



Texas State Plan on Aging 2023-2025

Submitted to the

Administration for Community Living

July 1, 2022

The Honorable Greg Abbott

Governor of the State of Texas

Cecile Erwin Young Executive Commissioner

Texas Health and Human Services



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Contents

Contents	2
Verification of Intent	5
Executive Summary	6
Context	8
Older Americans Act Services.....	8
ACL Discretionary Grants and Other Funding Sources.....	8
Survey on Aging Priorities	8
Priorities of Older Texans	8
Priorities of Informal Caregivers of Older Texans.....	9
Demographic Trends.....	9
Aging of the Population	9
Prevalence of Disability	10
Race and Ethnic Composition of the Population	10
Rural and Urban Population Trends	11
Health Trends.....	12
Chronic Disease and Health Risk Factors.....	12
Behavioral Health	12
Substance Use	13
Physical Activity	13
Influenza.....	13
Healthcare-Associated Infections.....	14
Caregivers	14
Conclusion	15
Quality Management	16
Contracts.....	16
Collect Data to Assess Program	16
Remediation of Problem Areas.....	16
Continuous Improvement	16
State Long-Term Care Ombudsman	17
Quality Monitoring Program	17
Public Input.....	18
Goals, Objectives, and Strategies	19
Key Topic Areas	19
OAA Core Programs	19
COVID-19.....	22
Equity.....	24
Expanding Access to Home and Community Based Services.....	25
Objective 2.....	26
Objective 3.....	26
Caregiving.....	26
Outcomes and Measures	28
State Goal 2	32
State Goal 3	35
State Goal 4	37
Attachment A – State Plan Assurances and Required Activities	41

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES	41
Older Americans Act, As Amended in 2020	41
Sec. 305, ORGANIZATION.....	41
Sec. 306, AREA PLANS	42
Sec. 307, STATE PLANS	50
Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS.....	56
Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS.....	56
Attachment B – Information Requirements	1
INFORMATION REQUIREMENTS	1
Section 305(a)(2)(E)	1
Section 306(a)(6)(I)	1
Section 306(a)(17)	2
Section 307(a)(2)	2
Section 307(a)(3)	3
Section 307(a)(10)	4
Section 307(a)(14)	4
Section 307(a)(21)	5
Section 307(a)(27)	6
Section 307(a)(28)	6
Section 307(a)(29)	6
Section 705(a) ELIGIBILITY –	7
Attachment C – Intrastate Funding Formula	10
Attachment C-1 – Interstate Funding Formula - Numerical Statement. 16	
I. Intrastate Funding Formula Methodology	16
II. IFF Mathematical Equations	16
III. Funding Methodology for Title III B - Supportive Services.....	17
IV. Funding Methodology for Title III C1 – Congregate Meals.....	20
V. Funding Methodology for Title III C2 – Home Delivered Meals.....	21
VI. Funding Methodology for Title III D – Preventive Health	22
VII. Funding Methodology for Title III E – Caregiver Services	22
VIII. Funding Methodology for Title III E – Elder Abuse	23
Attachment D – Demographic Information on Older Adults.....	24
Attachment E – Organizational Structure of The State Unit of Aging	33
Health and Human Services Commission.....	34
HHSC Executive Council	34
Legal Services	35
Office of the State Long Term Care Ombudsman	35
Communications Office	35
Financial Services.....	36
Aging Services Coordination.....	36
Medical and Social Services Division.....	36
Medical and Social Services	37
Access and Eligibility Services	38
Office of Area Agencies on Aging	38
Office of Aging and Disability Resource Centers.....	38
Texas Area Agencies on Aging.....	39
Texas Aging and Disability Resource Centers	39

Access and Assistance Services Provided through AAAs	40
Senior Community Service Employment Program	41
Attachment F – HHSC Continuum of Long-Term Services and Supports	42
Consumer Directed Service Option	42
Home and Community-Based Services-Adult Mental Health	43
Overview	43
STAR+PLUS Program	43
Day Activity and Health Services	44
Personal Assistance Services	44
STAR+PLUS Home and Community Based Services	44
Texas Medicaid State Plan	45
Community Attendant Services	45
Community First Choice	45
Day Activity and Health Services	45
Texas Title XX Community Services and Supports	46
Adult Foster Care	46
Consumer Managed Personal Attendant Service Program	46
Day Activity and Health Services	46
Emergency Response Services	46
Family Care	46
Home-Delivered Meals	47
Residential Care	47
Special Services for Persons with Disabilities	47
Waiver Programs for Individuals with Intellectual and Developmental Disabilities	47
Community Living Assistance and Support Services	47
Deaf-Blind with Multiple Disabilities	47
Home and Community-based Services	48
Texas Home Living	48
Attachment G – Texas Area Agencies on Aging	49
Attachment H – Texas Aging and Disability Resources Centers	54
Attachment I – Population Data by County	60
Attachment K – Excerpts from the 22-23 Aging Texas Well Strategic Plan	77
New Plan Structure	77
Implementation Plan	78
Older Adults	78
Informal Caregivers	81
Service Providers	85
Attachment L – Texas Response to the COVID-19 Pandemic	90
Attachment M – List of Acronyms and Initialisms	92

Verification of Intent

The State Plan on Aging (State Plan) is hereby submitted by the State of Texas. The Texas Health and Human Services Commission (HHSC) submits the Texas State Plan for the period of October 1, 2022 through September 30, 2025. HHSC certifies the administration of the state plan shall comply with the required assurances and provisions of the Older Americans Act of 1965 (OAA), as amended in 2020. HHSC has been given the authority to develop and administer the State Plan, according to the requirements of the OAA, to coordinate all state activities related to the act, and to serve as the effective and visible advocate for older Texans.

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



06/30/2022

Cecile Erwin Young
Executive Commissioner
Texas Health and Human Services Commission

Date

Executive Summary

HHSC is designated to serve as the State Unit on Aging (SUA), in accordance with the OAA. As the SUA, HHSC is responsible for developing a State Plan, as required under the OAA. The State Plan provides a vision and direction for Texas' aging services network and an opportunity for the State to share its priorities and strategies for improving the lives of older Texans, people with disabilities and their caregivers.

The State of Texas is committed to ensuring that all Texans age well with dignity, independence and opportunities to contribute to society. HHSC works closely with federal, state, local, and community-based public and private agencies and organizations to represent the interests of older Texans, people with disabilities, caregivers and advocates.

HHSC administers the core OAA programs with a focus on innovation and policy development, seeking Administration for Community Living (ACL) discretionary funds as appropriate, encouraging participant-directed and person-centered planning in service delivery design, and ensuring equity as a common theme in the strategies to serve older adults in Texas.¹

From 2010 to 2019, Texas' older population grew at a faster rate when compared to the rest of the nation. In 2019, among the 50 states and the District of Columbia (DC), Texas had the third largest older population. The State's share of the nation's older population grew from 6.1 percent to 6.5 percent during that period. According to the Texas Demographic Center (TDC), in 2019 the population of Texans age 65 years and older was approximately 3.8 million or 13 percent of the Texas population. TDC projects that by 2030, Texas' older population will reach 5.6 million, accounting for 16 percent of the State's population. Additional growth is projected beyond 2030, with the older population expected to reach 8.3 million by 2050, which would account for almost 18 percent of Texas' total population.

HHSC is committed to developing and implementing comprehensive strategies to provide effective and quality services and supports in a timely manner to the increasing population of older Texans.

In 2020, the Coronavirus (COVID-19) pandemic disrupted all aspects of daily life and limited access to many in-person services for older adults and people with disabilities. Throughout the pandemic, HHSC has worked closely with the Texas Department of Emergency Management, the Department of State Health Services, the aging services network and our public and private partners to ensure vulnerable Texans have access to critical services while remaining safe. As we move forward, HHSC will continue to seek innovative ways to ensure access to nutrition and social support services and

¹ State Unit on Aging Directors Letter #01-2021 - https://acl.gov/sites/default/files/about-acl/2021-08/State%20Plan%20Guidance_Plan%20Due%20Oct%202022%20-%20ACL%20SUA%20Directors%20Letter%20%2301-2021.pdf

identify potential alternatives to in-person service delivery methods for the State's most vulnerable populations.

Context

Older Americans Act Services

OAA services are the foundation of the State’s aging services network and are available in all 254 Texas counties through a network of 28 Area Agencies on Aging (AAAs) and Aging and Disability Resource Centers (ADRCs).

The AAAs provide services directly, such as information and assistance and outreach, or through contracts with local service providers to deliver cost-effective, non-clinical, long-term services and supports in the homes and communities of older adults. HHSC, AAAs and this network of providers target services to older adults who are frail, have low income, are in great social need, and face the greatest risk for costly institutional care or long-term community-based services and supports.

ACL Discretionary Grants and Other Funding Sources

The State Health Insurance Program (SHIP), Medicare Improvements for Patients and Providers Act (MIPPA), and Senior Medicare Patrol allow states and local partners to apply to enhance focus on dementia, evidence-based disease prevention, nutrition innovation, lifespan respite and No Wrong Door programs. These grant opportunities support community living. Texas will continue to integrate discretionary grant activities with core programs, strengthen and expand age and dementia friendly efforts, integrate social determinants of health efforts, and coordinate core services with home and community-based programs.

Survey on Aging Priorities

In 2021, the HHSC Aging Service Coordination (ASC) office conducted a non-experimental, cross-sectional survey to inform the 2022-2023 Aging Texas Well Strategic plan.² The survey sought to understand the needs, concerns, and priorities of older adults, informal caregivers of older adults, and organizations providing services to older adults.

Priorities of Older Texans

Older adult survey respondents were provided a selection of aging-related topics and asked to choose the topics that aligned with their needs or concerns over the past three years. The top three selected topics were physical health, access to social enrichment and recreation opportunities, and services and support in the community. Using the same list of topics, respondents were then asked to rank their top three current concerns from greatest need to least need. The responses were very similar to the top three needs of the past three years, with mental health and finances also

² Aging Texas Well Strategic Plan 2022-2023, December 3, 2021 - <https://www.hhs.texas.gov/sites/default/files/documents/aging-texas-well-strategic-plan-2022-23.pdf>

identified. After identifying their current needs and concerns, respondents were asked to list and rank their top three areas of need and concern for the upcoming five years. The topics of greatest future needs or concerns identified by the respondents were similar to previous responses: physical health, finances, and services and support in the community.

The five areas of current needs or concerns identified most often are: physical health (49.2 percent), access to social engagement opportunities (41.2 percent), services and support in the community (33.3 percent), legal issues (26.6 percent), and mental and behavioral health (26.6 percent).

Priorities of Informal Caregivers of Older Texans

Informal or non-professional caregivers, such as family members, provide vital support to the people they care for and are integral components of Texas' long-term services and supports (LTSS) system. Caregivers fill gaps in the professional field by providing care many older Texans would not be able to afford or access otherwise. They help older loved ones remain independent and often provide complex chronic care such as nursing and medical tasks. Informal caregivers enable many older adults to age in place and remain active and connected to their communities. Because of their large role in the lives of older Texans and their impact on the LTSS system, it is imperative the needs and concerns of caregivers are identified and addressed.

Informal caregiver respondents were asked to identify their needs or concerns similar to older adult respondents. The five most selected current needs or concerns for caregivers are: mental health concerns (54.5 percent), physical health concerns (54.5 percent), work strains/issues (54.5 percent), resources and eligibility for services (54.5 percent), and financial strains (50.0 percent).

Demographic Trends

Demographic trends that impact HHSC aging services programs include changes in the size, composition, and geographical distribution of the State's population. Texas' population continues to grow at a rate higher than the national average. This is due to both natural increase (the amount by which the number of births exceeds the number of deaths) and positive net migration (the amount by which in-migrants outnumber out-migrants). Texas is the second most populous state, with almost 29 million residents.³ The TDC projects that the state's population will grow by approximately 1.5 million or 5 percent between 2022 and 2025. If that projection holds true, by 2025 Texas' population will reach 32.2 million, accounting for 9.4 percent of the total U.S. population.

Aging of the Population

Key projected long-term trends are important in helping Texas plan to serve a changing population. The age composition of the Texas population is projected to change significantly between now and the year 2050. During the next 20 years,

³ U.S. Census Bureau. Population Division, National and State Population Estimates, July 2019.

members of the baby boom generation (persons born during the 1946-1964 period) will continue to account for a significant portion of the population age 65 and older. By the year 2022, the youngest baby boomer will be 58 years old, and the oldest will be 76; this generation will comprise 17 percent of the total Texas population. The percentage share of the population age 65 and older is also projected to increase due to advances in medicine and health care. Those who reach age 65 will have a greater chance of living to age 85 and beyond.

Between 2022 and 2050, the percentage share of the population age 65 and older will continue to increase, and older females are projected to continue to outnumber older males, particularly among those aged 85 and older.

The population age 65 and older is projected to grow from 4.2 million in 2022 to 8.3 million in 2050. This group's share of the total population is projected to increase from 13.8 percent in 2022 to 17.5 percent in 2050. The population age 85 and older is projected to quadruple during the 2022-2050 period, growing from 442,000 in 2022 to approximately 1.5 million in 2050.

The old-age dependency ratio will also be impacted by changes in the age composition of the population. This ratio represents the number of people age 65 and older per 100 working-age people (ages 18-64). Higher values for this measure suggest a potential for more economic and other dependency of older adults on younger adults. The old-age dependency ratio for Texas is projected to increase from 22.6 to 29.4, between 2022 and 2050. This could mean that a greater proportion of the income and resources of younger working adults may be needed to provide income support and other forms of assistance to older retired adults who cannot work any longer due to health-related limitations or permanent disabilities.

Prevalence of Disability

The gradual aging of the population will likely result in an increase in the number of people living with a disability, a chronic health condition or both. People with one or more disabilities, especially those with a severe disability, are more likely to need and to use community services and supports.

The U.S. Census Bureau estimates based on the American Community Survey covering the 2015-2019 period indicate that 3.2 million or 11.4 percent of Texans live with a disability. Among people age 65 and older, the percentage of people with a disability was 37.3 compared to 9.5 percent among people between the ages of 18-64.

Race and Ethnic Composition of the Population

Texas is becoming more racially and ethnically diverse over time. While the White, non-Hispanic population has been the largest group for decades, the proportion is shifting as the non-White, non-Hispanic populations have experienced higher growth rates in recent years.

According to short-term population projections developed by the TDC, in 2022 the non-Hispanic White population will account for 40 percent of Texas' total population and Hispanics will account for 40.1 percent. It is projected that in 2025 the share of non-Hispanic White population will decrease to 38.7 percent while the Hispanic population share will increase to 40.7 percent. In 2025, non-Hispanic African Americans will account for 12.2 percent of the population, and all the other non-Hispanic race groups, combined, will account for the remaining 8.4 percent.

The TDC projects the following trends between 2022 and 2025.

- The non-Hispanic White population is projected to grow from 12.3 to 12.5 million, with a growth rate of 1.6 percent.
- The non-Hispanic African-American population is projected to grow from 3.7 to 3.9 million, with a growth rate of 6.1 percent.
- The Hispanic population is projected to grow from 12.3 to 13.9 million, with a growth rate of 6.4 percent.
- The non-Hispanic population of all other population groups, combined, is projected to grow from 2.4 to 2.7 million, with a growth rate of 13.8 percent.

Over the long term, Hispanics are projected to become the State's largest group. They will account for 43 percent of the total population in 2050, while White, non-Hispanics will account for 29 percent.

Focusing on the population age 65 and over, between 2022 and 2050, the non-Hispanic White population is projected to grow from 2.6 million to 3.3 million; the non-Hispanic African-American population is projected to grow from 415,000 to almost 1 million; and the Hispanic population is projected to grow from 1 million to 3.1 million. For all other non-Hispanic race groups combined, the age 65 and older population is projected to grow from 226,000 to close to 1 million.

Figures 1.3 and 1.4 in Attachment D illustrate some of the projected changes in population size and population composition by race and ethnicity during the 2022-2050 period.

Rural and Urban Population Trends

Following the long-term trend towards increasing urbanization, TDC projects that during the foreseeable future most Texans will continue to reside in counties that are part of a metropolitan area. The map shown in Figure 1.5 (see Attachment D) depicts the projected total population in 2022 by county.

The largest population concentrations are expected to remain in and around the major metropolitan areas of the state, such as Houston, Dallas-Fort Worth, San Antonio, Austin, El Paso and McAllen. The counties with the smallest population will continue to be those found in the vast geographical regions of West, Central Northwest, and Northwest Texas, including Loving, Kennedy, King, Terrell, and Borden. According to projections by the TDC, in 2022 approximately 3.1 million or 10 percent of Texans will reside in a non-metropolitan (rural) county. Although these residents will account for a relatively small fraction of the state's total population, the

total combined population for those counties is likely to exceed the total population of many states.

Residents of rural counties tend to experience challenges for the delivery of health and human services, such as:

- Limited access to affordable health care;
- Limited number of trained health professionals;
- Increased need for geriatric services;
- Prolonged response times for emergency services;
- Limited job opportunities and other incentives for residents to stay in the community;
- Limited internet access (lack of broadband access);
- Limited transportation options;
- Limited economic development and fiscal resources; and
- Limited access to social engagement leading to increased social isolation.

Health Trends

Chronic Disease and Health Risk Factors

Chronic diseases have significant impact on the aging population in Texas. Chronic diseases are generally characterized by a long period of development, a prolonged course of illness, functional impairment or disability, multiple risk factors, and low curability. In 2019, the most recent year for which death data is available, chronic diseases accounted for a majority of the leading causes of death in the U.S. and in Texas. Table 1.1 in Attachment D provides information relating to the ten leading causes of death in Texas in 2019.

Four of the top five leading causes of death in Texas in 2019 have several risk factors in common. Understanding certain risk factors can help in developing strategies to reduce the impact of preventable or treatable chronic conditions. These risk factors are tracked at the state and national levels to understand the health status of populations and to inform policymaking. Some of these risk factors are:

- Physical inactivity;
- Nutrition and dietary behavior;
- Obesity;
- Tobacco use;
- Hypertension;
- Environmental dangers;
- Lack of access to health care;
- Heavy alcohol consumption; and
- High cholesterol.

Behavioral Health

Behavioral health issues cross demographic populations and mental illness is a leading cause of disability in the U.S.⁴ It is estimated that 17.8 percent of the adult

⁴ U.S. Burden of Disease Collaborators. The state of U.S. health, 1990-2010: burden of diseases, injuries, and risk factors. JAMA, 310(6): 591-608, 2013.

U.S. population has a mental health disorder during a year.⁵ In Texas, 1,166,188 adults have a serious mental illness.⁶

Substance Use

Substance use, including the use and misuse of drugs, underlies a wide range of health problems. While opioid use has been prioritized as a national crisis, the use and misuse of other substances like alcohol and tobacco also remain health issues in Texas.

Physical Activity

Studies have shown that maintaining regular physical activity can help prevent many common diseases, such as heart disease and diabetes. Physical inactivity often contributes to being overweight and obese, the second leading cause of preventable mortality and morbidity in the U.S. The prevalence rate of adults who are obese is rising in Texas. As of 2020, nearly 36 percent of adult Texans are obese, according to data from the Centers for Disease Control and Prevention. This is up from 33.6 percent in 2016. Regular physical activity, even in moderate amounts, has been shown to produce significant health benefits. Despite this fact, 2017 Behavioral Risk Factor Surveillance System and Youth Risk Behavior Surveillance data showed that many adults in Texas reported little or no exercise.

Influenza

Every year millions of people get sick with influenza. Influenza epidemics in the United States usually occur during the winter months. During the 2020-2021 influenza season, people 65 and older accounted for 74 percent of influenza-associated deaths reported in Texas.⁷ The highest rates of influenza infection occur among children, but the risks for serious health problems, hospitalizations and deaths from influenza are higher among people 65 years of age or older, young children, pregnant women, and people of any age who have medical conditions that place them at increased risk for complications from influenza. Anyone, including healthy people, can get influenza, and serious health problems from influenza can occur at any age. The severity of an influenza season varies from year to year and depends on many things, including the strains of circulating influenza viruses, how much flu vaccine is available, when the vaccine is available, how well the flu vaccine is matched to flu viruses that are causing illness, and the levels of protective antibodies in the population.

⁵ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (November 19, 2013). The NSDUH Report: Revised Estimates of Mental Illness from the National Survey on Drug Use and Health. Rockville, MD.

[The NSDUH Report: Revised Estimates of Mental Illness from the National Survey on Drug Use and Health \(samhsa.gov\)](https://www.samhsa.gov/2k13/2k13-report)

⁶ DASIS, SAMHSA. SMI/SED Prevalence Estimates.

<https://www.dasis.samhsa.gov/dasis2/urs.htm>. Accessed September 3, 2020.

⁷ 2020-2021 Texas Influenza Surveillance Activity,

<https://www.dshs.texas.gov/IDCU/disease/influenza/surveillance/2021/21Wk39Oct11.pdf>

The official influenza reporting season for the United States begins in October and continues through May. In Texas, influenza activity usually peaks in January or February, although the peak of influenza has happened as early as October and as late as March. Individual cases of influenza are not tracked; however, sentinel surveillance partners in the state provide information on when and where influenza viruses are circulating, if circulating influenza viruses match the vaccine strains, if the circulating influenza viruses are changing, where and when influenza-like illnesses are occurring, and the severity of influenza activity.

Healthcare-Associated Infections

Healthcare-associated infections and preventable adverse events continue to be significant causes of morbidity and mortality nationally and in Texas. In the U.S., an estimated 722,000 patients acquire healthcare-associated infections annually, and as many as 75,000 of those patients die during their hospital stay. A total of 110 healthcare-associated infections outbreaks were investigated by the Texas Department of State Health Services (DSHS) Healthcare Safety Team in 2017. Healthcare facilities fall on a continuum of care in which patients transfer between facilities depending on the level of care needed. Usually geographically divided, these complex health systems present unique challenges for coordinating healthcare-associated infections outbreak containment. To complete the investigation, the healthcare-associated infections epidemiologist explores other healthcare facilities where the index patient was admitted and identifies additional cases.

Caregivers

In Texas, an estimated 3.4 million caregivers provide almost 3 billion hours of care for older adults and people with disabilities. This allows the people receiving care to age in place and delays the need for institutional placement.⁸

Informal caregivers are considered the backbone of the long-term care system.⁹ They often assist with daily activities, such as bathing, feeding, and managing medication, and may also help manage doctor appointments and provide or arrange transportation.

Demographic characteristics of caregivers and care recipients were examined. Compared with non-caregivers, caregivers report poorer mental health outcomes and less sleep. A majority of both caregivers and care recipients are female, and most caregivers are employed. The largest single group of caregivers falls in the 40-64 age group, are mostly White, non-Hispanic, followed by the second largest group that is Hispanic. The majority of care recipients need help in performing activities of daily living (ADL), home care and transportation.

⁸ "Valuing the Invaluable 2019 Update: Charting a Path Forward," November 2019, <https://www.aarp.org/content/dam/aarp/ppi/2019/11/valuing-the-invaluable-2019-update-charting-a-path-forward.doi.10.26419-2Fppi.00082.001.pdf>

⁹ A Profile of Informal Caregiving in Texas, December 2020 - <https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/profile-of-informal-caregiving-2020.pdf>

Many caregivers are often unprepared to assume the role of caregiver when the time comes. Helping them prepare for and sustain their roles as caregivers has a positive impact on both the caregiver and the person receiving care. Additionally, this assistance helps avoid the higher costs of long-term services and supports.

HHSC and the AAAs use the Caregiver Assessment Questionnaire and the Caregiver Status Questionnaire, to evaluate the needs of informal caregivers. These questionnaires are used to develop a care plan for services and to determine placement of care recipients by HHSC on program interest lists. The Caregiver Assessment Questionnaire collects caregiver information for recipients of the National Family Caregiver Program and the Caregiver Status Questionnaire, which is part of the intake process for HHSC community programs, collects caregiver information for recipients of other long-term care programs.

Since the last reporting period, between 2016 to 2018, caregiver support services data shows an overall increase in caregivers served. There was a 20.7 percent increase in the Caregiver Assessment Questionnaire interviews which is likely due to the growing population of adults accessing home and community-based services, increased utilization of community partnerships for outreach, and increased utilization of in-home caregiver respite across the state.

Conclusion

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

The State continues to restructure the way community services and supports are provided to all Texans. Significantly, strategies to align functions within the SUA will help to strengthen support for program operations. These ongoing strategies provide a unique opportunity to define new roles for the SUA program components and establish a foundation for the SUA to fully engage in a leadership role. The SUA has an opportunity to affect policy to serve people more effectively through core OAA programs and expand work with stakeholders to seek innovative ways to support aging programs in the future.

This State Plan reflects a focus for a multi-year assessment of the needs of aging Texans, the State and its readiness to support a diverse population of older people, and the policy of the State in maximizing support for core OAA programs.

Quality Management

HHSC ensures the integrity of OAA funded programs and services by conducting periodic monitoring reviews of programs and services administered by the AAAs and ADRCs for adherence to contract provisions; compliance with state and federal laws; and alignment with HHSC's policies and procedures.

Contracts

HHSC is responsible for contract management and monitoring to ensure compliance with state and federal requirements. These functions include all activities related to the life cycle for every contract, including on-site monitoring, corrective action plans, the risk assessment process, and payments to providers. In addition, HHSC provides technical assistance and training to AAAs and ADRCs in the areas of contract management and monitoring.

Collect Data to Assess Program

HHSC receives quarterly fiscal and performance reports from the AAAs and ADRCs, which include data on information and referral calls, application assistance, community education and public awareness events or activities, legislatively established metrics, consumer characteristics, services provided to consumers, and special projects. The AAAs and ADRCs also submit monthly reports on State Health Insurance Program and Medicare Improvement for Patients and Providers Act related assistance and outreach activities through the ACL State Health Insurance Assistance Program-National Performance Reporting database. All reports are monitored to ensure compliance.

Remediation of Problem Areas

HHSC staff analyze AAA and ADRC fiscal and program performance reports to identify issues for a specific contractor or to identify systemic issues that may require a broader approach. Technical assistance is provided in person, over the phone and via email, as needed, to remediate any problem areas. Systemic issues are also addressed through webinars and bi-monthly meetings with the AAAs and ADRCs. Additionally, HHSC has a formal monitoring process to ensure effective, efficient, and coordinated administration of AAA and ADRC programs and services.

Continuous Improvement

All AAAs and ADRCs are required to establish and maintain local advisory groups comprised of required partner agencies, service providers, representatives of the target populations served, and other stakeholders identified in state and federal legislation, such as the OAA. These groups assist in the development and implementation of AAA and ADRC programming, as well as the continuous improvement of services.

The Aging and Disability Resource Center Advisory Committee also assists HHSC with the development and implementation of the ADRC program. The committee includes members who represent populations served by the ADRCs, as well as representatives of aging services providers and other stakeholder organizations, including the AAAs. The committee meets quarterly and provides feedback to HHSC on program enhancement and strategies to address challenges identified by the local ADRCs. These meetings are followed by ADRC Coalition meetings, which were established by the ADRCs to provide an in-person forum to discuss common challenges and share best practices.

State Long-Term Care Ombudsman

The Office of the State Long-Term Care Ombudsman uses several techniques to monitor compliance with requirements and improve program quality. For data collection, the program uses a web-based application that complies with National Ombudsman Reporting System reporting and OAA requirements. To ensure good data collection, the Office maintains an Ombudsman Policies and Procedures Manual that details documentation requirements of certified ombudsmen who enter their work in the ombudsman database. Newly certified ombudsmen are trained to document and report their work based on the Office of the State Long-Term Care Ombudsman certification training manual and the Ombudsman Policies and Procedures Manual, which are consistent with the National Ombudsman Reporting System reporting requirements and guidance from the Administration for Community Living.

