

Area Agency on Aging of the Panhandle

**Three Year Area Plan
Fiscal Years 2008 – 2010**



Panhandle Regional Planning Commission

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Authorized Signature Form

The Area Plan is hereby submitted by the Panhandle Regional Planning Commission, for the period covering October 1, 2007 through September 30, 2010 (fiscal year 2008 through fiscal year 2010). It includes all assurances to be followed by the Area Agency on Aging of the Panhandle under provisions of the Older Americans Act, as amended, during the period identified. The Area Agency on Aging of the Panhandle will assume full authority to develop and administer the Area Plan in accordance with all requirements of the act and related State policy. In accepting this authority the Area Agency on Aging of the Panhandle assumes the major responsibility for the development and administration of the Area Plan and serves as an advocate and focal point for older people 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.

Cindy Boone
Director of Finance
Panhandle Regional Planning Commission

Signature

Gary Pitner
Executive Director
Panhandle Regional Planning Commission

Signature

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

Gary Pitner, Executive Director
Panhandle Regional Planning Commission

Signature

I hereby certify the governing body of the Grantee Agency has reviewed and approved the Area Plan; further, that 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 Texas Department on Aging outcomes for services contained in the Texas Administrative Code.

Gary Pitner, Executive Director
Panhandle Regional Planning Commission
Official of Grantee

Signature

Date

Melissa Carter, Director
Area Agency on Aging of the Panhandle

Signature

Date

According to the Older Americans Act of 1965 as amended, the Area Agencies on Aging are to identify and provide assistance to older individuals with special emphasis on those with greatest economic need, greatest social need, minority, low income and those residing in rural areas. With this in mind, the Area Agency on Aging has developed the following mission, vision, goals and core values.

Our Mission

The mission of the Area Agency on Aging of the Panhandle is to promote the dignity and independence of older people and to serve as a focal point and advocate for older persons and their concerns.

Our Vision

Our vision is to help society prepare for an aging population that ensures that all older people have the opportunity to fully participate in all aspects of society and community life and remain in their own homes for as long as possible.

Our Goals

Develop a comprehensive and coordinated system of care that is responsive to the needs and preferences of older people and their caregivers.

Make it easier for older people to access an integrated array of health and social supports.

Support families and friends in their efforts to care for their loved ones at home in the community.

Ensure the rights of older people are upheld and prevent their abuse, neglect and exploitation.

Our Core Values

Listen

Listen to older people and our partners who serve them

Respond

Respond to the changing needs and preferences of our growing elderly population.

Integrity

Produce measurable outcomes that significantly impact the well-being of older people and their family caregivers.

Discovery

Collaborate with agencies and other service providers to best serve older people.

Environmental Overview

A. Community Assessment

The Area Agency on Aging of the Panhandle serves persons 60 years of age and over residing in the 26 counties in the northernmost section of Texas known as the Texas Panhandle. The 26 county region encompasses 25,887 square miles. The counties include: Armstrong, Briscoe, Carson, Castro, Childress, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher and Wheeler. The region is primarily rural or small town with the only urban area being the city of Amarillo located in Potter and Randall counties.

The total population of the Texas Panhandle in 2007 is 429,059 people with 74,267 or just over 17% of the population 60 years of age or older. Of those persons 60 and older, 36,991 or 50% reside in the city limits of Amarillo which is comprised of both Potter and Randall counties and 37,276 or 50% live in the rural areas of the Panhandle region. In addition, 32,887 (44%) are male and 41,380 (56%) are female. The region has 7,268 persons that are 85 years of age and older with 3,470 (48%) residing in Amarillo and 3,798 (52%) in the rural areas. The counties with the greatest concentration of residents 60+ are Potter, Randall, Gray, Hutchinson, Deaf Smith, Moore and Parmer in descending order.

The racial composition of the Panhandle for persons 60 years of age and older in 2007 is 63,029 (85%) white, 1,960 (3%) black, 8,013 (10%) Hispanic, and 1,265 (2%) all other. From the age 60 and over population of 74,267, 11,238 are minorities. A total of 5,212 (46%) reside in the city of Amarillo with the remaining 6,026 (54%) living in the rural areas of the region. The counties with the highest percentages of minority older individuals in order of most to least are

Potter, Randall, Deaf Smith, Moore, Castro, Parmer, and Swisher. These counties make up 76% of the minority elderly population in the region.

The number of older individuals living in poverty is 7,936 or 11% of the 60+ population residing in the Panhandle region. Dallam County has the highest percentage of older individuals living in poverty followed by Wheeler, Collingsworth, Hall, Donley, Gray, Deaf Smith and Hansford counties.

A growing concern is the number of grandparents living in the household with one or more of their grandchildren under the age of 18 and the number of grandparents responsible for the care of their grandchildren. With this being a new census question there is not a lot of population data on this subject, but according to the 2000 Census, in the Texas Panhandle region 8,506 grandparents are living in the household with one or more of their grandchildren. Of these, 4,972 or 58.5% of them are responsible for the grandchildren. In Amarillo 2,015 grandparents are responsible for raising their grandchildren. That means that the other 2,957, or almost 60%, are living in rural areas of the Panhandle.

A unique concern for the Panhandle region is for the older individuals living in rural areas. Many of these areas are having a difficult time retaining younger residents. There are more opportunities for them in bigger more urban areas, so many are moving away from the places where they grew up. The result is an aging community with available services and community supports declining. Many people living throughout the Panhandle travel to Amarillo for their medical care. As a person grows older and becomes frailer, driving into Amarillo becomes less feasible both physically and financially and results in an access barrier. It also forces residents to consider leaving their homes and moving to Amarillo. The size of the region is also difficult for many to comprehend. For example, traveling to Amarillo from Booker and

back (northeast section of region) is 266 miles, Texline (northwest) is 242 miles, Childress (southeast) is 235 miles, and Farwell (southwest) is 193 miles.

AREA AGENCY ON AGING OF THE PANHANDLE

Regional Map

DALLAM <small>TEXLINE DALHART</small>	SHERMAN <small>STRATFORD TEXHOMA</small>	HANSFORD <small>GRUVER SPEARMAN</small>	OCHILTREE <small>FERRYTON</small>	LIPSCOMB <small>BOCKER DARROLZETT FOLLETT HIGGINS</small>	
HARTLEY <small>CHANNING</small>	MOORE <small>CACTUS SUNRAY DUMAS</small>	HUTCHINSON <small>STINNETT SANFORD BORGER FRITCH</small>	ROBERTS <small>MAMI</small>	HEMPHILL <small>CANADIAN</small>	
OLDHAM <small>ADRIAN VEGA</small>	POTTER <small>AMARILLO</small>	CARSON <small>WHITE DEER PANHANDLE GROOM</small>	GRAY <small>PAMPA LEFORS MCLEAN</small>	WHEELER <small>MOBETTIE WHEELER SHAWROCK</small>	
DEAF SMITH <small>HEREFORD</small>	RANDALL <small>LAKE TANGLEWOOD PALISADES TIMBERCREEK CANYON</small>	ARMSTRONG <small>CLAUDE</small>	DONLEY <small>HOWARDWICK CLARENDON HEDLEY</small>	COLLINGSWORTH <small>WELLINGTON DODSON</small>	
PARMER <small>FRIONA BOVINA FARWELL</small>	CASTRO <small>DIMITT NAZARETH HART</small>	SWISHER <small>HAPPY TULLA KRESS</small>	BRISCOE <small>SILVERTON QUITAQUE</small>	HALL <small>LAKEVIEW MEMPHIS ESTELLINE TURKEY</small>	CHILDRESS <small>CHILDRESS</small>

The short term trends, 2008 thru 2010 are running at about the same percentages across all the statistics. The increase in the overall population and the 60 and over population is projected to rise at the same rate of 3%. The percentage of those living in rural versus urban areas will stay the same over the next 3 years at 50% for each. The only change by 2010 in the counties with the greatest concentration of residents 60 and over is moving Randall to the first county and Potter to the second county; all the others remain the same as 2007. Gender changes over the 3 year period will only change 1%, with the increase going to the number of males and the decrease is applied to the number of females. For the 85+ population, there will be an additional 296 individuals which is a 4% increase over the next three years.

The 2010 projected population of age 60 and over is 76,922 for the Texas Panhandle with 13,497 or 18% being minorities. Racial composition changes from 2007 to 2010 show whites declining by 2 points to 83% and Hispanic increasing 2 points to 12%, while blacks and all others stay the same. The counties where the highest concentration of minority elderly in order of most to least are Castro, Deaf Smith, Parmer, Moore, Swisher, Dallam and Potter counties. These make up 67% of the minority elderly population in the region.

The number of older individuals living in poverty by 2010 is predicted to be 8,351 or 11% of the age 60 and over population residing in the Panhandle region. The counties with the highest percentage of poverty level elderly will be the same as in 2007.

Long range trends show the Texas Panhandle's population growing to 479,586 by 2020 with an anticipated 20% increase in residents age 60 and over by 2020 from 76,922 to 96,805. An analysis of the statistics shows that there will be a 3% increase on those living in the city limits of Amarillo, which includes Potter and Randall counties while a 3% decrease shows for the rural areas. From 2010 to 2020 the male population will increase 1 point to 46% while the

females will decrease 1 point to 54%. In regards to the 85+ population projections for 2020, there will be 8,555, an increase of 991 from 2010 levels. The geographical distribution of the 85+ will be the same as 2010 levels, 49% urban and 51% rural. The only shift in counties with the highest concentration of age 60 or over persons will be in Hutchinson county trading with Gray county from the 2010 projections.

