



Area Plan
FFYs 2017 – 2019

301 W. Railroad Street

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lrgvdc.org

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Authorized Signature Form

The Area Plan is hereby submitted by the Lower Rio Grande Valley Development Council, 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 Lower Rio Grande Valley under provisions of the Older Americans Act, as amended, during the period identified. The Area Agency on Aging of the Lower Rio Grande Valley 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 Lower Rio Grande Valley 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

Crystal Balboa, Director of Finance
Name (Type or Print)

Signature

Jose L. Gonzalez, Director of Area Agency on Aging
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)

Kenneth N. Jones, Jr.
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

Mayor Jim Darling, President
Name (Type or Print)

Date

Signature
of Authorizing Official of Grantee

Kenneth N. Jones, Jr. Executive Director
Name (Type or Print)

Date

Area Plan Narrative

Environmental Overview

Community Assessment

The Lower Rio Grande Valley (LRGV) region is in the southernmost section of the State that includes the counties of Cameron, Hidalgo, and Willacy. This three-county area is approximately 3,072 square miles. The region is bordered by Mexico to the south, the Gulf of Mexico to the east, and rural areas of Starr, Brooks, and Kennedy counties to the west and north. The area is secluded from the rest of the State. It is 152 miles southwest of Corpus Christi and 148 miles southeast of Laredo.



The region is also very diverse. Each of the three counties is physically and economically unique. Cameron County lies at the tip of Texas and comprises 906 square miles. According to the Secretary of State, the county has approximately 178 colonias. The county's total population is 420,392 (American Community Survey population estimate as of July 1, 2014). The growth percentage between 2000 and 2014 is 25%. It is home to the largest city in the region, Brownsville, which is also the county seat. The combined population of Brownsville, Harlingen, and San Benito is over 70% of county's population. Balance of the population is divided by the unincorporated areas and the municipalities of Combs, Rio Hondo, Los Fresnos, Port Isabel, South Padre Island, Santa Rosa, Primera, and Indian Lakes.

Hidalgo County comprises the western half of the region and is the largest of the three counties in the region spreading over 1,569 square miles. It is also among the 100 largest (78) counties in the country. The southern half of the county is more densely populated and contains twenty-one of the county's incorporated municipalities and virtually all of its manufacturing and business operations. The majority of these municipalities are strung along Highway 83 from Sullivan City in west to Mercedes in the east. The largest city in the county is McAllen. The county seat is the City of Edinburg. The largest municipalities that include McAllen, Mission, Pharr, and Edinburg comprise a municipal cluster with a population of 379,373 or 45.65% of the county's population. The northern half is sparsely populated and is still largely agricultural. The county also has approximately 940 colonias

(Secretary of State). The Hidalgo County's population is 831,073 (American Community Survey population estimate as of July 1, 2014).

Willacy County lies to the north of Cameron County and encompasses 597 square miles. It is the smallest of the three counties and it has a total population of 21,903 (American Community Survey population estimate as of July 1, 2014). This is a 9% growth from 2000. Willacy County is primarily rural, having a few small cities and towns (Lyford and San Perlita), and is home to agricultural, mining and ranching operations. The county seat of Raymondville is also its largest city with a population of 11,117 (American Community Survey population estimate as of July 1, 2014).

The Valley is extremely different from any other areas of Texas and is also distinct from the rest of the border regions fronting along Mexico. The region is somewhat isolated from other metropolitan areas of Texas. It is 236 miles south of San Antonio, 152 miles southwest of Corpus Christi, and 148 miles southeast of Laredo. The Valley, however, boasts nine ports of entry into Mexico, of which four bridges are located in Cameron County, and five bridges are located in Hidalgo County. Each County has one bridge dedicated to truck traffic, such as Los Indios in Cameron County which is located between Harlingen and San Benito and the Pharr Bridge in Hidalgo County.

The Valley currently has four navigation Ports along the Gulf of Mexico. They are: the Port of Harlingen, Port Mansfield, Port Isabel/San Benito and the Port of Brownsville. These ports link the Valley to the Gulf and East Coasts of the United States and various international ports. These land and seaports provide routes for export of recyclable materials, agricultural products, and electronic appliances from the region. They provide easier access to a broader range of markets than may be feasible to reach by land from other areas of Texas, the United States, and Mexico.

There are three major transportation routes linking areas of the region: Interstate 69E (77), 69C (218) and 2 (83). Interstate 2 (formerly US 281) runs east to west in the Valley from Brownsville to McAllen and westward out of Hidalgo County towards Laredo. Interstate 69C (US 77) is a north-south traffic highway, which begins at Brownsville, runs concurrent with I2 to Harlingen and then north to Raymondville and out of Willacy County toward Kingsville and Corpus Christi. I69E (US 281) provides another north-south traffic highway. It begins in Brownsville, in Cameron County and runs through Pharr and Edinburg to the northern boundary of Hidalgo County and ends in Canada's front door. These highways enable high-speed travel between Valley cities and provide connections to major interstate highways outside the region.

In addition to land and water accessibility, the Valley has six airports. The largest commercial airports are located in McAllen and Harlingen; however, Brownsville airport is also providing commercial service. The airports located in Weslaco and Edinburg are developing into successful freight centers, and Cameron County has an airport located in the Laguna Madre area.

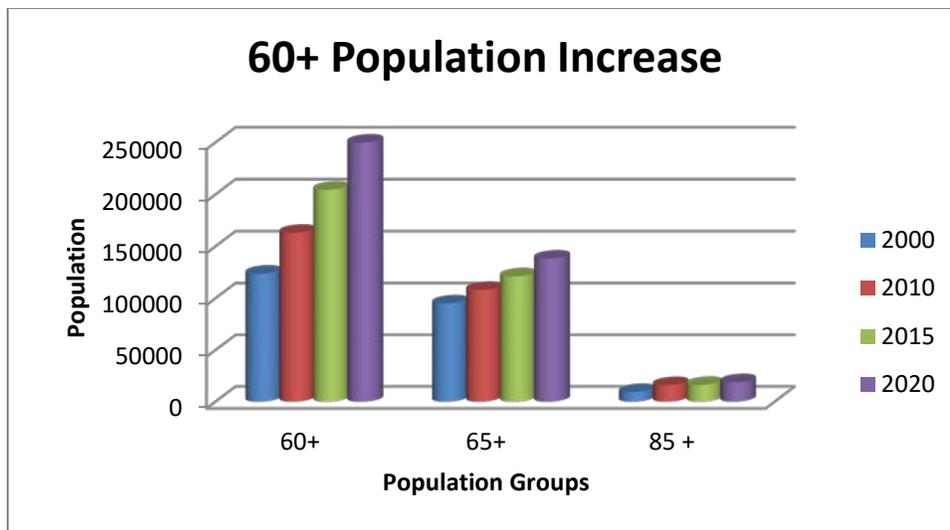
The Valley's climate features include a warm temperature and subtropical climate. The winters are dry and the summers are hot. Temperatures range from approximately 50 degrees in winter to about 95 degrees and higher in the summer. The warm season in the Valley averages approximately 330 days per year.

Due to the climate and lower cost of living, the Valley has much to offer its newcomers and lifetime residents whether it be recreational or for business purposes. This environment attracts approximately 130,000 Winter Texans. Out of this number, over 92% of them are aged 60 and over with an average age of 69.5 (2008 UTPA Winter Texan Report). According to the 2000 census, mobile homes made up 18.7 of the detached structures compared to 9% statewide. This is in addition to the number of RV (Recreational Vehicle) parks that dot the area.

The area has approximately 259,675 housing units according to the 2000 census with an average household size of 3.5 persons. The average household size in Texas was 2.7 persons. The number of households with persons aged 65 and above was 25.5 percent compared to 19.9 statewide. The implication on the number of households with persons aged 65 and older is the need to address accessibility needs of the seniors such as ramps, grab bars,

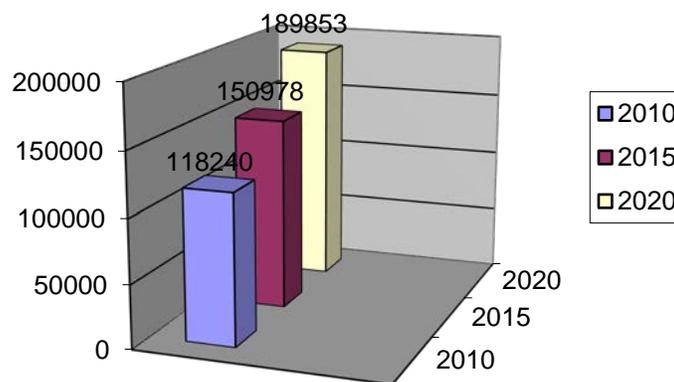
and other home modifications. Building contractors will need to start considering building homes for aging in place.

The total growth in general population between 1990 and 2009 is 47.7% and 38% between 2000 and 2014. The older population for the region is also significant with an increase of 31.8% from 2000, which is higher than the general population (23.6%). The 2010 60+ population was 123,666 for the Lower Rio Grande Valley. The 2016 population estimate for the 60+ is 212,508. This represents a 71.84% increase from the year 2000. Out of the 2016 estimate, 161,242 are minority with Hispanics being 98 percent or 158,075. The low-income senior population is at 23.3% or 37,943. Projections indicate a significant continued growth in the general and senior population within the next ten years.

