

**Area Agency on Aging of the Panhandle
Panhandle Regional Planning Commission**

**Area Plan
FFYs 2017 – 2019**

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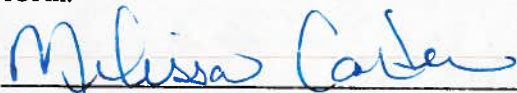
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Authorized Signature Form

The Area Plan is hereby submitted by the Panhandle Regional Planning Commission, for the period of October 1, 2016, through September 30, 2019. All assurances are included and are to be followed by the Area Agency on Aging of the 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 individuals who are older and their caregivers in the planning and service area.

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



Signature

Melissa Carter, Director, Area Agency on Aging
Name (Type or Print)



Signature

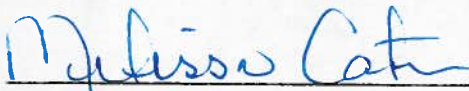
Cindy Boone, Finance Director, PRPC
Name (Type or Print)

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


Signature (Executive Director)

Gary Pitner, Executive Director, PRPC
Name (Type or Print)

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



Signature
of Authorizing Official of Grantee

Melissa Carter, Director, Area Agency on Aging
Name (Type or Print)

3-29-16
Date


Signature
of Authorizing Official of Grantee

Gary Pitner, Executive Director, PRPC
Name (Type or Print)

3/29/16
Date

Area Plan Narrative

Environmental Overview

Community Assessment

The Area Agency on Aging of the Panhandle (AAAP) serves persons 60 years of age and over, under age 60 Medicare beneficiaries and caregivers 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 and comprised of small towns with the only urban area being the city of Amarillo located within Potter and Randall counties.

The estimated total population of the Texas Panhandle in 2016 is 461,522 people with 90,353 or about 20% of the population 60 years of age or older. (Source: DSHS Center for Health Statistics, Texas Population, 2016) Of those persons 60 and older, 48,897 or 54% reside in the urban Potter and Randall counties and 41,456 or 46% live in the rural counties of the Panhandle region. These percentages have remained consistent since 2013. The counties with the greatest concentration of residents age 60 and over are Randall, Potter, Moore, Gray, Hutchinson, Deaf Smith and Ochiltree, respectively. In addition, 42,246 (47%) are male and 48,107 (53%) are female. The region has 7,617 persons that are 85 years of age and older with 3,912 (51%) residing in Amarillo and 3,705 (49%) in the rural areas. (Sources: Texas State Data Center, Population migration growth scenario 2000-2010 (1.00) November 2014).

The 2016 racial composition of the Panhandle for persons 60 years of age and older in 2016 is 71,265 (79%) Anglo, 2,608 (3%) Black, 13,878 (15%) Hispanic and 2,602 (3%) Other. From the age 60 and over population, 19,088 are minorities. A total of 9,575 (50%) reside the two urban counties, Potter and Randall, with the remaining 9,513 (50%) living in the rural counties of the region. The counties with the highest number of minority older individuals in order of most to least are Potter, Randall, Deaf Smith, Moore, Castro and Parmer. These counties make up 75% of the minority elderly population in the region. (Source: Texas State Data Center-Population projections for 2014-2025 based on the Population Migration growth scenario 2000-2010(1.0) November 2014).

The number of older individuals living in poverty in 2016 is 8,491 or 9% of the 60+ population residing in the Panhandle region. Parmer County has the highest percentage of older individuals living in poverty followed by Oldham, Castro, Potter and Hall counties. (Source: Texas State Data Center-Population projections for 2014-2025 based on the Population Migration growth scenario 2000-2010(1.0) November 2014).

According to the most recent Amarillo National Bank's economic report, the Panhandle's economy is slowing due to job losses and the oil bust while construction has stayed flat. The forecast for 2016 includes lower oil prices impacting retail sales and economic activity. Lower gasoline prices will help keep the CPI flat, cattle and crop prices will not dip much lower to the losses in these sectors. The employer's survey is showing a job gain of only 600 from a year ago all coming from Leisure and Hospitality where manufacturing and oil jobs lost. A major concern is the lack of higher paying jobs. When new jobs are created at a lower starting pay range it has a ripple effect ending in financial strains on community resources. Loss of higher paying jobs and low wages hurt the economy as individuals try to make ends meet. In regards to our senior population, families are not able to financially contribute to the cost of caring for their loved ones or to local charities like they have done in the past. It also has a negative impact on volunteerism as workers have to decide how to best spend their time without incurring additional expenses.

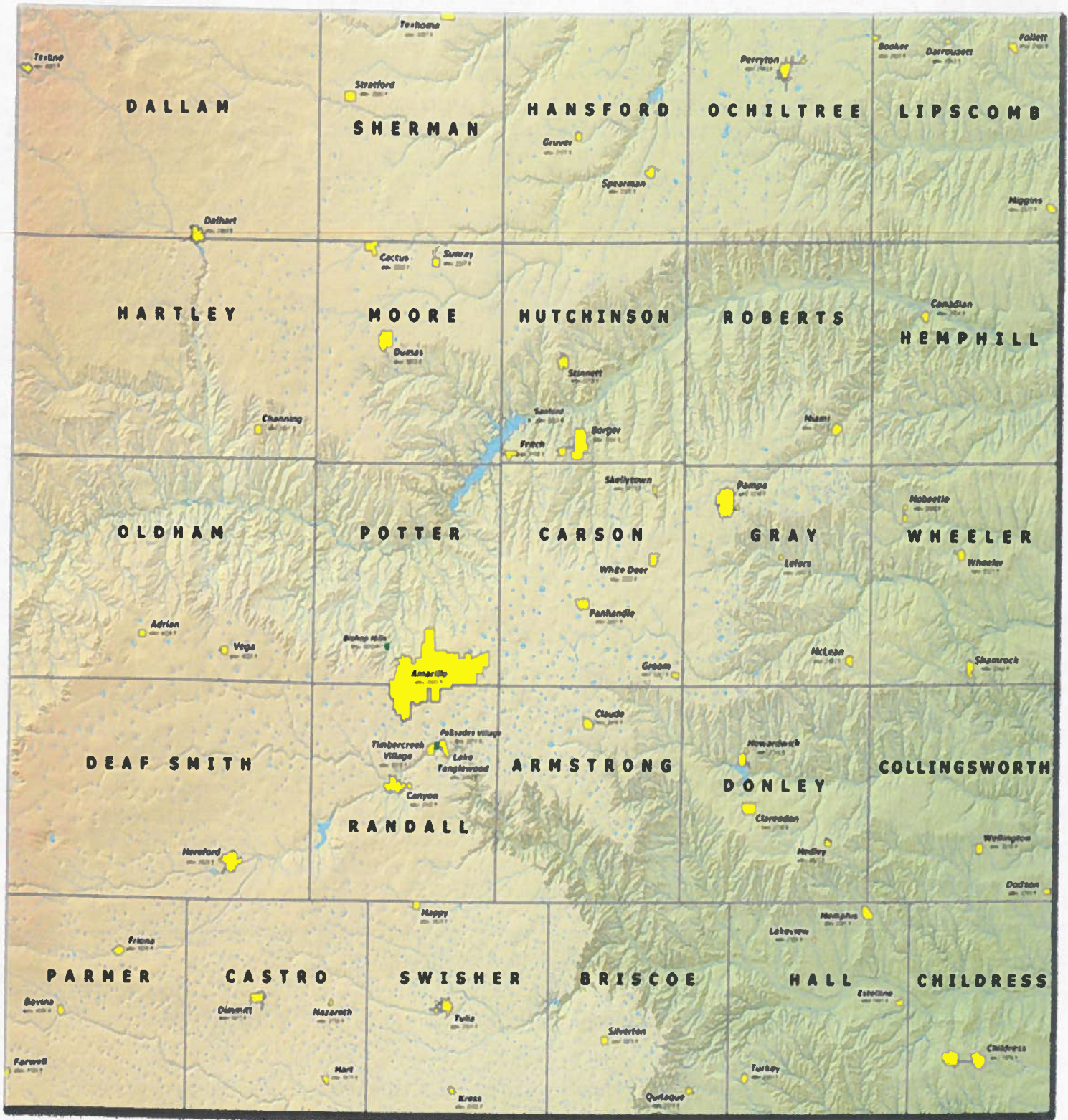
Oil, cattle and agriculture have historically been and continue to be the driving forces of the Panhandle economy. Oil and natural gas prices are down 35%. The count of active drilling rigs dramatically dropped from 71 last year to 13 this year. So far in 2016, wheat prices are down 27%, but this will probably flatten due to the increased moisture received in the region. Corn prices are down 4%. Cattle have had their worst 3 months ever.

