North Central Texas Council of Governments

Area Agency on Aging

Area Plan

FFYs 2017 – 2019

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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, 2016, through September 30, 2019. 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 — Maggie Lira

Signature — Shannan Ramirez

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) — Mike Eastland

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 — John Horn — 4-28-2016 Date

Signature of Authorizing Official of Grantee — Tom Lombard — 4/28/2016 Date

Area Plan Narrative

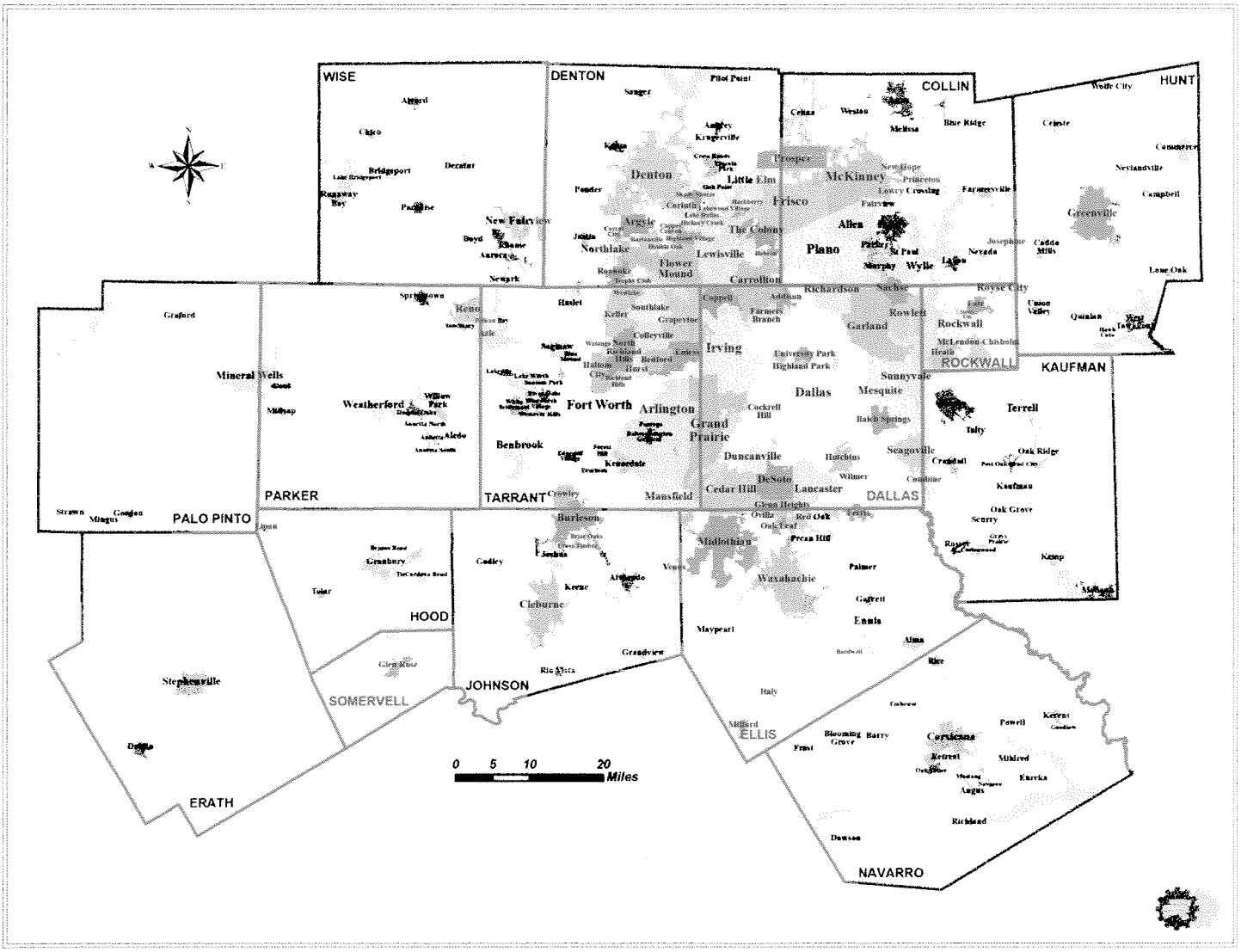
Environmental Overview

Community Assessment

The North Central Texas Area Agency on Aging (NCTAAA) service area is located in one of the fastest-growing regions in the country. Comprised of the 14 counties that surround, but do not include Dallas and Tarrant, its total population is projected to be 2,785,492 in 2017 and 2,922,027 in 2019. Thereafter it is expected to add approximately 700,000 residents per year, exceeding 3.7 million by 2029.

The service area is projected to be home to 508,812 persons age 60 and over in 2017, accounting for 18.3% of the total population. Older adults will grow in population share, comprising approximately 20.1% of the total population in 2019 and 23.3% in 2024.

Spanning 10,625 square miles, the North Central Texas service area consists of Collin, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, and Wise counties. Erath, Navarro, Palo Pinto and Somervell counties are designated as rural, and the other 10 counties are considered urban. A map of the service area that includes Dallas and Tarrant counties appears below.



The region's ten largest cities are Plano, McKinney, Frisco, Carrollton, Denton, Lewisville, Allen, Flower Mound, Wylie, and Rockwall. They are clustered along major transportation arteries, including U.S. Highway 380, Highway 161, Interstate 30, Interstate 35—East, and Interstate 35—West.

Many of the service area's most populous cities are also high growth cities. Between 2000 and 2015 Frisco's population mushroomed from 33,714 to 145,430—an increase of more than 330%. McKinney's population grew by nearly 165% during the same time period, from 54,518 to 144,066.

Collin and Denton counties ranked among the nation's top 20 counties in numeric growth between 2013 and 2014. Collin County added 26,530 residents, with a U.S. rank of 14. Denton County ranked 16th, with the addition of 24,211 residents.

The region's major employers are Bank of America Home Loans (Plano), Blue Cross Blue Shield of Texas (Richardson), Capital One (Plano), Frito-Lay Company (Plano), JC Penney Corporate Headquarters (Plano), L-3 Communications Integrated Systems (Greenville), Lineage Power Holdings, Inc. (Plano), and Medical Center of Plano (Plano).

The 14-county service area had an unemployment rate of 3.5% in December 2015, comparing favorably to the statewide rate of 4.2% and national rate of 5.0%.

The service area's growth is attributable primarily to migration, as opposed to natural increase. Further, most of its in-migrants are domestic, rather than international. North Central Texas has attracted a disproportionate share of other states' residents with its robust economy, low cost of living, absence of state income tax, and access to amenities.

In the aggregate North Central Texans of all ages and older North Central Texans are comparatively advantaged. Residents' educational attainment and median incomes exceed state and national averages. Regional all-age poverty and elder poverty rates are below state and national averages.

However, aggregate data often obscure significant differences at the county level in terms of residents' wealth, health, function, and access to services—all of which have bearing on the extent to which older residents can age well and maximize their independence. In general, residents of rural counties are more likely to live in poverty, be disabled, and have lower median incomes than their urban-dwelling counterparts.

This environmental assessment will provide an overview of population growth among North Central Texans age 60, explore the challenge of regional growth, and note differences in resident characteristics at the county level.

Older Adults by County

Older North Central Texans account for more than one in 10 of all older Texans in 2017. More than half of the 508,812 older adults in the service area (277,442, or 54.5%) live in either Collin or Denton County. Following are population projections by county, prepared by demographers at the Texas Health and Human Services Commission (HHSC) in support of this plan. Rural counties' data appear in italic type.

Projections for Persons Age 60 + By County: 2017 -2019

County	2017	2019	Change
Collin	157,662	181,480	23,818
Denton	119,780	137,211	17,431
Ellis	33,659	37,500	3,841
Erath	*8,144*	*8,565*	*421*
Hood	20,112	21,790	1,678
Hunt	21,721	23,120	1,399
Johnson	35,848	39,286	3,438
Kaufman	24,067	27,064	2,997
Navarro	*12,262*	*13,129*	*867*
Palo Pinto	*8,399*	*9,007*	*608*
Parker	31,464	34,977	3,513
Rockwall	18,422	21,127	2,705
Somervell	*2,490*	*2,721*	*231*
Wise	14,782	16,288	1,506
Total	**508,812**	**573,265**	**64,453**
State Total	*5,036,073*	*5,460,399*	*424,326*

By 2024 the number of North Central Texans age 60 and over is expected to swell to 765,329, representing an increase of 33.5% in only five years.

Even more compelling are population estimates for persons age 85 and over, as presented on the following page. These data are of significance because persons in this age cohort have the greatest incidence of disability and are the heaviest users of long-term services and supports, in both community and institutional settings.

Nationwide, the percentage of persons age 85 and over who have impairments of their activities of daily living is six times the rate of 65- to 74-year-olds. Only one percent of persons age 60 and over reside in institutions, compared to 13% of persons age 85 and over. Further, the risk of cognitive impairment increases with advancing age. Alzheimer's affects 11% of people age 65 and over but nearly one third of those age 85 and over.

As noted on the following page the number of North Central Texans age 85 and over will increase from 36,094 in 2017 to 41,149 in 2019. By 2024 they are projected to number 58,515, constituting a growth rate of 42.2% in five years' time.

Projections for Persons Age 85+ by County: 2017-2024

County	2017	2018	2019	2024
Collin	10,817	11,750	12,745	19,836
Denton	8,145	8,759	9,441	13,937
Ellis	2,676	2,828	2,991	3,989
Erath	*656*	*659*	*657*	*680*
Hood	1,264	1,284	1,312	1,611
Hunt	1,522	1,570	1,614	1,981
Johnson	3,167	3,409	3,660	5,140
Kaufman	1,615	1,718	1,805	2,344
Navarro	*896*	*877*	*878*	*975*
Palo Pinto	*532*	*540*	*546*	*660*
Parker	2,449	2,638	2,815	3,841
Rockwall	1,399	1,517	1,622	2,229
Somervell	*174*	*179*	*191*	*216*
Wise	782	813	872	1,076
AAA Total	**36,094**	**38,541**	**41,149**	**58,515**
State Total	*371,218*	*380,162*	*388,981*	*454,514*

Racial Composition

The region is becoming more racially diverse, as the charts on the following two pages indicate.

Projections for Persons Age 60+ by County and Race: 2017

County	All races	Anglo	Black	Hispanic	Other	Total minority	Percentage minority
Collin	157,662	118,194	9,444	11,209	18,815	39,468	25.0%
Denton	119,780	92,406	6,622	10,870	9,882	27,374	22.9%
Ellis	33,659	26,302	2,813	3,943	601	7,357	21.9%
Erath	*8,144*	*7,303*	*15*	*647*	*179*	*841*	*10.3%*
Hood	20,112	19,076	58	665	313	1,036	5.2%
Hunt	21,721	18,625	1,303	1,184	609	3,096	14.3%
Johnson	35,848	31,198	823	3,017	810	4,650	13.0%
Kaufman	24,067	19,384	2,283	1,763	637	4,683	19.5%
Navarro	*12,262*	*9,665*	*1,316*	*1,089*	*192*	*2,597*	*21.2%*
Palo Pinto	*8,399*	*7,469*	*149*	*617*	*164*	*930*	*11.1%*
Parker	31,464	29,069	215	1,449	731	2,395	7.6%
Rockwall	18,422	15,665	782	1,207	768	2,757	15.0%
Somervell	*2,490*	*2,260*	*1*	*179*	*50*	*230*	*9.2%*
Wise	14,782	13,280	72	1,158	272	1,502	10.2%
AAA Total	**508,812**	**409,896**	**25,896**	**38,997**	**34,023**	**98,916**	**19.4%**
State Total	*5,036,073*	*3,077,428*	*495,484*	*1,217,487*	*245,674*	*1,958,645*	*38.9%*

Projections for Persons Age 60+ by County and Race: 2019

County	All races	Anglo	Black	Hispanic	Other	Total minority	Percentage minority
Collin	181,480	132,475	12,088	13,889	23,028	49,005	27.0%
Denton	137,211	103,419	8,256	13,472	12,064	33,792	24.6%
Ellis	37,500	28,865	3,226	4,684	725	8,635	23.0%
Erath	*8,565*	*7,605*	*15*	*756*	*189*	*960*	*11.2%*
Hood	21,790	20,591	63	795	341	1,199	5.5%
Hunt	23,120	19,603	1,410	1,397	710	3,517	15.2%
Johnson	39,286	33,804	950	3,591	941	5,482	14.0%
Kaufman	27,064	21,548	2,644	2,108	764	5,516	20.4%
Navarro	*13,129*	*10,241*	*1,386*	*1,288*	*214*	*2,888*	*22.0%*
Palo Pinto	*9,007*	*7,950*	*161*	*729*	*167*	*1,057*	*11.7%*
Parker	34,977	32,111	251	1,727	888	2,866	8.2%
Rockwall	21,127	17,753	963	1,469	942	3,374	16.0%
Somervell	*2,721*	*2,461*	*1*	*206*	*53*	*260*	*9.6%*
Wise	16,288	14,482	85	1,408	313	1,806	11.1%
AAA Total	**573,265**	**452,908**	**31,499**	**47,519**	**41,339**	**120,357**	**21.0%**
State Total	*5,460,399*	*3,259,370*	*522,674*	*1,367,806*	*280,549*	*2,201,029*	*40.3%*

By 2017 the Health and Human Services Commission projects that older persons of color will comprise 19.4% of the region's older adult population. By the end of the planning period—2019—minorities will account for 21% of all older persons. Of all minority older adults in North Central Texas, HHSC demographers project that 26.2% will be Black, 39.5% will be Hispanic, and 34.3% will be "other." Greatest growth will occur among older persons of "other" races, primarily Asian.

Poverty Rates

Elder poverty rates in North Central Texas are significantly below state averages. 2017 population projections indicate that 35,256 older persons in the North Central Texas area have incomes at or below the poverty level, for a regional elder poverty rate of 6.9%. Corresponding elder poverty rates for the State of Texas are 11.1%. County-specific rates range from a low of 2.9% in Rockwall County to a high of 13.8% in Erath County. Health and Human Services Commission demographers project that the region's elderly poverty rates will remain fairly steady through 2019.

Poverty Rates among Persons Age 60+ by County: 2019

County	Persons age 60+	Number in poverty	Elder poverty rate
Collin	157,662	10,639	6.7%
Denton	119,780	5,692	4.8%
Ellis	33,659	2,438	7.2%
Erath	*8,144*	*1,126*	*13.8%*
Hood	20,112	1,210	6.0%
Hunt	21,721	2,515	11.6%
Johnson	35,848	2,430	6.8%
Kaufman	24,067	2,309	9.6%
Navarro	*12,262*	*1,350*	*11.0%*
Palo Pinto	*8,399*	*1,080*	*12.9%*
Parker	31,464	2,306	7.3%
Rockwall	18,422	539	2.9%
Somervell	*2,490*	*312*	*12.5%*
Wise	14,782	1,310	8.9%
AAA Total	**508,812**	**35,256**	**6.9%**
State Total	*5,036,073*	*601,241*	*11.0%*

Educational Attainment

Among all Texas adults age 35 and over, 26.7% have obtained a bachelor's degree. Persons who live in the northern portion of the service area (i.e., Denton, Collin, and Rockwall counties) have educational attainment rates that are significantly higher than the state average. Residents of Somervell County have attainment rates that are slightly above the state average. Residents of the 10 other counties have attainment rates that are below the state averages. County-specific statistics for the North Central Texas area are: Collin—49.3%; Denton—40.5%; Rockwall—36.5%; Somervell—29%; Parker—25.0%; Erath—24.3%; Hood—24.1%; Ellis—20.7%; Kaufman—17.6%; Johnson—16.7%; Hunt—16.6%; Navarro—16.5%; Wise—16.1%; and Palo Pinto—15.1%.

Regional Issues

Among the major issues that will affect older adults in North Central Texas—during the planning period and beyond—are rapid population growth and disparities between urban and rural counties.

Although population growth is good for local economies, it creates a host of challenges. Following are a few of the adverse effects of growth:

- Congestion: Traffic congestion costs North Central Texans approximately $4.7 billion per year, according to a 2015 analysis by NCTCOG transportation planners. Costs include hours of lost business productivity, delays in the delivery of goods and services, and time away from home, families, and recreational activities.

  Federal funds are not sufficient to build new roadways and maintain existing roadways to the extent necessary sufficient to contain congestion. Transportation planners have had to pursue public-private partnerships and finance roadways through toll roads. Even with significant infusion of public and

private funding, congestion is expected to worsen. After investing more than $70 billion in transportation improvements, the region's cost of congestion is projected to be $6.6 billion in 2030.

- Pollution: Eight counties in the North Central Texas AAA service area—Collin, Denton, Johnson, Ellis, Kaufman, Parker, Rockwall, and Wise—were considered by the Environmental Protection Agency to be out of compliance with federal ozone standards in early 2016. Hood County was expected to be formally designated as out of compliance in the near future. High levels of ozone present health concerns for healthy adults and for sensitive people, particularly older adults, young children and those with respiratory conditions. Coming into attainment with federal standards—that are becoming more rigorous at the same time the population is growing—is important to protect public health and avoid federal sanctions and penalties (e.g., withholding of transportation funds).

- Limited housing supply: As of late 2015 the supply of houses in the North Central Texas market was at its lowest point in generations. Greater demand, coupled with sharp increases in land and construction costs, pushed prices up 8.7% from July 2014 levels, according to the Standard and Poor's/Case Shiller Home Price Index. Similarly, the rental market was strong, with average rents increasing 4.9% during 2014 and leading to year-end occupancy rates of 94.7% (a 13-year high).

  The Dallas/Fort Worth area is adding approximately 100,000 jobs per year. Housing experts recommend one new home for every two jobs. New housing starts in 2015 were significantly below that level, at approximately 28,000. Limited housing supply affects persons at all income levels, but particularly those with low and very low incomes, who are rarely targeted by developers.

- Limited supply of health care professionals: In 2010 Texas had one primary care physician for every 1,913 residents—less favorable than the national average of 1,463:1. It will require a 47% increase by 2030 (equating to 6,260 additional primary care providers) by 2030 in order to maintain the status quo. Components of this increased need include increased utilization due to aging, population growth, and greater insured population following the Affordable Health Care Act.

  As the region undergoes significant population growth, its residents will require a larger base of health care providers. Demand will increase for both generalists and specialists, as well as for both licensed and unlicensed personnel. Ironically, the fastest-growing counties are better positioned to keep pace with demand. The greatest challenges are likely to be experienced in slower-growing, more rural counties, particularly when it comes to specialists who require a critical mass of patients in order to support their practices. Please refer to page 14 for information on provider supply at the county level.