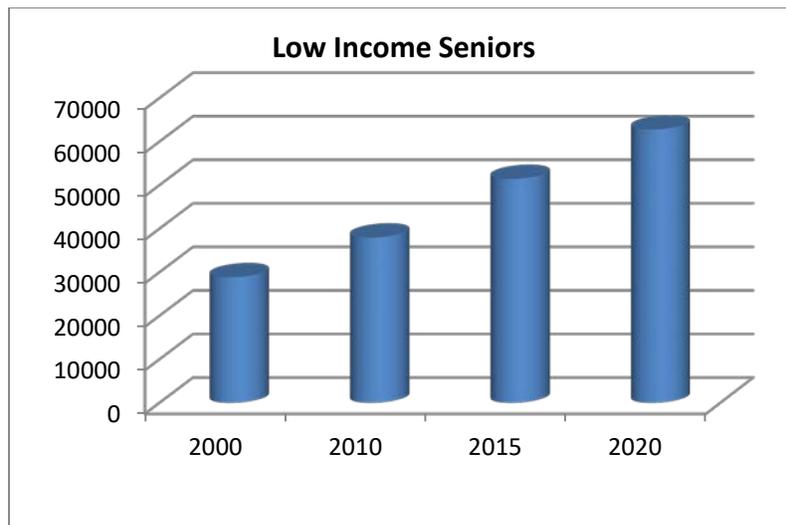


Source: Texas State Data Center

Hispanic Older Population



Source: Texas State Data Center



Source: Texas State Data Center

Adult Protective Services' statistics for the Lower Rio Grande Valley indicated that 49.52% of the seniors they served in FY 2009, had limited English proficiency. The nutrition contactor indicated 60% of their clients also with limited English proficiency. Considering the number of Hispanic seniors in the region and the proximity to Mexico, it is estimated that at least 65,000 seniors with limited English proficiency.

According to the American Community Survey, 49.47 % of the 65+ have some type of disability. The Alzheimer's Association in their 2010 Fact Sheet estimates that 13% of the 65+ population suffers from Alzheimer's. This means that approximately 14,039 older residents suffer with this disease. These two figures are significant as it may be an indicator on the number of family caregivers providing some type of uncompensated care. The Lower Rio Grande Valley Hispanic Elders report also indicated that 28% of individuals 65 were diabetic. Based on this estimate the number of diabetic seniors is 30,237. This increases the risk of institutionalization and potential of suffering other conditions such as kidney failure, amputations, blindness, and heart disease.

The Lower Rio Grande Valley has 27 acute and psychiatric care hospitals with approximately 3,501 beds. According the Department of State Health Services report for 2008 the Lower Rio Grande Valley had 158,770 discharges. Hospitalizations for older individuals aged 65 and older is 29% while this group represents 10% of the population (DSHS 2006 Hospitalization Report). Hospitalization rate for individuals aged 85 and over was 596 hospitalizations for every 1000 adult aged 85+. Seniors account for a large share of hospitalizations. In addition, older persons were most likely to be hospitalized for diabetes than young individuals. The region boasts with a large number of adult day care centers, home health agencies and durable medical suppliers. Between the 1st quarters of 2007 and 2008 there was an increase of 5.41% of Medical/Health services employment in the Valley compared to 3.85% statewide for the same period.

The Region faces many economic challenges as it faces a dramatic increase in the general and older population. The estimated population growth from 2000 to 2020 is 60.6%, this is an increase of 924,772. The Hispanic population will continue to be largest minority population at 91.8 %. A similar increase will be experienced with the senior population. A Texas Workforce Commission report indicated that both Cameron County and Willacy County had an economic base which is of below average diversity. It means that significant concentrations of employment in only one or two industrial sectors makes an area less diversified and more susceptible to widespread economic decline should a key sector suffer a significant loss. Hidalgo County on the other hand had an average diversification in its economic base. The per capita income in 2005 for the Region of \$16,768 compared to \$32,460 statewide. Unemployment report for April 2010 indicated a rate of 11% compared to a statewide rate of 8.1% for the same period. The Region received over \$5,020,109,000 in government transfer payments in 2005. This reflects a \$4,657 per capita transfer payment compared to \$4,194 statewide. These

payments include the total amount of government allocations to people who qualify for income assistance. This consists largely of supplemental security income payments, family assistance, general assistance payments, food stamp payments, other assistance payments, including emergency assistance. Economically, local municipalities are strained.

Support from local governments for senior services is minimal. Community Development Block Grant (CDBG) funds from municipalities is very hard to acquire in Cameron County. Senior services have fared better in Hidalgo County. The Cities of McAllen and Mission have provided CDBG funds to the Area Agency on Aging. Other communities in Hidalgo County have also supported the senior nutrition programs and other senior services. Communities are not ready for the increase in the aging of the population. The expected increase in the senior population between 2000 and 2020 is expected to be 102%. This expected increase will place a strain on the local governments that have not placed much emphasis on the senior population. The health industry will be the one most hit by this increase. Local hospitals are impacted by three sets of populations. One of these groups are the residents of northern Mexico, Winter Texans and local residents.

Mexican residents utilize the health resources in the Valley. This is because of the close proximity to major population areas such as Matamoros to Brownsville and Reynosa to McAllen. Every year approximately 100,000 Winter Texans call the Lower Rio Grande Valley home. The average age of the Winter Texan is 65 years old. Hospital census increase during the six months that the Winter Texas are here. The third group of course are the local residents that are here the full year.

Organizational Structure

The Lower Rio Grande Valley Development Council (LRGVDC) is a voluntary association of local governments and a political subdivision of the State formed under Texas Law to deal with problems and planning needs that cross the boundaries of individual local governments that require regional attention. Formed in 1967 by a merger of the Texas Southmost Economic Development District and the Lower Rio Grande Valley Council of Governments, the LRGVDC is one of twenty-four (24) State Planning Regions; as chartered by the State (V.A.C.S. 1011m). The LRGVDC is considered the appropriate body to ensure coordination of development programs and to ensure local control of federal and state funded projects. This organization has also become a governmental forum to discuss and develop local efforts for the resolution of common problems and issues.

Geographically, the LRGVDC comprises the three (3) southernmost counties of Texas; Cameron, Hidalgo, and Willacy and encompasses 3,072 square miles. Membership in the LRGVDC consists of the governing bodies of Cameron, Hidalgo and Willacy Counties, forty (40) municipalities, eleven (11) educational institutions, thirty (30) special purpose districts, one (1) grassroots representative and ten (10) members at large. These entities represent the entire tri-county population estimated at 1,273,368 according to the American Community Survey for the period ending on July 1, 2014.

The LRGVDC is governed by a twenty-six (26) member Board of Directors. Municipalities with a population of 25,000 and above have a seat on the Board. The rest of the Board membership is selected by membership. This Board is primarily responsible for the direction of all LRGVDC functions, and meets this responsibility through LRGVDC policies, committees, plans and programmatic activities. The Board has established numerous standing committees, which function in an advisory capacity.

Historically, the LRGVDC has provided ongoing assistance to local governments in the areas of management services; human resources development; law enforcement and criminal justice; public health; economic and industrial development; natural resources management; data research and development; intergovernmental services; community development and transportation planning and services. These comprehensive planning

functions conducted by the Development Council relate to all segments of the population, the economy and governmental activities.

The Board selects the Executive Director who is charged with the overall management of the organization. The executive committee has selected an Assistant to the Executive Director to assist in organization's management.

The Area Agency on Aging is one of 11 departments under the auspices of the LRGVDC. It is also considered among the larger departments within the LRGVDC. The total staffing for the Area Agency is 31 FTEs, which is approximately 15 % of the LRGVDC total staffing. Approximately 87% is supported by Title III. The Area Agency has oversight of other programs not funded under Title III. Aging and Disability Resource Center (4 FTEs), and the Community-Based Care Transitions Program (4 FTEs). The Area Agency is divided into two components. One component is the administrative arm with 5 FTEs that has the overall administrative oversight of all Area Agency activities. The other is the direct services component (22 FTEs) that comprises all Access and Assistance services and the other activities.

The strong suit is that the turnover rate has been low for the care coordination and the elder rights component. Under the Administrative component, Administrative Assistance that has been with the Area Agency 10 years and is the person with less years under Administration. This also brings the positive and negative side as the Director has been with the agency 34 years and brings continuity and the possibility of retirement within the next 5 to 7 years. The same applies to two other administrative staff that may also retire with the next 5 years. The newer staffing has been with the ADRC and the Care Transitions Program.

The Area Agency on Aging has an advisory council whose responsibilities are to provide input, counsel, and recommend policies. All Advisory Council recommendations are submitted to the LRGVDC Board of Directors for approval.

Staffing is split between two offices. The main office is located in Weslaco. Area Agency staff moved into a new building built adjacent to the COG's administrative office. The majority of the staff is located in this building. The second building is leased space in Harlingen. This satellite houses care coordination staff along with caregiver support coordination, LTC Ombudsman and a benefits counselor. This office covers the Lower Valley which consists of Cameron and Willacy counties.

