

Area Plan

FFY 2021–2022

Lower Rio Grande Valley

PSA 21

301 W. Railroad St.

Irgvdc.org

Submitted April 2020

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1. Introduction to the Area Plan

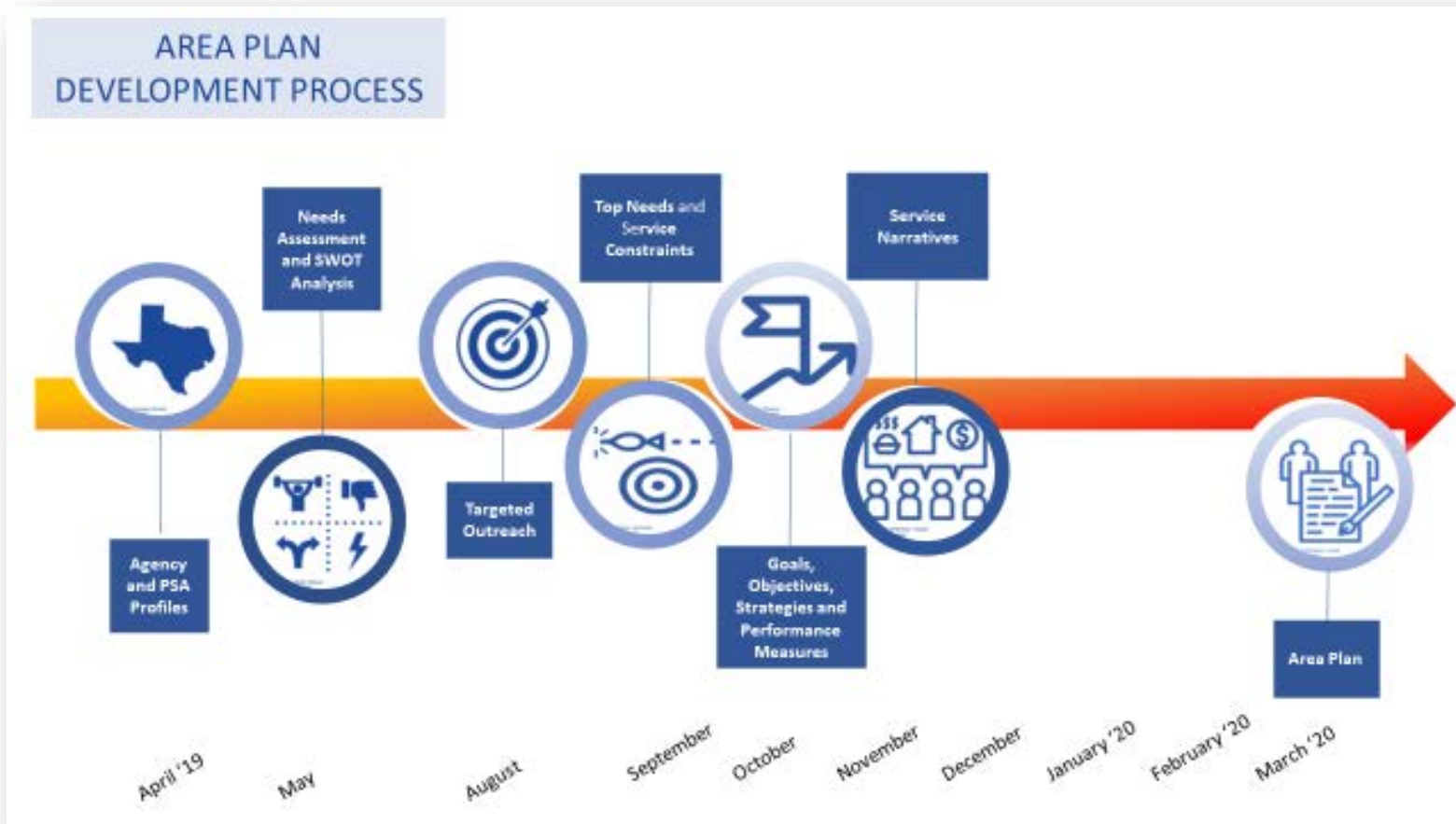
Purpose

This area plan describes in detail the specific services to be provided to older adults residing in the Planning and Service Area (PSA) 21. The Plan is developed in part from an assessment of needs of PSA 21 as determined by public input including invited participation of older adults, their caregivers, the advisory councils for the Area Agencies on Aging (AAA) and other appropriate stakeholder organizations. The plan also states the goals and objectives the AAA and its staff plan to accomplish during the planning period, subject to the availability and limitations of funding and the authorization of services provided by or through the AAA.

While a historical framework, including evaluating the extent to which the AAA met certain objectives and highlighting key accomplishments, is important in setting up the environment, the Area Plan is not a report of achievements. The Area Plan should reflect the agency's efforts to develop and execute plans, opportunities and partnerships for services to older adults over the next two years.

In planning to produce the area plan, agencies should consider the following development process.

Figure 1 Area Plan Development Process



Area Plan Development Timeline

Table 1 Area Plan Development Timeline

Milestone	AAA Month(s) of Activity	Suggested Dates ¹
Agency and PSA Profiles	April–May 2019	May 24, 2019
Regional Needs Assessment/SWOT Analysis	May–July 2019	August 2, 2019
Targeted Outreach	August 2019	September 6, 2019
Top Needs and Service Constraints	September 2019	October 4, 2019
Goals, Objectives, Strategies and Performance Measures	October–November 2019	December 6, 2019
Service Narratives	October–November 2019	December 6, 2019
Area Plan	February–March 2020	March 27, 2020

¹ Area plans are due to OAAA **March 27, 2020**. OAAA recommends that agencies complete each milestone by its suggested date to ensure completion of the final product by the anticipated due date.

Area Plan

FFY 2021–2022

2. Area Plan Certification

AAA INFORMATION

LEGAL NAME OF AGENCY: AREA AGENCY ON AGING OF THE LOWER RIO GRANDE VALLEY

MAILING ADDRESS: 301 W. RAILROAD | WESLACO, TX 78596

TELEPHONE: 956-682-3481

FEDERAL ID NUMBER: 1741586916

CERTIFICATION BY LOWER RIO GRANDE VALLEY DEVELOPMENT COUNCIL BOARD OF DIRECTORS AUTHORIZED OFFICIAL, AAA ADVISORY COUNCIL CHAIR, LOWER RIO GRANDE VALLEY DEVELOPMENT COUNCIL EXECUTIVE DIRECTOR AND AAA DIRECTOR

I HEREBY CERTIFY THAT:

- The attached document reflects input from the recipients of services under the area plan who are representative of all areas and culturally diverse populations of the PSA.
- The attached document incorporates the comments and recommendations of the AAA Advisory Council.
- The attached document has been reviewed and approved by the AAA Board of Directors.
- The AAA has coordinated the planning, identification, assessment of needs and provision of services for older adults with disabilities with agencies that provide services to people with disabilities.

ADDITIONALLY:

- Signatures below indicate that the area plan has been reviewed and approved by the respective governing bodies.

I further certify that the contents are true, accurate and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance. I have reviewed and approved this 2021–2022 Area Plan.

Signing this form verifies that the Lower Rio Grande Valley Development Council, Lower Rio Grande Valley Development Council Board of Directors, AAA Advisory Council, and the Area Agency on Aging of the Lower Rio Grande Valley understand that they are responsible for the development and implementation of the area plan and for ensuring compliance with Section 306, OAA.

