

North Central Texas Council of Governments
Area Agency on Aging

Area Plan
FY 2015 – 2016

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Authorized Signature Form

The Area Plan is hereby submitted by the North Central Texas Council of Governments, for the period of October 1, 2014, through September 30, 2016, (FFY2015/FFY2016). All assurances are included and are to be followed by the North Central Texas Area Agency on Aging under provisions of the Older Americans Act, as amended, during the period identified. The North Central Texas Area Agency on Aging will assume full authority to develop and administer the Area Plan in accordance with all requirements of the act and related State policy. In accepting this authority the North Central Texas Area Agency on Aging assumes the major responsibility for the development and administration of the Area Plan and serves as an advocate and focal point for individuals who are older and their caregivers in the planning and service area.

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

_____ Signature	<u>Maggie Lira</u> Name (Type or Print)
_____ Signature	<u>Shannan Ramirez</u> Name (Type or Print)
_____ Signature	<u>Jessie Shadowens</u> Name (Type or Print)

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

_____ Signature (Executive Director)	<u>Mike Eastland</u> Name (Type or Print)
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I hereby certify the governing body of the Grantee Agency has reviewed and approved the Area Plan; further, the grantee and area agency on aging will comply with the federal requirements and assurances contained in the Older Americans Act, as amended, and with appropriate Department of Aging & Disability Services, Access & Assistance-Area Agency on Aging's outcomes for services contained in the Texas Administrative Code.

_____ Signature of Authorizing Official of Grantee	<u>Steve Terrell</u> Name (Type or Print)	_____ Date
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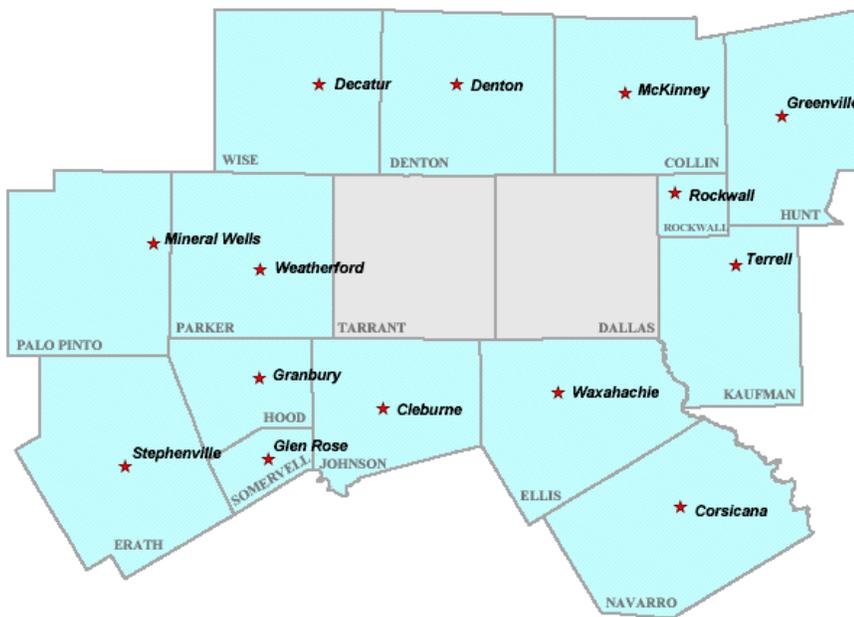
_____ Signature of Authorizing Official of Grantee	<u>John Horn</u> Name (Type or Print)	_____ Date
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Area Plan Narrative

Environmental Overview

Community Assessment

The North Central Texas service area consists of the 14 counties that surround, but do not include, Dallas and Tarrant. These counties include Collin, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, and Wise. In 2012, the total population of the 14 counties was 2,482,151.



North Central Texas is recognized at the state and national level as a high opportunity/high growth area, benefitting from relatively low unemployment rates, high levels of educational attainment, low poverty rates, and high median income. The 14 counties of the North Central Texas Area Agency on Aging benefit from the strength of the Dallas/Fort Worth economy, which includes numerous corporate headquarters, information technology firms, farming and ranching industry, and defense manufacturing. Consider the following statistics:

- In December 2013 the unemployment rate in North Central Texas was 5.0%, compared to a state average of 6.0% and a national average of 6.7%.
- From 2010 to 2012, the North Central Texas was the second-fastest growing region in the state, adding 119,734 residents.
- More than one in three (i.e., 35.8%) North Central Texas adults has obtained a bachelor's degree, compared to 26.3% of all adult Texans.
- Three North Central Texas counties—Collin, Denton, and Rockwall—are among the seven Texas counties with the highest median income.

Yet North Central Texas is not immune from economic and social pressures. The service area's residents will face a number of challenges in years to come, including traffic congestion, poor air quality, lack of qualified health care providers, decline in wealth, and an increasingly burdened system of federally-funded and state-funded long-term services and supports. In addition, the region will face deeper divisions between rapidly growing urban communities, clustered along major transportation arteries (e.g., Interstates 30 and 35, and Highways 75, 121, and 380) and more isolated rural communities.

This environmental overview of North Central Texas will explore the effects of population growth, age distribution, geographic distribution, racial composition, education, and political and cultural climate, in light of unique regional needs. It will note the effects of an increasing rural/urban divide that has far-reaching effects on older residents' access to services.

Population Growth

The North Central Texas area has undergone rapid growth among residents of all ages and older residents since the NCTAAA submitted its last area plan in 2010. Specifically, the service area added 119,378 residents between 2010 and 2012, constituting a growth rate of more than 5% during a three-year period. This significantly exceeds the statewide growth rate of 3.6% during the same time period. Between 2010 and 2012, the number of North Central Texans age 60 and over increased by 21,782, or 6.3%.

Although the rates of general population growth are expected to level off during the next few years, the service area will undergo sustained growth in the number and percentage of older adults. Between 2014 and 2024, the number of older North Central Texans is projected to swell from 398,327 to 767,096—a stunning growth rate of 81.05%.

Following is a chart that depicts the number of persons age 60 and over, by county, at five-year intervals beginning with 2014 and ending with 2024. As noted below, the number of North Central Texas older adults is expected to increase by 343,395 during the next decade.

Population Estimates, Persons Age 60 and Over, 2014-2024

County	2014	2019	2024	Percentage increase, 2014 – 2024
Collin	127,004	181,770	257,104	102.44%
Denton	97,360	137,467	190,567	95.73%
Ellis	28,447	37,869	48,590	70.81%
Erath	7,515	8,618	9,697	29.03%
Hood	17,364	21,725	25,732	48.19%
Hunt	19,855	24,040	28,257	42.32%
Johnson	30,787	38,618	47,148	53.14%
Kaufman	20,187	27,300	35,879	77.73%
Navarro	10,997	12,982	15,050	36.86%
Palo Pinto	7,348	8,841	10,245	39.43%
Parker	26,502	34,728	44,478	67.83%
Rockwall	14,975	21,543	30,536	103.91%
Somervell	2,194	2,695	3,313	51.00%
Wise	12,896	16,494	20,470	58.73%
North Central Texas Total	<i>423,701</i>	<i>574,690</i>	<i>767,096</i>	<i>81.05%</i>
Texas Total	<i>4,437,264</i>	<i>5,455,248</i>	<i>6,549,377</i>	<i>47.6%</i>

Older adults are redefining the aging process and shattering stereotypes about frailty and retirement. As such, the number of persons age 60 and over is no direct indicator of need for social services or long-term services and supports. However, it is an indirect indicator of need, as advancing age heightens risk of chronic disease and disability.

More compelling are regional data on the number of persons age 85 and over. Among this age group, more than one in five (i.e., 22%) reside in nursing homes (in comparison to only 1% of all persons age 65 and over). Approximately half of persons age 85 and over show signs of dementia. More than four in five (81%) have impairments of at least one activity of daily living, such as walking, bathing, toileting, feeding, grooming, and transferring from bed to chair. This is more than double the incidence of functional impairment among all persons age 65 and over (40%).

Following are population projections, prepared by the Texas Health and Human Services Commission, that detail future growth among persons age 85 and over. Overall, the North Central Texas region is expected to undergo a doubling of this population within a decade.

Population Estimates, Persons Age 85 and Over, 2014 – 2024

County	2014	2019	2024	Percentage change, 2014-2024
Collin	8,341	12,982	20,231	142.55%
Denton	6,522	9,695	14,732	125.88%
Ellis	2,150	3,050	4,097	90.56%
Erath	662	669	701	5.89%
Hood	1,217	1,329	1,632	34.10%
Hunt	1,789	2,473	3,280	83.34%
Johnson	2,016	2,681	3,553	76.24%
Kaufman	1,373	1,847	2,415	75.89%
Navarro	882	899	1,004	13.83%
Palo Pinto	482	541	647	34.23%
Parker	1,735	2,333	3,070	76.95%
Rockwall	1,113	1,655	2,342	110.42%
Somervell	169	183	211	24.85%
Wise	745	951	1,193	60.13%
Total, North Central Texas	29,196	41,288	58,748	101.22%

Rural-Dwellers

As noted above, a disproportionate share of the service area’s older adults live in its urban counties, including Collin, Denton, Ellis, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, and Wise. The service area’s four rural counties—Erath, Navarro, Palo Pinto, and Somervell—are home to only 6.6% of the service area’s older adults in 2014. By 2024, that percentage will decline to 5.01%. As urban counties undergo rapid growth, the NCTAAA must ensure that rural residents remain a priority population. Such attention is warranted, given rural-dwellers’ higher poverty rates, higher disability rates, and lower median incomes in comparison to those of urban residents.

The chart below provides compelling evidence of the urban/rural divide. Rural counties appear in *italic* type.

2013 Median Household Income, Poverty Rates, and All Age Disability Rates by County

County	Median Household Income	All Age Poverty Rate	Elder Poverty Rate	All Age Disability Rate
Collin	\$81,992	7.8%	6.11%	1.9%
Denton	\$71,338	8.8%	5.85%	2.3%
Ellis	\$58,016	10.9%	7.63%	<i>Not available</i>
<i>Erath</i>	<i>\$38,636</i>	<i>22.2%</i>	<i>10.82%</i>	<i>4.0%</i>
Hood	\$56,591	11.6%	4.64%	<i>Not available</i>
Hunt	\$42,821	19.5%	10.53%	5.8%
Johnson	\$56,659	12.9%	7.01%	3.7%
Kaufman	\$55,044	14.1%	7.34%	2.4%
<i>Navarro</i>	<i>\$40,624</i>	<i>20.3%</i>	<i>11.72%</i>	<i>5.5%</i>
<i>Palo Pinto</i>	<i>\$40,817</i>	<i>19.0%</i>	<i>11.09%</i>	<i>5.3%</i>
Parker	\$63,720	10.8%	7.44%	4.6%
Rockwall	\$85,164	6.7%	4.86%	2.6%
<i>Somervell</i>	<i>\$52,988</i>	<i>11.4%</i>	<i>10.26%</i>	<i>Not available</i>
Wise	\$53,927	11.9%	6.23%	4.9%
<i>Texas average</i>	<i>\$50,740</i>	<i>17.9%</i>	<i>16%</i>	<i>Not available</i>
<i>United States average</i>	<i>\$51,404</i>	<i>15.0%</i>	<i>9%</i>	<i>Not available</i>

Racial Composition

The North Central Texas service area is home to an increasing number of in-migrants—both domestic and foreign. As a result of strong international migration, its racial composition is shifting and resulting in greater heterogeneity. Currently, growth rates for non-Whites exceed those for Whites.

According to HHSC population estimates, Whites will account for 82.9% of the service area’s older adult population in 2014. By 2019, non-Whites will comprise 79.1% of older North Central Texans; and by

2019, they will constitute slightly less than three-quarters (74.57%) of all older adults. This shift is of significance to aging providers since older persons of color are more likely to be living in poverty and dealing with disability than the older population at large.

Nationwide 11.6% of older Whites live in poverty. In contrast, 25.8% of older African Americans have incomes below the poverty line, as do 23.2% of older Hispanics and 23.9% of older Native Americans.

As income varies by race, so too does the incidence of disability. Among older Americans, 18% of non-Hispanic Whites are unable to perform at least one activity of daily living, compared with 23% of non-Hispanic Blacks. Among older women, 29% of non-Hispanic Whites are unable to perform at least one activity of daily living, compared with 33% of non-Hispanic Blacks.

Education

North Central Texas residents have high levels of educational attainment, surpassing state norms of 26.3%. However, regional averages are skewed upwards by its two most populous counties. Nearly one of every two (49%) Collin County residents holds a bachelor's degree, as do 40.3% of Denton County residents. Two other counties, Rockwall (35.3%) and Somervell (30.3%), exceed state averages. The remaining 10 counties in the service area have attainment rates that are nearer to or lower than state averages.

Educational Attainment Rates by County

County	Percentage of Residents Age 25+ Who Have Bachelor's Degree or Higher
Collin	49.0%
Denton	40.3%
Ellis	20.8%
Erath	24.5%
Hood	23.0%
Hunt	17.3%
Johnson	15.8%
Kaufman	17.4%
Navarro	16.5%
Palo Pinto	14.6%
Parker	23.8%
Rockwall	35.3%
Somervell	30.3%
Wise	15.9%
<i>North Central Texas</i>	35.8%
<i>Texas</i>	26.3%

Gender

Women have a longer life expectancy than men and comprise a disproportionate share of older adults. Within the North Central Texas area, women account for 54.33% of all residents age 60 and over as of early 2014. By 2024, their population share will diminish slightly, to 54.29%.

The gap between men's and women's life expectancies is declining as men are making lifestyle improvements (e.g., reducing the incidence of smoking) and high-risk worksites (e.g., mines) are more closely regulated by the Occupational Health and Safety Administration. At the same time, women are increasing the incidence of smoking and entry into high-risk professions, such as firefighting, with greater frequency.

Political and Cultural Climate

Although North Central Texas defies generalizations in terms of political and cultural climate, it tends to reflect the State's and governor's emphasis on business development, fiscal conservatism, and limited government. As evidence of the region's vibrant economy, Plano, Frisco, and Allen, located in Collin County, and the City of Denton, located in Denton County, are home to major corporations such as J.C. Penney, Pizza Hut, Frito Lay, Alcatel-Lucent, Perot Systems, Sally Beauty, and Peterbilt.

However, none of the 14 counties in the service area has a public hospital. As such, North Central Texans without health insurance must resort to their counties' indigent health care programs in order to obtain subsidized care—or appeal to health care providers to reduce or waive the costs of care.

Lack of health insurance affects residents of all counties in the North Central Texas area. For example, half of the nation's uninsured residents live in 116 counties—including Collin (with approximately 14.9%, or 150,000 residents, uninsured) and Denton (with approximately 16.9%, or 118,000 residents, uninsured). Although the number of uninsured people in rural counties is lower, the incidence is much higher, at 31.0% in both Erath and Somervell counties, 30% in Navarro County, and 28% in Palo Pinto County.

Texas is one of 21 states nationwide that opted out of Medicaid expansion. Without Medicaid expansion, adults between 74 and 100% of the poverty level do not have options for subsidized health insurance.

Texas' constitutional requirement for a balanced budget and the practice of fiscal conservatism lead to constraints on publically-funded human service programs at the state level. In addition, federal Sequestration, which has reduced funding for domestic programs such as the Older Americans Act, will continue to shift burden of care for low-income residents away from Washington. At present, local communities are experiencing significant difficulties in bridging the widening gap.

Unique Regional Needs

As North Central Texas continues to urbanize, it more frequently contends with “big city” issues such as assimilation of immigrants who speak primary languages other than English, inadequate infrastructure, increasing population density, traffic congestion, and pollution. For example, nearly one in four Collin County residents (24.9%) speaks a primary language other than English. Throughout the region, Spanish is the most frequently spoken language other than English—but far from the only language other than English. The region is attracting large numbers of emigrants who speak Hindi, Vietnamese, Chinese, Korean, and Tagalog. This creates tremendous challenges for public service agencies that may lack adequate budget and personnel to provide effective communication to non-English speakers and full access to services.