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

The AAA employs four methods of providing services to seniors in the community. The first method of service delivery is through its traditional contracted services. The AAA contracts with other agencies or service providers in the areas of Nutrition, Evidence-based Services, Senior Center Operations, Transportation and Caregiver Education and Training. These Service Contracts are awarded on a multi-year basis through a Request for Proposal process. A bid conference is held prior to applications being submitted to provide guidance to all potential applicants. The request for proposal process is the function of the LRGVDC's Procurement Department. Procurement staff coordinates all the process and steps with Area Agency on Aging staff in order to be compliant with specific requirements. Ads are published in the three major newspapers that cover the three county area. All applications are opened with Area Agency and Procurement staff present and conduct a review of the applications to assure that all required documentation is submitted to assure that all applicants have complied with the RFP requirements.

The Advisory Council appoints an Ad-Hoc Committee to review, accept applicant presentations, and recommend funding levels. Area Agency staff will schedule and notify the Ad-Hoc committee of the meeting. All Ad-
Lower Rio Grande Valley

Committee members receive copies of the proposals to review prior to the meeting. The Ad-Hoc committee composed of Advisory Council Members. They review all proposals being considered. Proposals are scored according to past performance, agency capacity, catchment area and other considerations. The Ad Hoc Committee submits recommendations on the proposals to the Advisory Council for consideration. The Advisory Council in turn makes its recommendations to the LRGVDC Board of Directors for approval. Once approved by the LRGVDC Board the contracts are sent out for signature.

Contracts are either on a cost reimbursement bases or on unit rate performance. Unit rate providers are reimbursed monthly based on the units of service provided to eligible clients. Documentation on each client must meet AAA requirements. Cost reimbursement providers must submit documentation regarding expenditure that are being submitted for reimbursement. Client and Program Records are maintained in current status by the contractor. These records are made available to the AAA for review at any given point in time during the contract year or any time thereafter. The contractor reports all activity on a monthly basis so that performance may be measured. The activity reports and reimbursement requests are submitted to the AAA by the tenth of the month.

All Contracts are monitored every quarter to ensure program compliance/integrity. Results are shared with the contractor. If needed, corrective action plans will be implemented.

The second method is through its direct service system. This system includes all Access and Assistance services such as Care Coordination, Caregiver Support Coordination, Benefits Counseling (Legal Assistance, Legal Awareness), Ombudsman, and Information Referral and Assistance. Other services include Caregiver Information Services and Caregiver Education and Training. In this method AAA staff interact directly with clients who may need specific services, information, referral and/or assistance on any of many issues.

RIO-Net ADRC is under the auspices of the Area Agency on Aging. The IR&A service has been placed as a component of the ADRC. Case records are kept on each client receiving services from this Agency. Units of service are documented on clients. All units are measured in real time spent with the client. One unit of service is equal to one hour. Units are measured in increments of minutes. Information is collected daily and reported on a monthly basis.

The third method involves acquisition for services through Direct Purchased of Services Agreements. Similar to the request for proposals, the vendor solicitation is also the function of the LRGVDC's Procurement Department. Ads are published in the three major newspapers that cover the three county area. All applications are opened with Area Agency and Procurement staff present and conduct a review of the applications to assure that all required documentation is submitted and to assure that all applicants have complied with the solicitation requirements. Those applicants not in compliance with the requirements are notified and disqualified for contracting.

These Providers only serve clients that are referred by AAoA Care Coordination staff. The AAoA maintains control of any and all services to be provided in this acquisition method. Required services are documented in the client case record narrative, care plan, and service authorization. The Provider Agreement process is not an open ended system so providers must apply for enrollment once a year. The Provider is placed on a rotation list for their particular service. Clients are given the opportunity to choose a provider from the list when they are ready for services. If the client does not choose one, the case manager will choose the next provider on the rotation list. Some services like Home Modifications require that at least two sub-contractors submit bids on the work to be done. The lowest and the better bid is chosen. Home modifications have been key in providing assistive devices such as ramps, grab bars, walk-in showers, raised commodes, and tub-transfers in carrying out activities of daily living. One of the vendors is the Senior Companion program that uses stipend volunteers to provide respite care. This provider also accepts referrals for other volunteer services that are beyond the vendor agreement.

Actual services are obtained through a system of service order requests that are generated and monitored by AAA staff. The Service request form starts the service cycle. The Provider responds to the request by offering and arranging for services to be provided to the client. The provider must follow all instructions and time lines given to him by AAA staff in regards to the service being purchased. Care coordinators conduct follow-up calls at the end of the certification period and obtain a client satisfaction survey to assure that they were satisfied with the service provided.

The final method of providing services is through coordination with partnerships among local providers. The local Aging and Disability Resource Center (RIO-Net ADRC) is under the auspices of the Area Agency on Aging. Individuals inquiring about services or seeking assistance to accessing services are served by ADRC or Access and Assistance staff making the necessary referral to local partners. Follow-ups are made to assure that the individual was served or if additional referrals are needed. Through the years, the Area Agency has built partnerships with the Local DADS LCS, mental health authority, community action programs, 211, faith based organizations, MCOs, housing authorities this is to name a few of the community organizations collaborating with the Area Agency on Aging. Through the Community-based Care Transitions Program the Area Agency has built a strong partnership with local hospitals and post-acute care providers. These post-acute care providers include home health agencies, skilled nursing facilities, rehabilitation centers, hospices, and long-term acute care hospitals.

The Area Agency assures that all methods of providing services to seniors and family caregivers in the Valley address all targeted populations. The population characteristics for this region meet those targeted populations such as minority, limited English proficiency, individuals with the greatest social and economic need. Special emphasis is provided to Willacy County as it is the least populated and rural county in the area. Phone processes have been set so that each call is answered by an actual person. No phone trees are allowed. Calls are rotated to the next available person if the initial person is on a call.

The Lower Rio Grande Valley is in an economically distressed area. The majority of the resources the support the Area Agency on Aging are Title III funds. Limited Community Development Block Grant (CDBG) funds are provided by the Cities of McAllen, Pharr, and Mission. Local funds provided by the LRGVDC Membership, is used to match 68% of the allotted administrative funds. All unmatched funds are transferred to services. The internal fiscal management is between the Director of the Area Agency on Aging (AAoA) and Director of the Fiscal Department. The AAoA Director prepares all planning budgets based on previous year experience and potential changes. The LRGVDC's fiscal office is the fiscal manager for all fiscal activities of the Area Agency. Monthly expenditure reports are submitted to the Director for review, AAoA Technician IV (Area Plan Administration) submits to the AAoA Director a monthly report on fiscal and program activities. These two documents are used to review budget balances and performance measures on a monthly basis.

System Design

The LRGVDC designated as the Area Agency on Aging, is the leading advocacy agency for older persons in the Lower Rio Grande Valley. It facilitates the continuum of care to older persons by serving as a single point of contact point for meeting the needs of older adults and their family caregivers. During its inception in 1974 the Area Agency on Aging functioned as the planning entity. All services were contracted. Total staffing included the Director, Planner, Program Coordinator, Program Compliance officer, and Secretary. In FY'82 when the Area Agency initiated its direct service component, it included Ombudsman Program, Information and Referral and Outreach/Advocacy. Today, total staffing is 39. It includes all staffing for Administration, Direct Services (Access and Assistance), ADRC, and the Community-based Care Transitions Program. In 1984 the Area Agency restructured the direct service component and combined Information and Referral and Outreach/Advocacy into one of the first case management programs under an Area Agency on Aging. In 1987, the Area Agency on Aging had under its auspices Eldercare Home Health Agency. Under this setup, the Area Agency had a system that

resembled the Community Based Alternatives (CBA) Program. This system was broken apart because of a state legislative mandate. This change was brought about by the Home Health industry that saw this as a threat to their livelihood. These initiatives were the cornerstone to the current system design implemented by the Area Agency on Aging. Its track record for providing direct services such as Information and Referral, Outreach/Advocacy, LTC Ombudsman, Case Management, and Benefits Counseling proved that the Area Agency could provide services in an effective and efficient manner.

There are no other organizations in the region with the capacity to administer the Access and Assistance program in the manner as it is carried out by the Area Agency. The Area Agency had no problem in implementing the Access and Assistance component when the Texas Board on Aging determined that this was the role of the Area Agencies. With over 28 years of experience in providing direct services, the Area Agency was in position to meet that challenge. In addition, the Area Agency has established a long-term relationship with local providers and vendors. In 1991 the Area Agency budgeted approximately \$65,000 to purchase services for the elderly utilizing the direct purchased services option. In fiscal year 2012 (prior to the sequester) the amount of funds budgeted for direct purchased services was over \$1,150,000. In 2015 the amount was \$867,024. This demonstrates the commitment of the Area Agency to continue providing direct services.

Senate Bill 374 and its companion bill in the Texas House of Representatives has provided a challenge to the Area Agencies to come up to the plate and carve a role in the single access point for services to seniors. This was the impetus for the Area Agency to seek the designation of an Aging and Disability Resource Center. In 2011 the Area Agency was designated as the 12th ADRC in the State. RIO-Net ADRC is the name of the ADRC for the Lower Rio Grande Valley. In support of the ADRC, the Area Agency acquired through SSBG funding a web-based resource program. The Network of Care has been the vehicle to providing an electronic resource information system.