LOWER RIO GRANDE VALLEY DEVELOPMENT COUNCIL INTERIM EXECUTIVE DIRECTOR

NAME: KENNETH N. JONES

SIGNATURE: _____

DATE: / /2020

LOWER RIO GRANDE VALLEY DEVELOPMENT COUNCIL BOARD OF DIRECTORS AUTHORIZED OFFICIAL

NAME: MAYOR DAVID SUAREZ

SIGNATURE: _____

DATE: / /2020

AAA ADVISORY COUNCIL CHAIR

NAME: EMILIO VERA

SIGNATURE: _____

DATE: 3/16/2020

AAA DIRECTOR/AUTHORIZED OFFICIAL

NAME: JOSE L GONZALEZ

SIGNATURE: _____

DATE: / /2020

3. Executive Summary

The Area Agency on Aging of the Lower Rio Grande Valley Development Council (AAA) presents the Area Plan for the period of 2021 thru 2022. The Area Plan is a blueprint providing the specific structure and subsequent activities to be carried out by the Area Agency on Aging of the Lower Rio Grande Valley for the next two years. The Area Agency on Aging, a program of the Lower Rio Grande Valley Development Council, serves the three southernmost counties in Texas: Cameron, Hidalgo, and Willacy. The senior population for the Lower Rio Grande Valley area is approximately 4.4 % of the State's 60+ population. The majority of the senior population in the region are in Cameron and Hidalgo Counties with approximately 98% of the 60+ population. Hidalgo County, the largest county, has the majority at 62% while Cameron County has 36% of the senior population share. The uniqueness of the population in the area is due to the high number of minority and low-income seniors; the proximity to the Mexican border and warm climate attracts over 100,000 seasonal visitors from the north and are affectionately known as "Winter Texans."

As described in this Plan, the AAA of the Lower Rio Grande Valley will focus on six distinct goals in response to needs for health and nutrition, housing, transportation, and attracting new partnerships. The needs were identified using the information gathered from the Regional Needs Assessment and the Information, Referral, and Assistance data for the two-year period of 2016 to 2018, as well as a survey. This data also supports Social Determinants of Health. Furthermore, AAA has identified several gaps in resources to address these needs.

Ultimately, in order to address the needs of the Lower Rio Grande Valley Region, AAA will focus on strengthening its local partnerships of the Citizens Advisory Committee. The Area Agency on Aging has its traditional, long-standing partnerships, but the need to identify new, non-traditional partners in order to expand access to services is critical. For this particular goal, the AAA of the Lower Rio Grande Valley will seek support through the Small Cities Coalition and other local groups. In addition to attracting new partnerships, AAA will also address the need to expand senior centers as well as through targeted outreach and community engagement for senior services. The focus will be to strengthen the access and assistance component of AAA to increase capacity for direct consumer services.

The population of local seniors and "Winter Texans" actively contributes to the region's economy. The region has the highest number of adult day care centers per capita in comparison to the other Area Agencies on Aging in the State with over 140 home health agencies and adult day care centers.

4. Mission and Vision Statements

Mission

Provide an opportunity for a high quality of life of older persons through the development and expansion of a comprehensive and coordinated social service delivery.

Vision

The Area Agency on Aging of the Lower Rio Grande Valley shall improve, coordinate and maintain a locally based system of resources and services such as access to quality health care, comprehensive care for vulnerable individuals, and accessible services to safeguard a livable, healthy, and safe community for persons of all ages.

5. Board of Directors

Membership Composition

The LRGVDC's General Membership includes county and municipal government, school districts, education institutions, special-purpose governmental units, representatives of grassroots, at-large and other stakeholder organizations dedicated to the regional, unified development of the Lower Rio Grande Valley. The LRGVDC is governed by a twenty (27) member Board of Directors, of whom two-thirds are required to be elected officials of the designated boundaries. This Board is primarily responsible to provide direction for LRGVDC programmatic implementation through LRGVDC policies, committees, plans, and programmatic activities. Board elections are carried out during the membership meeting in May of every year.

Frequency of Meetings

LRGVDC Board of Directors meetings are held the last Wednesday of each month. The December meeting is usually the first week in December as it combines November and December meeting. There are no meetings held in the months of July and November.

Officer Selection Schedule

Board members are selected each May, and terms of office are one year.

Board Officers

Table 2 Board of Directors Executive Committee 2019-2020

Title	Name	Term
President	Mayor David Suarez	1 year
1st Vice-President	Mayor Jim Darling	1 year
2nd Vice-President	Judge Aurelio Guerra	1 year
Treasurer	Mayor Chris Boswell	1 year
Secretary	Mayor Ambrosio Hernandez	1 year
Immediate Past President	Honorable Norma G. Garcia	1 year

6. Advisory Council

Council Composition

The AAA Citizen's Advisory Committee (CAC) is comprised of over 50% of members aged 60 and over. Representation from the community includes, but is not limited to representatives of the local business community, family caregivers, local elected officials, partnership agencies, general public, and seniors.

Frequency of Meetings

Meetings are held the second Tuesday of each month, and no meetings are held in December. All meetings are held in conjunction with the LRGVDC Board of Directors meeting schedule.

Member Selection Schedule

The Citizen's Advisory Council membership appointments are submitted for approval during each September LRGVDC Board of Directors meeting to ensure CAC members are approved by the beginning of each fiscal year. As vacancies occur and replacements are recruited, members are brought to the Board for approval.

Table 3 Advisory Council Composition

Category	Number of Members
Older adults residing in rural areas	2
Clients of Title III services	0
Older adults	8
Minority older adults who participate or are eligible to participate in OAA programs	8
Local elected officials	0
General public	15
Veterans' health care providers, if applicable	0
Service providers	5
Family caregivers of older adults who are minority or who reside in rural areas	1
Business community representatives	1
Representatives of older adults	15
Representatives of health care provider organizations	1
People with leadership experience in the private and voluntary sectors	5
Representatives of supportive services provider organizations	5

Advisory Council Members

Table 4 Advisory Council Members

Name	Occupation or Affiliation	County of Residence	Member Since	Current Office Term	Name of Agency Group Represented
Emilio Vera	Businessman	Willacy	06/2009	9/2019	(60+) Former County Judge/Rep of seniors
Roy Fuentes	Retired (HHSC)	Hidalgo	2000	9/2019	(60+) General Public
Noe Portillo	Retired	Hidalgo	04/2015	9/2019	(60+) Veteran/General Public/Rep of seniors
Veronica De La Fuente	AARP	Cameron	05/2016	9/2019	Partner Agency
Maria C. Garza	TSHL	Hidalgo	02/2018	9/2019	(60+) General Public/Rep of seniors
Maria Hurtado	Retired	Hidalgo	04/19	9/2020	(60+) General Public/Rep of seniors
Tony Ocana	Tx Dept of Assisted and Rehabilitative Services	Hidalgo	02/2009	9/2019	(60+)/Partner Agency/Rep of Seniors

Name	Occupation or Affiliation	County of Residence	Member Since	Current Office Term	Name of Agency Group Represented
Nela Leal	Mission Housing Authority	Hidalgo	06/2008	9/2019	Partner Agency/Rep of Seniors /Caregiver
Irma Hulen	Businesswoman	Willacy	04/2016	9/2019	(60+) Rep of Seniors
Rose R. Timmer	Healthy Communities of Brownsville & TSHL	Cameron	05/2016	9/2019	(60+)/Partner Agency/Rep of Seniors/Caregiver
Dr. Sudershan Pasupuleti	UTRGV – School of Social Work	Hidalgo	03/2018	9/2019	Partner Agency
Leslie D Meyer	Texas Southmost College (Social Work)	Cameron	05/2016	9/2019	Partner Agency
Richard Aguirre	HHSC (Regional Director – Community Services)	Hidalgo	01/2019	9/2019	Partner Agency
Rumaldo Juarez	Adult Protective Services	Hidalgo	06/2013	9/2019	Partner Agency
Christina Botello	Tropical Texas Behavioral Health	Hidalgo	11/2016	9/2019	Partner Agency