Racial composition shows the biggest changes with the number of whites declining 8 points to 75%, blacks staying the same at 3%, Hispanics increasing 7 points to 19% and all others increasing 1point to 3%. From the 96,805 total population of people age 60 and over, 23,888 are minorities. Research shows that there will be 12,131 (a 4% increase) of minorities living in the city of Amarillo with the remaining 11,757 residing in the rural areas in the region. Counties with the highest percentages of minority older individuals in order of most to least are: Deaf Smith, Castro, Parmer, Moore, Swisher, Hall and Potter. These counties make up 64% of the minority elderly population in the region.

The projected number of older individuals living in poverty is 10,217 or 11% of the age 60 and over population residing in the Panhandle region. Dallam county has the highest percentage of elderly living in poverty followed by Wheeler, Collingsworth, Hall, Donley, Deaf Smith and Hansford counties.

These demographic changes will affect the rural elderly the most as they are the ones who are remaining in their homes and are quickly losing familial and community supports from the small towns they live in. These are the individuals with the greatest economic need due to their lower incomes and lack of financial support from local service agencies. The programs that the Area Agency on Aging of the Panhandle offer will work to meet the needs of the changing populations especially the rural elderly and find ways to take the services to the clients

instead of them having to come to us. The Area Agency on Aging of the Panhandle will address this situation by encouraging community involvement including plans to place local volunteer benefits counselors in these rural areas and encouraging the use of voucher caregiver services which give the client the most flexible way to use our services.

B. Organizational Structure

The Panhandle Regional Planning Commission (PRPC) is the grantee organization for the Area Agency on Aging of the Panhandle. It is centrally located in the downtown area of Amarillo. The physical address is 415 W 8th Avenue and it is within walking distance to several local community services agencies. There is also a scheduled bus route stop that is located just south of the PRPC parking lot. The building is wheelchair accessible and is equipped with elevator access to all the programs housed within the PRPC. The Planning Commission was created in 1969 pursuant to Chapter 391 of the Texas Local Government Code. Its creation was based on the concept that more can be accomplished by local governments acting cooperatively rather than alone. With an annual budget of \$22million and a staff of 43, the PRPC is involved in a wide range of projects and programs including workforce development, aging, community development, economic development, dispute resolution, emergency preparedness (homeland security), emergency communications, criminal justice, solid waste management, regional services, regional water planning and technical assistance to the local governments of the Panhandle.

The PRPC is governed by a 26 member board which conducts business on a monthly basis and serves as the final decision makers for all recommendations submitted by the standing advisory councils. The Executive Director of the Panhandle Regional Planning Commission is

Gary Pitner. He has served in this capacity since 1985. Mr. Pitner has the final authority on all programmatic decisions, policy and operational issues. Cindy Boone has been with the Planning Commission since 1994 serving as the Director of Finance. She is responsible for completing and maintaining required fiscal reports, expenditure documents, staff payroll, charts of accounts, general ledgers, and all cash accounts. Melissa Carter has been with the Area Agency on Aging since 2000 and has served as the Director since 2006. She provides the daily oversight of the program and its operations.

An important component of the AAAP is the 18 member Area Agency on Aging of the Panhandle Advisory Council. The Council was created October 23, 1974 to advise the Panhandle Regional Planning Commission on matters related to the needs of the elderly of the Panhandle Region and enable the Board of Directors to initiate and conduct a comprehensive Area Plan under the authority of the Older Americans Act of 1965 as amended. The purpose of the Council is to provide regional input and guidance on elderly issues and concerns. The Council membership is appointed by the Board of Directors and has representation from the following groups: low income elderly, minority elderly, participant elderly, sixty plus individuals, service providers, elected official or staff representation, disable and general public.

The history of the Area Agency on Aging of the Panhandle (AAAP) began when Governor Preston Smith asked the Panhandle Regional Planning Commission (PRPC) to begin working with the State Committee on Aging on January 6, 1971. The Board of Directors unanimously accepted the invitation. Then on February 5, 1971 the PRPC and Governor's Committee on Aging co-sponsored the first Regional Meeting on Aging at the First Presbyterian Church in Amarillo. In 1973, The Older Americans Act Comprehensive Services Amendments established Area Agencies on Aging.

The AAAP was originally called the Regional Office on Aging and began in 1974 with a budget of approximately \$35,000. After a needs assessment of the region was conducted and efforts were made to involve the local communities and coordinate with other services, the Regional Office on Aging obtained Area Agency on Aging status on November 19, 1982.

In the beginning, emphasis was placed on the development of comprehensive and coordinated service delivery systems for the elderly with a focus on preventative care such as congregate meals, recreation and socialization programs to help seniors remain active in their communities. Then in 1981 the reauthorization of the Older Americans Act (OAA) emphasized supportive services to help older persons remain independent in the community. This led to access and in-home services becoming the priority.

The reauthorization of the OAA in 1987 created six distinct appropriations for services: in-home services for the frail elderly; long-term care ombudsman; assistance for special needs; health education and promotion; prevention of elder abuse, neglect and exploitation; and outreach activities for persons who may be eligible for benefits under supplemental security income (SSI), Medicaid and food stamps. Additional emphasis was given to serving those in the greatest economic and social need, including low-income minorities. In 1989 the AAAP began the development of a Benefits Counseling program to address the need to assist people with accessing entitlement programs.

In November of 2000, the OAA was again reauthorized and included new funding for a National Family Caregiver Support Program. The AAAP added a Caregiver Specialist to its staff in May of 2001 and began to develop a system to address the needs of caregivers throughout the region.

The current structure of the AAAP consists of ten staff members (see Attachment A, pg 72). Nine employees are full time and one part time employee working 30 hours per week or less. The AAAP staff consists of: Director, Operation Coordinator, Public Education and Volunteer Program Specialist, Benefits Counselor, Care Coordinator, Managing Local Ombudsman, Caregiver Specialist, two program support aides and a part time program clerk. One of the program aides works directly with the Care Coordinator on the HomeCare Options Program and with the Money Management Program while the other works with the Caregiver and Benefits Counseling programs. It is the goal of the AAAP to have most employees cross trained and certified in the Health Information, Counseling and Advocacy Program (HICAP) and the Ombudsman programs.

Human resource strengths for our agency starts with a solid foundation of a team of dedicated and loyal employees. The director has a bachelor in psychology and has been with the agency for over seven years; the care coordinators are both licensed social workers with over 20 years experience in working for the elderly. The lead benefits counselor worked for the local adult day care for over 17 years before coming to the agency and the new public education/volunteer specialist has a degree in consumer management. The MLO is a registered nurse, the operations coordinator and support aides have several years of experience in public service. The agency has the financial backing of PRPC to ensure that services do not have to be suspended while we wait for the first allocation from the State. This is a tremendous asset because our clients count on our services being there for them.

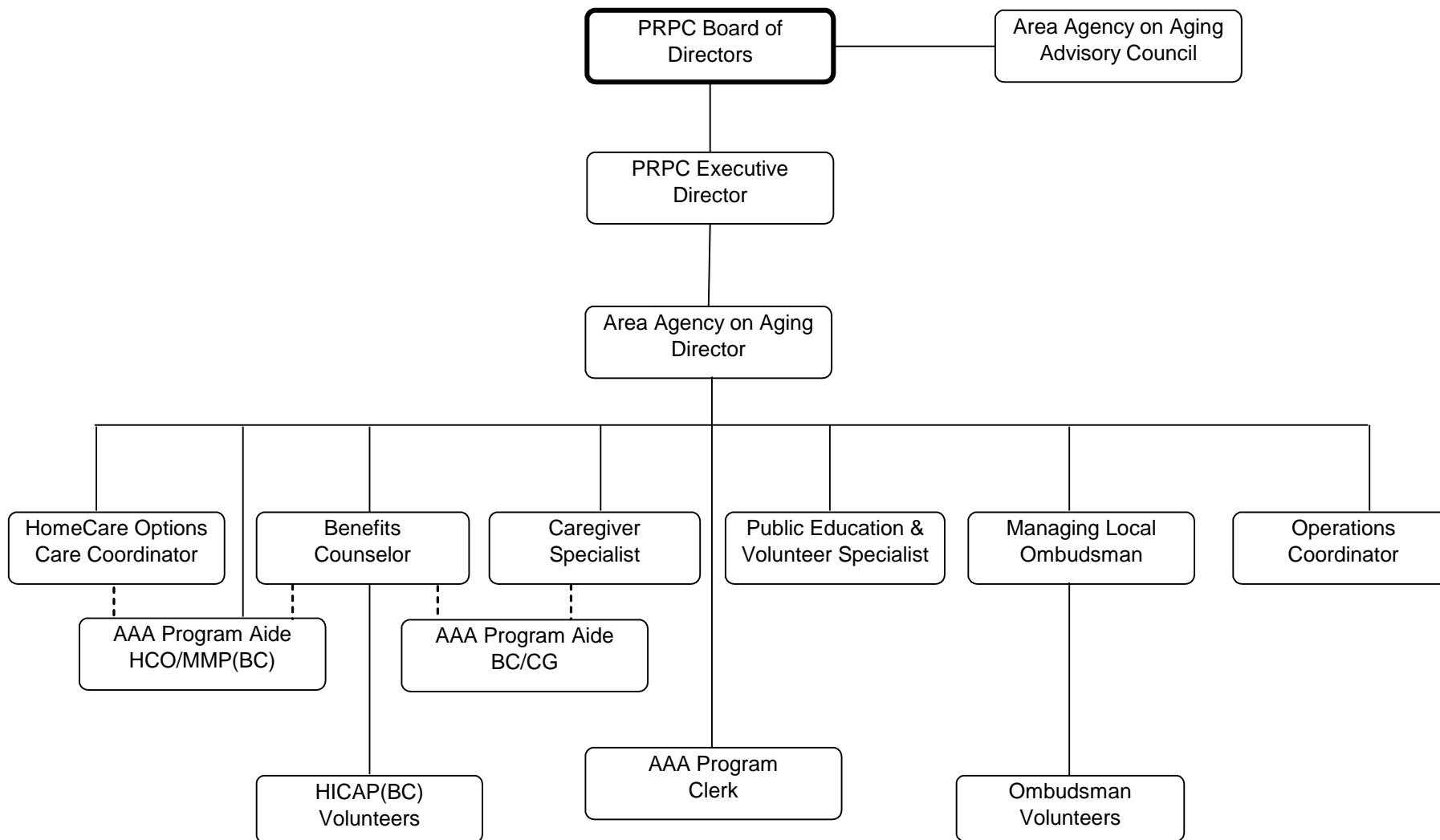
The main weakness of the agency is that several of the employees are new to their positions or the agency itself. The director has only been in the position since August 2006, before that she was the contract manager; with that move several employees shuffled positions.