Rapid growth also creates challenges for transportation planners, who struggle to keep pace with the increased number of cars on the road. Unable to secure adequate financing from the Federal Transportation Authority, they must rely on self-financing (i.e., toll roads) to support new road construction. This imposes a burden on low-income drivers. As roadways become more congested, all drivers suffer the effects of diminished productivity.

The downside of development is also seen in the region’s air quality. In 2012, the US Environmental Protection Agency (EPA) designated ten counties (Collin, Dallas, Denton, Ellis, Johnson, Kaufman, Parker, Rockwall, Tarrant and Wise Counties) in North Central Texas as nonattainment for the pollutant ozone in accordance with the 1997 8-hour ozone National Ambient Air Quality Standards (NAAQS). This threatens the region’s public health, with greatest impact on those with compromised immune systems.

In both urban and rural counties, dramatic growth in the number and percentage of older persons is challenging NCTCOG and its member governments to fully respond to the needs of its residents. With an aging population comes a number of challenges (e.g., increasing dependency ratios, greater demand for healthcare services—both general and specialized, accessible housing, para-transit, and long-term services and supports).

In addition, it drives up demand for health care providers at all skill levels, who are already in short supply in many communities.

Within the North Central Texas area, six counties are designated as medically underserved areas (MUAs). These include three rural counties (i.e., Erath, Navarro and Palo Pinto) and three urban counties (i.e., Ellis, Johnson, and Kaufman). In all counties, demand for health care professionals will increase with the aging of the population and expansion of the insurance rolls through the Affordable Care Act. Yet the supply of doctors is in decline, with half of the nation's doctors over the age of 50 and medical schools unable to accommodate surges in enrollment.

North Central Texans with disabilities will also face challenges in obtaining unskilled and informal care. By 2020 the U.S. will require 1.6 million more direct-care workers than in 2010, based on an analysis of Bureau of Labor Statistics data--a 48% increase for nursing, home health and personal-care aides.

Despite such challenges, population aging has a number of potential benefits (e.g., higher rates of disposable income, lower crime rates, civic activism, and greater incidence of voluntarism).

Improvements in NCTAAA Programs, Policies, and Services

In light of these unique regional needs, the NCTAAA intends to take the following actions to improve its programs, policies, and services:

- Concentrate on recruitment of multi-lingual volunteers who can assist with outreach and service to minority older adults who do not speak English;
- Apply for new funding sources to prevent diminution of service levels as federal and state funds fail to keep up with dramatic population growth; and
- Continue to partner with federal, state and local partners to ensure that NCTAAA target those with greatest need, avoids duplication of effort, and leverages non-Title III resources as may be available.

- Place greater emphasis on evidence-based programs, to more clearly determine program outcomes and return on investment.
- Increase knowledge of federal, state, and local resources for younger adults and children with disabilities, to serve as a comprehensive source of information about long-term services and supports.
- Conduct targeted recruitment of volunteers to serve as health coaches and certified ombudsmen assigned to assisted living facilities.

Adjustments in NCTAAA Resource Levels

The NCTAAA stands ready to adjust its resource levels as needed—and as permitted by DADS—to ensure that it’s responsive to local needs and making best use of available funds. To that end, it proposes taking the following actions:

- Re-evaluating its funding formula in light of increased base for rural counties and/or greater emphasis on productivity data and less emphasis on demographics. It has already formed a workgroup of its Regional Aging Advisory Committee who will review the current formula and make recommendations for changes; and
- Increasing the weight of extra points awarded for discretionary programs that serve rural areas.
- Transferring unutilized congregate meal funds to demonstration projects for senior centers, subject to DADS approval.

Organizational Structure

The NCT-AAA is a program of the North Central Texas Council of Governments, located within its Community Services division. Its 18 full-time and three part-time staff members (of whom two are funded in full by non-Title III funds) account for only seven percent of NCTCOG's workforce. Accordingly, NCT-AAA revenues account for approximately seven percent of the NCTCOG budget.

NCTAAA employees' relationship to the North Central Texas Council of Governments and each other is depicted in the organizational chart found in Attachment A.

Historical Description

Established in February 1966 by Senate Bill 242 (62nd Session of the Texas Legislature), NCTCOG is the first of its kind in the state of Texas. It administers a broad array of programs, organized under the following divisions: Transportation, Environment and Development, Workforce, Research and Information Services, Public Affairs, Community Services, and Emergency Preparedness.

The NCTAAA is part of the Community Services program. Funded in part by the Texas Department of Aging and Disability Services, it provides services under the Older Americans Act of 1965, as amended. It has gradually expanded its role and target populations. Restricted for many years to serving people age 60 and over, it now serves people of all ages who have disabilities and their caregivers.

Human Resources Strengths and Weaknesses

The NCTAAA benefits from a highly experienced, tenured workforce. It has lost only two staff people in the past five years. On average, full- and part-time Aging employees have 9.92 years' experience with NCTCOG—an average that's surpassed by three employees whose positions were created within the past five years. All Aging employees have college degrees; eight hold at least master's degrees; and two hold doctorates.

Aging staff people have diverse educational backgrounds and skill sets. Collectively they hold degrees in fields of study including gerontology, social work, rehabilitation, education, and business. To better meet the needs of consumers with mental illness, Aging has hired a case manager and a long-term care ombudsman with North Central Texas Council of Governments

mental health backgrounds. Likewise, in a commitment to building capacity to work with consumers of all ages, it recruited an Aging and Disability Resource Center case manager who had experience providing services to children and young adults with severe disabilities. To bridge the gap between acute and long-term services and supports, the Agency hired two case managers with prior work experience as discharge planners at Long-Term Acute Care Facilities. In a desire to better integrate services with DADS and Medicaid, the NCTAAA hired a case manager who had worked with DADS in the STAR+PLUS Support Unit and another who had served as a Medicaid eligibility worker.

NCTAAA employees are culturally diverse, in keeping with the diversity of the NCTAAA service area. They speak four languages (English, Spanish, Vietnamese, and French).

The NCTAAA's primary human resource weaknesses include: 1) inability to compensate employees commensurate with increases in workload, given declining federal revenues; 2) lack of clearly defined work ladder for employees who assume greater experience and responsibility; 3) lack of clinical personnel, who are often viewed as more credible by potential healthcare partners; and 4) lack of sufficient staffing and related resources to provide face-to-face services on a regular basis.

Role of the Advisory and Executive Committees

The Regional Aging Advisory Committee (RAAC) provides advice and direction to the NCTAAA and recommends policies for the Executive Board's consideration. Created under Section 304 (C) of Public Law 93-29, RAAC has responsibilities that include assisting in the development of the area plan; assisting in conducting public hearings; representing the interests of older persons in the region; reviewing competitive proposals for Title III and DADS funds passed through NCTCOG for aging services; identifying and establishing relationships with groups, agencies, and individuals providing services to older adults; providing input regarding program development and implementation; and promoting awareness of aging issues, as well as program plans and objectives.

The NCTAAA solicits nominations for RAAC from county judges and, consistent with the Older Americans Act, requests nominees who are older persons, representatives of older individuals, local elected officials, providers of veterans' health care, and the general public. Of all RAAC members, 65% are at least 60 years of age; 20% are veterans; 5% are local elected officials, and all are representatives of older individuals (either formally or informally).

RAAC meets quarterly, on the second Tuesdays of February, May, August, and November.

NCTCOG's Executive Board, composed of 13 locally elected officials, and one ex-officio non-voting member, is the policy-making body for all activities undertaken by the Council of Governments, including program activities and decisions, regional plans, and fiscal and budgetary policies. The Board is supported by technical, study, and policy development committees and a professional staff led by Mike Eastland, Executive Director.

The Executive Board meets on the fourth Thursday of each month January through October and on the third Thursday of the month in November and December.

Location of the AAA

The NCTAAA's primary office is located at 616 Six Flags Drive, in Arlington. It has a satellite office, located at 104 Pirate Drive, Granbury (Hood County) that is staffed three days a week by an NCTAAA case manager and benefits counselor.

Staffing

Staff members, primary activities, and planned percent of time spent on service activities are detailed in Appendix B. All staff are expected to provide at least some direct consumer services, even if their job descriptions are managerial or clerical in nature. This is an important means of ensuring that all staff members understand daily operations and the way in which their jobs support the Agency mission.

The NCTAAA is unique in utilizing contract workers to provide care coordination, caregiver support coordination, and/or nursing home relocation services. It developed its hybrid system of both staff and contract case managers nearly 15 years ago, in response to challenges associated with adequately staffing its care coordination program and providing full coverage of its service area. Staff case managers assume primary responsibilities for screening consumer referrals and assisting those who qualify. However, should demand exceed their capacity, staff case managers are able to make referrals to more than 20 field-based contract case managers who will conduct in-home or facility-based assessments, develop and implement person-centered plans, and request service authorization from the NCTAAA. Contract case managers are compensated on the basis of time spent on eligible cases, and are not guaranteed a minimum number of referrals. The contract network helps the NCTAAA respond quickly to surges in demand for case management services. At the same time, it helps the Agency manage program costs since it pays its contract workers for consumer-specific activity only, excluding travel time. It does not reimburse contractors for travel, training, or other general administrative activities.

Service Delivery System, System Design, Program Development, and Innovation

Staffing

The NCTAAA has seven staff who provide administrative functions: Senior Accountant Mona Barbee, who provides fiscal support, and Doni Green, Angie Estes, Mike Hensley, Jan Henning, Christine Tran, and Lisa Walker, who provide programmatic support. Of these staff, only Green, Hensley and Henning are charged with the administrative functions of coordination, advocacy, program development, public awareness, and outreach. Following are specific responsibilities by staff person and title:

- Doni Green (Chief Aging Program Officer): determine capacity to develop new programs; ensure adequate resources; ensure inter-agency and intra-agency coordination, to prevent duplication of services and leverage non-AAA resources, as may be available; advocate for needs of older adults by educating legislators and policy-makers; participate in interagency collaborations (e.g., Texas Senior Advocacy Coalition, Promoting Independence Advisory Committee, Housing and Health Services Coordination Council); conduct outreach to managed care organizations; help design and implement public awareness and outreach campaigns.
- Mike Hensley (Aging Programs Supervisor—Contract Services): provide technical assistance, education, and support to nutrition/transportation contractors to ensure effective coordination of direct and contracted services; assist contractors in developing and implementing public awareness activities; ensure outreach targets priority populations, such as minority older adults and older adults in rural areas.
- Jan Henning (Aging Programs Supervisor—Direct Services): develop and implement ADRC expansion plan; develop and implement special projects, such as Age Well/Live Well; assist with design and implementation of marketing plan for special initiatives.

The NCTAAA administers services using three major procurement methods: 1) direct service provision, 2) contracting with qualified entities for all aspects of service provision; and 3) purchasing specific service components through direct purchase of service (DPS).

The Agency's direct services include Information, Referral and Assistance (.42 FTEs); Legal Awareness (2.66 FTEs); Legal Assistance (1.03 FTEs); Care Coordination (1.95 FTEs), Caregiver Support Coordination (1.95 FTEs), Long-Term Care Ombudsman (3.98 FTEs); and ADRC Options Counseling (1.8 FTEs).

The NCTAAA will never have sufficient capacity to meet the needs of all older persons in its service area. Every year the gap between demand and supply tends to widen as the eligible population swells and federal funding remains constant or is reduced. The Agency faces a number of limitations imposed by excess demand and inability to provide on-going financial assistance to its low-income consumers. Despite the financial limitations the Agency faces, in providing the services it is able to offer, it follows the DADS guiding principles of consumer focus and consumer choice. Its Access and Intake staff are charged with determining consumers' wants, needs, and preferences, and designing a plan that will help them obtain the outcomes they desire.

The NCTAAA benefits from being part of a large organization that has rigorous guidelines regarding procurement of services and create contract templates. For purchases of less than \$3,000, no bids are required but staff are required to make a good faith effort to obtain the best value. For purchases of more than \$3,000 but less than \$50,000, a purchase requisition is used to obtain at least three competitive written bids. For purchases of more than \$50,000, NCTCOG undertakes a sealed bidding process and obtains approval from its Executive Director and Executive Board. At a minimum the agency advertises in newspapers 14 days prior to bid closing and obtains at least three bids or proposals.

The Chief Aging Program Officer has extensive experience preparing Requests for Proposals (used to procure non-personnel services) and Requests for Qualifications (used to procure professional services). In the event that the NCTAAA receives competing bids, it convenes a Proposal Review Subcommittee of its Regional Aging Advisory Committee to evaluate proposals and make funding recommendations to NCTCOG's Executive Board.

The NCTAAA engages in competitive procurement to select contractors to provide Demand Response Transportation; Congregate Meals; Home-Delivered Meals; Information, Referral and Assistance; Caregiver

Information Services; Instruction and Training; Nursing Home Relocation; Options Counseling; Care Coordination, Caregiver Support Coordination; Health Maintenance; and Legal Assistance services. It maintains a two-year contract cycle for nutrition and transportation services that takes place in odd-numbered years. During even –numbered years it procures caregiver, instruction and training, money management, and health maintenance services. It procures care coordination, caregiver support coordination, and nursing home relocation services on an annual basis.

Under the terms of their performance-based contracts, all contractors are responsible for assessing consumers' needs and determining eligibility, authorizing services as indicated, and providing services. In addition, transportation and nutrition contractors are responsible for conducting data entry into the SAMS client tracking software system.

The NCTAAA uses a Direct Purchase of Service methodology to provide specific goods and services to its consumers, as authorized by its Access and Assistance staff. For example, its case managers draw from a large pool of vendors to authorize emergency response, homemaker, respite, and residential repair services. The NCTAAA maintains an open enrollment system and accepts vendor applications throughout the year.

Regardless of the procurement methodology, the NCTAAA takes seriously its responsibility to ensure compliance with all program requirements and administer services that are infused with DADS guiding principles of provider accountability and respect. It conducts a number of quality assurance activities among its contractors, including: 1) conducting on-site program monitoring; 2) conducting on-site fiscal monitoring; 3) requiring all nutrition and transportation contractors to conduct a quality assurance survey of their consumers at least annually; 4) participating in Administration for Community Living consumer satisfaction surveys; and 5) maintaining regular communication between DADS contract management staff regarding common providers.

Mike Hensley, as Aging Programs Supervisor—Contract Services, assumes primary responsibility for contractors' programmatic monitoring. He conducts desk reviews of nutrition and transportation providers' program data on at least a monthly basis and runs error reports that identify consumers with missing or

inconsistent data (e.g., a date of birth that does not establish eligibility). Hensley takes these data into consideration as he completes an annual risk assessment tool. Along with accuracy in reporting, the tool assesses contractors' timeliness of reporting, performance on prior program monitoring reviews, and turnover among key staff. Hensley uses risk assessment data to develop an annual monitoring schedule. He conducts on-site monitoring reviews of high risk providers at least annually, and low risk providers at least tri-annually.

Debra Murry, as Audit Manager of the Fiscal Monitoring Department, assumes primary responsibility for contractors' fiscal monitoring. She annually assesses contractors' risk from a fiscal perspective by reviewing their agency audits and determining their compliance with contract provisions (e.g., adequate insurance). She also assesses AAA management input of various factors, including a review of performance history. She uses the fiscal risk assessment data to develop an annual monitoring schedule that gives priority to high-risk contractors as appropriate. The Fiscal Monitoring Department conducts three types of reviews: OMB A-133 reviews as required, triennial rotational reviews, and annual insurance reviews.

If a contractor is out of compliance with its program or fiscal responsibilities, the Agency reserves the right to impose sanctions and penalties that include requiring the contractor to develop and implement a corrective action plan and submit additional support documentation before being reimbursed. In more severe cases, the NCTAAA may withhold funds until deficiencies are corrected and/or terminate the contract.