7. Agency Description and PSA Profile

Identification of Counties and Major Communities

The Lower Rio Grande Valley Development Council (LRGVDC) serves the counties of Cameron, Hidalgo, and Willacy. The tri-county area covers approximately 3,052.34 square miles and is in the southernmost portion of Texas. The Lower Rio Grande Valley



is extremely different from any other area of Texas and is also distinct from the rest of the border regions along the U.S./Mexico border. The region is somewhat isolated from other metropolitan areas of Texas: located 240 miles south of San Antonio, 153 miles southwest of Corpus Christi, and 161 miles southeast of Laredo, Texas. The area is bordered by Mexico to the south

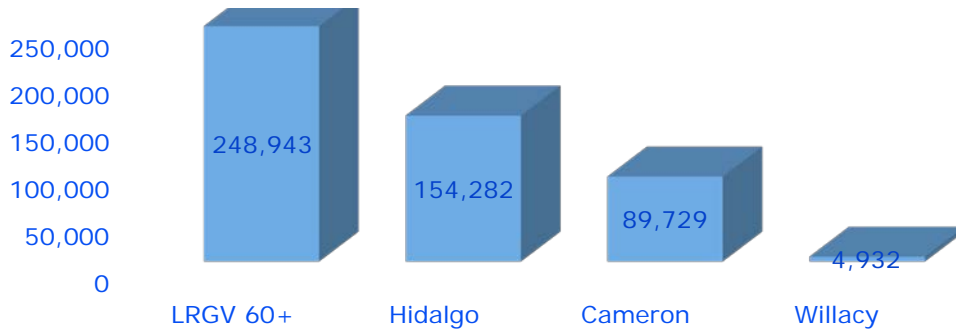
and the Gulf of Mexico to the east, and rural areas of Starr, Brooks, and Kennedy counties to the west and north. Hidalgo County is the largest of the three counties and with the most municipalities in various sizes. The main of population concentration is around the McAllen Metropolitan Statistical Area. The population within the cluster of Edinburg, Mission, McAllen, and Pharr is 396,887 and represents about 30.4 % of the region's population. Hidalgo County has 23 municipalities of which, 9 have a population of 25,000 or more. McAllen is the largest municipality with a population of 142,696. Cameron County, the second largest county, has 16 municipalities varying in size. The three largest includes Brownsville, Harlingen, and San Benito with the total population of 273,294. The population from these three communities represent 20.9 % of the region's population. Willacy County is the least populated county in the region. Raymondville, the county seat, is the largest municipality with a population of 11,003.

Socio-Demographic and Economic Factors

The Lower Rio Grande Valley Development contains the fifth largest population in comparison to the 24 Council of Governments. According to latest statistics from the Texas Demographers office, the Rio Grande Valley's population size is 1,308,607 as

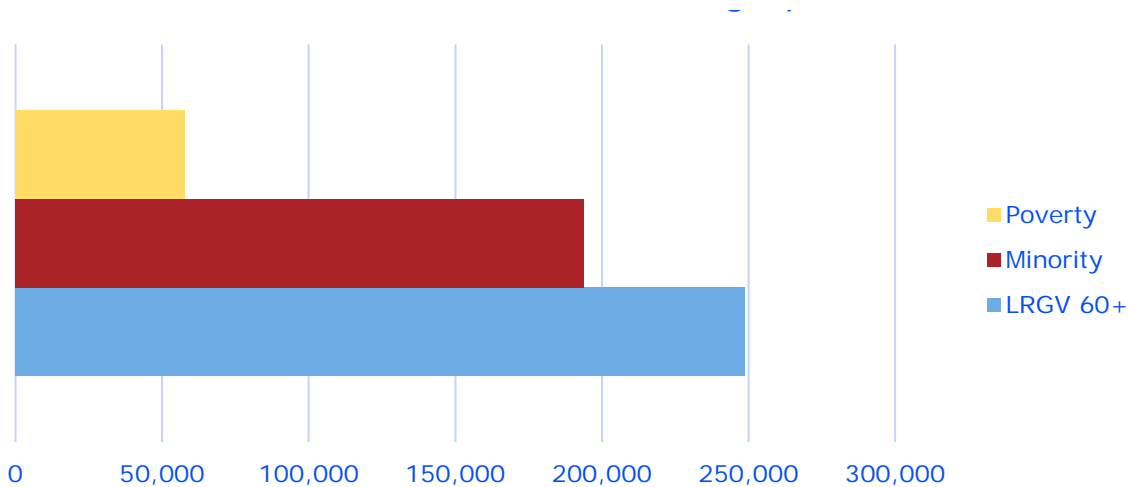
of January 1, 2018, and the Hispanic population accounts for 91% of the population. The Area Agency on Aging of the Lower Rio Grande Valley is also among the largest of the Area Agencies on Aging in Texas with approximately 248,943 individuals aged 60 and over. This is approximately 19% of the general population. Ninety-eight percent of the population resides in Cameron and Hidalgo Counties.

Source: Texas Demographic Center



Because of the uniqueness of the region, the area is comprised of a high minority and a high low-income population of which, both categories are higher than the State's. The 60 and over minority population is 193,837 or 78% of the 60+ population compared to 91% of the general population. The minority population is also primarily Hispanic, and the estimated 60+ low-income population is 57,694.

Source: Texas Demographic Center

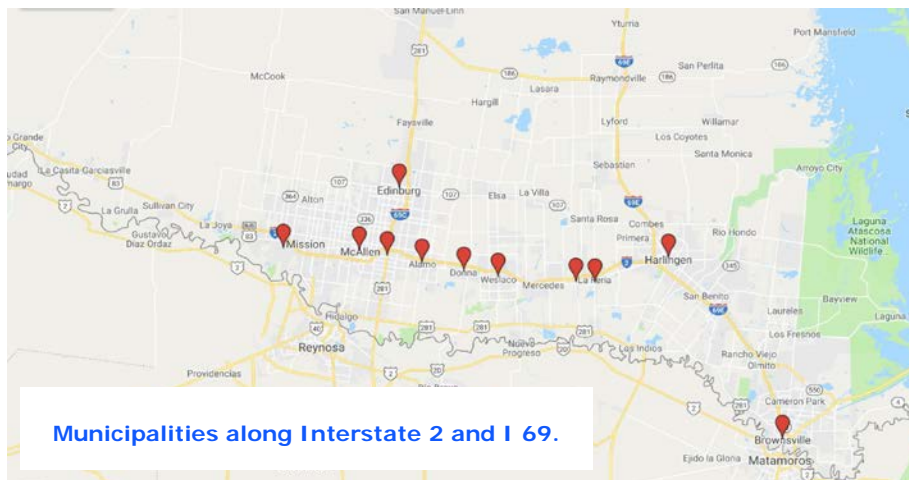


In addition to Lower Rio Grande Valley residents, approximately 106,000 Winter Texans call the Valley home for an average 133 days, according the 2017 – 2018 Winter Texan Report compiled by the University of Texas Rio Grande Valley School of Business. This report documents the economic impact this population contributes

to the Valley and Northern Mexico in which Winter Texans take advantage of walking trails, birding centers, national wildlife parks such as the Santa Anna Wildlife refuge.