The Office of the State Long-Term Care Ombudsman conducts periodic reviews of documentation by a local ombudsman entity for purposes of program monitoring. Each local ombudsman entity receives an onsite monitoring visit once every three years. This process includes a comprehensive data review and evaluation of documentation. Because technical assistance is provided to programs daily, and the Office of the State Long-Term Care Ombudsman has access to ombudsman data as soon as it is entered, the Office of the State Long-Term Care Ombudsman also conducts desk reviews for compliance with program documentation and reporting policies on a quarterly basis. To remedy problems identified during onsite monitoring, or after a desk review, the manager of a local ombudsman entity is given written feedback and time frames to correct any documentation errors or concerns.

Quality Monitoring Program

Quality improvement activities conducted by the HHSC's Quality Monitoring Program within Medicaid and CHIP Services, Quality and Program Improvement help identify conditions in Texas nursing facilities that may be detrimental to the health, safety and welfare of residents. The Quality Monitoring Program staff, including nurses, pharmacists, and dietitians, conduct visits to nursing facilities to determine if the clinical systems in place are consistent with key elements of evidence-based best practice. Based on the information gathered during the visit, the Quality Monitoring Program staff provide nursing facility staff with technical assistance for implementing evidence-based best practice approaches to care that can improve resident outcomes. The Quality Monitoring Program is not a regulatory function, and quality monitoring staff do not cite deficient practices.

Several strategies have been utilized to improve the quality of care for residents with dementia, while reducing the inappropriate use of antipsychotic medications, including an intense focus on antipsychotic medication use during quality monitoring visits. Efforts to further reduce unnecessary antipsychotic medication usage continue.

The Nursing Facility Quality Review is a biannual survey of residents' satisfaction with their quality of care and quality of life. The survey helps where improvements have been made or lost over time and is used to identify potential new focus areas for the Quality Monitoring Program.

Public Input

The state leveraged an online process for obtaining public comments. A formal request for public comment was published in the *Texas Register* on March 11, 2022 and the State Plan was posted on the HHS website for a 14-day public comment period. Comments were received through email and the United States Postal Service.

The draft State Plan was also shared with a select group of partners and stakeholders through email and posted on the HHSC Area Agencies on Aging website on March 11, 2022. Staff also participated in virtual meetings with partners, stakeholder workgroups and advisory committees to obtain comments and feedback.

Public input was considered and incorporated into the final State Plan.

Goals, Objectives, and Strategies

This plan details the interrelated State activities which support a responsive, consumer-directed long-term services system that supports older people for each of the ACL state plan key topic areas.

Key Topic Areas

OAA Core Programs

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

State Goal 1

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

Objective 1

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

Strategies

- Maintain effective quality assurance, contract monitoring and oversight practices to ensure proper stewardship of federal and state funds designated to provide services and supports to older Texans.
- Ensure coordinated technical assistance and training across the aging network.
- Increase use of volunteer programs to supplement the work of benefits counselors.
- Ensure awareness of the Dietary Guidelines for Americans and the Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.
- Promote awareness and use of advance directives for health care planning in the community and long-term facilities through training and education.

Objective 2

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

Strategy

- Ensure outreach and coordination of services with the Title VI federally recognized Native American grantees, including nutrition and support services.

Objective 3

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

Strategies

- Educate the aging services network on the signs and symptoms of poor nutrition and increase awareness of the health impacts of malnutrition.
- Incorporate malnutrition in the AAA Nutrition Education Services.
- Increase awareness of the Texercise Prevents: Malnutrition campaign to help aging services providers and other professionals serving older adults learn the signs, symptoms, and resources for addressing malnutrition.
- Review policies and resources relating to nutrition to ensure malnutrition is addressed.

Objective 4

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

Strategies

- Increase awareness across the aging network and public and private partners on the risks of abuse, neglect, and exploitation among older adults and how to recognize the signs.
- Increase awareness of OAA services available to assist older adults experiencing abuse, neglect or exploitation.
- Develop and distribute education brochures and training that describes a person's legal responsibility to report suspected abuse, neglect, and exploitation and how to report it.
- Ensure the State Long Term Care Ombudsman rules, policies and procedures clearly instruct local ombudsman entities on how to report abuse, neglect and exploitation regarding a resident of a long-term care facility.

Objective 5

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

Strategies

- Collaborate with public and private partners across the state to educate the public on services available for older adults experiencing abuse, neglect or

exploitation. The Office of Area Agencies on Aging (OAAA) provides and implements training to AAAs on requirements related to reporting suspected abuse, neglect, and exploitation of older Texans.

- Increase collaboration between the aging network, the Ombudsman, legal assistance programs, law enforcement, health care professionals, and other essential partners across the state.

Objective 6

Strengthen efforts related to dementia and Alzheimer's Disease.

Strategies

- Ensure all aging services network employees and volunteers who provide services directly to older adults and their family members or caregivers receive training on Alzheimer's disease and dementia.
- Increase awareness of the Take Time Texas website and information related to caring for a person with Alzheimer's disease or dementia.
- Regularly update the Take Time Texas website to provide current information for caregivers, including information related to caring for a person living with dementia.

Objective 7

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

Strategies

- Coordinate a cross agency wide workgroup, including stakeholders from DSHS and aging services network, to identify resources and referral information for the for the prevention and treatment of traumatic brain injuries.
- Create a public awareness campaign highlighting the risks of fall-related traumatic brain injuries and resources for fall prevention.

Objective 8

Strengthen Title III and Title VII services.

Strategies

- Ensure access to comprehensive information regarding Older Americans Act Title III and Title VII programs.
- Provide information to older adults to promote understanding of service options, public benefits, and available services.
- Expand person-centered practices and consumer-directed service options to ensure older adults have a choice in service delivery.

Objective 9

Integrate discretionary grant activities with OAA core programs and services.

Strategies

- Coordinate and support AAAs, ADRCs, and the Senior Medicare Patrol joint activities and outreach events to increase awareness of all OAA programs and services.
- Enhance awareness of available services for Medicare beneficiaries through the SHIP, Medicare Improvements for Patients and Providers Act (MIPPA) and Senior Medicare Patrol (SMP) programs.

COVID-19

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

State Goal 2

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

Objective 1

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

Strategies

- Increase awareness of the impacts of isolation and loneliness in the older adult population through the Age Well Live Well: Be Connected campaign.
- Increase awareness of, and participation in, the Know Your Neighbor campaign.
- Create awareness of behavioral health screenings for service providers and the aging services network to help identify risks and refer to appropriate resources.

Objective 2

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

Strategies

- Develop stronger collaboration and partnership between the state assistive technology entity and the aging services network.

- Increase awareness of available resources, services and supports for older adults experiencing vision loss and blindness as well as training for service provider networks.

Objective 3

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

Strategy

- Increase knowledge and awareness of trauma and how it impacts older adults.

Objective 4

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

Strategies

- Ensure current screening tools include behavioral health screening questions where appropriate.
- Provide aging services network with mental health first aid training and develop awareness and marketing focusing on suicide prevention and treatment options.

Objective 5

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

Strategies

- Increase awareness of the Texercise Select evidence-based health promotion program and related preventative measures resources.
- Increase awareness of preventive measures and resources related to screenings, vaccinations, and immunizations.

Objective 6

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

Strategies

- Explore and implement best practices for use of telecommunication and virtual services during disaster emergency situations.
- Increase awareness of the State of Texas Emergency Assistance Registry.
- Increase awareness of first responders and emergency planners highlighting the special needs and conditions of older adults.

Objective 7

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

Strategies

- Increase awareness of existing public transportation services, including accessible and assisted transportation services for older adults.
- Increase awareness of volunteer and private transportation programs to address potential service gaps.
- Support the use of vouchers and rideshare options such as transportation network companies, including Uber and Lyft.

Equity

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

State Goal 3

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

Objective 1

Ensure meals can be adjusted for cultural considerations and preferences.

Strategy

- Increase awareness of nutritional needs based on cultural considerations and preferences.

Objective 2

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

Strategy

- Research and identify current trends impacting the health and economic welfare of older adults.

Objective 3

Increase awareness of available resources and services for older adults living with Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome.

Strategies

- Create awareness of available services and resources for older adults living with Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome.
- Establish partnerships with DSHS and other subject matter experts to coordinate resources and ensure access to current data.

Objective 4

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

Strategies

- Increase awareness of person-centered practices.
- Explore expanding the use of voucher services for Older Americans Act services.

Objective 5

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

Strategies

- Require AAAs to identify underserved populations and individuals with the greatest social need in their planning and service areas.
- Encourage AAAs to build and strengthen partnerships with groups and organizations in their planning and service areas that represent underserved populations, including minority religious affiliations and the LGBTQ+ community.
- Develop outreach material with content that reflects and supports diversity and inclusion.

Expanding Access to Home and Community Based Services

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

State Goal 4

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

Objective 1

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

Strategies

- Build and strengthen partnerships between HHSC and community and faith-based organizations, who primarily serve the aging population.
- Increase awareness of efforts across the HHSC aging services network to facilitate the coordination of community-based services for older adults.

Objective 2

Ensure care transitions for older adults at risk of institutionalization.

Strategies

- Increase the awareness of the Money Follows the Person initiative.
- Increase awareness across HHSC to facilitate connections with LTSS agencies and programs at the local level.
- Continue to conduct outreach and advocacy efforts to transition Medicaid eligible LTC residents to Home and Community Based Services (HCBS) in collaboration with the Money Follows the Person program.

Objective 3

Enhance integration of health care and social services systems.

Strategy

- Improve partnerships between healthcare providers and community-based organizations, who primarily serve the aging population.

Caregiving

Enhance services and supports for caregivers.

State Goal 5

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

Objective 1

Enhance awareness of caregiving services and supports.

Strategies

- Increase awareness of Texas Lifespan Respite Care Program.

- Track the number of ADRC respite requests.
- Improve outreach efforts to caregivers to increase access to caregiver supports.

Objective 2

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

Strategies

- Increase awareness of the Take Time Texas website and regular updates to the available caregiving resources.
- Increase awareness of the findings from the informal caregiving report.
- Increase awareness of the Alzheimer's Disease Program website.

Objective 3

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

Strategy

- Increase awareness and availability of services for caregivers, including grandparents.

Objective 4

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

Strategies

- Review policies and resources relating to family caregiver support to incorporate recommendations from RAISE Family Caregiving Advisory Council and Advisory Council to Support Grandparents Raising Grandchildren as needed.
- Educate the aging services network on best practices to support family caregivers and older relative caregivers.

Outcomes and Measures

State Goal 1

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

Objective 1

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

Outcome

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

Measures

- At least 85 percent of participants are satisfied with the OAA services they receive, as evidenced in annual satisfaction surveys.
- Continue to offer technical assistance for AAAs and ADRCs, as needed.
- Offer annual presentations (at least three) for State Health Insurance Assistance Program (SHIP) entities to assist with recruiting, training, and supervising of volunteers, and ensure compliance with ACL requirements.
- Offer annual trainings (at least three) for the AAAs and nutrition providers led by contracted dietitian to share information on DGAs and DRIs.
- Offer a presentation on advance directives for health care planning led by legal services contractor and ensure resource material is available on the agency website.

Objective 2

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

Outcome

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

Measures

- Coordinate annual meetings (at least three) between HHSC, AAAs and the federally recognized tribes within each local planning and service area to identify points of contact, strengthen existing partnerships and share information on OAA related activities
- Offer at least one training for the aging services network staff, volunteers, and providers to increase awareness of all federally recognized tribes within the state.
- Offer at least one training for AAAs and federally recognized tribes on the OAA related Title III contracting and RFP process.

Objective 3

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

Outcome

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

Measures

- Contracted dietitian will provide information on malnutrition and share information on proper nutrition and resources for mitigating malnutrition, including access to Home Delivered Meals and Supplemental Nutrition Assistance Program, in annual training (at least three) for AAAs, nutrition providers and volunteers.
- Share information with AAAs and ADRCs on the Texercise Prevents: Malnutrition program and increase the number of organizations requesting material by five percent.

Objective 4

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

Outcome

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

Measures

- Coordinate with the Texas Department of Family and Protective Services to offer annual trainings (at least three) for AAAs and ADRCs on how to recognize abuse, neglect and exploitation of older adults.
- Offer annual presentations (at least three) on the responsibility to report suspected abuse, neglect, and exploitation, including how to report it.

Objective 5

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

Outcome

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

Measure

- Offer an annual presentation (at least three) and coordinate with public and private partners to share information and best practices on services available for older adults experiencing abuse, neglect and exploitation.

Objective 6

Strengthen efforts related to dementia and Alzheimer's Disease.

Outcome

Increase awareness of dementia and Alzheimer's disease.

Measures

- Require AAA staff and volunteers who provide services directly to persons age 60 or older receive at least one training on Alzheimer's disease and dementia.
- Offer annual presentations (at least three) on resources available for people caring for a person with dementia and Alzheimer's disease.

Objective 7

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

Outcome

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

Measures

- Coordinate annual meetings (at least three) of a cross agency workgroup including members from the HHSC Office of Acquired Brain Injury, the Department of State Health Services and the aging services network to share information on the risks of developing traumatic brain injuries from falls.
- Share public awareness information highlighting the risks of fall related TBI and fall prevention at least three times.
- Increase in public requests for information from the Office of Acquired Brain Injury by five percent.

Objective 8

Strengthen Title III and Title VII services.

Outcome

Increase in public awareness of aging services across the state.

Measures

- Create an Aging Services website to share information on all services available for older adults and caregivers, including OAA services and activities, AAAs, ADRCs, Title VI grantees and programs, evidence-based disease prevention programs, the Texas Long-term Care Partnership program, and other benefits available through Title XIX and Title XX of the Social Security Act.
- Provide annual trainings (at least three) on person-centered practices and consumer-directed service options for care coordinators.
- Annually review and share resource materials on person-centered practices with the AAAs and ADRCs.

Objective 9

Enhance awareness of discretionary grant programs and services.

Outcome

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

Measures

- Coordinate annual joint presentations (at least three) for SHIP, MIPPA and SMP services.
- Increase in overall outreach efforts by five percent.

State Goal 2

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

Objective 1

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

Outcome

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

Measures

- Share information annually with AAAs and ADRCs on the Age Well Live Well: Be Connected campaign and the Know Your Neighbor campaign.
- Increase the number of organizations and external stakeholders requesting the Know Your Neighbor Campaign resource kit by five percent.
- Provide annual presentations (at least three) along with reminders about the risk for social isolation during emergencies and disasters.
- Require AAAs to share the annual presentations on the impacts of isolation and loneliness with their service providers.
- Annually review intake and assessments forms to update questions as needed and provide guidance on appropriate referral actions based on information collected.

Objective 2

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

Outcome

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

Measures

- Review data collected through the Analyze Innovation in Nutrition Programs & Services (INNU) grant and increase the number of tablets provided to older adults.

- Host bi-annual meetings (at least six) with the State assistive technology entity (University of Texas) and aging network staff.
- Offer annual presentations in collaboration with Aging Services Coordination (at least three) for AAAs, ADRCs, and service providers to increase awareness of resources for older adults experiencing vision loss and blindness.

Objective 3

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

Outcome

Increase awareness of trauma-informed care and best practices.

Measures

- Conduct an initial survey to gather baseline data about AAAs' and ADRCs' knowledge and implementation of trauma-informed care.
- Provide one presentation on the use of trauma-informed care practices for serving older adults and their caregivers.
- Require AAAs share the presentation with their service providers.

Objective 4

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

Outcome

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

Measures

- Annually review assessment tools and update questions as needed.
- Provide guidance for AAAs and providers on appropriate referral actions based on information collected during assessment.
- Track the number of AAAs and ADRCs that completed the mental health first aid training.

Objective 5

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

Outcome

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

Measures

- Offer annual presentations (at least three) for aging services network staff and volunteers to share information on the Texercise program and the benefits of regular exercise.
- Increase the amount of Texercise Select resource material targeted for older adults by ten percent.
- Increase local activities related to preventative measures such as screenings, vaccinations, and immunizations by five percent.

Objective 6

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

Outcome

Awareness of the availability of telecommunications and virtual services.

Measures

- Offer annual presentations (at least three) on the best practices for use of telecommunication and virtual services during disaster emergency situations.
- Increase the number of older adults who sign up for the State of Texas Emergency Assistance Registry by ten percent.
- Coordinate with Aging Services Coordination to provide trainings and resources for first responders and emergency planners focused on the special needs of older adults during disasters and emergency events.

Objective 7

Ensure access to services for older adults with mobility and transportation issues.

Outcome

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

Measures

- Coordinate with Aging Services Coordination to offer a presentation for AAAs and ADRCS on transportation services available for older adults, including rideshare programs.
- Expand the use of vouchers and rideshare options.

State Goal 3

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

Objective 1

Ensure meals can be adjusted for cultural considerations and preferences when applicable.

Outcome

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

Measure

- Contracted dietician will include information on cultural and ethnic nutritional preferences in annual trainings (at least three).

Objective 2

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

Outcome

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

Measure

- Provide annual presentations (at least three) to share information on the current trends impacting older adults' economic welfare and the State's readiness to support them.

Objective 3

Increase awareness of available resources and services for older adults living with HIV/AIDS.

Outcome

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

Measures

- Host annual meetings (at least three) with HHSC and the Department of State Health Services (DSHS) to share information about services and resources for older adults living with HIV/AIDS.
- Coordinate with DSHS to offer annual presentations (at least three) for AAAs and ADRCs to share information on available resources related to older adults living with HIV/AIDS.

Objective 4

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

Outcome

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

Measures

- Coordinate annual interagency meetings to share information on person-centered practices.
- Offer annual trainings (at least three) for the AAAs and ADRCs on person-centered practices and ensure resource material is available on the agency website.
- Review ACL guidance on the expanded use of vouchers as a payment method for OAA services. and determine if policies and procedures are needed for the use of vouchers as a method of payment for participant directed OAA services.

Objective 5

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

Outcome

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

Measures

- All AAA Area Plans include outreach efforts for underserved populations and older adults with greatest social need.
- Share resources and information with AAAs about targeting services for older adults with greatest social need.
- Increase the number of outreach initiatives created for underserved populations.

State Goal 4

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

Objective 1

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

Outcome

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

Measures

- Increase the number of participants in the HHSC Community Partner Program who serve the aging population by five percent.
- Share informational fact sheets on services and supports available for older adults through the Age Well Live Well campaign and increase the number of requests by five percent.
- Increase the number of organizations and external stakeholders requesting the Texas Talks campaign resource kit by five percent.

Objective 2

Support older adults who wish to remain in the community or transition back to a community setting after institutionalization.

Outcome

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

Measures

- Increase in the number of institutionalized older adults who are transitioned to community-based services through the Money Follows the Person program.
- Increase transition assistance services provided by AAAs and ADRCs by five percent.

Objective 3

Enhance integration of health care and social services systems.

Outcome

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

Measures

- Expand outreach and advocacy activities between AAAs, ADRCs, healthcare providers, and insurers to reduce hospitalizations and connect older adults to available community-based services and supports.
- Develop guidance for the aging services network on how core OAA services can be integrated with Medicaid and Title XX community-based services to address social determinants of health, especially during waiting periods for certain home and community-based services.
- Increase access to evidence-based programs to reduce healthcare costs and improve outcomes in social determinants of health.

State Goal 5

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

Objective 1

Enhance awareness of caregiving services and supports.

Outcome

Increase awareness of caregiving services and supports.

Measures

- Share resource material and best practices related to Texas Lifespan Respite Care program with the AAAs and ADRCs annually (at least three times).

- Increase the number of visits to the Texas Lifespan Respite Care website by five percent.
- Increase the number of ADRC respite requests by five percent.
- Monitor and implement recommendations from the Recognize, Assist, Include, Support, & Engage (RAISE) Family Caregiving Advisory Council and Advisory Council to Support Grandparents Raising Grandchildren.

Objective 2

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

Outcome

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

Measures

- Increase the visits to the Take Time Texas website by five percent.
- Coordinate with Aging Services Coordination to offer annual presentations (at least three) for AAAs and ADRCs on caregiving services available for older adults and share findings from the informal caregiving report.
- Require AAAs to share available resources and information with caregivers related to caregiver wellness and community resources.
- Increase awareness of support for Grandparents raising grandchildren, including Temporary Assistance for Needy Families and the Supplemental Nutritional Assistance Program.
- Increase activity on the Alzheimer's Disease Program website by five percent.

Objective 3

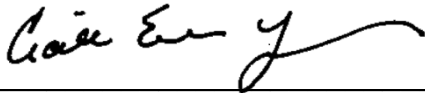
Coordinate with the National Technical Assistance Center on Grandfamilies and Kinship families.

Outcome

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

Measures

- Provide annual presentations (at least three) on respite services available for caregivers, including grandparents caring for grandchildren.
- Increase the number of AAA and ADRC respite care providers by five percent.
- Share information and links to resources on the aging services website(s).



Cecile Erwin Young
Executive Commissioner
Texas Health and Human Services Commission
Signature and Title of Authorized Official

06/30/2022

Date

Attachment A – State Plan Assurances and Required Activities

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended in 2020

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

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title— . . .

(2) The State agency shall—

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

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

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

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be—...

(5) in the case of a State specified in subsection (b)(5), the State agency;

and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

- (1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,
- (2) a numerical statement of the actual funding formula to be used,
- (3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and
- (4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES OR AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306, AREA PLANS

(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 a two-, three-, or 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—

- (1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older 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;

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

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

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

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

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

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

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

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting

upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

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

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

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

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

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

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

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

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

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

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

(G) if there is a significant population of older 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;

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

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

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

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

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

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

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

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

(C) implementing, through the agency or service providers, evidence-based programs to assist older 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

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

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

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

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

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

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

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

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

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

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

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

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

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

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

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

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

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

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

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

(B) disclose to the Assistant Secretary 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;

(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;

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

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

individuals;

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

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

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

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

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

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

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

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

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

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

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

(2) Such assessment may include—

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

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

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

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

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions

determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

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

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

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

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

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

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

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

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

(i) providing notice of an action to withhold funds;
(ii) providing documentation of the need for such action; and
(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

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

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

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

- (1) contracts with health care payers;
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) be based on such area plans.

(2) The plan shall provide that the State agency will—

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

(5) The plan shall provide that the State agency will—

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.

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

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

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

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

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

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

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

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

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

(11) The plan shall provide that with respect to legal assistance —

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to

standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

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

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

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

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

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

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall

be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

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

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

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

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

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

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

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

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

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall—

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

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

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

(23) The plan shall provide assurances that demonstrable efforts will be made—

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in childcare, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

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

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

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

(27) (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

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

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

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

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

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

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

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

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

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

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

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

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

- (3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
- (4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
- (5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).
- (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

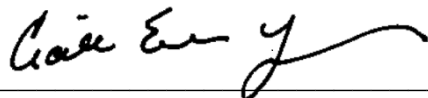
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

- (i) public education to identify and prevent elder abuse;
- (ii) receipt of reports of elder abuse;
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
- (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

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

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

- (i) if all parties to such complaint consent in writing to the release of such information;
- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order.



Cecile Erwin Young
Executive Commissioner
Texas Health and Human Services Commission
Signature and Title of Authorized Official

06/30/2022

Date

Attachment B – Information Requirements

INFORMATION REQUIREMENTS

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

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

State Response

The state's intrastate funding formula is the basis for ensuring preference is given to older adults with the greatest economic and social need. The intrastate funding formula includes weighted factors for distributing funds based on the percentage of minority, poverty-level and rural populations.

The state also ensures all AAAs complete a standard assessment of the needs of older adults residing in their planning and service areas and address how those with the greatest economic and social need will be prioritized to receive OAA services.

To further ensure services are targeted to those with the greatest need, AAAs and service providers must also complete a thorough screening and assessment of an eligible person's ability to perform ADLs and instrumental activities of daily living to identify functional limitations.

Section 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

State Response

The state coordinates with all AAAs to ensure they are aware of the state's assistive technology entity, The Texas Technology Access Program (TTAP). TTAP supports and develops programs to improve access, advocacy, and awareness of assistive technology to meet the needs of older people and people with disabilities in Texas. The state also requires each AAA to address access to, and utilization of, assistive technology in their Area Plan.

Section 306(a)(17)

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

State Response

The state requires each AAA to include information about their agency's disaster and emergency preparedness in their area plan. This includes all coordination efforts with other local organizations, both public and private.

- The AAAs' disaster and emergency preparedness plans are reviewed at least once every three years.
- The state provides disaster and emergency preparedness support to the AAAs, as needed.

Section 307(a)(2)

The plan shall provide that the State agency will —...
(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)

State Response

AAAs are required to expend a minimum proportion of OAA Title III-B funding for the following core services:

- Access [and assistance] services – 25 percent
- In-home services – 10 percent
- Legal assistance services – 2 percent

Each AAA is required to include the minimum proportion percentage for the support services categories in their Area Plan. The minimum proportion percentages are based on an analysis of information obtained through a local needs assessment and

the availability of other, non-Older Americans Act, resources in the AAA's planning and service area (PSA). The AAA also takes into consideration the views of older adults and caregivers regarding the need for services in the PSA.

Each AAA is required to budget and expend OAA funds to meet the identified minimum proportion requirements in their Area Plan. If unable to meet the identified percentages, the AAA may request a waiver. The waiver must demonstrate that the identified need for services in the PSA are being met. If granted, the adequate proportion level is adjusted for the current year only.

HHSC annually reviews the AAAs' budgets and expenditure reports to ensure that the projected expenditures are reached and monitors requests for adequate proportion waivers to ensure the statewide minimum percentages are appropriate.

Section 307(a)(3)

The plan shall—

(B) with respect to services for older individuals residing in rural areas—

- (i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;
- (ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and
- (iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

State Response

The state assures that HHSC will not spend less than the amount expended in fiscal year 2000 for services to older adults residing in rural areas.

The goal of the current funding formula is to distribute funding equitably based upon the most current population projections of the Texas State Data Center and to meet the assurances contained in the OAA, Section 305(a)(2)(E), as it relates to targeting.

The rural allocation factor is based on a three-part formula:

- AAAs whose population density factor exceeds the statewide average of people age 60 and older per square mile will receive no rural allocations.
- AAAs with a population density factor of 50 percent of the statewide average, up to the statewide average, up to the statewide average of people age 60 and older per square mile, will receive a rural allocation of \$15,000.
- AAAs with a population density factor of less than 50 percent of the statewide average of people age 60 and older per square mile will receive a rural allocation of \$30,000.

- The total projected project cost of providing services through AAAs serving the rural-residing population for federal fiscal years 2023-2025 is **\$120,446,904**.
 - FY2023: \$44,451,628
 - FY2024: \$43,828,258
 - FY2025: \$32,167,018

Reference Appendix C for the current Intrastate Funding Formula, which includes a description of the method used to provide services to older individuals in rural areas.

Section 307(a)(10)

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

State Response

The state assures that the special needs of older adults residing in rural areas are taken into consideration, in part through the Intrastate Funding Formula's rural allocation factor and through collaboration with the AAAs and their provider networks who deliver services to those in rural locations.

AAAs must address in their Area Plans how they will consider the needs of older individuals residing in rural areas when conducting outreach and providing services.

HHSC will continue to explore alternative delivery methods and the use of virtual programs to reach individuals residing in rural areas.

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

State Response

Based on the most recent U.S. Census Bureau's data for calendar year 2020 there are 2,242,300 minority older adults in Texas.

Texas is estimated to have 367,700 low-income minority individuals age 60 and over.

The estimated number of low-income minority older Texans with limited English proficiency (LEP) is 61,700.

The state's Intrastate Funding Formula ensures funding is allocated based on the population of low-income minority older adults in each AAA's planning and service area.

Each AAA must identify low-income minority older adults and older adults with LEP residing in their planning and service area and include all outreach and service provision methods in their Area Plan to ensure access to OAA services.

The state coordinates with AAAs who have higher numbers of older adults with LEP in their planning and service areas to customize outreach material, programs, and services to fit the cultural and language needs of older adults. Outreach material and consumer forms are translated into the most prevalent language within their planning and service area, including Spanish, Mandarin, Vietnamese, Korean, Cantonese, German, and American Sign Language. Currently, there are 157 bilingual staff employed by AAAs. Languages spoken include Spanish, Japanese, French, Vietnamese, Urdu, and Hindi.