Angie Estes as Senior Case Manager assumes primary responsibility for conducting quality assurance activities among Agency vendors. She regularly verifies vendors' compliance with governing rules and regulations, and elicits feedback from consumers who receive vendored services.

The NCT-AAA contracts only with State Licensed in-home service providers (homemaker/respite) and emergency response vendors. All vendors have to provide appropriate references and the Agency checks these references.

If a vendor is determined to be out of compliance with the Texas Administrative Code or terms of its vendor agreement, Estes follows up and requests correction. If a vendor has three or more occurrences of the same issue within 90 days, the NCTAAA issues a written notice to the vendor and requires it to develop a plan to prevent recurrence.

If the vendor does not resolve the issue within 30 days, the NCTAAA removes it from the active roster, does not issue new service authorizations, and requires it to file a written corrective action plan. If it cannot verify that the corrective action plan has been implemented, the NCT-AAA terminates the vendor agreement with cause.

To ensure satisfaction at the consumer level, Estes contacts consumers of the NCTAAA homemaker program monthly to ensure that vendors are providing services as authorized and that the services are acceptable to the consumer.

The NCTAAA evaluates direct services with comparable rigor. It conducts regular performance monitoring reviews of its care coordination, caregiver support coordination, legal assistance, legal awareness, and homemaker programs. These reviews focus on compliance with the Texas Administrative Code, DADS program instructions, and NCTCOG procedures. In addition, Angie Estes, as Senior Case Manager, conducts chart reviews of staff and contract case managers. She has developed an audit tool that looks at required forms and documentation, service authorizations, narratives, and timeframes. The NCTAAA uses audit results to determine workers' need for retraining.

As a consumer-centered agency, the NCTAAA places great emphasis on consumer satisfaction. It surveys 100% of its care coordination and caregiver support coordination consumers. When workers close a case, they send consumers a survey tool that asks the following questions: 1) Did you receive services promptly; 2) Did you understand the services you got; 3) Did the services you got meet your needs; 4) If they did not meet your needs, what more did you need; 5) If you had not received the services, would you have had to choose an alternative like moving in with your family, going to an assisted living facility, or going to a nursing home; and

6) How satisfied are you with the program you received? The NCTAAA has benefited from high return rates and uses survey data for program development and workers' professional development.

In keeping with its responsibility to act as a good steward of funds entrusted to its care, the NCTAAA takes a number of steps to ensure that it's making the best business decision. It takes cost into consideration as it procures contractors' services, awarding a greater number of points to proposals with lower costs. Similarly, it utilizes cost-effective vendors more frequently, all things being equal.

Since the NCTAAA is unique in using independent contract care coordinators to provide care coordination, caregiver support coordination, and nursing home relocation services, it monitors contract expenses closely. Senior Accountant Mona Barbee has created a report that calculates workers' average costs per consumer and ranks workers from highest cost to lowest. The Agency notifies workers of their cost ranking and makes a greater number of referrals to those with lower costs, all things being equal.

Of course, all things are rarely equal. In addition to taking cost into consideration, the NCTAAA weighs consumer satisfaction when making referrals. Since all workers are required to distribute satisfaction surveys to consumers, the Agency is able to compare satisfaction between workers. Those workers with low satisfaction are counseled regarding the presenting issues and given an opportunity to improve. Conversely, those workers with high satisfaction are recognized and given a greater share of referrals, all things being equal.

The NCTAAA believes that it must shift its mentality from social service provider to social entrepreneur. In doing so, it must be able to distinguish itself as a cost-effective provider of quality services that are not otherwise available. In its work with managed care organizations, it has stressed its competitive advantages—being driven by mission rather than profit, serving as part of a coordinated and comprehensive network of providers, being able to provide a continuum of care that ranges from preventive health programs to nursing home advocacy, and having expertise in evidence-based programs that reduce risk of mortality and morbidity.

To ensure that NCTAAA makes service decisions consistent with the intent of the Older Americans Act, the Agency has operationalized the Act’s targeting language. Specifically, it has developed working definitions of “greatest economic need” and “greatest social need” and incorporated these into its screening criteria, along with three other variables that serve as risk factors for institutionalization. This philosophy helps ensure that service delivery is realistic and achievable.

In order for a person to receive care coordination services through the NCTAAA, he/she must meet at least four of the following five criteria: 1) income at or below 150% of the poverty level; 2) lack of formal or informal support; 3) need for assistance with at least two activities of daily living; 4) hospitalization within prior two weeks; and 5) diagnosis of Alzheimer’s or related dementia.

In order for a person to receive caregiver support coordination services through the NCTAAA, he/she must meet at least four of the following five criteria: 1) is caring for someone at or below 150% of the poverty level; 2) is the only source of support for the dependent person; 3) has experienced adverse health or work effects because of caregiving responsibilities; 4) cares for someone who requires assistance with at least two activities of daily living; and/or 5) cares for someone who has Alzheimer’s or related dementias.

Once a consumer is screened and deemed eligible for NCTAAA services, she is assigned a care coordinator who is trained in consumer direction, a systematic process that identifies consumer’s wants, needs, and preferences. In practical terms, the consumer defines the outcomes she wishes to achieve (e.g., to be able to get in and out of my house safely) and the care coordinator identifies support services that support those outcomes. In the event that the consumer and her informal or support persons disagree, the consumer’s wishes take precedence. The guiding principles of dignity and respect infuse all consumer interactions. Although the NCTAAA care coordinators value consumers’ well-being and safety—and make practical recommendations designed to enhance both—it values the consumer’s rights to assume risk.

The NCTAAA is centrally located, but outside its service area. To ensure that its services are accessible, it contracts with local organizations for both “core” services (i.e., nutrition and transportation) and supplemental

services (e.g., caregiver education and training); staffs a satellite office in the southwestern portion of the service area; is making preparations to open additional satellite offices; relies on local volunteers to provide face-to-face assistance; and conducts home visits as funding allows. To decrease travel costs, the NCTAAA hires staff case managers, ombudsmen, and benefits counselors who live throughout the service area and office from home. For example, it has a volunteer coordinator, case manager and benefits counselor who office from home in Collin County. It has a staff case manager who offices from home in Denton County, and a regional staff ombudsman who offices from home in Ellis County. In addition, the NCTAAA contracts with case managers and relocation specialists who live in more remote and rural parts of its service area (e.g., Erath and Navarro counties).

The NCTAAA ensures that service preferences are given to older individuals with greatest economic and social need by using screening criteria that target older persons with incomes at or below 150% of the poverty level and older persons without formal or informal support. In order to qualify for the Agency's care coordination or caregiver support coordination program, a prospective consumer must meet at least one of those two criteria; and the majority of consumers served meet both. In order to qualify for the Agency's nursing home relocation program, a prospective consumer must have been deemed eligible for Medicaid. Further, the Agency targets those who lack family support for its Title III-B programs for older adults. For its Title III-E programs for caregivers, it targets family members who are the sole source of support for the dependent older people or grandchildren under the age of 18.

The NCTAAA's promotional materials (particularly those for its benefits counseling program, Aging and Disability Resource Center) target persons with greatest economic need, even though services are provided free of charge to individuals at all economic levels. For example, they include language that, "We help people find and get services such as Medicare Low-Income Subsidy, Medicaid benefits, and emergency financial assistance." Both programs respond to the individual needs, preferences, and rights of consumers by providing specific resources and assistance tailored to the consumer.

The NCTAAA also requires that its contractors target persons with greatest economic and greatest social need. It requires contractors to explain their targeting strategies during the Request for Proposal process and conducts follow-up monitoring to ensure that contractors' proposed strategies are implemented.

Following is a high-level budget summary of available resources supporting the AAA's service delivery system:

Fiscal Year 2013 Planning Budget

DADS A&I/AAA

Title IIIB	\$1,307,966
Title III-C1	994,903
Title III-C2	1,416,471
Title III-D Evidence Based - Intervention	93,176
Title III-E	637,366
Title VII-EAP	22,768
Title VII-OAG	76,814
CMS Basic	24,858
NSIP	550,643
State General Revenue - Other	280,142
Title III-E GOECSC	5,232
OMB ALF Services	84,785
ACA-MIPPA Priority 2	28,086
OMB MFPD	12,765
Program Income	274,301
Local Cash Match	3,495,902
Local Non-Cash In-Kind	1,656,671

Total DADS A&I/AAA \$10,962,849

Other Aging Programs

ADRC	\$272,343
MIPPA ADRC	\$24,735
Nursing Home Relocation	903,948
Special Initiatives	55,277

Total Other Aging Programs \$1,256,303

The NCTAAA understands that Title III funds will never be sufficient to meet the range of consumers' needs. To that end, it has consistently sought out other funding sources that support its mission. It has applied for and been awarded competitive funding through DADS for an Aging and Disability Resource Center, housing navigation, nursing home relocation services, Transition Assistance Services, Age Well/Live Well, and Age/Well Live Well Community Planning Toolkit. All of these funds are earmarked for specific services.

To meet its administrative match requirement, the NCTAAA requests funding from each of the 14 counties in its service area. It determines each county's match requirement on the basis of funding allocated to that county for nutrition and transportation services, relative to the regional allocation for nutrition and transportation services. These funds are reported as local cash. In addition, the Agency relies on in-kind contributions to meet its administrative match, by valuing Regional Aging Advisory Committee members' donated time and travel.

The Agency generates in-kind contributions for direct services by valuing volunteer ombudsmen and benefits counselors' donated labor.

Local funds and in-kind services leverage federal and state funds in several ways: 1) by ensuring that federal and state funds are fully utilized; 2) by expanding the breadth of services; 3) by reducing the cost of services, and 4) by improving program efficiency.

AAA's Method of Fiscal Management

Fiscal management is performed by the Aging Senior Accountant, as an employee of the North Central Texas Council of Governments' Administration Department, and the Chief Aging Program Officer, as an employee of the Community Services Department.

The Aging Senior Accountant is budgeted to the Aging Program at 88%. Her responsibilities include collaborating on the NCTAAA budget, reviewing and approving all invoices for payment, reviewing and

approving subcontractor reports, requesting reimbursement from funding sources, reimbursing subcontractors, tracking expenditures, and completing the Agency's fiscal reports.

The Senior Accountant and Chief Aging Program Officer prepare the annual planning budget based on historical performance and fiscal data, adjusted for anticipated changes in the cost of service and/or demand for services.

Each planning cycle, the Agency re-evaluates its current service mix and budget priorities. It dedicates greater funding to services that are most needed, least accessible through other agencies, and consistent with the AAA's mission. Budgets are set on an annual basis and amended throughout the year.

To ensure that expenses are coded to the appropriate service, the NCTAAA assigns project numbers by service, funding stream, and type of expense (i.e. operational or pass-thru). As invoices or requests for payment are received, the Aging Administrative Assistant assigns a project code, and then forwards the request to the Chief Aging Program Officer, who is authorized to approve expenditures of up to \$3,000. If payment exceeds \$3,000, the Chief Aging Program Officer gives preliminary approval and then forwards the request to the Deputy Director. Once the request has been approved by the Chief Aging Program Officer and/or Deputy Director, it is forwarded to the Administration Administrative Assistant and Aging Senior Accountant, who assigns a general ledger number. Each person reviews the request for accuracy and completeness.

Payment methods include check, wire transfer, and EFT (electronic funds transfer). If the requestor is a vendor, payment is made by either check or EFT. Requests for payment received by Administration prior to 8:00 a.m. on Wednesday, are printed and processed by 1:00 the following Friday. Payments made by EFT are released on the following Friday. If the requestor is a contractor, payment is made by check, wire transfer, or EFT. Payments to contractors are not made until two weeks following the successful submission of the Request for Reimbursement (RfR) to DADS. Wire transfers are released on the Monday after funds are received. Check and EFT payment follow the time frame as payments to vendors.

To ensure Agency spending is within targets, the Department of Administration monitors expenditures on a monthly basis. Also, the Senior Accountant maintains an Excel spreadsheet that shows year-to-date expenditures as a percentage of the current approved budget. This spreadsheet is used every time an RfR is prepared, which is reviewed and approved by the Accounting Manager before it is submitted to the funding source. Real-time reporting is also available to monitor spending on a daily basis.

To track funding, the Senior Accountant has developed another Excel spreadsheet that tracks issued Notifications of Funding Availability (NFAs), along with Requests for Reimbursement (RfR) and Requests for Adjustment of Journal (RfAJ) that have been submitted.

The NCTAAA also benefits from the involvement of a NCTCOG fiscal auditor who dedicates 75% of her time to Aging programs. She assesses subcontractors' fiscal risk, conducts fiscal monitoring of high- and moderate-risk subcontractors, reviews subcontractors' desk audits, participates in subcontractor training, and provides technical assistance to both Aging staff and subcontractors.

The Aging Supervisor of Contract Services and the Senior Accountant conduct a reconciliation of units between SAMS and the agency's accounting system on quarterly basis. This is to ensure expenses are charged to the correct funding stream as well as provide consistency in reporting on the Quarterly Performance Review and SAMS.

The Chief Aging Program Officer and Senior Accountant review performance measure projection data on a quarterly basis, following the submittal of the Quarterly Performance Report. If the Agency's actual performance falls significantly above or below its projections, the Chief Aging Program Officer, Senior Accountant, Aging Supervisor of Contract Services, and any direct service staff work together to amend the projection(s) as needed.

In late 2013 the NCTAAA redesigned its system for authorizing consumer purchases to strengthen programmatic oversight and better track obligation of funds. Specifically, it converted its care plan from hard

copy to electronic format. As case managers assess consumer needs and establish their preferences, they complete electronic care plans that estimate the cost of each service and aggregate the cost of all services. They send the care plans to a Senior Case Manager (either Angie Estes or Angela Powell)—or to the Chief Aging Program Officer, in the absence of both Senior Case Managers. The Senior Case Manager or Chief Aging Program Officer reviews the plan for reasonableness and consistency, and must approve before items or services may be purchased.

Use of Voucher Systems

The NCTAAA has been an early adopter of voucher services, utilizing respite vouchers and homemaker vouchers as soon as DADS created those service options. Although it encountered some administrative challenges in setting up and maintaining the voucher system (e.g., creating accounts payable files for respite providers who are selected by caregivers and obtaining accurate reporting of service data), the benefits far outweigh the challenges.

Voucher participants have consistently been able to purchase more hours of service than the Agency could have, and have reported at least equal—if not greater—satisfaction with program outcomes. During Fiscal Year 2013, the Agency’s unit rate for Homemaker--Voucher was \$9.90, compared to \$16.37 for Homemaker. The unit rate for Caregiver Respite Care--Voucher was \$7.78, compared to \$16.03 for Caregiver Respite Care—In-Home.

Collaboration with Partners

The NCTAAA works closely with public and private agencies that share its mission of helping older adults and persons with disabilities achieve maximum independence and community integration.

It maintains frequent communication with DADS Region 3 Local Community Services, making referrals for NCTAAA consumers who are presumptively eligible for Title XIX or XX services, coordinating nursing home residents’ relocations to the community through Money Follows the Person, participating in monthly

Community Transition Team meetings, engaging in joint rate-setting and joint monitoring visits with DADS Community Contracts, and attending quarterly Long-Term Regulatory coordination meetings.

The NCTAAA has been collaborating with three Local Authorities (LAs) for mental health and intellectual and development disabilities (i.e., Pecan Valley Centers, Denton County MHMR, and LifePath Systems) since 2008 as core partners of the North Central Texas Aging and Disability Resource Center (NCT-ADRC). As the lead agency for the NCT-ADRC, the NCTAAA has conducted training for LA staff, engaged LA staff (in addition to DADS Community Services staff) in the NCT-ADRC steering committee, and undertaken interagency initiatives. The NCTAAA has been a grateful beneficiary of LA support in the form of donated office space at the Pecan Valley Granbury clinic. Two NCTAAA staff alternate travel to the Granbury clinic three days a week to provide NCT-ADRC services.