Given the variables and inconsistencies in the senior population in the region it is not possible to map or designate areas with a significant concentration of special populations such those with limited English proficiency, low-income, and minority older adults.

The majority of the population is distributed west to east along Interstate 2 and I69, from Sullivan City to Brownsville. The majority of rural areas are north and south of Interstate 2 and I 69 and along Hwy 107 and Military Hwy (281).



Economic and Social Resources

The proximity to northern Mexico and number of entry points contribute to the economy of both nations, specifically the Lower Rio Grande Valley. The Rio Grande Valley 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 and the Pharr Bridge in Hidalgo County.

The Rio Grande Valley has four navigation Ports along the Gulf of Mexico: Port of Harlingen, Port Mansfield, Port Isabel/San Benito, and the Port of Brownsville. These ports link the region to the various international seaports.

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: Highways US 77, US 83 and US 281 (I69 Corridor). Highway US 83 runs east to west in the Valley from Brownsville to McAllen and westward out of Hidalgo County towards Laredo. US 77 is a north-south traffic highway, beginning in Brownsville runs parallel with US 83 to Harlingen and north to Raymondville and out of Willacy County toward Kingsville and Corpus Christi. US 281 provides another north-south traffic highway. Beginning in Brownsville, running through Pharr and Edinburg to the northern boundary of Hidalgo County, and ends at the Canadian border. These highways enable travel between Valley cities and provide connections to major interstate highways outside the region.

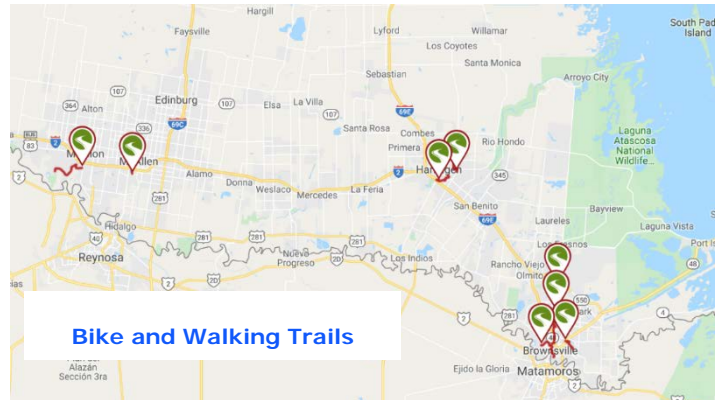
In addition to land and water accessibility, the Rio Grande Valley has six airports. The largest commercial airports are located in McAllen and Harlingen, however, Brownsville airport is also providing commercial service. The airports located in Weslaco and Edinburg are developing into successful freight 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 106,000 Winter Texans. Out of this number, over 92% of them are aged 60 and over with an average age of 72 (2017-2018 UTRGV 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 in the area.

From an economic standpoint, Hidalgo County, the largest county, has the bulk of the economy for the region. It has the highest number of incorporated communities in the region. The MSA of McAllen, Edinburg, Pharr, and Mission have a population in excess of 300,000. The majority of the hospitals and medical centers are located in this area as well as financial institutions and private businesses.

Cameron County encompasses the large cities of Brownsville, Harlingen and San Benito. Business interest are between Harlingen and Brownsville. Brownsville is the largest municipality in the region. Across from Brownsville is Matamoros, Mexico, one of the largest Mexican municipalities in Northern Mexico. Along with Matamoros is Reynosa, 10 miles south of McAllen.

The Lower Rio Grande Valley is in the mist of developing a regional network of biking trails which will connect Mission, Edinburg, McAllen, Harlingen, Brownsville, and all cities in between.



Several of these hike and bike trails also connect to National Wildlife Refuges in the area. The Cara Cara Trails Network in Cameron County is being implemented by a range of stakeholders including foundations, businesses, municipalities, non-profits and grassroots, and federal and state partners. The vision of the network includes 428 miles of trails, with at least 120 miles being designated a U.S. Bicycle Route. The driver of this project is to increase physical activity, tourism, and economic development, all while increasing mobility and healthy lifestyles.

The University of Texas Rio Grande Valley is the largest post-secondary educational institutions with satellite campuses in Harlingen, Edinburg, and Brownsville. South Texas College, main campus is in McAllen with campuses in Weslaco and Rio Grande City. Texas A&M also has a vibrant South Texas campus in McAllen. Texas State Technical College in Harlingen is one of ten campuses in Texas providing local residents the opportunity for high tech training.

The LRGVDC developed the Explore RGV program with the focus of highlighting assets across the four-county area: Starr, Hidalgo, Cameron, and Willacy. The asset directory features destinations for families, birders, wayfarers, and the general public. The website, www.explorergv.com hosts an adventure guide for transportation and resources, shopping, historical sites, museums and culture, attractions and entertainment, and outdoors and recreation.

Description of Service System

As a sustainable funding and support model, the LRGVDC utilizes a population-based dues membership structure to match grant funds and provide support for various programs and projects. However, each program in the LRGVDC is also tasked with identifying public-private partnerships to enhance the capacity of funding. All Area Agency on Aging of the Lower Rio Grande Valley subrecipients provide match in addition to the dues collected to further maximize service. Specifically, the cities of McAllen, Mission, Edinburg, Pharr, and Harlingen provide CDBG funds to provide health maintenance services to the senior residents.

The Area Agency on Aging of the Lower Rio Grande Valley has fostered local partnerships to ensure access to services and network providers. For example, a partnership with the local food bank focuses on identifying methods to assist homebound seniors and seniors at congregate meal sites. Additional partnerships include local hospitals to expand the evidence-based intervention programs, and with Affordable Care Organizations (ACO) to provide contractual opportunities.

The Area Agency on Aging provides direct services and utilizes contractors which directly impact the consumer. The service component includes case management (care coordination), caregiver support coordination (care coordination for caregivers), legal assistance, legal awareness, evidence-based intervention (care transitions), information, referral, and assistance. Special services include the long-term care ombudsman for individuals in skilled nursing facilities and assisted living facilities.

Contract for services are divided in two parts. One part includes contracting with home health agencies, pharmacies, transportation providers, and building contractors under the direct purchase of services. The second part represents the

subrecipients for operational services such as senior center operations, transportation, congregate meals, home delivered meals, caregiver education and training, caregiver information services, and respite non-residential. These providers are utilized by case managers to purchase services on behalf of their clients. These services include homemaker, respite care, medical transportation, medication assistance, medical supplies and equipment, and home modifications.

The following report provides a transparent overview and outline of the programmatic functions of the Area Agency on Aging and describes the performance goals for the upcoming year, and a summary of the productivity outcomes achieved for the previous fiscal year. This report, along with other departments in the LRGVDC is submitted on an annual basis to the LRGVDC Board of Directors for approval and fulfills the functions of the Regional Planning Commission's Reporting requirements set forth by the Office of the Governor:

Area Agency on Aging Annual Report – Performance Goals & Productivity Outcomes
Fiscal Year 2020

2020 Performance Goals:

- A. Fulfill compliance requirements and obligations as the designated Area Agency on Aging (AAA) as authorized by the Texas Health and Human Services under the Older Americans Act.
- B. Provide a locally-based comprehensive service delivery system which provides eligible individuals access and benefits to community services.
- C. Administer and facilitate advisory committees, stakeholder groups, and outreach programs to solicit program guidance, create expanded awareness of services, and further develop a local partnership network of resources and services.
- D. Administer and monitor cooperative agreements with organizations for the local implementation of comprehensive and coordinated services to provide resources and services to older and vulnerable individuals.