With Fat Cattle prices at \$119, there are predictions of losses per head between \$350-\$600. Dairy margins are at their lowest levels in the last 6 years.

Another major factor still affecting economic stability for our target population is the continued decline in their retirement/investment accounts due to the instability of the markets. The AAAP has seen a rise in the number of individuals reaching out for temporary assistance, mainly for basic needs such as food, prescription and utility/rent assistance. The Panhandle is fortunate enough to have a thriving Food Bank along with many organizations and churches which are able to help meet these basic needs. The AAAP works with the Senior Ambassadors Coalition Hunger Relief program which provides a box of food every month and the Adult Protective Services Silver Star room which has non-food items, such as cleaning supplies, paper goods, clothing, etc., we can give to our clients. The AAAP works in coordination with these programs to best serve our target population hit by the economic downturn.

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 in bigger, more urban areas, so the majority of younger workers end up moving away from the places where they grew up. The result is an aging community with less available services and declining community supports. Many people living throughout the Panhandle travel to Amarillo for their medical care, especially for specialty care doctors. As a person grows older and becomes frailer, driving into Amarillo becomes less feasible both physically and financially which 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; the Panhandle is roughly 10% of the land area of the State of Texas. 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



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 SW 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 average annual budget of \$20 million and an average staffing of 40, the PRPC is involved in a wide range of projects and programs including workforce development, aging, community 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 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 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.

The current structure of the AAAP consists of eleven staff members. Eight employees are full time and three are part time employees. The AAAP staff and length of employment consists of: Director (16 years), Operation Coordinator (5 years), Public Education and Volunteer Program Specialist (10 years), Benefits Counselor (1 year), Care Coordinator (23 years), Managing Local Ombudsman (6 years), Caregiver Specialist (3 years), Information, Referral and Assistance administrative assistant (2 years) and three program support aides. The program aides work directly with the Benefits Counselor in the Benefits Counseling (legal assistance (1 year) and legal awareness (3 years) programs and the Managing Local Ombudsman in the Ombudsman program (6 months). It is the goal of the AAAP to have most employees cross trained and certified in the Health Information, Counseling and Advocacy Program (HICAP) program.

The PRPC is governed by a 26 member board which conducts business on a monthly basis and serves as the final decision for all recommendations submitted by the standing advisory councils. An important component of the AAAP is the Area Agency on Aging of the Panhandle's 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 role 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 good rural/urban mixed representation from the following groups: low income elderly, minority elderly, participant elderly, sixty plus individuals, service providers, elected official or staff representation, disabled individuals and general public.

Even though the Panhandle region is not a federally designated Native American Tribal region, all older individuals and/or disabled individuals who are Native American will be provided services under this area plan to the same extent as such services are available to all other target populations in the planning and service area which are as follows:

- Older individuals residing in rural areas
- Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas)
- Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas)
- Older individuals with severe disabilities
- Older individuals with limited English proficiency
- Older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and their caretakers of such individuals)

Attachment A: AAAP Organizational Chart

Attachment B: Staff members/activities

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

The Area Agency on Aging's administrative function maintains 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 maintain and develop new programs which will assist not only seniors but those who 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. Since the majority of the AAAP region is rural, we are accustomed to helping meet the needs of older individuals residing in rural areas. The outreach methodologies enlisted include: having the toll free number for free access to the AAAP, educating the rural public through presentations and health fairs explaining available services in their communities, and educating providers who cover the rural areas regarding available AAAP services.

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; Caregiver Program; Evidence-Based Intervention and Ombudsman are provided as a direct service of the AAAP. The AAAP also provides congregate meals, home delivered meals, transportation, adult day care, emergency response, evidence-based programming, homemaker, personal assistance, respite and residential repair services using direct purchase of service methodology. This methodology allows the AAAP staff to ensure that preference will be given to providing services to older individuals with the greatest economic and or social needs with particular attention to low-income, minority and rural individuals. All services are evaluated at a minimum annually utilizing client satisfaction surveys to ensure services meet the client's needs.

The AAAP maintains direct purchase of service funds for various services to seniors and caregivers. The budget has not traditionally been the guiding force, but rather client needs have directed the budget. Unfortunately, it has become increasingly difficult to meet the needs of clients due to decreased funding, budget constraints, adequate proportions and performance measure projections. To the extent possible, the Direct Purchase of Services pool remains fluid and flexible to allow the AAAP to truly meet its objective of individualized, consumer-directed services. Service specific budgets for congregate meals, home delivered meals and demand/response transportation services provided through a network of vendors are established by the AAAP each fiscal year. Vendors are required to submit client intakes, client rights & responsibilities, nutrition risk assessments, and consumer needs evaluations (when applicable) to the AAAP for eligibility determination upon which service authorizations are based. Units of service are purchased by the AAAP for the authorized client at the negotiated unit rate. 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 (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 agreed upon unit rate.

The Area Agency on Aging utilizes several methods to educate our target populations regarding services offered. The AAAP uses the local newspapers by placing articles and ads that relate to specific events or pertinent educational material. The AAAP also publishes informational brochures about services that are offered which are placed in various locations across 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 upon request. The AAAP also ensures that the address, local number and the 800 number are in the primary phone book that covers the entire region. Another method to reach our targeted population is the placement of 4 "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 own pace.

The AAAP offers a number of ways for our target 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 their convenience. Our telephones are answered by a "live" receptionist. If the caller does not specifically request an employee, the receptionist transfers the call to the Information, Referral and Assistance staff person for screening, assistance and possibly then referred on the appropriate program employee, thus saving the caller from having to repeat themselves to multiple workers. The AAAP provides the receptionist a list of the topics that each AAAP employee can answer when the IR&A staff person is not available. 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 enclosed. 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 directly 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 will also travel 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 more experienced 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. To ensure compliance with protecting confidential information any emails containing confidential or protected health information from the AAAP are encrypted.

The funding sources available to the Area Agency on Aging of the Panhandle include the following: Older American Act funds, State General Revenue, Nutrition Services Incentive Program, Centers for Medicare and Medicaid Services funds, Medicare Improvement for Patients and Providers Act, Program Income, United Way of Amarillo and Canyon and Community Development Block Grant. In-kind is also tracked and used to help reach the required match. Local cash and in-kind received allows the AAAP and vendors to expand services to assist more clients and to help keep costs of the services at a reasonable level. If 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.

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

The AAAP Director evaluates the service needs of the community for the upcoming year. The Finance Director, Accounting Manager and AAAP Director project each service budget amount based upon service needs knowing those projections may be adjusted as the Notification of Funds Available (NFA's) are issued throughout the year. The Finance Department analyzes and estimates in-house costs for the year being budgeted.

The AAAP Director reviews and approves each invoice that is submitted for payment. The AAAP Director and staff members maintain in-house spreadsheets to track performance. The accounting software of the Panhandle Regional Planning Commission tracks all expenditures by service category. All details are recorded in a spreadsheet maintained by the Accounting Manager. The spreadsheet is updated monthly and

Panhandle AAA

reconciled with the general ledger. The Accounting Manager compares the cumulative expenditures to the budget on a monthly basis and enters the expenditure information into the QPR system for the required State quarterly reporting. The Accounting Manager completes and submits the Requests for Payment/Request for Adjustment Journals. 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 AAAP Director and adjustments are made as necessary.