The NCTAAA has been an innovator in working with managed care organizations. It has a contract with DADS Community Services to provide nursing home relocation services, under which it coordinates with the four managed care organizations (MCOs) to transition nursing home residents with complex needs back to the community. The MCOs arrange health-related goods and services, and the NCTAAA relocation specialists arrange non-health-related goods and services such as housing. To ensure that relocation services are tightly coordinated, the NCTAAA participates in weekly scan calls with MCOs and monthly meetings with DADS, MCOs, and community partners.

The NCTAAA submitted an application to the Administration for Community Living for technical assistance to build capacity to contract with managed care organizations (MCOs). It was selected as one of nine projects nationwide, and resulted in the formation of the Texas Aging and Disability Providers Network (TADPN). TADPN has successfully negotiated one contract and is negotiating others.

The NCTAAA has been a strong supporter of the state's Area Information Centers (AICs) for several years and has contracted with both in the North Central Texas service area (i.e., United Way of Metropolitan

Tarrant County and Community Council of Greater Dallas) for Information, Referral and Assistance for nearly a decade. Its staff members conduct regular cross-training for 2-1-1 call-takers.

Mental Health Services

The NCTAAA assists consumers with behavioral health needs on a frequent basis. Its nursing home relocation program targets residents with co-occurring physical and mental disabilities; and its care coordination and caregiver support coordination programs target community-dwellers who are at risk of premature institutionalization. Mental illness is a major risk factor for nursing home placement. To best assist consumers in need of active treatment, the NCTAAA partners closely with Local Mental Health Authorities (LMHAs) and makes referrals on behalf of consumers who are presumptively eligible. It also provides training and education for staff and contractors on topics such as “Texas’ Mental Health System” and “The Limits of Self-Determination: Making Decisions on Behalf of Those with Cognitive Impairment”. During the Fiscal Year 2014 – 2015 planning cycle, the Agency intends to sponsor a community education program on depression among people with disabilities and their caregivers, in partnership with Pecan Valley Centers. Geriatrician Dr. David Smith has agreed to serve as the keynote speaker.

The NCTAAA funds mental health services for caregivers who are at risk of burnout. It contracts with two licensed professional counselors who are available to provide face-to-face or telephonic counseling.

Access and Assistance Services

The NCTAAA has demonstrated a commitment to excellent customer service in its unique policies for answering incoming calls, conducting rigorous program evaluation, and coordinating long-term services and supports, both internally and externally.

The Agency maintains a rotational schedule for phone duty that includes all office-based staff, excluding only the Senior Accountant. By requiring all office-based staff to take incoming calls, the NCTAAA increases

the likelihood that a caller will be greeted by a “real person.” In addition, shared phone duty builds all staff persons’ awareness to the needs of older adults and caregivers.

The NCTAAA engages in a number of activities to determine the extent to which its direct and contract service programs meet the wants, needs, and preferences of program participants. It surveys 100% of its care coordination and caregiver support coordination consumers, with a tool that assesses workers’ responsiveness, extent to which services met consumers’ needs, consumers’ need for additional supports, and extent to which services allowed recipients to remain in the community, as opposed to going into an assisted living facility or nursing home. Survey data are used on a programmatic level to determine program design and on a worker-specific level for professional development. The Agency also conducts a survey of all persons who complete its evidence-based fall prevention and chronic disease self-management programs and provides participants’ feedback to coaches.

With the assistance of two staff members who hold Doctorates of Philosophy, the NCTAAA has developed and implemented surveys of its more than 100 volunteers who support the Long-Term Care Ombudsman and Benefits Counseling programs. It uses survey data to determine volunteers’ need for training and technical support.

The NCTAAA has participated for the past several years in the Administration on Aging’s evaluation of local meal programs. In addition, it requires all of its nutrition and transportation contractors to conduct annual satisfaction surveys.

All staff members and contract case managers are oriented to the range of AAA services and encouraged to make cross referrals. In addition, they receive training in Medicaid waivers and Title XX programs administered by DADS. The NCTAAA requires that all consumers who are potentially eligible for DADS or waiver services be referred for such services.

The NCTAAA measures consumers' access to programs relative to targeting criteria in the Older Americans Act. It gathers data on consumers' counties of residence, race, and income levels for services including nutrition, transportation, care coordination, caregiver support coordination, and legal assistance. It aggregates consumer data and compares these to regional averages. For example, what percentage of the Agency's consumer base is non-white? Is this the same or greater than their share of the older adult population base? What percentage of the Agency's consumer base lives in rural areas? Is this the same or greater than rural residents' share of the regional population base? What percentage of the Agency's consumer base is low-income? How does that compare to the percentage of the region's older adult population that is low income?

The Agency is achieving its performance targets relative to the targeting criteria noted above. Although 5% of older North Central Texans live in rural counties, rural residents accounted for more than one quarter (27%) of all NCTAAA consumers during Fiscal Year 2013. Older North Central Texans who are non-White only comprise 11% of the older adult population but accounted for 31% of the Agency's consumers for whom racial data were gathered during Fiscal Year 2013. Of all NCTAAA consumers served during Fiscal Year 2014 who reported income data, nearly one half (49.6%) identified as low income (i.e., monthly income of no more than \$1,436 for a single individual and no more than \$1,939 for a married couple).

Evidence-Based Programs

The NCTAAA currently has a complement of five evidence-based programs (EBPs): A Matter of Balance (AMOB), Stanford Chronic Disease Self-Management Program (or CDSMP, but branded locally as HealthForMe), Diabetes Self-Management (DSM), Care Transitions, and HomeMeds. They are supported by Volunteer Coordinator Dr. Laura Wolfe, who is building regional partnerships to expand program reach. For example, she serves on Texas Health Resources' Community Support and Education Committee, which is promoting AMOB, CDSMP, and DSM to its patients and the broader community.

The NCTAAA is exploring the feasibility of administering Stress Busting for Family Caregivers, and EBP developed by the University of Texas Health Science Center in San Antonio.

Assistive Devices

The NCTAAA currently funds assistive devices through its care coordination program. As case managers conduct functional assessments, they work with consumers in identifying assistive devices that can improve safety and independence and purchase through the Agency if not available elsewhere. In addition, the NCTAAA makes referrals to programs that can pay for adaptive equipment, such as DARS' Independent Living Programs, Blind Services Programs, Deaf Services Programs, the STAR+PLUS waiver, and CLASS and HCS waivers. The Agency partners with the region's Independent Living Center (REACH), which maintains an adaptive equipment loan program. Because of its networking relationships with other social service providers, case managers and benefits counselors are able to connect consumers with free loaned equipment.

Use of Trained Volunteers in Providing Direct Services

Given its large service area and heavy program volumes, the NCTAAA is highly dependent on volunteers to provide direct services. More than 50 certified volunteer ombudsmen visit assigned nursing facilities and assisted living facilities on a weekly basis, ensuring residents' rights are being respected and advocating for their interests if not. In addition, approximately 30 certified volunteer benefits counselors assist with staffing local clinics and providing telephonic assistance to consumers on a regular basis. Both programs provide extensive initial and ongoing training and comply with state certification requirements.

Volunteers serve as primary manpower for the NCTAAA's evidence-based health promotion programs, including A Matter of Balance, Stanford Chronic Disease Self-Management, and Diabetes Self-Management. All three programs rely on a lay leader model, whereby trained volunteers—ideally older adults who have dealt with chronic disease—serve as coaches. The NCTAAA's goal, as program administrator, is to ensure that at

least one staff person obtains certification as a master trainer and subsequently recruits and trains an adequate number of lay leaders to teach participant classes.

The NCTAAA has explored participation in the Experience Works program, which provides partner agencies the professional services of a low-income older worker. However, the program requires that the older worker be supervised at all times and has a service area that excludes the county in which the NCTAAA office is located.

Emergency Preparedness

The NCTAAA has been a leader in developing an emergency plan for older and disabled persons. Aging Programs Supervisor Mike Hensley has completed advanced training, having achieved Red Cross Certifications in disaster assessment, shelter operations, services coordination, and FEMA Certification in NIMS Disaster Management Series. He has worked closely with NCTCOG's Emergency Preparedness Department to create a program-specific Emergency Operations Plan that includes sections on situation and staffing, incident command structure, activation of the emergency plan, hazard analysis, plan development and maintenance, and authentication. He reviews this plan annually to ensure completeness and accuracy.

In addition, NCTAAA contractors for nutrition and transportation services have a contractual obligation to develop and maintain a plan for continuation of services in event of an emergency. Hensley reviews these plans as he conducts on-site monitoring.

Methods to Meet Needs of Older Individuals in Rural Areas

With a service area that includes both rural and urban counties, the NCTAAA has taken several actions to ensure that rural residents' needs are not dwarfed by those of the more rapidly growing counties. In order to make sure services are available within local communities, it contracts with rural providers for nutrition and transportation services. It believes that utilizing locally-based providers helps build program visibility and generate local support.

To ensure that smaller rural providers have sufficient funds to operate their programs, the NCTAAA dedicates funding at the county level and establishes a base that benefits rural providers.

As the NCTAAA makes funding available to local providers for discretionary programs, it awards bonus points on the basis of applicants' intent to target rural counties.

Barriers to Service Provision and Methods for Addressing

Consumer barriers to service provision include lack of information about programs and services, lack of knowledge regarding how to access, and inability to navigate complex program requirements. The NCTAAA addresses these barriers by engaging in broad outreach (e.g., issuing media releases), as well as targeted outreach. For example, it distributes Benefits Counseling program flyers, highlighting programs for people with low incomes, at Federally Qualified Health Centers, community health fairs, food pantries, and minority churches.

Despite establishing a base and establishing preferences for programs that serve rural areas, the NCTAAA often contends with a lack of service providers in rural areas. Its goal is to ensure that every county is served by at least one locally-based contractor for nutrition and transportation services and at least two vendors for in-home services, including homemaker, respite, residential repair, and emergency response. As of early 2014, it has met these goals and, as such, encountered no difficulties in providing residents of rural counties access to a basic menu of services.

Overcoming language barriers has been more problematic and is likely to increase in difficulty as the service area becomes more diverse in in-migrants' nationalities and native tongues. It has a Spanish-speaking case manager for its Aging and Disability Resource Center, who translates for NCTAAA consumers as needed. The Agency has had a trilingual employee for more than a decade who speaks English, Vietnamese, and French.

For other languages, the NCTAAA must rely on Language Line assistance. Language Line has broad functionality, with the ability to translate more than 200 languages, but is very expensive (with costs up to \$435

per hour) and not conducive to face-to-face visits. The NCTAAA wishes to recruit volunteers who speak primary languages other than English and are willing to assist with outreach and translation.

Regional Needs Summary

In developing a regional needs summary, the NCTAAA conducted both primary and secondary research. Primary research was conducted by holding public hearings; reviewing information, referral and assistance data to determine most common requests for assistance; and interviewing consumers of its care coordination, caregiver support coordination, legal assistance, and nursing home relocation programs. The NCTAAA conducted secondary research by reviewing national, state, regional, and local needs assessments.

Based on its analysis of both primary and secondary research, the NCTAAA has determined that the following are critical regional needs. They are listed in order of relative importance to the NCTAAA, as determined by the Agency's service priorities.

1. *Nutritional security, particularly for those who have low incomes, are frail, and/or have little or no family support:* AARP's "Food Security among Older Adults, published in late 2011, noted that food insecurity increased substantially between 2007 and 2009, driving up the incidence 25% among Americans age 60 and over, 38% among those ages 50-59, and 68% among those ages 40-49. The authors analyzed food insecurity rates for persons age 60 and over with incomes below 200% of the poverty line by metropolitan area and found that 47.70% of such persons in the Dallas-Fort Worth-Arlington Metropolitan Statistical Area experienced marginal food insecurity (i.e., anxiety over food sufficiency or shortage of food in the house, with little or no indication of changes in diets or food intake); 27.36% experienced "food insecurity (i.e., reduced intake) and 13.01% experienced very low food security (i.e., multiple indications of disrupted eating patterns and reduced food intake).

Adults with food insecurity are more likely than the population at large to have lower intakes of energy and major vitamins, to be in poor or fair health, and have limitations in activities of daily living. In sum, the effects of being food insecure are equivalent to being 21 years older than actual age.

Although participation in a home-delivered meal program can counteract the effects of food insecurity, it does not provide immunity. A 2011 study of home-delivered meal participants in Georgia found that over half (51%) of participants reported food security, suggesting that one meal a day may not be sufficient to meet the need.

Such data are of concern of the NCTAAA for many reasons. Although it invests more than \$3 million per annum in nutrition services, that appears to be only scratching the surface. Further, if current trends continue, the demand will sharply increase as low-income middle-aged adults--who will age into eligibility for Title III services during the next decade—grapple with higher incidence of food insecurity.

Compounding the NCTAAA's inability to keep pace with demand is a federal restriction on the ability of an Area Agency on Aging to transfer funds from one category to another. It receives a much higher allocation for congregate meals than for home-delivered meals and is limited in its ability to shift unneeded congregate meal funds to much-needed home-delivered services.

2. *Transportation to medical appointments and critical community services.* According to a 2011 study by AARP, the percentage of the 65+ population that does not drive remained the same (21%) between 2001 and 2009. But because of the growth in this population cohort, the number of older non-drivers nationwide increased by more than one million nationwide. Assuming that a like percentage of older North Central Texans does not drive, approximately 52,860 depended on others for transportation in 2012.

The NCTAAA funds demand-response transportation, as a core service, but its regional allocation of approximately \$270,000 is insufficient to provide older adults in its 14-county service area consistent access to doctors' offices, pharmacies, grocery stores, and other "vital" destinations. At the same time, it realizes that transportation to non-vital institutions (e.g., recreational facilities) promotes quality of life.

Older adults' transportation barriers are compounded when they require out-of-county transportation. The NCTAAA's contracts for demand-response transportation require providers to service entire counties but do not require them to transport riders out of county. This creates problems for those who have to cross county lines in order to see doctors—a phenomenon that's frequent in the greater Metroplex, where county boundaries blur. A resident of Erath or Navarro County who requires highly specialized care (e.g., burn therapy) must often travel through two or three counties to access qualified providers.

Available and accessible transportation can support access to jobs and education, life-saving medical services and other life-sustaining activities. A 2008 study by Dr. J. Joseph Cronin, Jr explored the return on Florida's investment in transportation services for transportation disadvantaged populations such as older adults, individuals with disabilities and low-income individuals. The study found that investment in transportation for these populations yielded both direct and indirect benefits for the state. When individuals are able to use transit to access preventive medical care, other subsidized costs for assisted living or hospital stays can be avoided.

3. *Objective, timely and accurate information regarding public and private benefits.* With the implementation of the Affordable Care Act and the expanding reach of Medicaid managed care, North Central Texans age 60 and older are challenged to navigate their way through health insurance and other benefit programs. At the same time, many Medicare-eligible residents find that choosing benefits options from a wide array of choices is an intimidating process. The Kaiser Family Foundation, in a 2013 health tracking poll, found that many Americans hold misimpressions about the ACA, Medicaid expansion, and Medicare. The majority of respondents (57%) thought the ACA creates a government-run health plan (the so-called "public option"). Nearly half (47%) said the law allows undocumented immigrants to receive financial help from the government to buy health insurance, when in fact they are not eligible for subsidies. Many (40%, including 35% of older respondents) thought the legislation allows a government panel to make decisions about end-of-life care for people on Medicare (the so-called "death panels") and another two in ten weren't sure (21%).