2019 Productivity Outcomes:

GOAL A.

- A.1. Provided program oversight to comply with local, state, and federal requirements in relation to the approved Area Plan and requirements under the Older Americans Act.
- A.2. Conducted desk and on-side monitoring of all Title III services.
- A.3. Coordinated with the Office of Operations to acquire subrecipient and contractor agreements.
- A.4. Coordinated and filed all subrecipient agreements, applications, contractor agreements, and financial reports.

A.5. Conducted customer satisfaction surveys on all contracted services.

A.6. Sponsored the Annual Centenarian Recognition. The program celebrates the many contributions of our centenarians.

A.7. Assisted the Texas Silver Haired Legislature with the election process.

GOAL B.

B.1. Provided case management services to 1,588 unduplicated clients and 6,162-unit hours of service.

B.2. Provided caregiver support coordination to 566 unduplicated clients and 4,805-unit hours of service.

B.3. Provided legal assistance services to 649 clients.

B.4. Provided legal awareness services to 1,668 clients.

B.5. Legal awareness services also include the Medicare Provider and Patients Act (MIPPA) and the Health Insurance Counseling Advocacy Program (HICAP).

B.6. Provided Information, Referral and Assistance to 3,917 individuals.

B.6. Administered the Ombudsman program to provide a vehicle for nursing home and assisted living facility residents to voice concerns regarding quality of care.

B.7. The Ombudsman Program provided coverage to 35 skilled nursing facilities and 24 assisted living facilities, supported 432 nursing facility visits and 143 assisted living facility visits (approved 31 measure was 124). The complaint resolution rate was 95%; well above the approved performance measure of 85%.

B.8. Provided an Evidenced-base service to 1,145 individuals.

GOAL C.

C.1. Maintained an advisory council representing the seniors, business community, caregivers, low income, rural, and members from partner organizations by meeting eleven times during year.

C.2. Maintained the RIO-Net ADRC advisory council representing various organizations. LRGVDC conducted 11 ADRC meetings during the FY2019.

C.3. Submitted monthly reports to the Board of Directors on activities carried out by the Area Agency on Aging.

C.4. Provided information to regional groups like the Regional Small Cities Coalition on activities and presented ways to expand services to the small communities.

GOAL D.

- D.1. Entered into seven recipient agreements with social services to provide nutrition and support services in the region.
- D.2. Provided congregate meals serving 2,562 individuals with a total of 193,311 meals.
- D.3. Provided home delivered meals to 1,559 individuals with a total of 294,278 meals.
- D.4. Supported non-medical transportation service to 639 individuals with a total of 56,237 one-way trips. Transportation included access to nutrition, medical, recreational, and for senior centers.
- D.5. Ensured Senior Center Operations provided care to 2,213 individuals.
- D.6. Provided 3,819 individuals with Caregiver Education and Training.
- D.7. Entered into thirty-five vendor contractual agreements to provide support service such as medical transportation, homemaker, residential repairs, health maintenance, respite care.
- D.8. Administered homemaker services to 252 individuals with 9,528 units hours of service.
- D.9. Provided respite in-home care serving 482 caregivers with 26,099 hours of service.
- D.10. Ensured Health Maintenance was provided to 698 individuals with 979 units of services (items include medication assistance, medical supplies, and durable medical equipment).
- D.11. Provided residential repairs to 213 homes with improvements such as grab bars, ramps, and bathroom door widening.
- D.12. Provided outreach and education activities in rural areas and targeting low-income individuals, minorities, and individuals with limited English proficiency, as well as education activities pertaining to the Medicare Provider and Patient Act (MIPPA) relating to the Medicare cost savings and preventive services, and the Health Insurance Counseling and Advocacy Program (HICAP).
- D.13. Provided an expanded respite care program under the Administration for Community Living. Served 80 individuals with respite care services.
- D.14. Provided additional residential repairs under a grant from HHS under the Housing Bond Program which provided major repairs to 12 seniors in need.

D.15. Awarded funding by N4A to support the Lower Rio Project and collaborated with NCoA to expand MIPPA to working with Medicare Advantage Plan. The project served 266 individuals.

D.16. Provided funding to two subrecipients for the purchase of five vans to provide transportation services to seniors.

Focal Points

The Area Agency on Aging is the designated Focal Point for the Lower Rio Grande Valley. As such, it coordinates the accessibility and assistance services to provide the “front door” community resources for seniors.

Table 5 Focal Points

	Community Served	Name and Address of Focal Point	Services Provided	Services Coordinated with Other Agencies
1.	Cameron, Hidalgo, and Willacy Counties	Area Agency on Aging of the Lower Rio Grande Valley, 301 W. Railroad St. Weslaco, Texas 78596	Access and Assistance Services	Access and Assistance Services

Role in Interagency Collaborative Efforts

The Older Americans Act has provided a clear mandate to Area Agencies on Aging to engage in advocacy in order to improve the lives of our seniors. How the Area Agencies carry out that mandate is multifaceted. It can include direct or in-direct communication with Members of Congress or State Legislators to collaborating with local partners.

As the designated service agency for Senior services in the Lower Rio Grande Valley, the coordinated efforts and partnerships have proven to be the winning formula and process to meet the needs of residents thus allowing them to age healthy and independent while contributing to their community. Through long standing Memorandum Of Understanding documents with the Local Intellectual and Development Disability Authorities (LIDDAS) and Centers for Independent Living Services (CILS) in our area, available resources such as the Rio-Net Aging and

Disability Resources Center (ADRC), as well as the local 211 social service information, create a more seamless network of access for these populations.

Increasing our advocacy, along with support from local community leaders, will help initiate and implement more Evidenced-based programs that will enhance outcomes for the services rendered in our region.

In 2012, an opportunity to create and implement a resource mapping project with the Lower Rio Grande Valley Development Council - Economic Development Program was developed. The vehicle to that effort was the Regional Small Cities Coalition (RSCC). The coalition has a membership of 35 small cities in Cameron, Hidalgo, and Willacy counties. Each municipality participated in this endeavor to map the availability of local resources and medical access for the residents. Resources were identified using a template created to address the immediate needs of that city and area. Medical access, food, shelter, post-acute care, pharmacy to name a few were all identified and its proximity to the center of town. This created an opportunity to establish an advocacy effort with the small communities.

Through quarterly meetings with the RSCC, this information was shared with elected and city officials resulting in the identification of gaps of service identified. This led to the creation and inclusion of each city's logo/website on the ADRC Network of Care resource website. This website is maintained by both the Area Agency on Aging and the ADRC. The community and local agencies were then able to access each cities website and become part of the conversation towards inclusion. As a result, AAA and the ADRC received requests for health fairs and local senior and community centers were utilized by the Area Agency on Aging Benefits Counselor and Outreach staff to identify and address gaps.

Volunteers are a staple within Area Agency on Aging of the Lower Rio Grande Valley organization. Ombudsman volunteers provide an invaluable assistance to the current Ombudsman staff to cover the estimated 35 Nursing Homes in our region. These individuals have extensive training and background to assist those consumers with Nursing Home issues or concerns.

The AAoA Citizens Advisory Council or CAC consists of retired professionals who volunteer their time to assist and guide the programmatic functions and goals of the Area Agency on Aging. Meeting monthly, they address the needs of the senior and disabled populations by working hand in hand with the Aging and Disability Resource Center and other specialty program staff such as the Care Transitions Program. Consumers who wish to volunteer are directed to our partners who have, over the

years, created a robust volunteer program such as Texas Tropical Behavioral Health Center and the local CIL-Valley Association for Assisted Living.

