver Support Coordination</td>
</tr>
<tr>
<td>Crawford, Melissa</td>
<td>Care Coordinator</td>
<td>Caregiver Information Systems</td>
</tr>
<tr>
<td>Crawford, Melissa</td>
<td>Care Coordinator</td>
<td>St. David’s Med. Screening</td>
</tr>
<tr>
<td>Granado, John</td>
<td>Care Coordinator</td>
<td>Care Coordination</td>
</tr>
<tr>
<td>Granado, John</td>
<td>Care Coordinator</td>
<td>Caregiver Support Coordination</td>
</tr>
<tr>
<td>Granado, John</td>
<td>Care Coordinator</td>
<td>Caregiver Information Systems</td>
</tr>
<tr>
<td>Granado, John</td>
<td>Care Coordinator</td>
<td>St. David’s Meds. Management</td>
</tr>
<tr>
<td>Barker, Janet</td>
<td>Program Manager</td>
<td>AAA Administration</td>
</tr>
<tr>
<td>Barker, Janet</td>
<td>Program Manager</td>
<td>Data Management</td>
</tr>
<tr>
<td>Barker, Janet</td>
<td>Program Manager</td>
<td>Legal Assistance, 60 and Over</td>
</tr>
<tr>
<td>Barker, Janet</td>
<td>Program Manager</td>
<td>Legal Assistance, Under 60</td>
</tr>
<tr>
<td>Barker, Janet</td>
<td>Program Manager</td>
<td>Legal Awareness</td>
</tr>
<tr>
<td>Flores, Sonia</td>
<td>Intake Specialist</td>
<td>Information Referral &amp; Assistance</td>
</tr>
<tr>
<td>Flores, Sonia</td>
<td>Intake Specialist</td>
<td>Information Referral &amp; Assistance- Caregiver</td>
</tr>
<tr>
<td>Flores, Sonia</td>
<td>Intake Specialist</td>
<td>Care Coordination</td>
</tr>
<tr>
<td>Flores, Sonia</td>
<td>Intake Specialist</td>
<td>Caregiver Support Coordination</td>
</tr>
<tr>
<td>Flores, Sonia</td>
<td>Intake Specialist</td>
<td>Caregiver Information Services</td>
</tr>
<tr>
<td>Flores, Sonia</td>
<td>Intake Specialist</td>
<td>St David’s Meds. Screening</td>
</tr>
<tr>
<td>Moreno, Pete</td>
<td>Program Manager</td>
<td>Ombudsman</td>
</tr>
<tr>
<td>Moreno, Pete</td>
<td>Program Manager</td>
<td>Ombudsman ALF</td>
</tr>
<tr>
<td>Jaimes, Margarita</td>
<td>Ombudsman</td>
<td>Ombudsman</td>
</tr>
<tr>
<td>Jaimes, Margarita</td>
<td>Ombudsman ALF</td>
<td>Ombudsman ALF</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Program/Service</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Kara, Julie</td>
<td>Ombudsman</td>
<td>Ombudsman</td>
</tr>
<tr>
<td>Stewart, Bridget</td>
<td>OMB/ALF (.75FTE)</td>
<td>Ombudsman ALF/MFPD</td>
</tr>
<tr>
<td>Billman, Elizabeth</td>
<td>OMB/ALF (.75FTE)</td>
<td>Ombudsman ALF/MFPD</td>
</tr>
<tr>
<td>Findlay, Jill</td>
<td>Assistant Director</td>
<td>AAA Administration</td>
</tr>
<tr>
<td>Findlay, Jill</td>
<td>Assistant Director</td>
<td>Ombudsman</td>
</tr>
<tr>
<td>Findlay, Jill</td>
<td>Assistant Director</td>
<td>Ombudsman ALF</td>
</tr>
<tr>
<td>Findlay, Jill</td>
<td>Assistant Director</td>
<td>Information, Referral, and Assistance</td>
</tr>
<tr>
<td>Findlay, Jill</td>
<td>Assistant Director</td>
<td>Information, Referral, and Assistance-Caregiver</td>
</tr>
<tr>
<td>Findlay, Jill</td>
<td>Assistant Director</td>
<td>Legal Assistance, 60 and Over</td>
</tr>
<tr>
<td>Findlay, Jill</td>
<td>Assistant Director</td>
<td>Legal Assistance, Under 60</td>
</tr>
<tr>
<td>Findlay, Jill</td>
<td>Assistant Director</td>
<td>Legal Awareness</td>
</tr>
<tr>
<td>Findlay, Jill</td>
<td>Assistant Director</td>
<td>Care Coordination</td>
</tr>
<tr>
<td>Findlay, Jill</td>
<td>Assistant Director</td>
<td>Caregiver Support Coordination</td>
</tr>
<tr>
<td>Findlay, Jill</td>
<td>Assistant Director</td>
<td>Caregiver Information Services</td>
</tr>
<tr>
<td>Findlay, Jill</td>
<td>Assistant Director</td>
<td>Instruction and Training</td>
</tr>
<tr>
<td>Findlay, Jill</td>
<td>Assistant Director</td>
<td>Evidence Based Intervention</td>
</tr>
<tr>
<td>Findlay, Jill</td>
<td>Assistant Director</td>
<td>ADRC Operations</td>
</tr>
<tr>
<td>Findlay, Jill</td>
<td>Assistant Director</td>
<td>ADRC Housing Navigation</td>
</tr>
<tr>
<td>Findlay, Jill</td>
<td>Assistant Director</td>
<td>ADRC MFP-LCA</td>
</tr>
<tr>
<td>Vivian Harris, ADRC Coordinator</td>
<td></td>
<td>ADRC Operations</td>
</tr>
<tr>
<td>Vivian Harris, ADRC Coordinator</td>
<td></td>
<td>ADRC MFP Housing Navigator</td>
</tr>
<tr>
<td>Vivian Harris, ADRC Coordinator</td>
<td></td>
<td>ADRC MFP LCA</td>
</tr>
<tr>
<td>Esther Kirk, ADRC IR&amp;A Navigator</td>
<td></td>
<td>ADRC Operations</td>
</tr>
</tbody>
</table>
Standard Assurances
ASSURANCE OF COMPLIANCE