4. *Limited health literacy:* According to the U.S. Department of Health and Human Services, only 12% of U.S. adults have “proficient” health literacy, defined as being able to use a table and calculate an employee’s share of health insurance costs for a year. Over a third of U.S. adults have difficulty with common health tasks, such as following directions on a prescription drug label or adhering to a childhood immunization schedule using a standard chart. Limited health literacy affects adults in all racial and ethnic groups. The proportion of adults with basic or below basic health literacy ranges from 28% of White—non-Hispanic adults to 65% of White--Hispanic adults. Compared to privately insured adults, both publicly insured and uninsured adults had lower health literacy skills.
5. *Advocacy for residents of assisted living facilities:* As residents of assisted living facilities age in place, they become harder to distinguish from nursing home residents on the basis of their care needs. The “average” resident in an assisted living facility is 87 years old, needs assistance at least two activities of daily living, and has two or more chronic health conditions. Among all assisted living facility residents, 72% require assistance with bathing, 52% need help with dressing, 36% need help with toileting, 25% need help with transferring, and 22% need help with eating. More than four in 10 (42%) has a diagnosis of dementia.

Commented [LW1]: There seems to be an increase in secure memory care units in ALF-it’s the newest thing on the horizon

The State of Texas—and the NCTAAA, administering the regional Long-Term Care Ombudsman Program (LTCOP) has placed increased emphasis on assisted living facilities, with receipt of State General Revenue funds and new performance standards. Such attention is warranted. Although the NCTAAA received a minimal number of complaints about assisted living facilities prior to hiring of a dedicated staff person in October 2013, it is realizing that lack of complaints was more a function of low program visibility than of low program need—and that it’s extremely difficult for its sole assisted living staff ombudsman to advocate for residents of more than 160 facilities, scattered throughout 14 counties. In addition, complaints in assisted living facilities are often more difficult to resolve because licensing regulations are looser than they are in nursing homes.

6. *Integration of acute and long-term services and supports.* Older people (and younger persons with disabilities) face a fragmented financing and delivery system that separates medical care and long-term care. The results are high costs and poor quality care.

The NCTAAA has sought funding to bridge the gap between acute and long-term care but has had little appreciable success. Specifically, it has advocated that Medicaid Balancing Incentive Program (BIP) funds be used to place options counselors at hospitals, and assist in-patients at risk of nursing home placement. Since the majority of nursing home placements are made from hospital settings, it sees a need to engage prospective residents and their families in conversations about community-based services that may meet their needs—and explore quality of care considerations should everyone agree that nursing home is the most appropriate care setting.

7. *Navigation of Medicaid managed care.* Texas has made a substantial investment in Medicaid managed care as a means of controlling program costs and improving member outcomes. In September 2014 the Texas Health and Human Services Commission will take managed care statewide and broaden managed care organizations' (MCOs') scope, to include responsibility for members' nursing home placements. In January 2015 it intends to launch a dual eligibles demonstration that will automatically enroll Texans with both Medicare and Medicaid in Medicare Advantage plans. Both actions emphasize the need for member education and advocacy.

Although Medicaid managed care offers a number of value-added benefits to consumers, it adds another layer of complexity to an already-complex network of acute and LTSS. Medicaid-only beneficiaries must understand the importance of operating within a network, and advocates must understand the way in which services are authorized and delivered. In order for Medicaid managed care to operate effectively, both member and advocate must understand Medicaid's: eligibility criteria; scope of services; procedures for accessing services; options for service delivery, including consumer-directed services; options for switching plans; and grievance procedures.

Medicaid beneficiaries are more likely than the general population to experience cognitive deficits and low health literacy. As such, they need well-informed advocates who can help them understand their benefits and mediate on their behalf in a timely manner if benefits are reduced or denied.

8. *Medication reconciliation.* Medication errors rank as the fourth leading cause of death among older adults. With an annual cost of \$200 billion, they cause approximately 15% of all hospital admissions. Medication errors are multi-causal—involving both doctor and patient—but can be reduced or avoided. Many hospitals and doctors’ offices have improved their procedures for reconciling patients’ medications but usually look at the medicines that have been ordered—which may be very different from the medications the patient is taking. The patient may be taking a medication that the doctor has discontinued, or taking an over-the-counter medication or herbal supplement that affects medication efficacy or creates harmful side effects. Some inadvertently double up on medications, taking both a name brand and a generic and failing to recognize them as duplicates. Medication reconciliation that reviews all medications a person is taking is a proven strategy for reducing healthcare waste and improving patient outcomes.
9. *No wrong door approach to providing resources for those with complex on-going needs and helping people plan in advance of need.* Texas’ system of long-term services and supports can be difficult to navigate under the best of circumstances. Older adults and those with disabilities, low incomes, and low levels of education face even greater challenges in determining what benefits are available and how to apply for them.
10. *Respite.* A 2009 survey of family caregivers found that the most frequently reported unmet needs of family caregivers were “finding time for myself” (32%), “managing emotional and physical stress” (34%), and “balancing work and family responsibilities” (27%). Yet only 11% of caregivers of adults use respite. Not surprisingly, more than half of family caregivers cite unmet need for respite care. Barriers to use of respite include cost, restrictive eligibility criteria, waiting lists, accessibility, limited or no respite options,

inadequate supply of trained providers or appropriate programs, lack of information, or feelings related to lack of trust of outside providers.

11. *Science-informed support for family caregivers.* Providing caregivers with dementia education and training can prolong their capacity to provide care at home—thereby delaying institutionalization. Although there are thousands of programs that can equip caregivers with information, there are few that research has demonstrated as effective.
12. *Disparities in utilization of Title III programs.* Although the Older Americans Act requires that older adults of color be targeted, Whites only constitute a disproportionate share of program participants nationwide. As older adults of color constitute a growing percentage of the North Central Texas older adult population at large, the NCTAAA must make a good faith effort to ensure that minorities are benefitting from its programs in proportionate share—or greater than proportionate share, given targeting language of the Older Americans Act. It must ensure that its services are culturally competent and responsive to the beliefs, practices, and linguistic needs of non-white only persons.
13. *Affordable housing.* “Affordable” housing is defined as consuming no more than 30% of the household’s net income. A study commissioned by the Texas Department of Housing and Community Affairs and conducted by Bowen National Research found that approximately 42.8% of renters in the North Central Texas area are paying over 30% (cost burdened) of their income towards rent compared to 23.0% of owners in the region who are cost burdened. The greatest share of cost burdened renters is in Navarro County, while the greatest number of cost burdened renter households is in Erath County. The greatest share of cost burdened homeowners is in Erath County, while the greatest number of cost burdened homeowners is in Hood County.

The Bowen study estimates the total affordable housing gap for the Metroplex at 9,436 rental units and 2,944 for-sale units. It reports that the largest renter-occupied housing gap and the largest owner-occupied housing gap are in Navarro County.

Lack of affordable housing is a primary cause of unnecessary institutionalization and a threat to community-dwellers' ability to meet basic needs.

14. *Promotion of congregate meals and wellness activities at senior centers.* The NCTAAA has witnessed a steady decline in number of congregate meal participants that has caused some centers to close and resulted in an excess of congregate meal funds at the regional level. Congregate meal sites have the potential to serve as hubs of preventive health, nutritional, and social services—but are unlikely to realize that potential if they over-rely on traditional activities (e.g., bingo).
15. *Specialized supports for caregivers of persons with Alzheimer's.* Alzheimer's is the fifth-leading cause of death among older adults, and a disease that is experiencing exponential growth as the population ages. One in ten Americans aged 65 and older has dementia and by age 85, nearly half have dementia. According to the Alzheimer's Association, nearly half of caregivers of Alzheimer's patients have felt depressed at some point.
16. *Communities' lack of preparedness to meet needs of aging residents.* As the number of older North Central Texans undergoes a doubling in the next decade, local governments will need to prepare now or find themselves struggling to catch up. In order to realize AARP's vision of an "aging-friendly" community, they must "plan to treat all residents and visitors with respect, regardless of age, income or physical ability, keep individuals socially connected and engaged in community life and they enhance opportunities to be healthy and active." Unfortunately, few local governments are able to provide focused attention to such initiatives.
17. *"Siloing" of human and social service programs.* Despite state and regional efforts to streamline service delivery systems, most publicly-funded programs operate in virtual isolation. Their staff members become experts in their own programs—usually restricted by consumer characteristics such as age, diagnosis, income level, and so on—and are limited in knowledge of other agencies' programs. As a result, consumers with multiple, complex needs find themselves bouncing around from agency to agency, repeating their stories and completing lengthy applications that request redundant data.

Methods Used to Set Priorities

The NCTAAA determines the feasibility of addressing regional needs relative to several considerations. Paramount is whether the Agency has the authority or ability to intervene.

To achieve balance, the NCTAAA proposes that service priorities be established on the basis of the following considerations:

- Severity of need. Without AAA services, how likely is the consumer to experience adverse outcomes, such as decline in physical function, placement in a nursing home, burnout, and neglect?
- Risk of institutional placement. Without AAA services, is the consumer likely to enter a nursing home or return to a hospital for a potentially preventable reason?
- Extent to which a service provides measurable improvements in consumers' health, wellbeing, and independence.
- Extent to which a service does not duplicate, or supplant a service reasonably available through another agency.
- Cost-effectiveness of a service. Do services make best use of limited resources?
- Effectiveness in meeting needs of target populations. Does the service target those who are low-income, in greatest economic need, and/or live in rural areas? If the NCTAAA is already offering services, do those in the target populations utilize such services on at least a proportionate basis?

Service Priorities and Target Groups

On the basis of its regional needs assessment and methods to set priorities, the NCTAAA intends to adopt the following service priorities for Fiscal Years 2014-2015. The primary beneficiaries of each service priority are also noted below.

1. Continue to advocate for greater flexibility in allocating nutrition funds on the basis of regional needs, so that the NCTAAA can more fully fund home-delivered meals and make best use of unexpended

congregate meal funds. In doing so, target older adults with low incomes and moderate to severe disabilities, who are at greatest risk of food insecurity.

2. Continue to fund demand-response transportation as a core service in each county, and work with the North Central Texas Council of Governments (NCTCOG) transportation planners as it implements its Access North Texas initiative. Specifically, partner with transportation planners on its strategies to implement a regional taxi voucher program to increase the affordability of shared-ride transportation across the region for individuals with transportation challenges; improve access to information and transportation services for veterans to address needs for access to community and Veterans Affairs services; establish and support coordinated regional travel training that contributes to customer knowledge of, awareness of and meaningful access to public transportation options across the region; and create and maintain a centralized information resource for transportation resources in the region.

Target older adults without Medicaid benefits, and give priority to those who require medical transportation.

3. Continue to educate Medicare beneficiaries, Medicaid beneficiaries, and uninsured persons about policy benefits and access procedures. Partner with marketplace navigators to counter common misperceptions about the Affordable Care Act. Target beneficiaries with limited health literacy.
4. Create user-friendly educational materials, explaining public benefits such as Medicaid, Medicare Savings Programs, and the Low-Income Subsidy for Prescription Drug Coverage. Expand the number of certified benefits counselors who can provide information and advocacy by recruiting and training qualified volunteers. Conduct targeted recruitment of minority volunteers and volunteers who speak languages other than English to improve outreach to underserved populations. Coach high-risk consumers (e.g., those who are being discharged from the hospital and are at risk of potentially preventable readmission) regarding ways to best manage their health conditions. Primary beneficiaries are persons who qualify for public benefits but are not currently receiving them, in addition to those who do not understand the benefits they are receiving.

5. Expand the NCTAAA presence in licensed assisted living facilities by recruiting and equipping volunteer ombudsmen to advocate for residents of assisted living facilities. Target facilities that are larger, participate in the Medicaid program, have a history of complaints, have done poorly on recent Long-Term Care Regulatory surveys, and/or have had turnover of key personnel. Target residents with concerns about quality of life who are not capable of advocating for themselves.
6. Continue to develop relationships with hospitals, rehabilitation facilities, and nursing homes, in the interest of better coordinating acute and long-term services and supports. Continue to participate in Texas Medical Foundation's Regional Cross-Setting Coordination Meetings, which seek to reduce area residents' potentially preventable re-hospitalizations. Seek funding through health care providers for support of Care Transitions and HomeMeds, two evidence-based programs that help high-risk patients remain safely in their homes post-discharge.
7. Help Medicaid beneficiaries understand and navigate Medicaid managed care. Ensure that staff and volunteer benefits counselors, case managers, and relocation specialists understand managed care delivery systems, including benefits and grievance procedures. To the extent possible, provide information to potential enrollees regarding Medicaid eligibility; identify and refer individuals who may be eligible for and in need of Medicaid services; track and report to the Medicaid agency consumer requests for assistance in obtaining medical, dental, mental health, or long-term services and supports (LTSS) that are covered by Medicaid; provide ombudsman services to assist beneficiaries in transitioning from Medicare Part A coverage into Medicaid nursing facility, home, or community-based services; consult and provide direct case advocacy to assist individuals who participate in home and community-based waiver programs; and identify and report suspected instances of Medicaid fraud to federal and state agencies for investigation and action. Advocate for the creation of an independent Medicaid managed care ombudsman who can assist members with issues that cannot be resolved at the NCTAAA level.

8. Identify new funding streams to increase the scope of the HomeMeds program. The NCTAAA has trained its staff case managers to conduct home-based medication reconciliations on behalf of consumers who have recently been discharged from hospitals. However, it has had to severely curtail HomeMeds services due to budget cuts that have eliminated home visits for all but the highest-risk consumers. The Agency is negotiating a contract with a managed care organization that will make HomeMeds available to its Medicaid-only members who are being discharged from hospital to home.
9. Expand staffing for the Aging and Disability Resource Center, and hire staff who have expertise in long-term services and supports for young adults and children with disabilities. Currently the ADRC employs one full-time case manager, who is challenged to provide options counseling and service navigation to consumers of all ages in 14 counties. As the ADRC assumes responsibility for conducting the Level One screen through the Balancing Incentive Program, NCTCOG must ensure that it's prepared to meet the need, with adequate staffing levels and adequately trained staff.
10. Apply for funding to expand the scope of the NCTAAA's current respite program, and offer a range of support services that help caregivers deal with the physical, emotional, and financial aspects of caregiving. Assist the Texas Respite Coalition (TRC) in creating an inventory of regional respite programs, and direct those who seek respite to TRC for local program information and educational resources. Encourage faith-based communities to develop volunteer respite programs that target underserved caregivers, such as older caregivers of adult children with severe disabilities and minority caregivers.
11. Develop one or more evidence-based programs for family caregivers, to complement an array of caregiver supports that includes caregiver support coordination, respite, mental health, and education and training services. Give preference to a program such as Stress-Busting for Family Caregivers and REACH II that are available in other parts of Texas, with a goal of developing statewide capacity to contract with managed care organizations for evidence-based caregiver programs.

12. Obtain racial diversity among members of the Regional Aging Advisory Committee, NCTAAA staff, volunteers, and consumers, with a goal of serving minority older adults in the same or greater percentage than they constitute of the total older adult population. Promote Chronic Disease Self-Management and Diabetes Self-Management programs to racial groups with greater incidence of diabetes, heart disease, and other chronic diseases.
13. With funding through DADS Money Follows the Person, inventory affordable housing and advocate for creation of new affordable housing stock. Partner with Affordable Housing of Parker County and other program administrators to make Tenant Based Rental Assistance (TBRA) vouchers available to nursing home residents who wish to return to the community but lack housing. Partner with the Texas Department of Housing and Community Affairs to make 811 vouchers available to persons in institutional settings, people with severe mental illness, and/or youth aging out of foster care. Give priority to North Central Texans with very low incomes who are either residing in institutions or at imminent risk of premature institutionalization.
14. Promote congregate meals program and senior centers in which they are offered. Participation in the congregate meals programs enhances participants' daily nutrient intake, nutritional status, social interactions and functionality. Compared with their peers, senior center participants have higher levels of health, social interaction, and life satisfaction and lower levels of income. To help senior centers more fully realize their potential, and to help expand the reach of its evidence-based health prevention programs, the NCTAAA wishes to increase center participation in A Matter of Balance, Chronic Disease Self-Management Program, and Diabetes Self-Management Program.
15. Continue to partner with local chapters of the Alzheimer's Association to provide specialized supports to caregivers of persons with dementia.
16. Work with Denton County to create an "aging-friendly" community, using resources from DADS' Age Well/Live Well initiative.