Disparities between Urban and Rural Communities

There are significant disparities between urban and rural communities with regard to growth rates, income, housing, disability status, and access to care.

- Growth Rates: Marked contrasts are seen between historical growth rates for urban and rural counties. Between 2000 and 2014 the population of Palo Pinto County decreased by .1%, while Somervell County's population increased by 2.4%. During the same time period Denton County's population increased by 13.7% and Collin County's increased by 13.2%.

  Differential growth rates will persist during and after the planning period. Between 2019 and 2024, counties' projected growth rates—for total population and older adults—are as follows. Rural counties' population data appear in italic type.

Projected Growth Rates by County for Persons Age 60+ and Persons of All Ages: 2019-2024

County	Residents age 60+: 2019	Residents age 60+: 2024	Percentage increase in residents age 60+: 2019-2024	2019 total population	2024 total population	Percentage increase in residents of all ages: 2019-2024
Collin	181,480	257,161	42%	1,009,319	1,158,973	14.8%
Denton	137,211	190,232	28%	847,027	959,851	13.3%
Ellis	37,500	47,966	28%	175,884	194,355	10.5%
Erath	*8,565*	*9,601*	*12%*	*42,495*	*45,003*	*5.9%*
Hood	21,790	25,909	19%	60,243	67,114	11.4%
Hunt	23,120	26,851	16%	91,395	95,160	4.1%
Johnson	39,286	48,338	23%	173,084	190,011	9.8%
Kaufman	27,064	35,423	31%	124,215	138,931	11.8%
Navarro	*13,129*	*15,322*	*17%*	*50,698*	*53,014*	*4.6%*
Palo Pinto	*9,007*	*10,518*	*17%*	*28,426*	*28,874*	*1.6%*
Parker	34,977	44,869	28%	139,684	156,952	12.4%
Rockwall	21,127	29,605	40%	102,890	120,327	16.9%
Somervell	*2,721*	*3,345*	*23%*	*9,355*	*9,976*	*6.6%*
Wise	16,288	20,189	24%	67,312	73,113	8.6%
AAA Total	573,265	765,329	34%	2,922,027	3,291,654	12.6%

- Median income: An analysis of U.S. Census Bureau data for median household income, 2009-2013, reveals significant differences at the county level. Rockwall County residents had the highest median income, at $86,119—more than double the median income for Erath, Navarro, and Palo Pinto County residents. Each county's data appear below:

Median Household Income by County, 2009-2013

Collin:	$82,762
Denton:	$74,155
Ellis:	$61,952
Erath:	*$39,586*
Hood:	$55,754
Hunt:	$44,858
Johnson:	$57,535
Kaufman:	$61,194
Navarro:	*$40,975*
Palo Pinto:	*$41,670*
Rockwall:	$86,119
Somervell:	*$55,269*
Wise:	$56,005

- Housing: Although housing costs are generally lower in rural communities, residents have lower median incomes and greater risk of living in poverty. As such, they are more likely than their urban

counterparts to live in substandard housing. Nationwide nearly six percent of rural homes are either moderately or severely substandard, without hot water, or with leaking roofs, rodent problems, or inadequate heating or plumbing systems.

Persons in rural counties are also more likely to live in mobile homes. Of all Erath County residents, approximately 18.7% live in mobile homes—more than double the statewide average of 9.0%. Although industry-funded research suggests that mobile homes are as durable as other types of housing, quality problems are widespread. An AARP study found that 77% of manufactured homeowners reported at least one problem with construction, installation, systems, or appliances with their new homes.

- Disability Status and Access to Care: Residents of rural communities are more likely than their urban counterparts to have disabilities, defined as mental and/or physical conditions that substantially limit one or more major life activities. An analysis of American Community Survey (ACS) Public Use Microdata Sample (PUMS) data revealed disability rates for the North Central Texas area that ranged from a low of 15.6% in Collin County to a high of 39.6% in Wise County. All rural counties had disability rates in excess of 35%.

Percentage of Households with Disabilities by County, 2007

Collin:	15.6%
Denton:	17.8%
Ellis:	30.4%
Erath:	*35.7%*
Hood:	35.7%
Hunt:	34.7%
Johnson:	30.7%
Kaufman:	24.8%
Navarro:	*38.7%*
Palo Pinto:	*38.2%*
Parker:	data not available
Rockwall:	24.8%
Somervell:	*35.7%*
Wise:	39.6%

Within the North Central Texas area, there are notable differences at the county level in access to care and health care outcomes. Collin County ranked at the top of all Texas counties for residents' health, according to a 2016 report by the Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. It had one primary care provider (PCP) per 1,102 residents, one dentist per 1,592 residents, and one mental health provider per 1,010 residents. Denton County ranked fourth, with a ratio of 1,590:1 for PCPs, 1,930:1 for dentists, and 1,088:1 for mental health providers. Contrast Palo Pinto County, ranking 169th among 254 counties, with ratios of 2,150:1 for PCPs, 4,680:1 for dentists, and 5,620:1 for mental health providers.

Ranks for the other 11 counties in the service area were: Rockwall (7), Parker (16), Ellis (22), Hood (32), Wise (34), Erath (36), Johnson (47), Kaufman (65), Somervell (69), Hunt (125), and Navarro (129).

Counties' rankings were based on multiple factors, including premature deaths, health behaviors (e.g., smoking, obesity, and inactivity), clinical care (e.g., provider supply, uninsured residents, and

incidence of potentially preventable re-hospitalizations), social and environmental factors (e.g., educational levels, unemployment, and children in poverty), and physical environment (e.g., air pollution and drinking water violations). Insurance status was not predictive. Of the 14 counties in the service area, Collin County had the highest percentage of insured residents, at 84%. However, Erath County had the lowest percentage of insured residents, at 69%, yet was ranked fifth in the region and in the top quintile statewide in terms of health outcomes.

Unique Regional Needs

Public Transportation in Collin County

Collin County's public transportation provider, Texoma Area Paratransit Services, discontinued services in December 2015 as it teetered on the brink of bankruptcy. The City of Plano, served by DART, was largely unaffected. The county's other cities scrambled to develop short-term solutions while working on more comprehensive, permanent solutions. In early 2016, the Cities of Allen, Fairview and Wylie had made service arrangements. The county and other cities were actively pursuing their options.

NCTAAA Location in a County Outside its Service Area

The NCTAAA is located in Tarrant County but doesn't serve Tarrant or the adjacent county to its east (Dallas). As such, it receives few walk-in clients. In addition, its staff members who are responsible for assisting consumers face-to-face have to travel more frequently and further than direct service staff of most other Area Agencies on Aging.

Complexity of Cross-Agency Coordination

The North Central Texas area is geographically vast and complex, making cross-agency coordination difficult. It includes two Area Information Center service delivery areas (Dallas and Tarrant), five Medicaid managed care service delivery areas (Dallas, Tarrant, Northeast, Central, and West), five Local Intellectual and Developmental Disability service delivery areas (i.e., Pecan Valley, Helen Farabee, Denton MHMR, LifePath Systems, and Lakes Regional MHMR) , and four Regional Healthcare Partnership regions. The NCTAAA is called to coordinate with local service providers, but often challenged to stay abreast of programs and access procedures that can vary significantly at the local level.

High Number of Nursing and Assisted Living Facilities

As of late 2015 the North Central Texas area had the highest number of nursing facilities in the state, at 107. In addition, it had the fourth highest number of assisted living facilities, at 197. Although the Harris, Dallas and Tarrant ombudsmen programs serve nearly as many facilities, they are more centrally located. The NCTAAA faces a dual challenge of serving a high number of facilities and facilities that are widely dispersed, which drives up its labor and mileage costs. It has made recruitment of volunteer ombudsmen a priority but has had difficulty obtaining coverage in more remote counties.

DADS recently increased the visitation standards for skilled nursing facilities without making additional funds available to support these efforts. The NCTAAA has been most adversely impacted by these new program requirements.

Uncertainties Regarding Transfer of DARS Services

The Legislative Budget Board (LBB) conducted a review of the Texas Department of Assistive and Rehabilitative Services in 2014 and recommended that it cease to exist as a stand-alone agency. Its independent

living programs were to be transferred to Independent Living Centers (ILCs), and the disposition of its deaf and blind programs was uncertain as of early 2016.

The service area's ILC declined to administer DARS' Independent Living Program, leaving the State in need of an alternate service provider. It engaged a consultant to develop a plan for continuation of services.

Financial Strain among Meal Providers

The NCTAAA helps support a network of 11 community-based meal providers, operating as county committees on aging. They are highly visible at the local level and effective in leveraging local funding that has allowed the meal programs to flourish, consistently exceeding the capacity of Title III funding. Most have contracts with DADS Regional Local Services that allow them to serve and be reimbursed for meals provided to low-income residents under the age of 60. However, DADS contracts impose significant financial strain. They allow for reimbursement of no more than $4.95 per meal—a rate that has risen only seven cents since 1988. Furthermore, meal providers who contract with DADS cannot be reimbursed by the NCTAAA at a higher rate.

Over the past few years the number of North Central meal providers who contract with DADS has diminished—leaving critical gaps in younger, disabled residents' access to home-delivered meals. Not coincidentally, two long-standing meal providers have contended with financial crises that jeopardized their ability to remain operational. In order for the provider network to remain strong, DADS must ensure that meal reimbursement keeps pace with the rising cost of meal preparation and delivery. By keeping reimbursement rates artificially low it is creating a disincentive to participation, and threatening the financial viability of agencies that do participate.

Lack of Coordination between Long-Term Care Ombudsman and DADS Long-Term Care Regulatory

AAA Long-Term Care Ombudsman programs are expected to coordinate with DADS Long-Term Regulatory (LTCR) staff and participate in quarterly meetings hosted by LTCR. However, DADS Region 3 LTCR staff put the quarterly meetings on hiatus in 2014. It reconvened in February 2016, but with limits on facility-specific information it was willing to share with regional ombudsmen.

Medicare Fraud

Although Medicare fraud is a national issue, North Central Texas has been its epicenter. In June 2015 the Medicare Fraud Strike Force brought charges against 243 individuals for their alleged participation in Medicare fraud schemes involving approximately $712 million in false billings—a new record in terms of defendants charged and loss amount.

Key Economic Variables

Key economic variables that are expected to affect older adults and their family caregivers include low interest rates, economic volatility, a decline in defined benefit retirement plans, and a lack of cost-of-living increases for Social Security and Supplemental Security Income (SSI) beneficiaries.

These issues have very different impact on older adults who "have" (i.e., have accumulated savings) and "have not" (i.e., are without appreciable savings).

Older adults with savings are most affected by low interest rates and economic volatility.

In 2008 the Fed set interest rates near zero as a means of stimulating the economy and avoided rate increases until 2015. Low interest rates are good for the economy and borrowers but harmful to savers—who

skew older. They suppress returns on older adults' savings and fixed annuity benefits, and remove "safe havens" such as savings accounts and certificates of deposit. They have also placed additional pressure on corporate defined benefit pensions—94% of which were underfunded in 2012.

The Fed, encouraged by signs of economic recovery, made a modest increase to interest rates in December 2015. 2016 began with the stock market suffering its worst start to a year, making further interest rate increases unlikely for some time. The stock market entered a period of greater volatility that was expected to persist.

Stock market fluctuations pose a significant threat to older adults whose pensions are defined contribution plans, rather than defined benefits, and subject to losses. Defined benefit plans provide shelter from a volatile economy but are not available to the majority of employees and retirees. Only 18% of private-sector workers had defined benefit plans in 2010, down from 35% in the early 1990s.

Older adults without savings and those without pensions are less directly affected by market forces. However, they are affected by low interest rates, which are tied to cost-of-living increases. Social Security and Supplemental Security Income beneficiaries did not receive a cost-of-living increase in 2016, even though the costs of health care, food and shelter underwent inflation. As a result, low-income beneficiaries experienced an erosion of their purchasing power.

The primary economic variable affecting the AAA and service providers is federal funding under the Older Americans Act (OAA). After being reduced by Sequestration in Fiscal Year 2013, OAA funding has remained fairly flat during subsequent years. Fiscal Year 2016 saw modest increases in allocations for nutrition and caregiver services but not for Title III-B, which is the lifeblood of Access and Assistance services. Flat funding equates to a reduction in funding when demographic growth and heightened demand are taken into consideration. The NCTAAA has been required to ratchet down eligibility for its more costly services, such as care coordination and caregiver support coordination, to keep service levels fairly steady despite increases in referrals.

As the service area's number of older adults increases by more than 1/3 between 2019 and 2024, the NCTAAA will be hard pressed to keep pace. Without a significant funding increase, it will be compelled to become even more restrictive. This provides a disservice to older adults in need of Older Americans Act services who don't meet targeting criteria and dilutes the NCTAAA's effectiveness. In addition, it pits sub-groups of older adults against each other.

How will the NCTAAA effectively target older adults in rural areas without shortchanging those of greater number in urban areas? How will the NCTAAA effectively target low-income persons and avoid duplicating benefits available to Medicaid beneficiaries? How will it effectively target older persons at risk of institutionalization while emphasizing its preventive health and wellness programs? How will it make best use of a very limited pool of funding for emergency financial assistance and determine who is most worthy/constitutes the best "investment?"

Improvements in NCTAAA Programs, Policies, and Services

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

- Apply for new funding sources, both traditional (e.g., DADS special grants) and non-traditional (e.g., from health plans), to better maintain service levels. Specifically, seek reimbursement of evidence-based programs through TMF Health Quality Institute, Medicare, and/or insurance plans.

- Continue to partner with federal, state and local partners to ensure that the NCTAAA targets those with greatest need, avoids duplication of effort, and leverages non-Title III resources as may be available. Specifically, ensure that the Agency does not pay for benefits that are available through Medicare, Medicaid, and the Veterans Administration; and assist eligible persons in accessing such public benefits.

- Conduct targeted recruitment of volunteers to serve as certified ombudsmen assigned to long-term care facilities, particularly those located in more remote portions of the service area.

- Conduct targeted recruitment of volunteer benefits counselors to meet increased demand for information about decisions related to Medicare coverage and other resources.

- Conduct targeted recruitment of volunteers who are bilingual and fluent in languages that are emerging in the North Central Texas area.

- Explore alternative service delivery methods, such as web-based training for rural caregivers.

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:

- Increasing the funding dedicated to the long-term care ombudsman program to achieve DADS' performance measures for visitation of assisted living facilities and make progress towards measures for visitation of nursing facilities

- Decreasing or eliminating funding for homemaker services, which are too narrow in scope to fully accommodate consumers who require hands-on assistance with their activities of daily living (ADLs). Shift funds to personal assistance services, which are broader and encompass assistance with ADLs.

- Using non-Title III funds to increase the funding dedicated to HomeMeds services

- Using non-Title III funds to increase the funding dedicated to A Matter of Balance fall prevention classes

- Using non-Title III funds to increase the funding dedicated to Chronic Disease Self-Management classes

- Using non-Title III funds to increase the funding dedicated to Diabetes Self-Management classes

- Using non-Title III funds to increase the funding dedicated to Care Transitions

- Carve out Title III-B funding to support transportation voucher services

Organizational Structure

The NCT-AAA is a program of the North Central Texas Council of Governments, founded in 1966 as the first of its kind in Texas. Its 20 full-time and four part-time staff members (of whom four are funded in full by non-Title III funds) account for only 7.5% percent of NCTCOG's workforce. Accordingly, NCT-AAA revenues account for approximately 7.4% 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

NCTCOG was established by Senate Bill 242 (62nd Session of the Texas Legislature) to assist member governments in planning for common needs. Although planning continues to serve as its primary function, it has broadened its work to include administration of several direct service programs, including those funded by the Texas Department of Aging and Disability Services. Its 327 employees are organized into 11 departments, listed in order of size: Transportation, Administration, Workforce Development, Research and Information Services, Aging, 9-1-1 Emergency Communications, Environment and Development, Emergency Preparedness, Community Services, Executive Director's Office, and Public Affairs.

Aging became an independent department of NCTCOG in 2014. Prior to that time it was a program within the Community Services division.

Funded primarily by the Texas Department of Aging and Disability Services, the NCTAAA provides services under the Older Americans Act of 1965, as amended. It has gradually expanded its role and target populations to include people of all ages who have disabilities and their caregivers, although a number of programs remain restricted to persons age 60 and over.

Human Resources Strengths and Weaknesses

NCTAAA program managers are highly tenured. Its director has been in her position for nearly 20 years, its supervisor of contract services has been in his position for nearly 25 years, and its manager of direct services and local managing ombudsman have been in their positions for more than 17 years. On average, full- and part-time Aging employees have 7.87 years' experience with NCTCOG.

NCTAAA staff members are highly educated. Although no Aging positions require advanced degrees, eight hold at least master's degrees and two hold doctorates. Aging staff people have a broad range of educational backgrounds, with special expertise in working with older adults. Its "legacy" staff, who provide services under the Older Americans Act, have degrees in fields of study including applied gerontology, social work, rehabilitation, psychology, education, and business.

NCTAAA staff members have distinguished themselves as network leaders at both the state and national level. For example, Aging Supervisor—Direct Services Dr. Jan Henning recently completed a term of service with the Centers for Medicare and Medicaid Services' Advisory Panel on Outreach and Education, as the sole representative of Area Agencies on Aging. Henning recently completed a rigorous two-year certification process with the Institute for Person-Centered Practices and will be the first Aging and Disability Resource Center employee in the state to do so. She also obtained a competitive grant from the National Council on Aging to establish a Benefits Enrollment Center.

Director of Aging Programs Doni Green has participated in national workgroups to evaluate the long-term care ombudsman program, build capacity to contract with managed care organizations, and obtain Medicare certification for diabetes self-management classes. She currently serves as the state's Area Agency on Aging representative to the HHSC Promoting Independence Advisory Committee, gubernatorial appointee to and co-chair of the Texas Department of Housing and Community Affairs' Housing and Health Services Coordination Council, and co-chair of the Texas Aging and Disability Resource Center Coalition. In addition, she has served as a key informant for national studies on best practices in nursing home relocation and challenges facing home health providers in rural counties.

Prior to joining the NCTAAA, Senior Case Manager Cathy Stump served as supervisor of the STAR+PLUS Support Unit for the Dallas, Tarrant, and Abilene service delivery areas.

As the Aging program has been delegated responsibilities for serving younger persons with disabilities and children—primarily through its Aging and Disability Resource Center (ADRC)—it has adopted different hiring preferences. It has sought out ADRC staff with knowledge of social services for young adults, children, and persons with intellectual and developmental disabilities (IDD). It has hired two ADRC case managers who have case management experience with the Home and Community Services (HCS) program, a Medicaid waiver for persons with IDD. In addition, it has hired an ADRC case manager with work experience as a relocation specialist with an independent living center.