AAAs also have access to an on-demand telephone translation service to assist when communicating with older adults with LEP who are in need of information and assistance.

The HHSC website is also available in Spanish.

Section 307(a)(21)

The plan shall —

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

State Response

The AAAs work with the tribes within their service and planning areas to provide outreach and assistance.

The AAA of Deep East Texas serves the Alabama-Coushatta Tribe;

The AAA of the Middle Rio Grande Area serves the Kickapoo Traditional Tribe of Texas; and

The AAA of the Rio Grande Area serves the Ysleta del Sur Pueblo.

AAAs must include in their Area Plans all efforts to coordinate OAA services with Title VI federally recognized Native American tribes, including nutrition, in-home supportive services, appropriate referrals and other assistance. All area plans are reviewed to ensure Native Americans have access to OAA services.

The AAAs also provide information about their activities in periodic reports, including the Medicare Improvements for Patients and Providers Act and ACL-State Health Insurance Assistance Program grant reports.

Section 307(a)(27)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

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

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

State Response

Texas anticipates a continued growth in the number of older individuals over the next 10 years. The state provides assurance that it will continue to monitor the growth and potential changes in the demographics of the older adult population through statewide surveys and needs assessments, and adjust resources to meet their needs.

Section 307(a)(28)

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

State Response

Please reference response below for Section 307(a)(29).

Section 307(a)(29)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency

preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

State Response

The Texas Division of Emergency Management (TDEM) coordinates the state emergency management program, to ensure the state and its local governments respond to and recover from emergencies and disasters and implement plans and programs to help prevent or lessen the impact of emergencies and disasters.

As a member of the Governor’s cabinet, the Texas HHSC Executive Commissioner regularly consults with the heads of sister agencies and shares input regarding emergency preparedness plans.

As part of the Texas HHSC Emergency Management Team, the AES Deputy Executive Commissioner and Office of Area Agencies on Aging (OAAA) staff work closely with other health and human service agencies and the Department of Public Safety participate to ensure the needs of older adults are considered in emergency preparedness plans.

The OAAA maintains a Continuity of Operations Plan, which is included in the HHSC agency wide Continuity of Operations Plan. Additionally, the OAAA provides awareness for AAAs about personal and family disaster preparedness.

OAAA provides technical assistance and management oversight for services provided during disasters.

AAAs are required to provide regular updates to their disaster preparedness plans.

All AAA disaster preparedness plans are reviewed at least once during the state plan period.

Section 705(a) ELIGIBILITY —

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

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

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

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

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

- (2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
- (3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
- (4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
- (5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);
- (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
 - (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—
 - (i) public education to identify and prevent elder abuse;
 - (ii) receipt of reports of elder abuse;
 - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
 - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
 - (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
 - (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—
 - (i) if all parties to such complaint consent in writing to the release of such information;
 - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
 - (iii) upon court order.

State Response

HHSC has policies governing programs operated under OAA Title VII: Vulnerable Elder Rights Protection Activities

HHSC provides a State Long-Term Care Ombudsman Program in accordance with the OAA and provides state level Ombudsman services and services provided through a statewide network of volunteers under agreements with the AAAs.

HHSC assures services are delivered in accordance with the OAA.

AAAs, ADRCs, and Long-Term Care Ombudsman programs are monitored for compliance and corrective action is taken when necessary.

- The OAAA conducts a statewide satisfaction survey with the people receiving core services. The survey is modeled after ACL's Consumer Assessment Survey to enable a comparison to the nation's survey results.
- AAAs must survey participants receiving services to ensure the services are meeting their needs. HHSC requires the AAAs to provide a Rights and Responsibilities form that includes the contact information for the AAA and the service provider. The form outlines the participant's rights and the AAA's responsibilities to the participant. During the monitoring process, provision of the form is confirmed.
- HHSC assures funds made available under this subtitle will be used in addition to, and will not supplant, funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.
- HHSC assures there are no restrictions other than those included in section 712(a)(5)(c)(i)-(iv), regarding the eligibility of entities for designation as local Ombudsman entities. All local Ombudsman entities must follow 26 Texas Administrative Code, Chapter 88 and the Long-Term Ombudsman policy manual.

The HHSC works with the Department of Family and Protective Services (DFPS) and Adult Protective Services (APS), AAAs, and HHSC's contractor for legal services to increase public awareness about elder abuse, neglect, and exploitation, including causes, profiles of victims and perpetrators, warning signs, reporting and prevention strategies.

The OAAA collaborates with DFPS and APS, AAAs, and HHSC's contractor for legal services to provide support to victims of elder abuse, neglect and exploitation; and to provide training for AAA staff.

HHSC supports and promotes World Elder Abuse Awareness Day.

The OAAA, AAAs, ADRCs, and the Senior Medicare Patrol support awareness through joint activities, the Medicare Improvements for Patients and Providers Act outreach events and senior expos.

AAAs must instruct staff, volunteers and service providers to report allegations of abuse, neglect, or exploitation to DFPS and must take corrective action if a report is not made.

DFPS confirms abuse, neglect, or exploitation in accordance with the Texas Human Resource Code, Chapter 48.

Attachment C – Intrastate Funding Formula

HHSC, as the SUA, allocates Title III, Title VII, and state general revenue to the AAAs based on an approved interstate funding formula.

Funds are allocated to the AAAs according to the funding formula provided in 26 Texas Administrative Code §213.301. The goal of this formula is to distribute funding equitably based on the most currently available population projections of the Texas State Data Center and the U.S. Census Bureau¹⁰; and meet the assurances contained in the OAA, Section 305(a)(2)(E), as it relates to targeting.

- Each AAA is allocated a base amount of \$60,000 of state general revenue.
- In accordance with the OAA, an administration pool comprising ten percent of the federal allocation of funds to AAAs is established. Of this amount, each AAA is allocated no less than \$85,000.
- Each AAA is allocated a base amount of \$115,000 for Title III Supportive Services.
- Each AAA is allocated a base amount of \$100,000 for Title III Nutrition Services.
- The rural allocation factor is based on a three-part formula:
 - AAAs whose population density factor exceeds the statewide average of people age 60 and older per square mile receive no rural allocation.
 - AAAs with a population density factor of 50 percent of the statewide average, up to the statewide average of people age 60 and older per square mile, receive a rural allocation of \$15,000.
 - AAAs with a population density factor of less than 50 percent of the statewide average of people age 60 and older per square mile receive a rural allocation of \$30,000.
- All remaining funds, excluding Title VII Ombudsman Activity Grant, are allocated in accordance with the following formula of weighted factors:
 - Total AAA's regional population age 60 and older, weighted at 40 percent.
 - Total AAA's regional population age 60 and older who are minorities,

¹⁰ U.S. Census Bureau's data for calendar year 2020

weighted at 10 percent.

- Total AAA's regional population age 60 and older with incomes below the poverty level, weighted at 50 percent.

In accordance with the OAA, §306(a)(9), the State Ombudsman allocates funds for the operation of the Title VII Ombudsman Program in accordance with the funding formula provided in 26 Texas Administrative Code §88.105(b).

- Each host agency is allocated a base amount of \$3,000 of federal funds appropriated or otherwise available for the Ombudsman Program. Additional federal funds are allocated as follows:
 - 75 percent of the funds is allocated based on the licensed capacity of nursing facilities in the ombudsman service area.
 - 25 percent of the funds is allocated based on the number of certified ombudsmen in the ombudsman service area who actively performed functions of the Ombudsman Program during the previous state fiscal year.
- Each host agency is allocated funds from state general revenue funds appropriated or otherwise available for the Ombudsman Program based on the following factors:
 - The number of assisted living facilities in the ombudsman service area on or about July 1 of each year;
 - The number of assisted living facilities in the ombudsman service area located in a rural area, as determined by the State Ombudsman, on or about July 1 of each year; and

The type and licensed capacity of assisted living facilities in the ombudsman service area on or about July 1 of each year.

Table 1. Total Distribution of Awards by Standard Funding Formula by AAA for Federal Fiscal Year 2021

AAA	III B	III C1	III C2	III D	III E	OM	EAP	Vac5 Title III B	CDSA Title III C2
Alamo	644,129	735,556	658,717	41,939	254,079	52,279	6,861	76,489	257,002
Ark-Tex	392,520	414,734	346,136	21,414	129,735	27,638	3,504	39,056	131,228
Bexar	1,614,851	1,992,432	1,883,307	122,346	741,215	74,917	20,017	223,138	749,744
Brazos	368,184	383,704	315,903	19,429	117,709	28,087	3,179	35,436	1119,063
Capitol	1,363,008	1,671,311	1,570,435	101,803	616,756	67,257	16,656	185,670	623,853
Central	410,567	437,745	368,556	22,886	138,654	29,957	3,744	41,741	140,249

AAA	III B	III C1	III C2	III D	III E	OM	EAP	Vac5 Title III B	CDSA Title III C2
Coastal	702,801	810,368	731,607	46,725	283,074	34,264	7,645	85,218	286,331
Concho	290,498	264,522	200,756	11,869	71,908	15,443	1,942	21,647	72,732
Dallas	1,795,989	2,223,397	2,108,340	137,122	830,733	90,808	22,434	250,086	840,291
Deep East	509,131	544,296	472,369	29,703	179,951	38,157	4860	54173	182,021
East Texas	908,169	1,091,354	1,005,375	64,701	391,978	62,7223	10586	118003	396,488
Golden	337,019	324,840	258,551	15,663	94,8947	24,379	2,563	28567	95,986
Harris County	3,140,079	3,937,219	3,778,140	246,763	1,494,973	134,194	40,369	450054	1,512,174
Heart of Texas	409,542	436,439	367,280	22,803	138,148	36,558	3,731	41588	139,738
Houston/ Galveston	1,726,627	2,134,955	2,022,169	131,464	796,454	86,587	21,509	239,767	805,619
Lower Rio	1,615,624	1,993,417	1,884,266	122,409	741,597	35,170	20,027	223,253	750,130
Middle Rio	399,355	404,323	335,992	20,748	125,700	11,174	3,395	37,841	127,146
North Central	1,692,074	2,090,897	1,979,243	128,645	779,378	117,949	21,047	234,626	788,346
Nortex	337,514	325,471	259,166	15,704	95,139	28,223	2,569	28,641	96,234
Panhandle	463,588	486,226	415,7491	25,988	157,444	31,180	4,252	47,398	159,256
Permian	468,975	493,094	422,483	26,427	1160,106	20,803	4,324	48,198	161,949
Rio Grande	1,100,928	1,298,886	1,207,576	77,977	472,413	25,642	12,758	142,217	477,849
South East	437,381	491,062	420,503	26,297	159,318	32,762	4,302	47,962	161,152
South Plains	468,511	492,503	421,907	26,390	159,877	24,723	4,318	48,130	161,716
South Texas	547,218	592,860	519,686	32,810	198,773	11,450	5,368	59,839	201,060
Tarrant County	1,324,339	1,622,005	1,533,396	98,649	597,647	78,493	16,140	179,917	604,523
Texoma	297,313	293,337	227,857	13,648	82,685	25,883	2,233	24,892	83,636
West Central	440,860	457,245	387,555	24,134	146,212	33,737	3,948	44,016	147,894
Totals	24,206,794	28,445,198	26,092,062	1,676,46	10,156,546	1,280,437	274,281	3,057,563	10,273,410

AAA	SGR Service Amount	SGR Rate Increase Rider 99	NSIP	Total Service Award
Alamo	129,726	138,456	193,146	31,883,79
Ark-Tex	95,603	31,058	223,313	1,855,939
Bexar	263,409	106,200	1,036,332	8,827,908
Brazos	92,302	9,360	90,279	1,582,635
Capitol	229,255	52,920	489,101	6,988,025
Central	98,050	22,264	92,022	1806435
Coastal	137,683	57,242	321,075	3,504,003
Concho	79,732	2,924	71,382	1,106,351
Dallas	287,975	75,697	430,137	9,093,009
Deep East	109,383	36,200	201,062	2,361,306
East Texas	167,569	82,476	319,519	46,189,471
Golden	86,042	16,919	115,311	1,400,734
Harris County	470,263	186,149	1,030,941	1,6421,318
Heart of Texas	97,911	0	188,038	1,881,776
Houston/ Galveston	278,568	422,725	405,606	8,691,597
Lower Rio	263,414	68,885	359,217	8,077,509
Middle Rio	94,496	10,025	125,986	1,702,181
North Central	273,882	155,133	733,458	8,994,678
Nortex	86,109	27,008	186,818	1,488,596
Panhandle	103,207	5,076	146,531	2,045,937
Permian	103,937	23,242	240,180	2,173,718
Rio Grande	189,643	22,440	240,938	5,269,267
South East	103,721	15,827	130,866	2,031,153
South Plains	103,875	4,061	123,875	2,039,886
South Texas	114,549	0	199,255	2,482,868

AAA	SGR Service Amount	SGR Rate Increase Rider 99	NSIP	Total Service Award
Tarrant County	224010	95,400	694,616	7,058,135
Texoma	82691	21,247	164,422	1,319,844
West Central	100124	11,660	111,007	1,908,392
Totals	4467229	1,326,141	8,664,433	119,920,550

AAA	III B Admin	III C1 Admin	III C2 Admin	III E Admin	VAC5 III B Admin	CDSA III C2 Admin	Total III AAA Federal Admin	Total AAA Admin	Total Award GR and FED
Alamo	63,340	78,931	43,895	28,183	8,484	28,507	214,349	214,349	3,402,728
Ark-Tex	32,343	40,302	22,413	14,391	4,332	14,556	109,449	109,449	1,965,388
Bexar	184,776	230,264	128,052	82,217	24,751	83,163	625,309	625,309	9,453,217
Brazos	29,343	36,567	20,335	13,057	3,931	13,207	99,302	99,302	1,681,937
Capitol	153,749	191,600	106,551	68,412	20,595	69,109	520,312	520,312	75,08,337
Central	34,564	43,074	23,954	15,380	4,630	15,557	116,972	116,972	1,923,407
Coastal	70,566	87,939	48,904	31,399	9,453	31,761	238,808	238,808	3,742,841
Concho	21,420	26,694	14,845	9,531	2,869	9,641	72,490	72,490	1,178,841
Dallas	207,090	258,074	143,517	92,147	27,740	93,207	700,828	700,828	9,793,837
Deep East	44,859	55,903	31,088	19,961	6,009	20,190	151,811	151,811	2,513,117
East Texas	97,716	121,770	67,718	43,479	13,089	43,980	330,683	330,683	4,949,624
Golden	23,655	29,480	16,394	10,526	3,169	10,647	80,055	80,055	1,480,789
Harris County	372,666	464,429	258,274	165,827	49,922	167,737	1,261,196	1,261,196	1,768,514
Heart of Texas	34,438	42,917	23,867	15,324	4,613	15,500	116,546	116,546	1,998,322
Houston / Galveston	198,545	247,425	137,595	88,345	265,996	89,361	671,910	671,910	9,363,507

AAA	III B Admin	III C1 Admin	III C2 Admin	III E Admin	VAC5 IIIB Admin	CDSA III C2 Admin	Total III AAA Federal Admin	Total AAA Admin	Total Award GR and FED
Lower Rio	184,870	230,383	128,118	82,260	24,764	83,206	625,631	625631	8,703,140
Middle Rio	31,336	39,050	21,716	13,943	4,197	14,103	1,069,045	106045	1,808,226
North Central	194,289	242,120	134,645	86,451	26,025	87,445	657,505	657505	9,652,183
Nortex	23,717	29,556	16,436	10,553	3,177	10,674	80,262	80262	1,568,585
Panhandle	39,249	48,911	27,200	17,464	5,257	17,665	132,824	132824	2,178,761
Permian	39,913	49,738	27,660	17,759	5,346	17,964	135,070	135070	2,308,788
Rio Grande	117,767	146,759	81,614	52,401	15,775	53,004	398,541	398541	5,667,808
South East	39,716	49,494	27,524	17,672	5,320	17,875	134,406	134406	2,165,559
South Plains	39,855	49,667	27,620	17,734	5,339	17,938	134,876	134876	2,174,762
South Texas	49,551	61,751	34,340	22,048	6,638	22,302	167,690	167690	2,650,558
Tarrant County	148,986	185,664	103,249	66,292	19,957	67,055	504,191	504191	7,562,326
Texoma	21,420	26,694	14,845	9,531	2,869	9,461	72,490	72490	1,392,334
West Central	36,449	45,422	25,259	16,218	4,882	16,405	123,348	123348	2,031,740
Totals	2,536,188	3,160,578	1,757,628	1,128,505	339,729	1,141,490	8,582,899	8582899	128,503,449

Attachment C-1 - Interstate Funding Formula - Numerical Statement

I. Intrastate Funding Formula Methodology

- Federal Amount – Notice Award – **A**
- Ombudsman Title II-B Percentage 2.5% - **B**
- Total Title III-B Available to Ombudsman – **C**
- Total Available After Subtracting Ombudsman Title III-B - **D**
- State Administration 5% - **E**
- Total Administration Available to State - **F**
- HHSC Indirect Cost Percentage 10% (2.5% for Title III-B, Title III-C1, Title III-C2, and Title III-E) – **G**
- Total HHSC Indirect Cost – **H**
- Total Available after Subtracting HHSC Indirect Cost 10% (2.5% for Title III-B, Title III-C1, Title III-C2, and Title III-E) – **I**
- AAA Administration Percentage 10% - **J**
- Total AAA Available Administration - **K**
- Total Service Funding Available to the AAA -**L**

II. IFF Mathematical Equations

- 1) Calculate Title III B Ombudsman (*Title III-B Supportive Services only*):

$$\begin{array}{ccc}
 & \mathbf{A \times B = C} & \\
 \mathbf{A} & & \mathbf{C} \\
 \text{[Federal Amount Awarded]} & \times & \text{[Ombudsman percentage 2.5\%]} = \text{[Total Title III-B Available to Ombudsman]}
 \end{array}$$

- 2) Calculate the Total Available after Subtracting Ombudsman Title III-B 2.5%:

$$\begin{array}{ccc}
 & \mathbf{A - C = D} & \\
 \mathbf{A} & & \mathbf{D} \\
 \text{[Federal Amount Awarded]} & - & \text{[Total Title III -B Available to Ombudsman]} = \text{[Total Available After Subtracting Ombudsman Title III-B 2.5\%]}
 \end{array}$$

- 3) Calculate State Administration 5%:

$$\begin{array}{ccc}
 & \mathbf{D \times E = F} & \\
 & \mathbf{D} & \mathbf{E} \\
 \text{[Total Available After Subtracting Ombudsman Title III-B 2.5\%]} & \times & \text{[State Administration Percentage 5\%]} = \text{[Total Administration Available to State]}
 \end{array}$$

- 4) Calculate HHSC Indirect Cost:

$$F \times G = H$$

[Total Administration Available to State] x [HHSC Indirect Cost percentage 2.5%] = [Total HHSC Indirect Cost]

5) Calculate the Total Available after Subtracting HHSC Indirect Cost:

$$F - H = I$$

[Total Administration Available to State] - [HHSC Indirect Cost 2.5%] = [Total Available after Subtracting HHSC Indirect Cost]

6) Calculate the Total AAA Administration 10%:

$$I \times J = K$$

[Total Available after Subtracting HHSC Indirect Cost] x [AAA Administration percentage 10%] = [Total AAA Administration 10%]

7) Calculate the Total Service Funding Available to the AAA:

$$I - K = L$$

[Total Available after Subtracting HHSC Indirect Cost] - [Total Available Administration 10%] = [Total Available Service Funding Available to the AAA]

III. Funding Methodology for Title III B - Supportive Services

1) Calculate the Title III B Allocation:

$$\{(a + b) - c - d - e - f - g\} \times h = i$$

{([Federal Award Amount for Title III-B] + [Total Title III-B Available to Ombudsman]) - [State Administration %5] - [HHSC Indirect Cost 2.5%] - [AAA Administration 10%] - [Rural Factor] - [Base per AAA]} x [Weighted Population percentage] = [Total Title III-B Funding]

Rural Factor is 15,000 or 30,000 (not all AAAs will receive a Rural Factor for Title III-B)

15,000
15,000
0
15,000
0
15,000
15,000
30,000
0
30,000
0
30,000
0
15,000
0
0
30,000
0
30,000
30,000
30,000
30,000
0
30,000
30,000
0
15,000
30,000

Weighted Population Percentages (Applies to all Funding Sources)

2.5016%
1.2774%
7.2979%
1.1589%
6.0725%
1.3652%
2.7871%
0.7080%
8.1793%
1.7718%
3.8594%
0.9343%
14.7193%
1.3602%
7.8418%
7.3017%
1.2376%
7.6737%
0.9367%
1.5502%
1.5764%
4.6513%
1.5686%
1.5741%
1.9571%
5.8843%
0.8141%
1.4396%
100.0000%

IV. Funding Methodology for Title III C1 – Congregate Meals

2) Calculate the Title III - C1 Allocation:

$$(a - c - d - g) \times h = i$$

$$\begin{aligned} & \left\{ \begin{matrix} a \\ \text{[Federal Award Amount for Title III-C1]} \end{matrix} - \begin{matrix} c \\ \text{[State Administration \%5]} \end{matrix} - \begin{matrix} d \\ \text{[HHSC Indirect Cost} \right. \\ & \left. \begin{matrix} e \\ \text{2.5\%]} \end{matrix} - \begin{matrix} g \\ \text{[AAA Administration 10\%]} \end{matrix} - \begin{matrix} h \\ \text{[Base per AAA]} \end{matrix} \right\} \times \begin{matrix} h \\ \text{[Weighted Population percentage]} \end{matrix} \\ & = \begin{matrix} i \\ \text{[Total Title III-C1 Funding]} \end{matrix} \end{aligned}$$

a) Calculate the Base Per AAA:

VIII. Funding Methodology for Title III E – Elder Abuse

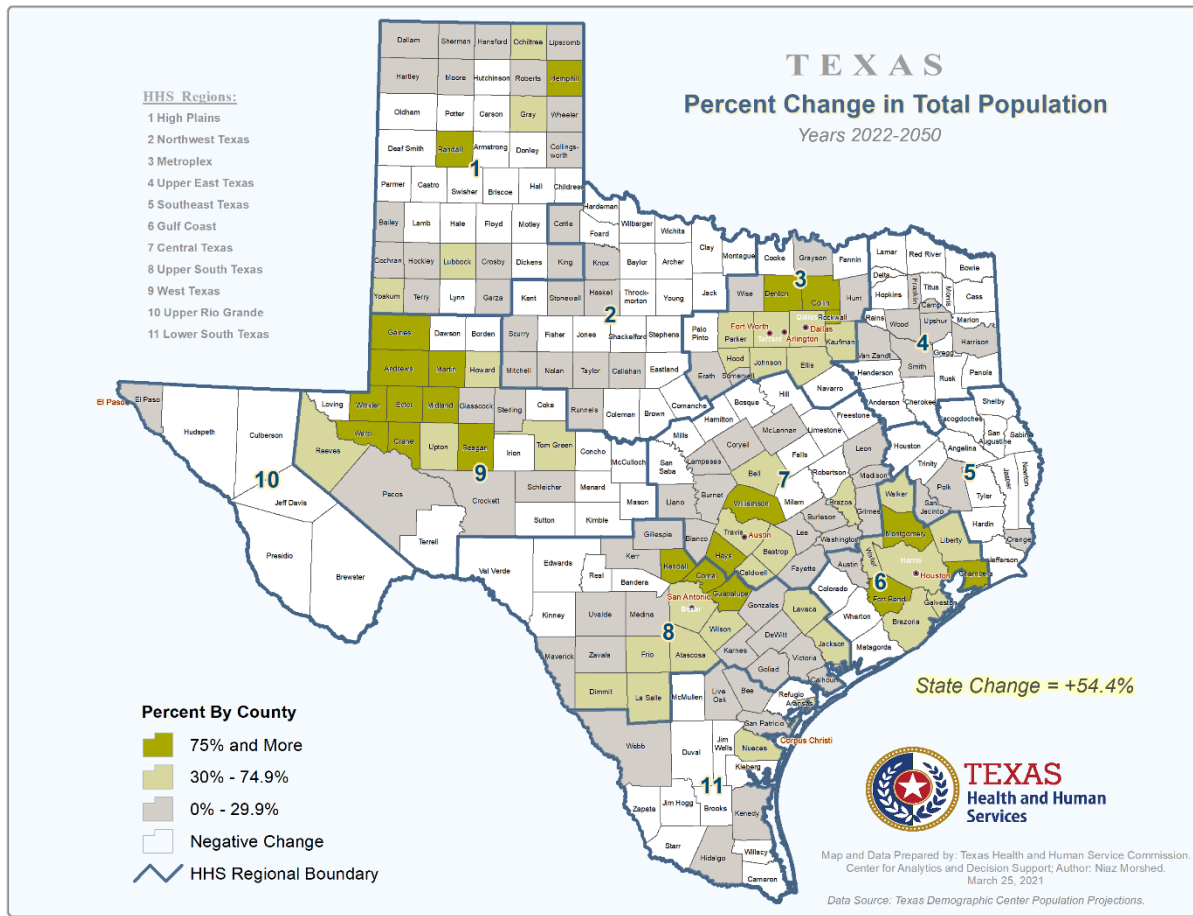
6) Calculate the Title III – E (EAP) Allocation:

$$a \times h = i$$

$$\begin{array}{c} a \\ \text{[Federal Award Amount for Title III-C2]} \end{array} \times \begin{array}{c} h \\ \text{[Weighted Population percentage]} \end{array} = \begin{array}{c} i \\ \text{[Total Title III-E-EAP Funding]} \end{array}$$

Attachment D – Demographic Information on Older Adults

Figure 1.1 Percent Population Growth by Texas County, 2022-2050¹¹



¹¹ Sources: TDC: Population Projections for Texas According to the 2000–2010 Migration Scenario; HHSC, Center for Analytics and Decision Support. April 2018.