The Area Agency on Aging provides a unique array of services. No other agency in our region offers a more complete continuum of care to meet the specific needs of the elderly and their families. The AAAP 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 all need levels of all older individuals. First and foremost the AAAP maintains collaboration with DADS partners in the region to ensure proper referrals and access to services for clients. Below are some examples of the relationships AAAP maintains with other community organizations.

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 agencies with over 175 individuals receiving activity and monthly meeting information. Each fall the Coalition holds a health fair known as the Senior Fall Festival which is held in the largest exhibit hall at the civic center to accommodate the number of participants and is free to the public. In 2007, the SAC made a tremendous leap by incorporating and becoming a 501c3. 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.

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 who have multi-agency needs in an atmosphere where cooperation and coordination are key to success. The agencies that needed to be 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 since and is the only CRCGA in the State of Texas that has funding available to assist clients if needed. 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 (2-1-1) is operated by the United Way of Amarillo and Canyon. The AAAP maintains a good working relationship 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 related to aging initiatives 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 AAAP also coordinates to meet the needs of the older individuals and their caregivers by partnering with the Texas Tech School of Medicine and School of Pharmacy which 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 other's 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. Every year all the partners of the

Alzheimer's Academy hold a National Memory Screening day which is open to the public and offers free evaluations by physicians along with information about services available to those dealing with or caring for someone with any type of dementia.

In September 2013, the AAAP began a working relationship with the Houston Better Business Bureau to facilitate and operate the Senior Medicare Patrol program in the Texas Panhandle. The topics of this program are a perfect fit with the population the AAAP serves. This has been an extremely successful partnership. The outreach and education regarding Medicare Fraud and Abuse has been well received in our region not only by Medicare beneficiaries but also the medical community, especially in the rural areas. It is the plan of the AAAP to continue this relationship as funding allows.

In early 2014, the following group of community organizations: Amarillo Area Foundation, Amarillo College, Amarillo Senior Citizens Association, Amarillo Wesley Community Center, Baptist Community Services, City of Amarillo, Hilltop Senior Citizens Association, Mary E. Bivins Foundation, Panhandle Regional Planning Commission/Area Agency on Aging, the Senior Ambassadors Coalition, and the United Way of Amarillo and Canyon met to evaluate the potential future of senior centers in Amarillo.

The three existing centers in Amarillo proper: Amarillo Senior Citizens Association, Hilltop Senior Citizens Association, and senior programs at the Amarillo Wesley Community Center struggle to sustain funds to meet their budgetary needs and offer a limited amount of services to a small group of citizens. After the first few meetings of this study group, it became apparent that rather than come to the fiscal aid of any one center Amarillo needed to take a fresh look at what was happening population-wise and how centers could become relevant and important places in the lives of seniors. The study group felt that the need for reimagined centers stems from recent and future increases in the aging population and the increasing cultural diversity of Amarillo. In the course of the planning process, three key findings emerged.

1. Senior centers across the country need to rethink programs and services to stay relevant despite changing attitudes about aging.
2. Amarillo's senior centers are not prepared to offer engaging and challenging programs in the future for adults as they age.
3. The Amarillo community feels that addressing the needs of adults as they age is a relevant issue.

The study group sees a broad community effort to accomplish this vision sparked by the work of the Blueprint for 21st Century Senior Centers initiative. Based upon the concept of Asset Based Community Development, the foundation of the Blueprint is to leverage existing resources in the community such as physical and virtual space, dedicated people with a desire to give back, financial support in cash and in-kind, and organizations that already serve the elderly, even if it is not their primary focus. The goal is to inspire these community organizations to establish a coordinated network of programs, anchored by centers, fostering economic, physical, and spiritual health that will make Amarillo a model community for a lifetime.

The local political scene in 2015 posed a temporary barrier, but now the City of Amarillo is looking to head up this initiative and will place it under the Parks and Recreation Department and plans to begin the development phase of the Blueprint during 2016. The AAAP will remain an integral part of this endeavor and provide information, education and support to ensure its success. Any success/best practices that arise will also be shared with other communities looking to revitalize their centers.

In September of 2014, the AAAP entered into an Interlocal Government Agency Agreement with the new Red River Aging and Disability Resource Center (RRADRC) located at Nortex Council of Governments/Nortex AAA in Wichita Falls. Through this agreement, the AAAP will provide outreach and education across the AAAP region regarding services provided by the ADRC. For this Area Plan cycle both entities plan to continue this working agreement.

The Area Agency on Aging makes efforts to coordinate services to meet the needs of clients with mental health issues in the Panhandle and to increase the awareness of such services. When a call comes into AAAP, the client and/or family member's needs are assessed, depending on their specific need we refer to the 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, AAAP staff educates 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 Centers (TPC) aka local authority 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 TPC 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 includes TPC staff in educational opportunities to make them aware of the services AAAP provides.

The Caregiver program utilizes consumer directed services in the Caregiver Voucher Respite service program and has been a success. The program has been cost effective and offers the client another option for obtaining services. It is particularly useful because the caregiver is able to "hire" someone whom the care recipient knows and is comfortable with. This eases the stress placed upon the care recipient since the majority of care recipients the AAAP serves 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 AAAP also offers Voucher-Transportation where the older individual "hires" their own provider and the AAAP reimburses that provider at their agreed upon one-way trip rate. This gives the client the power to direct when, where and why they travel.

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 in-home and community services within our region. In addition to all in-coming calls being answered by a "live" receptionist the AAAP has 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 allows the AAAP to ensure responses to callers' inquiries are quick and accurate. Whenever 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 measure clients satisfaction with the service provided them and to see where improvements might be needed.

The Area Agency on Aging of the Panhandle currently offers one evidence based disease prevention program, the Matter of Balance-Falls Prevention program. This program helps participants overcome the fear of falling by educating them on reasons for falling, fall safety and prevention along with easy balance and strength exercises. Local health experts are brought in to discuss how assistive devices can help individuals cope with functional impairments and enable them to carry out their daily living activities. The AAAP collaborates with Texas AgriLife Extension and a vendored Master trainer. These Master trainers are back up for the new AAAP staff Master trainer in holding lay coach training if the need arises and as funding allows. The staff Master trainer will teach the participant classes in addition to lay coach classes. Currently there are 12 individuals interested in becoming lay coaches to start providing these classes across our entire region.

The AAAP has written a letter of support to the University of California at San Francisco's Division of General Internal Medicine for a grant proposal to get, evaluate and disseminate the Stanford Online Building Better Caregivers workshop to rural caregivers. The proposed project has a couple of goals. First and foremost, it would fund the project to deliver the caregiver workshop to 800 informal caregivers in rural America at no Panhandle AAA

cost to them. In doing so, the University will evaluate the workshop's impact on the well-being of the caregivers, as well as their patient care recipients. If the workshop is shown to be effective the University will work to disseminate it even more widely to rural caregivers.

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. The AAAP provides volunteers mileage reimbursement in lieu of a stipend. Volunteers are trained to coordinate with local service agencies to ensure the clients make it through the network as smoothly as possible. The AAAP holds, at a minimum, one Health Information Counseling and Advocacy Program (HICAP) training every year, not only to enlist individuals for certification as volunteer benefits counselors, but to educate the public and professionals about all benefits available to older individuals 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 benefits counseling volunteers, by the end of the training they are well educated and are better able to assist their clients. Knowledge of what services are available, the ability to point the client in the right direction and assist with access to services, when necessary, are the main goals of the training.

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 facility 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 maintain their education, on a bi-annual basis, of new regulations or procedures and refreshed on other topics relevant to the respect of resident's rights. This program coordinates with the local RSVP program.

Every year both the Ombudsman and HICAP programs participate in Volunteer appreciation. This allows the AAAP to show the volunteers how important they are to the programs they assist and to recognize the hard work they do for the clients served. 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 help with other services the AAAP offers. For example, making follow-up calls for the care coordination program.