The NCTAAA has identified several gaps in its staffing profile and worked to fill those whenever vacancies have arisen. Given its mandate under the Older Americans Act to target persons who speak primary languages other than English, it has sought out and hired bilingual employees. Since the Act also requires that AAA services target older persons with low incomes, the NCTAAA has sought out and hired three case managers who have worked for the State Medicaid agency—promoting coordination and non-duplication of services. Since the ADRC is required to target veterans, NCTCOG has sought out military applicants and hired a military spouse.

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 is able to recruit and retain highly qualified and effective employees because of NCTCOG's positive community image, competitive benefits, flexible schedules, open-door management, and opportunities to provide services that effect meaningful change.

The NCTAAA's primary human resource weaknesses may be viewed at two levels: employee and organizational.

From an employee perspective, these weaknesses include:

- A relatively flat organizational structure, providing employees opportunities for advancement only if they apply for different positions. Vacancies are rare, given low staff turnover. New positions are similarly infrequent, since Title III funding has been relatively flat for several years.

- A work load that's grown in volume and complexity, without a concomitant increase in staffing or compensation. For example, the Senior Accountant has been with NCTCOG for eight years. When she began her duties were confined to one major grant program (Title III) and support of 10 program staff. She now supports three major grant programs (Title III, nursing home relocation, and Aging and Disability Resource Center)—all with different procedures and requirements. In addition, she provides fiscal support to 24 staff, more than 100 volunteers, and more than 30 subrecipients.

- A requirement that NCTCOG adopt the state pay plan and administer compensation within the boundaries of the state's plan. NCTCOG had been exempt from this requirement until Fiscal Year 2013. When it adopted the State pay plan it was compelled to reduce starting salaries for some of its positions (most notably for case managers) by nearly 20%. It was also required to reduce maximum salaries for selected positions, causing highly tenured staff to max out sooner.

From an organizational perspective the NCTAAA's primary human resource weaknesses are as follows:

- Lack of bilingual case managers to assist Title III clients. The Aging program has a Spanish-speaking case manager, but she supports the ADRC rather than AAA.

- Lack of master's level social workers. The NCTAAA welcomes volunteer interns and would like to recruit social work interns to support its access and assistance services. However, most social work programs require preceptors to have at least a master's degree in social work. NCTAAA access and assistance staff have advanced degrees but in other disciplines (e.g., gerontology, education, and rehabilitation) that are not considered equivalents.

- Lack of clinical staff (e.g., nurses), who may be perceived by prospective payers (particularly health plans) as more qualified

- Limited number of staff, constraining the NCTAAA's ability to participate in outreach and networking events, as well as its ability to conduct home visits

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. It was created under Section 304 (C) of Public Law 93-29 for the purposes of 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. It screens nominees for conflicts of interest and excludes individuals with a financial interest in long-term care facilities.

Of all RAAC members in early 2016, 64.7% were at least 60 years of age; 13.3% were veterans; and all were representatives of older individuals (either formally or informally). It had two members who were providers of health care to veterans, as well as the general public.

RAAC has regular meetings on a quarterly basis, held on the second Tuesdays of February, May, August, and November. It has special meetings as needed.

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 main office is located at 616 Six Flags Drive, in Arlington. Since 2007 it has operated a satellite office within the Pecan Valley Centers clinic, located at 109 Pirate Drive, Granbury (Hood County). An ADRC case manager and AAA case manager share coverage. In addition, an ADRC case manager is on-site at the Denton Community Health Clinic, 525 S. Locust Street, Denton on the second and fourth Wednesdays of each month.

To make its services more available at the local level, the NCTAAA supports nine benefits counseling clinics that are staffed by certified volunteers. These clinics are available in Frisco, McKinney, Flower Mound, Denton, Lewisville, The Colony, Granbury, and Weatherford.

The NCTAAA has established a goal of conducting clinics in all counties within its service area but currently lacks a sufficient volunteer base—particularly in the rural counties. It has lost several long-standing volunteers, given the benefits counseling program's rigorous reporting requirements and complex nature of consumers' needs, and has not been able to replace them.

Staffing

Staff members, primary activities, and planned percent of time spent on service activities are detailed in Appendix B. Staffing by major programs is as follows:

- Administration: Senior Accountant Mona Barbee (employee of Administration Department assigned entirely to Aging), Director of Aging Programs Doni Green, Aging Supervisor—Contract Services Mike Hensley, Vendors and Contractors Coordinator Patricia Lozano, and Risk and Compliance Manager Debra Murray (employee of Administration Department assigned partly to Aging)

- Legal Awareness/Legal Assistance: Aging Supervisor—Direct Services Dr. Jan Henning, Benefits Counselors Mary Jane Douglas, Melinda Gardner, and Cheryl Winn

- Care Coordination/Caregiver Support Coordination: Case Manager Shannon Byrd and Senior Case Managers Angela Powell and Cathy Stump

- Long-Term Care Ombudsman: Managing Local Ombudsman Tina Rider, Ombudsman Program Specialist Lisa Walker, Regional Ombudsmen Stephanie Willms, Karlotta Hannibal, Rebekah Carr, and Amy Soto

- Evidence-Based Programs: Dr. Laura Wolfe and Kim Mathis

- Aging and Disability Resource Center: Case Managers Denise Adams, Mandy Reyna, and Brenda Tatum (funded in full by non-Title III revenues)

- Nursing home relocation services: Tamara Busby (funded in full by non-Title III revenues)

- Direct service program support: Christine Tran, Diane McCoy, and Autumn Harold

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

Current Delivery System Infrastructure

Administrative Functions

The NCTAAA has six staff who perform administrative functions: Doni Green, Patricia Lozano, Mike Hensley, Jan Henning, Christine Tran, and Lisa Walker. In addition, it funds in part two employees of NCTCOG's Administration Department: Senior Accountant Mona Barbee and Risk and Compliance Manager Debra Murry.

Of the eight NCTCOG employees who perform administrative functions, only Green, Hensley and Henning have responsibilities for coordination, advocacy, program development, public awareness, and outreach. Following are specific responsibilities by staff person and title:

- Doni Green (Director of Aging Programs): determine capacity to develop new programs; ensure adequate resources; orchestrate 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); help design and implement public awareness and outreach campaigns.

- Mike Hensley (Aging Supervisor—Contract Services): provide technical assistance, education, and support to nutrition/transportation subrecipients to ensure effective coordination of direct and contracted services; assist subrecipients 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 Supervisor—Direct Services): design and implement outreach plans for benefits counseling, Benefits Enrollment Center, ADRC, and special initiatives.

Methods of Service Procurement

The NCTAAA uses three major service delivery methods: 1) direct service provision; 2) pass-through of funds to subrecipients; and 3) direct purchase of service (DPS) from contractors. As it builds its provider network, including both subrecipients and contractors, it undergoes fair and open procurement.

For its direct service programs the NCTAAA assumes responsibility for all aspects of service delivery, including: promoting the program, with emphasis on target populations; screening prospective consumers; determining eligibility as needed; arranging services as needed; documenting program activity; and performing quality assurance activities.

The Agency's direct services include Information, Referral and Assistance; Legal Awareness; Legal Assistance; Care Coordination; Caregiver Support Coordination; Long-Term Care Ombudsman; ADRC Options Counseling; Nursing Home Relocation; and a suite of Evidence-Based programs consisting of A Matter of Balance, Chronic Disease Self-Management, Diabetes Self-Management, Care Transitions, HomeMeds, and Stress-Busting Program for Family Caregivers.

For services that are provided by subrecipients, the NCTAAA undergoes competitive procurement to form its provider network. In most cases subrecipients are responsible for all aspects of service delivery, including promoting the program, with emphasis on target populations; screening prospective consumers; determining

eligibility; arranging services; documenting program activity; and performing quality assurance activities. The NCTAAA provides technical assistance to subrecipients and conducts its own quality assurance activities, ensuring that services are rendered in compliance with all governing rules and regulations.

Services provided through subrecipients, and a list of Fiscal Year 2016 subrecipients for each, are as follows:

- Home-delivered meals: Collin County Committee on Aging, SPAN, Meals on Wheels of Ellis and Johnson Counties, Hood County Committee on Aging, Senior Center Resources and Public Transit, Kaufman County Senior Citizens Services, Inc., Meals on Wheels of Palo Pinto County, Inc., Parker County Committee on Aging, Meals on Wheels Senior Services of Rockwall County, Somervell County Committee on Aging, and Wise County Committee on Aging

- Congregate meals: Collin County Committee on Aging, SPAN, Meals on Wheels of Ellis and Johnson Counties, Hood County Committee on Aging, Senior Center Resources and Public Transit, Kaufman County Senior Citizens Services, Inc., Meals on Wheels of Palo Pinto County, Parker County Committee on Aging, Meals on Wheels Senior Services of Rockwall County, Senior Citizens Services of Tarrant County, and Somervell County Committee on Aging

- Demand-response transportation: Collin County Committee on Aging, Crescent Care, SPAN, Senior Center Resources and Public Transit, Kaufman County Senior Citizens Services, Inc., Parker County Committee on Aging, Public Transit Services, Inc., Somervell County Committee on Aging, and Wise County Committee on Aging

- Money management: The Senior Source

- Information, referral and assistance: Community Council of Greater Dallas, United Way of Metropolitan Tarrant County, Meals on Wheels Senior Services of Rockwall County, Meals on Wheels of Palo Pinto County, Inc., Kaufman County Senior Citizens Services, Inc., Assistance Center of Collin County, and Wellness Center for Older Adults

- Caregiver education and training: Alzheimer's Association—North Central Texas chapter and Wellness Center for Older Adults

- Caregiver information services: Alzheimer's Association—Greater Dallas chapter, Alzheimer's Association—North Central Texas chapter, Wellness Center for Older Adults, Z-Quest, and Liferoads

- Caregiver mental health: Wellness Center for Older Adults

- Instruction and Training: Mascari Corporation, Good NEWS Living at Home/Block Nurse Program and Wellness Center for Older Adults

- Housing Navigation: Mascari Corporation

- Volunteer recruitment: Rebecca Williams

- MIPPA Community Outreach: Felecia Warner

The NCTAAA maintains a two-year contract cycle for nutrition and transportation services, with procurement that takes place in odd-numbered years. During even–numbered years it procures caregiver,

instruction and training, and health maintenance services. It procures housing navigation and money management services every four years, during odd-numbered years. It procures volunteer recruitment and MIPPA community outreach on an annual basis.

For services that are provided by contractors, the NCTAAA determines consumer eligibility and develops a plan of care. It then authorizes contractors to provide specific goods and services. Contractors' responsibilities are usually narrowly defined: to provide goods and services on a timely basis and invoice the NCTAAA following delivery.

The NCTAAA maintains an open enrollment system for all contracted services other than health maintenance and adds new contractors throughout the fiscal year. It procures health maintenance services on a biennial basis, during even-numbered years.

Contracted services and a list of Fiscal Year 2016 contractors for each include:

- Health Maintenance: Quality Medical Supplies

- Residential Repair: Adaptive Mobility of the Southwest, All in One Services, Billy C. Lively, Dun Rite Construction, First Call Restoration, Lang Builders, Look Up Properties, Saturn Martinez, Tanglewood, and Texas Ramps

- Emergency Response: Alert Response, ADT, Associated Home Services, Critical Signal Technology, Family Care Services, Outreach Health Services, Phillips Lifeline, Shepherds Touch, and Valued Relationships, Inc.

- Homemaker/Respite: Angels at Home, Aunt Mae's, Blessing U with Loving Care, ComForCare of Denton, ComForCare North Dallas, Community Bridge Health Care, Extension Home Health, Grace Compassion Home Health, Heart of Texas Divine Living, Home Care Extended, Lee Health Care, Newport Home Health, Nurses Unlimited, Premier Health Care, Prestonwood Home Health, Purple Rose Care Services, Proximal Home Healthcare, ResCare Home Care, Relief Home Healthcare, Right at Home—Fort Worth, Right at Home—Rhome, Right at Home—Rockwall, Shepherd's Touch Home Helpers, Synergy HomeCare, Visiting Angels Living Assistance, and Visiting Angels—Paris

- Care coordination/caregiver support coordination/nursing home relocation: Chandra Thompson, The Senior Source, Kelli Mitchell, Sandra McKnight, Jayne Doyle, Amy Pospisil, Shaneka Bell-White, Roslyn Dodge, REACH Independent Living Centers, Gary Taylor, Ulylesia Griffith, ComForCare, Monica Gray, Anita Williams, Hollie Tilley, and Sherry Pacleb

The NCTAAA benefits from being part of a large organization that has developed rigorous guidelines regarding procurement of services. NCTCOG has also created a number of templates—e.g., Requests for Proposals— that may be customized by department.

In 2015 NCTCOG launched an interdepartmental procurement workgroup, comprised of its procurement agent, two internal counsels, and representatives of each department. The workgroup made a number of updates to the Agency procurement manual to ensure it was comprehensive and current, reflecting current federal and state guidelines. It also shared best practices.

NCTCOG's procurement processes vary by funding levels. 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, including minority newspapers, 14 days prior to bid closing.

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, as needed. Board action is required on all contracts that exceed $100,000.

Quality Assurance Activities

The NCTAAA conducts a wide range of quality assurance activities that vary on the basis of providers' classification as either subrecipient or contractor, type of purchased service, performance history, and amount of funding received from the NCTAAA. In general, the NCTAAA subjects subrecipients to more rigorous review since they tend to have greater programmatic and fiscal responsibilities, as well as higher funding levels.

The NCTAAA benefits from the involvement of the NCTCOG Risk and Compliance Division auditors, who dedicate .75 FTE of their time to Aging. The Division helps NCTAAA with assessments of subrecipients' fiscal risk and conducts fiscal monitoring of subrecipients. The Risk and Compliance Division also performs desk reviews of subrecipients' documentation, distributes NCTAAA Subrecipient Annual Assessments and Subrecipient Risk Assessment Questionnaires, participates in subrecipient training, and provides technical assistance to both Aging staff and subrecipients.

The Risk and Compliance Manager assumes primary responsibility for subrecipients' fiscal monitoring and oversees the annual risk assessment process. Historically, NCTCOG assessed subrecipient risk from a high-level fiscal perspective based on elements such as accuracy, timeliness and completeness in reporting, compliance with Agency and DADS requirements, programmatic risk, performance on prior program reviews, and turnover among key staff. The rankings were based on results of fiscal risk assessment data as provided by the Director of Aging Programs, Aging Supervisor—Contract Services, and Senior Accountant.

In conformance with Uniform Guidance, a new process has evolved. The Subrecipient vs. Contractor Determination Procedure and Tool have been created and are in the implementation phase. Annually, a team composed of the Aging Supervisor—Contract Services, Senior Accountant and members of the Risk and Compliance Division utilize the Procedure and Tool to determine the classification of the NCTAAA entities as either subrecipients or contractors.

Subrecipients are required to complete and return a Subrecipient Risk Assessment Questionnaire. The Questionnaire includes elements such as existence of policies and procedures, implementation of new systems, change in senior level management, and annual compliance and monitoring-related activities. Risk and Compliance staff review Questionnaire responses and enter them into a Subrecipients Risk Assessment Matrix in an associated Risk levels category. Additionally, the Matrix applies risk weighting to each answer and arrives at an overall entity risk score. For Subrecipients with high risk level answers, NCTCOG may develop Mitigating Controls such as increased oversight and monitoring, technical assistance, and scheduled follow-up reviews.

Annually, the Director of Aging Programs, Aging Supervisor—Contract Services, Senior Accountant, and Risk and Compliance Manager confer to develop a coordinated monitoring approach and review schedule based on the results of the Subrecipient Risk Assessment Matrices, performance history, programmatic concerns, and external environmental factors. The monitoring approach and schedule allow staff flexibility to give priority to high-risk subrecipients or situations as appropriate.

The Risk and Compliance Division conducts three types of reviews: OMB A-133 reviews as required, triennial rotational reviews and annual insurance reviews in order to determine compliance with provisions of contractual agreements. The Risk and Compliance Division also responds to emerging issue situations as needed.

Mike Hensley, as Aging Supervisor—Contract Services, assumes primary responsibility for subrecipients' 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), as well as out of date assessments for nutrition consumers. He conducts on-site monitoring reviews of high risk providers at least annually, and low risk providers at least tri-annually.

The Agency reserves the right to impose sanctions and penalties if a provider is out of compliance with its program or fiscal responsibilities. Providers under sanctions and penalties may be required to undergo mandatory retraining, 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 subrecipient agreement or vendor agreement for cause.

To improve oversight of contracted providers, in 2015 the NCTAAA created a new position of Vendors and Contractors Coordinator and hired Patricia Lozano to serve in that capacity. Lozano is responsible for reviewing contractors' application materials, which include: the Vendor Agreement; Certification Regarding Debarment; Data Use Agreement, if contractor will have access to protected consumer information; proof of licensure, as required by service; proof of insurance, listing NCTCOG as additional insured; Standard Assurances; proof of background check for employees providing direct services; outline of training program for employees providing direct services; and references.

Lozano forwards contractors' applications that meet the minimal qualifications for approval. In addition, she receives and processes contractors' requests for payment, conducts desk reviews, addresses issues of non-compliance, and provides technical assistance as requested.

In cases of contractors' non-compliance with relevant sections of the Texas Administrative Code or terms and conditions of their vendor agreements, Lozano follows up and requests correction by a stated deadline. If the contractor fails to take timely or sufficient action, Lozano places it on vendor hold. As such, the NCTAAA removes the contractor from the active roster, does not issue new service authorizations, and requires it to file a written corrective action plan. If the NCTAAA cannot verify that the contractor has implemented the corrective action plan, it terminates the contract with cause.

The NCTAAA realizes that quality involves more than compliance. As a consumer-directed agency it actively solicits feedback from consumers in a number of ways:

- It notifies consumers of their rights to file grievances and provides them contact information for the NCTAAA in the event that they are not satisfied.

- For consumers who receive direct services from the agency that require an intake, it sends satisfaction surveys along with closure letters. It encourages consumers to complete and return the surveys, and allows for confidential response. Survey questions vary by program.

- For consumers who receive services from Agency subrecipients, it requires that subrecipients conduct at least annual satisfaction surveys and provide results to the NCTAAA at the time of their on-site monitoring.

- In addition, the NCTAAA conducts regional satisfaction surveys of consumers who receive services from Agency subrecipients.