The current system design is utilizing the Information Referral and Assistance under the ADRC as the front door to access services. The partnerships build under the Area Agency are being enhanced by the ADRC through memorandum of understanding with local organizations. Collaboration between ADRC staff and Access and Assistance staff provides for the coordination of requests for assistance internally to be more effective. All incoming calls are answered by a live person. The LRGVDC also discourages the utilizing phone trees to answer calls. The Area Agency also administers one of the Housing Navigator programs under the ADRC. Local partnerships are identified with local housing authorities, Section 202 providers and USDA Rural Housing programs for the elderly and disabled.

The Area Agency is one of three participating Community-based Care Transitions Programs (CCTP) in the State under Section 3026 of the Affordable Care Act that remain out of the original six. The total projects across the country used to be 102. The Area Agency is implementing Eric Coleman's Care Transitions Intervention evidenced based model to affect the reduction of the 30 day hospital readmission rates. Under the project the Area Agency is working with 10 hospitals and over 150 post-acute care providers. As part of the CCTP, the Area Agency has also implemented the HomeMeds medication adherence program as an evidenced-base intervention. In addition, the Area Agency has contacted with a local provider to implement the Stress Busters program.

Under the CCTP the Area Agency is also implementing other methods of providing two tradition services in meeting the needs of individuals being discharged from the hospital in order to minimize hospital readmissions and to improve the well-being of the individual. Home delivered meals are being contracted with MOMs Meals for frozen meals. These meals are prepared with the individual in mind. They select the type of meal such as breakfast or lunch/dinner type. The meals are based on the individual's diagnosis. Transportation services are provided to those individuals that require immediate doctor follow-up upon discharge from the hospital. These two services have demonstrated a significant positive effect on the person's health. The costs to provide for these two services are not covered by Title III funds.

In addition, Title IIID funds are being used for one of the non-participating hospitals in the CCTP. Other resources are also being sought in order to implement other evidence-based programs such as Matter of Balance and the Diabetes Self-Management Training.

The Area Agency currently contracts with the WelMed Medical Foundation for the operation of two (2) senior centers and a Caregiver Education and Training program. At the same time, WelMed has also implemented a “Stress Buster Caregiver Program” and a “Diabetes Self-Management Program”. The Area Agency will be working with WelMed for the expansion of these programs including the “Matter of Balance” program.

On the issue of serving rural areas, the Area Agency has coordinated efforts with the Nutrition provider, CWCCP, Inc. (Community Action Program), HHSC Border Colonias Program, and Promotora programs to address issues in Willacy County. Willacy County has 3% of the region’s general and senior populations. However, similar issues affect small municipalities. The LRGVDC’s Economic Department has established a “Small Cities Coalition”. It is comprised of Mayors representing small communities in the region. The Area Agency has made a commitment to meet with the Coalition on a regular basis to present on services and ways to assist these communities.

Such as this partnership has been established with the Economic Development Department, a similar partnership exists with the Homeland Security Department regarding emergency response activities. Area Agency staff has participated in emergency preparedness activities and providing technical assistance to local senior centers.

The service with the greatest barrier is and has been transportation. The Area Agency does not have a good pool of contractors for medical transportation and especially those with adequate equipment to accommodate those individuals on wheelchairs. The cost per trip is also an issue. The Area Agency will be looking at setting up a voucher system. Especially for those individuals that use the transportation service for dialysis. Most other services are available.

Regional Needs Summary

The Area Agency on Aging utilized various sources of information from following several sources for the development of the area plan: information gathered as input to the Lower Rio Grande Valley (LRGV) Regional Strategic Plan; IR&A logs; 211 report; needs assessments conducted by several cities under the community development block grant; discussions with Advisory Council; Program Analysis, and Area Agency on Aging needs assessment.

Information obtained in the LRGV Regional Strategic plan under the Health and Human Services section is utilized in the Area Plan. The process for public input is through regional hearings. The public is invited to each hearing in order to provide input for the Regional Strategic Plan. Individuals with interest in senior and disabled populations are invited to hearings when goals and objectives that are being presented for public comments.

An agenda item for public input in the Advisory Council meeting is utilized to obtain input from the membership on issues and needs of the elderly. A program analysis is also made on the care coordination program to determine the levels of service clients are requiring and levels of service actually being authorized. This allows the staff to determine the gaps in services and assess the capacity of other organizations in alleviating these gaps. An eighteen month compilation of IR&A logs were put together to assess the type of services being requested, number of needs being met and the number of unmet needs. An example is that 19% (1,415) of the request for services was for home repairs. The amount of OAA funds available for this service is enough for approximately 100 homes.

The needs assessment for this Area Plan was designed to solicit response from county/city elected officials, employees and services providers in the three county catchment area of the Lower Rio Grande Valley Area

Agency on Aging. Questionnaires were sent via email to mayors, city commissioners, city managers, home health agencies, hospitals, nursing homes, LRGVDC Board, senior citizen groups, and AAOA Advisory Council members.

The questionnaire was formatted in such a way as to solicit responses that would allow the Area Agency on Aging to rank services according to which are considered more important to those receiving the questionnaires. The ranking was developed by the percentage of responses claiming the particular service as very important. There were 32 services listed on the survey to choose from but the respondents felt that ten of them ranked higher than the rest. These are Emergency Response, Health Screening/ Monitoring, Assisted Transportation, Transportation, Residential Repair, Recreation, Hospice, Senior Center Operations, Homemaker Services and Home Delivered Meals

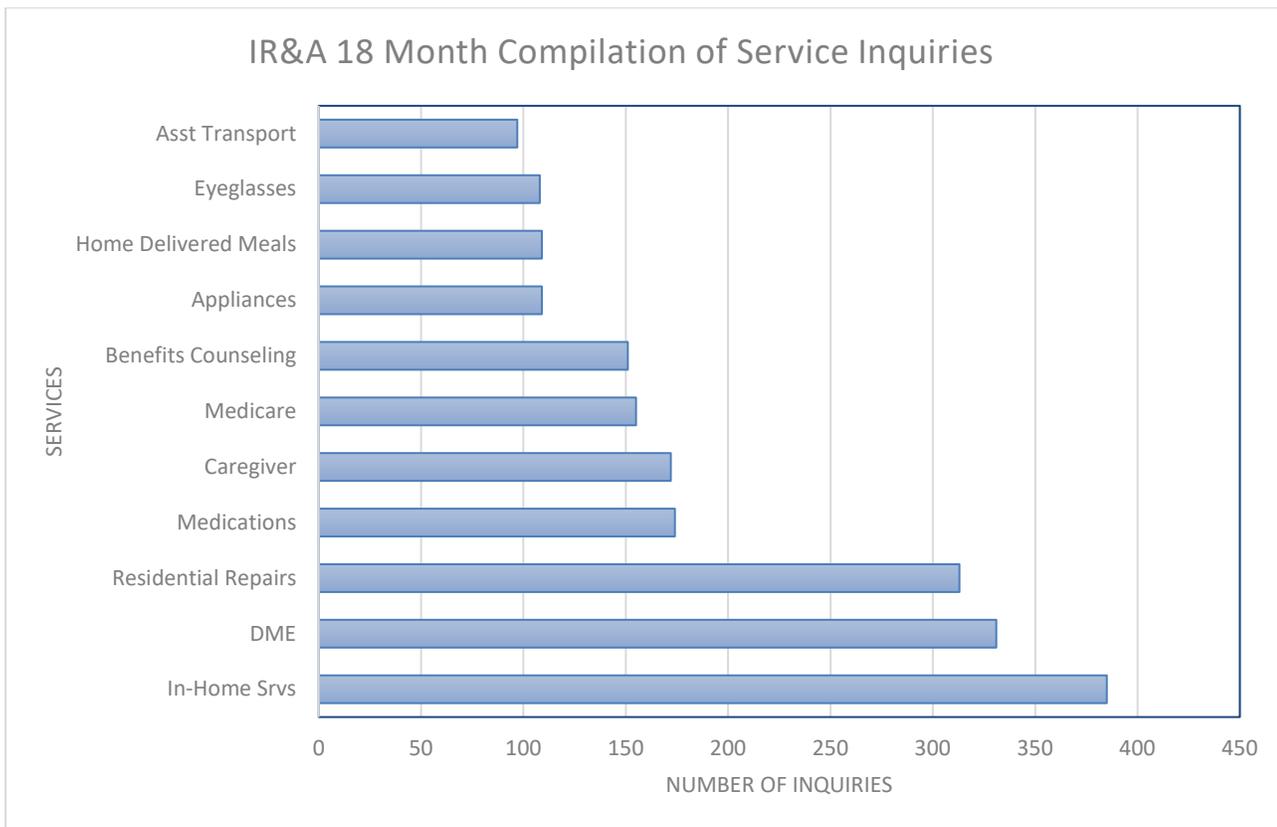
The results were categorized into three tiers depending on the response percentage for an individual services. Those services receiving a 50% or higher rating were considered top priority. Services receiving a rating of 35% to 49% were considered second tier but still very important. The third tier is composed of those services rated from 25% to 34% as very important. Any Service receiving a rating less than 25% was not included in this report. The purpose of the survey was to find out from the target group which services were considered to have a more pressing need to be addressed first.