17. Through the North Central Texas Aging and Disability Resource Center, hire staff who are knowledgeable of programs for younger persons, and encourage staff to undergo continuing education on federal, state, and local programs for people with disabilities.

Anticipated Changes in Service Delivery Systems

One of the most critical issues facing the NCTAAA is diminution of federal funding at the same time that the number of eligible persons is experiencing rapid growth. Its charge is clear: further reduce service levels or secure new funding sources. The NCTAAA chooses the latter course of option and is seeking non-Title III funding that preserves and expands its role in helping older adults—and increasingly, younger persons with disabilities—maximize function and independence. It has been a state leader in encouraging managed care organizations to contract with Area Agencies on Aging and other providers to bring proven interventions to Medicaid beneficiaries who don't otherwise qualify. Its success with the managed care initiative will be indicative of its ability to thrive in an increasingly harsh fiscal environment.

The NCTAAA must undergo a culture change and shift from its “grant” mentality to a business mentality. It must be aware of its value proposition—e.g., helping consumers at high risk of nursing home placement remain safely in their homes—and play to its strengths, such as administering evidence-based programs that decrease morbidity and mortality.

The Agency will actively look for other opportunities that help fund needed programs and services. At the same time, it will de-emphasize or discontinue activities that any agency can perform, such as paying a low income consumer's utility bills.

Local Strategies Supporting Program Goals and State Strategies

Section A. Area Agency on Aging Administration

ACL/AoA Focus Area(s): 2

State Objective: 1

Local Goal: Use the North Central Texas Aging and Disability Resource Center as a springboard for more effectively assessing the needs of people with disabilities, mapping community assets, developing new programs, conducting community coordination, testing new service delivery options, providing training for staff and community partners, and diversifying funding streams.

Local Objective #1: *Conduct community mapping in all 14 counties, systematically identifying service providers and developing communication strategies to promote efficient information-sharing.*

Local Strategy #1A: *Compile email distribution list of health and social service professionals in the North Central Texas service area who provide services to people with disabilities of all ages and their caregivers.*

Staff Position(s) Responsible for Strategy: Aging Programs Supervisor—Direct Services and contract community mapper

Measurable Outcome: Send at least monthly messages to at least 1,000 professionals.

OAA Assurances:

306(a)(2)(A)
306(a)(4)(B)
306(a)(6)(C)(i)
306(a)(6)(F)
306(a)(6)(G)
306(a)(7)
306(a)(7)(A)
306(a)(7)(D)
306(a)(11)
306(a)(11)(A)

Local Strategy #1B: *Conduct community education programs for health and social service professionals to raise awareness of federal, state, and local services for persons with disabilities.*

Staff Position(s) Responsible for Strategy: Aging Programs Supervisor—Direct Services and instruction and training contractor

Measurable Outcome: Train at least 300 professionals, of whom at least 90% will report that training increased their awareness of programs that will benefit their consumers.

OAA Assurances: *(List all that apply.)*

- 306(a)(2)(A)
- 306(a)(4)(B)
- 306(a)(6)(F)
- 306(a)(7)
- 306(a)(7)(A)
- 306(a)(7)(C)
- 306(a)(7)(D)
- 306(a)(11)
- 306(a)(11)(A)

Local Objective #2: *Diversify funding streams, so that non-Title III funding increases from 15% to 20% of total program funds.*

Local Strategy #2A: *Obtain at least one contract with a managed care organization for programs that will improve members' health outcomes.*

Staff Position(s) Responsible for Strategy: Chief Aging Program Officer

Measurable Outcome: Obtain at least \$50,000 in managed care revenues.

OAA Assurances:

- 306(a)(2)(A)
- 306(a)(3)(A)
- 306(a)(3)(B)
- 306(a)(4)(A)
- 306(a)(4)(B)
- 306(a)(7)(A)
- 306(a)(11)(A)
- 306(a)(13)
- 306(a)(13)(A)
- 306(a)(13)(B)
- 306(a)(13)(C)
- 306(a)(13)(D)
- 306(a)(13)(E)
- 306(a)(14)
- 306(a)(15)(A)
- 306(a)(15)(B)
- 306(a)(16)

Local Strategy #2B: *Obtain contracts with DADS for Aging and Disability Resource Center, housing navigation, and options counseling activities.*

Staff Position(s) Responsible for Strategy: Aging Programs Supervisor—Direct Services

Measurable Outcome: Obtain at least \$300,000 in ADRC revenues.

OAA Assurances:

- 306(a)(2)(A)
- 306(a)(3)(A)
- 306(a)(3)(B)
- 306(a)(4)(A)
- 306(a)(7)(A)
- 306(a)(7)(D)
- 306(a)(11)(A)
- 306(a)(13)
- 306(a)(13)(A)
- 306(a)(13)(B)
- 306(a)(13)(C)
- 306(a)(13)(D)
- 306(a)(13)(E)
- 306(a)(14)
- 306(a)(15)(A)
- 306(a)(15)(B)
- 306(a)(16)

Local Strategy #2C: *Contract with DADS Community Services for provision of nursing home relocation services.*

Staff Position(s) Responsible for Strategy: Chief Aging Program Officer

Measurable Outcome: Obtain at least \$170,000 in revenues for nursing home relocation services.

OAA Assurances: *(List all that apply.)*

- 306(a)(2)(A)
- 306(a)(4)(B)
- 306(s)(4)(C)
- 306(a)(5)
- 306(a)(7)(B)
- 306(a)(11)
- 306(a)(13)(B)
- 306(a)(13)(C)
- 306(a)(13)(D)
- 306(a)(13)(E)
- 306(a)(14)
- 306(a)(16)

Section B. Long-term Care (LTC) Ombudsman Services

ACL/AoA Focus Area(s): 4

State Objective: 1

Local Goal: *Increase nursing facility and assisted living facility residents' access to the Long-Term Care Ombudsman, Nursing Home Relocation, and Aging and Disability Resource Center programs, and ensure their rights are being protected.*

Local Objective #1: *Increase the number of visits to assisted living facilities, so that all licensed facilities are visited by a certified Long-Term Care Ombudsman at least quarterly.*

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

Staff Position(s) Responsible for Strategy: Volunteer Coordinator and Managing Local Ombudsman

Measurable Outcome: Assign certified volunteer ombudsmen to at least 30 assisted living facilities in the North Central Texas area.

OAA Assurances:

306(a)(4)(A)

306(a)(4)(B)

306(a)(6)(E)

306(a)(9)

Local Strategy #1B: *Increase the number of visits to assisted living facilities by staff ombudsmen.*

Staff Position(s) Responsible for Strategy: Managing Local Ombudsman, Regional Staff Ombudsman

Measurable Outcome: Conduct at least 400 visits per annum to assisted living facilities by staff ombudsmen.

OAA Assurances: *(List all that apply.)*

306(a)(4)(A)

306(a)(4)(B)

306(a)(9)

Local Objective #2: *Advocate for the rights of nursing home residents to return to the community, and educate facility staff and family members about community-based services that support independent living.*

Local Strategy #2A: Conduct workshops for nursing facility social workers and others on residents' rights to relocate, Section Q requirements, PASRR, and Medicaid/non-Medicaid community-based programs.

Staff Position(s) Responsible for Strategy: Chief Aging Program Officer

Measurable Outcome: Train at least 50 nursing facility social workers on the Olmstead Act, Section Q, Money Follows the Person, PASRR, and AAA/ADRC services.

OAA Assurances:

306(a)(4)(A)
306(a)(4)(B)
306(a)(5)
306(a)(6)(F)
306(a)(7)
306(a)(7)(A)
306(a)(7)(B)
306(a)(9)
306(a)(16)

Local Strategy #2B: *Provide community resource information to nursing facility social workers, residents' family members and others.*

Staff Position(s) Responsible for Strategy: Chief Aging Program Officer

Measurable Outcome: Disseminate at last 1,000 copies of "Understanding Your Options for Services in the Community" and related publications to facility social workers, residents' family members, and others.

OAA Assurances:

306(a)(4)(A)
306(a)(4)(B)
306(a)(5)
306(a)(6)(F)
306(a)(7)
306(a)(7)(A)
306(a)(7)(B)
306(a)(7)(D)
306(a)(8)(B)
306(a)(8)(C)
306(a)(9)
306(a)(11)(A)
306(a)(16)

Local Strategy #2C: *Provide options counseling and intense case management to nursing facility residents who wish to return to the community.*

Staff Position(s) Responsible for Strategy: Chief Aging Program Officer

Measurable Outcome: Assist at least 250 nursing home residents per annum in returning to the community.

OAA Assurances:

- 306(a)(2)(A)
- 306(a)(2)(B)
- 306(a)(4)(B)
- 306(s)(4)(C)
- 306(a)(5)
- 306(a)(6)(F)
- 306(a)(7)
- 306(a)(7)(A)
- 306(a)(7)(B)
- 306(a)(8)
- 306(a)(8)(A)
- 306(a)(8)(B)
- 306(a)(8)(C)
- 306(a)(9)
- 306(a)(10)
- 306(a)(11)(A)
- 306(a)(11)(B)
- 306(a)(11)(C)
- 306(a)(12)
- 306(a)(13)
- 306(a)(13)(A)
- 306(a)(13)(B)
- 306(a)(13)(C)
- 306(a)(13)(D)
- 306(a)(13)(E)
- 306(a)(14)
- 306(a)(16)

Local Strategy #3A: *Advocate for nursing facility residents and assisted living facility residents who have concerns about quality of care.*

Staff Person Responsible for Strategy: Managing Local Ombudsman, Regional Staff Ombudsmen

Measurable Outcome: Resolve at least 70% of all residents' complaints to complainants' satisfaction.

OAA Assurances:

306(a)(4)(A)

306(a)(4)(B)

306(a)(9)

306(a)(16)

Section C. Access and Assistance Services

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

State Objective: 1

Local Goal: *Provide resources and a coordinated network of long-term services and support to older adults and their family caregivers that optimizes consumers' independence and ability to remain safely in their homes. Ensure that program data are reported accurately and completely, and derive outcome data to the greatest extent possible.*

Local Objective #1: *Create robust quality assurance procedures so that NAPIS data are complete and accurate.*

Service: Data Management

Local Strategy #1A: *Conduct monthly review of directed and contracted services consumer data, running error reports to flag missing and incorrect data. Identify and provide technical assistance to service providers with high error rates to improve accuracy.*

Staff Position(s) Responsible for Strategy: Aging Programs Supervisor—Contracted Services

Measurable Outcome: Ensure that year-end NAPIS data have an error rate of less than 5%.

OAA Assurances:

306(a)(2)(A)

306(a)(2)(B)

306(a)(2)(C)

306(a)(3)(A)

306(a)(4)(A)

306(a)(4)(B)

306(a)(4)(C)

306(a)(5)

306(a)(7)(B)

306(a)(8)

Local Objective #2: *Provide short-term assistance—and arrange long-term assistance, as resources allow—to high-risk consumers at risk of premature institutionalization, with a goal of extending their ability to remain safely in the community.*

Service: Care Coordination

Local Strategy #2A: *Apply screening criteria that give emphasis to older adults at risk of premature nursing home placement due to a recent hospitalization, decline in function, low income, lack of family support, functional impairment, and/or dementing disease.*

Staff Position(s) Responsible for Strategy: Administrative Assistant, Field-Based Case Managers, Senior Case Managers

Measurable Outcome: Provide care coordination services to at least 350 consumers per annum who are at risk of premature nursing home placement, and ensure that at least 90% of program respondents report that they are “very satisfied” with program services.

OAA Assurances:

- 306(a)(2)(A)
- 306(a)(2)(B)
- 306(a)(4)(A)
- 306(a)(4)(B)
- 306(a)(4)(C)
- 306(a)(5)
- 306(a)(6)(F)
- 306(a)(7)
- 306(a)(7)(A)
- 306(a)(7)(B)

Service: Evidence-Based Intervention

Local Strategy #2B: *Provide evidence-based interventions that reduce risk of falls and potentially preventable re-hospitalizations.*

Staff Position(s) Responsible for Strategy: Senior Case Manager, Aging Programs Supervisor—Direct Services

Measurable Outcome: Serve at least 200 consumers per annum, with at least 75% of participants surveyed reporting that services have helped them better manage their health.

OAA Assurances:

- 306(a)(4)(B)
- 306(a)(5)
- 306(a)(7)(B)
- 306(a)(7)(C)
- 306(a)(11)(A)

Service: Caregiver Support Coordination

Local Objective #3: *Provide short-term assistance—and arrange long-term assistance, as resources allow—to caregivers of older adults and grandchildren, with a goal of extending their ability to support their loved ones in the community.*

Staff Position(s) Responsible for Strategy: Senior Case Managers, Field-Based Case Managers, independent contract case managers

Measurable Outcome: Assist at least 350 caregivers per annum, and provide quality services that result in at least 90% of participant respondents reporting they are “very satisfied.”

OAA Assurances:

306(a)(2)(A)

306(a)(2)(B)

306(a)(4)(A)

306(a)(4)(B)

306(a)(4)(C)

306(a)(5)

306(a)(6)(C)

306(a)(6)(F)

306(a)(7)

306(a)(7)(A)

306(a)(7)(B)

306(a)(7)(C)

306(a)(8)

306(a)(8)(A)

306(a)(8)(B)

306(a)(8)(C)

306(a)(9)

306(a)(10)

306(a)(11)

306(a)(12)

306(a)(13)

306(a)(13)(A)

306(a)(13)(B)

306(a)(13)(C)

306(a)(13)(D)

306(a)(14)

306(a)(15)(A)

306(a)(15)(B)

306(a)(16)

Service: Caregiver Information Services

Local Objective #4: *Provide resource information, education, and support to unpaid caregivers through workshops and individual consultations.*

Staff Person Responsible for Strategy: care information services contractors (e.g., Alzheimer’s Association of North Central Texas, Alzheimer’s Association of Greater Dallas, and Liferoads)

Measurable Outcome: Provide relevant, quality information to informal caregivers so that at least 90% of program respondents report having received information that will help them better meet their own needs as caregivers or their care receivers’ needs.

OAA Assurances:

- 306(a)(2)(A)
- 306(a)(2)(B)
- 306(a)(4)(B)(ii)
- 306(a)(5)
- 306(a)(7)
- 306(a)(7)(A)
- 306(a)(10)

Service: Information, Referral, and Assistance

Local Objective #5A: *Provide person-centered information, referral and assistance to older adults who are seeking services for themselves and persons of all ages who are seeking services on behalf of dependent older persons.*

Staff Person Responsible for Strategy: Aging Programs Supervisor—Contract Services

Measurable Outcome: Provide older adults and their caregivers comprehensive resource information that is specific to their stated or implied needs. Analyze calls by types of service requested to determine regional needs, and use needs data to inform program development.

OAA Assurances:

- 306(a)(1)
- 306(a)(2)
- 306(a)(2)(A)
- 306(a)(4)(A)(ii)(I)-(III)
- 306(a)(4)(B)(ii)
- 306(a)(5)
- 306(a)(6)(c)(ii)(I)-(II)
- 306(a)(6)(E)(i)-(ii)
- 306(a)(7)
- 306(a)(11)(B)

Local Objective #5B: *Ensure that the community resource data base, which forms the foundation for the information, referral and assistance program, is complete and accurate.*

Staff Person Responsible for Strategy: Aging Programs Supervisor—Contract Services

Measurable Outcome: Conduct periodic reviews of contractors' data bases to ensure that federal, state, and local resources are available for all counties. For example, ensure that agencies such as Adult Protective Services, Local Mental Health Authorities, Local Intellectual and Developmental Disability Authorities, Texas Department of Assistive and Rehabilitative Services are included. On at least a semi-annual basis, require contractors to report on number of agencies that serve a given county and note any trends.