- The NCTAAA invites consumers of direct and subrecipient services to participate in public hearings.

Best Business Decisions

The NCTAAA monitors its own and providers' costs to ensure they're reasonable, competitive and reflective of best business decisions.

The NCTAAA takes providers' cost into consideration as it makes award decisions and issues service authorizations. As part of the Request for Proposals process (typically used to procure subrecipients), it requires applicants to specify their unit rates and gives preference to lower-cost respondents.

For contracted services, such as emergency response and homemaker, the Agency shares contractors' unit rates with both staff and consumers. Should consumers choose a provider with a higher rate, the NCTAAA honors their preferences. However, if consumers have no preference, staff members select a lower-cost provider, all things being equal.

The NCTAAA is unique in using independent contract care coordinators to provide care coordination, caregiver support coordination, and nursing home relocation services. To ensure best value 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. In addition, Director of Aging Programs Doni Green has created a report that calculates nursing home relocation workers' cost per successful transition. The Agency notifies workers of their costs and cost rankings and makes a greater number of referrals to those with lower costs, all things being equal.

Maintaining competitive costs at all levels is important if the NCTAAA is to secure other payers. Few payers are willing to enter into the types of cost-reimbursement contracts that are typical of Older Americans Act programs. Emerging contract opportunities—particularly through managed care organizations—provide for capitated reimbursement rates that may be lower than prevailing market rates. In order for contract discussions to proceed, the NCTAAA must demonstrate to potential payers that it has the right services available at the right price. At the same time the NCTAAA must be able to recover the full cost of service.

Capacity to Provide Services to Targeted Populations

The NCTAAA is centrally located, in Arlington, but somewhat unique in not serving the county in which it is located (Tarrant). This minimizes its foot traffic and creates a high demand for staff travel.

The Agency makes its services accessible in the following ways:

- Procures locally-based subrecipients for nutrition services and designates them as focal points. Its 11 nutrition subrecipients are highly visible and assist the NCTAAA in promoting other Agency services such as benefits counseling, HomeMeds, and health promotion programs
- Staffs a satellite office in Granbury, located in the southwestern portion of the service area
- Staffs a health clinic in Denton, located in the northern portion of its service area
- Supports nine benefits counseling clinics, held in Parker, Denton, Collin, and Hood counties
- Conducts home visits as indicated and as staffing allows
- Contracts with local entities for Caregiver Information Services and Instruction and Training and incentivizes them to make services available in more remote rural counties

The NCTAAA has been progressive in allowing its employees to office from home as a means of decreasing travel costs. It has a senior case manager and volunteer coordinator who work from their homes in

Collin County, an evidence-based program specialist who offices from her home in Denton County, and three staff ombudsman who office from their homes in Johnson, Ellis, and Dallas counties.

Targeting Activities

The NCTAAA engages in a multi-pronged strategy to target older persons who are members of high-risk populations, as defined by the Older Americans Act. These populations consist of persons with low incomes, persons with greatest economic need, members of minority groups, individuals residing in rural areas, and persons with limited English proficiency. Following are some of its targeting activities by high-risk population:

- Persons with low incomes and greatest economic need: The NCTAAA gives service priority for its care coordination and caregiver support coordination programs to individuals with incomes at or below 150% of the poverty level. Its Benefits Enrollment Center serves persons with low incomes exclusively, and its nursing home relocation program serves nursing home residents who have been deemed eligible for Medicaid (and, thus, have both low incomes and limited resources). Its benefits counseling program actively promotes Medicare Savings Programs and Low-Income Subsidies.

  The NCTAAA's brochures and flyers include statements such as: "We do not discriminate on the basis of race, color, national origin, sex, or disability. However, we do give priority to persons with low incomes."

  As the NCTAAA conducts targeted outreach to persons with low incomes and greatest economic need, it requires its subrecipients to do likewise. As part of the Request for Proposals process, it asks respondents to explain their targeting strategies and conducts follow-up monitoring to ensure that subrecipients' proposed strategies are implemented.

- Members of minority groups: The NCTAAA targets older individuals who are members of minority groups by partnering with organizations such as the Dallas Inter-Tribal Center and conducting outreach to predominantly minority churches. It seeks racial diversity among its staff, members of its advisory committee, and volunteers; and ensures that promotional materials are similarly diverse.

  During Fiscal Year 2015 nearly one in four (23.5%) clients with age data was a member of a minority group. This was higher than the percentage of older minorities in the service area, at 17.9%.

- Individuals in rural areas: The NCTAAA contracts with nutrition and transportation providers whose bases of operations are in rural counties. In addition, as it solicits proposals for caregiver support and instruction and training services, it awards bonus points to applicants who intend to serve rural counties.

  During Fiscal Year 2015, 28.0% of clients with age data lived in one of the service area's four rural counties: Erath, Navarro, Palo Pinto, and Somervell. This compared favorably to the percentage of all older adults who lived in these counties, at 6.5%.

- Individuals with limited English proficiency: The NCTAAA hires multi-lingual staff, seeks multi-lingual volunteers, participates in an Agency language bank, subscribes to AT&T's Language Line, and is a member of Catholic Charities' Translation Assistance Network. It translates its program materials into Spanish and intends to translate them into other languages frequently spoken in the service area.

Available Resources Supporting the AAA Service Delivery System

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

FY2016 Planning Budget vs FY2015 Final Budget

Service	2016 Planning Budget	2015 Actual Budget	Difference
Administration	501,129	505,245	-4,116
Data Management	29,557	24,792	4,765
Care Coordination	149,928	141,840	8,088
Caregiver Support Coordination	222,563	241,147	-18,584
Information Refer & Assist	231,652	176,027	55,625
Legal Assistance Under 60	14,222	27,624	-13,402
Legal Assistance Over 60	123,648	160,307	-36,659
Legal Awareness	180,276	378,340	-198,064
Ombudsman	467,999	408,760	59,239
Congregate Meals	993,593	923,907	69,686
Home Delivered Meals	2,458,152	2,796,412	-338,260
Nutrition Education	3,000	16,003	-13,003
Caregiver Education & Training	8,190	5,500	2,690
Caregiver Information Svc	95,125	160,207	-65,082
Caregiver Respite Care	33,491	59,207	-25,716
Caregiver Respite Care-Voucher	28,400	41,606	-13,206
Emergency Response	7,306	12,105	-4,799
Evidence Based Programming	88,827	106,825	-17,998
Health Maintenance	81,311	109,518	-28,207
Homemaker	42,278	33,312	8,966
Homemaker Voucher	4,792	9,500	-4,708
Income Support	13,884	41,474	-27,590
Instruction & Training	70,947	80,621	-9,674
Mental Health Services	21,003	31,253	-10,250
Residential Repair	98,651	190,858	-92,207
Senior Center Operation	0	61	-61
Transportation Demand Response	285,000	291,905	-6,905
Total	**6,254,924**	**6,974,356**	**-719,432**

The NCTAAA understands that Title III funds will never be sufficient to the meet the range of older adults' needs. To help fill the gap it has sought out other funding from traditional and non-traditional partners. It has applied for and been awarded competitive funding through DADS for an Aging and Disability Resource Center, housing navigation, nursing home relocation services, and housing bond services. It has been awarded a special grant from DADS to establish an emergency respite program for caregivers of young adults with disabilities. In addition, it has been awarded a grant from the National Council on Aging to establish a Benefits Enrollment Center.

The NCTAAA has been fortunate to receive supplemental funding through partnership with its neighboring Area Agencies on Aging. It supported the United Way of Tarrant County in its successful grant submission to the Administration for Community Living (ACL) for fall prevention activities. It was

subsequently awarded a subcontract with Tarrant for Fiscal Years 2016-2017. Under the performance-based contract the NCTAAA is reimbursed $100 per A Matter of Balance graduate. Graduates must attend at least five of the program's eight sessions.

Similarly, the Agency supported the Community Council of Greater Dallas (CCGD) in its successful application to the ACL for chronic disease self-management activities. It has a performance- based contract with CCGD that requires it to graduate at least 450 individuals from the Chronic Disease Self-Management Program during Fiscal Years 2016-2017 and conduct medication reconciliations for at least 700 individuals during the same period of performance. CCGD is reimbursing the NCTAAA $50,000 per annum for these efforts.

Both ACL grants are focused on sustainability once grant funds are exhausted at the end of Fiscal Year 2017. To that end the NCTAAA is seeking supplemental funding from non-traditional sources, including the following:

- It has submitted a funding application to WellMed for provision of fall prevention classes to members of its Medicare Advantage Plan.

- It has submitted a funding application to TMF Health Quality Institute for Diabetes Self-Management Program classes provided to Medicare beneficiaries who live in rural areas.

- It is participating in a national technical assistance collaborative, led by the National Council on Aging, to build capacity to bill Medicare for diabetes self-management education.

The NCTAAA is obligated to match most of the funds it receives through DADS. Match requirements range from 10% for Title III-B supportive services and Title III-C nutrition services to 25% for caregiver services and program administration.

The NCTAAA's subrecipients generate a significant overmatch for demand-response transportation services. The Agency uses excess match funds to help satisfy its Title III-B match requirement. In addition, it valuates the donated labor of certified volunteer ombudsmen who visit assigned facilities on a weekly basis.

To meet its administrative match requirement of 25% 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. The Agency also uses in-kind contributions to meet its administrative match, by valuating Regional Aging Advisory Committee members' donated time and travel, as well as professional services rendered by unpaid interns. In Spring 2016 it had two University of North Texas graduate students who donated their professional time. One conducted research for this area plan, and the other redesigned the Agency's customer satisfaction survey processes.

The NCTAAA seeks local funds and in-kind services for reasons other than compliance. They are a vital means of ensuring that federal and state funds are fully utilized, expanding the breadth of services, reducing the cost of services, and improving program efficiency.

Method of Fiscal Management

Aging Senior Accountant Mona Barbee, as an employee of the Administration Department, dedicates all of her time to support of the Aging department, including its Older Americans Act (OAA), nursing home relocation, and Aging and Disability Resource Center programs. Approximately 85% of her time is budgeted to OAA programs.

The Senior Accountant's responsibilities include collaborating on the NCTAAA budget, reviewing and approving all invoices for payment, reviewing and approving subrecipient reports, requesting reimbursement from funding sources, reimbursing subrecipients, tracking expenditures, and completing the Agency's fiscal reports. In addition, she provides technical assistance on fiscal issues to subrecipients and represents the Agency in rate-setting for nutrition and transportation services.

The Senior Accountant and Director of Aging Programs prepare the annual planning budget based on historical performance and fiscal data, adjusted for anticipated changes in the cost of service, demand for services, or DADS performance measures.

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. It sets budgets on an annual basis and amends throughout the year, subject to DADS' approval.

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-through). As invoices or requests for payment are received, the designated Aging staff person assigns a project code and then forwards the request to the department director (usually in the form of a Payment Authorization Memo), who reviews and approves as appropriate. In the director's absence, the Aging Supervisor—Contracted Services and Aging Supervisor—Direct Services are authorized to approve payment requests of up to $1,000.

Once approved at the departmental level, payment requests are sent to the Senior Accountant. She reviews and approves the requests before forwarding them to Accounts Payable. Accounts Payable has a processing deadline of Wednesday mornings at 8:00. It cuts checks once a week and mails them out on Fridays.

Payments to subrecipients are not made until two weeks following the successful submission of the Request for Reimbursement (RfR) to DADS.

Subrecipients and contractors are given the option of receiving payment by either check or electronic fund transfer (EFT).

To ensure Agency spending is within targets, the Department of Administration monitors expenditures on a monthly basis, using special reports described on the following two pages.

The Senior Accountant reviews performance measure projection data at least quarterly, usually following the submittal of the Quarterly Performance Report. If the Agency's actual performance falls significantly above or below its projections, the Director of Aging Programs, Senior Accountant, Aging Supervisor—Contract Services, and any direct service staff work together to amend the projection(s) as needed.

The NCTAAA has managed the inherent complexity of its fiscal obligations by creating a number of fiscal reports. These reports allow it to more closely monitor expenditures and comply with DADS' fiscal and programmatic requirements. Specific reports include:

- Electronic care plans: On the basis of consumers' needs and preferences AAA case managers 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 Angela Powell or Cathy Stump)—or to the Director of Aging Programs, in the absence of both Senior Case Managers. The Senior Case Manager reviews the plan for reasonableness, consistency, and non-duplication of benefits (e.g., they will ask for proof that Medicare and Medicaid beneficiaries have attempted to access covered services under those plans before committing NCTAAA funds) and must approve before items or services may be purchased. If case managers wish to

add services, they must amend the care plan and obtain approval before authorizing new services. If consumers no longer require services that had been authorized, the case managers must also amend the care plan. Upon approval, the reviewer de-obligates the funds from the service that is no longer needed.

- Performance Measure Tracking and Trend Analysis: The NCTAAA has developed a customized report that captures the data sets that are used to determine key performance measures and calculates its actual performance. The report then compares actual performance to the approved performance measures and establishes trends.

- Performance Measure Revision Analysis: The NCTAAA has created a customized report that includes all approved performance measures (including key and non-key), and displays the upper and lower variance limits. It summarizes data from the Performance Measure Tracking and Trend Analysis Form and provides a quick visual, indicating whether the NCTAAA should request an amendment to key performance measures.

- Unit Balancing Report: This report is designed to assist in ensuring the accuracy of unit data to be reported on the Quarterly Performance Report (QPR). It retrieves unit data from the Costpoint system, available in both summary and detail form, in order to verify information that has been entered into SAMS. The report provides a place to enter SAMS quarterly data for unduplicated persons as well as units of service. Each quarter has an area to provide explanations of variances as bases for research. The report can display the information by month as well as year-to-date. It also allows the user to select detailed information by service when reviewing the data for accuracy.

- Units by Service Report: This report allows the NCTAAA to separate units of service by funding type to generate data required by the Quarterly Performance Report (QPR). As units are entered into the Costpoint system, they are identified as either: (1) purchased units, (2) program income units, or (3) cash match units. The special report aggregates data by service and general ledger codes in order to provide the information needed for the QPR. It displays data by both month and year-to-date.

- Reconciliation Report: The purpose of the report is help ensure the accuracy of reimbursement requests as well as assist in the accuracy of reporting on the QPR. It partially simulates the Aging Services Analysis Workbook (ASAW) report, which is generated by DADS. It compares the cumulative amounts reported on the RfR and RfAJ to data on the QPR, as well as the Project Status Reports from the Costpoint system.

- Dashboard Reports: Administration staff have created several "dashboard" reports that analyze Costpoint data. Aging program staff use these reports to monitor expenditures and budget status. Specific dashboard reports include the following:

    - Adequate Proportion Report: DADS requires AAAs to meet certain budgetary thresholds for three categories of service funded by Title III-B: In-Home Services, Legal Services, and Access and Assistance Services. The Adequate Proportion Report allows for real-time monitoring of actual expenses in each of these categories. As DADS issues Notices of Funding Availability and allocates Title III-B funding to the NCTAAA, the Senior Accountant updates Costpoint data. The report retrieves Costpoint budget data and applies the required percentages for each of the three categories. It also accumulates actual expenses and, by service category, calculates the percentage of expenses to available funds.

    - Funding Report: This special report captures total funding, funds budgeted, and funds expended by each funding source. It also calculates the percentage of the funding expended as well as the percentage of

fiscal year completed, allowing for a quick analysis of the Agency's spending relative to available funding.

- Expenditures by County: This report allows the NCTAAA to determine its spending by consumers' counties of residence—data that are helpful when determining whether residents in rural counties are being effectively targeted, as well as quantifying the value of Aging services to county officials. For all services that require reporting of personally identifiable client data, units of service are entered into the Costpoint system by consumers' counties of residence. The special report aggregates expense data by county and number of persons served by county.

- Expenditures by Service: Several programs, such as legal awareness and long-term care ombudsman, are supported by multiple funding sources. This special report aggregates both funding sources and expenses by program, allowing staff to more easily monitor budget status.

Area-wide Development of a Comprehensive System

Collaboration with Partners

The NCTAAA is called to develop a comprehensive and coordinated system for providing long-term services and support in home and community-based settings, in a manner responsive to the needs and preferences of older adults, their family members, and other caregivers. As it does so, it must work closely with state and local partner agencies, making and taking appropriate referrals, collaborating to meet the needs of consumers in common, and working to close service gaps.

Its collaborative efforts begin at home, working with other NCTCOG departments that serve older persons. It meets on a regular basis with NCTCOG transportation planners, discussing regional transportation issues and working to overcome barriers in delivery of transportation services.

The NCTAAA maintains active communication with agencies that constitute its provider network, conducting training for providers' staff members, providing technical assistance, and sharing program updates and best practices. It has compiled email addresses for more than 1,000 professionals in the North Central Texas area and sends out e-newsletters at least monthly. It uses these communications to share program updates and promote training opportunities. Both the NCTAAA and NCTADRC have made community education a priority, hosting workshops on topics such as uses and abuses of powers of attorney, changes in guardianship law, services for veterans, and services for people with autism. As an incentive to professionals, the NCTAA is able to provide attendees continuing education units (CEUs) for social workers.

The NCTADRC promotes collaboration with key partners by inviting them to serve on its advisory committee. Current members include representatives of DADS, the Texas Department of Assistive and Rehabilitative Services, Denton MHMR, LifePath Systems, two county veteran service offices, and a consumer organization. Additionally, another member represents consumers at large.

Beyond its provider network and advisory committees, the Agency coordinates with state and regional partners in a number of ways. Following are agencies with which it most frequently partners and types of collaborative efforts:

- DADS Community Services: The NCTAAA makes referrals to DADS Community Services for qualifying persons who have low incomes, limited resource, and a disability that interferes with ability to perform activities of daily living and instrumental activities of daily living. The NCTAAA has trained its staff on DADS Title XX services. Conversely, it has conducted training for DADS employees on AAA and ADRC services.

The NCTAAA and DADS contract managers collaborate by engaging in joint rate-setting and monitoring for common providers.

- Local Authorities: The NCTAAA makes referrals to Local Intellectual and Developmental Authorities (LIDDAs) in the event that consumers have IDD, and it refers to Local Mental Health Authorities (LMHAs) in the event that consumers have behavioral health needs and qualifying diagnoses (e.g, major depression, bipolar, and/or schizophrenia).

  As a relocation contractor it has conducted training for Home and Community Services (HCS) case managers who are employed by the service area's five LIDDAs: Pecan Valley, Helen Farabee, LifePath Systems, Denton MHMR, and Lakes Regional MHMR. NCTAAA relocation specialists and LIDDA HCS case managers work closely to relocate HCS consumers from nursing homes to community settings.