The AAAP has been coordinating with West Texas A&M University Social Work program for the last 4 years. The AAAP is a field placement agency that accepts interns on a semester-by-semester basis. This is a mutually beneficial arrangement in that the AAAP is able to receive free work assistance with our programs while the students learn about AAAP programs and community resources. Most have attained certification in either the Benefits Counseling program or the Ombudsman program. They learn how to work with clients and community partners. They also develop crucial social work skills and benefit from networking. Two employees hired by the AAAP have come from this internship program.

In regards to coordinating activities and development of emergency preparedness plan the AAAP works 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 AAAP has a booth at the annual Emergency Preparedness Symposium hosted by PRPC to not only educate first responders about AAAP services but to also encourage the use of the "Vials of Life" program in their communities. This symposium is attended by

individuals across the Tri-State area. The AAA and SAC have given out over 40,000 vials since the program's inception.

Major barriers the target population faces are lack of local service providers in their rural towns and transportation. These create ripple effects in all the aspects of care and service to the aged and disabled. Most rural towns do not have local social service agencies which results in individuals relying on family or friends for transportation. Unfortunately some individuals continue to drive after it is no longer safe not only endangering themselves but others. Due to the expansive area of the AAAP, older individuals are forced to travel long distances to access services they need, particularly specialty medical services. Another barrier is the cost of transportation. When public transportation is available, it can be too expensive for some. The only public rural transportation provider is Panhandle Transit, operated by Panhandle Community Services, offers curbside-to-curb transportation and charges individuals 17.5 cents per mile for out of town trips. LeFleur offers private pay transportation which is door-to-door and costs \$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 work base to provide services locally 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. As stated before, the AAAP offers a Voucher-Transportation program which allows eligible individuals to "hire" their own transportation provider to make service access easier. AAAP staff members are also active members of the Senior Ambassador's Coalition (SAC) Transportation Task Force and the PRPC's Regional Transportation Advisory Group/Panhandle Regional Organization to Maximize Public Transportation.

The SAC Transportation Task Force's 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 program has a decision tree that the case workers follow to ensure there is not duplication of services and help educate clients about other transportation options they might be eligible for in the Amarillo/Canyon area. The AAAP provides meeting space for the Task Force meetings and the AAAP Director co-chairs the committee, manages the programmatic/training aspects and coordinates with their contracted transportation provider.

The Regional Transportation Advisory Group/Panhandle Regional Organization to Maximize Public Transportation 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 with a wide range of occupations. This group looks at transportation needs for all individuals and has developed a Regional Transportation Plan for the Panhandle which is submitted to Texas Department of Transportation for approval. The AAAP was asked to assist with the Senior Adult transportation component of the plan. This plan is developed under the leadership of the Panhandle Regional Planning Commission Local Government Program and will be a tool to help bring state and federal dollars to the Panhandle to address service gaps in the area of transportation.

Regional Needs Summary

The AAAP uses a variety of methods to gather and identify needs for the target 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/county government elected officials and city employees in the 26 counties of the Texas Panhandle. This was done to examine the needs that they receive the most inquiries about from the older/disabled residents residing in their area. Responding participants ranked the following needs in order of most important:

Direct Services

- Care Coordination
- Information, Referral and Assistance
- Caregiver support coordination
- Benefits Counseling
- Outreach/Education activities
- Education about medical advanced directives and guardianship
- Ombudsman services

Purchased Services

- Home delivered meal programs
- Personal Assistance services
- Transportation
- Caregiver respite/support
- Homemaker services
- Residential repair
- Evidence based services
- Congregate Meals

Community Survey:

The AAAP conducted a survey addressed to senior centers and social services agencies. In this survey, participants were asked to rank service needs they see for older/disabled individuals in their communities. Results were compiled and listed in descending order of most common needs.

Responding participants expressed the following:

Direct Services

- Care Coordination
- Information, Referral and Assistance
- Caregiver support coordination
- Benefits Counseling
- Outreach/Education activities
- Education about medical advanced directives and guardianship
- Ombudsman services

Purchased Services

- Transportation
- Caregiver respite/support
- Personal Assistance services
- Home delivered meal programs
- Homemaker services
- Residential repair
- Evidence based services
- Congregate Meals

Individuals in the Community Survey:

The AAAP mailed out a survey to older/disabled individuals inquiring about services they needed assistance with. Results were compiled and listed in descending order of most common needs.

Direct Services

- Care Coordination
- Information, Referral and Assistance
- Benefits Counseling
- Caregiver support coordination
- Outreach/Education activities
- Ombudsman services
- Education about medical advanced directives and guardianship

Purchased Services

- Transportation
- Homemaker services
- Personal Assistance services
- Home delivered meal programs
- Caregiver respite/support
- Congregate Meals
- Residential repair
- Evidence based services

2-1-1 Call review:

The AAAP worked with the local 2-1-1 to determine the most common request from senior callers that contacted their call center. The list below is in order of most requested assistance.

- Electric Service Payment Assistance
- Food Pantries
- General Senior-Related Resources information
- Gas Service Payment Assistance
- Adult Protective Services

- Low Income Housing
- Rent payment assistance
- Dental Care
- Home Rehabilitation/Home Repair Programs
- Prescription Assistance

Access and Assistance Program Review:

The AAAP Access and Assistance program staff continually identifies unmet needs. Listed are the most common.

- Medicare/Part D assistance
- Money Saving Program application assistance
- Transportation services
- What services are available, in general
- Homemaker/Personal Assistance
- Caregiver Respite
- Residential repair
- Hearing aids, dentures, glasses

AAAP staff reviewed the results of the surveys, call logs and program reviews/requests. Summaries of the results were presented to the AAAP Advisory Council for review. AAAP staff presented service recommendations for consideration to address these needs. The committee agreed with the staff recommendations and plans are to prioritize the following services:

- Access and Assistance services
- Support services
- Transportation services
- Nutrition services
- Caregiver respite services
- Evidenced Based Disease Prevention Programs
- Residential Repairs, as funding allows
- Income Support, as funding allows

The primary target groups for all services provided by the AAAP to older/disabled individuals are those:

- Residing in rural areas
- With greatest economic need (with particular attention to low-income minority individuals and older/disabled individuals residing in rural areas)
- With greatest social need (with particular attention to low-income minority individuals and older/disabled individuals residing in rural areas)
- With severe disabilities
- With limited English proficiency
- With Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and caregivers of such individuals)

There are no anticipated changes to the service delivery system unless funds continue to be reduced and interest lists for services to assist independent living will then be instituted.

Local Strategies Supporting Program Goals and State Strategies

Section A. Area Agency on Aging Administration

ACL/AoA Focus Area(s): 1

State Strategy: 1

Local Goal: The AAAP will, as set forth in the Older Americans Act and the Texas Administrative Code, maintain a comprehensive and coordinated system of care that is responsive to the needs and preferences of older individuals and their caregivers.

Local Objective #1: Maintain administration of the region's locally based access and assistance service delivery system that connects people with the services and benefits that they need.

Service: Administration

Local Strategy #1A: The AAAP will serve as the Panhandle region's focal point and conduct planning and outreach activities to determine community needs for future planning and set service delivery priorities for target populations, including Native Americans, with the advice from the local advisory council.

Staff Position(s) Responsible for Strategy: Director and Operations Coordinator

Measurable Outcome: 1) Eligible individuals, family members and caregivers will be given the opportunity to express their needs through a community needs survey. 2) Data from other community organizations will also be utilized to further investigate needs. 3.) The AAAP will maintain the contract with Language Line for language translations services for those that need special assistance to effectively access services. 4) The AAAP will evaluate methodologies utilized to ensure identification of individuals eligible for assistance with special emphasis on older individuals residing in rural areas, with greatest economic or social need, with severe disabilities, limited English speaking ability, with Alzheimer's disease and related disorders, and those at risk for institutional placement

OAA Assurances: : 306(a), 306(a)(1), 306(a)(3)(A), 306(a)(4)(A)(B)(C), 306(a)(4)(C), 306(a)(5), 306(a)(6)(A)(D), 306(a)(6)(G)

Local Strategy #1B: The AAAP will procure services thru Direct Purchase of Service vendor agreements and require assurances from vendors that they will provide services according to the required targeting priorities and continue to incorporate consumer directed services as a procurement option for enhanced service delivery.