OAA Assurances:

- 306(a)(1)
- 306(a)(2)
- 306(a)(2)(A)
- 306(a)(4)(A)(ii)(I)-(III)
- 306(a)(4)(B)(ii)
- 306(a)(5)
- 306(a)(6)(c)(ii)(I)-(II)
- 306(a)(6)(E)(i)-(ii)
- 306(a)(7)
- 306(a)(11)(B)

Services: Legal Assistance, Age 60 & Over, Legal Assistance, Under Age 60

Local Objective #6: *Provide person-centered legal assistance services to older adults and younger adults who have been deemed disabled by Social Security, to assist them in understanding the benefits to which they are entitled, accessing benefits for which they qualify, and detecting Medicare fraud.*

Staff Person Responsible for Strategy: Aging Programs Supervisor—Direct Services

Measurable Outcome: Obtain CMS minimum attainment measures for Individual Consumer Contracts (ICCs).

OAA Assurances:

- 306(a)(6)(C)(iii)
- 306(a)(6)(E)(i)-(ii)
- 306(a)(7)(A)
- 306(a)(7)(D)(i)-(ii)
- 306(a)(10)
- 306(a)(12)
- 306(a)(17)

Service: Legal Awareness

Local Objective #7: *Educate older adults and Medicare beneficiaries of all ages regarding Medicare Parts A, B, and D, Medicare Advantage Plans, Medicaid, Veterans pensions, and other public/private benefits.*

Staff Person Responsible for Strategy: Aging Programs Supervisor—Direct Services

Measurable Outcome: Conduct at least 25 presentations per year on Medicare, Medicaid, Veterans, and other public/private benefits.

OAA Assurances:

306(a)(1)
306(a)(2)
306(a)(6)(C)(iii)
306(a)(6)(E)(i)-(ii)
306(a)(7)(A)
306(a)(7)(D)(i)-(ii)
306(a)(10)
306(a)(12)
306(a)(17)

Service: Participant Assessment

Local Objective #8: *Contract with local nutrition providers to conduct participant assessments, as needed.*

Staff Person Responsible for Strategy: Aging Programs Supervisor—Contract Services

Measurable Outcome: Contract with nutrition providers to conduct functional assessments of consumers who may require care coordination services, to ensure cost-effective coverage of more isolated counties where the NCTAAA has limited staff/contractor coverage.

OAA Assurances:

306(a)(1)
306(a)(2)
306(a)(4)(A)(i)(I)(bb)
306(a)(4)(B)(i)(I)-(VII)
306(a)(5)

Section D. Services to Assist Independent Living

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

State Objective: 2

Local Goal: *Provide and coordinate locally based system that connects older adults and people who have disabilities with in-home services that maximize independence.*

Service: Caregiver Education and Training

Local Strategy #1: *Provide intensive support services through modalities such as support groups, individual counseling, and group counseling that shore up family caregivers at risk of burnout.*

Staff Position(s) Responsible for Strategy: Chief Aging Program Officer, caregiver education and training contractors (e.g., Z-Quest and Geriatric Wellness Center of Collin County)

Measurable Outcome: Equip at least 50 informal caregivers with skills and resource information that bolster their ability to provide care, with at least 90% of caregiver respondents reporting that they are “very satisfied” with services.

OAA Assurances:

306(a)(2)(A)

306(a)(2)(B)

306(a)(4)(A)(i)(I)(bb)

306(a)(4)(B)(ii)

306(a)(5)

306(a)(6)(C)(iii)

306(a)(6)(E)(i)-(ii)

306(a)(6)(F)

306(a)(7)

306(a)(7)(D)(i)-(ii)

306(a)(10)

306(a)(11)(B)

306(a)(16)

Service: Caregiver Respite Care—In-Home

Local Strategy #2: *Authorize respite vendors to provide in-home services that provide informal caregivers a break from their direct care responsibilities.*

Staff Position(s) Responsible for Strategy: Field-Based Case Managers

Measurable Outcome: Provide at least 200 caregivers a temporary break from their caregiving responsibilities, with at least 90% of caregiver respondents reporting that they are “very satisfied” with services.

OAA Assurances:

306(a)(1)
306(a)(2)(B)
306(a)(4)(B)(i)(I)-(VII)
306(a)(4)(B)(ii)
306(a)(6)(E)(i)-(ii)
306(a)(7)
306(a)(7)(A)
306(a)(10)

Service: Emergency Response

Local Strategy #3a: *Provide technology to consumers of the care coordination and caregiver support coordination program who are at high risk for falls or medical emergencies so they may summon help in case of emergency.*

Staff Person Responsible for Strategy: Field-Based Case Managers

Measurable Outcome: Improve program participants’ access to informal caregivers and emergency personnel in the event of a medical emergency, so that help is summoned within one minute of pressing the emergency response button.

OAA Assurances:

306(a)(1)
306(a)(2)
306(a)(2)(B)
306(a)(4)(A)(i)(I)(aa)
306(a)(4)(B)(i)(I)-(VII)
306(a)(4)(B)(ii)
306(a)(5)
306(a)(6)(E)(i)-(ii)
306(a)(7)(A)
306(a)(10)

Local Strategy #3b: *As needed by care coordination/caregiver support coordination consumers who have difficulty self-medicating, authorize lease of medication monitoring devices that are programmed to dispense medications according to consumers' medication regimens.*

Staff Person Responsible for Strategy: Field-Based Case Managers

Measurable Outcome: Improve program participants' compliance with their medication regimens, to reduce the incidence of program participants taking the wrong medications or taking medications more often than prescribed.

OAA Assurances:

306(a)(1)
306(a)(2)
306(a)(2)(B)
306(a)(4)(A)(i)(I)(aa)
306(a)(4)(B)(i)(I)-(VII)
306(a)(4)(B)(ii)
306(a)(5)
306(a)(6)(E)(i)-(ii)
306(a)(7)(A)
306(a)(10)

Service: Health Maintenance

Local Strategy #4: *Provide consumers of the care coordination and/or caregiver support coordination programs access to vital health-related goods and services that are not otherwise available, through formal or informal supports.*

Staff Person Responsible for Strategy: Field-Based Case Managers

Measurable Outcome: To ensure effective utilization of health maintenance resources, give service priority to program participants with low incomes so that 75% of program participants have incomes at or below the poverty level.

OAA Assurances:

306(a)(2)
306(a)(2)(A)
306(a)(2)(B)
306(a)(4)(B)(i)(I)-(VII)
306(a)(4)(B)(ii)
306(a)(5)
306(a)(6)(E)(i)-(ii)
306(a)(7)
306(a)(10)

Service: Health Screening

Local Strategy #5: *Conduct medication reviews of consumers who have been through recent health care crisis and/or are taking multiple medications that have the potential for drug-drug interactions.*

Staff Person Responsible for Strategy: Field-Based Case Managers

Measurable Outcome: Conduct medication reconciliations of all consumers who participate in the Care Transitions program, and request that a pharmacist review all medication profiles that indicate potential drug-drug interactions.

OAA Assurances:

306(a)(1)
306(a)(2)(A)
306(a)(4)(A)(i)(I)(aa)
306(a)(4)(B)(i)(I)-(VII)
306(a)(4)(B)(ii)
306(a)(5)
306(a)(10)

Service: Homemaker

Local Strategy #6: *Provide temporary light housekeeping services for consumers who have greatest need in the form of functional impairment and lack of informal support.*

Staff Person Responsible for Strategy: Senior Case Manager

Measurable Outcome: Authorize temporary homemaker services in the frequency indicated by consumers' acuity levels, and ensure that at least 90% of program participants are "very satisfied" with services.

OAA Assurances:

306(a)(1)
306(a)(2)
306(a)(2)(B)
306(a)(4)(A)(i)(I)(aa)
306(a)(4)(A)(i)(I)(bb)
306(a)(4)(B)(i)(I)-(VII)
306(a)(4)(B)(ii)
306(a)(5)
306(a)(10)
306(a)(11)(B)
306(a)(12)

Service: Homemaker Voucher

Local Strategy #7: *Advise homemaker consumers of their option to receive agency-directed or consumer-directed services, and encourage them to take advantage of the consumer-directed option in the event that they are able to find their own provider.*

Staff Person Responsible for Strategy: Senior Case Managers, Field-Based Case Managers

Measurable Outcome: Counsel program participants regarding service delivery options, and serve at least 10% of all homemaker consumers through the voucher program.

OAA Assurances:

306(a)(1)
306(a)(2)
306(a)(2)(B)
306(a)(4)(B)(i)(I)-(VII)
306(a)(4)(B)(ii)
306(a)(6)(E)(i)-(ii)
306(a)(7)
306(a)(7)(A)
306(a)(10)

Service: Income Support

Local Strategy #8: *In the event that care coordination and/or caregiver support coordination consumers have need for financial assistance that cannot be met through other agencies and/or informal support networks, authorize a one-time benefit to be applied towards basic needs (e.g., housing, utilities, and medications).*

Staff Person Responsible for Strategy: Field-Based Case Managers

Measurable Outcome: Give service priority to program participants with low incomes so that 75% of program participants have incomes at or below the poverty level.

OAA Assurances:

306(a)(1)
306(a)(2)
306(a)(4)(B)(i)(I)-(VII)
306(a)(4)(B)(ii)
306(a)(5)
306(a)(10)

Service: Instruction and Training

Local Strategy #9: Impart knowledge and skills to volunteer caregivers so that they may provide better services to older persons and others with disabilities.

Staff Person Responsible for Strategy: contract instruction and training providers (e.g., Geriatric Wellness Center of Collin County, Good NEWS Living at Home/Block Nurse Program, and Mascari Corporation)

Measurable Outcome: Fund at least two programs that recruit and train volunteers to assist isolated older persons who are at risk of institutionalization.

OAA Assurances:

306(a)(2)(A)

306(a)(4)(B)(i)(I)-(VII)

306(a)(4)(B)(ii)

306(a)(5)

306(a)(6)(E)(i)-(ii)

306(a)(10)

Service: Mental Health Services

Local Strategy #10: Assist at least 25 caregivers in dealing with emotional aspects of caregiving that impair their ability to provide quality care to their care receivers

Staff Person Responsible for Strategy: mental health contractors (e.g., Z-Quest and Geriatric Wellness Center of Collin County)

Measurable Outcome: Serve caregivers at high risk of burnout, and provide quality services that lead to at least 90% of program respondents reporting they are “very satisfied.”

OAA Assurances:

306(a)(1)

306(a)(2)(B)

306(a)(4)(B)(i)(I)-(VII)

306(a)(4)(B)(ii)

306(a)(6)(E)(i)-(ii)

306(a)(6)(F)

306(a)(7)

306(a)(7)(A)

Service: Residential Repair

Local Strategy #11: *Provide targeted assistance to low-income homeowners who have multiple, complex needs and require accessibility-related repairs.*

Staff Person Responsible for Strategy: Field-Based Case Managers

Measurable Outcome: Repair at least 120 homes, giving priority to accessibility-related repairs.

OAA Assurances:

306(a)(1)

306(a)(2)

306(a)(4)(A)(i)(I)(aa)

306(a)(4)(A)(i)(II)

306(a)(4)(A)(iii)(I)-(III)

306(a)(4)(B)(i)(I)-(VII)

306(a)(4)(B)(ii)

306(a)(4)(C)

306(a)(5)

306(a)(6)(C)(iii)

306(a)(6)(E)(i)-(ii)

306(a)(7)

306(a)(10)

Service: Evidence-Based Intervention/Senior Center Operations

Local Strategy #12: *Encourage senior centers to diversify their programming, focusing on new services that help participants maintain or improve their health.*

Staff Person Responsible for Strategy: Aging Programs Supervisor—Contract Services

Measurable Outcome: Offer A Matter of Balance, Chronic Disease Self-Management, and/or Diabetes Self-Management programs at two or more senior centers.

OAA Assurances:

- 306(a)(2)
- 306(a)(2)(A)
- 306(a)(2)(B)
- 306(a)(3)(A)
- 306(a)(3)(B)
- 306(a)(4)(A)
- 306(a)(4)(B)
- 306(a)(4)(C)
- 306(a)(5)
- 306(a)(6)(A)
- 306(a)(6)(B)
- 306(a)(6)(C)
- 306(a)(6)(E)
- 306(a)(6)(G)
- 306(a)(7)
- 306(a)(7)(A)
- 306(a)(7)(B)
- 306(a)(7)(C)
- 306(a)(7)(D)
- 306(a)(10)
- 306(a)(11)
- 306(a)(11)(A)
- 306(a)(11)(B)
- 306(a)(11)(C)
- 306(a)(13)
- 306(a)(13)(A)
- 306(a)(13)(B)
- 306(a)(13)(C)
- 306(a)(13)(D)
- 306(a)(13)(E)
- 306(a)(14)
- 306(a)(15)
- 306(a)(15)(A)
- 306(a)(15)(B)
- 306(a)(16)
- 306(a)(17)

Service: Transportation—Demand Response

Local Strategy #13: *Provide consumers curbside-to-curbside transportation that allow them to access vital community services, such as medical care and groceries, and recreational opportunities, such as senior centers and community centers.*

Staff Person Responsible for Strategy: Aging Programs Supervisor—Contract Services

Measurable Outcome: Fund at least 18,000 one-way trips per annum, giving priority to medical appointments.

OAA Assurances:

306(a)(2)

306(a)(2)(a)

306(a)(3)(a)

306(a)(4)(A)(i)(I)(bb)

306(a)(4)(A)(i)(II)

306(a)(4)(A)(iI)(I)-(III)

306(a)(4)(B)(i)(I)-(VII)

306(a)(4)(B)(ii)

306(a)(10)

Section E. Nutrition Services

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

State Objective: 2

Local Goal: *Provide a locally based system of nutrition services that improves participants' nutritional status, increases their awareness of healthy eating, and provides social interaction.*

Local Objective #1: *Fund comprehensive nutrition program that provides older persons access to congregate meals, frail older persons access to home-delivered meals, and offers nutritional counseling and education.*

Service: Home-Delivered Meals

Local Strategy #1A: Continue to give greatest funding priority to home-delivered meals, to accommodate increasing regional demand.

Staff Position(s) Responsible for Strategy: Chief Aging Program Officer

Measurable Outcome: Fund at least 450,000 meals, giving priority to consumers with greatest functional impairment and lack of family support.

OAA Assurances:

306(a)(2)

306(a)(2)(A)

306(a)(2)(B)

306(a)(3)(A)

306(a)(3)(B)

306(a)(4)(A)

306(a)(4)(B)

306(a)(4)(C)

306(a)(5)

306(a)(6)(A)

306(a)(6)(B)

306(a)(6)(C)

305(a)(6)(E)

306(a)(6)(G)

306(a)(7)

306(a)(7)(A)

306(a)(7)(B)

306(a)(8)

306(a)(8)(A)

306(a)(8)(B)

306(a)(8)(C)

306(a)(10)

306(a)(11)
306(a)(11)(A)
306(a)(11)(B)
306(a)(12)
306(a)(13)
306(a)(13)(A)
306(a)(13)(B)
306(a)(13)(C)
306(a)(13)(D)
306(a)(13)(E)
306(a)(14)
306(a)(15)
306(a)(15)(A)
306(a)(16)
306(a)(17)

Service: Congregate Meals

Local Strategy #2: *Work with congregate meal sites to increase number of new participants and total number of meals served.*

Staff Position(s) Responsible for Strategy: Aging Program Supervisor—Contract Services

Measurable Outcome: Fund at least 80,000 meals, benefitting a greater number of program participants than served during Fiscal Year 2013.