Figure 1.2: Percent of Texans with a Disability during the 2015-2019 Period, by Age Group

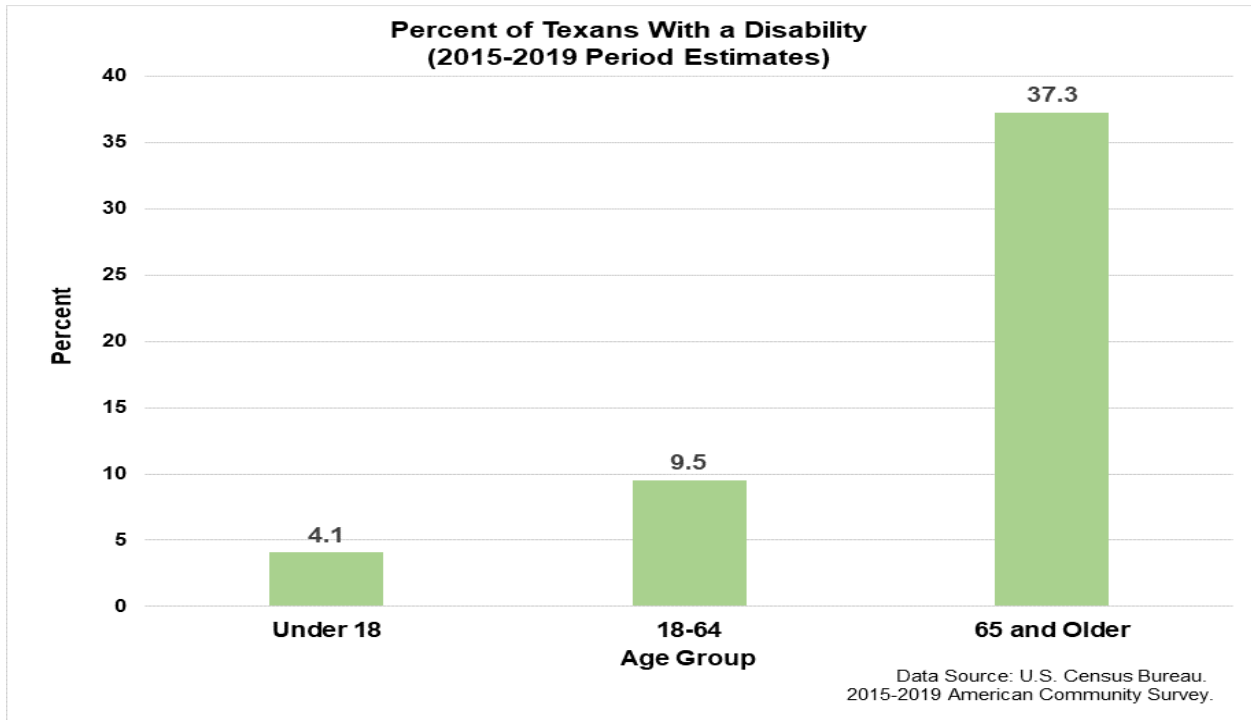


Figure 1.3: Percent of Population by Race and Ethnicity, 2022-2050

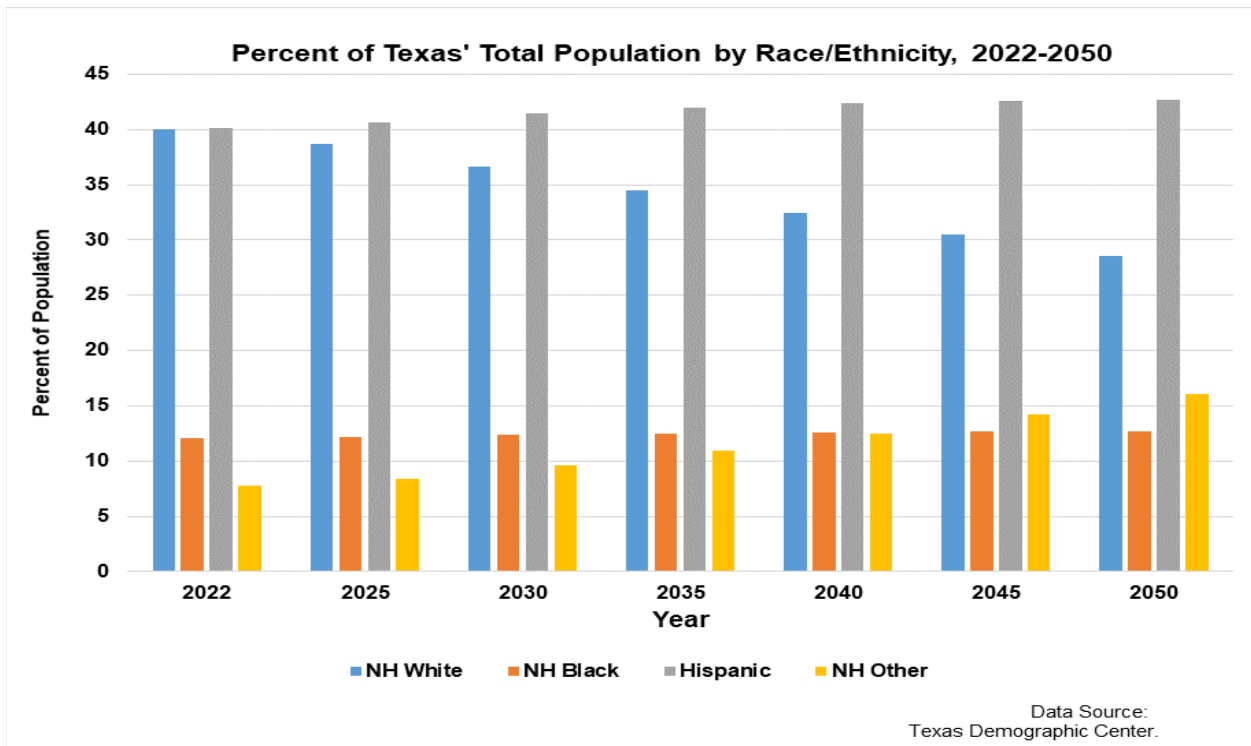


Figure 1.4: Projected Population by Race and Ethnicity, 2022-2050

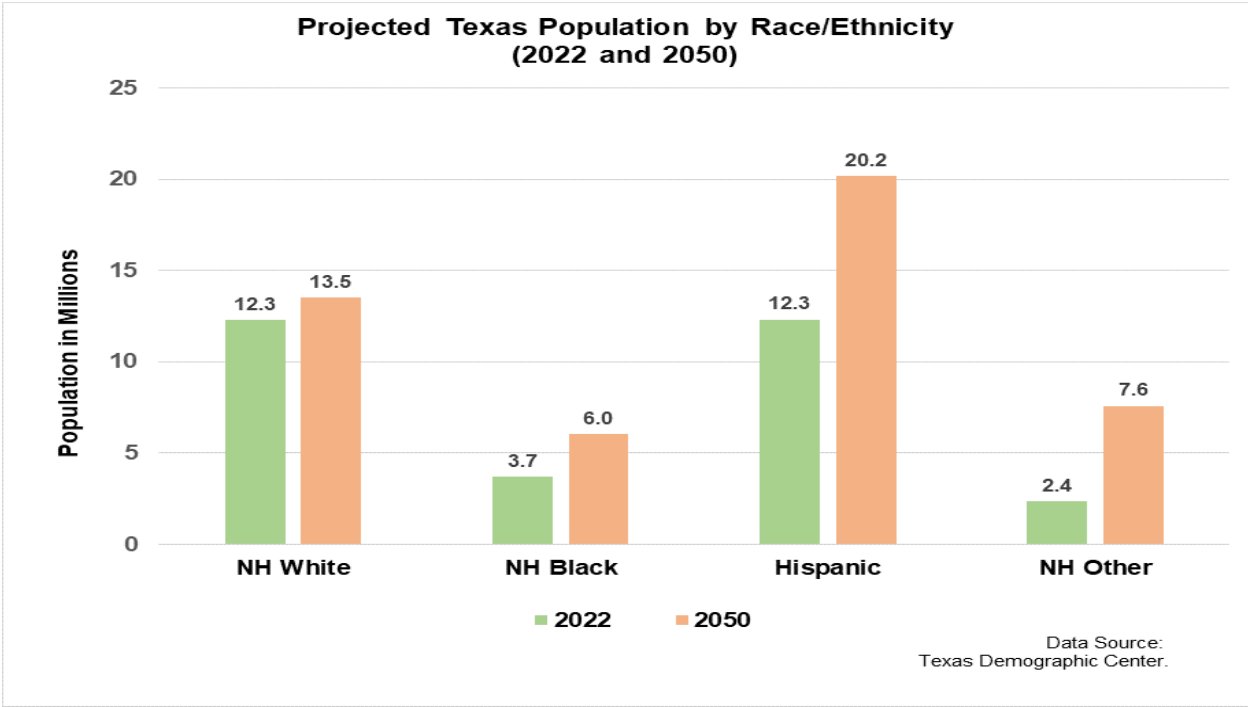


Figure 1.5: Total Population by County, 2022

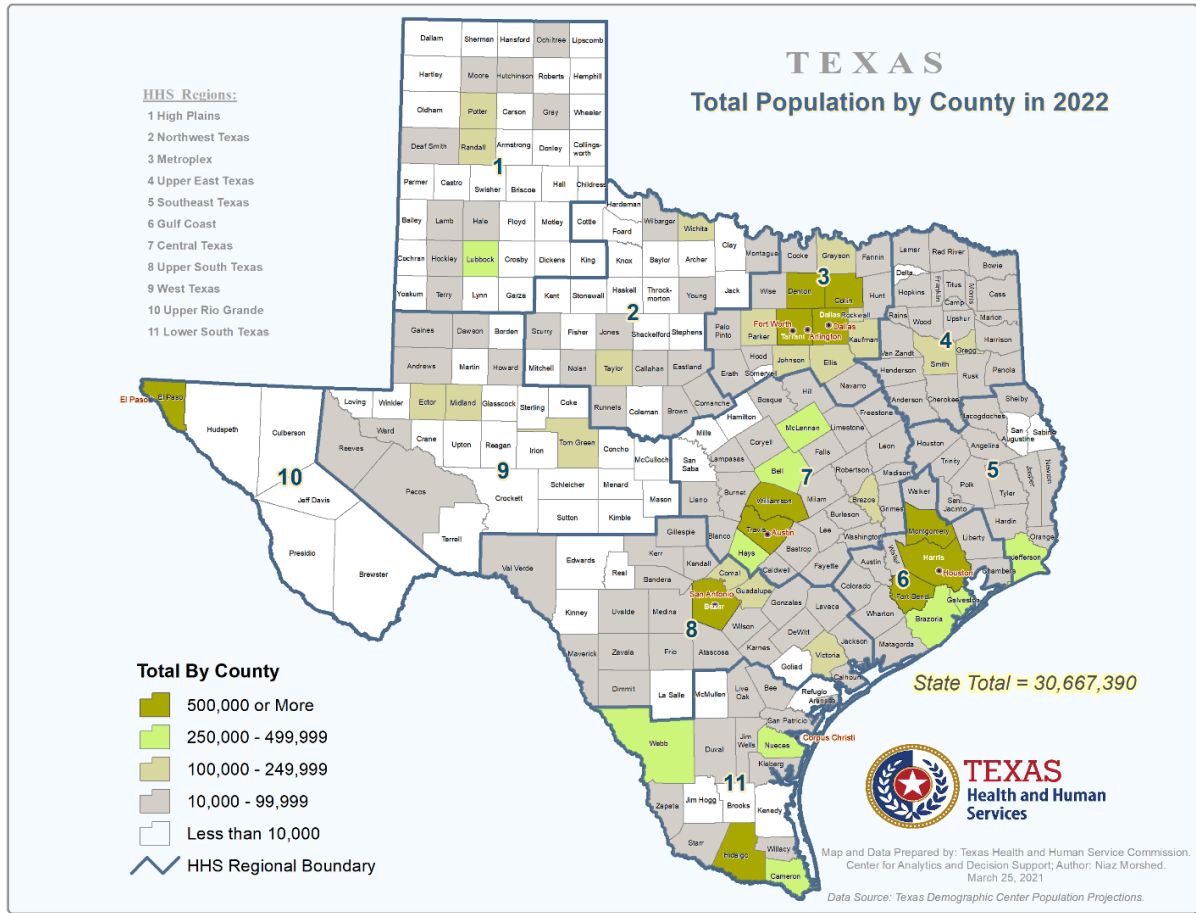


Table 2: Matrix of Population Age 65 and Older by Age Group, Years 2022 - 2050¹²

Age Group	2022	2030	2040	2050	2022-2050 Numeric Change	2022-2050 Percent Change
65 and Older	4,239,506	5,576,489	6,908,944	8,306,674	4,067,168	-4.1
65 to 69	1,424,369	1,654,735	1,811,976	2,187,242	762,873	-46.4
70-74	1,116,543	1,450,937	1,565,203	1,838,277	721,734	-35.4
75-79	780,182	1,102,008	1,406,761	1,579,642	799,460	2.5
80-84	475,920	754,686	1,081,689	1,206,224	730,304	53.5
85+	442,492	614,123	1,043,315	1,495,289	1,052,797	137.9

¹² Source: TDC. Population Projections According to the 2010-2015 Migration Scenario.

Table 3: Leading Causes of Texas Resident Deaths, 2019¹³

Ranking	Disease	Percentage
1	Diseases of the Heart	22.68%
2	Malignant Neoplasms	20.40%
3	Accidents	5.59%
4	Chronic Lower Respiratory Diseases	5.31%
5	Cerebrovascular Diseases	5.31%
6	Alzheimer's Disease	4.97%
7	Diabetes Mellitus	3.39%
8	Chronic Liver Disease and Cirrhosis	2.14%
9	Nephritis, Nephrotic Syndrome and Nephrosis	2.05%
10	Intentional Self Harm	1.91%
All Other Causes		26.24%
Total Deaths in 2019		100.00%

Table 4. Projection Population Change: Texas Population Age 60 or Older, Years 2019-2024¹⁴

Area Agency on Aging	Numerical Change, Years 2019-2024	Percent Change Years 2019-2024
Alamo	25,718	16.2%
Ark-Tex	5,522	7.5%
Bexar County	63,784	17.9%
Brazos Valley	8,604	13.2%
Capital	106,476	26.8%
Central Texas	9,495	11.8%
Coastal Bend	11,730	8.9%
Concho Valley	3,273	8.2%
Dallas	74,754	17.7%
Deep East Texas	6,698	6.7%
East Texas	18,184	8.4%
Golden Crescent	3,670	7.4%

¹³ Source: DSHS, Texas Death Certificate Data

¹⁴ Source: TDC, Population Projections According to the 2010-2015 Migration Scenario.

Area Agency on Aging	Numerical Change, Years 2019-2024	Percent Change Years 2019-2024
Harris	138,762	18.6%
Heart of Texas	6,941	8.4%
Houston-Galveston	122,368	25.1%
Lower Rio Grande	31,619	14.4%
Middle Rio Grande	1,868	5.3%
North Central Texas	160,155	29.7%
North Texas	4,211	7.7%
Panhandle	9,031	9.7%
Permian Basin	9,561	11.6%
Rio Grande	22,971	14.0%
South East Texas	7,379	8.4%
South Plains	8,848	10.4%
South Texas	8,339	15.8%
Tarrant	81,732	22.5%
Texoma	5,790	10.8%
West Central Texas	5,216	6.4%
Statewide Summary	962,699	18.1%

Table 5. Texans Aged 65 and Over by Disability Status in 2019¹⁵

Disability Status	Number	Percent
No Disability	1,960,986	65.1%
One Disability	465,606	15.5%
More Than One Disability	586,816	19.5%

Table 6. Disability by Age, Gender and Type in 2019¹⁶

	Male 65-74 years	Female 65-74 years	Male 75+ years	Female 75+ years
Any Disability	29.2%	26.7%	50.5%	53.1%
Hearing	13.2%	5.76%	26.5%	19.0%
Vision	5.2%	5.1%	8.5%	11.0%

¹⁵ Source: U.S. Census Bureau. 2019 American Community Survey.

¹⁶ Source: U.S. Census Bureau. 2019 American Community Survey

	Male 65-74 years	Female 65-74 years	Male 75+ years	Female 75+ years
Cognitive	5.5%	5.9%	11.8%	15.7%
Ambulatory	14.2%	17.8%	28.9%	38.0%
Self-Care	4.3%	5.2%	10.8%	16.4%
Independent Living	6.5%	9.4%	18.4%	30.0%

Table 7. Disability Age 65 and Over by Race and Ethnicity¹⁷

Race/Ethnicity	Percent with a Disability
Anglo	35.4%
Black	41.3%
Hispanic	40.6%
Other	32.2%
All	37.0%

Table 8. Selected OAA Services Provided through AAAs - Title III Only

Program	Federal Fiscal Year 2018	Federal Fiscal Year 2019
Statewide Nutrition Service		
Number receiving congregate meals	62,002	62,320
Number of congregate meals served	4,122,732	4,188,307
Statewide average cost per congregate meal	\$6.28	\$6.04
Number receiving home-delivered meals	62,143	63,033
Number of home-delivered meals served	11,818,518	10,586,360
Statewide average cost per home-delivered meal	\$5.13	\$5.13
Statewide Services to Assist Independent Living		
Number receiving homemaker services	1,221	1,365
Average cost per person receiving homemaker services	\$535.00	\$610.00

¹⁷ Source: U.S. Census Bureau. 2019 American Community Survey.

Program	Federal Fiscal Year 2018	Federal Fiscal Year 2019
Number receiving personal assistance	895	951
Average cost per person receiving personal assistance	\$933.00	\$932.00
Number of homes repaired or modified	1,308	1,647
Average cost per repaired/modified home	\$1,897.00	\$1,972.00
Number of one-way trips	739,521	763,536
Number of Retired and Senior Volunteer Program volunteers	375	404

Table 9. Rate of New HIV Cases By Year

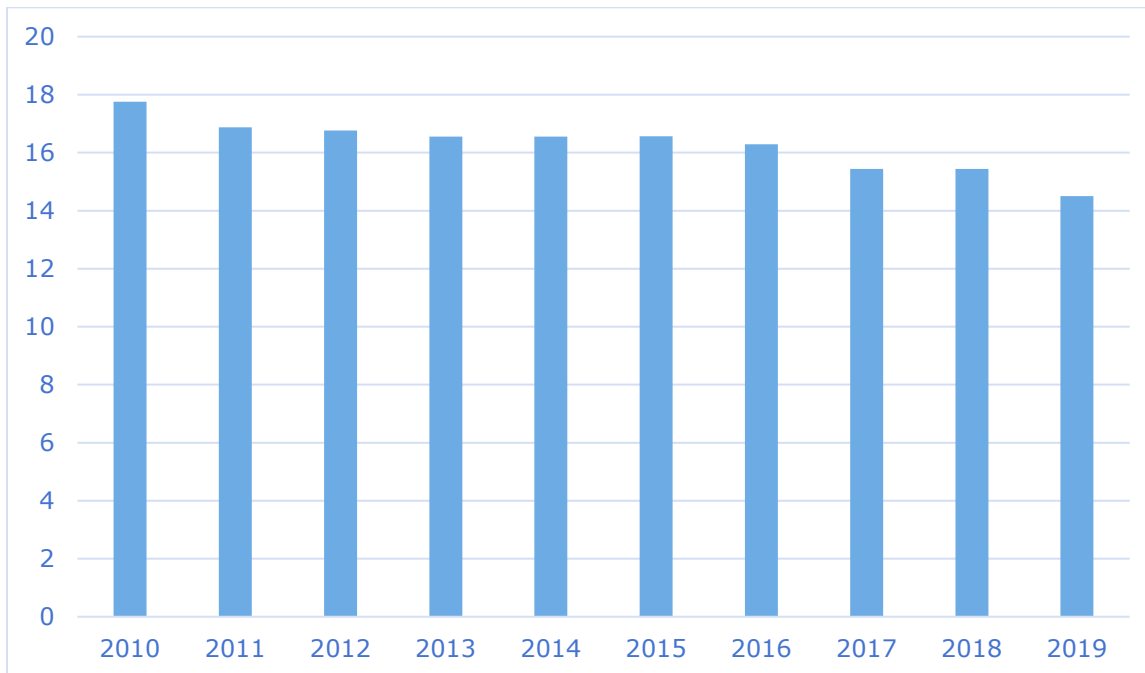


Table 10. Comparing Two Years on New HIV Cases by Sex

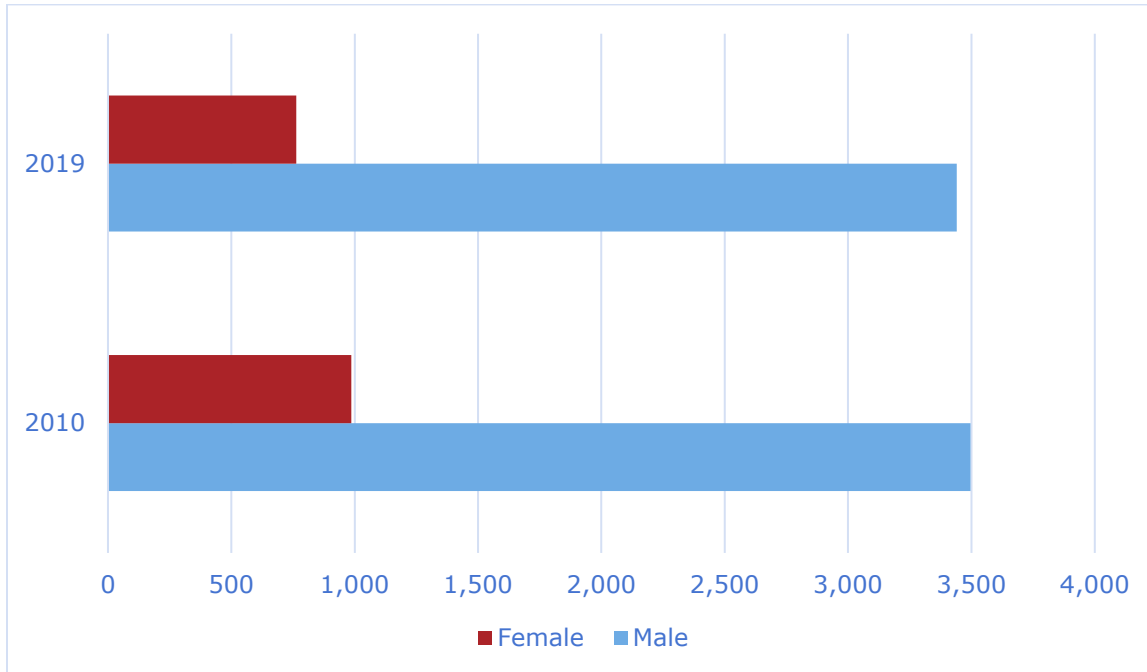
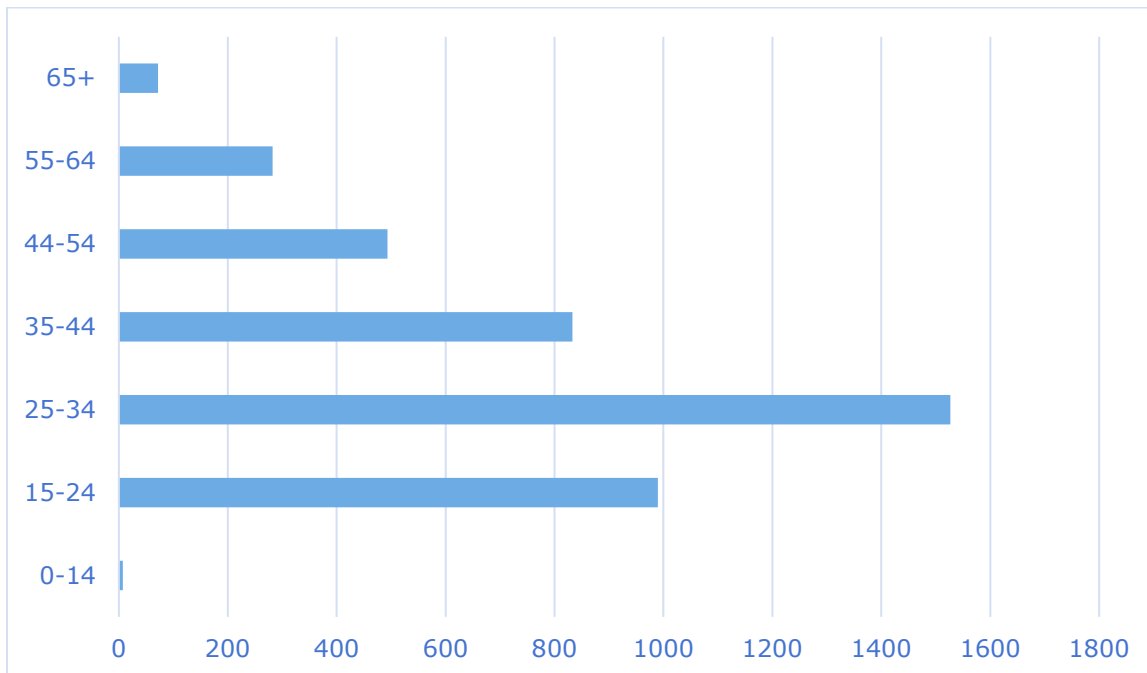


Table 11. New HIV Cases By Age Group



Attachment E – Organizational Structure of The State Unit of Aging

The needs of aging Texans are complex. No single organization or entity is responsible for providing the resources to meet those needs. Partnerships and coordination within and among different organizations are crucial. HHSC is the umbrella agency with responsibility for oversight of the coordination and operation of the health and human service agencies and serves as the state Medicaid Agency for Texas.

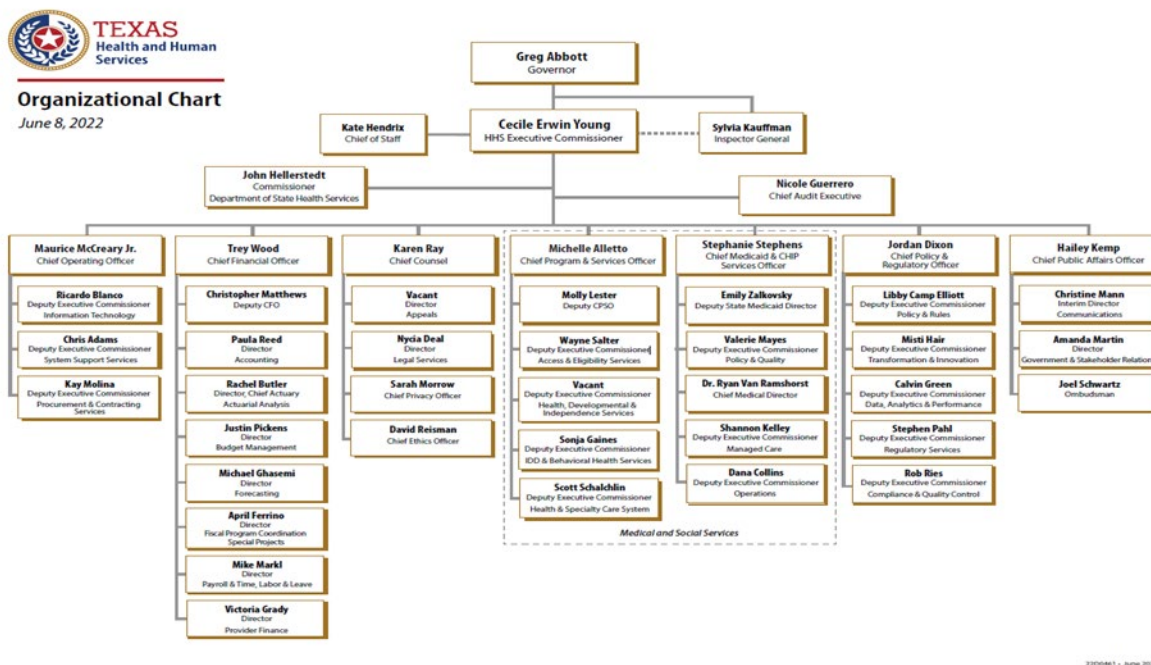
HHSC is designated as the SUA and is responsible for administering programs under the OAA. HHSC contracts with the umbrella agencies of the AAAs (Council of Governments, development councils, and a non-profit organization and city government) to provide services in all 254 Texas counties. OAA funding is allocated to AAAs through a federally approved intrastate funding formula (see Attachment C). Services for each region are based on the needs of older adults in their service regions. AAAs use federal, state and local resources to provide access and assistance, nutrition and supportive services.

In addition to the OAA funded services, HHSC provides long-term services and supports to older Texans and individuals with disabilities. The array of services includes Medicaid community-based and institutional services, Medicaid waivers, non-Medicaid community-based services and state-funded services.

SUA functions are supported by numerous divisions throughout HHSC and through contracts with AAAs.

The following organizational charts describe the relationship of the SUA in HHSC, the umbrella agency for Health and Human Services system in Texas, and the functional areas in HHSC that fulfill the responsibilities of the SUA.

Figure 2. HHSC Organizational Chart



Health and Human Services Commission

HHSC Executive Commissioner reports to the Governor of Texas. The Chief of Staff and the Chief Deputy Executive Commissioner report directly to the HHSC Executive Commissioner. The Office and the Office program report to the Chief Deputy Executive Commissioner.

HHSC Executive Council

HHSC Executive Council receives public input and advises the HHSC Executive Commissioner regarding the operation of the commission. The Executive Council reviews policies related to the operation of the Health and Human Service system and its programs. The Executive Council seeks and receives public comment on:

- Proposed rules;
- Recommendations of advisory committees;
- Legislative appropriations request or other documents related to the appropriations process;
- The operation of Health and Human Service programs; and
- Items the Executive Commissioner determines appropriate.