8. Plan Development

Resources Used

- AGID
- American Community Survey
- American FactFinder
- ALICE
- BRFSS Survey Data
- NAPIS
- NASUAD
- POMP
- A Profile of Informal Caregiving in Texas
- SPURS
- The University of Texas at Austin Bureau of Business Research
- Texas Demographic Center
- Texas Comptroller of Public Accounts in Depth Resources
- Texas HHS Records and Statistics
- WOW Index
- Other UTRGV Winter Texan Report

9. Regional Needs Assessment/SWOT Analysis

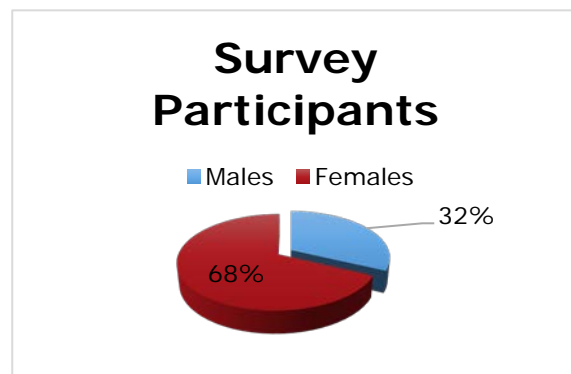
Regional Needs Assessment Development Process

The Area Agency on Aging initiated the Regional Needs Assessment process by researching previous needs assessments and instruments used. For the current Regional Needs Assessment, staff conducted an 18-month review of IR&A inquiries, an analysis of over 4,000 nutritional risk assessments, data sources, and previous one-on-one needs assessment. The existing instrument utilized was refined in both English and Spanish. The whole survey was a combination of non-clients, Title III consumers and seniors serviced by other providers such as adult day care centers. Overall, the sample size was 314 individuals.

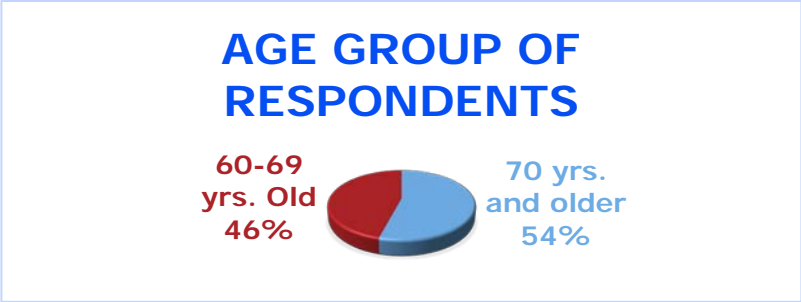
The areas addressed in the Regional Needs Assessment were health, nutrition, community services, transportation, self-assistance, education, financial, housing, and employment.

Survey or Public Forum Participants

Each of the 314 individuals surveyed were conducted face-to-face. The breakdown was 50% for Hidalgo County, 40% Cameron County and 10% Willacy County. The surveys were random in location and more than half were from seniors out in the community. The other surveys collected were from senior centers and adult day care centers. The survey respondents were 32% male and 68% female. Additionally, 17% of the respondents stated that their quality of life was worse than 5 years ago and 56% stated that their quality of life is the same from 5 years ago.

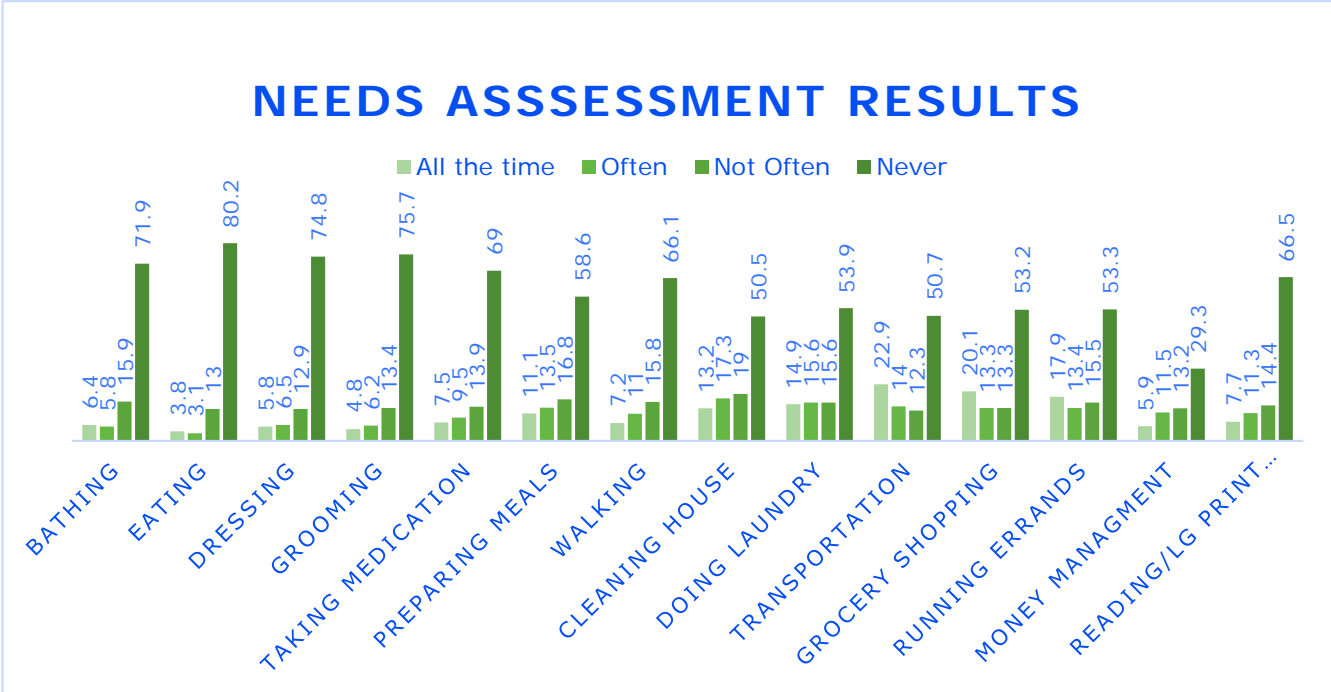


There was a split of the respondents based on age. The age groups were those 60 to 69 and those 70 and over.