  The NCTAAA enjoys a long-standing partnership with Pecan Valley Centers whereby it leases office space at Pecan Valley's Granbury clinic and operates a satellite office on Mondays, Wednesdays, and Fridays. The clinic is staffed by an ADRC case manager and an AAA case manager, who rotate coverage.

- Texas Health and Human Services Commission (HHSC): The NCTAAA educates individuals who are receiving Medicaid about their benefits and helps them access those benefits as needed. In addition, it counsels prospective Medicaid beneficiaries about program eligibility and assists with applications as needed.

  Should Medicaid beneficiaries have problems or grievances, the NCTAAA attempts to resolve these at the lowest level possible (e.g., with the Medicaid eligibility worker or the managed care organization in which the consumer is enrolled). If those attempts are unsuccessful it reaches out to the HHSC ombudsman.

  The NCTAAA director has supported greater collaboration between the Area Agencies on Aging, Aging and Disability Resource Centers, and HHSC ombudsmen by engaging in cross-training and exploring strategies for enhanced information-sharing.

- Texas Department of Family and Protective Services' Adult Protective Services (APS): The NCTAAA conducts training for all staff and contractors on their obligations under the Human Resources Code to report suspected abuse, neglect or exploitation of an older person to APS. Staff and subrecipients understand that that they must make a report to APS any time they suspect that a consumer is being abused, neglected by self or others, and/or exploited. Additionally, NCTAAA policies require that all consumers of services for which an intake is required be given contact information for APS, as well as DADS' provider abuse hotline.

- Texas Department of Assistive and Rehabilitative Services (DARS): NCTAAA staff members make referrals to DARS for consumers who have interest in gaining competitive employment; have low vision; are deaf or hard of hearing; and/or have disabilities and need support in increasing self-sufficiency. The NCTAAA has hosted statewide training for ADRC staff on DARS services and referral protocol.

- Managed Care Organizations (MCOs) As a nursing home relocation contractor, the NCTAAA meets at least monthly with managed care organizations that administer the STAR+PLUS waiver. The agencies discuss consumers in common who are experiencing barriers to independent living and problem-solve.

  The NCTAAA encourages MCOs to refer their members in need of NCTAAA services such as Benefits Enrollment Center application assistance, fall prevention classes, and long-term care ombudsmen. The NCTAAA makes referrals to the MCO service coordinators whenever an SSI/Medicaid recipient is in need of, and presumptively eligible for, STAR+PLUS services.

Mental Health Services

The NCTAAA has stepped up its efforts to identify and serve consumers with behavioral health needs. Its NCTAAA and NCTADRC staff conduct the Level One Screen for Long-Term Services and Supports. This 17-item assessment tool probes for signs and symptoms of depression and substance abuse. With the consumers' consent, the NCTAAA/NCTADRC screeners generate referrals to Local Mental Health Authorities. In addition, Agency staff members connect consumers with local resources—such as the Mobile Crisis Outreach Teams—that promote behavioral health. For consumers who receive Medicare or Medicaid benefits, they make referrals to psychiatrists and other mental health providers who participate in their health plans.

Recognizing the emotional pressures that may be brought to bear on caregivers, the NCTAAA funds caregiver mental health services. It typically authorizes these services under the umbrella of its caregiver support coordination program and makes referrals to licensed professional counselors who have been competitively procured.

Persons with mental illness constitute a disproportionate share of the Agency's nursing home relocation consumers. To best meet their needs the Agency contracts with several relocation specialists who have behavioral health work experience.

To ensure NCTAAA staff and community partners are best equipped to meet the needs of persons with mental illness, the Agency has sponsored a number of trainings on topics such as Mental Health First Aid, dealing with callers who may be suicidal, and services for persons with autism.

Use of Voucher Systems

The NCTAAA is a strong proponent of consumer-directed service options, including voucher systems. It currently offers its homemaker and respite consumers a choice of agency-managed or self-directed (i.e., voucher) services, and intends to develop a transportation voucher program.

The use of vouchers conveys benefits on both the NCTAAA and consumer. The Agency benefits from less time spent on securing providers, negotiating scope of work, establishing a service delivery schedule, and reviewing providers' time sheets. Consumers benefit from greater freedom to select providers (including those who are not employed by agencies), establish rates of pay, and determine service delivery schedules.

In addition, voucher recipients are able to negotiate lower unit rates and purchase more units of service, compared to agency-managed consumers. During Fiscal Year 2015, the Agency's unit rate for Homemaker—Voucher was $10.21, compared to $16.58 for Homemaker. The unit rate for Caregiver Respite Care—Voucher was $8.64—47.7% lower than its $16.53 unit rate for Caregiver Respite Care—In-Home.

Access and Assistance Service Design

The NCTAAA has established comprehensive policies for providing callers with live responders, conducting rigorous program evaluation, and coordinating long-term services and supports, both within and beyond the agency.

During FY15 the Agency hired an administrative assistant to answer incoming calls to both the NCTAAA and NCTADRC. To handle overflow calls and provide back-up in her absence, it designates a "phone buddy." Each office-based NCTAAA staff person, with the exception of the director, serves as a phone buddy approximately twice per month. Staff with phone responsibilities coordinate schedules to avoid gaps in coverage during normal business hours, from 8:00 a.m. until 5:00 p.m.

In October 2015 NCTCOG upgraded its phone system and provided for detailed call analytics. Such data are helpful in determining call volumes, abandonment rates, and call lengths.

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 all of its care coordination and caregiver support coordination consumers, using 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. Surveys contain client IDs, case managers' names, and types of services authorized (e.g., homemaker, emergency response, health maintenance, and income support) to allow targeted follow-up. Survey data are used on a programmatic level for quality improvement and on an employee level for professional development.

In early 2016 the Agency enhanced its care coordination/caregiver support coordination survey procedures. It created a summary sheet that case managers complete upon case closure, indicating whether they think clients are "highly satisfied," "somewhat satisfied," "somewhat dissatisfied," or "very dissatisfied" with NCTAAA services. The results of the client satisfaction surveys and the case managers' summary sheets are cross-tabulated to determine how well staff can anticipate customer service concerns and serve as a guide to program improvement.

The NCTAAA monitors care coordination consumers' satisfaction with purchased services through monthly follow-up calls. If a consumer receives residential repair services, the NCTAAA requires that the consumer acknowledge successful completion before making payment to the contractor. If a consumer is dissatisfied with a purchased service, the care coordinator follows up with the provider and seeks resolution.

The NCTAAA also surveys consumers of the following direct service programs:

- Legal assistance: The program-specific survey tool includes 13 questions, including:
  - Did you contact the NCTAAA for information or services you need now or in the future?
  - Did you: ____ Call us? ____ Come to a local office? ____Email us?
  - If you called, were you able to talk with a representative on your first call, or did you need to leave a message?
  - If you left a message, when was your call returned?
  - How would you rate your overall experience with the NCTAAA?
  - How would you rate the NCTAAA's ability to help you make your own decision about benefits and services or locate the services you requested?
  - Was the person you talked to knowledgeable?
  - Was the person you talked to courteous?
  - Was the information you received clear and understandable?
  - Would you contact the NCTAAA again for assistance?
  - What could the NCTAAA do differently to make its services more useful?

- Evidence-based programs: The NCTAAA uses program developers' pre- and post-test surveys. For A Matter of Balance, it administers an enhanced survey upon completing the class and 90 days thereafter.

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 only? 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? What percentage of the Agency's consumer base speaks a primary language other than English? How does that compare to the percentage of the region's older adult population with primary languages other than English?

Evidence-Based Programs

The NCTAAA supports seven evidence-based programs (EBPs): A Matter of Balance (AMOB), Stanford Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP), Care Transitions, HomeMeds, Stress-Busting Program for Family Caregivers, and REACH II. Volunteer and Evidence-Based Programs Coordinator Dr. Laura Wolfe serves as the lead staff person for all evidence-based programs, with the exception of REACH II. Supporting her is Evidence-Based Programs Specialist Kim Mathis, whose primary responsibilities are for AMOB, CDSMP, and DSMP.

The NCTAAA provides funding to the Alzheimer's Association—North Central Texas chapter, which administers the REACH II program as a subrecipient.

The Agency's evidence-based programs have been its most rapidly growing, benefiting from non-Title III funding. The United Way of Metropolitan Tarrant County has provided supplemental funding for the AMOB program through a special grant with the Administration for Community Living (ACL). The Community Council of Greater Dallas has provided supplemental funding for the CDSMP and DSMP programs through another ACL grant. ACL grant funds may be used to serve young adults with disabilities, allowing the NCTAAA to serve a broader client population.

Assistive Devices

NCTAAA staff members may identify consumers' needs for assistive devices (AD) in response to direct requests or, more commonly, as a result of a person-centered assessment. In either case the NCTAAA explores the availability of AD through other agencies, including the following:

- Managed care organizations' STAR+PLUS Waiver participants who require AD for health and/or safety and have AD included on their Individual Service Plans (ISPs)

- Local intellectual and developmental authorities' Home and Community Services Waiver participants who require AD for health and/or safety and have AD included on their ISPs

- DADS contractors' Community Living Assistance and Support Services Waiver participants who require AD for health and/or safety and have AD included on their ISPs

- Texas Department of Assistive and Rehabilitative Services (DARS) Vocational Rehabilitation consumers who require AD in order to obtain or retain gainful employment and have AD included on their vocational employment plans

- DARS Independent Living, Blind Services, and Deaf Services consumers who require AD in order to achieve their independent living goals and have AD included on their service plans.

NCTAAA staff also refer consumers to the Texas Technology Program, which educates Texans with disabilities about the range of AD that may be helpful and loans AD at no cost. In addition, it makes referrals to REACH, the service area's independent living center, which has expertise in AD and devices available for demonstrations and loans.

Should consumers in need of AD not be able to access such devices through other agencies, the NCTAAA may purchase them as a provider of last resort. In order to receive AD consumers must meet the screening criteria for the NCTAAA's care coordination or caregiver support coordination program and have AD included on their care plans.

Use of Trained Volunteers in Providing Direct Services

The NCTAAA considers volunteers to be essential staff extenders. With a broad scope of work and vast region, its limited staff members cannot maintain a local presence to the extent necessary. Consequently, it has made volunteer recruitment and retention a priority, investing in both staff and contractor support. Specifically, Volunteer and Evidence-Based Programs Coordinator Dr. Laura Wolfe recruits volunteers for the benefits counseling, long-term care ombudsman, fall prevention, chronic disease self-management and diabetes self-management classes; trains lay leaders for health promotion programs; and provides technical assistance to such lay leaders. In addition the NCTAAA contracts with volunteer recruiter Rebecca Williams. Under Ms. Williams' performance-based contract, she is reimbursed for each volunteer she recruits who subsequently meets all of the program-specific training and certification requirements.

To accelerate its volunteer recruitment efforts, the NCTAAA wishes to determine the feasibility of paying its nutrition and transportation providers a "finder's fee" for identifying individuals who agree to volunteer for NCTAAA programs and satisfy program requirements. These providers are highly visible at the local level and well-connected with local residents.

The success of the Agency's volunteer recruitment efforts may be seen in its numbers. Following are the numbers of volunteers who supported its direct service programs in early 2016:

- Benefits counseling: 22
- Long-term care ombudsman: 45
- Evidence-Based Programs, including A Matter of Balance, Chronic Disease Self-Management, and Diabetes Self-Management: 61

The NCTAAA relies on volunteers to provide Senior Medicare Patrol services under a contract with the Better Business Bureau of Texas. Program coordinator Melinda Gardner trains and supports volunteers who conduct community education on Medicare fraud and reporting.

Emergency Preparedness

The NCTAAA has been a leader in developing a comprehensive emergency plan for older and disabled persons. Aging Supervisor—Contract Services 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 subrecipients for nutrition and transportation services have an obligation under their Agreements 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

The NCTAAA is mindful of its obligation under the Older Americans Act to target older persons who live in rural areas. As noted in the Environmental Assessment, residents of rural counties face a number of barriers to health and social services, including geographic isolation, lower levels of education/health literacy, and lower median incomes. In addition, the provider network tends to more sparse in rural communities.

The NCTAAA targets residents of rural communities by seeking local providers, who bring knowledge of local residents, their needs, and community resources. During Fiscal Year 2016 it contracted with the following rural providers:

- Erath County Senior Citizens, which administers the home-delivered meal and demand-response transportation programs in Erath County

- Meals on Wheels of Palo Pinto County, which administers the home-delivered meal, congregate meal, and information, referral and assistance programs in Palo Pinto County

- Public Transit Services, Inc., which administers the demand-response transportation program in Palo Pinto and Parker counties

- Somervell County Committee on Aging, which administers the home-delivered meal, congregate meal, and demand-response transportation programs in Somervell County

- Kaufman County Senior Citizens Services, Inc., which administers the home-delivered meal; demand-response transportation; and information, referral and assistance programs in Navarro County

To ensure rural providers have sufficient funding to administer these programs, the NCTAAA has developed service-specific funding formulae that establish a base. These funding formulae are as follows:

- Transportation:
  - Allocate each county a base of $5,000 per annum.
  - Allocate the balance of transportation funding through a formula that has the following four variables:
    - Title IIII-eligible trips provided to county residents during the prior three years, relative to those provided throughout the Aging service area, weighted at 65%;
    - The number of people age 60 and over who live within the county, relative to the number of people age 60 and over who live within the Aging service area, weighted at 15%;
    - The number of low-income people age 60 and over who live within the county, relative to the number of low-income people age 60 and over who live within the Aging service area, weighted at 15%; and
    - The number of square miles within the county, relative to the number of square miles within the AAA service area, weighted at 5%.

- Congregate Meals:
  - Allocate each county a base of $15,000 per annum for overall nutrition services (i.e., congregate meals and home-delivered meals, combined).
  - Allocate the balance of nutrition funding through a formula that has the following three variables:

    - All Title III-eligible meals provided to county residents during the prior three years, relative to those provided throughout the Aging service area, weighted at 70%;
    - The number of people age 60 and over who live within the county, relative to the number of people age 60 and over who live within the Aging service area, weighted at 10%; and
    - The number of low-income people age 60 and over who live within the county, relative to the number of low-income people age 60 and over who live within the Aging service area, weighted at 20%

- Home-Delivered Meals:
  - Allocate each county a base of $15,000 per annum for overall nutrition services (i.e., congregate meals and home-delivered meals, combined).
  - Allocate the balance of nutrition funding through a formula that has the following three variables:
    - All Title III-eligible meals provided to county residents during the prior three years, relative to those provided throughout the Aging service area, weighted at 70%;
    - The number of people age 60 and over who live within the county, relative to the number of people age 60 and over who live within the Aging service area, weighted at 15%;
    - The number of low-income people age 60 and over who live within the contractors' catchment areas, relative to the number of low-income people age 60 and over who live within the Aging service area, weighted at 15%.

The NCTAAA also incentivizes those who apply for special funding to serve rural counties. Specifically, the Agency awards bonus points to applicants for Title III-B Instruction and Training and Title III-E Caregiver Support funding who agree to provide services in rural counties.

Barriers to Service Provision and Methods for Addressing

From a consumer perspective, barriers to service provision include lack of awareness regarding NCTAAA programs and services, inability to access those programs and services, and screening criteria that exclude age-eligible persons who don't fall into high-risk populations.

To build consumer awareness the Agency engages in broad outreach (e.g., issues press releases and compiles distribution lists of aging professionals, used to generate at least monthly email blasts), as well as targeted outreach. For example, it distributes Benefits Enrollment Center program flyers, promoting assistance with Medicaid applications, at Federally Qualified Health Centers, community health fairs, food pantries, and minority churches.

From an agency perspective the primary barriers to service provision are limited program funding and excess demand. If, for example, the care coordination program can serve only 20% of those who request services, the NCTAAA may create a disservice by engaging in active promotion if the effect is to deny services to a greater numbers and percentage of requesters.

In addition, the vastness of the service area creates barriers to service. The NCTAAA believes that face-to-face assistance is the preferred method for assessing consumers with complex needs. Benefits counselors, case managers, and others who lay eyes on consumers are better able to establish trusting relationships and gain information that has bearing on successful service delivery. Yet providing services face-to-face is simply not possible or cost-effective in many cases. An AAA case manager who is based in Arlington would have to invest more than four hours in "windshield time" in order to conduct a home visit in Dublin. Each hour that she spends in transit is an hour that takes her away from other consumers. In order to make efficient use of limited staff resources, the Agency must rely on telephonic assessments and trust that the information provided by consumers is true and accurate.

The NCTAAA has made a significant investment in ensuring that its basic services are available throughout all portions of its service area. It has secured local meal and transportation providers in each of its rural counties. It also requires that all meal and transportation providers serve eligible persons county-wide—thus removing barriers to service for residents of more remote cities.

Similarly, the NCTAAA has built a contractor network that covers the entirety of its 14-county service area and has sufficient depth to allow consumers the choice of at least two providers.

Prospective clients' language barriers are difficult for the Agency to overcome. The NCTAAA makes a good faith effort to reach older individuals who don't speak English by hiring multi-lingual staff, translating promotional materials into Spanish, participating in an NCTCOG language bank, and subscribing to interpretation services. However, it lacks sufficient resources to translate materials into less commonly-spoken languages—and pay translation costs that may exceed $400 per hour associated with provision of direct services.

The NCTAAA will continue to chip away at this issue by translating its primary brochure into the two languages other than English and Spanish that are most frequently spoken by older adults in the North Central Texas area. In addition it will seek volunteers who are fluent in these languages.

Regional Needs Summary

In developing a regional needs summary the NCTAAA conducted both primary and secondary research.

Primary research was conducted by soliciting feedback from RAAC members during its February 16, 2015 meeting; 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 that included, but were not limited to, the following:

- Charting the Future: Your Guide to Transportation Planning in the Dallas-Fort Worth Metropolitan Area, North Central Texas Council of Governments (2015)
- The United States of Aging Survey, National Council on Aging (2015)
- Housing America's Older Adults; Meeting the Needs of an Aging Population, Joint Center for Housing Studies of Harvard University (2014)
- The Latest Trends in Income, Assets, and Personal Health Care Spending Among People on Medicaid, Kaiser Family Foundation (November 2015)
- 2015 White House Conference on Aging, White House Conference on Aging staff (2015)
- 2015 Economic Development Community Profile, City of Plano (2015)
- 2013 Disability Status Report, Employment and Disability Institute of the Cornell University ILR School (2013)
- Community Assessment, United Way of Denton County (2015)
- Community Health Assessment: Erath County, Texas Tech University Health Sciences Center (2013)
- Texas Council on Alzheimer's Disease and Related Disorder Biennial Report (2014)
- National Plan to Address Alzheimer's Disease: 2015 Update, U.S. Department of Health and Human Services (2015)
- The Health Status of Texas, Texas Department of State Health Services (2014)
- Demographic Characteristics and Trends in Texas, Office of the State Demographer (February 2016)
- Strategic Plan for the North Central Texas Council of Governments: 2015-2020 (October 2014)
- Joining Forces: The Benefits of Inter-Agency Collaboration between the North Central Texas Area Agency on Aging and the Veterans County Service Officers, Nicole Kulas (April 2015)
- Older Adults: Federal Strategy Needed to Help Ensure Efficient and Effective Delivery of Home and Community-Based Services and Supports, U.S. Government Accountability Office (May 2015)

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 it has ability to influence, within the constraints of its budget and DADS' allowable services.