The operations coordinator was the public education/volunteer specialist until September 2006. The lead benefits counselor was hired in October 2006. The new public education/volunteer specialist and one of the program aides were hired in May 2007. This can also be seen as a potential strength since new people mean new ways of thinking about how to better serve the clients. Another weakness is that we only have 10 employees to cover 26,000 square miles. It is difficult to reach all the individuals that need our service so a lot of the assistance that we provide is done over the telephone and through the mail. Fortunately, our clients do not mind receiving services in this manner. They understand the expense of having to travel to access services and they can access our services from the comfort of their own home.

In addition, the AAAP could not accomplish all that it does without the use of volunteers. The Ombudsman program averages about 20 active volunteers at any given time with people in the training/intern phase almost continually. The HICAP volunteer training has evolved into several options. Our goal is to certify as many volunteers as possible as Level 1 Benefits Counselors. But, we also allow people to attend and obtain training in any subject area; thus, all of our trainings are open to the public. Agencies are welcome to have their employees attend any or all topics being addressed as well as individuals. The AAAP does not exclude anyone from obtaining any of the information that we provide. Continuing Education Units are now available for those who attend the HICAP trainings. Over the past two years approximately 150 people have gone through all or portions of the available training.

The service population for the AAAP is low-income and greatest economic need older individuals, rural older individuals, minority older individuals and limited English speaking older individuals.

Area Agency on Aging of the Panhandle Organizational Chart



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

The Area Agency on Aging's administrative functions maintain coordination with local service providers, ensuring education and assistance to the seniors of the Texas Panhandle. The AAAP works with local coalitions and agencies, both non-profit and for-profit, to develop new programs which will assist not only seniors but those that care for them or provide services to them. The AAAP also provides outreach to the public about services and opportunities for seniors in our region.

The service delivery system of the Area Agency is a combination of methods. The Access and Assistance services which include Information, Referral and Assistance; Benefits Counseling; Care Coordination; and Ombudsman are provided as a direct service of the AAAP as well as the Caregiver component. The AAAP also provides congregate meals, home delivered meals, transportation, adult day care, emergency response, medication management, homemaker, personal assistance and residential repair services using direct purchase of service methodology.

A vendor conference is held each year in late June to distribute vendor application and budget packages to potential vendors for congregate meals, home delivered meals, transportation, adult day care, emergency response and medication management services. Applications and budgets are due the end of July. The applications and budgets are reviewed by the Director, Operations Coordinator and the AAAP Advisory Council to ensure the services apply to the mission and goals of the AAAP and the costs are reasonable. Once approved, vendor agreements are executed for the new fiscal year. These services are managed by the Operations Coordinator. This position receives all the monthly reports and does random desk reviews of the programs. Direct Purchase of Service Vendor Agreement services are reimbursed on a monthly basis. Also, at least once a year, client satisfaction surveys are completed and an

on-site quality assurance review is provided to these vendors to ensure compliance with all required standards.

The AAAP negotiates Vendor agreements throughout the year for homemaker, personal assistance, residential repair and respite. The Care Coordinator oversees the homemaker, personal assistance and residential repair services through the HomeCare Options Program and the Caregiver Specialist oversees the respite functions and residential repairs. Any and all providers that meet the specifications as outlined in the agreement are accepted and utilized by the agency according to available funding. These service's vendor agreements are kept enforce until they either request an amendment to the agreement or the agreement is terminated for what ever reason by either party.

There are instances where the AAAP utilizes a provider who also contracts with the Texas Department of Aging and Disability Services' Regional and Local Services (TDADS, RLS). In these situations, the AAAP and the RLS utilize the same unit rate. When common provider applications are accepted, members from both agencies work jointly with the provider to determine an agreeable unit rate.

As of May 2007, the AAAP has the following vendor agreements, which are renewed annually: congregate meals, seven; home delivered meals, ten; transportation, one; adult day care, two; emergency response, one; and medication management, one. The continuous vendor agreements for the following services are: homemaker, nine; personal assistance, five; and respite, eighteen

The Area Agency on Aging offers several methods to provide services to target populations. The most recent method is to work with local radio stations. The AAAP plans on using this as the main method to reach out all across the Texas Panhandle. The AAAP will

create a memorable jingle and will change the filler information to fit current programs or needs of the AAAP. The AAAP also utilizes the local newspapers by placing articles and ads that relate to specific events or pertinent educational material. The AAAP also publishes informational brochures about the services that are offered which are placed in various locations over the Texas Panhandle from senior centers and hospitals to doctor offices and libraries. The AAAP also attends local health fairs across the region to educate people face-to-face. Presentations are given to any organization that requests it. The AAAP also ensures that the address, local number and the 800 number are in the major phone book that covers the entire region. Another method to reach our targeted population is the placement of 14 “Caregiver Corner” libraries across the Texas Panhandle. Libraries include not only informational pamphlets to take, but books and videos that can be read or watched there or checked out. This makes it easier for the caregiver to examine the information at their pace.

The AAAP offers several ways for our targeted populations to access our services. The main method clients utilize to access the AAAP is the telephone. Since our region is so vast, telephone access is our most effective and efficient method of communication, especially for our rural clients. The majority of our region is set up so calls are local to Amarillo, but there are a few cities and towns that are still long-distance so we offer a toll free number for them to use.

Our telephones are answered by a “live” receptionist. If the caller does not specifically request an employee, the receptionist does a basic screen of the caller and transfers the call to the most appropriate employee, thus saving the caller from having to repeat themselves to multiple workers. The AAAP provides the receptionists a list of the topics that each AAAP employee can answer. Of course, if the listed employees are unavailable then it is transferred to any employee that is available and the client is assisted from there. Voicemail is available if the caller wants to

leave a message for a specific employee who is unavailable at the time. If documents need to be signed or completed by the client, they are mailed to the client with a pre-paid return envelope. The caseworker's initials are written on the envelope so upon return it will be routed to the correct worker in a timely fashion. The AAAP has a contract with Language Line to better serve clients with limited English speaking capabilities. The Telephone Relay Service is also available for those clients who are deaf or hard of hearing.

Another way clients access the AAAP services is to come to our offices. The office is centrally located in the heart of Amarillo. The building is ADA compliant so clients with disabilities are able to access our building. There are public bus stops just south of the parking lot if they use public transportation. The AAAP also will go to the client's home if necessary for provision of service or assessments.

Email is another way clients can access our services. As older individuals become savvier in using computers they are able to contact our agency through our website. The site lists the services available with the names and email addresses of the employees that handle that service so they again do not have to waste their time repeating their needs. This is also a popular way for caregivers to contact us. The majority of caregivers work so they search the web for resources and contact us for more information or about setting up services.

The funding sources available to the Area Agency on Aging of the Panhandle include the following: Older American Act funds, State General Revenue, Nutrition Incentive Services Program, Centers for Medicare and Medicaid Services funds, Program Income, United Way and Community Development Block Grant. In-kind is also tracked and used for the required match. Local cash and in-kind received allow the AAAP and vendors to expand services to assist more clients and to help keep costs of the services at a reasonable level. If it were not for in-kind, the

majority of our nutrition programs would have extremely high unit rates. Volunteers and in-kind donations allow programs to keep operating costs down which enable them to better serve their clients.

The Area Agency on Aging Director evaluates the service needs of the community for the upcoming year. The Finance Director, Accounting Manager and Aging Director determine which services will be budgeted and the levels of service to be provided once the NFA's are issued. The Finance Department analyzes and estimates in-house costs for the year being budgeted.