Legal Services

The Legal Services Division develops and approves contracts, contract amendments and memoranda of understanding for the SUA for signature. This includes review of statutory authority and relevance to other statutes and requirements that impact the operations of the SUA. Additionally, the division consults with program staff responsible for administering the contracts in compliance with federal and state requirements.

Office of the State Long Term Care Ombudsman

The Office of the State Long Term Care Ombudsman advocates for quality of life and care for residents of NFs and assisted living facilities. Long-term care ombudsmen identify, investigate and work to resolve complaints made by, or on behalf of, residents of these facilities. The Office also provides individuals and their caregivers with information and assistance in choosing a long-term care setting. Long-term care ombudsmen are trained and certified by HHSC. The local AAA or the local AAA's subrecipient supervises the long-term care ombudsmen.

Long-term care ombudsmen provide other services to help protect health, safety, welfare and rights of residents. Examples of other services include educating the public about resident rights, training facility staff on resident rights, providing advice and consultation to residents to empower them to self-advocate, providing consultation to residents to empower them to self-advocate, providing consultation to facilities for systems improvements such as person-directed care, supporting development of resident and family councils in facilities, and representing the interests of residents to influence resident-directed policies.

Communications Office

The HHSC Communications Office is responsible for developing and implementing the agency's mass communications strategy. Communications staff provides translation services; publication design; video production; web and handbook production; and web administration. The Communications Office comprises three sections – Media Services, Multimedia Services and Web and Handbook Services.

- Media Services section staff writes, designs, edits and coordinates the printing of agency publications, including brochures, booklets, posters, displays, proclamations and some agency reports.
 - The video production team is responsible for audio, video and broadcast-quality products, including training videos, radio and television public service announcements, internal video presentations and non-technical video conference support.
- The Multimedia Services section provides written Spanish translation services and manages the agency's main Internet site and the HHSC View intranet site.
 - Language Services staff translates and proofreads written materials from English to Spanish and vice versa. They also coordinate the translation of documents written in languages other than Spanish.

- The Web and Handbook Services section produces and maintains more than 60 agency online handbooks and more than 1,000 agency forms.
- The web administration team designs agency websites and develops dynamic interfaces with various databases that are accessed via the Internet site T provide advice to HHSC staff about the design of internal web pages maintained by other divisions of the agency. Members of the web administration team also advise agency staff on compliance with state and industry standards for accessibility and usability of web pages.

Financial Services

HHSC uses a variety of means to ensure appropriated funds are used appropriately. Fund accounting codes, factors and the HHSC Cost Allocation plan are the primary means to allocate and control expenditures. Program activity codes and factors are established to accurately track and report expenditures according to funding restrictions and requirements of the funding source.

Federal reporting is performed by the cognizant agency with responsibility for the federal funds received. As the agency with authority to expend funds allocated by the ACL, HHSC is responsible for federal funds reporting.

Aging Services Coordination

The ASC office creates opportunities for people, communities and businesses to engage in activities and programs that enrich and improve the quality of life for older Texans. Through health and wellness programs, social engagement opportunities and collaborative partnerships, including the Age Well Live Well initiative, the key functions of the ASC office include:

- Developing community projects that support the HHSC strategic goals and grow local capacity to service older Texans.
- Enhancing existing HHSC and local programs and services through collaborative partnerships and programs.
- Researching and reporting on the issues and needs of older Texans through the HHSC Aging Texas Well initiative and the Aging Texas Well Advisory Committee.
- Sharing valuable information with the public about what the HHSC and the states older adults' service network provides for older Texans and their families.

Medical and Social Services Division

The Medical and Social Services organizational structure establishes a foundation for continuous system improvement and brings together a diverse range of programs and functions that comprise departments to set the stage to better coordinate access points and oversee service delivery. The Medical and Social Services determines client eligibility serving as the entry point for services and providing information regarding access to services; oversees or provides client

services, including aging services, veteran services, community care, women's primary and preventative services, awareness and education services, behavioral health services, intellectual and developmental disability services, and rehabilitation services and supports; and develops policy, oversees provider and health plan contracts, and submits Medicaid State Plan amendments and waivers to the federal Centers for Medicare and Medicaid Services.

Medical and Social Services

The Medical and Social Services develops, coordinates and implements HHSC agency-wide policy initiatives. Medical and Social Services also coordinates HHSC activities with HHSC. Key functions include:

- Overseeing complex rule-making processes.
- Facilitating stakeholder input and providing planning and project management for policy-related initiatives.
- Conducting research and providing project management on initiatives related to HHSC populations and services.
- Serving as a resource for developing and managing discretionary grants.
- Disseminating quality improvement information through technical assistance on evidence-based best practices.
- Conducting large-scale outcome and satisfaction surveys of recipients of institutional and community services.
- Ensuring agency policy development is consistent with HHSC mission and vision and is coordinated with internal and external partners and stakeholders.
- Serving as an expert resource to internal and external partners and stakeholders.
- Serving as an expert resource to internal and external partners and stakeholders.
- Administers and performs statistical analysis of the Long-Term Services and Supports Quality Review survey results.
- Maintains a group of public websites including the Quality Reporting System, Facility Information, Vacancy, and Evacuation System, QMVisit Database, Relocation Database, Medication Administration Records Database, and Medically Dependent Children Program Database.
- Supports the reporting and analytics of data regarding individuals in receipt of long-term care services and supports housed within in the Quality Assurance and Improvement Data Mart.

The Medical and Social Services is comprised of four departments:

1. Health, Developmental & Independence Services
2. Intellectual Developmental Disability & Behavioral Health Services
3. Medicaid and CHIP Services
4. Access and Eligibility Services

Access and Eligibility Services

The AES provides a foundation for a gradual integration and improvement that leads to a streamlined process and increased coordination. The services provided by this department are critical and complex, requiring a structure that serves as the foundation for gradual integration and improvement. The department is composed of six sections:

- **Disability Determination Services:** makes disability determinations for Texans with severe disabilities who apply for Social Security Disability Insurance or Supplemental Security Income.
- **Eligibility Operations:** determines eligibility for programs such as Medicaid, CHIP, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, and Healthy Texas Women.
- **Community Access:** provides information, application assistance and referral services for programs and services critical to individuals and families in need.

Office of Area Agencies on Aging

To ensure state and federal mandates are met, OAAA supports the primary functions of the SUA and is responsible for the allocation of funds and administration of OAA programs and services. The section also provides fiscal oversight of state funds for programs administered by the Corporation for National and Community Services. These programs include the Retired and Senior Volunteer Program, the Senior Companion Program, and the Foster Grandparent Program, offering volunteer opportunities for older individuals. OAAA section facilitates the development of the State Plan, programmatic and fiscal oversight, disaster preparedness support, area plan approval, performance reporting, monitoring for federal grants management requirements, and training and technical assistance for AAAs. The State Health Insurance Assistance Program and the ACL- State Health Insurance Assistance Program basic grant are located within the OAAA section.

In addition, OAAA facilitates the development of the State Plan, programmatic and fiscal oversight, disaster preparedness support, area plan approval, performance reporting, monitoring for federal grants management requirements, and training and technical assistance for AAAs. The State Health Insurance Assistance Program, ACL, and the Medicare Improvements for Patients and Providers Act grants are located within the OAAA section.

Office of Aging and Disability Resource Centers

The Office of Aging and Disability Resource Centers administers the ADRC program through 22 contracts with governmental and non-profit organizations throughout the state, ensuring full service to all 254 Texas counties.

Texas Area Agencies on Aging

Within each of the 28 planning and service areas, AAAs plan, coordinate and advocate for a comprehensive service delivery system addressing older Texans short- and long-term needs. AAAs work with federal, state and local officials, local citizen advisory councils, senior constituents, the private/voluntary sector and service providers to develop community-based services.

Based on the local needs of older individuals in the AAAs' service regions and as identified in their area plans, AAAs provide nutrition, in-home, and other support services, as well as services specifically targeted for informal caregivers. A primary function for AAAs is providing access and assistance services to assist older individuals, their family members and other caregivers receive the information and help they need to obtain community services, public and private, formal and informal. They serve as visible advocates for older individuals and act as catalysts for change to meet the needs of their target populations. See Attachment G for a list of AAA offices.

In addition, the AAAs provide a number of evidence-based intervention programs, including Care Transitions. The Care Transitions program promotes self-identified personal goals around symptom management and functional recovery in the care transition from hospital to home and to reduce hospital admissions. In 2017, five AAAs participated in this program: Central Texas, Deep East Texas, Lower Rio Grande, North Central Texas, and Tarrant County. See Attachment H for a list of HHSC approved evidence-based intervention programs and a matrix showing the evidence-based intervention programs provided by each AAA.

AAAs, through contracts and vendor agreements with service providers across the state, provide services using flexible procurement methods. AAAs target those services to people in greatest social and economic need. Programs in the service network for older adults are distinguished by their ability to target populations most in need and to serve people who require short-term supports and interventions. Target groups of special interest include people who have low-income, of racial and ethnic minority, live in rural areas, have frail health, have physical or mental disabilities, have language barriers, are at risk for institutionalization, and those with the greatest social need (i.e., a combination of many of the characteristics listed above). To ensure targeting criteria are met, services such as home-delivered meals and in-home services are limited to people with certain functional limitations. Functional limitations are determined through thorough screening and assessment.

Texas Aging and Disability Resource Centers

The ADRCs support the Texas "No Wrong Door" system and serve as key points of access for people seeking specialized information, referral, and assistance for LTSS options in their communities. People seeking assistance may call a statewide toll-free number that will connect them to their local ADRC, or they can access the

YourTexasBenefits.com website through which they can self-screen for services using an automated version of the LTSS Screen.

ADRCs provide person-centered services to people and caregivers, regardless of age, income, and disability. In addition to providing specialized LTSS information, referrals, and assistance, ADRCs perform additional core services, including:

- Referral to Respite Care services – ADRCs provide referrals to other community providers for respite care services. Respite care supports families caring for a person of any age with a chronic health condition or a disability. Respite allows caregivers to take a break while a provider cares for their loved one.
- Local Contact Agency functions – As the Local Contact Agency, ADRCs provide transition planning and person-centered options counseling to assist non-Medicaid NF residents who need assistance transitioning into community living.
- Housing Navigation activities – ADRC Housing Navigators focus their efforts on opportunities to increase accessible, integrated and affordable housing in their communities. They maintain inventories of available housing in their areas, participate in local coalitions that advocate for affordable housing, and develop and maintain working relationships with key stakeholders, including housing authorities, property owners, developers, and state and local lawmakers.
- Outreach and education activities under the Medicare Improvements for Patients and Providers Act - ADRCs facilitate and participate in community events to provide outreach and education to Medicare beneficiaries with limited incomes who may be eligible for the Low-Income Subsidy program, Medicare Savings Program, and Medicare Prescription Drug Coverage (Part D).
- Pilot programs and local initiatives that target underserved populations – ADRCs also may provide other programs or services that are unique to their communities. For example, ADRCs in communities with a high number of military personnel and veterans have implemented programs to provide specialized assistance to these populations. Other local initiatives target Native Americans, refugees, and non-English speaking populations.
- Money Follows the Person Program (funding extended to 2023) supports efforts to help transition people who wish to leave a nursing home or other institution and return to the community. The state also provides transition assistance services for Medicaid eligible nursing facility residents through managed care and the Home and Community Based Services waiver program as funding allows. Each project receiving funding has an approved plan for maintaining sustainability after funding ends.

Access and Assistance Services Provided through AAAs

Access and assistance services provided by AAAs (directly and through contractor and vendor agreements) help older adults, their family members and/or other caregivers receive the information and assistance they need to get community

services, public and private, formal and informal. Access and assistance services provided by the service network for older adults include information, referral, and assistance; legal assistance (including benefits counseling) for adults age 60 and over and for Medicare beneficiaries under age 60; legal awareness; care coordination; participant assessment; ombudsman services; caregiver information services; caregiver education and training, and caregiver support coordination.

Senior Community Service Employment Program

The Senior Community Service Employment Program (SCSEP), authorized under Title V of the OAA, provides training and employment services to unemployed low-income people age 55 and older to help them secure unsubsidized employment in the public and private sectors. Program participants earn a minimum wage while they learn new job skills and improve existing skills through paid, part-time community service assignments at nonprofit organizations and government agencies.

The Texas Workforce Commission (TWC) administers the SCSEP program, primarily in rural communities. TWC maintains relationships with the local AAAs to coordinate services and make appropriate referrals to ensure SCSEP participants have access to other OAA programs provided by the AAAs. TWC also shares information and resources related to senior health, support services, and older job seekers at Aging Texas Well Advisory Committee meetings and attends AAA quarterly meetings when feasible.

Attachment F – HHSC Continuum of Long-Term Services and Supports

LTSS are provided to adults age 65 and older and people of all ages with physical, intellectual or developmental disabilities who require nursing care or need help with tasks of daily living. Medicaid covers LTSS through the Texas state plan and through waiver programs. The services may be delivered through managed care, fee-for-service, or both.

The types of LTSS are largely related to where the services are delivered. LTSS may be provided in long-term care facilities, in community settings or within the person's home. The goal is to ensure seamless access to services and supports in the most appropriate, least restrictive settings.

Consumer Directed Service Option

The Consumer Directed Service option provides a person or guardian the choice of becoming the employer of the person delivering attendant services to the recipient. The employer selects a financial management services agency that performs payroll functions on behalf of the employer. This option is available in a variety of HHSC programs.

The Consumer Directed Service option is available in these Medicaid LTSS programs:

- Community Attendant Services;
- Community Living Assistance and Support Services;
- Consumer Managed Personal Attendant Services;
- Deaf-Blind with Multiple Disabilities;
- Family Care;
- Home and Community-based Services;
- Primary Home Care;
- State of Texas Access Reform (STAR) Health;
- STAR Health Medically Dependent Children Program;
- STAR Kids;
- STAR Kids Medically Dependent Children Program;
- State of Texas Access Reform Plus (STAR+PLUS);
- STAR+PLUS Home and Community-based Services; and

Texas Home Living.

Home and Community-Based Services-Adult Mental Health

Overview

The Home and Community-Based Services-Adult Mental Health is a 1915(i) Medicaid program that provides specialized supports to adults with serious mental illness (SMI).

The Home and Community-Based Services-Adult Mental Health program provides an array of home and community-based services to adults with SMI. The program services adults age 18 years and above and a proportion (14 percent) of recipients are 60 years of age or older. The services are designed to support long-term recovery from mental illness and are tailored to match each person's needs. This helps the person to live and experience successful tenure in their chosen community. In fiscal year 2019, 32 adults age 60 and older were served by the HCBS-AMH program providing services for adults living in the community with serious mental illness and history of long-term psychiatric hospitalization, frequent arrests or frequent hospital emergency room utilization.

The data source is the IDEAS data base and involves stratifying data via filters. The number served in fiscal year 2019 includes all recipients who were enrolled in or before FY2019 and received services in fiscal year 2019. Recipients enrolled in FY16-18 whose services were discontinued before fiscal year 2019 have been excluded.

The flexible array of services offered by the program is designed to meet a person's needs that are not addressed by other means and to assist in the person's recovery. The goal of the program is to enable people to live and experience successful tenure in their community of choice and improve their quality of life and functioning. Services include, but are not limited to recovery management, housing related services, and employment services.

STAR+PLUS Program

The STAR+PLUS program combines acute care and LTSS, such as assisting in a member's home with ADLs, home modifications, respite (short-term supervision) and personal assistance services. These services are delivered through providers contracted with managed care organizations (MCO). The STAR+PLUS program provides a continuum of care with a wide range of options and increased flexibility to meet the member's needs. The program has increased the number and types of providers available to Medicaid members.

Service coordination, available to all members, is the main feature of the STAR+PLUS program. It is a specialized case management service for program members who need or request it. Service coordination ensures that plan members, family members, and providers can work together to help members get acute care, LTSS, Medicare services for dually-eligible members and other community support services.

Day Activity and Health Services

All members of a STAR+PLUS MCO may receive medically and functionally necessary Day Activity and Health Services (DAHS). DAHS includes nursing and personal assistance services, therapy extension services, nutrition services, transportation services and other supportive services provided at facilities licensed by the state.

Personal Assistance Services

All members may receive medically and functionally necessary Personal Assistance Services. Personal Assistance Services includes assisting the member with the performance of ADLs and household chores necessary to maintain the home in a clean, sanitary and safe environment. The level of assistance provided is determined by the member's needs and the plan of care.

STAR+PLUS Home and Community Based Services

The STAR+PLUS Home and Community Based Services program is a managed care program delivered through the Texas 1115 Health-care Transformation Waiver that provides a cost-effective alternative to living in a nursing facility for adults age 21 and older who have disabilities and adults age 65 or older.

People enrolled in the program receive all services through their STAR+PLUS Managed Care Organizations. Services offered include, but are not limited to:

- Personal Assistance Service
- Respite
- Financial Management Services
- Support Consultation
- Adaptive Aids and Medical Supplies
- Adult Foster Care
- Assisted Living
- Dental Services
- Emergency Response Services
- Home Delivered Meals
- Minor Home Modifications
- Nursing
- Occupational Therapy
- Physical Therapy
- Speech, Hearing, and Language Therapy
- Transition Assistance Services
- Cognitive Rehabilitation Therapy
- Supported Employment Services
- Employment Assistance Services

Table 12 STAR+PLUS Member Enrollment - Fiscal Year 2019

STAR+PLUS HCBS	DAHS	PAS
68,554	32,886	129,638

Texas Medicaid State Plan

Community Attendant Services

Community attendant services in a nontechnical, medically related personal care service. Community attendant services are available to eligible adults and children whose health problems cause them to be functionally limited in performing ADLs according to a practitioner’s statement of medical need. Services are provided by an attendant and include accompanying recipients on trips to medical appointments, assistance with housekeeping activities that support the person’s health and safety, and assistance with activities related to the care of the person’s physical health.

Community First Choice

Community First Choice is a state plan option that provides certain services and supports to people living in the community who are enrolled in the Medicaid program and meet CFC eligibility requirements. Services and supports may include:

- Assistance with ADLs (eating, toileting, and grooming), activities related to living independently in the community, and health-related tasks (personal assistance services);
- Acquisition, maintenance, and enhancement of skills necessary for people to care for themselves and to live independently in the community (habilitation);
- providing a backup system or ways to ensure continuity of services and supports (emergency response services); and
- training people on how to select, manage and dismiss their own attendants (support management).

In Texas, Community First Choice may be available to people enrolled in Medicaid, including those served by:

- 1915(c) waiver programs;
- Medicaid managed care; and
- Personal care services for children.

Day Activity and Health Services

Day Activity and Health Services facilities provide daytime services Monday through Friday to people living in the community to provide an alternative to placement in nursing facilities or other institutions. Services are designed to address the person’s physical, mental, medical and social needs. Services include noon meal and snacks,

nursing and personal care, physical rehabilitation, social, educational, and recreational activities, and transportation.

Texas Title XX Community Services and Supports

Adult Foster Care

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

Consumer Managed Personal Attendant Service Program

Consumer Managed Personal Attendant Services are provided to people with physical disabilities who are mentally competent and willing to supervise their attendant or who have someone who can provide that supervision. Recipients interview, select, train, supervise and release their own personal attendants. Licensed personal assistance service agencies determine, eligibility and the amount of care needed and develop a pool of potential personal attendants.

Day Activity and Health Services

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

Emergency Response Services

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

Family Care

Family Care is non-skilled, non-technical attendant care services available to eligible adults who are functionally limited in performing ADL. Primary home care provider agencies have the option of providing family care services. Family Care services are provided by an attendant and do not require the supervision of a registered nurse.

Home-Delivered Meals

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

Residential Care

Residential care services are provided to individuals who require round-the-clock access to services, but who do not need daily nursing intervention. Care is provided in HHSC-licensed assisted living facilities.

Special Services for Persons with Disabilities

Through this program, HHSC contracts with public or private agencies to provide services to help people with disabilities achieve habilitative or rehabilitative goals that encourage maximum independence.

Waiver Programs for Individuals with Intellectual and Developmental Disabilities

Medicaid 1915(c) waiver programs are designed to provide home and community-based services to people with intellectual and developmental disabilities, or related conditions, as an alternative to placement in an ICF/IID.

Community Living Assistance and Support Services

The Community Living Assistance and Support Services program provides home and community-based services to people who have a related condition diagnosis which qualifies them for placement in an intermediate care facility for individuals with an intellectual disability or related condition. A related condition is a disability other than an intellectual or developmental disability, which originates before age 22 and which substantially limits life activity. Services include adaptive aids and medical supplies, case management, habilitation, minor home modifications, nursing services, occupational and physical therapy, psychological services, respite, specialized therapies, speech pathology, and transition assistance.

Deaf-Blind with Multiple Disabilities

The Deaf Blind with Multiple Disabilities (DBMD) program provides community-based services for people who are deaf and blind and also have a third disability (e.g., an intellectual disability), as an alternative to institutional care in an intermediate care facility for individuals with an intellectual disability or related condition. Services include adaptive aids and medical supplies, assisted living,

behavior communication services, case management, chore provider, environmental accessibility, habilitation, intervener, nursing services, occupational therapy, physical therapy, orientation and mobility, respite, speech therapy, and transition assistance.

Home and Community-based Services

The Home and Community-based Services program provides community-based services to people with intellectual disabilities, as an alternative to institutional care in an intermediate care facility for people with an intellectual disability or related condition. Services include case management, residential assistance, supported employment, day habilitation, respite, dental treatment, adaptive aids, minor home modifications and specialized therapies such as social work, psychology, occupational therapy, physical therapy, audiology, speech/language pathology, dietary services and licensed nursing services.

Texas Home Living

The Texas Home Living program provides community-based services to current Medicaid recipients with intellectual disabilities or related conditions, as an alternative to an intermediate care facility for people with an intellectual disability or related condition. Service components are divided into two categories: the community living service category, and the technical and professional supports services category. The community living service category includes community support, day habilitation, employment assistance, supported employment, and respite services. The technical and professional supports services category includes skilled nursing, behavioral support, adaptive aids, minor home modifications, dental treatment, and specialized therapies.

Attachment G – Texas Area Agencies on Aging

Area Agency on Aging of the Alamo Area

2700 NE Loop 410, Suite 101, San Antonio, Texas 78217-6228

Ph: (210) 362-5561 Toll Free 1-866-231-4922

Director: Jo Ann Tobias-Molina

Alamo Area Council of Governments Executive Director: Diane D. Rath

Counties served: Atascosa, Bandera, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, McMullen, Medina, Wilson

Area Agency on Aging of Ark-Tex

4808 Elizabeth St., Texarkana, Texas 75503-2910

P.O. Box 5307, Texarkana, Texas 75505-5307

Ph: (903) 832-9636 Toll Free 1-800-372-4464

Director: Lisa Reeve

Ark-Tex Council of Governments Executive Director: Chris Brown

Counties served: Bowie, Cass, Delta, Franklin, Hopkins, Lamar, Morris, Red River, Titus

Area Agency on Aging of Bexar County

2700 NE Loop 410, Suite 101, San Antonio, Texas 78217-6228

Ph: (210) 477-3275 Toll Free 1-866-231-4922

Director: Jo Ann Tobias-Molina

Alamo Area Council of Governments Executive Director: Diane D. Rath

Counties served: Bexar

Area Agency on Aging of Brazos Valley

3991 E. 29th, Bryan, Texas 77802

P.O. Box 4128, Bryan, Texas 77805-4128

Ph: (979) 595-2806 Toll Free 1-800-994-4000

Director: Stacey Urbanczyk

Brazos Valley Council of Governments Executive Director: Mike Parks

Counties served: Brazos, Burleson, Grimes, Leon, Madison, Robertson, Washington

Area Agency on Aging of the Capital Area

6800 Burleson Road, Building 310, Suite 165, Austin, Texas 78744-2306

Ph: (512) 916-6062 Toll Free 1-888-622-9111

Director: Patricia Bordie

Capital Area Council of Governments Executive Director: Betty Voights

Counties served: Bastrop, Blanco, Burnett, Caldwell, Fayette, Hays, Lee, Llano, Travis, Williamson

Area Agency on Aging on Aging of Central Texas

2180 North Main Street, Belton, Texas 76513-1919

P.O. Box 729, Belton, Texas 76513

Ph: (254) 770-2330 Toll Free 1-800-447-7169

Director: George Losoya

Central Texas Council of Governments Executive Director: Jim Reed

Counties served: Bell, Coryell, Hamilton, Lampasas, Milam, Mills, San Saba

Area Agency on Aging of the Coastal Bend

2910 Leopard, Corpus Christi, Texas 78408-3614

P.O. Box 9909, corpus Christi, Texas 78649

Ph: (361) 232-5146 Toll Free 1-800-252-9240

Director: Viola Monrreal

Coastal Bend Council of Governments Executive Director: John P. Buckner

Counties served: Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, Nueces, Refugio, San Patricio

Area Agency on Aging of Concho Valley

2801 W. Loop 306, Suite A, San Angelo, Texas 76904-6502

P.O. Box 60050, San Angelo, Texas 76906

Ph: (325) 223-5704 Toll Free 1-877-944-9666

Director: Toni Perales Roberts

Concho Valley Council of Governments Executive Director: John Austin Stokes

Counties served: Coke, Concho, Crockett, Irion, Kimble, Mason, McCulloch, Menard, Reagan, Schleicher, Sterling, Sutton, Tom Green

Area Agency on Aging of Dallas County

1341 W. Mockingbird Lane, Suite 1000W, Dallas, Texas 75247-4033

Ph: (214) 871-5065 Toll Free 1-800-252-9240

Director: Doris Soler

Community Council of Greater Dallas Executive Director: Ken Goodgames

Counties served: Dallas

Area Agency on Aging of Deep East Texas

1405 Kurth Drive, Lufkin, Texas 75904-1929

Ph: (409) 384-7614 Toll Free 1-800-256-6848

Director: Holly Anderson

Deep East Texas Council of Governments Executive Director: Lonnie Hunt

Counties served: Angelina, Houston, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler

Area Agency on Aging of East Texas

3800 Stone Road, Kilgore, Texas 75662-6927

Ph: (903) 218-6500 Toll Free 1-800-442-8845

Director: Bettye Mitchell

East Texas Council of Governments Executive Director: David Cleveland

Counties served: Anderson, Camp, Cherokee, Gregg, Harrison, Henderson, Marion, Panola, Rains, Rusk, Smith, Upshur, Van Zandt, Wood

Area Agency on Aging of the Golden Crescent Region

1908 N. Laurent, Suite 600, Victoria, Texas 77901

Ph: (361) 578-1587 Toll Free 1-800-252-9240

Director: Cindy Cornish

Golden Crescent Regional Planning Commission Executive Director: Michael Ada

Counties served: Calhoun, DeWitt, Goliad, Gonzales, Jackson, Lavaca, Victoria

Area Agency on Aging of Harris County

8000 North Stadium Drive, 3rd Floor, Houston, Texas 77054-1823

Ph: (832) 393-4301 Toll Free 1-800-213-8471

Director: Paula Johnson

Houston Department of Health and Human Services Executive Director: Stephen Williams

Counties served: Harris

Area Agency on Aging of the Heart of Texas

1514 S. New Road, Waco, Texas 76711-1316

Ph: (254) 292-1800

Director: Gary Luft

Heart of Texas Council of Governments Executive Director: Russell Devorsky

Counties served: Bosque, Falls, Freestone, Hill, Limestone, McLennan

Area Agency on Aging of Houston-Galveston

3555 Timmons Ln., Suite 120, Houston, Texas 77027-6468

P.O. Box 22777, Houston Texas 77227-2777

Ph: (713) 627-3200 Toll Free 1-800-437-7396

Director: Curtis M. Cooper

Houston-Galveston Area Council Executive Director: Chuck Wemple

Counties served: Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton

Area Agency on Aging of the Lower Rio Grande Valley

301 West Railroad Street, Weslaco, Texas 78596

Ph: (956) 682-3481 Toll Free 1-800-365-6131

Director: Jose L. Gonzalez

Lower Rio Grande Valley Development Council Executive Director: Manuel Cruz

Counties served: Cameron, Hidalgo, Willacy

Area Agency on Aging of the Middle Rio Grande Area

307 W. Nopal Street, Carrizo Springs, Texas 78834-3211

Ph: (830) 757-6122 Toll Free 1-800-224-4262

Director: Sophia Sifuentes

Middle Rio Grande Development Council Executive Director: Nick Gallegos

Counties served: Dimmit, Edwards, Kinney, LaSalle, Maverick, Real, Uvalde, Val Verde, Zavala