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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

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

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

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

___3/9/16___
Date

Signature of Authorized Official

________________________
Betty Voights, Executive Director
Name and Title of Authorized Official (print or type)

________________________
6800 Burleson Road, Bldg. 310, Suite 165
Street Address

________________________
Austin Texas, 78744
City, State, Zip Code
AFFIRMATIVE ACTION PLAN

The __Capital Area Council of Governments________________________________________hereby agrees that it will enact
(Name of Applicant)

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

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

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

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

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

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

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

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

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

Work Force Analysis: Paid Staff

<table>
<thead>
<tr>
<th></th>
<th># Full Time</th>
<th># Part Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older Persons (60+)</td>
<td>10</td>
<td>16.6%</td>
</tr>
<tr>
<td>Minority</td>
<td>17</td>
<td>28.3%</td>
</tr>
<tr>
<td>Women</td>
<td>37</td>
<td>61.6%</td>
</tr>
</tbody>
</table>

Area Agency on Aging of the Capital Area
SECTION 306 (42 U.S.C. 3026) AREA PLANS

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

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

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

306(a)(2)(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services)
306(a)(2)(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer’s disease and related disorders with neurological and organic brain dysfunction; and

306(a)(2)(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

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

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

306(a)(4)(A)

(i) Provide assurances that the area agency on aging will set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement, include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan;

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

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

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

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

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

(I) Identify the number of low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the planning and service area;
(II) Describe the methods used to satisfy the service needs of such minority older individuals; and

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

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

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

   (I) Older individuals residing in rural areas;

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

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

   (IV) Older individuals with severe disabilities;

   (V) Older individuals with limited English proficiency; and

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

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

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

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

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

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

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

306(a)(6)(C)

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

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

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

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

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

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

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

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

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants /such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;
306(a)(6)(F) in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by the community health centers and by other public agencies and nonprofit private organizations;

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

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

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

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

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

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

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

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

306(a)(7)(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

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

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

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

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

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

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

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

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

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

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

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

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

306(a)(11)(A) Information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title

306(a)(11)(B) An assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

306(a)(11)(C) An assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and services area, to older Native Americans; and

306(a)(12) Provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.
306(a)(13) provide assurances that the area agency on aging will

306(a)(13)(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

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

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

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

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

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

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

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

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

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

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

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

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

[Signature]
Signature of Authorizing Official of Grantee

3/9/16
Date

Betty Voights, Executive Director
Name and Title (Type or Print)

Capital
Area Agency on Aging