The need for Emergency Response has always been here but has never been at the head of the list before. This may be because this group of respondents had not been targeted the past. The other major consideration is in the misunderstanding of emergency response service definition rather than what they may understand as emergency response regarding disaster response. These are the people that deal with and respond to emergencies in the communities on a daily basis. Therefore, they see it as top priority. Our elderly live in such a spread out area making it hard for emergency response teams to find them. There are 22 plus communities in the three county area and the majority of them are small. There are also hundreds of small neighborhoods deemed Colonias where elderly live with family or by themselves. The vast majority are extremely poor with minimal utilities that we take for granted.

The issue of Health Screening and Monitoring also continued to be a priority. This may be because of the incidents the Region experienced with the Swine Flu, Diabetes and others. Transportation has always been a top priority issue in the area because of the lack of transit system that is affordable and connects all the communities. Elderly in the smaller communities have a hard time making Doctor's appointments and trips to the pharmacies or grocery stores.

A review of an 18 month compilation of IR&A inquiries was completed to review the top 10 services clients have been seeking. At the top has been in-home services. These include homemaker, personal assistance, and respite. The other top services was durable medical equipment and residential repairs. Other services include medications, caregiver services, benefits counseling, Medicare issues, home delivered meals, appliances, eyeglasses, and assisted transportation services.

The Area Agency feels confident in the methodology used and the results obtained by this methodology. A more structured needs assessment and more time to implement it would have ideal. Especially in identifying such targeted groups as seniors with limited English proficiency. Due to the characteristic of the region, the needs identified in the different sources address the needs of minority seniors, low-income, rural, disabled, and Alzheimer's victims.



Local Strategies Supporting Program Goals and State Strategies

Section A. Area Agency on Aging Administration

ACL/AoA Focus Area(s):

Focus Area 1:

- Strengthen or expand Title III and VII services

Focus Area 2:

- Alzheimer’s Disease Supportive Service Program (ADSSP)
- Evidence-Based Disease and Disability Prevention Program
- Senior Medicare Patrol (SMP)
- Aging and Disability Resource Centers (ADRCs) programs that support community living.
- Money Follows the Person
- Balancing Incentives Program; and
- Community-Based Care Transitions Program.

Focus Area 3:

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

Focus Area 4:

- adult protective services;

- Long-term Care Ombudsman Programs;
- legal assistance programs;
- law enforcement;
- health care professionals;
- financial institutions; and
- other essential partners.

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

Provide a locally based system that connects people with the services and benefits they need through ombudsman services, care coordination, information, referral and assistance, and legal assistance

Local Objective #1: To maintain a management oversight component to ensure compliance with local, state, and federal requirements in relation to the Older Americans Act.

Local Strategy #1A: Develop and maintain financial and non-financial agreements with local partners to address the needs of the elderly and improve access to services by seniors and their caregivers.

Staff Position(s) Responsible for Strategy: Director, Assistant Director, Planner, and Tech IV

Measurable Outcome: Thru fiscal years 2017- 2019 seniors and/or their caregivers will have increased service opportunities by tapping into other resources in the community.

OAA Assurances: 306(a)(4)(C), 306(a)(6)(B), 306(a)(6)(E)

Local Strategy #1B: Provide opportunities to stakeholders such as seniors, caregivers, service providers, Citizens' Advisory Council, and elected officials to comment and provide input on local priorities.

Staff Position(s) Responsible for Strategy: Director, Assistant Director, and Planner

Measurable Outcome: Receiving a variety of types of input during the fiscal years 2017 – 2019 from all sources to improve and enhance services to seniors and/or their caregivers.

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

Local Strategy #1C: Maintain a Citizens Advisory Council composed of seniors, members of partnership agencies, local elected officials, family caregiver representatives, business community, general public to provide input and guidance on addressing the requirements under the Older Americans Act and Area Plan.

Staff Position(s) Responsible for Strategy: Director, Assistant, Director Planner, and Tech IV

Measurable Outcome: Meet at least on a bi-monthly basis with members of the Citizens Advisory Council to obtain input, comments, and guidance implementing the Area Plan and compliance to appropriate requirements.

OAA Assurances: 306(a)(5), 306(a)(6)(A), 306(a)(6)(B), 306(a)(6)(D)

Local Strategy #1D: Coordinate the procurement process with the COG's Procurement Department in order to ensure needed services and support activities can be obtained for seniors and family caregivers as scheduled or requested.

Staff Position(s) Responsible for Strategy: Director, Assistant Director and Planner in cooperation with the LRGVDC's Procurement Department

Measurable Outcome: Obtain contracts and/or agreements for the necessary services to meet the needs of the elderly and family caregivers in the community.

OAA Assurances: 306(a)(2), 306(a)(4)(A), 306(a)(4)(C), 306(a)(15)(A)

Local Strategy #1E: Maintain a monitoring component to ensure that contracts, provider agreements and provider service activities are meeting the needs of our clients by following the requirements of the contracts and/or agreements.

Staff Position(s) Responsible for Strategy: Tech IV and Planner

Measurable Outcome: 1. Conduct monthly desk reviews of program reports; 2. Maintain a monitoring schedule to monitor contractors at least on quarterly basis.

OAA Assurances: 306(a)(2), 306(a)(2)(c), 306(a)(4)(A)

Local Strategy #1F: Maintain coordinated efforts with other governmental agencies and organizations to provide emergency awareness and preparedness plans for seniors.

Staff Position(s) Responsible for Strategy: Director, Assistant Director, Tech IV, Planner and Program Administrators

Measurable Outcome: 1. Contractors, Senior Centers, and Nutrition sites will be provided information regarding emergency preparedness in coordination with the LRGVDC's Homeland Security Department. 2. AAoA staff will meet with Homeland Security staff to develop and coordinate a plan.

AAA Assurances: 306(a)(1), 306(a)(5)

Local Strategy #1G: Maintain efforts in reaching out to those seniors in rural areas with low English proficiency, minority, and poverty level.

Staff Position(s) Responsible for Strategy: All AAA Staff

Measureable Outcome: Older individuals and family caregivers under this target group have an opportunity to access and obtain available services.

AAA Assurances: 306(a)(1), 306(a)(2)(A), 306(a)(4)(B)

Local Strategy #1H: Maintain an administrative component to ensure that appropriate and necessary data meets NAPIS reporting. Other Requirements needed are obtained from local Contractors and AAA Direct Services Staff.

Staff Position(s) Responsible for Strategy: Planner and other designated staff as needed

Measureable Outcome: Maintain accuracy that all appropriate data is captured in the State's client tracking system.

AAA Assurances: 306(a)(1)

Local Strategy #1I: Utilize and maintain the Aging and Disability Resource Center (ADRC) for the Lower Rio Grande Valley as the trusted resource for services to the elderly regarding long-term care and supports.

Staff Position(s) Responsible for Strategy: Director, Assistant Director and/or Program Administrator for the ADRC and/or other designated AAA Staff.

Measureable Outcome: 1. Eligible individuals will have access to information on available resources 2. Partnerships will be developed and maintained towards improving access to available resources.

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

Local Strategy#1J: Expand the partnerships to include local hospitals and other health services downstream providers to enhance the scope of community-based care transitions

Staff Position(s) Responsible for Strategy: Director, Assistant Director, Tech IV, and Planner

Measurable Outcome: 1. Reduction in hospital readmissions 2. There will be increased collaboration between downstream providers and hospitals.

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

Local Strategy#1K: Maintain the designation as the focal point in this area for the local Area Agency on Aging. Identify the Area Agency on Aging as the focal point on all contracts, grants, and agreements.

Staff Position(s) Responsible for Strategy: Director, Assistant Director, Planner, and Technician IV Administration

Measurable Outcome: 1. Identify the local focal point with a comprehensive service delivery system for seniors in the Region.

AAA Assurances: 306(a)(10)

Local Strategy#1L: Maintain a grievance procedure to allow consumers of Title III services an opportunity to voice their dissatisfaction on services provided or denied.

Staff Position(s) Responsible for Strategy: Director, Assistant Director, Planner, and Technician IV Administration

Measurable Outcome: 1. Consumers will have an opportunity to voice their dissatisfaction and provide an opportunity to improve on service delivery.

AAA Assurances: 306(a)(11)(A) - (C)

Local Strategy#1M: Make all OAA services available to Native American elders and family caregivers to the same extent as to other older consumers within the Lower Rio Grande Valley Area.

Staff Position(s) Responsible for Strategy: All Area Agency on Aging Staff

Measurable Outcome: 1. Native American elders and their family caregivers that live within the LRGV region will have an opportunity to receive benefits to maintain a quality of life as all seniors.

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

ACL/AoA Focus Area(s):

Focus Area 4

- Long-term Care Ombudsman Programs

State Objective: Intake, Access and Eligibility to Services and Supports Sub-strategy #1: Intake and Access

Provide a locally based system that connects people with the services and benefits they need through ombudsman services, care coordination, information, referral and assistance, and legal assistance

Local Goal: To provide a component under the Access and Assistance Service to address the issues affecting residents in skilled and assisted living facilities.

Local Objective #1: Maintain a system to safeguard the quality of care and quality of life of residents in long-term care and assisted living facilities in the region by continuing to provide Ombudsman services.

Local Strategy #1: Residents of long-term care nursing facilities and assisted living facilities will have access to the regional Ombudsman Program

Staff Position(s) Responsible for Strategy: MLO and Ombudsman Technician IV

Measurable Outcome: 1. Maintain a recruitment plan for volunteers to meet the approved performance measures 2. Maintain a schedule for facility visits to be met on a monthly basis 3. Every Family Conference and Facility/Resident meeting will be fully documented and reported on a monthly basis, 4. Every complaint received will be fully documented from start to resolution and reported on a monthly basis to meet the approved performance measure for the complaint resolution measure.