Area Agency on Aging of North Central Texas

616 Six Flags Drive, Arlington, Texas 76011-6317

P.O. Box 5888, Arlington, Texas 76005-5888

Ph: 1-800-272-3921

Director: Doni Green

North Central Texas Council of Governments Executive Director: Mike Eastland

Counties served: Collin, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Wise

Area Agency on Aging of North Texas

4309 Jacksboro Hwy., Suite 2, Wichita Falls, Texas 76302-2740

Ph: (940) 322-5281 Toll Free 1-800-460-2226

Director: Rhonda K. Pogue

Nortex Regional Planning Commission Executive Director: Dennis Wilde

Counties served: Archer, Baylor, Clay, Cottle, Foard, Hardemen, Jack, Montague, Wichita, Wilbarger, Young

Area Agency on Aging of the Panhandle Area

415 South West 8th, Amarillo, Texas 79101-2215

P.O. Box 9257, Amarillo, Texas 79105-9257

Ph: (806) 331-2227 Toll Free 1-800-642-6008

Director: Melissa Carter

Panhandle Regional Planning Commission Executive Director: Kyle Ingham

Counties served: Armstrong, Briscoe, Carson, Castro, Childress, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Wheeler

Area Agency on Aging of the Permian Basin

2910 Laforce Blvd., Midland, Texas 79711-0660

P.O. Box 60660, Midland, Texas 79711

Ph: (432) 563-1061 Toll Free 1-800-491-4636

Director: Alma Montes

Permian Basin Regional Planning Commission Executive Director: Virginia Belew

Counties served: Andrews, Borden, Crane, Dawson, Ector, Gaines, Glasscock, Howard, Loving, Martin, Midland, Pecos, Reeves, Terrell, Upton, Ward, Winkler

Area Agency on Aging of the Rio Grande Area

8037 Lockheed, Suite 100, El Paso, Texas 79925

Ph: (915) 533-0998 Toll Free 1-800-333-7082

Director: Yvette Lugo

Rio Grande Council of Governments Executive Director: Annette Gutierrez

Counties served: Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio

Area Agency on Aging of Southeast Texas

2210 Eastex Freeway, Beaumont, Texas 77703-4929

Ph: (409) 924-3381 Toll Free 1-800-395-5465

Director: Colleen Halliburton

South East Texas Regional Planning Commission Executive Director: Shaun Davis

Counties served: Hardin, Jasper, Jefferson, Orange

Area Agency on Aging of South Plains

1323 58th Street, Lubbock, Texas 79412-3030

P.O. Box 3730/Freedom Station, Lubbock, Texas 79452

Ph: (806) 687-0940 Toll Free 1-888-418-6564

Director: Liz Castro

South Plains Association of Governments Executive Director: Tim C. Peirce

Counties served: Baily, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, King, Lamb, Lubbock, Lynn, Motley, Terry, Yoakum

Area Agency on Aging of South Texas

1002 Dicky Lane, Laredo, Texas 78043-4237

P.O. Box 2187, Laredo, Texas 78044-2187

Ph: (956) 722-3995 Toll Free 1-800-292-5426

Director: Nancy Rodriquez

South Texas Development Council Executive Director: Robert Mediola

Counties served: Jim Hogg, Starr, Webb, Zapata

Area Agency on Aging of Tarrant County

1500 N. Main Street, Suite 200, Fort Worth, Texas 76164-0448

P.O. Box 4448, Fort Worth, Texas 76164-0448

Ph: (817) 258-8000 Toll Free 1-877-730-2372

Director: Jeff Allison

United Way Metropolitan Tarrant County Executive Director: Shakita Johnsonrd

Counties served: Tarrant

Area Agency on Aging of Texoma

1117 Gallagher, Suite 200, Sherman, Texas 75090-3107

Ph: (903) 813-3505 Toll Free 1-800-677-8264

Director: Cara Lavender

Texoma Council of Governments Executive Director: Eric Bridges

Counties served: Cooke, Fannin, Grayson

Area Agency on Aging of West Central Texas

3702 Loop 322, Abilene, Texas 79602-7300

Ph: (325) 793-8417 Toll Free 1-800-928-2262

Director: Christal Martin

West Central Texas Council of Governments Executive Director: Tom K. Smith

Counties served: Brown, Callahan, Coleman, Comanche, Eastland, Fisher, Haskell, Jones, Kent, Know, Mitchell, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton

Attachment H – Texas Aging and Disability Resources Centers

Alamo Aging and Disability Resource Center

206 Schreiner Street

Kerrville, Texas 78028

Ph: (210) 477-3275 Toll Free 1-866-231-4922

Director: Jo Ann Tobias-Molina

Alamo Area Council of Governments Executive Director: Diane Rath

Counties Served: Atascosa, Bandera, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, McMullen, Medina, and Wilson

Ark-Tex Aging and Disability Resource Center

2435 College Drive

Texarkana, TX 75501

Phone: (903) 255-1230 Toll Free: 1-855-937-2372

Director: Chelsey Knowles

Sabine Valley Regional MHMR Center dba Community Health Core: Inman White
Counties served: Bowie, Cass, Delta, Franklin, Hopkins, Lamar, Morris, Red River, and Titus

Bexar County Aging and Disability Resource Center

2700 NE Loop 410

Suite 101

San Antonio, TX 78217

Phone: (210) 477-3275 Toll Free: 1-855-937-2372

Director: Jo Ann Tobias-Molina

Alamo Area Council of Governments Executive Director: Diane Rath

County served: Bexar

Brazos Valley Aging and Disability Resource Center

3991 E. 29th St.

Bryan, TX 77802

Phone: (979) 595-2831 Toll Free: 1-855-937-2372

Director: Stacey Urbancyk

Brazos Valley Council of Governments Executive Director: Michael Parks

Counties served: Brazos, Burleson, Grimes, Leon, Madison, Robertson, and Washington

Capital Area Aging and Disability Resource Center

6800 Burleson Road

Bldg. 310, Suite 165

Austin, TX 78744

Toll Free: 1-855-937-2372

Director: Patricia Bordie

Capital Area of Council Governments: Betty Voights

Counties served: Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, and Williamson

Central Texas Aging and Disability Resource Center

2180 N. Main St.

Belton, TX 76513

Phone: (254) 770-2361 Toll Free: 1-855-937-2372

Director: George Losoya

Central Texas Council of Governments Executive Director: Jim Reed

Counties served: Bell, Coryell, Hamilton, Lampasas, Milam, Mills, and San Saba

Coastal Bend Aging and Disability Resource Center

2910 Leopard St.

Corpus Christi, TX 78408

Phone: (361) 883-3935 Toll Free: 1-855-937-2372

Director: Viola Monrreal

Coastal Bend Council of Governments Executive Director: John P. Buckner

Counties served: Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, Nueces, Refugio, and San Patricio

Concho Valley Aging and Disability Resource Center

2801 W. Loop 306

Suite A

San Angelo, TX 76904

Phone: (325) 944-9666 Toll Free: 1-855-937-2372

Director: Toni Perales Roberts

Concho Valley Council of Governments Executive Director: John Austin Strokes

Counties served: Coke, Concho, Crockett, Irion, Kimble, Mason, McCulloch, Menard, Reagan, Schleicher, Sterling, Sutton, and Tom Green

Dallas Aging and Disability Resource Center

1345 River Bend Drive

Suite 200

Dallas, TX 75247

Phone: 1-888-743-1202 Toll Free: 1-855-937-2372

Director: Sherry Chantharaj

Dallas Metrocare Services Chief Executive Officer: John Burruss

County served: Dallas

Deep East Texas Aging and Disability Resource Center

1405 Kurth Drive

Lufkin, TX 75904

Phone: (409) 381-5255 Toll Free: 1-855-937-2372

Director: Holly Anderson

Deep East Council of Governments Executive Director: Lonnie Hunt
Counties served: Angelina, Houston, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, and Tyler

East Texas Aging and Disability Resource Center

501 Pine Tree Road
Longview, TX 75604
Phone: (903) 295-5922 Toll Free: 1-855-937-2372
Director: Chelsey Knowles
Sabine Valley Regional MHMR Center dba Community Health Core Executive
Director: Inman White
Counties served: Anderson, Camp, Cherokee, Gregg, Harrison, Henderson, Marion, Panola, Rains, Rusk, Smith, Upshur, Van Zandt, and Wood

Golden Crescent Aging and Disability Resource Center

1908 N. Laurent
Suite 600
Victoria, TX 77901
Phone: (361) 578-1587 Toll Free: 1-855-937-2372
Director: Cindy Cornish
Golden Crescent Regional Planning Commission Executive Director: Michael Ada
Counties served: Calhoun, DeWitt, Goliad, Gonzales, Jackson, Lavaca, and Victoria

Harris County Aging and Disability Resource Center

4802 Lockwood Dr.
Houston, TX 77026
Phone: (832) 393-5564 Toll Free: 1-855-937-2372
Director: Paula Johnson
Houston Health Department Director: Stephen L. Williams
County served: Harris

Heart of Texas Aging and Disability Resource Center

1514 South New Road
Waco, TX 76711
Phone: (254) 292-1855 Toll Free: 1-855-937-2372
Director: Gary Luft
Heart of Texas Council of Governments Executive Director: Russell Devorsky
Counties served: Bosque, Falls, Freestone, Hill, Limestone, and McLennan

Houston-Galveston Aging and Disability Resource Center

1111 Collins Road
Richmond, TX 77469
Phone: (832) 681-2635 Toll Free: 1-855-937-2372
Director: Curtis Cooper
Houston-Galveston Area of Council Executive Director: Chuck Wemple
Counties served: Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Liberty, Matagorda, Montgomery, Walker, Waller, and Wharton

Lower Rio Grande Valley Aging and Disability Resource Center

301 W. Railroad St.

Weslaco, TX 78596

Phone: (956) 412-0958 Toll Free: 1-855-937-2372

Director: Richard Flores

Lower Rio Grande Valley Development Council Executive Director: Manuel Cruz

Counties served: Cameron, Hidalgo, and Willacy

Middle Rio Grande Aging and Disability Resource Center

3406 Bob Rogers Drive

Eagle Pass, TX 78852

Phone: (830) 256-8174 Toll Free: 1-855-937-2372

Director: Juan Rodriguez

South Texas Development Council Executive Director: Robert Mendiola

Counties served: Dimmit, Edwards, Kinney, LaSalle, Maverick, Real, Uvalde, Val Verde, and Zavala

North Central Texas Aging and Disability Resource Center

616 Six Flags Drive

Arlington, TX 76011

Phone: 1-877-229-9084 Toll Free: 1-855-937-2372

Director: Doni Green

North Central Texas Council of Governments Executive Director: Mike Eastland

Counties served: Collin, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, and Wise

North Texas Aging and Disability Resource Center

4309 Jacksboro Highway

Suite 200

Wichita Falls, TX 76302

Phone: (940) 234-1644 Toll Free: 1-855-937-2372

Director: Renee Williams

Nortex Regional Planning Commission Executive Director: Dennis Wilde

Counties served: Archer, Baylor, Clay, Cottle, Foard, Hardeman, Jack, Montague, Wichita, Wilbarger, and Young

Panhandle Aging and Disability Resource Center

1323 58th Street

Lubbock, TX 79412

Phone: (806) 371-8557 Toll Free: 1-855-937-2372

Director: Liz Castro

South Plains Association of Governments Executive Director: Tim C. Pierce

Counties served: Armstrong, Briscoe, Carson, Castro, Childress, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, and Wheeler

Permian Basin Aging and Disability Resource Center

319 Runnels

Big Spring, TX 79720

Phone: 1-800-687-0135 Toll Free: 1-855-937-2372

Director: David Gutierrez

West Texas Centers for MHMR Chief Executive Officer: Shelley Smith

Counties served: Andrews, Borden, Crane, Dawson, Ector, Gaines, Glasscock, Howard, Loving, Martin, Midland, Pecos, Reeves, Terrell, Upton, Ward, and Winkler

Rio Grande Aging and Disability Resource Center

3210 Dyer Street

El Paso, TX 79930

Phone: (915) 298-7307 Toll Free: 1-855-937-2372

Director: Zaide Echegoyen

Project Amistad Chief Executive Officer: Andrea Ramirez

Counties served: Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, and Presidio

South East Texas Aging and Disability Resource Center

228 Durdin Drive

Silsbee, TX 77656

Phone: (409) 373-6776 Toll Free: 1-855-937-2372

Director: Holly Anderson

Deep East Texas Council of Governments Executive Director: Lonnie Hunt

Counties served: Hardin, Jasper, Jefferson, and Orange

South Plains Aging and Disability Resource Center

1323 58th Street

Lubbock, TX 79412

Phone: (806) 744-2657 Toll Free: 1-855-937-2372

Director: Liz Castro

South Plains Association of Governments Executive Director: Tim Pierce

Counties served: Bailey, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, King, Lamb, Lubbock, Lynn, Motley, Terry, and Yoakum

South Texas Aging and Disability Resource Center

1002 Dicky Lane

Laredo, TX 78044

Phone: (956) 729-1425 Toll Free: 1-855-937-2372

Director: Juan Rodriguez

South Texas Development Council Executive Director: Robert Mendiola

Counties served: Jim Hogg, Starr, Webb, and Zapata

Tarrant County Aging and Disability Resource Center

1300 Circle Drive

Fort Worth, TX 76119

Phone: 1-888-730-2372 Toll Free: 1-855-937-2372
Director: Beth Noah
MHMR of Tarrant County Director Disability Services: Calen Hawkins
County served: Tarrant

Texoma Aging and Disability Resource Center

1117 Gallagher Drive
Suite 200
Sherman, TX 75090
Phone: (903) 813-3581 Toll Free: 1-855-937-2372
Director: Marsha Wilson
Texoma Council of Governments Executive Director: Eric Bridges
Counties served: Cooke, Fannin, and Grayson

West Central Texas Aging and Disability Resource Center

3702 Loop 322
Abilene, TX 79602
Phone: (325) 793-8440 Toll Free: 1-855-937-2372
Director: Alesha Burks
West Central Texas Council of Governments Executive Director: Tom K. Smith
Counties served: Brown, Callahan, Coleman, Comanche, Eastland, Fisher, Haskell,
Jones, Kent, Knox, Mitchell, Nolan, Runnels, Scurry, Shackelford, Stephens,
Stonewall, Taylor, and Throckmorton

Attachment I – Population Data by County

FY 2021 Texas Projected Population Data County

U.S. Census FIPS Code	County	Area Agency on Aging (AAA)	Legacy Metropolitan Area or Rural Designation	Total Population 60+	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Other	Total Minority	Percent Minority	Number in Poverty	Percent in Poverty (2015-2019 ACS)	Percent Share of Statewide Population 60+	Percent Share of Statewide Minority Population 60 +	Percent Share of Statewide Poverty	Population 60+ Per Square Mile
1	Anderson	East Texas	Rural - Non Metropolitan County	12,295	9,673	1,671	747	204	2,622	21.33	1,267	10.3%	0.21	0.11	0.21	11.57
3	Andrews	Permian Basin	Rural - Non Metropolitan County	3,223	1,791	60	1,285	87	1,432	44.43	344	10.7%	0.06	0.06	0.06	2.15
5	Angelina	Deep East Texas	Rural - Non Metropolitan County	20,296	15,381	2,491	2,024	400	4,915	24.22	1,989	9.8%	0.35	0.21	0.33	25.44
7	Aransas	Coastal Bend	Corpus Christi	9,966	8,172	102	1,360	332	1,794	18.00	778	7.8%	0.17	0.08	0.13	39.54
9	Archer	North Texas	Wichita Falls	2,442	2,264	6	112	60	178	7.29	316	12.9%	0.04	0.01	0.05	2.70
11	Armstrong	Panhandle	Amarillo	751	710	2	23	16	41	5.46	82	10.9%	0.01	0.00	0.01	0.83
13	Atascosa	Alamo	San Antonio	10,930	4,967	77	5,681	205	5,963	54.56	1,375	12.6%	0.19	0.25	0.23	8.96
15	Austin	Houston-Galveston	Houston-The Woodlands-Sugar Land	8,697	6,767	705	1,083	142	1,930	22.19	916	10.5%	0.15	0.08	0.15	13.45
17	Bailey	South Plains	Rural - Non Metropolitan County	1,526	752	26	731	17	774	50.72	59	3.9%	0.03	0.03	0.01	1.85
19	Bandera	Alamo	San Antonio	8,443	7,151	28	1,094	170	1,292	15.30	593	7.0%	0.15	0.05	0.10	10.67
21	Bastrop	Capital	Austin-Round Rock	20,954	15,602	1,236	3,633	483	5,352	25.54	1,938	9.3%	0.37	0.23	0.32	23.59
23	Baylor	North Texas	Rural - Non Metropolitan County	1,168	991	36	113	28	177	15.15	151	12.9%	0.02	0.01	0.03	1.35
25	Bee	Coastal Bend	Rural - Non Metropolitan County	6,073	2,629	225	3,112	107	3,444	56.71	475	7.8%	0.11	0.15	0.08	6.90
27	Bell	Central Texas	Killeen-Temple-Fort Hood	54,513	33,151	9,273	8,672	3,417	21,362	39.19	4,626	8.5%	0.95	0.91	0.77	51.73

29	Bexar	Bexar County	San Antonio	382,210	148,231	28,680	190,123	15,176	233,979	61.22	43,969	11.5%	6.68	9.93	7.31	308.15
31	Blanco	Capital	Rural - Non Metropolitan County	4,271	3,771	27	407	66	500	11.71	266	6.2%	0.07	0.02	0.04	6.02
33	Borden	Permian Basin	Rural - Non Metropolitan County	263	234	0	26	3	29	11.03	8	3.0%	0.00	0.00	0.00	0.29
35	Bosque	Heart of Texas	Rural - Non Metropolitan County	6,084	5,434	91	454	105	650	10.68	380	6.2%	0.11	0.03	0.06	6.19
37	Bowie	Ark-Tex	Texarkana	22,546	17,253	4,095	575	623	5,293	23.48	2,238	9.9%	0.39	0.22	0.37	25.48
39	Brazoria	Houston-Galveston	Houston-The Woodlands-Sugar Land	73,842	46,588	9,039	13,187	5,028	27,254	36.91	4,625	6.3%	1.29	1.16	0.77	54.16
41	Brazos	Brazos Valley	College Station-Bryan	32,155	22,674	3,356	4,745	1,380	9,481	29.49	3,066	9.5%	0.56	0.40	0.51	54.86
43	Brewster	Rio Grande	Rural - Non Metropolitan County	2,543	1,607	15	866	55	936	36.81	252	9.9%	0.04	0.04	0.04	0.41
45	Briscoe	Panhandle	Rural - Non Metropolitan County	557	449	17	86	5	108	19.39	100	18.0%	0.01	0.00	0.02	0.62
47	Brooks	Coastal Bend	Rural - Non Metropolitan County	1,849	255	1	1,586	7	1,594	86.21	369	20.0%	0.03	0.07	0.06	1.96
49	Brown	West Central Texas	Rural - Non Metropolitan County	11,338	9,557	323	1,222	236	1,781	15.71	893	7.9%	0.20	0.08	0.15	12.00
51	Burleson	Brazos Valley	College Station-Bryan	5,247	3,929	649	593	76	1,318	25.12	369	7.0%	0.09	0.06	0.06	7.96
53	Burnet	Capital	Rural - Non Metropolitan County	15,293	13,454	121	1,442	276	1,839	12.03	557	3.6%	0.27	0.08	0.09	15.37
55	Caldwell	Capital	Austin-Round Rock	9,756	5,693	563	3,342	158	4,063	41.65	1,063	10.9%	0.17	0.17	0.18	17.92
57	Calhoun	Golden Crescent	Rural - Non Metropolitan County	5,647	3,436	209	1,646	356	2,211	39.15	813	14.4%	0.10	0.09	0.14	11.14
59	Callahan	West Central Texas	Abilene	4,184	3,796	41	237	110	388	9.27	177	4.2%	0.07	0.02	0.03	4.65
61	Cameron	Lower Rio Grande	Brownsville-Harlingen	84,257	15,857	316	67,060	1,024	68,400	81.18	18,849	22.4%	1.47	2.90	3.13	94.49

63	Camp	East Texas	Rural - Non Metropolitan County	3,416	2,496	581	285	54	920	26.93	431	12.6%	0.06	0.04	0.07	17.44
65	Carson	Panhandle	Amarillo	1,452	1,276	8	123	45	176	12.12	93	6.4%	0.03	0.01	0.02	1.58
67	Cass	Ark-Tex	Rural - Non Metropolitan County	9,597	7,967	1,348	142	140	1,630	16.98	860	9.0%	0.17	0.07	0.14	10.24
69	Castro	Panhandle	Rural - Non Metropolitan County	1,702	790	49	847	16	912	53.58	143	8.4%	0.03	0.04	0.02	1.90
71	Chambers	Houston-Galveston	Houston-The Woodlands-Sugar Land	8,170	6,176	733	1,061	200	1,994	24.41	572	7.0%	0.14	0.08	0.10	13.68
73	Cherokee	East Texas	Rural - Non Metropolitan County	12,500	9,826	1,378	1,070	226	2,674	21.39	1,501	12.0%	0.22	0.11	0.25	11.87
75	Childress	Panhandle	Rural - Non Metropolitan County	1,570	1,199	73	260	38	371	23.63	184	11.7%	0.03	0.02	0.03	2.25
77	Clay	North Texas	Wichita Falls	3,226	3,032	11	93	90	194	6.01	307	9.5%	0.06	0.01	0.05	2.96
79	Cochran	South Plains	Rural - Non Metropolitan County	789	363	45	365	16	426	53.99	147	18.7%	0.01	0.02	0.02	1.02
81	Coke	Concho Valley	Rural - Non Metropolitan County	1,143	956	1	166	20	187	16.36	111	9.7%	0.02	0.01	0.02	1.25
83	Coleman	West Central Texas	Rural - Non Metropolitan County	2,714	2,241	71	344	58	473	17.43	324	11.9%	0.05	0.02	0.05	2.15
85	Collin	North Central Texas	Dallas-Fort Worth-Arlington	192,640	141,789	13,698	14,535	22,618	50,851	26.40	13,602	7.1%	3.37	2.16	2.26	228.99
87	Collingsworth	Panhandle	Rural - Non Metropolitan County	891	672	49	144	26	219	24.58	56	6.3%	0.02	0.01	0.01	0.97
89	Colorado	Houston-Galveston	Rural - Non Metropolitan County	6,492	4,769	746	897	80	1,723	26.54	575	8.9%	0.11	0.07	0.10	6.76
91	Comal	Alamo	San Antonio	39,877	32,200	899	6,061	717	7,677	19.25	2,072	5.2%	0.70	0.33	0.34	71.27
93	Comanche	West Central Texas	Rural - Non Metropolitan County	4,260	3,640	5	541	74	620	14.55	364	8.5%	0.07	0.03	0.06	4.54

95	Concho	Concho Valley	Rural - Non Metropolitan County	1,067	787	4	267	9	280	26.24	32	3.0%	0.02	0.01	0.01	1.08
97	Cooke	Texoma	Rural - Non Metropolitan County	10,989	9,709	277	713	290	1,280	11.65	709	6.5%	0.19	0.05	0.12	12.56
99	Coryell	Central Texas	Killeen-Temple-Fort Hood	10,210	7,197	1,171	1,167	675	3,013	29.51	1,213	11.9%	0.18	0.13	0.20	9.70
101	Cottle	North Texas	Rural - Non Metropolitan County	561	424	42	90	5	137	24.42	90	16.1%	0.01	0.01	0.01	0.62
103	Crane	Permian Basin	Rural - Non Metropolitan County	1,276	639	41	566	30	637	49.92	245	19.2%	0.02	0.03	0.04	1.63
105	Crockett	Concho Valley	Rural - Non Metropolitan County	1,186	560	7	601	18	626	52.78	176	14.8%	0.02	0.03	0.03	0.42
107	Crosby	South Plains	Lubbock	1,882	1,029	78	754	21	853	45.32	261	13.9%	0.03	0.04	0.04	2.09
109	Culberson	Rio Grande	Rural - Non Metropolitan County	722	224	3	475	20	498	68.98	97	13.5%	0.01	0.02	0.02	0.19
111	Dallam	Panhandle	Rural - Non Metropolitan County	1,029	630	23	341	35	399	38.78	18	1.8%	0.02	0.02	0.00	0.68
113	Dallas	Dallas	Dallas-Fort Worth-Arlington	454,031	221,203	100,741	100,260	31,827	232,828	51.28	50,458	11.1%	7.94	9.89	8.39	520.05
115	Dawson	Permian Basin	Rural - Non Metropolitan County	2,667	1,328	134	1,169	36	1,339	50.21	515	19.3%	0.05	0.06	0.09	2.96
117	Deaf Smith	Panhandle	Rural - Non Metropolitan County	3,270	1,469	56	1,684	61	1,801	55.08	592	18.1%	0.06	0.08	0.10	2.18
119	Delta	Ark-Tex	Rural - Non Metropolitan County	1,787	1,534	118	57	78	253	14.16	215	12.0%	0.03	0.01	0.04	6.96
121	Denton	North Central Texas	Dallas-Fort Worth-Arlington	157,006	117,679	12,118	15,029	12,180	39,327	25.05	7,941	5.1%	2.74	1.67	1.32	178.70
123	DeWitt	Golden Crescent	Rural - Non Metropolitan County	6,037	4,223	469	1,289	56	1,814	30.05	1,109	18.4%	0.11	0.08	0.18	6.64

125	Dickens	South Plains	Rural - Non Metropolitan County	745	580	13	134	18	165	22.15	133	17.8%	0.01	0.01	0.02	0.83
127	Dimmit	Middle Rio Grande	Rural - Non Metropolitan County	2,404	491	29	1,861	23	1,913	79.58	647	26.9%	0.04	0.08	0.11	1.81
129	Donley	Panhandle	Rural - Non Metropolitan County	1,107	993	35	60	19	114	10.30	73	6.6%	0.02	0.00	0.01	1.19
131	Duval	Coastal Bend	Rural - Non Metropolitan County	2,936	418	16	2,486	16	2,518	85.76	530	18.1%	0.05	0.11	0.09	1.64
133	Eastland	West Central Texas	Rural - Non Metropolitan County	5,614	4,933	65	506	110	681	12.13	649	11.6%	0.10	0.03	0.11	6.06
135	Ector	Permian Basin	Odessa	27,286	13,441	1,530	11,427	888	13,845	50.74	2,478	9.1%	0.48	0.59	0.41	30.39
137	Edwards	Middle Rio Grande	Rural - Non Metropolitan County	752	430	4	309	9	322	42.82	85	11.3%	0.01	0.01	0.01	0.36
139	Ellis	North Central Texas	Dallas-Fort Worth-Arlington	37,596	29,184	3,087	4,650	675	8,412	22.37	2,047	5.4%	0.66	0.36	0.34	40.18
141	El Paso	Rio Grande	El Paso	167,093	30,398	5,317	127,961	3,417	136,695	81.81	31,087	18.6%	2.92	5.80	5.17	164.91
143	Erath	North Central Texas	Rural - Non Metropolitan County	8,621	7,530	17	885	189	1,091	12.66	780	9.0%	0.15	0.05	0.13	7.96
145	Falls	Heart of Texas	Waco	4,242	2,873	670	628	71	1,369	32.27	709	16.7%	0.07	0.06	0.12	5.54
147	Fannin	Texoma	Rural - Non Metropolitan County	10,025	8,965	424	410	226	1,060	10.57	939	9.4%	0.18	0.05	0.16	11.25
149	Fayette	Capital	Rural - Non Metropolitan County	8,778	7,437	507	747	87	1,341	15.28	796	9.1%	0.15	0.06	0.13	9.24
151	Fisher	West Central Texas	Rural - Non Metropolitan County	1,355	1,001	42	291	21	354	26.13	211	15.6%	0.02	0.02	0.04	1.51
153	Floyd	South Plains	Rural - Non Metropolitan County	1,614	869	77	651	17	745	46.16	205	12.7%	0.03	0.03	0.03	1.63
155	Foard	North Texas	Rural - Non Metropolitan County	444	381	13	45	5	63	14.19	16	3.6%	0.01	0.00	0.00	0.63