The Aging Director reviews and approves each invoice that is submitted for payment. The Aging Director and staff members maintain spreadsheets to track performance. The accounting software of the Panhandle Regional Planning Commission tracks all expenditures by service category. All detail is recorded in a spreadsheet maintained by the Accounting Manager. The spreadsheet is updated monthly and reconciled with the general ledger. The Aging Director and Finance Director review the spreadsheet. The Accounting Manager compares the cumulative expenditures to the budget on a monthly basis and enters the expenditure information into the QPR system. Requests for reimbursement are also completed monthly. The NFA's are updated and reviewed with each reimbursement request. Any variances between the budget, expenditures and requests are reviewed and discussed with the Aging Director and adjustments are made as necessary.

Our fiscal management process has been consistent for many years and has proven to accurately track expenditures and performance data. Our fiscal accountability is a top priority. The Aging Director, Finance Director and Accounting Manager are in constant communication to ensure the accuracy of our reporting and the efficiency of our programs.

The Area Agency on Aging provides a unique array of services. No other agency offers a more complete continuum of care to meet the specific needs of the elderly and their families. The staff and volunteers receive extensive training and experience which is guided by a board of directors of local elected officials and an advisory council consisting of people with a strong interest in elderly issues. The AAAP has demonstrated success since 1974 in developing and maintaining systems to address the needs of well, moderately and severely impaired elderly and their families. The AAAP is known as an agency that is willing to accept many challenges and does not readily accept that there isn't a solution to an issue.

When new initiatives are being addressed that affect the elderly population, the AAAP is often invited to assist and share in their development. In 1998 the Baptist St. Anthony's Foundation approached the AAAP about starting a coalition of agencies that serve the elderly. The AAAP provided a complete list of agencies and contacts and participated in the development of the structure and guiding principles for the Senior Ambassadors Coalition (SAC). The SAC began with a handful of interested people and has grown to a membership of approximately 100 with over 175 receiving activity and monthly meeting information.

Each fall the Coalition provides a health fair known as the Senior Fall Festival which is held in the largest exhibit hall at the civic center to accommodate the participation and is free to the public. In 2007, the SAC made a tremendous leap by incorporating and becoming a 501c3 and 501c4. This allowed the coalition to grow and begin to assist the clients by providing services that are not available to them through other service agencies. Two boards were created due to the fact that some of the for-profits agencies that are SAC members wanted to be able to advocate with local and State government about senior issues. The members of the SAC boards change every three years and the AAAP plans to have an employee on the 501c3 board at all

times. The coalition needed an agency to be a consistent focal point. With very little discussion the AAAP agreed to coordinate the meeting functions of the coalition and both boards.

In 2003, the AAAP coordinated with local adult social service agencies to create a Community Resource Coordination Group for Adults (CRCGA). This project was created to assist those clients that have multi-agency needs in an atmosphere where corporation and coordination are key to success. The agencies involved were all members of SAC so the AAAP approached SAC to see if the CRCGA could be integrated as a committee of SAC. They agreed and the group has been going strong ever since. The AAAP hosts the CRCGA meetings every month. Through the workings of SAC and CRCGA the AAAP has built a good working relationship with all the DADS partners, public and private organizations and community service programs.

The local Area Information Center (211) is operated by the United Way of Amarillo and Canyon. The AAAP plans on coordinating more with this program. Other programs the AAAP works with are local philanthropic foundations. Specifically, the AAAP, Bivins Foundation and the Amarillo Area Foundation joined forces to create a Senior Initiatives group. The AAAP serves as a source of information about the senior centers and agencies requesting grants from the two foundations. Proposals are evaluated by all three organizations and then ranked according to cost, the population the grant will assist and the stated need.

The Area Agency on Aging is making efforts to coordinate services meeting the needs of clients with mental health issues in the Panhandle and to increase the awareness of such services. When a call comes in to AAAP, the client and/or family member's needs are assessed, depending on their specific need we refer to appropriate service organizations, either within AAAP or outside services. If a client has expressed history of mental illness and has experienced

recent depression and/or anxiety or loss, we educate them on the options available. Regardless of past or present history we do not discriminate, being sure to assist them with services that can be met by our agency. The AAAP will continue to serve them with ongoing needs. Services that can be accessed through Texas Panhandle Mental Health Mental Retardation (TPMHMR) include: 1) Senior Focus Partial Hospitalization Program - clients 55 or older suffering from depression, anxiety, panic attacks, loneliness, increased withdrawal and isolation, excessive worry, feelings of guilt, inability or refusal to comply with medical advice, medication schedules or dietetic limitations. This program is funded solely through Medicare. 2) Case management from the TPMHMR Adult Service Center. There is an assessment process by which they determine eligibility. 3) Sheltered Workshops for eligible clients. 4) Group Homes- options for independent living. 5) Day Program at Amarillo State Center. 6) Independent Living classes. 7) Medication monitoring. 8) Rep/Payee services, Etc... The AAAP will also schedule on-going educational opportunities for staff of TPMHMR to make them aware of the services AAAP provides.

Along with the other entities with which the AAAP coordinates to meet the needs of the older individual and their caregivers, a partnership with the Texas Tech School of Medicine and School of Pharmacy gave rise to the Alzheimer's Academy. All partners work side by side in the 26 county service area to address the challenges of Alzheimer's disease by capitalizing on each others strengths and maximizing efficiencies. This program offers free consultations with a geriatrician and/or geriatric pharmacist; benefits counseling for assistance applying for public benefits, Medicare Part D and advanced directives; respite; adult day care; caregiver libraries; lunch and learns free to the public and medical education programs for health care professionals.

The Caregiver program utilizes consumer directed services in our Caregiver In-Home Respite service program and has been a success. The program has shown that this type of service can decrease costs for the program. It offers the client another option for obtaining services. It is particularly useful because the caregiver is able to “employ” someone the care recipient already knows and is comfortable around. This eases the stress placed upon the care recipient since the majority of care recipients are living with some type of dementia. It also gives the caregiver peace of mind when they decide to take a break from their caregiver duties.

The Area Agency on Aging is always willing to look at any new initiatives that will affect the elderly of the region and is ready to assist in any way possible to insure that new needed projects become successful.

An effective and efficient design is what AAAP strives for to provide direct access and assistance services for individuals. This enables the AAAP to serve as a competent entryway to accessing the in-home and community services within our region. This is accomplished by having most of the employees cross-trained across all our services. This way when a call is received, there is no “wrong-door”; any one of the AAAP workers can assist the caller. This also allows the AAAP to ensure responses to callers’ inquiries are quick and as accurate as possible. When ever a call is received and the employee determines the caller could benefit from other in-house services, the client is transferred to other employees who then assist in securing services for the client. Client satisfaction surveys are done for every service the AAAP provides to ensure clients are satisfied with the service provided them and to see where improvement is needed.

The Area Agency on Aging of the Panhandle currently does not have any evidence based disease prevention programs but is inquiring about participating in conjunction with the Texas

Association of Area Agencies on Aging to possibly provide a Falls Prevention program in the region.

The Area Agency on Aging uses trained volunteers to provide direct services to older individuals, individuals under 60 on Medicare and/or their caregivers needing assistance accessing public services. They are trained to coordinate with local service agencies to ensure the clients make it through the network as smoothly as possible. The AAAP holds 2 full trainings of the Health Information Counseling and Advocacy Program (HICAP) every year, not only enlist individuals for certification as volunteer benefits counselors, but to educate the public and health professionals about all public and private benefits available to the seniors around the region. Participation by local social workers and counselors has dramatically increased with the addition of free CEU's available with the HICAP trainings. Even though these individuals may not choose to become certified volunteers, by the end of the training they are well educated and are better able to assist their clients and patients. Knowledge of what services are available, the ability to point the client in the right direction to prevent wasting time or energy and assist with access to services, when necessary, are the main goals of the HICAP program.

The Ombudsman program also uses certified volunteers to assist in ensuring residents rights are respected in nursing and assisted living facilities across the Texas Panhandle. The Ombudsman program provides staff in-services and training; it also provides assistance in resolving resident complaints and monitors problems/concerns as they arise. These services are not only utilized in nursing facilities but in the licensed assisted living facilities across the region. Once certified the volunteers are kept apprised, on a quarterly basis, of new regulations or procedures and refreshed on other topics relevant to the respect of resident's rights.

Every year both the Ombudsman and HICAP programs participate in Volunteer appreciation. This allows the AAAP to show the volunteers how much they mean to the programs they assist with and to recognize the hard work they do for the clients they serve. As programs change, the AAAP offers the volunteers different avenues to explore. The main focus for the AAAP is to keep the volunteers happy with the work they are doing and to stay flexible enough to change when necessary to avoid burn out. Some of the volunteers also branch out to volunteer with other services the AAAP offers. For example, making follow-up calls for the HomeCare Options program. Another project the AAAP plans on implementing for volunteers is a friendly caller program for the Caregiver program and home-bound clients.

The AAAP coordinates with the Panhandle Regional Planning Commission's Homeland Security and Emergency Communications programs by attending their scheduled meetings to provide information and assistance when it comes to preparing for disasters that could affect seniors in the region. The AAAP also works with the City of Amarillo's Department of Emergency Management by participating on committees as necessary to assist in preparing to handle the senior population in a disaster situation. Organizations that are also involved with the committees are the local hospital districts, emergency medical services, fire departments, Red Cross and local government services that handle emergency situations. The AAA is in its infancy in developing emergency response planning to ensure that the health and safety needs of the seniors in the Texas Panhandle are represented and addressed.