OAA Assurances: 306(a)(2)(A), 306(a)(9), 306(a)(2)(C), 306(a)(13)(A),306(a)(4)(A), 306(a)(13)(B), 306(a)(4)(B)

Section C. Access and Assistance Services

ACL/AoA Focus Area(s):

Focus Area 1:

- Strengthen or expand Title III and VII services

Focus Area 2:

- programs that support community living

Focus Area 3:

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

State Objective: Intake, Access and Eligibility to Services and Supports Sub-strategy #1: Intake and Access

Provide a locally based system that connects people with the services and benefits they need through ombudsman services, care coordination, information, referral and assistance, and legal assistance

Local Goal: To provide a comprehensive system of service delivery for seniors and/or care recipients in order to maintain an opportunity to remain at home in the least restrictive environment.

Local Objective #1: Continue to maintain an Access and Assistance service delivery system that will allow older individuals, their representatives, families and/or caregivers to connect and access the necessary information and/or assistance through various methods such as Care Coordination, Caregiver Support

Coordination, Caregiver Information Services, Long-term Care Ombudsman, Legal Assistance, Legal Awareness, and Information Referral and Assistance.

Service: Care Coordination

Local Strategy #1A: Maintain and integrated access and assistance component within the Area Agency on Aging which guides older persons, their family members, and/or other caregiver through a provision of Care Coordination to appropriately and adequately broker or coordinate appropriate services and interventions needed to address specific needs.

Staff Position(s) Responsible for Strategy: Care Coordinators

Measurable Outcome: 1. Eligible individuals will be able to participate in their service plan to make their own decisions on services to be accessed. 2. Eligible individuals will be able to be connected to available services and referral to other appropriate resources in their Communities.

OAA Assurances: 306(a)(1), 306(a)(2)(A), 306(a)(4)(C), 306(a)(5), 306(a)(8)(A)

Service: Caregiver Information Services

Local Strategy #1A: The Area Agency on Aging will continue to provide caregiver information services to older individuals, representatives, family members and/or caregivers.

Staff Position(s) Responsible for Strategy: Technician IV CIS

Measurable Outcome: Older individuals, family members, family caregivers, and other concerned individuals will be able to obtain necessary information and resources that will allow them to remain in their home for as long as possible in safety, with dignity and respect.

OAA Assurances: 306(a)(1), 306(a)(2)(a), 306(a)(4)(C), 306(a)(5), 306(a)(7)(A), 306(a)(7)(B), 306(a)(7)(C), 306(a)(7)(D)

Service: Caregiver Support Coordination

Local Strategy #1A: The Area Agency on Aging will continue to provide caregiver support coordination to guide family caregivers through a series of appropriate services and interventions needed to address and meet their specific needs.

Staff Position(s) Responsible for Strategy: Care Coordinators (Under the CSC Program)

Measurable Outcome: family caregivers, and other concerned individuals will be able to obtain necessary information and resources that will provide the necessary support to alleviate caregiver stress.

OAA Assurances: 306(a)(1), 306(a)(2)(A), 306(a)(4)(C), 306(a)(5), 306(a)(7)(A), 306(a)(7)(B), 306(a)(7)(C), 306(a)(7)(D), 306(a)(8)(A)

Service: Legal Assistance, Age 60 & over

Local Strategy #1A: The Area Agency on Aging will continue to provide eligible individuals through a progression of service delivery options consisting of Legal Assistance under the Elder Rights Program to appropriately address specific needs regarding public benefits and/or entitlements.

Staff Position(s) Responsible for Strategy: (3) Technician IVs (Public Benefits)

Measurable Outcome: Eligible individuals will be able to access and be enrolled in appropriate services.

OAA Assurances: 306(a)(1), 306(a)(2)(A), 306(a)(4)(C), 306(a)(5)

Service: Legal Assistance Under Age 60

Local Strategy #1A: The Area Agency on Aging will continue to provide eligible individuals through a progression of service delivery options consisting of Legal Assistance for individuals under the age of 60 under the Elder Rights Program to appropriately address specific needs regarding public benefits and/or entitlements.

Staff Position(s) Responsible for Strategy: (3) Technician IVs (Public Benefits)

Measurable Outcome: Eligible individuals will be able to access and be enroll in appropriate services.

OAA Assurances: 306(a)(1), 306(a)(2)(A), 306(a)(4)(C)

Service: Legal Awareness

Local Strategy #1A: The Area Agency on Aging will continue to provide Legal Awareness services to potential eligible individuals through a variety of methods in coordination with the ADRC.

Staff Position(s) Responsible for Strategy: (3) Technician IVs (Public Benefits) and ADRC staff

Measurable Outcome: Information regarding public benefits and entitlements will be made available to eligible individuals through a variety of public education and outreach activities in the region.

OAA Assurances: 306(a)(1), 306(a)(2)(A), 306(a)(4)(C), 306(a)(5)

Service: Information, Referral & Assistance

Local Strategy #1A: The Area Agency on Aging will continue to provide Information Referral and Assistance services to potential eligible individuals through a variety of methods as a component of the ADRC (RIO-Net ADRC).

Staff Position(s) Responsible for Strategy: IR&A Technician III (2) and ADRC Program Administrator

Measurable Outcome: 1. Older individuals, their representatives, family members, and family caregivers will have access to appropriate information regarding benefits and resources in the community. **2.** Build on partnerships with DADS, Mental Health Authority, CIL, APS and other community based organizations to enhance access to available resources.

OAA Assurances: 306(a)(1), 306(a)(2)(A), 306(a)(4)(C), 306(a)(7)(D)

Service: Information, Referral & Assistance

Local Strategy #1B: To continue the building of local partnerships with community-based organizations to increase the availability of resource information.

Staff Position(s) Responsible for Strategy: Director, Assistant Director, Planner and ADRC staff.

Measurable Outcome: Will identify key personnel as liaisons to establish a referral protocol.

OAA Assurances: 396(a)(1), 306(a)(2)(A), 306(a)(4)(C), 306(a)(7)(D)

Service: Information, Referral & Assistance

Local Strategy #1C: Continue the maintenance of the RIO-Net web-resource site (Network of Care) to be an online resource site for services to eligible individuals.

Staff Position(s) Responsible for Strategy: IR&A Tech IIIs and other ADRC staff

Measurable Outcome: 1. Eligible individuals including but not limited to older persons, their representatives, family members and/or family caregivers will have information regarding available resources and options. **2.** Options for connecting to other resources will be available such as “Your Texas Benefits” and NCoA’s “Your Benefits” connection.

OAA Assurances: 306(a)(1), 306(a)(

Section D. Services to Assist Independent Living

ACL/AoA Focus Area(s):

Focus Area 1:

- Strengthen or expand Title III and VII services

Focus Area 2:

Lower Rio Grande Valley

- Evidence-Based Disease and Disability Prevention Program
- Aging and Disability Resource Centers (ADRCs)
- Programs that support community living
- Money Follows the Person
- Balancing Incentives Program; and
- Community-Based Care Transitions Program.

Focus Area 3:

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

Focus Area 4:

- Legal assistance programs;
- Health care professionals;
- Other essential partners.

State Objective: Non-Medicaid Sub-strategy #2: Services to Assist Independent Living

Provide a locally based system of services to maintain personal independence through provision of supportive services, transportation and senior center activities, and provide opportunities for increased personal productivity through community service volunteering.

Local Goal: To provide services that will support assistance to independent living in the region for seniors

Local Objective #1:

Service: Adult Day Care

Local Strategy #1A: Provide an opportunity for informal caregivers to receive respite services from providing uncompensated care to an older person or individuals who are homebound for any debilitating condition or with Alzheimer’s or related disorders through adult day care services

Staff Position(s) Responsible for Strategy: Care Coordinators (Caregiver Support Coordination)/Contractors

Measurable Outcome: 1. Eligible individuals will be able to participate in the development of their service plan. 2. Determine the scheduling of hours and selection of their preferred provider from the AAoA vendor list. 3. Non-professional caregivers, especially family members providing uncompensated care will receive temporary respite in order to avoid burnout.

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

Service: Caregiver Education and Training

Local Strategy #1A: Provide Caregiver Education and Training services in order to help informal caregivers cope with the issues and concerns associated in maintaining the Care recipient at home as long as possible.

Staff Position(s) Responsible for Strategy: Care Coordinators (Caregiver Support Coordination) /Contractors

Measurable Outcome: Eligible individuals will receive counseling in order to provide support 2. Contractors will develop and maintain support groups; 3. Eligible individuals will participate in various training opportunities in order to alleviate the stresses of caregiving.

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

Service: Caregiver Respite Care – In-home

Local Strategy #1A: Provide an opportunity for informal caregivers to receive respite services from providing uncompensated care to an older person or individuals who are homebound for any debilitating condition or with Alzheimer’s or related disorders through Respite Care (in-home) services

Staff Position(s) Responsible for Strategy: Care Coordinators (Caregiver Support Coordination)/Contractors

Measurable Outcome: 1. Eligible individuals will be provided the opportunity to decide when they would like to schedule their respite services in order to accommodate their schedules and avoid possible caregiver burnout. 2. Select their preferred vendor from the vendor list.