1. Access to Nutritious Food: Regional 2-1-1 call data indicate that food-related requests are the most common.

   In 2014 approximately 9% of all community-dwelling older Americans were food insecure, defined as lacking reliable access to a sufficient quantity of affordable, nutritious food. Food insecurity elevates risk of developing several chronic diseases. For example, older adults who are food insecure are 60% more likely to be depressed, 53% more likely to experience a heart attack, 52% more likely to develop asthma, and 40% more likely to have congestive heart failure than their peers who have sufficient access to food.

The number of older persons who are food insecure is expected to increase by 50% when the youngest of Baby Boomers turns 60 in 2025.

2. Transportation: Transportation is the service most commonly requested by callers to the NCTAAA.

Reliable transportation is critical to health and community engagement. Among persons age 65 and over, more than one in five does not drive and must rely on family, friends, or formal service providers, often with lesser frequency than desired. An AARP study found that, among persons age 65 and over who had not left their homes during the past week, more than half indicated they would prefer to get out more often.

Transportation is important to all older North Central Texans, but particularly so for those in rural counties who must often travel out of county for access to medical specialists.

3. Less Restrictive Alternatives: Although nursing facilities fill a niche in the continuum of care, they are rarely the care settings of choice. A 2010 survey by AARP found that nine of ten respondents preferred to be cared for in their own homes as opposed to nursing homes.

Even under the best of conditions, nursing home residents undergo a diminution of personal freedoms. In most cases they're assigned roommates and limited to personal items that can fit safely in a semi-private room. They lose the ability to plan their menus. Their waking, bathing, and eating schedules are often dictated by the facility rather than by their personal preferences. For the vast majority of residents who require assistance with activities of daily living, they're dependent on direct service workers who may be too few in number and under-compensated to respond timely and fully to their care needs.

With greater length of stay in a nursing facility, the resident's likelihood of returning to the community diminishes. Even if one's care needs can be met in a community setting, a lack of housing may rule out relocation. Residents who are funded by Medicaid receive only $60 per month as their personal needs allowance, which is not adequate to maintain a community residence.

4. Supports for Family Caregivers: Family caregivers are the backbone of America's system of long-term services and supports (LTSS). According to the Family Caregiver Alliance, two out of three of older people with disabilities who receive LTSS at home get all their care exclusively from their family caregiver, mostly wives and daughters. Another quarter (26%) receive some combination of family care and paid help; only 9% receive paid help only.

Among family members who provide care to an older person with disabilities, they dedicate an average of 75 hours per month. However, more than half (54%) provide at least 40 hours per week of assistance.

Caregiving can impose a significant burden on finances, emotional wellbeing, and health. Approximately one in seven caregivers (15%) report financial or physical problems. More than one in four experiences emotional difficulties. Caregiver stress increases the likelihood that the care receiver will enter a nursing home.

5. Access to Information about Aging Programs: Older adults and their family caregivers often face a number of challenges in finding social services that are appropriate for their needs. Despite living in a society that is technology-driven and information-rich, they are less likely than younger persons to rely on internet searches. A 2014 report by the Pew Research Center found that, among persons age 65 and over, 41% do not use the internet, 53% lack broadband access, and 23% do not use cell phones. Use of technology was further limited among persons age 75 and over and those with incomes of less than $30,000 per year.

According to the United States of Aging study, older adults rely on multiple sources to learn of services and supports available to them—none of which were cited by more than one in eight respondents. Top information sources included internet (13%), friends/family (12%), health care professionals (11%), city/county offices (6%), and church (4%). Most of these information sources are "informal" (i.e., not social service professionals) and likely to be limited in knowledge of the aging network.

The AAA network is unique and vital to supporting older adults in their communities, and advocating for their needs should they require institutional care. Yet Texas AAAs are under-recognized and under-utilized. Only 1.1% of Texas caregivers would call an AAA to arrange for help in the home, as opposed to 2.0% nationwide.

6. Understanding of and Access to Public Benefits: Lack of knowledge regarding Medicare benefits is not confined to persons with low incomes. A 2015 study by the National Council on Aging found that 20% of older respondents cited "not understanding insurance benefits or health coverage" as a challenge to accessing health care.

   Medicare beneficiaries with low incomes may have difficulty paying premiums, deductibles, and copayments. Medicare Savings Programs and Low-Income Subsidies can provide relief, but they are underutilized.

   A 2014 study conducted by Harvard University found that, among Medicare beneficiaries likely eligible for the Low-Income Subsidy (which provides assistance with prescription drug co-payments) but not automatically receiving it, only 42.2% were enrolled. Participation in these programs removes barriers to health care, contributing to improvements in beneficiaries' health status and mortality.

   Similarly, participation in the SNAP program (formerly known as food stamps) is limited, reaching approximately 40% of older persons who qualify. Participation in SNAP tends to improve dietary intake and health. In addition, food-insecure older adults who participate in the program are less likely to be depressed.

7. Quality and Coordinated In-Home Services: Five federal agencies across four departments have one or more programs that create a complex system of home and community-based support services for older adults. Navigating those complex—and often independent—systems of care can be difficult under the best of circumstances. For older adults with low incomes, low health literacy, and disability, the challenges tend to mount.

   The U.S. Government Accountability Office, in a May 2015 report, noted that "disconnects among Medicare, Medicaid, acute and chronic health care providers, affordable housing programs, aging programs, and home and community based services may lead to lower-quality care, premature institutionalization, and higher costs for public and private health and long term care.

   Ironically, older adults with somewhat—but not very—low incomes tend to be most adversely affected. Persons with very low incomes often qualify for the Medicaid program, which funds long-term services and supports, as well as case management. However, older persons with incomes that exceed Medicaid guidelines are not entitled to long-term services and tend to have difficulty finding and paying for care.

8. Quality Nursing Home Care: More Rigorous Care Standards for Nursing Homes: The State's nursing facilities consistently land near the bottom in national comparisons. According to the Centers for Medicare and Medicaid Services' (CMS) Nursing Home Compare, Texas has the highest percentage of one-star homes (providing care that's much below average) or two star homes (providing care that's below average).

Similarly, Families for Better Care's Nursing Home Report Card ranks Texas facilities as 51st in the nation, beneath all other states and Puerto Rico.

Although some states have established staffing ratios for nursing aides, Texas has declined to do so, unless the facility has a specialized Alzheimer's unit. States that set higher staffing standards tend to score better on quality measures.

Not coincidentally, Texas Medicaid payments to nursing facilities are among the lowest in the country, averaging $133 per resident per day in 2014. Low reimbursement rates limit facilities' profit. Interestingly, 86% of Texas nursing facilities are operated by for-profit corporations—significantly higher than the national average of 70%.

9. Greater Protections for Residents of Assisted Living Facilities: The North Central Texas service area had 197 assisted living facilities (ALFs) in early 2016. Although ALFs are an important option along the continuum of care, there are important cost and regulatory issues that may be difficult to navigate.

   ALFs are less costly, on average, than nursing homes. The average cost of nursing home care in Texas was $191 per day in 2015—20.7% lower than the national average of $241. The average cost of assisted living was $3,743 per month—5.4% higher than the national average of $3,551—or approximately $125 per day. However, the Medicaid program pays for most of the care rendered in nursing facilities—creating an incentive for nursing facilities to participate in the Medicaid program—but for only a fraction of care rendered in assisted living facilities. Of the 197 assisted living facilities in North Central Texas only 6.6% (i.e., 13) participated in the Medicaid program in early 2016. Those that participated often placed limits on the number of Medicaid beds (in some cases, as few as three), which often created lengthy waiting lists.

   Texas licensed assisted living facilities are subject to oversight by DADS Long-Term Care Regulatory Division, using regulations that are much briefer and looser than those for nursing facilities. As a result, residents have fewer protections. In the case of a grievance, the complainants' rights are often limited by facilities' admission agreements, written in language that may not be easily comprehended.

10. Access to Health Care Services: Texas has the highest percentage of uninsured residents, with more than one in four of the state's residents lacking health insurance in 2014. The vast majority of North Central Texans age 65 and over have coverage through the Medicare program, as do qualifying younger persons with disabilities. However, the pathway to early Medicare is usually slow. To qualify most persons must be deemed disabled by Social Security, receive Social Security Disability Insurance benefits for 24 consecutive months, and meet Medicare work requirements.

    North Central Texas counties' uninsured rates in early 2016 were as follows: Collin—16%, Denton—17%, Rockwall—18%, Parker—20%, Ellis—22%, Hood—23%; Somervell—23%, Kaufman—23%, Wise—23%, Johnson—24%, Hunt—26%, Navarro—27%, Palo Pinto—29%, and Erath—31%.

    All counties have indigent health care programs. Residents with incomes of less than 21% of the Federal Poverty Level qualify; and counties have the option of serving residents with incomes up to 50% of the Federal Poverty Level. Counties are required to provide basic services (e.g., primary, preventive, inpatient and outpatient services) but are not required to provide services such as emergency care, medical supplies and equipment, dental and vision care, physical therapy, and "any other appropriate health care service identified by department rule that may be determined to be cost-effective."

11. Fall Prevention: Among people age 65 and over approximately one in three falls each year. Among those age 80 and over the incidence rises to 50%. Falls are the leading cause of fatal injury and the most common cause of nonfatal trauma-related hospital admissions among older adults. In addition, they are a leading

cause of nursing home placement, accounting for 40% of all admissions. Among those admitted to nursing facilities following a fall, 40% will not return to the community, and 25% will die within a year.

The United States of Aging survey found concerns about "slipping or falling" were cited by 50% of older respondents, and the most common "thing you worry about now that you didn't worry about when you were younger."

12. Chronic Disease Self-Management: Approximately four of five older adults has at least one chronic condition, such as heart disease, diabetes, or lung conditions. Treating these conditions accounts for 95% of older adults' health care costs.

    Managing diabetes is of particular concern, given its prevalence and impact on morbidity and mortality. More than one in four Texans age 65 and over has been diagnosed as diabetic. Between 2000 and 2010 the prevalence of diabetes among adult Texans increased by 56.6% and shows no sign of leveling off.

    Older adults tend to be health-conscious. Among United States of Aging survey respondents, the four most common concerns about aging were maintaining physical health, keeping memory sharp, maintaining mental health, and managing chronic health conditions.

13. Medication Management: According to the American Society of Consultant Pharmacists persons age 65 to 69 years old take an average of nearly 14 prescriptions per year, and those age 80 to 84 take an average of 18 prescriptions per year. Up to 25% of drug use among older adults is considered unnecessary or otherwise inappropriate. Adverse drug reactions and failure to take medications as prescribed account for 28% of older adults' hospital admissions.

14. Supports for Persons with Alzheimer's: Alzheimer's is a critical public health issue. Although it is not a normal part of the aging process, its incidence increases dramatically with advancing age. Eighty one percent of people who have Alzheimer's disease are age 75 or older.

    The disease develops as a result of multiple factors, including older age, family history, genetic mutations, and modifiable risk factors that include cardiovascular disease, smoking, obesity, and traumatic brain injury. It has disproportionate impact on women, who account for two thirds of all Americans with Alzheimer's. In addition, it has disproportionate impact on certain racial groups. Older blacks are about twice as likely as older whites to have the disease. Older Hispanics are approximately one and a half times as likely than whites to have Alzheimer's.

    Persons with Alzheimer's disease are hospitalized more than twice as often as are people the same age without dementia. In addition, dementia is a primary reason for placement in a nursing home.

    Caregivers of persons with Alzheimer's face unique challenges. Since the disease process is somewhat slow, with an average of eight years between diagnosis and death, caregivers tend to have more prolonged responsibilities. The average length of time caregivers report providing care to persons with all types of disabilities is 4.6 years; but in the case of dementia, the caregiving span may range from 4 to 20 years. Also, given the disease's impact on personality, researchers have found that a person who provides care for someone with dementia is twice as likely to suffer from depression as a person providing care for someone without dementia.

    A 2009 study found that nearly one half of persons with dementia experience some form of abuse, neglect, or exploitation.

15. Accessible Housing: For persons with disabilities to remain safely in the community, they need housing that's accessible, as well as affordable. New homes are more frequently incorporating universal design,

with features such as extra-wide hallways and doors and no-step entries, but homes built before 1940 are unlikely to include those features. Among households that are headed by someone with serious difficulty walking or climbing stairs, only 46% have homes with no-step entryways.

Among United States of Aging survey respondents who indicated their homes were in need of modification in order to age in place, the most common needs were bathroom upgrades (cited by 34%); improved lighting (28%); accessibility features such as ramps, hand rails, and stair lifts (24%); and widened doorways (10%).

16. Affordable Housing: Safe, affordable and accessible housing is critical to independent living.

    Housing is the single largest expenditure in most household budgets. Affordable housing is defined as that which consumes no more than 30% of one's income. Using this definition a third of adults age 50 and over—including 37% of those age 80 and over—are cost-burdened, with housing costs in excess of 30%. Further, 30% of renters and 23% of owners are severely burdened, spending more than half of their incomes on housing. Those who are severely burdened spend more than 40% less on food than their peers in affordable housing, establishing a link between high housing costs and hunger. In addition, they spend more than 70% less on health care services.

17. Care Transitions: Potentially preventable re-hospitalizations are a major source of waste in the Medicare and Medicaid programs. Defined as hospitalizations that may be prevented with high quality preventative and primary care, they are costly and disruptive. From 2008-2013, Texas adults incurred more than $49 billion in charges for hospitalizations that were potentially preventable.

18. Greater Support for Veterans: The North Central Texas service area is home to approximately 179,000 veterans. Nationwide, 12% of veterans have a disability; and among veterans age 65 and over, the prevalence of disability is 39.9%. Veterans with disabilities are more likely than their civilian counterparts to experience unemployment, poverty, and homelessness.

    Although veterans may be eligible for services through the Veterans Administration, and older veterans may be eligible for services through the Area Agency on Aging, their participation in both agencies' programs is limited by lack of awareness—an issue that also affects veterans' advocates. In Spring of 2015 University of North Texas graduate student Nicole Kulas interviewed 12 of 13 county veterans service officers (CVSOs) in the North Central Texas service area and found that most did not make referrals to the NCTAAA or NCTADRC.

19. Grandparents Raising Grandchildren: More than seven million Texans are living with their grandchildren, and 43% of these grandparents have custody. The number of custodial grandparents is on the rise, with a 7% increase since 2009. One fifth of custodial grandparents have incomes below the poverty line.

20. Freedom from Abuse, Neglect, Exploitation: As many as one in ten older adults is touched by abuse, neglect (including self-neglect), or exploitation. Abuse, neglect and exploitation constitute a hidden epidemic, with only one of 23 incidents being reported to authorities. The consequences can be deadly; victims of elder abuse have a 300% higher risk of death.

21. Opportunities for Meaningful Participation: Older adults make a vital contribution to society. Eight of 10 adults age 65-74 and 6 of 10 age 75 and older engage in paid work, volunteering, or providing unpaid care to family members. Among United States of Aging survey respondents, 34% indicated they were "very interested" in volunteering.

22. Debt Relief/Financial Security: Too many older adults struggle to meet basic needs, turning to credit to finance shortfalls or cutting back on vital expenses such as food or medications. According to the Survey of Consumer Finances, senior households with any debt increased from 50% in 1989 to 61% in 2013. During the same time period amount of debt more than quadrupled, from $9,080 to $40,900.

    A 2012 analysis by Wider Opportunities for Women found that 44% of men age 65 and over and 60% of women in the same age group had difficulty paying basic monthly expenses such as food, housing and healthcare.

    Often compounding issues of financial strain are financial illiteracy. It has a disproportionate effect on older women (who may have more limited experience managing their financial affairs) and persons age 75 and over (who may be contending with cognitive impairment or other disabilities, such as low vision).

23. Health Literacy: Health literacy—the ability to make appropriate health care decisions by getting and understanding basic health information—is the exception rather than the rule. A study by the U.S. Department of Health and Human Services found that only 12% of U.S. adults had proficient health literacy. Adults age 65 or older were more likely to have below basic health literacy than did their younger counterparts. Additionally, health literacy was lower among Medicare and Medicaid beneficiaries than among those with employer-based health insurance.

24. Nutritional Counseling: Among older persons living in their own homes, approximately one in ten is affected by under-nutrition, which increases risk of pressure sores, hip fractures, and organ failure. Conversely, nearly two thirds are affected by over-nutrition, which increases risk of heart disease, type II diabetes, and bone and joint disease. Obesity is a rising concern among older Americans, with an incidence that increased from 22% in 1994 to 38% in 2010.

    Proper nutrition is essential for independence and health. More than 85% of community-dwelling older adults have chronic diseases that could be improved by nutrition.

    A balanced diet is particularly important in managing diabetes. Medical Nutrition Therapy (MNT), which consists of personalized counseling by a dietitian, has been deemed effective in reducing A1C by 1–2%. Medicare pays for MNT if a beneficiary has a covered diagnosis (including diabetes) and is referred by a physician.

25. Behavioral Health: Texas has consistently ranked among the lowest of all states relative to spending on mental health per capita. Mental illness is a leading cause of disability, accounting for 25% of all years lost to disability and premature mortality. People with severe mental illness die at higher rates and an average of 25 years earlier than those without mental illness.

    The situation is improving somewhat for Texans in need of behavioral health services. Several innovative programs have been funded by the Delivery System Reform Incentive Payment Program. In addition, 2016 saw the introduction of a Medicaid waiver program for persons with severe mental illness. Nevertheless, significant shortfalls exist. Nationwide, only 38% of people who need mental health care receive it.

26. Dental Care: According to Oral Health America, fewer than 10% of older adults retire with dental benefits, and nearly one in four (23%) older adults has not seen a dental provider in the past five years. Lack of dental care can lead to tooth loss and nutritional deficiencies.