Staff Position(s) Responsible for Strategy: Director and Operations Coordinator

Measurable Outcome: 1) The AAAP will require nutrition vendors to submit annual waivers as necessary and monitor vendor service provision by utilizing quality assurance reviews, desk review and clients satisfaction surveys. 2) The AAAP will negotiate all unit rates. If the provider is a "common provider", the process will be jointly negotiated with the region's DADS Contact Manager. 3) The AAAP will require providers to utilize and implement any and all DADS required reporting forms and comply with OAA, TAC, and Department policies and procedures.

OAA Assurances: 306(a)(3)(B), 306(a)(4)(A), 306(a)(6)(C), 306(a)(7)(B), 306(a)(13)(A)(B)(C)(D)(E), 306(a)(14), 306(a)(15)(A)(B), 306(a)(16)

Local Strategy #1C: The AAAP will coordinate with or participate in various coalitions, workgroups, committees, community roundtables, CRCGA's and support advisory council activities in order to foster program development/innovation.

Staff Position(s) Responsible for Strategy: Director and Operations Coordinator

Measurable Outcome: 1) The AAAP will serve as the region's focal point and advocate for older adults and caregivers which will be specified in all grants, contracts and agreements. 2) The AAAP will continue to coordinate with local, state and emergency personnel in the preparation of emergency planning for the Panhandle region. 3) The AAAP will continue ongoing advocacy efforts and promote and seek opportunities for the public/private sector collaborations to simplify access to and improve services for older individuals and their family members and caregivers. 4) The AAAP will coordinate with the Red River ADRC.

OAA Assurances: 306(a)(3)(A)(B), 306(a)(6)(B)(C)(i)(ii), 306(a)(6)(D)(E), 306(a)(6)(F), 306(a)(7)(A), 306(a)(12), 306(a)(17)

Local Strategy #1D: The AAAP will recruit/train/retain skilled and qualified personnel to enhance the quality of direct supportive services delivered by the access and assistance staff.

Staff Position(s) Responsible for Strategy: Director, Operations Coordinator, and Public Education/Volunteer Specialist

Measurable Outcome: 1) The AAAP will reduce liabilities and risks associated with employee turnover. 2) The AAAP will ensure proper credentialing and/or training for all staff and volunteer positions. 3) The AAAP will ensure that appropriate Access and Assistance staff are empowered to authorize and directly purchase services for clients. 4) The AAAP will ensure that all staff and volunteers comply with OAA, TAC, and Department policies and procedures, including confidentiality regarding client information. 5) The AAAP will ensure staff provides clients with the opportunity to express their level satisfaction with Access and Assistance services.

OAA Assurances: 306(a)(1)

Local Strategy #1E: The AAAP will submit timely, accurate, and complete fiscal and programmatic reports as required by DADS.

Staff Position(s) Responsible for Strategy: Director and Operations Coordinator

Measurable Outcome: 1) The AAAP will prepare and submit all required budgets ensuring these budgets meet the maintenance of effort and adequate proportion unless appropriate waivers are obtained. 2) The AAAP will submit Quarterly Performance Reports as requested by DADS. 3) The AAAP will effectively and efficiently manage the expenditures of all OAA funds in compliance with the Older Americans Act. 4) The AAAP will disclose all sources and expenditures of funds upon the request of the Assistant Secretary or the State.

OAA Assurances: 306(a)(2)(A)(B)(C), 306(a)(9), 306(a)(13)(E)

Service: Data Management

Local Strategy #2A: The AAAP will continue activities directly related to data entry into the statewide database system hosted by DADS and reporting for non-direct services.

Staff Position(s) Responsible for Strategy: Operations Coordinator and Director

Measurable Outcome: 1) The AAAP will maintain data confidentiality and verify client eligibility for non-direct services. 2) The AAAP will authorize services and verify supporting documentation for Congregate Meal, Home Delivered Meal, and Transportation Demand Response clients. 3) Ensure accuracy of data entered meets the NAPIS 5% standard.

OAA Assurances: No assurances that address this.

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

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

State Strategy: 1

Local Goal: The AAAP will, as set forth in the Older Americans Act and the Texas Administrative Code, maintain a comprehensive and coordinated system of care that is responsive to the needs and preferences of individuals residing in long term care facilities.

Local Objective #1: Maintain provision of Ombudsman services as part of the integrated system of access and assistance throughout the AAAP's region.

Service: Ombudsman

Local Strategy #1A: The AAAP will continue to identify, investigate and attempt to resolve complaints and concerns made by or on behalf of residents of nursing facilities and assisted living facilities by ensuring access to local certified ombudsman.

Staff Position(s) Responsible for Strategy: Managing Local Ombudsman, Ombudsman Program Support Aide, Public Education/Volunteer Specialist

Measurable Outcome: 1) Ensure the projected number of certified active ombudsman is met within the plus or minus 5% allowable variance. 2) The AAAP will utilize OmbudsManager to document and report ombudsman activities and track the rate of complaints resolved or partially resolved as reported to DADS, at a minimum 80%. 3) Submit all required documentation and reports by due dates set forth by DADS and comply with OAA, TAC and Department policies and procedures.

OAA Assurances: 306(a)(6)(C)(iii), 306(a)(7)(A)(B)(D), 306(a)(10)

Local Strategy #1B: The AAAP Ombudsman program will coordinate and collaborate in providing long-term care and abuse/neglect/exploitation education activities.

Staff Position(s) Responsible for Strategy: Managing Local Ombudsman, Ombudsman Program Support Aide, Public Education/Volunteer Specialist

Measurable Outcome: 1) 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; 2) Participate in and/or coordinate education initiatives that advocate for the prevention of abuse, neglect and exploitation of residents region wide; 3) Provide staff in-services to nursing/assisted living facilities as appropriate.

OAA Assurances: 306(a)(7)(A)(B), 306(a)(7)(D)(ii)

Section C. Access and Assistance Services

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

State Objective: 1

Local Goal: Develop a comprehensive and coordinated system of care that is responsive to the needs and preferences of older individuals and their caregivers.

Local Objective #1: To maintain the Panhandle's locally based access and assistance service delivery system by connecting older individuals with integrated services and benefits through Care Coordination, Caregiver Information Services, Caregiver Support Coordination, Information, Referral and Assistance, Legal Assistance and Legal Awareness.

Service: Care Coordination

Local Strategy #1: The AAAP will continue to provide Care Coordination services, to older individuals, through the process of assessing the needs and effectively planning, arranging, coordinating and following-up on services which most appropriately meet the identified needs as mutually defined by the older individual.

Staff Position(s) Responsible for Strategy: Care Coordinator and Information, Referral and Assistance Administrative Assistant

Measurable Outcome: 1) Coordinate with other agencies to obtain client services and to minimize duplication of effort; 2) Develop individual care plans based on assessment and client input; 3) Arrange for and/or directly purchase services that are indicated in the care plan to the extent resources are available; 4) Complete reassessments, quality assurance and follow-up activities as required, and maintain a favorable rating of 85% or higher from responding clients. 5) Ensure performance measure met within the +/- 5% variance.

OAA Assurances: 306(a)(4)(A)(B)(C), 306(a)(5), 306(a)(6)(A)(C)(E), 306(a)(6)(F), 306(a)(7)(A)(B), 306(a)(7)(D), 306(a)(8)(A)(B)(C), 306(a)(10), 306(a)(11)(A)(B)(C), 306(a)(12), 306(a)(16)

Service: Caregiver Information Services

Local Strategy #1: The AAAP will continue to offer Caregiver Information Services in an effective and efficient manner to older individuals, their family members and caregivers.

Staff Position(s) Responsible for Strategy: Caregiver Support Specialist

Measurable Outcome: 1) Coordinate and plan caregiver training opportunities, particularly for members of families caring for those with dementia; 2) Be available to provide support/technical assistance to caregiver support groups in the region; 3) Conduct ongoing outreach with hospital social workers, discharge planners and

physicians to enhance awareness of available respite services, 4) Distribute monthly newsletter; 5) Maintain the Caregiver Resource Libraries in the region; 6) Plan and conduct the annual Caregiver Seminar.