OAA Assurances: 306(a)(2)(B), 306(a)(4)(C), 306(a)(7)(B), 306(a)(7)(D)

Service: Caregiver Respite Care – Institutional

Local Strategy #1A: Provide an opportunity for informal caregivers to receive respite services from providing uncompensated care to an older person or individuals who are homebound for any debilitating condition or with Alzheimer’s or related disorders through Respite Care (Institutional) services. This service will be provided contingent on the availability of funding and consumer request.

Staff Position(s) Responsibility for Strategy: Care Coordinators (Caregiver Support Coordination)/Contractors

Measurable Outcome: 1. Eligible individuals will be provided the opportunity to decide when they would like to schedule their respite services in order to accommodate their schedules and avoid possible caregiver burnout. 2. Select their provider from the AAoA vendor list.

OAA Assurances: 306(a)(4)(C), 306(a)(7)(B), 306(a)(7)(D)

Service: Health Maintenance

Local Strategy #1A: Maintain a Health Maintenance component by contracting with local vendors that will provide such as: medications, nutritional supplements, glasses, dentures, hearing aids or other devices necessary to promote or maintain the health and/or safety of the eligible individuals.

Staff Position(s) Responsible for Strategy: Care Coordinators/Contractors

Measurable Outcome: 1. Eligible individuals will be able to participate in the development of their service plan. 2. Determine the scheduling of hours and selection of their preferred vendor. 3. Depending on their needs, eligible individuals will be provided the opportunity to participate in the service plan that will include the selection on the particular service that will best meet their needs.

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

Service: Senior Center Operations

Local Strategy #1A: Provide senior center operations where older individuals meet together to pursue mutual interests, receive services and/or take part in activities which will enhance their quality of life, support their independence, and encourage their continued involvement in and with the community. Should the need arise, the Area Agency on Aging is designating this service to be subject to the categorical transfer.

Staff Position(s) Responsible for Strategy: All AAoA administrative staff and Contractors

Measurable Outcome: Eligible individuals will be able to participate in at least 7 senior centers on a daily basis and take advantage of various activities.

OAA Assurances: 306(a)(4)(C), 306(a)(1)

Service: Transportation – Demand Response

Local Strategy #1A: Provide transportation – as a demand response service as an avenue for seniors to access community, health services, and nutrition sites in order to allow them to remain in their homes as long as possible in the least restrictive environment.

Staff Position(s) Responsible for Strategy: Care Coordinators/Contractors

Measurable Outcome: Eligible will be able to access services that will provide them the opportunity to remain active and independent.

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

Service: Transportation – Voucher

Local Strategy #1A: Provide transportation – In case the opportunity arises, implement a transportation voucher system as an option for seniors to use an avenue to access community, health services, and nutrition sites in order to allow them to remain in their homes as long as possible in the least restrictive environment.

Staff Position(s) Responsible for Strategy: Care Coordinators/Contractors

Measurable Outcome: Eligible will be able to access services that will provide them the opportunity to remain active and independent.

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

Service: Homemaker

Local Strategy #1A: Provide homemaker services to homebound seniors in order to for them to remain in a more hospitable environment in their homes allowing them to remain independent and living with dignity and respect.

Staff Position(s) Responsible for Strategy: Care Coordinators/Contractors

Measurable Outcome: 1. Eligible individuals and family members will be able to participate in the development of their service plan.2. Determine the scheduling of hours and selection of their preferred provider based on the AAOA vendor list.

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

Service: Personal Assistance

Local Strategy #1A: Provide personal assistance services to homebound seniors in order to allow them to live an independent life with dignity and respect.

Staff Position(s) Responsible for Strategy: Care Coordinators/Contractors

Measurable Outcome: 1. Eligible individuals and family members will be able to participate in the development of their service plan.2. Determine the scheduling of hours and selection of their preferred provider based on the AAOA vendor list.

OAA Assurances: 306(a)(2)(B), 306(a)(4)(C), 306(a)(13)(A), 306(a)(13)(B)

Service: Residential Repair

Local Strategy #1A: Provide residential repair/modification services in order to allow seniors the opportunity to remain independent as long as possible in their homes with dignity and respect

Staff Position(s) Responsible for Strategy: Care Coordinators/Contractors

Measurable Outcome: . 1. Eligible individuals will be able to participate in the development of their service plan. 2. Selected individuals will have their homes modified to allow them to remain in their homes. 3. Be able to live a more safe environment. 4. They will also provide feedback on whether they are satisfied with the work done as the final step.

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

Service: Emergency Response

Local Strategy #1A: Provide an opportunity to homebound seniors to live in a safe home environment by offering emergency response services as a possible option.

Staff Position(s) Responsible for Strategy: Care Coordinators/Contractors

Measurable Outcome: Eligible individuals will be provided an automatic monitoring device to provide them a sense of security and safeguard in case of fall or injury.

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

Service: Mental Health Services

Local Strategy #1A: Develop partnerships and opportunities to address mental health issues affecting seniors in order to provide an opportunity for them to live independently in the least restrictive environment.

Staff Position(s) Responsible for Strategy: Director, Assistant Director, Admin Tech IV, Program Planner, and Program Administrators

Measurable Outcome: Eligible individuals who require support and treatment will be provided mental health services.

OAA Assurances: 306(a)(1), 306(a)(4)(C)

Service: Evidence-Based Intervention

Local Strategy #1A: Implement an Evidence-Based Intervention in cooperation with a local hospital utilizing the CTI Coleman model in order to address the issue of individuals transitioning from an acute setting to home

Staff Position(s) Responsible for Strategy: Director, Assistant Director, Program Planner, and CTI Coach

Measurable Outcome: Eligible individuals will participate on a one-to-one bases with a health coach to develop a self-directed plan to take control of their health

OAA Assurances: 306(a)(1), 306(a)(4)(C), 306(a)(7)(C) 306(a)(5)

Local Strategy #1B: Depending on available funding or partnership opportunities, implement other Evidence-Based Interventions such as but not limited to Falls Prevention, Stress-busters, Diabetes Self-Management Training, Medication Management or other evidence-based interventions that support health aging.

Staff Position(s) Responsible for Strategy: Director, Assistant Director, Admin Tech IV, Program Planner, and Program Administrators

Measurable Outcome: Eligible individuals will participate on a one-to-one bases or in a group setting informational or instructional events to promote health live styles and prevent injuries, or other catastrophic events.

OAA Assurances: 306(a)(1), 306(a)(4)(C), 306(a)(7)(C), 306(a)(5)

Service: Recreation

Local Strategy #1A: Contingent on available funding, provide seniors in senior centers the opportunity to be healthy and active by providing recreational activities.

Staff Position(s) Responsible for Strategy: Admin Tech IV and Senior Centers

Measurable Outcome: : Eligible individuals will participate on a one-to-one bases or in a group setting recreational activities to stimulate the mind or provide an opportunity to be active and meet other individuals with similar interests.

Section E. Nutrition Services

ACL/AoA Focus Area(s):

Focus Area 1:

- Strengthen or expand Title III and VII services

Focus Area 2:

- Programs that support community living

State Objective: **Non-Medicaid Services** Sub-strategy #1: Nutrition Services

Provide a locally based system of nutrition services that includes meals, counseling and education designed to promote good health and to prevent illness.

Local Goal: To provide nutrition services to elderly individuals in order to support healthy living and fight hunger among the elderly in the Lower Rio Grande Valley

Local Objective #1: The Area Agency on Aging will maintain a locally based system of nutrition services that will include meals in a congregate setting and services to homebound seniors, and contingent on available funding counseling and education designed to promote good health and to prevent illness.

Service: Congregate Meals

Local Strategy #1: Contract with a local provider to provide hot meals in a Congregate Setting (Senior Center/Nutrition Site) at least 5 days a week for a minimum of 250 days during the contract year. Meals shall comply with all of the requirements set forth by the AAA and supported by the Older Americans Act. Submit a categorical transfer waiver should be budget exceed the allowable categorical transfer authority

Staff Position(s) Responsible for Strategy: Director, Assistant Director, Planner, Technician IV (Administration) and Contractor

Measurable Outcome: 1. Eligible seniors and their spouses in attendance will receive a well balanced meal. 2. Be able to meet other individuals and avoid isolation. 3. Meals will be served at least 250 days of the contract year.

OAA Assurances: 306(a)(4)(A), 306(a)(4)(C), 306(a)(15)(A), 306(a)(15)(B), 306(a)(1)

Service: Home Delivered Meals

Local Strategy #1: Contract with a local provider to provide home delivered meals at least 5 days a week for a minimum of 250 days during the contract year. Meals shall comply with all of the requirements set forth by the AAA and supported by the Older Americans Act. Submit a categorical transfer waiver should be budget exceed the allowable categorical transfer authority

Staff Position(s) Responsible for Strategy: Director, Assistant Director, Planner, Technician IV (Administration) and Contractor

Measurable Outcome: 1. Eligible seniors and their spouses in will receive a well balanced meal. 2. Meals will be served at least 250 days of the contract year.