27. Integration of Public Benefit Programs: The NCTAAA, as a provider of State Health Insurance Assistance Program services, benefits from access to Medicare personnel who will assist in resolving beneficiaries'

concerns. However, it does not have similar relationships with Social Security employees and, as such, is constrained in assisting consumers with Social Security problems. In most cases it can only refer consumers to local offices and hope that they're able to self-advocate. Similarly, it does not have access to Medicaid data, although it is working to establish a more collaborative relationship with the HHSC Office of the Ombudsman.

Methods Used to Set Priorities

The NCTAAA cannot be all things to all people. Its funds are limited and more constrained each year, as federal and state funding fail to keep pace with dramatic growth in the number and percentage of older North Central Texans. As it considers which services it will fund it must answer the following questions:

- Is the service a "core" service, or one that is required by DADS? Core services include program administration, nutrition, transportation, in-home services, benefits counseling, long-term care ombudsman, and care coordination.

- If the service is not a core service, is it allowable? DADS provides the NCTAAA broad—but not unlimited—choice with its menu of services.

- Does the service have performance measures attached? If so the NCTAAA may be required to divert funding from other programs in order to meet these. As of early 2016 rigorous performance standards are in effect for long-term care ombudsman and benefits counseling services.

- Does the service meet a vital community need? And, if so, does it avoid duplicating or supplanting services that are available through other agencies?

- Is administration of the service a good business decision? That is, can the NCTAAA support it in a cost-effective manner? What is the cost per participant? What is the cost per unit of service? How do these compare to market averages?

- Is the service a good investment? Will it produce measurable outcomes? Will it improve participants' health or well-being? Will the outcomes be temporary or more lasting?

- What is the service reach? How many participants will benefit? A few, several hundred, or several thousand?

- Does the service menu address the needs of persons in the target populations? For example, are the services easily available to persons who live in rural communities? To older adults of color? To persons who speak primary languages other than English? Are there service utilization data to determine the effectiveness of such targeting?

- Does the service promote consumer choice?

- Does the service promote dignity, well-being and safety of the consumer? Does it include a person-centered approach

- Does the NCTAAA have the "right people on the bus" to administer the program well? That is, do its staff and providers have the knowledge, skills, and experience to ensure the program will be high quality? What types of quality assurance measures are or can be embedded to ensure continual quality improvement?

- If the service will be administered by subrecipients and/or contractors, does the NCTAAA have means of holding providers accountable?

- Do NCTAAA staff have sufficient time available to administer the service effectively?

- Are services accessible to older persons throughout the service area, or only to those in a portion of the service area?

As the NCTAAA has some discretion to determine which non-core services it will support, it also has discretion to determine funding levels, within constraints. For example, it receives dedicated funds for program administration and may shift administration funds to services, but may not shift service funds to program administration. It must dedicate at least 10% of its Title III-B funding to in-home services (unless it applies for and is granted a waiver). In addition, it must dedicate at least 25% of its Title III-B funding to Access and Assistance Services. It must dedicate at least 3% of its funding to legal assistance and legal awareness services. It must meet a maintenance of effort requirement for the long-term care ombudsman program.

As the NCTAAA considers supporting new services in the absence of incremental revenues, it must also consider the impact of reducing other service budgets in order to free up funding. How many participants would be affected by a shift in service array, and would their needs go unmet because of such a shift?

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 2017-2019. The primary beneficiaries of each service priority are also noted below.

1. Place primary emphasis on home-delivered meals as the Agency's "signature" program. Since demand for home-delivered meals consistently exceeds funding that's dedicated to the program, 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. Advocate for a DADS maximum unit rate for common providers that is realistic and doesn't serve as a barrier to participation by meal providers. Target older adults with low incomes and moderate to severe disabilities, who are at greatest risk of food insecurity.

2. Place secondary emphasis on congregate meals as a vital means of good nutrition and socialization. Work with nutrition providers to promote best practices. To the extent possible make congregate meal sites venues for other NCTAAA services of value to participants. For example, use congregate meal sites to host benefits counseling clinics and health promotion classes. Target older adults with low incomes and social isolation, particularly those who live in rural communities.

3. Continue to fund demand-response transportation as a core service in each county, and work with NCTCOG transportation planners as it implements its Access North Texas initiative. Evaluate the ability of Title III demand-response providers to meet consumers' demands. As funding allows create a transportation voucher program. Target older adults with low incomes. Give highest priority to medical-related transportation, and serve non-Medicaid beneficiaries. Give high priority to transportation to senior centers.

4. Participate to the maximum extent possible in the federal and state Promoting Independence initiatives. Assist residents of nursing facilities in identifying and accessing community-based services as less restrictive alternatives to institutional care. Educate facility social workers regarding their obligations to

make referrals to the NCTAAA as their Local Contact Agency on behalf of residents who wish to return to the community, don't have active discharge plans, and wish to speak to someone about the possibility of relocating. Provide intense case management services to residents funded by Medicaid, and provide options counseling to residents without Medicaid benefits. Target residents with most complex medical and social needs.

5. Support family caregivers with a broad range of person-centered services that include information, referral and assistance, caregiver support coordination, caregiver information services, caregiver education and training, caregiver mental health, and caregiver respite. Target caregivers who are experiencing adverse effects related to their caregiving, as well as those who care for older persons who have low incomes, are frail, have undergone a recent health crisis, and/or have Alzheimer's.

   Use DADS special funding for emergency respite 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. Target caregivers of persons who are under the age of 60 and and don't qualify for services through the NCT-AAA; are not approved for a Medicaid waiver program that has a respite benefit; are not eligible for DADS attendant services; have intellectual and developmental disabilities but do not qualify for respite services through their Local Authority; and are not veterans or their dependents deemed eligible for respite services through the Veterans Administration.

6. Provide quality, comprehensive information, referral and assistance services that connect persons with disabilities and their caregivers with a broad range of federal, state, and local resources. Deliver services with a person-centered approach.

7. Continue to educate Medicare beneficiaries, Medicaid beneficiaries, and uninsured persons about benefits and access procedures. Provide assistance in completing applications as funding allows. Participate in HHSC's Community Partner Program, which allows electronic submittal of Medicaid applications and tracking of application status. Seek contracts with managed care organizations to provide assistance to members who must recertify and need help in doing so. Target persons with low incomes who are not receiving the full range of public benefits to which they are entitled.

8. Provide a comprehensive array of benefits counseling services through outreach, group education, and individual counseling.

   Create plain language 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. Target low-income 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.

   Through participation in the Senior Medicare Patrol, conduct educational presentations that raise awareness of Medicare fraud and instruct beneficiaries how to report suspected fraud.

   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. Collaborate with the HHSC Medicaid managed care ombudsman to assist members with issues that cannot be resolved at the NCTAAA level.

Partner with the HHSC Office of the Ombudsman to seek a collaborative relationship with the Social Security Administration through which NCTAAA benefits counselors and relocation specialists can obtain Social Security case information and more actively assist with complaint resolution.

9. Help older adults access quality in-home services. Educate NCTAAA consumers about the programs that fund in-home care, procedures for accessing, and quality criteria. For consumers who qualify for the care coordination and/or caregiver support coordination program, authorize temporary in-home services as consumers deem necessary and funding allows. Give consumers the option of agency-managed or self-directed services. Monitor providers' care and engage in continuous quality improvement. Target older adults with low incomes, lack of informal or formal support networks, and impairments of two or more activities of daily living.

10. Advocate for higher quality care in nursing facilities. Provide unbiased information regarding facilities' performance histories to individuals who are considering nursing home placement. Visit nursing facilities on a regular basis, and assist residents who have concerns regarding quality of care and/or quality of life in resolving, to the extent authorized by the resident. Engage in systems advocacy to increase care standards.

11. As funding allows hire additional staff to advocate for the rights of persons who live in assisted living facilities. 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, 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.

12. Help vulnerable Texans access vital health care services. Through the NCTAAA benefits counseling and NCTADRC options counseling programs, assist uninsured North Central Texans in locating affordable providers.

13. Educate older adults about practical strategies they may use to diminish their fear of falling and reduce their fall risk. Expand the scope of A Matter of Balance classes by securing non-Title III funding. Target persons of all ages who have disabilities and have fallen or have fears of falling.

14. Assist persons with chronic disease in better managing their health conditions. Specifically, increase the number and frequency of Chronic Disease Self-Management and Diabetes Self-Management classes, and draw on ACL funding through the Community Council of Greater Dallas to allow persons of all ages who have disabilities to attend. Target persons with poor disease control who are motivated to engage in behavior change.

15. Identify and resolve drug interactions among vulnerable older adults by expanding the scope of the Agency's HomeMeds program. Secure non-Title III funding and serve consumers beyond the care

coordination program. Specifically, make HomeMeds services available to participants of the NCTAAA's A Matter of Balance, Chronic Disease Self-Management and Diabetes Self-Management Programs. In addition, invite nutrition providers to participate in the program by gathering medication profiles for their home-delivered meal participants. Target older persons who are taking multiple medications and are at risk of falls and/or potentially preventable re-hospitalizations.

16. Support caregivers of persons with Alzheimer's by providing access to the full range of NCTAAA services for family caregivers, in addition to disease-specific services such as the REACH II intervention and Stress-Busting for Family Caregivers. Contract with the local Alzheimer's Association chapters to provide education and support. Target caregivers along the care continuum, ranging from those who are dealing with a new diagnosis of Alzheimer's to those who have been providing longer-term care and are at risk of burnout.

17. Improve home accessibility for community-dwelling older adults at risk of premature nursing home placement. Pursue supplemental funding to expand the scope of the Agency's residential repair program, which gives priority to accessibility-related modifications. Target older persons with low incomes, lack of support networks, recent hospitalizations, and impairments of two or more activities of daily living.

18. Help older North Central Texans and adults with disabilities in accessing affordable housing. With funding through DADS Money Follows the Person Initiative, inventory affordable housing and advocate for creation of new affordable housing stock. 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.

19. Improve care transitions for individuals at risk of potentially preventable re-hospitalizations. Continue to participate in TMF Health Quality Institute's Regional Cross-Setting Coordination Meetings, which seek to reduce area residents' potentially preventable re-hospitalizations. Seek funding through health care providers for evidence-based care transitions services, to help high-risk patients remain safely in their homes post-discharge.

20. Conduct targeted outreach to veterans and organizations serving veterans, to increase veterans' awareness and utilization of NCTAAA/NCTADRC services. More systematically screen Agency consumers to determine their military status and connect veterans with military benefit programs. Target veterans with low incomes and/or disabilities.

21. Assist grandparents raising grandchildren. Under the umbrella of the NCTAAA's caregiver support coordination program, assist grandparents who are at least 55 years of age and serve as primary custodians of grandchildren under the age of 18. Make available a person-centered menu of services including emergency financial assistance, legal assistance, and respite care. Target grandparents who have low incomes, care for more than one dependent, and care for grandchildren with special needs.

22. Protect consumers of the agency from abuse, neglect, and exploitation. Ensure that all NCTAAA staff, volunteers, and subrecipients are familiar with their duty under the Human Resources Code to report suspected abuse, neglect, or exploitation of an older person or adult with disability to Adult Protective Services. Provide all consumers with contact information for Adult Protective Services, as well as DADS' provider hotline, in the event that paid providers are abusing, neglecting or exploiting them.

23. Provide volunteer opportunities that enrich volunteers' lives and expand services to vulnerable older adults. Conduct targeted recruitment of volunteers who are willing to advocate for residents of nursing homes and/or assisted living facilities; those who wish to assist older adults and Medicare beneficiaries of all ages in understanding and accessing public benefits; and those who wish to serve as health coaches. In addition, seek multi-lingual volunteers.

    Provide timely pre-service and on-going training and technical assistance to ensure volunteers are equipped to handle their responsibilities. Recognize volunteers' contributions.

24. Fund Medical Nutrition Therapy for Diabetes Self-Management Program participants who are motivated to modify their diets.

25. Assist low-income consumers of the agency in ensuring their basic needs are met. Screen consumers to determine if they qualify for public benefit programs (e.g., SNAP), and refer to all programs for which they're presumptively eligible. For those persons who meet the screening criteria for care coordination and/or caregiver support coordination programs, authorize income support services of up to $300, at a frequency not to exceed once per annum. If consumers request assistance with money management and live in an area served by the Senior Source (i.e., Collin County, Rockwall County, southern Denton County, and western Hunt County), refer to the Senior Source's bill payer or representative payee program. Target older persons with low incomes and limited resources who are experiencing financial distress.

26. More consistently identify consumers with behavioral health needs and, to the extent possible, connect them with resources that support their mental health goals. The NCTAAA and NCTADRC will continue to participate in the Level One Screen for consumers seeking long-term services and supports. In that capacity it will make referrals to the Local Mental Health Authorities (LMHAs) if consumers require behavioral health supports and give consent. Conversely, it will receive referrals from LMHAs and other agencies on behalf of consumers who are presumptively eligible for AAA and/or ADRC services.

    If consumers in need of behavioral health supports have Medicare or Medicaid coverage, educate them regarding program benefits and procedures for accessing.

27. Catalogue programs that provide assistance with dental health and connect consumers in need with appropriate resources.

Anticipated Changes in Service Delivery Systems

During Fiscal Years 2017 through 2019 the NCTAAA proposes making modest changes to its service delivery system for Title III services. To best meet the needs of care coordination and caregiver support coordination consumers who require hands-on care, it intends to add personal assistance services to its service array. Similarly, it intends to add transportation voucher services to accommodate consumers whose needs cannot be met by demand-response transportation providers. Finally, it intends to offer personalized nutritional counseling, provided by licensed dietitians, to participants of its diabetes self-management classes. This will equip participants with a more comprehensive array of self-management tools, while increasing the NCTAAA's ability to obtain certification for its diabetes self-education program as a precursor to Medicare reimbursement.

It will fund these services at extremely minimal levels unless it receives a significant increase in Title III-B and Title III-E services.

During the planning period the Agency will continue to give focused attention to enhancing its non-Title III revenues. It will make efficient use of special ACL grant funding to expand the scope of its fall prevention, chronic disease self-management, diabetes self-management, and medication reconciliation programs, while seeking continuation funding from non-traditional sources (e.g., Medicare Advantage Plans). It will determine the feasibility of billing Medicare for diabetes self-management services, and will seek contracts with Medicaid managed care organizations for "value-added" services (e.g., care transitions).

Non-Title III funds are important means of enhancing the Agency's programs for older adults, as well as assisting younger persons who have need for long-term services and supports.

To the extent possible, the NCTAAA intends to give preference to services that have outcome measures and can demonstrate a return on investment.

The NCTAAA will continue to face challenges associated with the growing disconnect between federal funding levels and demographic growth. If it "stays the course" and administers programs within the limits of funding passed through by DADS, it will have no choice but to serve an ever-shrinking percentage of eligible persons. Conversely, it can seek new payers and use incremental revenues to maintain or expand service levels.

The NCTAAA is not willing to sit by and witness its influence fading. It is committed to exploring funding opportunities that support its fundamental mission of helping older adults and persons with disabilities live as independently as possible, with reasonable access to the long-term services and supports they want and need.

As it seeks out new funders and funding sources, the NCTAAA must be selective. Some opportunities may fall away as the Agency exercises due diligence. Specifically, it must be able to answer each of the following questions in the affirmative:

1. Is the Agency's executive leadership supportive?

2. Is the State Unit on Aging supportive?

3. Will the services enhance, rather than diminish, traditional Title III services?

4. Does it have the administrative and direct service infrastructure to perform well?

5. Does it have a means for monitoring and improving quality?

6. Are the reimbursement rates sufficient to cover the cost of new services?

The Older Americans Act will always serve as the foundation of the NCTAAA's services, but need not be a limitation. The Agency should seek out supplemental funding opportunities, always mindful of its legacy, the value it brings to Title III participants, and the potential value it can offer to non-Title III participants.

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: *Provide effective and efficient administration of aging programs, ensuring that direct, subrecipient and contracted services are compliant with governing rules and regulations.*

Local Objective #1: *Fully implement 2 CFR 200 (i.e. Uniform Guidance or "Supercircular").*

Local Strategy #1: *Appropriately classify all NCTAAA providers as either "subrecipients" or "contractors" on the basis of their responsibilities for determining who is eligible to receive what Federal assistance, has its performance measured in relation to whether objectives of a Federal program were met, has responsibility for programmatic decision making and has responsibilities for adherence to applicable Federal program requirements specified in the Federal award.*

Staff Position(s) Responsible for Strategy: Risk and Compliance Manager, Aging Director, Aging Supervisor—Contract Services, and Senior Accountant

Measurable Outcomes: NCTCOG Subrecipient vs. Contractor Determination Procedure and Tool to determine providers' classification and align with Uniform Guidance (Supercircular) requirements. Subrecipient Risk Assessment Questionnaire and Matrix to conduct a pre-award risk assessment of subrecipients. Application of Mitigating Controls to high risk areas noted on the Subrecipient Risk Assessment Matrix.
OAA Assurances:
305(c)(5)
306(4)(A)(i)(l)
307(27)

Local Objective #2: *Create robust system of internal controls to ensure consumers' personally identifiable information and protected health information are safeguarded.*

Local Strategy #2: *Develop and implement security and privacy procedures that protect consumers' sensitive data at rest and in transmission and satisfy the terms and conditions of the Health and Human Services' Commission Data Use Agreements (DUAs).*
Staff Position(s) Responsible for Strategy: Director of Aging Programs, Aging Supervisor—Contract Services, NCTCOG Information Security Officer
Measurable Outcome: Security and Privacy Policies and Procedures, executed DUAs with subrecipients and contractors
OAA Assurances:
305(c)(5)
306(4)(A)(i)(l)
307(27)

Local Objective #3: *Improve departmental access to shared documents as a means of increasing efficiency.*

Local Strategy #3: *Create and populate SharePoint site, to serve as a repository for contract documents, certificates of insurance, rate-setting forms, monitoring documents, resources directories and other documents that benefit multiple staff persons.*
Staff Persons Responsible for Strategy: Aging Supervisor—Contract Services and Senior Administrative Assistant
Measurable Outcome: SharePoint site that contains subrecipients' and contractors' essential file documents
OAA Assurances:
306(a)(4)(A)(i)(l)(ii)

Local Objective #4: *Ensure all counties in the NCTAAA service area have representation on the Regional Aging Advisory Committee.*

Local Strategy #4: *Conduct targeted recruitment to secure representatives of Navarro, Erath, and other historically underrepresented counties.*
Staff Person Responsible for Strategy: Director of Aging Programs
Measurable Outcome: Representation by each of the 14 counties in the NCTAAA service area on the Regional Aging Advisory Committee
OAA Assurances:
306(a)(4)(C)
306(1)(5)
307(7)(B)