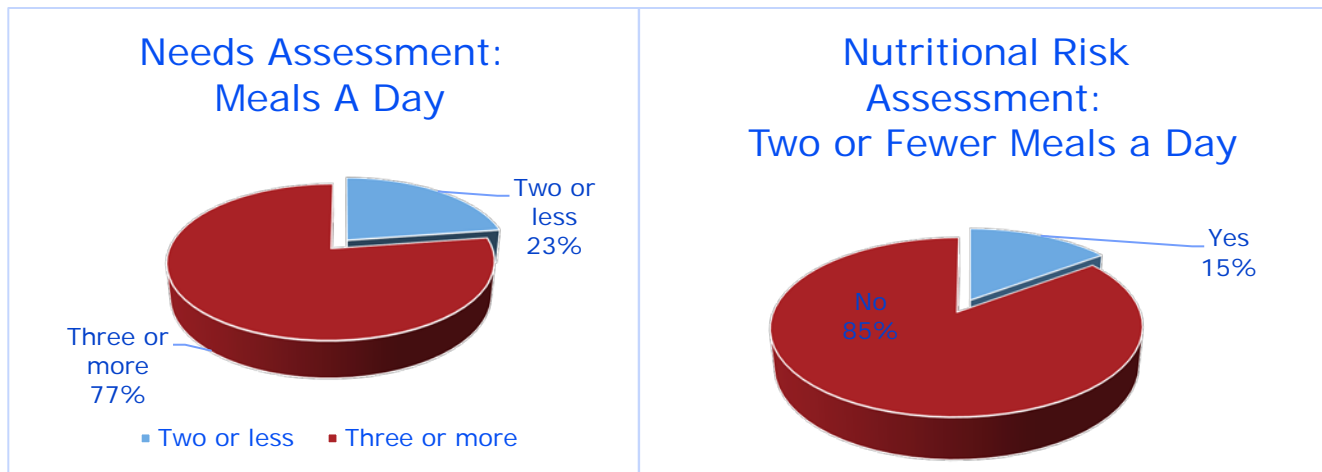


Key Findings

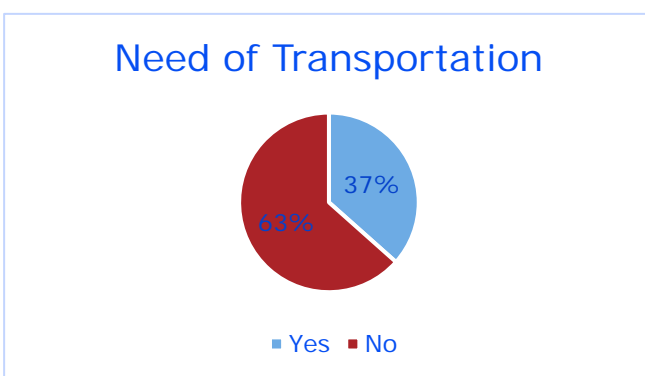
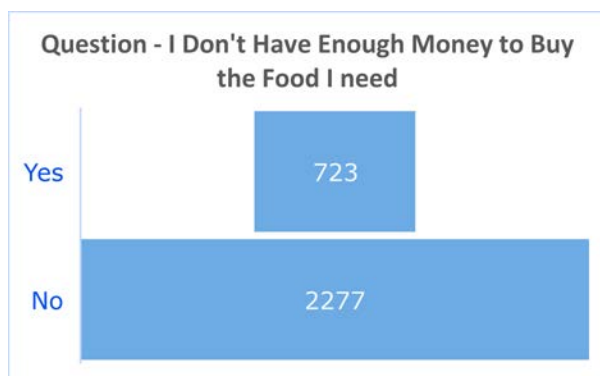
There are separate findings for each of the items addressed in the Needs assessment regarding health, nutrition, community services, transportation, self-assistance, education, financial, housing, and employment. Some of the results address services within the purview of the capabilities under Title III. However, other results indicate general needs for the community to consider and address.



Two sources were used to compare data regarding food accessibility; One source referenced Nutritional Risk Assessments from fiscal year 2017 (These are a combination of home delivered meals and case management clients totaling 3,000 responses), and second source was from the current Needs Assessment sample of 314 individuals from across the region.



As indicated from the Nutritional Risk Assessment on whether the individual had enough money to buy the food they needed, 723 indicated they did not. In regard to the issue of transportation, 37% of those surveyed indicated they need transportation.



Analysis

In reviewing the information from the regional Needs Assessment and the Information, Referral, and Assistance data for the two-year period of 2016 to 2018, the information supports the need to address the Social Determinants of Health through Title III. The Needs identified include but are not limited to transportation, home modifications, and in-home services such as homemaker and respite care, food insecurity among the elderly, health maintenance and social isolation. These services have been addressed by Title III and will continue to be addressed for the Area Plan period. Furthermore, care Coordination will continue as a priority to ensure access to those services.

Of the action items in response to the Needs Assessment, the identification of additional service providers in the areas of transportation, home modifications, nutrition sites are a priority. Coordinating for additional sites to provide congregate meals is also an action item identified and steps to address this need have been taken with the nutrition service contractor. In regard to medical transportation, the area lacks qualified providers, and limits the capacity of overall service. Similarly, the need for in-home services has been on the rise for the last two years. Additionally, the lack of matching funds for Title III E has been a barrier on utilizing all available funds. This matching fund shortfall will be addressed with local partners.

The SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis is considered a framework for reporting out results of the regional needs assessment, categorized into strengths, weaknesses, opportunities, and threats. During the initial development of the needs assessment process, AAA and ADRC sent out a request to their partners to submit a SWOT based on their perspective. Below are the combined SWOT for those two providers. Some of it will correspond to the SWOT based on the needs assessment.

Provider SWOT

<p style="text-align: center;">Strengths</p> <ul style="list-style-type: none"> • Regional Coverage • Capacity to increase meals • Provider Experience • LIHEAP Assistance 	<p style="text-align: center;">Weaknesses</p> <ul style="list-style-type: none"> • Funding for some services • Lack of community awareness • Transportation • Staffing, including volunteers • Menu choices
<p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> • Potential partnership with MCO • Increase in senior population • Development of new partnerships • Benefits through Advantage Plans 	<p style="text-align: center;">Threats</p> <ul style="list-style-type: none"> • MCOs • Advantage Plans • Funding • Cut in senior benefits

LRGV Area Agency on Aging SWOT

STRENGTHS

- Experience of Providers
- Capacity of Providers
- Partnerships
- Regional Coverage
- Support by Elected Officials

WEAKNESSES

- Need to Expand on some Services
- Not all Needs are Being Met
- Competition for Clients
- Funding availability for some services
- Lack of Providers for specific Services

OPPORTUNITIES

- New Partnerships with ACOs
- Partnerships with MCOs and Advantage Plans
- Expansion of Senior Centers in Small Communities
- Partnership with Small Communities

THREATS

- Funding Limitations
- MCOs & Advantage Plans Unwilling to Partner
- Lack of Providers for specific services such as medical transportation
- Number of Adult Day Care Centers affect the Congregate Meals

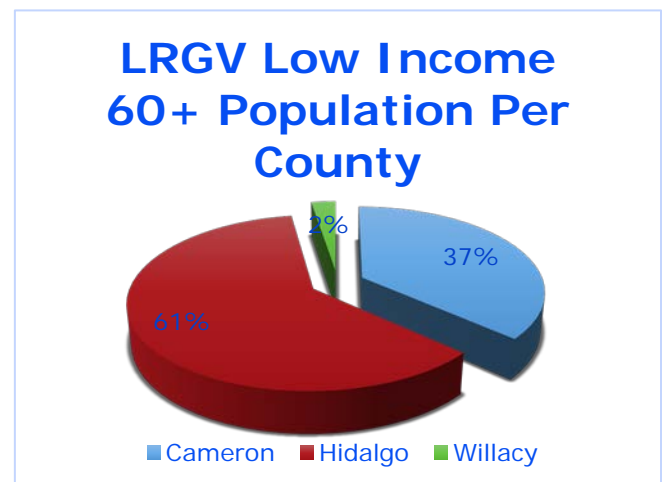
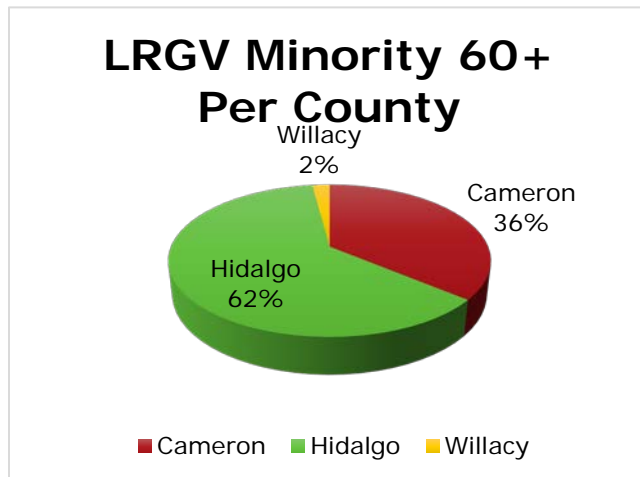
10. Targeted Outreach

Performance Analysis

The strategy utilized for Willacy County, which is the county with 2% of the senior population, is to partner with other organizations and participate in their health fairs. AAA has partnered with a local organization in the City of Raymondville which is the seat for Willacy County. A Benefits Counselor of AAA spent every Thursday at the community center to assist seniors. An outreach presentation was made at a County Commissioners meeting about the activities supported by AAA and the Commissioners were encouraged to contact the Benefits Counselor.