The major barrier that the targeted populations face is transportation. It has ripple effects in all the aspects of care and service to the aged and disabled. Most rural individuals do not have transportation services available to them and have to rely on family or friends to transport or worse yet, continue to drive after it is no longer safe for them to do so. Due to the expansive

area that the AAAP serves it is difficult to physically reach them all, so older individuals are forced to travel long distances to access services they need, especially medical services.

Another barrier is the cost of transportation. If transportation is available, it is too expensive.

The local Panhandle Transit program offers curb-to-curb transportation and charges individuals 17.5 cents per miles for out of town trips and Lefleur Transportation is \$1.40 per mile plus a loading fee of \$20 or \$28 for ambulatory or wheelchair clients, respectively. A major barrier for rural areas is lack of resources and services available in the rural communities. As the younger population migrates to bigger cities for better opportunities, this leaves the rural areas lacking a strong worker base to provide services to the senior population.

The Area Agency on Aging of the Panhandle is involved in helping improve the existing transportation services available to seniors of our area. Staff members of the Area Agency on Aging are active members of the Senior Ambassador's Coalition (SAC) Transportation Task Force and the Regional Transportation Advisory Group.

The SAC Transportation Task Force goal is to help establish affordable, accessible, available and adaptable transportation for senior adults particularly those who have no other means of transportation through family, friends or other services. The AAAP provides meeting space for the Task Force each month and guidance to the group in regard to what the AAAP sees as needs for the senior population the AAAP serves.

The Regional Transportation Advisory Group is a group established to improve the effectiveness and efficiency of transportation through coordination. This group is made up of individuals from across the 26 counties of the Panhandle and coming from a wide range of occupations. This group looks at all transportation needs for all individuals and is developing a Regional Transportation Plan for the Panhandle. The AAAP was asked to help with the Senior

Adult transportation component of the plan. This plan is being developed under the leadership of the Panhandle Regional Planning Commission and will be a tool to help bring state and federal dollars to the Panhandle to address gaps in services in the area of transportation.

Regional Needs Summary

The AAAP uses a variety of methods to continually update its needs assessments for the older population of the region. The following is a description of the methods along with a brief synopsis of the information derived from each one.

Local Government survey:

The AAAP conducted a survey that was addressed to city and county government officials in the 26 counties of the Texas Panhandle. This was done to examine the services that they receive the most inquiries about from the older residents residing in their area. Responding participants expressed the following services needed:

- Residential Repair
- Public transportation
- Caregiver respite/support
- Utility assistance
- In-home support services
- Affordable housing
- Prescription assistance
- Food pantry
- Congregate meal programs
- Home delivered meal programs

Senior Ambassador Coalition (SAC) Survey:

This coalition is made up of representatives from a wide range of agencies, both for- and non-profit that serve older individuals in the AAAP service region. The survey was emailed to the members and identified needs are as follows:

- Transportation
- Grocery delivery
- In-home assistance
- Residential Repair
- Elder abuse prevention
- Utility assistance
- Caregiver assistance
- Affordable housing

Community Survey:

The AAAP conducted a survey addressed to senior centers, social services agencies and most importantly, older individuals. In this survey, participants were asked to list the top three needs they see for older individuals in their communities. Results were compiled and listed in descending order of most common needs. Responding participants expressed the following:

- Public Transportation
- Affordable housing
- Utility assistance
- In-home support services
- Accessible medical care

- Prescription assistance
- Caregiver respite/support groups
- Residential repair
- Grocery delivery
- Benefits counseling, local
- Meals, either congregate or home delivered
- Other healthcare related (vision, dental, hearing)
- Senior activities

A telephone survey of the AAAP vendors was conducted and they were asked what they see as the needs of their clients which resulted in a short list of needs;

- Additional and flexible transportation
- Rural medical facilities
- Funding for meal programs
- Caregiver assistance
- In-home support

Access and Assistance Program Review

The AAAP Access and Assistance program staff continually identifies unmet needs. Listed are a few from each program.

Case Management:

- Residential repairs
- Free or low-cost In-home assistance
- Transportation
- Other medical (vision, hearing, dental)

- Durable medical equipment
- Live-in providers

Benefits Counseling:

- Medicare Part D
- Medication assistance for those that fall in the cracks
- Financial assistance with utilities and rent
- Transportation
- Estate planning/Advanced Directives
- Money Management Program
- Long Term Care planning

Ombudsman:

- Resident's rights
- Family & Resident Councils
- Affordable assisted living
- More Community Based Alternatives options

Information, Referral and Assistance:

- Medicare Part D
- Utility assistance
- Transportation
- What services are available, in general
- Residential repair
- Long Term Care planning

Caregiver:

- Support groups in outlying areas
- Additional caregiver education
- Friendly visitors for caregivers
- Additional respite care for needy caregivers
- Counseling services in outlying areas
- More assistance not tied to poverty guidelines

The results of the needs assessments were presented for review to the Advisory Council's Area Plan committee along with each access and assistance programs needs list. The surveys and identified needs from each program were discussed and the committee was presented with the AAAP staff recommendations of activities needed to address these needs. The committee agreed with the staff recommendations and plans are to prioritize the following activities:

- Access and Assistance services
- In-home support services
- Caregiver respite and support
- Nutrition services
- Transportation
- Residential repairs
- Income support

The primary target groups for services are older individuals who are:

- Rural
- Low-income
- Minority

- Are in greatest economical need
- Area in greatest social need
- Severely disabled
- Frail
- Have limited English speaking ability
- Caregivers of older individuals

Based upon current year numbers, the anticipated annual numbers of unduplicated persons for the primary target groups are as follows:

- Rural – 3,500
- Low-Income- 4,500
- Minority – 1,000
- Greatest economical need – 4,750
- Greatest social need – 5,500
- Severely Disabled – 1,700
- Frail – 5,250
- Limited English speaking ability – 500
- Caregivers of older individuals – 250

The AAAP plans to maintain its current service delivery system. If additional funding is awarded, it would be directed to residential repairs, transportation and income support.

State Strategy: #1: Intake, Access and Eligibility to Services and Supports

Sub-Strategy #1: Intake & Access

Local Strategy 1: AAA Administration – Maintain administration of the region’s locally based access and assistance service delivery system that connects people with the services and benefits they need through Information, Referral & Assistance, Benefits Counseling, Care Coordination, Caregiver Services, and Long Term Care Ombudsman.

OAA Assurances: 306(a)(1)
306(a)(2)
306(a)(2)(A)(B)(C)
306(a)(3)(A)(B)
306(a)(4)(A)(B)(C)
306(a)(5)
306(a)(6)(A)(B)(C)
306(a)(7)(A)(B)(C)(D)
306(a)(8)(A)(B)(C)
306(a)(9)
306(a)(10)
306(a)(12)
306 (a)(13)(A)(B)(C)(D)(E)
306(a)(14)
306(a)(15)(A)(B)
306(a)(17)

AoA Program Goal(s): #1, #2, #3 and #4

Action Items/Steps:

- Effectively and efficiently manage the expenditures of all OAA funds in compliance with

the Older Americans Act.

- Submit timely, accurate, and complete fiscal and programmatic reports as required by DADS.
- Respond to all DADS timelines and requests for information.
- Negotiate all unit rates. In the case of home delivered meals and adult daycare reimbursement rates, if the provider is a “common” provider, the process will be negotiated jointly with the region’s RLS representative.
- Authorize services for non-direct service clients.
- Over see the direct provision of I R & A, Benefits Counseling, Care Coordination, Caregiver Services and Long Term Care Ombudsman services.
- Recruit/train/retain skilled and qualified AAA personnel to enhance the quality of services delivered by the access and assistance team; to reduce liabilities and risks associated with employee turnover, lack of proper credentials/training; and to establish credibility with potential private sector partners.
- Provide staff support to the local aging advisory council.
- Promote and seek opportunities for public-private sector collaborations in an effort to enhance access and visibility.
- Continue ongoing advocacy efforts to simplify access to all services for the older persons and their family members and caregivers.
- Conduct ongoing outreach to enhance awareness of available access and assistance services through the AAA.
- Empower Access and Assistance staff to authorize and directly purchase services for clients.

- Maintain a client database system in order to comply with all required DADS AI-AAA documentation and reporting procedures.
- Protect confidentiality of all information pertaining to clients.
- Require providers to utilize and implement any and all DADS required reporting forms (including the client intake), source documentation forms, reporting procedures and forward them to the AAA for approval before services can be authorized.
- Provide clients the opportunity to comment on their level of satisfaction of Access and Assistance services.
- Maintain a contract relationship with Language Line for language translation services for those that need special assistance to effectively access services provided by the AAA.
- Identify congregate nutrition sites in established senior centers situated in population centers of rural communities and at sites located in urban areas including large senior housing complexes with high concentrations of targeted low income and low income minority older persons populations.
- Evaluate outreach methodologies utilized by providers to ensure providers are identifying individuals eligible for assistance with special emphasis on older individuals residing in rural areas, with greatest economic or social need, with server disabilities, with limited English speaking ability, with limited Alzheimer's disease and related disorders, and low income minorities.