OAA Assurances:

306(a)(2)

306(a)(2)(A)

306(a)(2)(B)

306(a)(3)(A)

306(a)(3)(B)

306(a)(4)(A)

306(a)(4)(B)

306(a)(4)(C)

306(a)(5)

306(a)(6)(A)

306(a)(6)(B)

306(a)(6)(C)

305(a)(6)(E)

306(a)(6)(G)

306(a)(7)

306(a)(7)(A)

306(a)(7)(B)

306(a)(7)(C)

306(a)(8)

306(a)(8)(A)

306(a)(8)(B)

306(a)(8)(C)

306(a)(10)

306(a)(11)

306(a)(11)(A)

306(a)(11)(B)

306(a)(12)

306(a)(13)

306(a)(13)(A)

306(a)(13)(B)

306(a)(13)(C)

306(a)(13)(D)

306(a)(13)(E)

306(a)(14)

306(a)(15)

306(a)(15)(A)

Service: Nutrition Education

Local Strategy #3: *Teach nutrition consumers about healthy eating in light of chronic disease, financial constraints, polypharmacy, and other issues that affect nutritional health.*

Staff Position(s) Responsible for Strategy: Aging Programs Supervisor—Contract Services

Measurable Outcome: Provide personalized nutrition education to 100% of nutrition consumers.

OAA Assurances:

306(a)(2)

306(a)(2)(A)

306(a)(2)(B)

306(a)(3)(B)

306(a)(4)(A)

306(a)(4)(B)

306(a)(4)(C)

306(a)(5)

306(a)(6)(D)

306(a)(6)(E)

306(a)(6)(G)

306(a)(7)

306(a)(7)(A)

306(a)(7)(B)

306(a)(7)(C)

306(a)(7)(D)

306(a)(8)

306(a)(8)(A)

306(a)(8)(B)

306(a)(8)(C)

306(a)(10)

306(a)(11)

306(a)(11)(A)

306(a)(11)(B)

306(a)(12)

306(a)(13)

306(a)(13)(A)

306(a)(13)(B)

306(a)(13)(C)

306(a)(13)(D)

306(a)(13)(E)

306(a)(14)

306(a)(15)

306(a)(15)(A)

306(a)(15)(B)

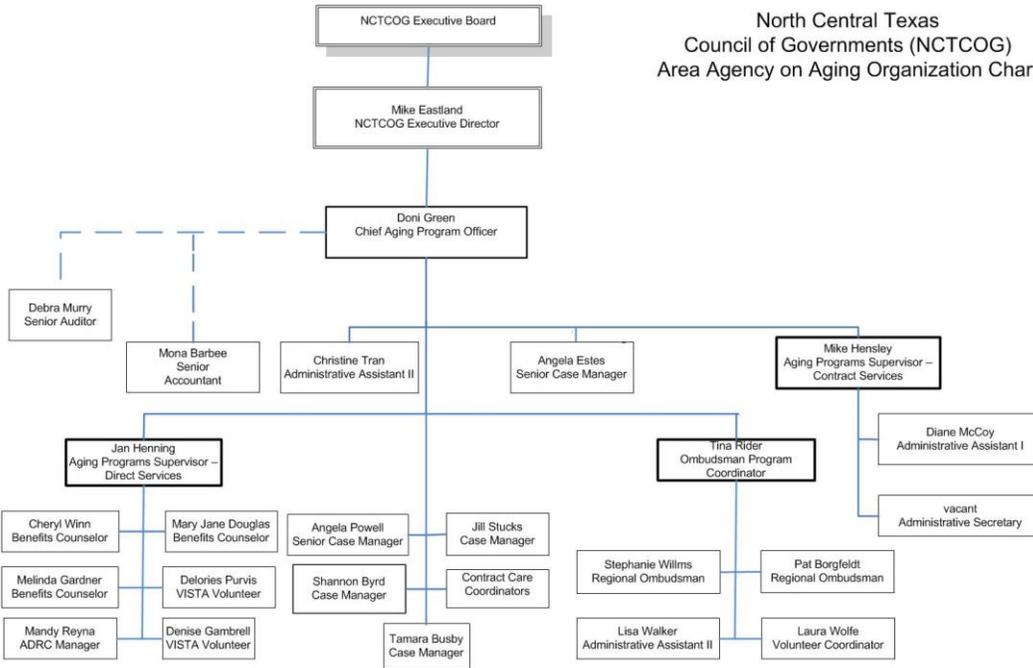
306(16)

306(a)(17)

Attachments

Organizational Chart

North Central Texas
Council of Governments (NCTCOG)
Area Agency on Aging Organization Chart



Staff Activities

Staff member	Service	Primary activities	Percent of time budgeted
Mike Eastland	Administration	Ensure Agency compliance with terms and conditions of DADS contracts. With input from Executive Committee, establish Aging policy.	0%
Monte Mercer	Administration	Ensure Aging compliance with NCTCOG policies and procedures.	0%
Doni Green	Administration	Ensure Agency and subcontractor compliance with terms and conditions of DADS contracts. Develop new services for older adults, caregivers and persons with disabilities. Coordinate with partner agencies.	86%
	ADRC	Ensure Agency compliance with terms and conditions of DADS contract. Develop new programs and coordinate with community partners.	8%
	Nursing Home Relocation (non-Title III)	Manage relocation contract and oversee activities of in-house case manager, and staff and contract relocation specialists	4%
	Information, Referral and Assistance	Provide information and referral to older adults and caregivers on a rotational basis.	2%
Mona Barbee	Administration	Ensure Agency compliance with fiscal reporting requirements.	88%
Debra Murray	Administration	Perform fiscal monitoring of contract providers.	30%
Mike Hensley	Administration	Ensure Agency compliance with programmatic reporting requirements. Ensure subcontractor compliance with terms and conditions of DADS contract.	80%
	Data Management	Prepare and verify NAPIS data.	15%
	Information, Referral and Assistance	Answer incoming Information, Referral and Assistance calls on a rotational basis.	5%
Christine Tran	Care Coordination	Screen new referrals and assign to staff or contract care coordinators. Assist case managers in ordering goods and supplies for consumers.	25%
	Caregiver Support Coordination	Screen new referrals and assign to staff or contract care coordinators. Assist case	25%

		managers in ordering goods and supplies for consumers.	
	Information, Referral and Assistance	Provide information and referral to older adults and caregivers on a rotational basis.	10%
	Administration	Support Regional Aging Advisory Committee. Ensure adequate supply of departmental supplies and materials. Assist with preparation and oversight of contractor files.	40%
Diane McCoy	Care Coordination	Enter care coordination data into SAMS. Ensure that staff and case managers' programmatic reports are complete and accurate. Review contract case managers' requests for reimbursement.	15%
	Caregiver Support Coordination	Enter care coordination data into SAMS. Ensure that staff and case managers' programmatic reports are complete and accurate. Review contract case managers' requests for reimbursement.	10%
	Nursing Home Relocation	Enter basic demographic information into stand-alone data base.	3%
	Legal Assistance	Enter consumer-specific activity into SAMS. Upload legal assistance activity from SAMS into SHIP.	20%
	Evidence-Based Intervention	Enter consumer-specific information into SAMS for A Matter of Balance, Chronic Disease Self-Management, Care Transitions, and/or HomeMeds programs.	3%
	Legal Awareness	Enter ICC data into SHIP.	34%
	ADRC	Enter data into stand-alone data base. Extract and aggregate data for quarterly and semiannual reports.	5%
	Information, Referral and Assistance	Provide information and referral to older adults and caregivers on a rotational basis.	10%
Lisa Walker	Nursing Home Ombudsman	Receive queries regarding long-term care facilities and receive complaints regarding quality of care. Coordinate volunteers' activities.	85%
	Information, Referral, and Assistance	Provide information and referral to older adults and caregivers on a rotational basis.	10%
	Administration	Order goods and supplies.	5%

Tina Rider	Nursing Home Ombudsman	Conduct visits to nursing facilities. Assist residents in resolving issues regarding quality of life. Train and support certified volunteer ombudsmen.	90%
	MFP Ombudsman	Advocate for the rights of nursing home residents who wish to return to the community.	5%
	Information, Referral and Assistance	Provide general information regarding nursing and assisted living facilities to prospective residents and family members.	5%
Stephanie Willms	Nursing Home Ombudsman	Conduct visits to nursing facilities. Assist residents in resolving issues regarding quality of life. Train and support certified volunteer ombudsmen.	90%
	MFP Ombudsman	Advocate for the rights of nursing home residents who wish to return to the community.	5%
	Information, Referral and Assistance	Provide general information regarding nursing and assisted living facilities to prospective residents and family members.	5%
Pat Borgfeldt	Nursing Home Ombudsman	Conduct visits to assisted living facilities. Receive and resolve complaints.	100%
Laura Wolfe (.75 FTE)	Nursing Home Ombudsman	Recruit and help train prospective Certified Volunteer Ombudsmen.	30%
	Benefits Counseling	Recruit and help train prospective Certified Volunteer Benefits Counselors.	10%
	Evidence-Based Intervention	Oversee NCTAAA health prevention classes.	35%
Jan Henning	Legal Assistance	Assist benefits counseling consumers with complex needs.	3%
	Legal Awareness	Conduct training for staff, volunteers, and community partners. Provide consumer-specific assistance. Prepare outreach materials. Develop and implement marketing plans.	50%
	Administration	Supervise direct program staff for AAA and ADRC. Ensure compliance with program rules and regulations. Assist with new program development	37%
	ADRC	Supervise ADRC case managers. Ensure compliance with terms and conditions of contract.	8%
	Age Well/Live Well	Serve as project lead and coordinate with University of North Texas as principal investigator and subcontractor	2%

Cheryl Winn	Legal Assistance	Provide personalized assistance to Title III eligible benefits counseling consumers.	30%
	Legal Awareness	Provide general assistance to Title III eligible benefits counseling consumers.	30%
	ADRC Options Counseling	Provide options counseling services to non Title III eligible consumers.	40%
Mary Jane Douglas	Legal Assistance	Provide personalized assistance to Title III eligible benefits counseling consumers.	40%
	Legal Awareness	Provide general assistance to Title III eligible benefits counseling consumers. Make presentations on public benefits.	60%
Melinda Gardner	Legal Assistance	Provide personalized assistance to Title III eligible benefits counseling consumers.	40%
	Legal Awareness	Provide general assistance to Title III eligible benefits counseling consumers. Make presentations on public benefits.	60%
Jill Stucks	Care Coordination	Assist older adults in arranging short-term and long-term services that support independent living.	30%
	Caregiver Support Coordination	Assist informal caregivers in arranging short-term and long-term services that support independent living.	30%
	ADRC Service Coordination	Provide case management services to non Title III eligible consumers with disabilities.	20%
	Evidence-Based Intervention	Assist age-eligible hospital inpatients in returning safely to their homes.	20%
Angela Powell	Care Coordination	Assist older adults in arranging short-term and long-term services that support independent living.	20%
	Caregiver Support Coordination	Assist informal caregivers in arranging short-term and long-term services that support independent living.	50%
	ADRC Options Counseling	Provide options counseling to people with disabilities of all ages and their caregivers.	20%
	Evidence-Based Intervention	Assist age-eligible hospital inpatients in returning safely to their homes.	10%
Angie Estes (.5 FTE)	Care Coordination	Contact homemaker consumers to ensure services are being provided as authorized and are acceptable.	25%
	Caregiver Support Coordination	Contact caregiver consumers to ensure in-home services are being provided as authorized and are acceptable.	20%

	Evidence-Based Intervention	Supervise Care Transitions Program	3%
	Administration	Ensure vendor agreements are current.	2%
Shannon Byrd	Care Coordination	Assist older adults in arranging short-term and long-term services that support independent living.	30%
	Caregiver Support Coordination	Assist informal caregivers in arranging short-term and long-term services that support independent living.	30%
	ADRC Options Counseling	Provide options counseling to people with disabilities of all ages and their caregivers.	30%
	Evidence-Based Intervention	Assist age-eligible hospital inpatients in returning safely to their homes.	10%
Mandy Reyna	ADRC Options Counseling	Administer Level One Screen as appropriate and provide options counseling to people with disabilities of all ages and their caregivers.	100%
Tamara Busby	Nursing Home Relocation	Take referrals and assign to staff or contract relocation specialists. Participate in meetings with DADS Regional Staff, managed care organizations, and relocation specialists. Review transition grant applications and notify relocation specialists of grant approvals. Review contract relocation specialists' requests for reimbursement.	100%

Standard Assurances

ASSURANCE OF COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

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

Date

Signature of Authorized Official

Mike Eastland, Executive Director
Name and Title of Authorized Official (print or type)

616 Six Flags Drive
Street Address

Arlington, TX 76011
City, State, Zip Code

AFFIRMATIVE ACTION PLAN

The North Central Texas Council of Governments hereby agrees that it will enact an
(Name of Applicant)

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

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

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

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

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

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

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

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

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

Work Force Analysis: Paid Staff

Total Staff:	# Full Time		# Part Time	
Older Persons (60+)	#2	9.87 %	# _____	_____ %
Minority	# 5	24.70 %	# _____	_____ %
Women	#18	88.8 %	#3	6.2 %

Older Americans Act Assurances

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

- 306(a)** Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for two-, three-, four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall –
- 306(a)(1)** provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low income older individuals, including low-income minority, older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low income older individuals, including low-income minority, older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community, evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;
- 306(a)(2)** provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services –
- 306(a)(2)(A)** services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to

receive benefits under and participate in publicly supported programs for which the consumer may be eligible) , and case management services)

306(a)(2)(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer’s disease and related disorders with neurological and organic brain dysfunction; and

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

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

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

306(a)(4)(A)

- (i) Provide assurances that the area agency on aging will set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement, include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan;
- (ii) Provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will –
 - (I) Specify how the provider intends to satisfy the service needs of the low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
 - (II) To the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
 - (III) Meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
- (iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared-

- (I) Identify the number of low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the planning and service area;
 - (II) Describe the methods used to satisfy the service needs of such minority older individuals; and
 - (III) Provide information on the extent to which the area agency on aging met the objectives described in clause (i);
- 306(a)(4)(B)** Provide assurances that the area agency on aging will use outreach efforts that will –
- (i) Identify individuals eligible for assistance under this Act, with special emphasis on – ;
 - (I) Older individuals residing in rural areas;
 - (II) Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) Older individuals with severe disabilities;
 - (V) Older individuals with limited English proficiency; and
 - (VI) Older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);
 - (VII) Older individuals at risk for institutional placement; and
 - (ii) Inform the older individuals referred to in subclauses (I) through (VI) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
- 306(s)(4)(C)** Contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas;
- 306(a)(5)** Provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;
- 306(a)(6)(A)** Provide that the area agency on aging will – Take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

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

306(a)(6)(C)

- (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;
- (ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that –
 - I. were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
 - II. came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 675(c)(3) of the Community Services Block Grant Act (42 U.S.C. 9904(c)(3));

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

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

- (i) Entities conducting programs that receive assistance under this Act within the planning and service area served by the agency;
- (ii) Entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area; and
- (iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants /such as organizations carrying

out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

306(a)(6)(F) in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by the community health centers and by other public agencies and nonprofit private organizations;

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

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

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

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

- (i) Respond to the needs and preferences of older individuals and family caregivers;
- (ii) Facilitate the provision, by service providers, of long-term care in home and community-based settings; and
- (iii) Target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

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

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

- (i) The need to plan in advance for long-term care; and
- (ii) The full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

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

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

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

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

- (i) Gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
- (ii) Gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
- (iii) Has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
- (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

306(a)(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State

governments, and any other institutions that have responsibility for disaster relief service delivery

I certify that compliance with these assurances will be accomplished and that evidence of such compliance will be available to DADS AI-AAA staff at any time requested for such purposes as, but not limited to, Performance Measure Testing, desk and/or on-site reviews, support for Area Plan Assurance Tracking Report and area plan amendments. I further certify that each assurance has been addressed by a strategy as part of the area plan.

_____	_____
Signature of Authorizing Official of Grantee	Date
<u>Mike Eastland, Executive Director</u>	<u>North Central</u>
Name and Title (Type or Print)	Area Agency on Aging

_____	_____
Approval – DADS AI-AAA	Date