157	Fort Bend	Houston-Galveston	Houston-The Woodlands-Sugar Land	168,055	79,927	29,146	24,817	34,165	88,128	52.44	12,172	7.2%	2.94	3.74	2.02	195.02
159	Franklin	Ark-Tex	Rural - Non Metropolitan County County	2,984	2,614	119	187	64	370	12.40	105	3.5%	0.05	0.02	0.02	10.49
161	Freestone	Heart of Texas	Rural - Non Metropolitan County County	5,363	4,253	756	285	69	1,110	20.70	635	11.8%	0.09	0.05	0.11	6.11
163	Frio	Alamo	Rural - Non Metropolitan County County	3,624	1,109	24	2,464	27	2,515	69.40	688	19.0%	0.06	0.11	0.11	3.20
165	Gaines	Permian Basin	Rural - Non Metropolitan County County	3,433	2,082	69	1,230	52	1,351	39.35	711	20.7%	0.06	0.06	0.12	2.29
167	Galveston	Houston-Galveston	Houston-The Woodlands-Sugar Land	78,756	54,840	9,313	11,015	3,588	23,916	30.37	6,337	8.0%	1.38	1.02	1.05	207.64
169	Garza	South Plains	Rural - Non Metropolitan County County	1,127	701	50	364	12	426	37.80	139	12.3%	0.02	0.02	0.02	1.26
171	Gillespie	Alamo	Rural - Non Metropolitan County County	9,995	8,930	16	944	105	1,065	10.66	595	6.0%	0.17	0.05	0.10	9.45
173	Glasscock	Permian Basin	Rural - Non Metropolitan County County	419	331	1	85	2	88	21.00	14	3.4%	0.01	0.00	0.00	0.47
175	Goliad	Golden Crescent	Victoria	2,677	1,807	139	703	28	870	32.50	363	13.5%	0.05	0.04	0.06	3.14
177	Gonzales	Golden Crescent	Rural - Non Metropolitan County County	5,294	3,207	431	1,600	56	2,087	39.42	495	9.4%	0.09	0.09	0.08	4.96
179	Gray	Panhandle	Rural - Non Metropolitan County County	5,200	4,099	226	703	172	1,101	21.17	387	7.4%	0.09	0.05	0.06	5.62
181	Grayson	Texoma	Sherman-Denison	34,942	30,756	1,562	1,557	1,067	4,186	11.98	2,857	8.2%	0.61	0.18	0.47	37.46
183	Gregg	East Texas	Longview	28,008	20,858	4,488	1,960	702	7,150	25.53	2,730	9.7%	0.49	0.30	0.45	102.45
185	Grimes	Brazos Valley	Rural - Non Metropolitan County County	7,975	5,929	967	967	112	2,046	25.66	900	11.3%	0.14	0.09	0.15	10.13
187	Guadalupe	Alamo	San Antonio	35,848	22,548	3,066	9,081	1,153	13,300	37.10	3,064	8.5%	0.63	0.56	0.51	50.40

189	Hale	South Plains	Rural - Non Metropolitan County County	6,485	3,270	332	2,765	118	3,215	49.58	1,085	16.7%	0.11	0.14	0.18	6.45
191	Hall	Panhandle	Rural - Non Metropolitan County County	1,039	734	86	206	13	305	29.36	130	12.5%	0.02	0.01	0.02	1.18
193	Hamilton	Central Texas	Rural - Non Metropolitan County County	2,531	2,329	4	160	38	202	7.98	106	4.2%	0.04	0.01	0.02	3.03
195	Hansford	Panhandle	Rural - Non Metropolitan County County	1,334	922	8	388	16	412	30.88	47	3.5%	0.02	0.02	0.01	1.45
197	Hardeman	North Texas	Rural - Non Metropolitan County County	1,059	780	75	178	26	279	26.35	127	12.0%	0.02	0.01	0.02	1.52
199	Hardin	South East Texas	Beaumont-Port Arthur	14,496	13,143	704	412	237	1,353	9.33	1,639	11.3%	0.25	0.06	0.27	16.28
201	Harris	Harris	Houston-The Woodlands-Sugar Land	805,779	372,722	143,772	215,297	73,988	433,057	53.74	90,730	11.3%	14.09	18.39	15.08	472.05
203	Harrison	East Texas	Rural - Non Metropolitan County County	16,397	12,151	3,168	729	349	4,246	25.89	1,718	10.5%	0.29	0.18	0.29	18.22
205	Hartley	Panhandle	Rural - Non Metropolitan County County	1,218	1,092	9	104	13	126	10.34	152	12.5%	0.02	0.01	0.03	0.83
207	Haskell	West Central Texas	Rural - Non Metropolitan County County	1,798	1,344	54	368	32	454	25.25	227	12.6%	0.03	0.02	0.04	1.99
209	Hays	Capital	Austin-Round Rock	46,519	32,788	914	11,618	1,199	13,731	29.52	3,003	6.5%	0.81	0.58	0.50	68.73
211	Hemphill	Panhandle	Rural - Non Metropolitan County County	853	726	0	110	17	127	14.89	10	1.2%	0.01	0.01	0.00	0.94
213	Henderson	East Texas	Rural - Non Metropolitan County County	25,314	22,489	1,155	1,180	490	2,825	11.16	2,295	9.1%	0.44	0.12	0.38	28.97
215	Hidalgo	Lower Rio Grande	McAllen-Edinburg-Mission	143,511	22,435	463	118,469	2,144	121,076	84.37	33,954	23.7%	2.51	5.14	5.64	91.35
217	Hill	Heart of Texas	Rural - Non Metropolitan County County	10,362	8,725	518	933	186	1,637	15.80	815	7.9%	0.18	0.07	0.14	10.81

219	Hockley	South Plains	Rural - Non Metropolitan County	5,203	3,264	198	1,655	86	1,939	37.27	756	14.5%	0.09	0.08	0.13	5.73
221	Hood	North Central Texas	Dallas-Fort Worth-Arlington	20,417	19,034	72	933	378	1,383	6.77	1,046	5.1%	0.36	0.06	0.17	48.53
223	Hopkins	Ark-Tex	Rural - Non Metropolitan County	10,154	8,644	751	574	185	1,510	14.87	1,052	10.4%	0.18	0.06	0.17	13.23
225	Houston	Deep East Texas	Rural - Non Metropolitan County	6,486	5,050	1,104	247	85	1,436	22.14	624	9.6%	0.11	0.06	0.10	5.27
227	Howard	Permian Basin	Rural - Non Metropolitan County	7,385	4,737	497	1,994	157	2,648	35.86	878	11.9%	0.13	0.11	0.15	8.20
229	Hudspeth	Rio Grande	El Paso	1,067	363	5	684	15	704	65.98	134	12.6%	0.02	0.03	0.02	0.23
231	Hunt	North Central Texas	Dallas-Fort Worth-Arlington	23,391	19,988	1,411	1,432	560	3,403	14.55	1,767	7.6%	0.41	0.14	0.29	27.83
233	Hutchinson	Panhandle	Rural - Non Metropolitan County	5,069	4,067	171	619	212	1,002	19.77	320	6.3%	0.09	0.04	0.05	5.71
235	Irion	Concho Valley	San Angelo	533	391	3	130	9	142	26.64	16	2.9%	0.01	0.01	0.00	0.51
237	Jack	North Texas	Rural - Non Metropolitan County	2,096	1,891	45	125	35	205	9.78	137	6.5%	0.04	0.01	0.02	2.30
239	Jackson	Golden Crescent	Rural - Non Metropolitan County	3,938	2,734	310	827	67	1,204	30.57	336	8.5%	0.07	0.05	0.06	4.75
241	Jasper	Deep East Texas	Rural - Non Metropolitan County	9,867	8,179	1,270	263	155	1,688	17.11	896	9.1%	0.17	0.07	0.15	10.51
243	Jeff Davis	Rio Grande	Rural - Non Metropolitan County	957	648	1	285	23	309	32.29	14	1.4%	0.02	0.01	0.00	0.42
245	Jefferson	South East Texas	Beaumont-Port Arthur	54,648	30,580	16,722	5,334	2,012	24,068	44.04	5,957	10.9%	0.96	1.02	0.99	62.33
247	Jim Hogg	South Texas	Rural - Non Metropolitan County	1,172	154	5	994	19	1,018	86.86	109	9.3%	0.02	0.04	0.02	1.03
249	Jim Wells	Coastal Bend	Rural - Non Metropolitan County	9,396	2,331	49	6,891	125	7,065	75.19	1,363	14.5%	0.16	0.30	0.23	10.86

251	Johnson	North Central Texas	Dallas-Fort Worth-Arlington	38,470	32,764	1,031	3,797	878	5,706	14.83	2,113	5.5%	0.67	0.24	0.35	53.08
253	Jones	West Central Texas	Abilene	4,272	3,233	262	706	71	1,039	24.32	390	9.1%	0.07	0.04	0.06	4.60
255	Karnes	Alamo	Rural - Non Metropolitan County County	3,414	1,837	112	1,440	25	1,577	46.19	588	17.2%	0.06	0.07	0.10	4.57
257	Kaufman	North Central Texas	Dallas-Fort Worth-Arlington	26,340	21,085	2,251	2,366	638	5,255	19.95	2,667	10.1%	0.46	0.22	0.44	33.74
259	Kendall	Alamo	San Antonio	13,322	11,227	49	1,816	230	2,095	15.73	803	6.0%	0.23	0.09	0.13	20.11
261	Kenedy	Coastal Bend	Rural - Non Metropolitan County County	152	33	0	118	1	119	78.29	21	13.9%	0.00	0.01	0.00	0.10
263	Kent	West Central Texas	Rural - Non Metropolitan County County	324	290	2	27	5	34	10.49	72	22.1%	0.01	0.00	0.01	0.36
265	Kerr	Alamo	Rural - Non Metropolitan County County	18,729	15,805	250	2,298	376	2,924	15.61	746	4.0%	0.33	0.12	0.12	16.97
267	Kimble	Concho Valley	Rural - Non Metropolitan County County	1,657	1,346	5	269	37	311	18.77	161	9.7%	0.03	0.01	0.03	1.32
269	King	South Plains	Rural - Non Metropolitan County County	114	108	0	5	1	6	5.26	0	0.0%	0.00	0.00	0.00	0.13
271	Kinney	Middle Rio Grande	Rural - Non Metropolitan County County	1,068	553	23	463	29	515	48.22	101	9.4%	0.02	0.02	0.02	0.78
273	Kleberg	Coastal Bend	Rural - Non Metropolitan County County	5,960	1,653	215	3,929	163	4,307	72.27	912	15.3%	0.10	0.18	0.15	6.76
275	Knox	West Central Texas	Rural - Non Metropolitan County County	1,176	840	57	267	12	336	28.57	178	15.1%	0.02	0.01	0.03	1.38
277	Lamar	Ark-Tex	Rural - Non Metropolitan County County	13,967	11,830	1,280	401	456	2,137	15.30	1,560	11.2%	0.24	0.09	0.26	15.39
279	Lamb	South Plains	Rural - Non Metropolitan County County	3,263	1,937	171	1,100	55	1,326	40.64	506	15.5%	0.06	0.06	0.08	3.21
281	Lampasas	Central Texas	Killeen-Temple-Fort Hood	6,192	5,073	207	674	238	1,119	18.07	680	11.0%	0.11	0.05	0.11	8.69

283	La Salle	Middle Rio Grande	Rural - Non Metropolitan County	1,710	432	8	1,253	17	1,278	74.74	286	16.7%	0.03	0.05	0.05	1.15
285	Lavaca	Golden Crescent	Rural - Non Metropolitan County	5,945	4,904	414	560	67	1,041	17.51	606	10.2%	0.10	0.04	0.10	6.13
287	Lee	Capital	Rural - Non Metropolitan County	4,875	3,653	570	576	76	1,222	25.07	473	9.7%	0.09	0.05	0.08	7.75
289	Leon	Brazos Valley	Rural - Non Metropolitan County	5,756	4,853	475	332	96	903	15.69	608	10.6%	0.10	0.04	0.10	5.36
291	Liberty	Houston-Galveston	Houston-The Woodlands-Sugar Land	18,942	15,212	1,491	1,828	411	3,730	19.69	2,082	11.0%	0.33	0.16	0.35	16.35
293	Limestone	Heart of Texas	Rural - Non Metropolitan County	6,577	4,943	938	584	112	1,634	24.84	653	9.9%	0.11	0.07	0.11	7.26
295	Lipscomb	Panhandle	Rural - Non Metropolitan County	985	851	0	113	21	134	13.60	49	4.9%	0.02	0.01	0.01	1.06
297	Live Oak	Coastal Bend	Rural - Non Metropolitan County	3,473	2,316	10	1,078	69	1,157	33.31	580	16.7%	0.06	0.05	0.10	3.34
299	Llano	Capital	Rural - Non Metropolitan County	8,605	8,015	31	429	130	590	6.86	752	8.7%	0.15	0.03	0.12	9.21
301	Loving	Permian Basin	Rural - Non Metropolitan County	44	39	0	3	2	5	11.36	26	60.0%	0.00	0.00	0.00	0.07
303	Lubbock	South Plains	Lubbock	60,206	41,401	3,337	13,912	1,556	18,805	31.23	5,528	9.2%	1.05	0.80	0.92	67.22
305	Lynn	South Plains	Lubbock	1,393	702	45	638	8	691	49.61	233	16.7%	0.02	0.03	0.04	1.56
307	McCulloch	Concho Valley	Rural - Non Metropolitan County	2,755	2,086	56	571	42	669	24.28	327	11.9%	0.05	0.03	0.05	2.59
309	McLennan	Heart of Texas	Waco	53,152	37,882	6,594	7,470	1,206	15,270	28.73	4,644	8.7%	0.93	0.65	0.77	51.27
311	McMullen	Coastal Bend	Rural - Non Metropolitan County	358	262	3	92	1	96	26.82	33	9.2%	0.01	0.00	0.01	0.31

313	Madison	Brazos Valley	Rural - Non Metropolitan County	3,036	2,260	457	270	49	776	25.56	192	6.3%	0.05	0.03	0.03	6.51
315	Marion	East Texas	Rural - Non Metropolitan County	3,621	2,702	742	65	112	919	25.38	372	10.3%	0.06	0.04	0.06	9.51
317	Martin	Permian Basin	Midland	1,295	850	15	406	24	445	34.36	61	4.7%	0.02	0.02	0.01	1.42
319	Mason	Concho Valley	Rural - Non Metropolitan County	1,513	1,254	1	243	15	259	17.12	139	9.2%	0.03	0.01	0.02	1.63
321	Matagorda	Houston-Galveston	Rural - Non Metropolitan County	9,233	5,724	939	2,227	343	3,509	38.00	1,676	18.2%	0.16	0.15	0.28	8.45
323	Maverick	Middle Rio Grande	Rural - Non Metropolitan County	10,945	487	21	10,331	106	10,458	95.55	3,552	32.5%	0.19	0.44	0.59	8.55
325	Medina	Alamo	San Antonio	12,351	7,285	72	4,775	219	5,066	41.02	1,379	11.2%	0.22	0.22	0.23	9.32
327	Menard	Concho Valley	Rural - Non Metropolitan County	916	631	5	271	9	285	31.11	85	9.3%	0.02	0.01	0.01	1.02
329	Midland	Permian Basin	Midland	27,640	16,955	2,002	7,607	1,076	10,685	38.66	3,124	11.3%	0.48	0.45	0.52	30.70
331	Milam	Central Texas	Rural - Non Metropolitan County	7,348	5,584	628	1,032	104	1,764	24.01	690	9.4%	0.13	0.07	0.11	7.23
333	Mills	Central Texas	Rural - Non Metropolitan County	1,755	1,545	1	187	22	210	11.97	201	11.5%	0.03	0.01	0.03	2.35
335	Mitchell	West Central Texas	Rural - Non Metropolitan County	2,254	1,513	74	638	29	741	32.87	321	14.2%	0.04	0.03	0.05	2.47
337	Montague	North Texas	Rural - Non Metropolitan County	5,945	5,569	5	248	123	376	6.32	563	9.5%	0.10	0.02	0.09	6.39
339	Montgomery	Houston-Galveston	Houston-The Woodlands-Sugar Land	129,991	105,603	5,342	14,279	4,767	24,388	18.76	10,947	8.4%	2.27	1.04	1.82	124.73
341	Moore	Panhandle	Rural - Non Metropolitan County	3,725	2,100	33	1,393	199	1,625	43.62	640	17.2%	0.07	0.07	0.11	4.14
343	Morris	Ark-Tex	Rural - Non Metropolitan County	3,932	2,947	771	132	82	985	25.05	382	9.7%	0.07	0.04	0.06	15.60

345	Motley	South Plains	Rural - Non Metropolitan County	478	431	13	32	2	47	9.83	15	3.1%	0.01	0.00	0.00	0.48
347	Nacogdoches	Deep East Texas	Rural - Non Metropolitan County	14,438	11,030	2,007	1,043	358	3,408	23.60	1,420	9.8%	0.25	0.14	0.24	15.26
349	Navarro	North Central Texas	Rural - Non Metropolitan County	12,488	9,489	1,334	1,433	232	2,999	24.02	1,343	10.8%	0.22	0.13	0.22	12.37
351	Newton	Deep East Texas	Beaumont-Port Arthur	3,833	3,002	706	55	70	831	21.68	627	16.4%	0.07	0.04	0.10	4.11
353	Nolan	West Central Texas	Rural - Non Metropolitan County	3,863	2,618	180	1,009	56	1,245	32.23	370	9.6%	0.07	0.05	0.06	4.24
355	Nueces	Coastal Bend	Corpus Christi	79,090	31,273	2,943	42,207	2,667	47,817	60.46	9,904	12.5%	1.38	2.03	1.65	94.26
357	Ochiltree	Panhandle	Rural - Non Metropolitan County	2,022	1,340	0	638	44	682	33.73	164	8.1%	0.04	0.03	0.03	2.20
359	Oldham	Panhandle	Amarillo	619	544	2	58	15	75	12.12	70	11.3%	0.01	0.00	0.01	0.41
361	Orange	South East Texas	Beaumont-Port Arthur	21,953	19,187	1,426	794	546	2,766	12.60	1,613	7.3%	0.38	0.12	0.27	65.77
363	Palo Pinto	North Central Texas	Rural - Non Metropolitan County	7,930	6,859	187	705	179	1,071	13.51	815	10.3%	0.14	0.05	0.14	8.33
365	Panola	East Texas	Rural - Non Metropolitan County	6,516	5,354	850	196	116	1,162	17.83	629	9.7%	0.11	0.05	0.10	8.03
367	Parker	North Central Texas	Dallas-Fort Worth-Arlington	35,336	32,479	204	1,929	724	2,857	8.09	2,602	7.4%	0.62	0.12	0.43	39.10
369	Parmer	Panhandle	Rural - Non Metropolitan County	1,960	1,005	39	902	14	955	48.72	248	12.6%	0.03	0.04	0.04	2.23
371	Pecos	Permian Basin	Rural - Non Metropolitan County	3,289	1,299	61	1,866	63	1,990	60.50	666	20.2%	0.06	0.08	0.11	0.69
373	Polk	Deep East Texas	Rural - Non Metropolitan County	14,785	12,710	812	915	348	2,075	14.03	1,228	8.3%	0.26	0.09	0.20	13.99
375	Potter	Panhandle	Amarillo	25,047	17,095	1,569	5,033	1,350	7,952	31.75	3,982	15.9%	0.44	0.34	0.66	27.57
377	Presidio	Rio Grande	Rural - Non Metropolitan County	1,694	391	3	1,268	32	1,303	76.92	743	43.9%	0.03	0.06	0.12	0.44

379	Rains	East Texas	Rural - Non Metropolitan County	3,897	3,577	114	120	86	320	8.21	358	9.2%	0.07	0.01	0.06	16.98
381	Randall	Panhandle	Amarillo	31,243	26,415	516	3,529	783	4,828	15.45	1,854	5.9%	0.55	0.20	0.31	34.23
383	Reagan	Concho Valley	Rural - Non Metropolitan County	896	457	23	407	9	439	49.00	26	2.8%	0.02	0.02	0.00	0.76
385	Real	Middle Rio Grande	Rural - Non Metropolitan County	1,371	1,072	4	268	27	299	21.81	115	8.4%	0.02	0.01	0.02	1.96
387	Red River	Ark-Tex	Rural - Non Metropolitan County	4,111	3,261	642	126	82	850	20.68	647	15.7%	0.07	0.04	0.11	3.94
389	Reeves	Permian Basin	Rural - Non Metropolitan County	2,822	794	84	1,904	40	2,028	71.86	364	12.9%	0.05	0.09	0.06	1.07
391	Refugio	Coastal Bend	Rural - Non Metropolitan County	2,360	1,152	172	995	41	1,208	51.19	235	9.9%	0.04	0.05	0.04	3.06
393	Roberts	Panhandle	Rural - Non Metropolitan County	328	305	0	15	8	23	7.01	29	8.7%	0.01	0.00	0.00	0.35
395	Robertson	Brazos Valley	College Station-Bryan	4,645	3,244	777	545	79	1,401	30.16	392	8.4%	0.08	0.06	0.07	5.43
397	Rockwall	North Central Texas	Dallas-Fort Worth-Arlington	22,316	18,742	1,005	1,828	741	3,574	16.02	631	2.8%	0.39	0.15	0.10	175.43
399	Runnels	West Central Texas	Rural - Non Metropolitan County	3,264	2,357	65	796	46	907	27.79	485	14.8%	0.06	0.04	0.08	3.11
401	Rusk	East Texas	Longview	12,865	9,921	1,877	850	217	2,944	22.88	1,463	11.4%	0.22	0.12	0.24	13.92
403	Sabine	Deep East Texas	Rural - Non Metropolitan County	3,895	3,461	269	84	81	434	11.14	416	10.7%	0.07	0.02	0.07	7.92
405	San Augustine	Deep East Texas	Rural - Non Metropolitan County	3,039	2,313	616	80	30	726	23.89	343	11.3%	0.05	0.03	0.06	5.73
407	San Jacinto	Deep East Texas	Rural - Non Metropolitan County	8,896	7,317	879	495	205	1,579	17.75	851	9.6%	0.16	0.07	0.14	15.63
409	San Patricio	Coastal Bend	Corpus Christi	15,576	8,127	267	6,825	357	7,449	47.82	1,760	11.3%	0.27	0.32	0.29	22.46

411	San Saba	Central Texas	Rural - Non Metropolitan County	1,857	1,509	4	311	33	348	18.74	133	7.2%	0.03	0.01	0.02	1.64
413	Schleicher	Concho Valley	Rural - Non Metropolitan County	868	502	8	352	6	366	42.17	205	23.6%	0.02	0.02	0.03	0.66
415	Scurry	West Central Texas	Rural - Non Metropolitan County	3,775	2,612	125	1,000	38	1,163	30.81	212	5.6%	0.07	0.05	0.04	4.17
417	Shackelford	West Central Texas	Rural - Non Metropolitan County	1,000	911	4	66	19	89	8.90	60	6.0%	0.02	0.00	0.01	1.09
419	Shelby	Deep East Texas	Rural - Non Metropolitan County	6,290	4,805	993	401	91	1,485	23.61	736	11.7%	0.11	0.06	0.12	7.91
421	Sherman	Panhandle	Rural - Non Metropolitan County	809	619	5	177	8	190	23.49	33	4.1%	0.01	0.01	0.01	0.88
423	Smith	East Texas	Tyler	55,513	42,589	7,771	3,964	1,189	12,924	23.28	5,792	10.4%	0.97	0.55	0.96	60.24
425	Somervell	North Central Texas	Dallas-Fort Worth-Arlington	2,788	2,494	2	237	55	294	10.55	383	13.7%	0.05	0.01	0.06	14.96
427	Starr	South Texas	Rural - Non Metropolitan County	11,252	501	1	10,712	38	10,751	95.55	3,528	31.4%	0.20	0.46	0.59	9.20
429	Stephens	West Central Texas	Rural - Non Metropolitan County	2,632	2,259	55	281	37	373	14.17	278	10.6%	0.05	0.02	0.05	2.94
431	Sterling	Concho Valley	Rural - Non Metropolitan County	425	307	5	104	9	118	27.76	46	10.9%	0.01	0.01	0.01	0.46
433	Stonewall	West Central Texas	Rural - Non Metropolitan County	583	508	14	52	9	75	12.86	74	12.6%	0.01	0.00	0.01	0.64
435	Sutton	Concho Valley	Rural - Non Metropolitan County	1,218	563	1	648	6	655	53.78	145	11.9%	0.02	0.03	0.02	0.84
437	Swisher	Panhandle	Rural - Non Metropolitan County	1,940	1,281	85	545	29	659	33.97	297	15.3%	0.03	0.03	0.05	2.18
439	Tarrant	Tarrant	Dallas-Fort Worth-Arlington	397,121	260,325	53,426	56,883	26,487	136,796	34.45	33,534	8.4%	6.94	5.81	5.57	458.95

441	Taylor	West Central Texas	Abilene	29,430	22,935	1,305	4,080	1,110	6,495	22.07	2,745	9.3%	0.51	0.28	0.46	32.15
443	Terrell	Permian Basin	Rural - Non Metropolitan County County	401	224	0	169	8	177	44.14	85	21.2%	0.01	0.01	0.01	0.17
445	Terry	South Plains	Rural - Non Metropolitan County County	2,748	1,479	114	1,129	26	1,269	46.18	276	10.0%	0.05	0.05	0.05	3.09
447	Throckmorton	West Central Texas	Rural - Non Metropolitan County County	537	489	1	33	14	48	8.94	45	8.3%	0.01	0.00	0.01	0.59
449	Titus	Ark-Tex	Rural - Non Metropolitan County County	7,109	5,021	723	1,226	139	2,088	29.37	1,013	14.2%	0.12	0.09	0.17	17.51
451	Tom Green	Concho Valley	San Angelo	27,136	18,418	986	7,080	652	8,718	32.13	2,585	9.5%	0.47	0.37	0.43	17.83
453	Travis	Capital	Austin-Round Rock	206,550	131,850	18,402	42,569	13,729	74,700	36.17	17,280	8.4%	3.61	3.17	2.87	207.78
455	Trinity	Deep East Texas	Rural - Non Metropolitan County County	5,090	4,333	446	205	106	757	14.87	383	7.5%	0.09	0.03	0.06	7.34
457	Tyler	Deep East Texas	Rural - Non Metropolitan County County	6,333	5,599	492	141	101	734	11.59	537	8.5%	0.11	0.03	0.09	6.85
459	Upshur	East Texas	Longview	11,352	9,869	879	348	256	1,483	13.06	1,584	14.0%	0.20	0.06	0.26	19.47
461	Upton	Permian Basin	Rural - Non Metropolitan County County	1,072	622	23	411	16	450	41.98	113	10.5%	0.02	0.02	0.02	0.86
463	Uvalde	Middle Rio Grande	Rural - Non Metropolitan County County	6,130	2,511	18	3,531	70	3,619	59.04	883	14.4%	0.11	0.15	0.15	3.95
465	Val Verde	Middle Rio Grande	Rural - Non Metropolitan County County	9,485	1,836	142	7,380	127	7,649	80.64	2,315	24.4%	0.17	0.32	0.38	3.02
467	Van Zandt	East Texas	Rural - Non Metropolitan County County	16,432	14,884	471	735	342	1,548	9.42	1,595	9.7%	0.29	0.07	0.27	19.50
469	Victoria	Golden Crescent	Victoria	21,682	13,051	1,166	6,998	467	8,631	39.81	2,035	9.4%	0.38	0.37	0.34	24.58
471	Walker	Houston-Galveston	Rural - Non Metropolitan County County	14,627	11,153	2,119	1,120	235	3,474	23.75	794	5.4%	0.26	0.15	0.13	18.65