Local Strategy 2: Maintain the region's integrated access and assistance care coordination services through an ongoing process of assessing the needs of the older individual and effectively planning, arranging, coordinating and following-up on services which most appropriately meet the identified needs as mutually defined by the older individual.

OAA Assurances: 306(a)(2)(A)(B)
306(a)(4)(A)(B)(C)
306(a)(5)
306(a)(6)(A)(C)(F)
306(a)(7)(A)(B)(C)(D)
306(a)(8)(A)(B)(C)
306(a)(10)
306(a)(16)

AoA Program Goal(s): #1, #2, and #3

Action Items/Steps:

- Through the provision of the care coordination make every effort to include clear direction and support regarding client directed services and promoting independence options available to eligible older individuals residing in Texas.
- Comply with all required DADS documentation and reporting requirements.
- Protect confidentiality of all information pertaining to clients.
- Inform client of ability to consent to release/share client information and obtain authorization, as necessary.
- Comply with OAA, TAC and Department policies and procedures.
- Conduct or obtain assessments to identify client needs.
- Coordinate with other agencies to obtain client services and to minimize duplication of effort.
- Develop individual care plans based on assessment and client input, with emphasis on promoting independence.

- Based on client choice, arrange for and/or directly purchase services that are indicated in the care plan to the extent resources are available.
- Facilitate referrals to appropriate agencies as needed.
- Coordinate with other State and community agencies to identify and meet client needs.
- Complete reassessments, quality assurance, and follow-up activities, as required.

Local Strategy 3: Maintain the region’s integrated access and assistance caregiver support coordination services through an ongoing process of assessing the needs of the caregiver and care recipient, and effectively planning, arranging, coordinating and following-up on services which most appropriately meet the identified needs as mutually defined by the caregiver and care recipient.

OAA Assurances: 306(a)(2)(A)(B)
 306(a)(4)(A)(B)(C)
 306(a)(5)
 306(a)(6)(A)(C)(F)
 306(a)(7)(A)(B)(C)(D)
 306(a)(8)(A)(B)(C)
 306(a)(10)
 306(a)(16)

AoA Program Goal(s): #1, #2, and #3

Action Items/Steps:

- Through the provision of the caregiver support coordination make every effort to include clear direction and support regarding client directed services and promoting independence options available to eligible caregivers/recipients residing in Texas.
- Comply with all required DADS documentation and reporting requirements.

- Protect confidentiality of all information pertaining to clients.
- Inform client of ability to consent to release/share client information and obtain authorization, as necessary.
- Comply with OAA, TAC and Department policies and procedures.
- Provide respite services to include purchased in-home respite and respite voucher services to caregivers based where and how the need is identified.
- Conduct or obtain assessments to identify client/care recipient needs.
- Coordinate with other agencies to obtain client services and to minimize duplication of effort.
- Develop individual care plans based on assessment and client input, with emphasis on caregiver relief.
- Based on client choice, arrange for and/or directly purchase services that are indicated in the care plan to the extent resources are available.
- Facilitate referrals to appropriate agencies as needed.
- Coordinate with other State and community agencies to identify and meet client needs.
- Complete reassessments, quality assurance, and follow-up activities, as required.

Local Strategy 4: Support a comprehensive benefits counseling program to include legal assistance services for older adults, family members, and other caregivers on matters involving insurance issues, public/private benefits, consumer problems, and other legal issues.

OAA Assurances: 306(a)(2)
 306(a)(2)(A)(C)
 306(a)(4)(B)

306(a)(6)(A)(F)

306(a)(7)(D)

306(a)(10)

AoA Program Goal(s): #1, #3 and #4

Action Items/Steps:

- Require completion of certification training outlined in the DADS AI-AAA Benefits Counselor I and II training manuals by designated personnel.
- Utilize Legal Hotline for Texans to provide legal consultation, support and back-up to Benefits Counselors.
- Research and solicit new funding opportunities to expand the current capacity of the benefits counseling components for needs such as money management services.
- Attend all available training including those relating to Medicare Part D and CMS/SHIPTalk.
- Ensure availability of locally accessible legal assistance by working on having benefits counselors and/or volunteers available to meet with clients no matter what county they reside in.
- Assist older persons and caregivers in obtaining public benefits and rights under applicable federal and state laws and regulations.
- Maintain working relationships with other agencies such as DADS Regional and Local Services, Adult Protective Services, Texas Department of Insurance, Social Security Administration, CMS, and the Texas Health and Human Services Commission.
- Comply with all required DADS documentation and reporting requirements.
- Protect confidentiality of all information pertaining to clients.

- Inform client of ability to consent to release/share client information and obtain authorization, as necessary.
- Comply with OAA, TAC and Department policies and procedures.

Local Strategy 5: Support a comprehensive benefits counseling program, utilizing CMS funds, to include legal assistance services for under 60 individuals on Medicare and their caregivers on matters involving insurance issues, public/private benefits, consumer problems, and other legal issues.

OAA Assurances: 306(a)(2)
 306(a)(2)(A)(C)
 306(a)(4)(B)
 306(a)(6)(A)(F)
 306(a)(7)(D)
 306(a)(10)

AoA Program Goal(s): #1, #3 and #4

Action Items/Steps:

- Require completion of certification training outlined in the DADS AI-AAA Benefits Counselor I and II training manuals by designated personnel.
- Utilize Legal Hotline for Texans to provide legal consultation, support and back-up to Benefits Counselors.
- Attend all available training including those relating to Medicare Part D and CMS/SHIPTalk.

- Ensure availability of locally accessible legal assistance by working on having benefits counselors and/or volunteers available to meet with clients no matter what county they reside in.
- Assist under 60 individuals on Medicare and caregivers in obtaining public benefits and rights under applicable federal and state laws and regulations.
- Maintain working relationships with other agencies such as DADS Regional and Local Services, Adult Protective Services, Texas Department of Insurance, Social Security Administration, CMS, and the Texas Health and Human Services Commission.
- Comply with all required DADS documentation and reporting requirements.
- Protect confidentiality of all information pertaining to clients.
- Inform client of ability to consent to release/share client information and obtain authorization, as necessary.
- Comply with OAA, TAC and Department policies and procedures.

Local Strategy 6: Support a comprehensive benefits counseling program to include legal awareness services for older adults, family members, and other caregivers on matters involving insurance issues, public/private benefits, consumer problems, and other legal issues.

OAA Assurances: 306(a)(2)
 306(a)(2)(A)(C)
 306(a)(4)(B)
 306(a)(6)(A)(F)
 306(a)(7)(D)

306(a)(10)

AoA Program Goal(s): #1, #3 and #4

Action Items/Steps:

- Require completion of certification training outlined in the DADS AI-AAA Benefits Counselor I and II training manuals by designated personnel.
- Utilize Legal Hotline for Texans to provide legal consultation, support and back-up to Benefits Counselors.
- Attend all available training including those relating to Medicare Part D and CMS/SHIPTalk.
- Maintain working relationships with other agencies such as DADS Regional and Local Services, Adult Protective Services, Texas Department of Insurance, Social Security Administration, CMS, and the Texas Health and Human Services Commission.
- Participate in and/or sponsor consumer awareness seminars and other public presentations which target older persons and their caregivers.
- Comply with all required DADS documentation and reporting requirements.
- Protect confidentiality of all information pertaining to participants.
- Comply with OAA, TAC and Department policies and procedures.

Local Strategy 7: Maintain the region’s integrated access and assistance service delivery system, which effectively guides the older client and their family members through a progression of service options consisting of Information, Referral and Assistance.

OAA Assurances: 306(a)(1)

306(a)(2)(A)

306(a)(4)(B)

AoA Program Goal(s): #1 and #3

Action Items/Steps:

- Continue to coordinate with the local Area Information Center (AIC) to provide accurate, clear, and up-to-date information, referral and assistance in an effortless and seamless manner to older individuals and their family members.
 - Continue to support the AAA's 1-800 phone number and comply with all phone listing requirements.
 - Follow-up on IR&A calls as necessary.
 - Conduct ongoing outreach with hospital social workers, discharge planners and physicians to enhance awareness of available services to older individuals and their family members.
 - Comply with all required DADS documentation and reporting requirements.
 - Protect confidentiality of all information pertaining to clients.
 - Comply with OAA, TAC and Department policies and procedures.
-

Local Strategy 8: Maintain the region's integrated access and assistance service delivery system, which effectively guides the caregiver through a progression of service options consisting of Caregiver Information Services.

OAA Assurances: 306(a)(1)
306(a)(2)(A)
306(a)(4)(B)

AoA Program Goal(s): #1 and #3

Action Items/Steps:

- Coordinate and plan caregiver training opportunities, particularly for members of families caring for victims of Alzheimer's disease.

- Be available to provide support/technical assistance to any caregiver support groups in the region.
- Conduct ongoing outreach with hospital social workers, discharge planners and physicians to enhance awareness of available respite services either institutional or in-home.
- Maintain all AAA’s Caregivers Resource Library including but not limited to; books, manuals and videos.
- Distribute caregiver newsletter.
- Comply with all required DADS documentation and reporting requirements.
- Protect confidentiality of all information pertaining to clients.
- Comply with OAA, TAC and Department policies and procedures.

Local Strategy 9: Provide Ombudsman services as part of the integrated system of access and assistance throughout the AAA’s region.