OAA Assurances: 306(a)(1), 306(a)(4)(B)(C), 306(a)(11)(A)(B)(C)

Service: Caregiver Support Coordination

Local Strategy #1: The AAAP will continue to provide Caregiver Support Coordination services, to older individuals, through the process of assessing the needs 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.

Staff Position(s) Responsible for Strategy: Caregiver Support Specialist

Measurable Outcome: 1) Include clear direction and support regarding client directed services and promoting independence options available for eligible caregiver/care recipients; 2) Coordinate with other agencies, including mental health agencies, to obtain client services and to minimize duplication of effort; 3) Develop individual care plans based on assessment and client input, with emphasis on caregiver relief; 4) Arrange for and/or directly purchase services that are indicated in the care plan to the extent resources are available; 5) Complete reassessments, quality assurance and follow-up activities as required and maintain a 85% favorable rating from those that respond.

OAA Assurances: 306(a)(4)(A)(B)(C), 306(a)(5), 306(a)(6)(A)(C)(E), 306(a)(6)(F), 306(a)(7)(A)(B)(D), 306(a)(8)(A)(B)(C), 306(a)(10), 306(a)(11)(A)(B)(C), 306(a)(12), 306(a)(16)

Service: Information, Referral & Assistance

Local Strategy #1: The AAAP will continue to provide accurate and timely information, referral and assistance to Medicare beneficiaries of any age, their family members and caregivers.

Staff Position(s) Responsible for Strategy: All AAAP staff

Measurable Outcome: 1) Coordinate with local 2-1-1 and ADRC's 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; 2) Maintain the AAAP's toll-free number to ensure free access to the AAAP; 3) Follow-up on I,R&A calls as necessary.

OAA Assurances: 306(a)(1), 306(a)(4)(B)(C). 306(a)(11)(A)(B)(C)

Service: Legal Assistance, Age 60 & Over

Local Strategy #1: The AAAP will continue to provide a comprehensive benefits counseling program to include legal assistance services for older individuals, family members and other caregivers on matters involving insurance issues, public/private benefits, consumer problems and other legal issues.

Staff Position(s) Responsible for Strategy: All Certified Benefits Counselor staff

Measurable Outcome: 1) Require completion of certification training outlined in the DADS AI-AAAP Benefits Counselor I and II training manual by designated personnel; 2) Utilize Legal Hotline for Texans to provide legal consultation, support and back-up to Benefits Counselors; 3) Attend available training including those related to Medicare Part D and CMS/SHIPTalk as funds allow; 4) Assist individuals in obtaining public

benefits and rights under applicable Federal and State laws; 5) Maintain working relationships with local, State and Federal agencies, 6) Complete follow-up activities as required and maintain a 85% favorable rating from those that respond.

OAA Assurances: 306(a)(4)(B)(C), 306(a)(5), 306(a)(5), 306(a)(6)(A)(C)(E), 306(a)(6)(F)(G), 306(a)(7)(A)(B), 306(a)(7)(D), 306(a)(10), 306(a)(11)(A)(B)(C)

Service: Legal Assistance, Under Age 60

Local Strategy #1: The AAAP will continue to support a comprehensive benefits counseling program, utilizing CMS funds, to include legal assistance services for Medicare enrollees and eligible (as determined by SSA) Medicare pre-enrollees who are under age 60 on matters involving insurance issues, public/private benefits, consumer problems and other legal issues.

Staff Position(s) Responsible for Strategy: All Certified Benefits Counselor staff

Measurable Outcome: 1) Require completion of certification training outlined in the DADS AI-AAAP Benefits Counselor I and II training manual by designated personnel; 2) Utilize Legal Hotline for Texans to provide legal consultation, support and back-up to Benefits Counselors; 3) Attend available training including those related to Medicare Part D and CMS/SHIPTalk, as funds allow; 4) Assist individuals in obtaining public benefits and rights under applicable Federal and State laws; 5) Maintain working relationships with local, State and Federal agencies; 6) Complete follow-up activities as required and maintain a 85% favorable rating from those that respond.

OAA Assurances: 306(a)(4)(B)(C), 306(a)(5), 306(a)(6)(A)(C)(E), 306(a)(6)(F), 306(a)(7)(A)(B), 306(a)(7)(D), 306(a)(10), 306(a)(11)(A)(B)(C)

Service: Legal Awareness

Local Strategy #1: The AAAP will continue to support a comprehensive benefits counseling program to include legal awareness services for older individuals, family members and other caregivers on matters involving insurance issues, public/private benefits, consumer problems and other legal issues.

Staff Position(s) Responsible for Strategy: All Certified Benefits Counselor staff

Measurable Outcome: 1) Require completion of certification training outlined in the DADS AI-AAAP Benefits Counselor I and II training manual by designated personnel; 2) Utilize Legal Hotline for Texans to provide legal consultation, support and back-up to Benefits Counselors; 3) Attend available training including those related to Medicare Part D and CMS/SHIPTalk as funds allow; 4) Educate older individuals, Medicare beneficiaries, families, and caregivers in obtaining public benefits and rights under applicable Federal and State laws; 5) Maintain working relationships with local, State and Federal agencies,

OAA Assurances: 306(a)(4)(B)(C), 306(a)(5), 306(a)(6)(A)(C)(E), 306(a)(6)(F), 306(a)(7)(A)(B), 306(a)(7)(D), 306(a)(10), 306(a)(11)(A)(B)(C)

Service: Participant Assessment

Local Strategy #1: The AAAP will utilize vendors, as funding allows, for participant assessment in rural areas where it is not economically efficient to have AAAP staff travel to do assessments.

Staff Position(s) Responsible for Strategy: Care Coordinator and Caregiver Support Specialist

Measurable Outcome The AAAP will require the provider to 1) Comply with all OAA, TAC and Department policies 2) Complete client intake and assessment documents, which must be forwarded onto AAAP staff for review, approval and service authorization 3) Protect confidentiality of all information pertaining to clients; 4) Inform AAAP staff if client indicates problems or changes in circumstances.

OAA Assurances: 306(a)(5), 306(a)(10)

Section D. Services to Assist Independent Living

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

State Strategy: 2, Sub-strategy # 2

Local Goal: Develop a comprehensive and coordinated system of care that is responsive to the needs and preferences of older individuals and their caregivers with emphasis on self-directedness.

Local Objective #1: The AAAP will maintain a locally based system of services to assist older individuals to remain in the community as safely as possible by providing an array of OAA supportive services that promote personal independence.

Service: Adult Day Care

Local Strategy #1: The AAAP will provide Adult Day Care services to enhance personal independence.

Staff Position(s) Responsible for Strategy: Operations Coordinator and Care Coordinator

Measurable Outcome: The AAAP will require the provider to 1) Comply with AAAP Service Authorizations; 2) Comply with service provision rules, regulations, and licensing requirements; 3) Protect confidentiality of all information pertaining to clients; 4) Maintain an 85% favorable rating of those responding.

OAA Assurances: 306(a)(4)(A)(ii), 306(a)(5), 306(a)(10), 306(a)(11)(A)(B)(C)

Service: Caregiver Respite Care-In Home

Local Strategy #1: The AAAP will provide temporary in home respite to eligible caregivers to reduce caregiver stress and the risk of premature institutional placement.

Staff Position(s) Responsible for Strategy: Caregiver Support Specialist

Measurable Outcome: The AAAP will require the provider to 1) Comply with AAAP Service Authorizations; 2) Comply with service provision rules, regulations, and licensing requirements; 3) Protect confidentiality of all information pertaining to clients; 4) Maintain an 85% favorable rating of those responding.

OAA Assurances: 306(a)(4)(A)(ii), 306(a)(5), 306(a)(10), 306(a)(11)(A)(B)(C)

Service: Caregiver Respite Care-Institutional

Local Strategy #1: The AAAP will provide temporary institutional respite to eligible caregivers to reduce caregiver stress and the risk of premature institutional placement.