Local Objective #5: *Increase utilization of Historically Underutilized Businesses (HUBs), particularly within programs that have HUB goals (e.g., nursing home relocation and Aging and Disability Resource Center).*

Local Strategy #5: *Arrange for provision of technical assistance to NCTAAA contractors who are eligible to be HUBs but have not been designated as HUBs.*
Staff Person Responsible for Strategy: Director of Aging Programs
Measurable Outcome: Increase in number of HUBs with which the NCTAAA contracts from one to at least three
OAA Assurances:
305(a)(2)(G)(ii)
305(c)(5)
307(20)

Local Objective #6: *Diversify funding streams so that non-Title III funding increases to at least 15% of total program funds.*

Local Strategy #6A: *Obtain non-Title III funding for Aging and Disability Resource Center (ADRC) services.*

Staff Person Responsible for Strategy: Director of Aging Programs
Measurable Outcome: Obtain at least $300,000 per annum 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 #6B: *Contract with DADS Community Services for provision of nursing home relocation services.*
Staff Position(s) Responsible for Strategy: Director of Aging Programs
Measurable Outcome: Obtain at least $700,000 per annum in revenues for nursing home relocation services.
OAA Assurances:
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)

Local Strategy #6C: *Contract with one or more Medicaid managed care plans for services that improve their members' health and well-being.*
Staff Position Responsible for Strategy: Director of Aging Programs
Measurable Outcome: Obtain at least $10,000 in managed care revenues for support of evidence-based programs, benefits counseling, and/or person-centered thinking.
OAA Assurances:
306(a)(4)(i)(l)(aa)
306(a)(13)(A)
306(a)(13)(B)

306(a)(13)(C)
306(a)(13)(D)
306(a)(13)(E)
306(a)(14)

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 35 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 856 visits per annum to assisted living facilities by staff ombudsmen.
> **OAA Assurances:**
> 306(a)(4)(A)
> 306(a)(4)(B)
> 306(a)(9)

Local Objective #2: *Increase the number of visits to nursing facilities so that all licensed facilities are visited by a certified Long-Term Care Ombudsman at least quarterly and large facilities (i.e., with at least 100 resident beds) are visited at least monthly by a certified Long-Term Care Ombudsman.*

> **Local Strategy #2A:** *Increase the number of certified volunteer ombudsmen who are assigned to nursing facilities.*
> **Staff Position(s) Responsible for Strategy:** Volunteer Coordinator and Managing Local Ombudsman
> **Measurable Outcome**: Assign certified volunteer ombudsmen to at least 50 nursing 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 #2B: *Increase the number of visits to nursing facilities by staff ombudsmen.*
Staff Position(s) Responsible for Strategy: Managing Local Ombudsman, Regional Staff Ombudsman
Measurable Outcome: Conduct at least 966 visits per annum to nursing facilities by certified ombudsmen.
OAA Assurances:
306(a)(4)(A)
306(a)(4)(B)
306(a)(9)

Local Objective #3: *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 #3A: 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: Director of Aging Programs
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 #3B: *Provide options counseling and intense case management to nursing facility residents who wish to return to the community.*
Staff Position(s) Responsible for Strategy: Director of Aging Programs
Measurable Outcome: Assist at least 300 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 #3C: *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)

Local Strategy #3D: *Advocate for stricter penalties on nursing facilities and assisted living facilities that engage in wrongful discharge.*
Staff Persons Responsible for Strategy: Director of Aging Programs, Managing Local Ombudsman, Regional Staff Ombudsmen
Measurable Outcome: Submit position paper to policy makers.
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: *Provided 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 #1: *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 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: Senior Administrative Assistant, Case Manager, Senior Case Managers
Measurable Outcome: Provide care coordination services to at least 250 consumers per annum who are at risk of premature nursing home placement, and ensure that at least 80% of program respondents report that they are "satisfied" or "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)

Services: Evidence-Based Intervention, Health Screening
Local Strategy #2B*: Provide evidence-based interventions that reduce risk of falls.*
Staff Position(s) Responsible for Strategy: Volunteer and Evidence-Based Programs Coordinator and Evidence-Based Program Specialist
Measurable Outcome: Provide A Matter of Balance classes to at least 250 persons per annum who have fallen or fear falling.
OAA Assurances:
306(a)(4)(B)
306(a)(5)
306(a)(7)(B)
306(a)(7)(C)
306(a)(11)(A)

Local Strategy #2C: *Provide evidence-based interventions that improve control of chronic disease.*
Staff Position(s) Responsible for Strategy: Volunteer and Evidence-Based Programs Coordinator and Evidence-Based Program Specialist
Measurable Outcome: Provide Stanford University's Chronic Disease Self-Management or Diabetes Self-Management classes to at least 250 persons per annum.
OAA Assurances:
306(a)(4)(B)
306(a)(5)
306(a)(7)(B)
306(a)(7)(C)
306(a)(11)(A)

Local Strategy #2D: *Provide participants of the Diabetes Self-Management Program who are motivated to modify their diets an opportunity to receive personalized nutritional counseling.*
Staff Position(s) Responsible for Strategy: Director of Aging, Volunteer and Evidence-Based Programs Coordinator and Evidence-Based Program Specialist
Measurable Outcome: Engage a licensed dietitian to provide personalized nutritional counseling to at least 25 participants of the Diabetes Self-Management Program.
OAA Assurances:

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

Local Strategy #2E: *Provide evidence-based interventions that identify and resolve potential drug-drug interactions.*
Staff Position(s) Responsible for Strategy: Volunteer and Evidence-Based Programs Coordinator, Evidence-Based Program Specialist, and Director of Aging Programs
Measurable Outcome: Conduct medication reconciliations, using Partners in Care's HomeMeds program, for at least 300 consumers per annum, and ensure that pharmacists follow up with all consumers whose medication profiles suggest possible drug-drug interactions.
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.*

Local Strategy #3: *Assist caregivers at risk of burnout with a flexible array of authorized services, including residential repair, respite, health maintenance, and income support services.*
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 with temporary services that bolster their ability to care for a dependent older person or custodial grandchild in the community, with at least 80% of consumers reporting that they are "very satisfied" or "somewhat satisfied with such 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)(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.*

Local Strategy #4: *Procure contractors to conduct community education on topics important to caregivers.*
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, reaching an estimated audience size of at least 400 per annum.
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 #5: *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.*

Local Strategy #5: *Procure and provide as a direct service quality Information, Referral and Assistance Services.*

Staff Person Responsible for Strategy: Aging Supervisor—Contract Services
Measurable Outcome: Provide at least 20,000 older adults and their caregivers with comprehensive resource information that is specific to their stated or implied needs.
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.*

Local Strategy #6A: *Comply with CMS performance measures.*
Staff Person Responsible for Strategy: Aging Supervisor—Direct Services
Measurable Outcome: Obtain CMS minimum attainment measures for Individual Consumer Contacts (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 Strategy #6B: *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 Supervisor—Direct Services
Measurable Outcome: Conduct at least 15 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)

Local Objective #6C: *Educate older adults and Medicare beneficiaries of all ages regarding Medicare fraud and actions they should take if they suspect fraudulent activity.*
Staff Persons Responsible for Strategy: Aging Supervisor—Direct Services, Benefits Counselor
Measurable Outcome: Conduct at least 15 presentations per year on Medicare fraud.
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)

Section D. Services to Assist Independent Living

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

State Objective: 2

Local Goal #1: *Provide and coordinate locally based system that connects older adults and people who have disabilities with in-home services that maximize independence.*

Local Objective #1: *Provide education, respite, and direct services to unpaid caregivers at risk of burnout.*

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: Director of Aging Programs, caregiver education and training contractors (e.g., Z-Quest and Geriatric Wellness Center of Collin County)
Measurable Outcome: Equip at least 25 informal caregivers with skills and resource information that bolster their ability to provide care.
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 contractors to provide in-home services that provide informal caregivers a break from their direct care responsibilities.*
Staff Position(s) Responsible for Strategy: Case Manager and Senior Care Managers
Measurable Outcome: Provide at least 75 caregivers a temporary break from their caregiving responsibilities, with respite services to be provided through Agency contractors for the benefit of caregivers who cannot identify their own providers.
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)

Local Objective #2: *Provide a flexible array of purchased services to older persons at risk of premature institutionalization and their family caregivers, and impart skills and knowledge to family caregivers.*

Service: Emergency Response
Local Strategy #2a: *Provide technology to at least 75 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: Case Manager and Senior 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 #2b: *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 and reduce the incidence of adverse drug events.
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 #2C: *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 persons with low incomes (i.e., no greater than 150% of the poverty level) so they comprise at least one third of all health maintenance consumers.
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: Homemaker
Local Strategy #2D: *Provide temporary light housekeeping services 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 80% of program participants are "satisfied" or "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: Personal Assistance
Local Strategy #2E: *Provide temporary personal assistance services 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 personal assistance services in the frequency indicated by consumers' acuity levels, and ensure that at least 80% of program participants are "satisfied" or "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 #2F: *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, offering them greater control over service providers and schedules.
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 #2G: *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: Provide emergency financial assistance to at least 40 consumers of the care coordination and/or caregiver support program, focusing on preservation/restoration of basic needs (e.g., housing and utilities).
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 #2H: 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 #2I: Assist 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: Provide professional counseling to at least 25 caregivers who are experiencing emotional stress associated with their caregiving responsibilities.
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 #2J: *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 100 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
Local Strategy #2K: *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 Supervisor—Contract Services
Measurable Outcome: Offer A Matter of Balance, Chronic Disease Self-Management, and/or Diabetes Self-Management programs at four 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)

Local Objective #3: *Promote inclusion by providing at-risk older adults access to doctors' offices, senior centers, and other destinations.*

Service: Transportation—Demand Response

Local Strategy #3A: *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 Supervisor—Contract Services

Measurable Outcome: Fund at least 28,000 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)

Service: Transportation—Voucher

Local Strategy #3B: Provide consumers the option of arranging transportation services via voucher. Give priority to individuals who require medical transportation and cannot be accommodated by other transportation program.

Staff Person Responsible for Strategy:

Measurable Outcome: Issue transportation vouchers to at least 15 consumers whose needs cannot be met by the NCTAAA's providers of demand-response transportation.

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 all consumers access to 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: Director of Aging Programs
Measurable Outcome: Fund at least 420,000 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 #1B: *Work with congregate meal sites to increase number of new participants and total number of meals served.*
Staff Position(s) Responsible for Strategy: Aging Supervisor—Contract Services
Measurable Outcome: Fund at least 120,000 meals, benefitting a greater number of program participants than served during Fiscal Year 2016.
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)
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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)

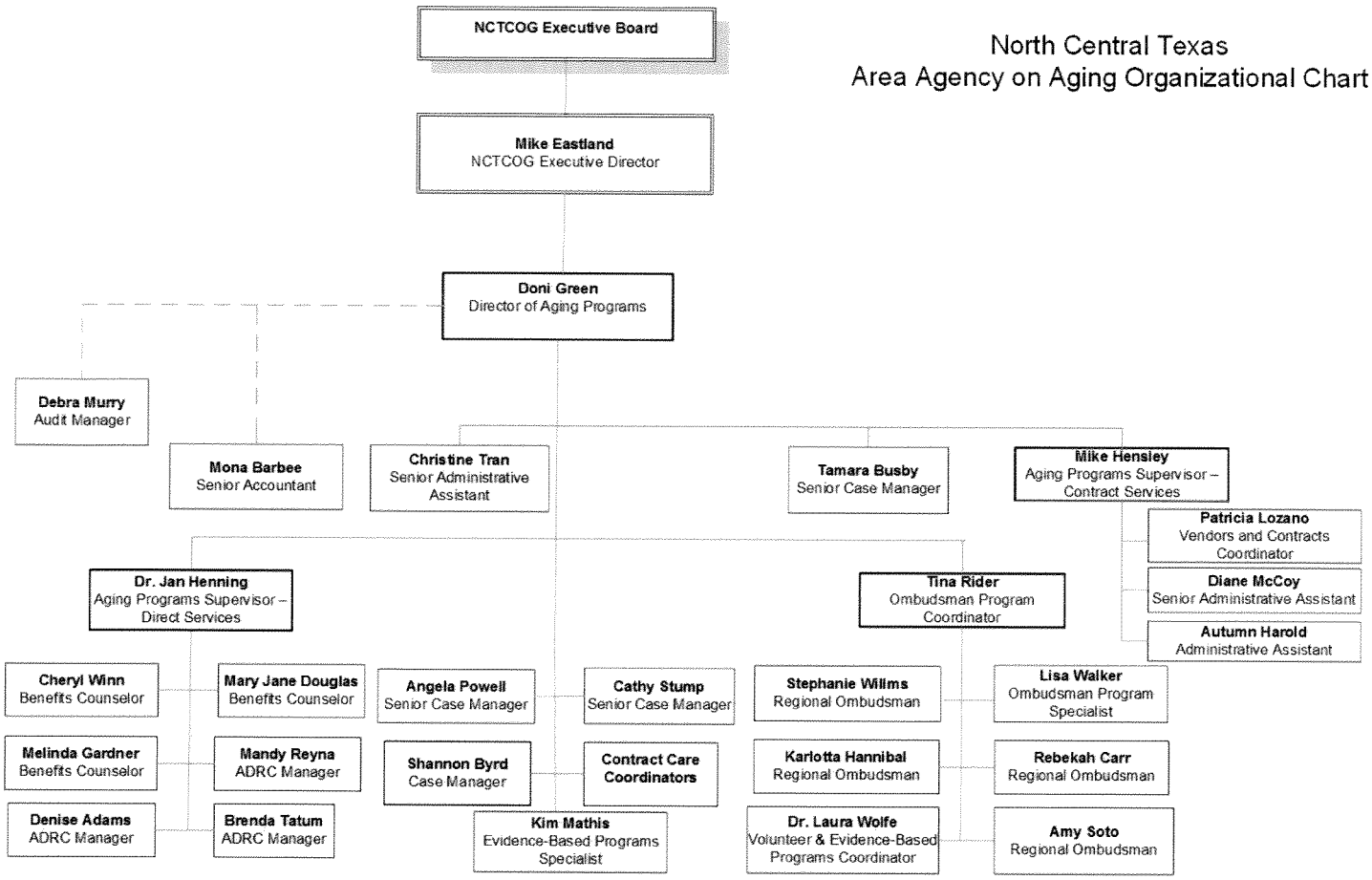
306(a)(11)
306(a)(11)(A)
306(a)(11)(B)
306(a)(12)
306(a)(13)
306(a)(13)(A)
306(a)(13)(B)
306(a)(13)(C)
306(a)(13)(D)
306(a)(13)(E)
306(a)(14)
306(a)(15)
306(a)(15)(A)
306(a)(16)
306(a)(17)

Service: Nutrition Education
Local Strategy #1C: Using a curriculum designed by a licensed dietitian, educate 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 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



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%
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.	88%
	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%
Mona Barbee	Administration	Ensure Agency compliance with fiscal reporting requirements.	100%
Debra Murray	Administration	Perform fiscal monitoring of subrecipients.	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 managers in ordering goods and supplies for consumers.	20%
	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.	45%
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 and respond to requests for information on long-term care facilities and assistance in resolving resident complaints. Serve as a liaison with certified volunteer ombudsmen. Gather and aggregate ombudsman programmatic report data.	85%
	Information, Referral, and Assistance	Provide information and referral to older adults and caregivers on a rotational basis.	15%
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.	95%
	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.	95%
	Information, Referral and Assistance	Provide general information regarding nursing and assisted living facilities to prospective residents and family members.	5%
Karlotta Hannibal	Nursing Home Ombudsman	Conduct visits to assisted living facilities and resolve residents' grievances as requested.	100%
Rebekah Carr (.75 FTE)	Nursing Home Ombudsman	Conduct visits to assisted living facilities and resolve residents' grievances as requsted.	100%
Amy Soto (.5 FTE)	Nursing Home Ombudsman	Conduct visits to assisted living facilities and resolve residents' grievances as requested.	100%
Laura Wolfe	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.	60%
Kim Mathis (.5 FTE)	Evidence-Based Intervention	Oversee NCTAAA health prevention classes.	100%
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.	10%
Cheryl Winn	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.	60%
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.	30%
	Legal Awareness	Provide general assistance to Title III eligible benefits counseling consumers. Make presentations on public benefits.	50%
	Senior Medicare Patrol	Coordinate presentations by volunteers on Medicare fraud and reporting	20%
Cathy Stump	Care Coordination	Assist older adults in arranging short-term and long-term services that support independent living.	50%
	Caregiver Support Coordination	Assist informal caregivers in arranging short-term and long-term services that support independent living.	45%
	Evidence-Based Intervention	Assist age-eligible hospital inpatients in returning safely to their homes.	5%
Angela Powell	Care Coordination	Assist older adults in arranging short-term and long-term services that support independent living.	40%
	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.	5%
	Evidence-Based Intervention	Assist age-eligible hospital inpatients in returning safely to their homes.	5%
Patricia Lozano (.5 FTE)	Administration	Secure qualified contractors and perform quality assurance activities for contracted services.	100%
Shannon Byrd	Care Coordination	Assist older adults in arranging short-term and long-term services that support independent living.	35%
	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.	25%
	Evidence-Based Intervention	Assist age-eligible hospital inpatients in returning safely to their homes.	10%
Mandy Reyna	ADRC Options Counseling	Administer Level One Screen, respond to Level One Screen referrals, and provide	100%

		options counseling to people with disabilities of all ages and their caregivers.	
Brenda Tatum	ADRC Options Counseling	Provide options counseling services to people of all ages with disabilities.	100%
Denise Adams	ADRC Options Counseling	Provide options counseling services to people of all ages with disabilities.	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%
Autumn Harold	Information, Referral and Assistance	Field incoming AAA calls, provide basic resource information, and refer to appropriate staff person for more in-depth assistance as needed.	50%
	ADRC	Field incoming ADRC calls, provide basic resource information, and refer to appropriate staff person for more in-depth assistance as needed.	50%

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

616 Six Flags Drive

Arlington, TX 76011
City, State, Zip Code

AFFIRMATIVE ACTION PLAN

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

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

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

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

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

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

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

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

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

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+)	#4	20%	#1	25%
Minority	#7	35%	#1	25%
Women	#19	95%	#4	100%

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 that 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.

Mike Eastland

Signature of Authorizing Official of Grantee

4/28/16

Date

Mike Eastland, Executive Director

North Central Texas Area Agency on Aging

Approval – DADS AI-AAA

Date