OAA Assurances: 306(a)(7)(D)

306(a)(9)

AoA Program Goal(s): #4

Action Items/Steps:

- Recruit, train and retain skilled volunteers.
- Place an emphasis on “promoting independence” and money follows the person training for certified ombudsman.
- Provide quality advocacy efforts on behalf of nursing/licensed assisted living facility residents and/or their families.
- Provide on going training programs for volunteer ombudsman focusing on resident’s rights, abuse, neglect and exploitation.

- Continue the visibility of the service within the community through such activities as presentations, including Elder Abuse Prevention activities and outreach which publicizes the accessibility and availability of the program.
- Acknowledge volunteers with special recognition(s).
- Participate in and/or coordinate education initiatives that advocate for the prevention of abuse, neglect and exploitation of older adults region wide.
- Participate in surveys as required.
- Ensure licensed assisted living facilities are monitored for complaints and problems.
- Provide staff in-services to nursing/licensed assisted living facilities as appropriate.
- Comply with all required DADS documentation and reporting requirements.
- Protect confidentiality of all information pertaining to clients.
- Inform client of ability to consent to release/share client information and obtain authorization, as necessary.
- Comply with OAA, TAC and Department policies and procedures.

Local Strategy 10: Maintain Data Management as part of the integrated system of access and assistance throughout the AAA’s region for non-direct services.

OAA Assurances: 306(a)(13)(E)

AoA Program Goal(s): #1

Action Items/Steps:

- Attend available training concerning data management.
- Maintain a database system as required by DADS for data management of non-direct services.

- Conduct monthly review and analysis of all reports to ensure accuracy and eligibility of non-direct service clients.
- Ensure and safeguard confidential documentation of general information, emergency care, eligibility, assessment, reassessment, etc.

State Strategy: #2: Non-Medicaid Services

Sub-Strategy #1: Nutrition Services

Provide a locally based system of nutrition services designed to promote good health and to prevent illness.

Local Strategy 1: Provide home-delivered meals 5 or more days a week, which meet/comply with the OAA meal and nutritional requirements, to eligible homebound older individuals who meet requirements regarding the functional and nutritional risk assessments for a minimum of 250 days per year to promote better health and independent living.

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- OAA Assurances: 306(a)(4)(A)(B)(C)
 306(a)(5)
 306(a)(6)(E)
 306(a)(10)
 306(a)(11)
 306(a)(13)(A)(B)(C)(D)(E)
 306(a)(14)
 306(a)(15)(A)(B)

AoA Program Goal(s): #1

Action Items/Steps:

- Continue to direct purchase home delivered meals that are in compliance with federal Older Americans Act nutrition program – Dietary Reference Intakes (DRI) and the 2005 Dietary Guidelines for Americans (DGA) nutrition requirements prior to FY2009.
- Require providers to utilize and implement any and all DADS required reporting forms (including the client intake), source documentation forms, reporting procedures and forward them to the AAA for approval before services can be authorized.
- Require provider to inform client of ability to consent to release/share client information and obtain authorization, as necessary.
- Require providers to implement nutritional risk assessment and functional assessment for each homebound client as a means to verify eligibility prior to initiating services and a reassessment to be completed no less than annually.
- Require provider to document outreach methodologies utilized and for it to be made available during annual on-site quality assurance review, to ensure provider is identifying individuals eligible for assistance with special emphasis on older individuals residing in rural areas, with greatest economic or social need, with severe disabilities, with limited English speaking ability, with limited Alzheimer’s Disease and related disorders, and low income minority.
- Require providers to establish coordination and referral protocols for frail older persons clients identified through the HDM program to the AAA’s care coordination service.
- Require providers to coordinate with Regional and Local Services (RLS) Family Care Program to ensure timely transition from DADS AI-AAA resources to Title XX sources when clients are eligible for RLS services.

- Require voluntary contributions to be used to increase the number of home delivered meals served by the vendor.
- Require provider to have a contingency plan for emergency home delivered meal services to those homebound older persons at greatest risk.
- Require provider to use procedures that are in compliance with all applicable state and local fire, health, sanitation and safety laws and regulations including the Texas Department of State Health Services, Food and Drug “Texas Food Establishments” requirements
- AAA requires the provider to conduct annual client satisfaction surveys which will be reviewed at the annual on-site quality assurance review.

Local Strategy 2: Provide meals 5 or more days a week in a congregate setting, which meet/comply with the OAA meal and nutritional requirements, to individuals 60 years of age or older and other eligible recipients to promote better health and independent living.

OAA Assurances: 306(a)(4)(A)(B)(C)
 306(a)(5)
 306(a)(6)(E)
 306(a)(10)
 306(a)(11)
 306(a)(13)(A)(B)(C)(D)(E)
 306(a)(14)
 306(a)(15)(A)(B)

AoA Program Goal(s): #1 & #2

Action Items/Steps:

- Continue to direct purchase home delivered meals that are in compliance with federal Older Americans Act nutrition program – Dietary Reference Intakes (DRI) and the 2005 Dietary Guidelines for Americans (DGA) nutrition requirements prior to FY2009.
- Require providers to utilize and implement any and all DADS required reporting documentation/forms, source documentation forms and reporting procedures and forward them to the AAA for approval before services can be authorized.
- Require provider to inform client of ability to consent to release/share client information and obtain authorization, as necessary.
- Require provider to implement nutritional risk assessment for each client on an annual basis.
- Require documentation of outreach methodologies utilized by providers to be made available during annual on-site quality assurance review, to ensure provider is identifying individuals eligible for assistance with special emphasis on older individuals residing in rural areas, with greatest economic or social need, with severe disabilities, with limited English speaking ability, with limited Alzheimer’s Disease and related disorders, and low income minority.
- Require voluntary contributions to be used to increase the number of congregate meals served by the vendor.
- Require provider to use procedures that are in compliance with all applicable state and local fire, health, sanitation and safety laws and regulations including the Texas Department of State Health Services, Food and Drug “Texas Food Establishments” requirements
- Require providers to conduct annual client satisfaction surveys.

- Require posting of the full cost of the meal, complaint/grievance and program income policies and procedures at each nutrition site in a conspicuous location providing clear and concise information to older individuals participating in the congregate meal program.

Local Strategy 3: Provide nutrition education to participants of meal vendors to promote better health and independent living.

OAA Assurances: 306(a)(4)(A)

AoA Program Goal(s): #1 and #2

Action Items/Steps:

- Require nutrition providers to document that nutritional education materials are made available to participants on a monthly basis. The provider supports this service with no additional cost to the meal or AAA.

State Strategy: #2: Non-Medicaid Services

Sub-Strategy #2: Services to Assist Independent Living

Local Strategy 1: Maintain accessibility of transportation demand-response services to older persons with special emphasis on meeting the needs for trips to medical clinics or pharmacies for health related purposes but not excluding the need for and providing services to older individuals of the region’s congregate nutrition programs, to senior volunteer/employment opportunities and other transportation needs.

OAA Assurances: 306(a)(2)(A)

306(a)(4)(A)

306(a)(10)

AoA Program Goal(s): #1 and #2

Action Items/Steps:

- Require provider to comply with AAA service authorizations.
- Require provider to comply with service provision rules, regulations and licensing requirements.
- Require provider to conduct annual client satisfaction surveys which will be reviewed at the annual on-site quality assurance review.
- Require provider to comply with all DADS AI-AAA documentation and reporting procedures.
- Protect confidentiality of all information pertaining to clients.
- Inform client of ability to consent to release/share client information and obtain authorization, as necessary.
- Comply with OAA, TAC and Department policies and procedures.
- Require provider to contact AAA if client indicates problem or change of circumstances.

Local Strategy 2: Provide Adult Day Care services to enhance personal independence and/or caregiver respite.

OAA Assurance: 306(a)(4)(A)

306(a)(5)

306(a)(10)

AoA Program Goal(s): #1, #2 and #3

Action Items/Steps:

- Require provider to comply with AAA service authorizations.
- Require provider to comply with service provision rules, regulations and licensing requirements.

- Require provider to conduct annual client satisfaction surveys which will be reviewed at the annual on-site quality assurance review.
- Require provider to comply with all DADS AI-AAA documentation and reporting procedures.
- Protect confidentiality of all information pertaining to clients.
- Inform client of ability to consent to release/share client information and obtain authorization, as necessary.
- Comply with OAA, TAC and Department policies and procedures.
- Require provider to contact AAA if client indicates problem or change of circumstances.

Local Strategy 3: Provide in-home respite to eligible caregivers to reduce caregiver stress and reduce the risk of pre-mature institutional placement.

OAA Assurance: 306(a)(2)(B)
 306(a)(4)(A)
 306(a)(5)
 306(a)(6)(F)
 306(a)(8)(A)
 306(a)(10)

AoA Program Goal(s): #1, #2 and #3

Action Items/Steps:

- Require provider to comply with AAA service authorizations.
- Require provider to comply with service provision rules, regulations and licensing requirements.

- Require provider to comply with all DADS AI-AAA documentation and reporting procedures.
- Protect confidentiality of all information pertaining to clients.
- Inform client of ability to consent to release/share client information and obtain authorization, as necessary.
- Comply with OAA, TAC and Department policies and procedures.
- Require provider to contact AAA if client indicates problem or change of circumstances.

Local Strategy 4: Provide institutional respite to eligible caregivers to reduce caregiver stress and reduce the risk of pre-mature institutional placement.