Staff Position(s) Responsible for Strategy: Caregiver Support Specialist

Measurable Outcome: The AAAP will require the provider to 1) Comply with AAAP Service Authorizations; 2) Comply with service provision rules, regulations, and licensing requirements; 3) Protect confidentiality of all information pertaining to clients; 4) Maintain an 85% favorable rating of those responding.

OAA Assurances: 306(a)(4)(A)(ii), 306(a)(5), 306(a)(10), 306(a)(11)(A)(B)(C)

Service: Caregiver Respite Care-Voucher

Local Strategy #1: The AAAP will provide temporary respite as directed by the caregiver via the voucher process to reduce caregiver stress.

Staff Position(s) Responsible for Strategy: Caregiver Support Specialist

Measurable Outcome: The AAAP will require the provider to 1) Comply with service provision rules, regulations, and licensing requirements; 2) Protect confidentiality of all information pertaining to clients.

OAA Assurances: 306(a)(4)(A)(ii), 306(a)(5), 306(a)(10), 306(a)(11)(A)(B)(C), 306(a)(16)

Service: Emergency Response

Local Strategy #1: The AAAP will provide Emergency Response services to enhance personal independence.

Staff Position(s) Responsible for Strategy: Operations Coordinator

Measurable Outcome: The AAAP will require the provider to 1) Comply with AAAP Service Authorizations; 2) Comply with service provision rules, regulations, and licensing requirements; 3) Protect confidentiality of all information pertaining to clients; 4) Maintain an 85% favorable rating of those responding.

OAA Assurances: 306(a)(4)(A)(ii), 306(a)(5), 306(a)(10), 306(a)(11)(A)(B)(C)

Service: Evidenced-Based Intervention

Local Strategy #1: The AAAP will provide Evidenced-based programming to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of premature institutionalization, injury, disease, and disability among older individuals.

Staff Position(s) Responsible for Strategy: Program Support, Operations Coordinator and Director

Measurable Outcome: The AAAP will require the provider to 1) Comply with service provision rules, regulations, and licensing requirements; 2) Protect confidentiality of all information pertaining to clients; 3) Comply with all OAA, TAC and Department policies; 5) Ensure that the implemented evidenced-based programs will meet the federal criteria for Evidenced Based Disease Prevention Programs; 6) Ensure proper training/certification to provide evidenced-based intervention; 7) Adhere to evidenced-based program criteria to ensure program fidelity, reliability and effectiveness.

OAA Assurances: 306(a)(4)(A)(ii), 306(a)(5), 306(a)(10), 306(a)(7)(C), 306(a)(11)(A)(B)(C)

Service: Health Maintenance

Local Strategy #1: The AAAP will provide health maintenance services to support personal independence, as funding allows.

Staff Position(s) Responsible for Strategy: Care Coordinator and Caregiver Support Specialist

Measurable Outcome: The AAAP will require the provider to 1) Comply with AAAP Service Authorizations; 2) Comply with service provision rules, regulations, and licensing requirements; 3) Protect confidentiality of all information pertaining to clients; 4) Maintain an 85% favorable rating of those responding.

OAA Assurances: 306(a)(4)(A)(ii), 306(a)(5), 306(a)(10), 306(a)(11)(A)(B)(C)

Service: Homemaker

Local Strategy #1: The AAAP will provide Homemaker services to support personal independence.

Staff Position(s) Responsible for Strategy: Care Coordinator and I, R & A administrative assistant

Measurable Outcome: The AAAP will require the provider to 1) Comply with AAAP Service Authorizations; 2) Comply with service provision rules, regulations, and licensing requirements; 3) Protect confidentiality of all information pertaining to clients; 4) Ensure performance measure met within the +/- 5% variance; 5) Maintain an 85% favorable rating of those responding.

OAA Assurances: 306(a)(4)(A)(ii), 306(a)(5), 306(a)(10), 306(a)(11)(A)(B)(C)

Service: Income Support

Local Strategy #1: As funding allows, the AAAP will provide Income Support to eligible older individuals or caregivers to support basic needs.

Staff Position(s) Responsible for Strategy: Care Coordinator and Caregiver Specialist

Measurable Outcome: 1) Enhance the individual's quality of live and ability to remain in the community; 2) Maintain an 85% favorable rating of those responding.

OAA Assurances: 306(a)(4)(A)(ii), 306(a)(5), 306(a)(10), 306(a)(11)(A)(B)(C)

Service: Personal Assistance

Local Strategy #1: As funding allows, the AAAP will provide Personal Assistance to eligible older individuals.

Staff Position(s) Responsible for Strategy: Care Coordinator and I, R & A administrative assistant

Measurable Outcome: The AAAP will require the provider to 1) Comply with AAAP Service Authorizations; 2) Comply with service provision rules, regulations, and licensing requirements; 3) Protect confidentiality of all information pertaining to clients; 4) Maintain an 85% favorable rating of those responding.

OAA Assurances: 306(a)(4)(A)(ii), 306(a)(5), 306(a)(10), 306(a)(11)(A)(B)(C)

Service: Residential Repair

Local Strategy #1: As funding allows, the AAAP will provide Residential Repair to eligible older individuals or their caregivers.

Staff Position(s) Responsible for Strategy: Care Coordinator and Caregiver Specialist

Measurable Outcome: 1) Enhance the individual's quality of life and ability to live safely in the community; 2) Maintain an 85% favorable rating of those responding.

OAA Assurances: 306(a)(4)(A)(ii), 306(a)(5), 306(a)(10), 306(a)(11)(A)(B)(C)

Service: Transportation-Demand Response

Local Strategy #1: The AAAP will maintain accessibility of Transportation-Demand Response to eligible older individuals, as funding allows, promoting independence.

Staff Position(s) Responsible for Strategy: Operations Coordinator

Measurable Outcome: The AAAP will require the provider to 1) Comply with AAAP Service Authorizations; 2) Comply with service provision rules, regulations, and licensing requirements; 3) Protect confidentiality of all information pertaining to clients; 4) Comply with all OAA, TAC and Department policies. 5) Ensure the performance measure of the number of one-way trips is met within plus or minus 5%.

OAA Assurances: 306(a)(4)(A)(ii), 306(a)(5), 306(a)(10), 306(a)(11)(A)(B)(C)

Service: Transportation-Voucher

Local Strategy #1: The AAAP will maintain accessibility of Transportation-Voucher to eligible older individuals, as funding allows, promoting independence.

Staff Position(s) Responsible for Strategy: Care Coordinator and Caregiver Support Specialist

Measurable Outcome: The AAAP will require the provider to 1) Comply with service provision rules, regulations, and licensing requirements; 2) Protect confidentiality of all information pertaining to clients.

OAA Assurances: 306(a)(4)(A)(ii), 306(a)(5), 306(a)(10), 306(a)(11)(A)(B)(C), 306(a)(16)

Section E. Nutrition Services

ACL/AoA Focus Area(s): 1

State Strategy: 2, Sub-strategy #1

Local Goal: Develop a comprehensive and coordinated system of care that is responsive to the needs and preferences of older individuals and their caregivers with emphasis on promoting good health and preventing illness.

Local Objective #1: The AAAP will continue to provide information to older individuals to promote nutritional well-being and to delay the onset of adverse health conditions resulting from poor nutritional health by providing dietician approved, OAA compliant meals and nutrition education.

Service: Congregate Meals

Local Strategy #1: The AAAP will provide DRI compliant meals in a congregate setting to eligible individuals to promote socialization, better health and independent living.

Staff Position(s) Responsible for Strategy: Operations Coordinator

Measurable Outcome: The AAAP will require the provider to 1) Comply with AAAP Service Authorizations; 2) Comply with service provision rules, regulations, and licensing requirements; 3) Require provider to conduct annual satisfaction surveys; 4) Protect confidentiality of all information pertaining to clients; 5) Comply with all OAA, TAC and Department policies including requesting waivers as necessary; 6) Ensure the projected number of meals and unit rate will be met within the plus or minus 5% variance.