473	Waller	Houston-Galveston	Houston-The Woodlands-Sugar Land	10,012	6,721	1,374	1,696	221	3,291	32.87	907	9.1%	0.18	0.14	0.15	19.51
475	Ward	Permian Basin	Rural - Non Metropolitan County County	2,614	1,215	132	1,223	44	1,399	53.52	317	12.1%	0.05	0.06	0.05	3.13
477	Washington	Brazos Valley	Rural - Non Metropolitan County County	10,260	8,184	1,263	610	203	2,076	20.23	906	8.8%	0.18	0.09	0.15	16.98
479	Webb	South Texas	Laredo	41,327	3,162	88	37,732	345	38,165	92.35	10,436	25.3%	0.72	1.62	1.73	12.29
481	Wharton	Houston-Galveston	Rural - Non Metropolitan County County	10,490	6,398	1,361	2,595	136	4,092	39.01	1,385	13.2%	0.18	0.17	0.23	9.66
483	Wheeler	Panhandle North Texas	Rural - Non Metropolitan County County	1,717	1,483	25	164	45	234	13.63	174	10.1%	0.03	0.01	0.03	1.88
485	Wichita	North Texas	Wichita Falls	30,644	24,502	2,000	2,973	1,169	6,142	20.04	3,339	10.9%	0.54	0.26	0.55	48.83
487	Wilbarger	North Texas	Rural - Non Metropolitan County County	3,584	2,521	312	644	107	1,063	29.66	461	12.9%	0.06	0.05	0.08	3.69
489	Willacy	Lower Rio Grande	Rural - Non Metropolitan County County	4,291	642	32	3,593	24	3,649	85.04	948	22.1%	0.08	0.15	0.16	7.27
491	Williamson	Capital	Austin-Round Rock	113,445	87,417	5,421	14,417	6,190	26,028	22.94	5,344	4.7%	1.98	1.11	0.89	101.67
493	Wilson	Alamo	San Antonio	13,460	9,289	281	3,689	201	4,171	30.99	786	5.8%	0.24	0.18	0.13	16.75
495	Winkler	Permian Basin	Rural - Non Metropolitan County County	1,580	755	46	757	22	825	52.22	227	14.3%	0.03	0.04	0.04	1.88
497	Wise	North Central Texas	Dallas-Fort Worth-Arlington	16,532	14,857	68	1,295	312	1,675	10.13	1,162	7.0%	0.29	0.07	0.19	18.28
499	Wood	East Texas	Rural - Non Metropolitan County County	16,361	14,982	517	590	272	1,379	8.43	1,441	8.8%	0.29	0.06	0.24	25.36
501	Yoakum	South Plains	Rural - Non Metropolitan County County	1,755	859	23	840	33	896	51.05	250	14.2%	0.03	0.04	0.04	2.19
503	Young	North Texas	Rural - Non Metropolitan County County	5,586	4,955	79	461	91	631	11.30	358	6.4%	0.10	0.03	0.06	6.11
505	Zapata	South Texas	Rural - Non Metropolitan County County	2,625	383	7	2,212	23	2,242	85.41	746	28.4%	0.05	0.10	0.12	2.63

507	Zavala	Middle Rio Grande	Rural - Non Metropolitan County	2,346	274	6	2,057	9	2,072	88.32	783	33.4%	0.04	0.09	0.13	1.81
	STATE OF TEXAS			5,720,639	3,365,319	588,015	1,458,185	309,120	2,355,320	41.17	601,740	10.52	100	100	100	21.90

Data Sources:

1. Total 60+ Population and Minority Totals: Texas Demographic Center. Population Projections for 2021 (Migration Scenario 2010-2015). Published July 2019.
2. Poverty data: U.S. Census Bureau. Public Use Samples for the 2015-2019 American Community Surveys for Texas.

Updated Table Prepared By:

Demography / GIS
Office of Analytics, Data and Performance
Texas Health and Human Services Commission
8/30/2021

Attachment K – Excerpts from the 22-23 Aging Texas Well Strategic Plan

In anticipation of the first segments of the baby boom generation reaching retirement age, the Texas State Unit on Aging created the ATW initiative in 1997 to help the state prepare for the rising number of older adults. ATW was formalized in 2005 through Executive Order RP-42 which mandates HHSC to lead the initiative, including analysis of state readiness, local community preparedness, and aging policy issues and trends. The order also created the Aging Texas Well Advisory Committee to guide and support state leadership on aging-related matters. The ATW Strategic Plan is developed in accordance with Executive Order RP-42 and submitted biennially to the Office of the Governor and Legislature as a report on the implementation of this order. The key mandates are:

- Mandate 1: Advisory Committee – HHSC will provide support and technical assistance to this committee as it advises and makes recommendations to state leadership on the implementation of the ATW initiative.
- Mandate 2: Aging Texas Well Plan – HHSC will draft and submit a comprehensive and effective working plan that identifies aging policy issues to guide state government readiness and promotes increased community preparedness for supporting the growing older adult population.
- Mandate 3: Review of State Policy – HHSC will review policies affecting the lives of older Texans, with special concentration on critical trends.
- Mandate 4: State Agency Readiness – HHSC will lead a planning effort to ensure the readiness of all Texas state agencies to service the growing older adult population by identifying issues and current initiatives, future needs, action steps, and methods of performance evaluation.
- Mandate 5: Texercise – HHSC will promote and expand this internationally-recognized health promotions initiative to encourage healthy lifestyles in older Texans.
- Mandate 6: Local Community Preparedness – HHSC will use partnership development, action planning, and community assessment resources to help communities develop policies, programs, and infrastructures that support older adults.

New Plan Structure

To make the ATW Plan more informed and responsive to the needs of older Texans, HHSC surveyed older adults, their informal caregivers, and the aging service provider network. This plan addresses their needs and priorities by providing proposed strategies and presents a new structure for the plan moving forward. The ATW mandates continue to serve as methods for coordinating strategies from across the agency to address needs and priorities. The plan's new structure and direction provides a foundation for other sectors of the state to contribute their own

comprehensive strategies, innovative solutions, and effective collaborations to improve services and quality of life for older Texans.

Implementation Plan

Older Adults

Adults 50 and older were surveyed and asked to identify needs or concerns that are or will be impacting their ability to age well. The most selected concerns were physical health, access to social enrichment and recreational opportunities, and services and supports in the community. The following are preliminary strategies identified from programs across HHSC and other agencies that address these needs and concerns and to be completed within the next biennium.

Table 13: Strategies to Support Physical Health

Strategy	Owner
Empower older adults and their informal caregivers to live active, healthy lives by promoting the adoption of healthy behaviors through evidence-based programs and screening potential clients to be able to provide effective linkage to information and services	HHSC Community Access, Access and Eligibility Services Division
Continue the Alzheimer’s disease awareness campaign	DSHS Alzheimer’s Disease Program
Promote the Texas State Plan for Alzheimer’s Disease and Related Disorders 2019-2023	DSHS Alzheimer’s Disease Program
Increase colorectal cancer screening rates through community-based and health system-based interventions	DSHS Texas Comprehensive Cancer Control Program
Continue Home and Community Based Services-Adult Mental Health (HCBS-AMH) annual physical exam assurances and annual nursing assessments for enrolled participants, including those age 50 years and above, to ensure medications are administered as prescribed, and prevent or minimize medication errors	HHSC Behavioral Health Services
Continue oversight and coordination of community-based services through HCBS-AMH Recovery Management for enrolled participants, including those age 50 years and above. Increase HCBS-AMH contractor collaboration with community providers of mental and physical health	HHSC Behavioral Health Services

Strategy	Owner
services, hospital social workers, and pharmacies to ensure HCBS-AMH participants receive appropriate treatment for mental and physical health disorders	
Continue promoting Texercise resources to community partners, including underserved communities	HHSC Aging Services Coordination

Table 14: Strategies to Support Access to Social Engagement Opportunities

Strategy	Owner
Promote virtual group training and peer support resources to older adults with vision loss	Texas Workforce Commission Independent Living Skills for Older Adults who are Blind Program
Continue funding for adaptive aids, such as vehicle modifications, service animals and supplies, environmental adaptations, aids for daily living, and minor home modifications, for HCBS-AMH enrolled participants, including those age 50 and above	HHSC Behavioral Health Services
Implement new or improved equitable intergenerational mentoring programs	DSHS Obesity Prevention Program
Continue promoting Age Well Live Well resources to community partners, including underserved communities	HHSC Aging Services Coordination

Table 15: Strategies to Support Services and Support in the Community

Strategy	Owner
Review ongoing research and data on older survivors' needs and specialized services to develop recommendations for FVP contractors and provide information and/or training to enhance services within family violence centers	HHSC Family Violence Program
Work towards building and strengthening partnerships with community and faith-based organizations, who primarily serve the aging population, to provide access to food, cash, and health care. Aim to increase the number of AAAs that are community partners	HHSC Community Access, Access and Eligibility Services Division
Continue promoting person centered practices, including Person Centered	HHSC Medicaid and CHIP Services

Strategy	Owner
Thinking, Planning and Practices and Montessori Dementia Care practices throughout the agency to improve support and services for older adults and their informal caregivers	
Work with HHSC to implement elements of SB 1917 regarding increasing awareness of services and support available for older adults with vision loss	Texas Workforce Commission Independent Living Skills for Older Adults who are Blind Program
Make use of Silver Star Emergency Resource Rooms, rooms with basic necessity items for clients in need, and other community resources	DFPS, APS
Support adults with intellectual and developmental disabilities who reside in nursing facilities to build skills that increase independence and help explore community living options	HHSC Intellectual and Developmental Disability Services
Provide substance intervention and treatment services to address the individual's substance use issues. Refer to resources in the community and support services designed to meet the needs of the individuals and their support systems. Provide referrals and coordinate services for specialized services	HHSC Behavioral Health Services
Work with local mental health authorities (LMHAs) in geographic regions impacted by a disaster or critical incident to develop a community-based outreach strategy that identifies needs, linkages to available resources, and promotion of disaster behavioral health services to vulnerable populations	HHSC Behavioral Health Services
Continue to create awareness of risks of opioid misuse in older adults and available treatment resources	HHSC Aging Services Coordination; HHSC Behavioral Health Services
Increase Recovery Management Entities' assistance to enrolled HCBS-AMH participants, including those 50 years and above, to apply for benefits, such as disability, supplemental security income, and SNAP or other state benefits	HHSC Behavioral Health Services
Participate in HHSC Behavioral Health and Aging Workgroup and Social Isolation	HHSC Behavioral Health Services

Strategy	Owner
<p>Subgroup to strengthen collaboration with other state agencies on mental health and the aging population. Continue participating in the HHSC Person-Centered Practices Workgroup to collaborate and strengthen person-centered practices among LMHAs/LBHAs and other BH contractors. Develop guidelines and tools for legally authorized representatives and legal authorized decision makers. Work with the UT Centralized Training Infrastructure (CTI) to ensure up to date resources on aging are available on the CTI website. Continue reviewing the resources web page quarterly to ensure information remains up to date and relevant</p>	
<p>Continue promoting informational fact sheets on services and support available for older adults through Age Well Live Well campaign</p>	<p>HHSC Aging Services Coordination</p>
<p>Develop and promote issue briefs on aging-related policy topics that community stakeholders and leaders can use to learn about policy issues and innovative solutions from across the state and U.S.</p>	<p>HHSC Aging Services Coordination</p>
<p>Work with HHSC Vision Loss in Older Adults Workgroup to identify ways to increase awareness of and expand access to services for older adults with vision loss</p>	<p>HHSC Aging Services Coordination</p>
<p>Promote awareness of services and resources through Texas Talks campaign</p>	<p>HHSC Aging Services Coordination</p>
<p>Work with HHSC Behavioral Health and Aging Workgroup to identify ways to increase awareness of and expand access to services for older adults experiencing behavioral and mental health issues</p>	<p>HHSC Aging Services Coordination</p>

Informal Caregivers

Informal (non-professional) caregivers of adults 50 and older were surveyed and asked to identify needs or concerns that are or will be impacting their ability to

provide care. The top selected concerns were mental health, physical health, work strains and issues, and resources and eligibility for services.

Table 16: Strategies to Support Mental Health

Strategy	Owner
Work with ASC to elevate experiences of women informal caregivers, including impacts of caregiving on mental health and social connection	HHSC Women’s Health Coordination
Continue to provide education information on blindness and visual impairments and the resources available through the OIB program	Texas Workforce Commission Independent Living Skills for Older Adults who are Blind Program
Enhance the Alzheimer’s Disease Program website with information for informal family caregivers on caregiver wellness and community resources	DSHS Alzheimer’s Disease Program
Include the Caregiver Optional Module and the Cognitive Decline Optional Module in the Texas Behavioral Risk Factor Surveillance System for 2021	DSHS Alzheimer’s Disease Program
Promote the Texas State Plan for Alzheimer’s Disease and Related Disorders 2019-2023	DSHS Alzheimer’s Disease Program
Continue the Alzheimer’s disease awareness campaign	DSHS Alzheimer’s Disease Program
Encourage intervention and treatment programs to provide referrals on education and community support services to address mental health needs	HHSC Behavioral Health Services
Continue coordination efforts with HCBS-AMH Recovery Managers and BHS colleagues to learn about available resources that informal caregivers can use to address mental health concerns	HHSC Behavioral Health Services
Provide compassion fatigue and stress management guidance, and materials to local disaster behavioral health responders during and after a disaster. Encourage LMHAs and local behavioral health authorities (LBHAs) disaster response personnel to complete compassion fatigue and standardized stress management training to incorporate into outreach and response services related to informal caregivers	HHSC Behavioral Health Services

Strategy	Owner
Work with CTI to develop training on social determinants of health on older adults and its impact on behavioral health, including measures of resiliency	HHSC Behavioral Health Services
Coordinate with HHSC BHS programs to learn about available resources and identify training/technical assistance gaps. Explore working with CTI to develop service provider trainings and to address gaps in training	HHSC Behavioral Health Services
Coordinate with HHSC Behavioral Health and Aging Workgroup to explore available mental health resources for informal caregivers of older adults and develop staff trainings	HHSC Aging Services Coordination
Increase informal caregiver access to educational resources and awareness about evidence-based programs designed to address informal caregiver health and wellness, including stress relief	HHSC Community Access, Access and Eligibility Services Division

Table 17: Strategies to Support Physical Health

Strategy	Owner
Work with ASC to elevate experiences of women informal caregivers, including impacts of caregiving on health	HHSC Women’s Health Coordination
Enhance the ADP website with information for informal family caregivers on caregiver wellness and community resources	DSHS Alzheimer’s Disease Program
Include the Caregiver Optional Module and the Cognitive Decline Optional Module in the Texas Behavioral Risk Factor Surveillance System for 2021	DSHS Alzheimer’s Disease Program
Promote the Texas State Plan for Alzheimer’s Disease and Related Disorders 2019-2023	DSHS Alzheimer’s Disease Program
Continue the Alzheimer’s disease awareness campaign	DSHS Alzheimer’s Disease Program
Increase colorectal cancer screening rates through community-based and health system-based interventions	DSHS Texas Comprehensive Cancer Control Program

Strategy	Owner
Address the individual support system through intervention and treatment programs. Refer people to community resources designed to address the impact of substance use on physical health needs. Provide referrals and coordinate services for specialized services	HHSC Behavioral Health Services
Coordinate with DFPS, DSHS and external organizations to identify resources that address the impact of untreated physical health conditions on older adults' mental health. Explore training options for behavioral health direct service providers working with older adults to help tailor therapeutic interventions, including Cognitive Behavior Therapy for the older adult population	HHSC Behavioral Health Services
Continue promoting Texercise as a resource for both older adults and their family and/or caregivers	HHSC Aging Services Coordination
Work with the internal and external stakeholders through the Center for Health Care Strategies (CHCS) Family Caregiving technical assistance opportunity to develop strategies to increase awareness of informal caregiver experiences and services to support them; and identify ways to leverage Medicaid managed care services to support informal caregivers	HHSC Aging Services Coordination

Table 18: Strategies to Support Work Strains and Issues

Strategy	Owner
Work with ASC on strategies to enhance informal caregiver support for Medicaid beneficiaries and their families	HHSC Medicaid and CHIP Services
Enhance state and local lifespan respite care systems to provide access to direct respite services, thereby increasing the total number of informal caregivers and families served. Enhance Take Time Texas website to include additional resources and training materials. Inputs will be gathered from stakeholders via surveys, needs assessments, and forums. Effectiveness will be measured through a	HHSC Community Access, Access and Eligibility Services Division

Strategy	Owner
count of Take Time Texas website page views and responses to survey questions	
Work with ASC to elevate experiences of women informal caregivers, including impacts of caregiving on work	HHSC Women’s Health Coordination
Educate program participants on resources available from the HHSC Age Well Live Well webpage	Texas Workforce Commission Independent Living Skills for Older Adults who are Blind Program
Collaborate, support, and participate with caregiver organizations on events, including training events	APS
Continue providing both planned and emergency in-home and out-of-home respite/short-term relief for informal, unpaid caregivers of enrolled HCBS-AMH participants, including those age 50 years and above	HHSC Behavioral Health Services
Work with organizations through the Texas Talks initiative to elevate the experiences and issues of informal family caregivers, including impacts to employment	HHSC Aging Services Coordination
Work with the internal and external stakeholders through the CHCS Family Caregiving technical assistance opportunity to develop strategies to increase awareness of informal caregiver experiences and services to support them; and identify ways to leverage Medicaid managed care services to support informal caregivers	HHSC Aging Services Coordination

Service Providers

Providers of service to adults 50 and older were surveyed and asked to identify administrative and policy, program, and service priorities that are or will be impacting their ability to provide services. The top selected administrative priorities were collaboration and coordination, funding, and staffing. The top selected policy, program, and service priorities were addressing older adult isolation, supporting informal caregivers, and addressing older adult food insecurity.

Table 19: Strategies to Support Collaboration and Coordination

Strategy	Owner
Enable adults to maintain or improve their quality of life and self-determination through engaging in the community and social interactions, including providing a locally based system that connects older adults with services and benefits	HHSC Community Access, Access and Eligibility Services Division
Work with HHSC to implement elements of SB 1917 regarding training and outreach to service providers	Texas Workforce Commission Independent Living Skills for Older Adults who are Blind Program
Promote the Texas State Plan for Alzheimer's Disease and Related Disorders 2019-2023	DSHS Alzheimer's Disease Program
Inform community members and partners about the APS Silver Star Emergency Resource Rooms that provide material goods to assist clients	APS
Educate law enforcement on APS services and maintaining relationships with probate courts handling APS clients	APS
Strengthen services and care coordination between managed care organizations and other case management entities for individuals with IDD	HHSC Medicaid and CHIP Services
Provide technical assistance and guidance to intervention and treatment providers serving this specialized population. Work with community service providers to maintain current resources	HHSC Behavioral Health Services
Build capacity and educate providers about opioid use and misuse among older adults	HHSC Aging Services Coordination; HHSC Behavioral Health Services
Increase coordination of community-based services through HCBS-AMH Recovery Management Entities for HCBS-AMH enrolled participants, including those age 50 years and above. Increase HCBS-AMH contractor collaboration with community providers of mental and physical health services, hospital social workers, and pharmacies, to ensure the HCBS-AMH participants receive appropriate treatment for mental and physical health disorders	HHSC Behavioral Health Services

Strategy	Owner
Utilize and promote the LMHA 101 video being developed by CTI to serve as a resource for providers and referral networks and explain the role of LMHAs/LBHAs in the community and how to access their services. Share the resource with providers serving older adults	HHSC Behavioral Health Services
Work with community partners to help build capacity to serve older adults living in their communities with the assistance of Age Well Live Well resources	HHSC Aging Services Coordination
Continue working with internal and external partners to identify ways to increase collaboration opportunities between organizations	HHSC Aging Services Coordination
Strengthen HHSC cross-coordination among offices serving older adults, improve understanding of aging issues and needs, and ultimately increase capacity to provide services for older adults in Texas	HHSC Aging Services Coordination
Convene coalitions of partners across identified communities to identify resources and priorities for their population related to improving social connectedness among older adults	Obesity Prevention Program

Table 20: Strategies to Support Funding

Strategy	Owner
Begin special projects to serve underserved populations, including older victims of family violence	HHSC Family Violence Program
Continue use of flex funds, in addition to adaptive aids, as a mechanism to potentially cover medication cost and co-pays	HHSC Behavioral Health Services

Table 21: Strategies to Address Older Adult Isolation

Strategy	Owner
Promote the resource Eye2Eye peer support program for older adults who are blind or visually impaired	Texas Workforce Commission Independent Living Skills for Older Adults who are Blind Program

Strategy	Owner
Promote and increase volunteerism in Caring by Calling	APS
Continue promoting person-centered recovery and service planning for persons enrolled in the HCBS-AMH program, including those age 50 years and above, through choice of residential services. Promote Peer and Psychosocial Rehab services to facilitate outdoor activities and community integration	HHSC Behavioral Health Services
Assess continuum of care for mental health services and access to care for older adults. Consider trainings related to identifying and mitigating social isolation and promoting positive prevention and lifestyle choices	HHSC Behavioral Health Services
Continue promoting connections between older adults and fellow community members through the Know Your Neighbor Campaign	HHSC Aging Services Coordination
Promote Texercise Malnutrition Campaign to raise awareness of malnutrition and strategies to address this issue	HHSC Aging Services Coordination

Table 22: Strategies to Help Support Caregivers

Strategy	Owner
Continue promoting person centered practices, including Person Centered Thinking, Planning and Practices and Montessori Dementia Care practices throughout the agency to improve support and services for older adults and their informal caregivers	HHSC Medicaid and CHIP Services
Develop training and related resources for supporting informal caregivers in collaboration with HHSC for older adults with vision loss and their families, direct service providers, and community-based organizations	Texas Workforce Commission Independent Living Skills for Older Adults who are Blind Program
Include the Caregiver Optional Module and the Cognitive Decline Optional Module in the Texas Behavioral Risk Factor Surveillance System for 2021	DSHS Alzheimer’s Disease Program

Strategy	Owner
Coordinate training to LMHA disaster staff on cumulative stress, grief and loss, and/or compassion fatigue after a disaster or critical incident	HHSC Behavioral Health Services
Provide disaster planning and educational materials on stress management to local mental health authority staff providing direct services during and after a disaster to informal caregivers	HHSC Behavioral Health Services
Work with organizations through the Texas Talks initiative to elevate the experiences and issues of family informal caregivers	HHSC Aging Services Coordination
Work with the internal and external stakeholders through the CHCS Family Caregiving technical assistance opportunity to develop strategies to increase awareness of informal caregiver experiences and services to support them; and identify ways to leverage Medicaid managed care services to support informal caregivers	HHSC Aging Services Coordination

Table 23: Strategies to Address Older Adult Food Insecurity

Strategy	Owner
Include resources around access to food in program outreach and community awareness, education, and training	Texas Workforce Commission Independent Living Skills for Older Adults who are Blind Program
Expand Healthy Pantry Project at food pantries in Texas	DSHS Texas Comprehensive Cancer Control Program
Promote Texercise Malnutrition Campaign to raise awareness of malnutrition and strategies to address this issue	HHSC Aging Services Coordination
Expand provision of monthly produce and senior box distribution, and offer SNAP application assistance	Obesity Prevention Program
Expand weekly home delivery program to homebound seniors that struggle with access to emergency food resources	Obesity Prevention Program

Attachment L – Texas Response to the COVID-19 Pandemic

The COVID-19 pandemic and other natural disasters that have impacted Texas over the past few years demonstrate the State's ability to provide a coordinated response.

The COVID-19 pandemic created new and unprecedented challenges for the State's efforts to meet the critical needs of older Texas. The aging services network rose to meet those challenges and quickly responded by implementing new initiatives and innovating new methods of service delivery to protect the health and safety of older adults.

AAAs and service providers implemented new methods to deliver services remotely, increased the number of social reassurance calls and assisted in efforts to ensure access to the COVID-19 vaccine by providing information and supports. In addition, congregate and home delivered meal providers quickly shifted to providing home delivered meals or grab and go meals and increased their efforts to ensure continuity of services for those most in need.

To support AAAs and meal providers in their efforts to meet the immediate nutritional needs of older Texans and to ensure continued access to Older Americans Act (OAA) services during the public health emergency (PHE), HHSC implemented temporary disaster-related flexibilities to certain state-specific OAA program requirements.

HHSC also activated the Special Initiative services definition. A Special Initiative is an activity or service that allows the AAAs to enhance capacity, identify partnerships, identify target populations, or identify needed services for older Texans and their caregivers. The Special Initiative service definition allows AAAs the flexibility to provide services or activities that do not fall under any other approved service definition and develop initiatives that support the infrastructure of the OAA programs, or those that meet the needs of large groups of eligible people through innovative projects.

The following six categories of initiatives were developed for use by AAAs:

1. Nutrition – Congregate Meals – To cover the increase in provider costs directly related to COVID-19 to support the provision of congregate meals.
2. Nutrition – Home Delivered Meals – To cover the increase in provider costs directly related to COVID-19 to support the provision of home delivered meals.
3. Support Service Delivery – To cover the costs of ordering, shopping for, packaging and delivering groceries or supplies for eligible people to address their basic needs during COVID-19.

4. Consumable Supplies – To cover the costs of groceries, supplies and other items that meet the basic needs of eligible people and help to address social isolation related to COVID-19.
5. Facilities Support – To cover the increase in costs directly related to COVID-19 to support the provision of activities in a facility that does not provide congregate or home delivered meals but supports OAA services or activities.
6. Access-Transportation – To cover the increase in provider costs directly related to COVID-19 and support the continued provision of transportation.

In addition, to ensure the state’s most vulnerable populations had access to the COVID-19 vaccination, Governor Greg Abbott partnered with the Texas Division of Emergency Management (TDEM) and the Texas Military Department (TMD) to initiate the Save our Seniors program. The state worked with local officials and service organizations, including Meals On Wheels and nursing groups, to identify and administer vaccines and ensure access to the COVID-19 vaccination for homebound seniors across Texas. The program was expanded to include the State Mobile Vaccine Pilot Program which helped establish centrally located drive-through clinics directed at seniors. The Governor also partnered with the Texas HHSC, the Texas Employee Retirement System, the Texas Teachers Retirement System, and participating Medicare health plans to launch a direct outreach effort to reach more older Texans across the state and ensure access to the tools and information needed to get a COVID-19 vaccine.

Attachment M – List of Acronyms and Initialisms

AAA	Area Agencies on Aging
ACL	Administration for Community Living
ADL	Activities of Daily Living
ADRC	Aging and Disability Resource Center
Aging Service Network	The state’s aging services network includes the Area Agencies on Aging, Office of Area Agencies on Aging, Office of Aging and Disability Resources, Texas Association of Area Agencies on Aging, Texas Association of Regional Councils, Texas local intellectual and developmental disability authorities and service providers
ATW	Aging Texas Well
ASC	Aging Service Coordination
APS	Adult Protective Services
COVID-19	Coronavirus
DSHS	Department of State Health Services
HHSC	Health and Human Services Commission
LTSS	Long-Term Services and Supports
OAA	Older Americans Act of 1965, as Amended in 2020
OAAA	Office Area Agencies on Aging
State Plan	State Plan on Aging
SUA	State Unit on Aging
TDC	Texas Demographic Center