OAA Assurances: 306(a)(4)(A), 306(a)(4)(C), 306(a)(15)(A), 306(a)(15)(B)

Service: Nutrition Education

Local Strategy #1: Contingent on available funding, provide nutrition education in collaboration with the nutrition provider to promote nutritional well-being in order to delay the onset of adverse health issues with seniors

Staff Position(s) Responsible for Strategy: AAA Staff Dietician/Provider

Measurable Outcome: Eligible individuals will be able to participate in educational events geared towards healthy nutrition to promote healthy living.

OAA Assurances: 306(a)(4)(C), 306(a)(5), 306(a)(15)(A), 306(a)(15)(B)

Service: Nutrition Counseling

Local Strategy #1: Contingent upon available funding, provide individualized advice or guidance about options and methods for improving nutritional status, and performed by a registered dietitian to older individuals at nutritional risk due to health or nutritional history, dietary intake, medications, or chronic illness.

Staff Position(s) Responsible for Strategy: AAA Staff Dietician/Partners

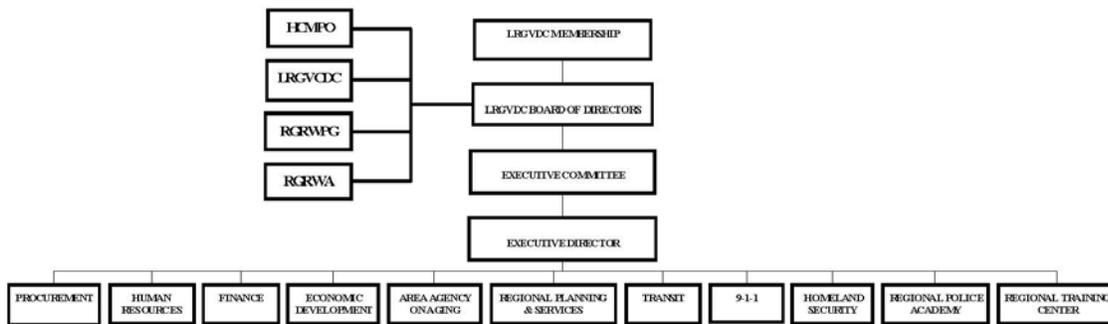
Measurable Outcome: 1. Eligible individuals will have an opportunity to participate in a group setting or on a one-to-one basis to discuss options regarding nutrition and how it affects the well being of the individual. 2 Participate in educational events to further their well-being.

OAA Assurances: 306(a)(4)(C), 306(a)(15)(A), 306(a)(15)(B)

Attachments

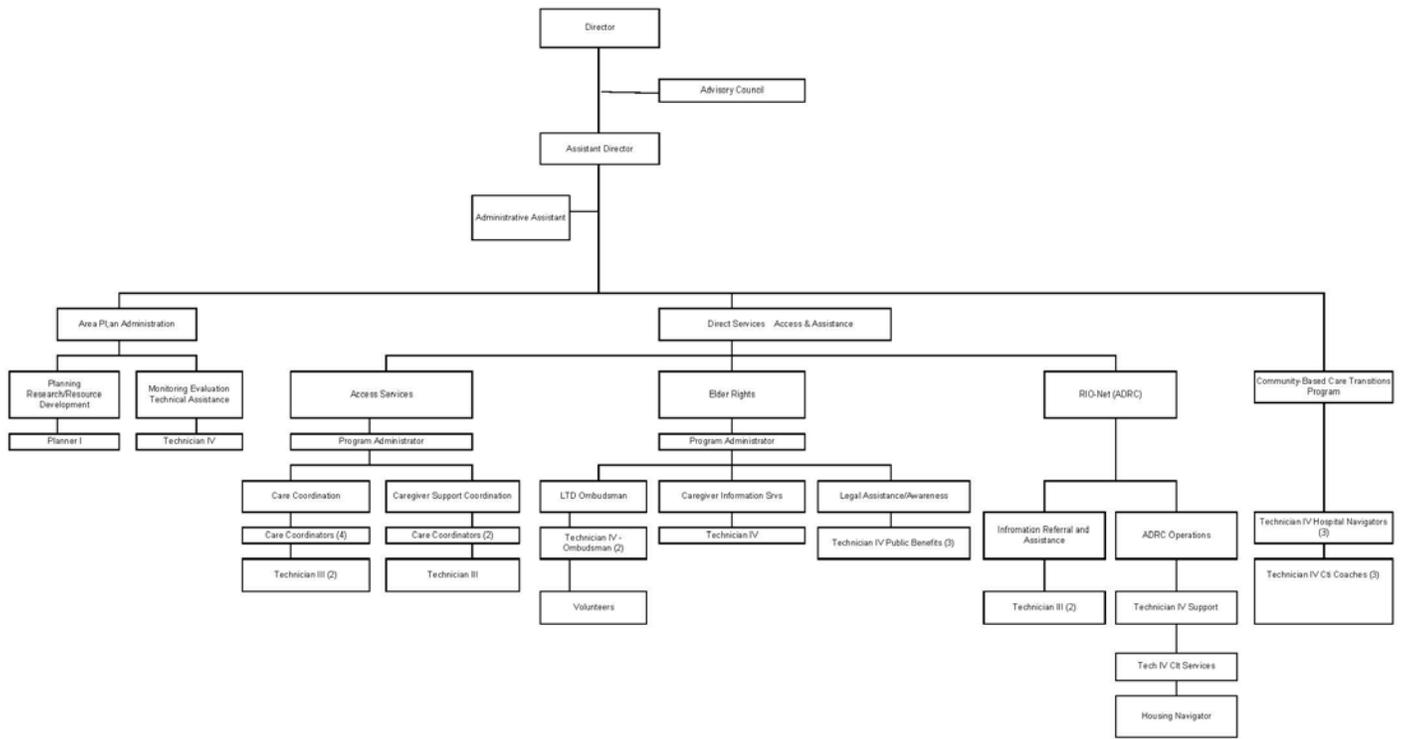
Organizational Chart

LRGVDC ORGANIZATIONAL CHART MANAGEMENT



HCMPO - Hidalgo County Metropolitan Planning Organization
 LRGVDC - Lower Rio Grande Valley Certified Development Company
 RGRWPG - Rio Grande Regional Water Planning Group
 RGRWA - Rio Grande Regional Water Authority

Lower Rio Grande Valley Area Agency on Aging



Staff Activities

| Name | Activity | Percentage of Time Spent on Activity |
|------------------|--|--|
| Jose L. Gonzalez | Area Plan Administration | 100 |
| Richard Flores | Area Plan Administration | 40 |
| Mary Villarreal | Area Plan Administration | 100 |
| Elida Carranza | Area Plan Administration | 100 |
| Mary Rojas | Area Plan Administration | 100 |
| Marilu Fuentes | Care Coordination | 100 |
| Jamie Garza | Care Coordination | 100 |
| Vivianna Moreno | Care Coordination | 100 |
| Israel Yañez | Care Coordination | 100 |
| Aleida Tirado | Care Coordination | 75% Care Coordination/25% Caregiver Support Coordination |
| Monica Rocha | Care Coordination | 100 |
| Kathy Martinez | Care Coordination | 100 |
| Rosie Recio | Care Coordination | 100 |
| Debra Lachico | Ombudsman, Caregiver Information Services, Legal Awareness, and Legal Assistance | 70% Ombudsman – 10% CIS – 10% Legal Awareness – 10% Legal Assistance |
| Molly Segovia | Ombudsman | 100 |
| Anna M. Treviño | Ombudsman | 100 |
| Denise Wylie | Caregiver Support Coordination | 100 |
| Amenda Garcia | Caregiver Support Coordination | 50% Care Coordination/50% Caregiver Support Coordination |
| Dora Moreno | Caregiver Support Coordination | 100 |
| Alma Ramos | Information, Referral & Assistance | 100 |
| Yadira Flores | Information, Referral & Assistance | 100 |
| Veronica Alegria | Legal Awareness/Legal Assistance | 85% Legal Awareness 15% Legal Assistance |
| Albina Castro | Legal Awareness/Legal Assistance | 85% Legal Awareness 15% Legal Assistance |
| Anna De Leon | Legal Awareness/Legal Assistance | 85% Legal Awareness 15% Legal Assistance |
| Noemi Rodriguez | Caregiver Info. Services | 100 |
| Rosmary Valdez | Evidence-based Intervention | 100 (CTI Coach) |

Standard Assurances

ASSURANCE OF COMPLIANCE

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

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

Date

Signature of Authorized Official

Kenneth N. Jones, Executive Director
Name and Title of Authorized Official (print or type)

301 W. Railroad St.
Street Address

Weslaco, Texas 78596
City, State, Zip Code

AFFIRMATIVE ACTION PLAN

The Lower Rio Grande Valley Development Council 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.

Kenneth N. Jones 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+) | # <u>29</u> <u>17.58</u> % | # _____ % |
| Minority | # <u>157</u> <u>95.15</u> % | # <u>4</u> <u>2.42</u> % |
| Women | # <u>85</u> <u>51.52</u> % | # <u>1</u> <u>.6</u> % |

Older Americans Act Assurances

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

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

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

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

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

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

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

306(a)(4)(A)

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

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

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

306(a)(6)(C)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Signature of Authorizing Official of Grantee

Date

Kenneth N. Jones, Executive Director

Lower Rio Grande Valley

Name and Title (Type or Print)

Area Agency on Aging

Approval – DADS AI-AAA

Date