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

Service: Home Delivered Meals

Local Strategy #1: The AAAP will provide DRI compliant home delivered meals to eligible individuals to promote better health and independent living and to prevent premature institutionalization.

Staff Position(s) Responsible for Strategy: Operations Coordinator

Measurable Outcome: The AAAP will require the provider to 1) Comply with AAAP Service Authorizations; 2) Comply with service provision rules, regulations, and licensing requirements; 3) Require provider to conduct annual satisfaction surveys; 4) Protect confidentiality of all information pertaining to clients; 5) Comply with all OAA, TAC and Department policies including requesting waivers as necessary; 6) Ensure the projected number of meals and unit rate will be met within the plus or minus 5% variance.

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

Service: Nutrition Education

Local Strategy #1: The AAAP nutrition vendors will provide nutrition education to participants to promote better health and independent living.

Staff Position(s) Responsible for Strategy: Operations Coordinator

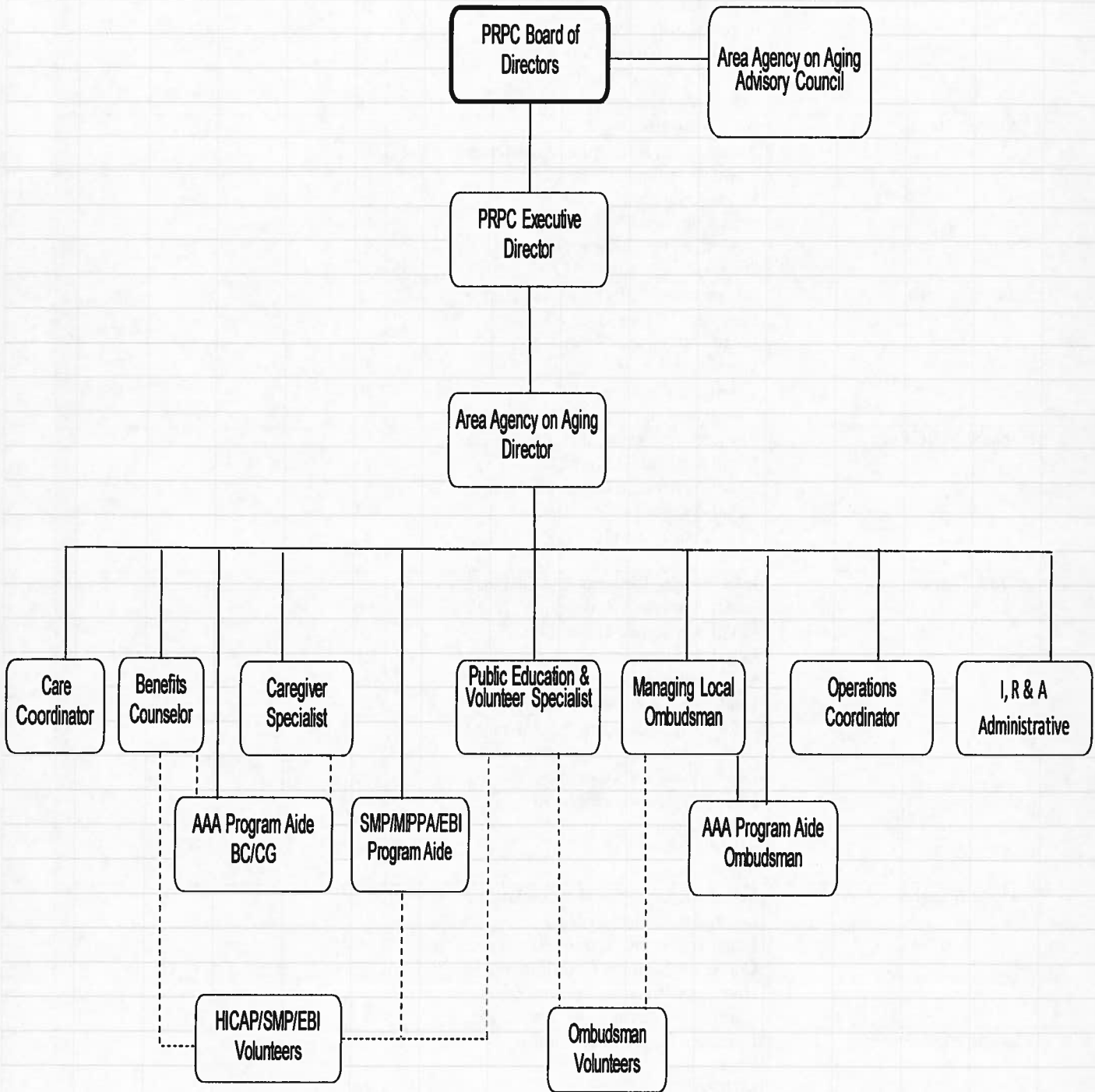
Measurable Outcome: The AAAP will require trained nutrition providers to 1) Utilize the nutritional health checklist and the corresponding education materials during assessment/reassessment of each participant on an annual basis.

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

Attachments

Organizational Chart

Area Agency on Aging of the Panhandle Organizational Chart



Staff Activities

Name	Activity	Percentage of Time Spent on Activity
Melissa Carter	Administration	69
	Information, Referral & Assistance	6
	Legal Assistance Over 60	1
	Legal Awareness	10
	Care Coordination	1
	Caregiver Support Coordination	2
	Evidence Based Intervention	1
	Data Management	10
Sundee Rossi	Administration	20
	Information, Referral & Assistance	2
	Legal Assistance Over 60	1
	Legal Awareness	2
	Care Coordination	1
	Evidence Based Intervention	2
	Data Management	72
Janet Schulte	Information, Referral & Assistance	12
	Legal Assistance Over 60	38
	Legal Assistance Under 60	2
	Legal Awareness	2
	Care Coordination	40
	Caregiver Support Coordination	6
Samantha McKeever	Information, Referral & Assistance	5
	Legal Assistance Over 60	75
	Legal Assistance Under 60	5
	Legal Awareness	13
	Care Coordination	2
Jose Ramos	Information, Referral & Assistance	8
	Legal Assistance Over 60	50
	Legal Assistance Under 60	10
	Legal Awareness	20
	Care Coordination	2
	Evidence Based Intervention	10
Lisa Hancock	Information, Referral & Assistance	11
	Ombudsman	5
	Legal Assistance Over 60	15
	Legal Assistance Under 60	1
	Legal Awareness	35
	MIPPA	10
	ADRC	23
Jaime Morales	Information, Referral & Assistance	8
	Legal Assistance Over 60	1
	Legal Assistance Under 60	1
	Caregiver Support Coordination	70
	Caregiver Information Services	15
	Caregiver Education & Training	5
Laurie McAfee	Evidence Based Intervention	35
	SMP	35
	MIPPA	10
	ADRC	20
Christina Montana	Ombudsman	100
Gloria Bass	Ombudsman	50
	ALF-SGR	50

Felicia Shaffer	Information, Referral & Assistance	45
	Legal Awareness	5
	Care Coordination	45
	ADRC	5

Standard Assurances

ASSURANCE OF COMPLIANCE

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:


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

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

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

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

3/29/16
Date


Signature of Authorized Official

Gary Pitner, Executive Director, PRPC
Name and Title of Authorized Official (print or type)

415 SW 8th Ave
Street Address

Amarillo, TX, 79101
City, State, Zip Code

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:	# Full Time	# Part Time
Older Persons (60+)	#1____ 3____%	#0____ 0____%
Minority	#11____ 31____%	#1____ 17____%
Women	#23____ 66____%	#5____ 83____%

Older Americans Act Assurances

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

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

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

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

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

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

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

306(a)(4)(A)

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

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

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

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

306(a)(6)(C)

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

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

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

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

- (ii) Entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area; and
- (iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants /such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



Signature of Authorizing Official of Grantee

3/29/16

Date

Gary Pitner, Executive Director, PRPC

Name and Title (Type or Print)

Panhandle

Area Agency on Aging

Approval – DADS AI-AAA

Date