OAA Assurance: 306(a)(2)(B)
 306(a)(4)(A)
 306(a)(5)
 306(a)(6)(F)
 306(a)(8)(A)
 306(a)(10)

AoA Program Goal(s): #1, #2 and #3

Action Items/Steps:

- Require provider to comply with AAA service authorizations.
- Require provider to comply with service provision rules, regulations and licensing requirements.
- Require provider to comply with all DADS AI-AAA documentation and reporting procedures.
- Protect confidentiality of all information pertaining to clients.

- Inform client of ability to consent to release/share client information and obtain authorization, as necessary.
- Comply with OAA, TAC and Department policies and procedures.
- Require provider to contact AAA if client indicates problem or change of circumstances.

Local Strategy 5: Provide emergency response services to enhance personal independence and/or caregiver relief.

OAA Assurance: 306(a)(4)(A)
 306(a)(5)
 306(a)(10)

AoA Program Goal(s): #1 and #3

Action Items/Steps:

- Require provider to comply with AAA service authorizations.
 - Require provider to comply with service provision rules, regulations and licensing requirements.
 - Require provider to conduct annual client satisfaction surveys which will be reviewed at the annual on-site quality assurance review.
 - Require provider to comply with all DADS AI-AAA documentation and reporting procedures.
 - Protect confidentiality of all information pertaining to clients.
 - Inform client of ability to consent to release/share client information and obtain authorization, as necessary.
 - Comply with OAA, TAC and Department policies and procedures.
 - Require provider to contact AAA if client indicates problem or change of circumstances.
-

Local Strategy 6: As funding allows, provide health maintenance, which includes III-D Medication Management services to eligible, older individuals or caregivers.

OAA Assurance: 3069a)(2)(A)
306(a)(4)(A)
306(a)(5)
306(a)(10)

AoA Program Goal(s): #1, #2 and #3

Action Items/Steps:

- Require provider to comply with AAA service authorizations.
- Require provider to comply with service provision rules, regulations and licensing requirements.
- Require provider to comply with all DADS AI-AAA documentation and reporting procedures.
- Protect confidentiality of all information pertaining to clients.
- Inform client of ability to consent to release/share client information and obtain authorization, as necessary.
- Comply with OAA, TAC and Department policies and procedures.
- Require provider to contact AAA if client indicates problem or change of circumstances.

Local Strategy 7: Provide homemaker services to support personal independence.

OAA Assurance: 306(a)(2)(A)(B)
306(a)(4)(A)
306(a)(5)
306(a)(10)

AoA Program Goal(s): #1 and #3

Action Items/Steps:

- Require provider to comply with AAA service authorizations.
 - Require provider to comply with service provision rules, regulations and licensing requirements.
 - Require provider to comply with all DADS AI-AAA documentation and reporting procedures.
 - Protect confidentiality of all information pertaining to clients.
 - Inform client of ability to consent to release/share client information and obtain authorization, as necessary.
 - Comply with OAA, TAC and Department policies and procedures.
 - Require provider to contact AAA if client indicates problem or change of circumstances.
-

Local Strategy 8: As funding allows, provide income support to eligible older individuals or caregivers.

OAA Assurance: 306(a)(4)(A)
 306(a)(5)
 306(a)(10)

AoA Program Goal(s): #1 and #3

Action Items/Steps:

- Require provider to comply with AAA service authorizations.
- Require provider to comply with service provision rules, regulations and licensing requirements.
- Require provider to comply with all DADS AI-AAA documentation and reporting procedures.

- Protect confidentiality of all information pertaining to clients.
- Inform client of ability to consent to release/share client information and obtain authorization, as necessary.
- Comply with OAA, TAC and Department policies and procedures.
- Require provider to contact AAA if client indicates problem or change of circumstances.

Local Strategy 9: Provide personal assistance services to support independence.

OAA Assurance: 306(a)(2)(A)(B)
 306(a)(4)(A)
 306(a)(5)
 306(a)(10)

AoA Program Goal(s): #1 and #3

Action Items/Steps:

- Require provider to comply with AAA service authorizations.
- Require provider to comply with service provision rules, regulations and licensing requirements.
- Require provider to comply with all DADS AI-AAA documentation and reporting procedures.
- Protect confidentiality of all information pertaining to clients.
- Inform client of ability to consent to release/share client information and obtain authorization, as necessary.
- Comply with OAA, TAC and Department policies and procedures.
- Require provider to contact AAA if client indicates problem or change of circumstances.

Local Strategy 10: Provide residential repair to support personal independence and/or

caregiver relief.

OAA Assurance: 306(a)(4)(A)

306(a)(5)

306(a)(10)

AoA Program Goal(s): #1, #2 and #3

Action Items/Steps:

- Require provider to comply with AAA service authorizations.
- Require provider to comply with service provision rules, regulations and licensing requirements.
- Require provider to comply with all DADS AI-AAA documentation and reporting procedures.
- Protect confidentiality of all information pertaining to clients.
- Inform client of ability to consent to release/share client information and obtain authorization, as necessary.
- Comply with OAA, TAC and Department policies and procedures.
- Require provider to contact AAA if client indicates problem or change of circumstances.

**Assurance of Compliance with The Department of Health & Human Services Regulation
under Title VI of The Civil Rights Act of 1964**

Panhandle Regional Planning Commission (hereinafter called the
"Applicant")

Hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 880352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45C.F.R. Part 80) issued pursuant to that title, 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; and hereby gives assurance that it will immediately take any measures necessary to effectuate this agreement.

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, and 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. In all other cases, this Assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such a date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in the Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the Applicant.

Mailing Address:
P O Box 9257
Amarillo, Texas 79105

Gary Pitner

Authorized Signature

Affirmative Action Plan

The Panhandle Regional Planning Commission hereby agrees that it will enact 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.

Gary Pitner 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: - 43	# Full Time - 34	# Part Time - 9
Older Persons (60+)	#1 2%	#0 0%
Minority	#3 8%	#4 45%
Women	#19 56%	#6 67%

Older Americans Act Assurances Certification

- 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 minority individuals 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 minority individuals and older individuals residing in rural areas) 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, outreach, information and assistance, 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)

- (iv) Provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan;
- (v) 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 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 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 and older individuals residing in rural areas within the planning and service area; and
- (vi) 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 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 –

- (iii) 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-speaking ability; and
 - (VI) Older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (iv) Inform the older individuals referred to in sub clauses (I) through (VI) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

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

- (iii) 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; and
- (iv) 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 –
 - (III) 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
 - (IV) 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, representatives of older individuals, 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 –

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

306(a)(6)(F) Coordinate any mental health services provided with funds expended by the area agency for part B with mental health services provided by community health centers and by other public agencies and nonprofit private organizations; and

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 will facilitate the coordination of community-based, long-term care services designed to enable older individuals to remain in their homes, by means including –
- 306(a)(7)(A) Development of case management services as a component of the long-term care services, consistent with the requirements of paragraph (8);
- 306(a)(7)(B) Involvement of long-term care providers in the coordination of such services; and
- 306(a)(7)(C) Increasing community awareness of and involvement in addressing the needs of residents of long-term care facilities;
- 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 –
- (v) 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;
 - (vi) 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;
 - (vii) Has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
 - (viii) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);
- 306(a)(9) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;
- 306(a)(10) provides a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

- 306(a)(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as 'older Native Americans'), including –
- 306(a)(11)(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title
- 306(a)(11)(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- 306(a)(11)(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and services area, to older Native Americans; and
- 306(a)(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area
- 306(a)(13) provide assurances that the area agency on aging will
- 306(a)(13)(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
- 306(a)(13)(B) disclose to the Assistant Secretary and the State agency –
- (iii) 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
 - (iv) 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 funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title;

306(a)(15) 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 of commercial relationship that is not carried out to implement this title.

I certify that compliance with these assurances will be accomplished and that evidence of such compliance will be available to TDADS 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 and area plan amendments.

Typed or Printed Name of Authorized Signature

Date

Authorized Signature

Area Agency on Aging

Approval – DADS AI-AAAP Section Manager

Date

Attachment A

NAME	ACTIVITY	% OF TIME SPENT ON ACTIVITY
Andy Arias	Legal Assistance	35
	Legal Awareness	6
	Caregiver Info Service	10
	Data Management	49
Sharla Arp	I, R & A	10
	Legal Assistance	14
	Legal Awareness	2
	Case Management	42
Melissa Carter	Data Management	32
	Administration	60
	I, R & A	22
	Data Management	18
Serena Cowart	I, R & A	20
	Ombudsman	11
	Legal Assistance	15
	Legal Awareness	54
Lisa Hancock	I, R & A	36
	Legal Assistance	45
	Legal Awareness	17
	Data Management	2
Tanya Mock	I, R & A	10
	Ombudsman	88
	Data Management	2
Macie Orr	I, R & A	22
	Caregiver Info Service	1
	Caregiver Coordination	5
	Data Management	72
Janet Schulte	I, R & A	12
	Case Management	82
	Data Management	6
Stacey Urbanczyk	Administration	15
	I, R & A	10
	Legal Assistance	14
	Legal Awareness	2
	Data Management	59
Teana Waller	I, R & A	10
	Caregiver Info Service	68
	Caregiver Coordination	20
	Caregiver Ed & Train	2