Partnerships with the upper Valley cities through their Community Development Block Grant programs has helped in identifying individuals in the target groups. These cities include McAllen, Mission, Edinburg, and Pharr. Additional partnerships include the Community Action Programs, Food Bank, Easter Seals, Valley Association for Independent Living, Endeavors (Veterans), and Tropical Texas Behavioral Health. Strategic selection of health fairs and information events were made to make sure that participation was targeting seniors and their families.

The population characteristics for the Lower Rio Grande Valley Planning area was utilized in addressing the needs of the targeted population of low-income, minority, rural, limited English proficiency, at risk of institutionalization, those with severe disabilities, and the other targeted groups. According to the State Demographer the Lower Rio Grande Valley's minority population is 191,139 and low-income 63,065.



Targeted Outreach Plan

The Targeted Outreach Plan of the AAA has identified various asset groups which will expand and enhance the plan; one of the asset groups is the Small Cities Coalition through the LRGVDC. This group is comprised of 25+ small municipalities across the region. Their representation is comprised of elected officials and city officials. They meet regularly to discuss mutual issues affecting small cities, and as such, have been provided presentations about how to participate in health fairs and informational fairs and how these events have an impact on seniors and family caregivers. Other opportunities are being developed with the health care industry which include affordable care organizations, hospitals, post-acute care organizations, and community health clinics. Furthermore, all subrecipient agreements with contractors and partners agree to participate and address targeted outreach for older persons who are of the greatest economic and social need with the emphasis of rural, low-income, social isolated, limited English proficiency, etc.

One of the most unique areas to conduct outreach are mobile home parks. The region is comprised of many mobile home parks because these are residential areas for the majority of the 100,000 Winter Texans that call the Valley home for 5 months of the year.

Targeting Report

Table 6 Targeting Report

2021–2022 Targeting Report						
Characteristic	PSA 60+ Population Count ²	% ³	No. of Registered Service Recipients in PSA ⁴	%	Goals for 2021	Goals for 2022
All 60+	248943	4.4	5984	2.4	2.6%	2.8%

² To complete this column, pull census data from the county-level comparative performance data.

³ See instructions for example calculations of figuring both percentages.

⁴ To complete this column, pull data from the NAPIS report. Registered services include personal assistance, homemaker, chore, home delivered meals, day activity and health services, case management, escort and congregate meals.

2021–2022 Targeting Report						
Poverty Level	57694	9.4	4984	8.6	8.7	8.9
Minority	193837	8.3	5270	3	3.2	3.3
Rural Areas	4175	12.9	537	1	1.2	1.3

11. Top Needs and Service Constraints

Priority Area 1: Transportation Services

The number one priority continues to be transportation services. This is the main service that provides access to a variety of comprehensive need of seniors which includes health, religious, or recreational. Valley Metro is the LRGVDC's regional transportation program that provides public transportation throughout the five-county area of Cameron, Hidalgo, Willacy, Starr, and Zapata. The other localized transportation providers are located in the cities of McAllen, Brownsville, and South Padre Island. Furthermore, there are demand response private providers that either contract with physicians, Managed Care Organizations, or Medicare Advantage Plans.

On an annual basis, AAA commits \$330,000 for transportation services. Of that amount, 23% is allocated for medical transportation. The balance provides transportation to and from nutrition sites and senior centers.

AAA is a member of the Regional Transportation Advisory Panel through Valley Metro that provides input on the Regional Transportation Plan. AAA staff are active in the participation of this coalition, and regularly provides public comments on the need to develop a regional the transportation demand response service. Currently, the Area Agency has only two demand response contractors for medical transportation. While AAA continues to develop action-based solutions to the limited transportation providers, one option being considered is approaching Amigos Del Valle to use its current fleet to provide medical transportation as a test project. The pilot project would provide this service in the upper Valley to includes the McAllen, Edinburg, Mission, and Pharr area. For this project to be fruitful, AAA is recommending for the creation of a business plan and timeline to determine the feasibility of pursuing the project.

While there are private providers working with physician groups to provide transportation to their patients, there is a strain for the limited capacity of providers. The Area Agency has met with various Affordable Care Organizations (ACO). Their needs, like those identified by the Area Agency during the Community Based Care Transition project agree that transportation for their members so that they can keep their appointments is a vital need. Furthermore, many individuals being discharged from the hospitals were not able to continue with their scheduled follow-up visit due to the lack of transportation access had a higher probability of having a hospital re-admission.

The Area Agency had to issue a call for contractors before having two providers respond. The size of the area to be covered and the number of seniors requesting medical transportation places a consistent strain on both providers.

Priority Area 2: Housing Needs

According to the regional Needs Assessment report, 66% of respondents indicated they have been living in their current home eleven or more years, while the majority of those surveyed indicated they have been living in their home thirty or more years. Considering seniors prefer to live in their own homes, residential or home repairs are a consistent need, and continues to be acknowledged from the IR&A inquiries. The type of need ranges from fixing a door to repairing the whole roof. Entitlement Cities in the Planning Service Area use part of their CDBG funds for the housing program, however funding and capacity is severely limited. In some cases, the homes are in such poor condition it would be cheaper to tear down and rebuild. The recent flooding events in 2015, 2017, and 2018 have brought renewed focus on a state and national scale in recognizing the lack of accessible resources to address the housing quality for the general public, and seniors.

The ADRC's Housing Navigator is a source which advocates for more senior housing. Although the target for the housing program are individuals from skilled nursing facilities transitioning to the community, it is still practice including advocating for more affordable housing options. AAA participated in the community needs assessment from the Entitlement Cities' CDBG surveys by providing input on the need for home repairs for seniors and at-risk populations.

The eternal answer to this question is funding and increasing capacity. A review of the Direct Purchase Service invoices from contractors for residential modifications demonstrated a variation in the cost for materials and the

cost for labor. Although there is not much difference in the cost for materials, there is a wide variation in the cost for labor. In some instances, upon review of the total cost, 60 or 75 percent of their cost was labor. The current TAC for residential repairs has a limit of the amount approved for residential repairs. There is a need to increase that limit.

Priority Area 3: Oral Health and Food Insecurity

Both the regional Needs Assessment and review of the Nutritional Risk Assessments point to food insecurity among the elderly as a disparity. As a whole, oral health and food insecurity directly affect the quality of life and healthy living. During the period when the AAA participated in the Community Based Care Transition Program under Medicare, it was determined seniors with a high risk of food insecurity also had a high probability of readmission following a discharge from the hospital; this is an issue Centers for Medicare & Medicaid Services (CMS) has identified as a cause of hospital readmission. A contributor to general food insecurity are food deserts, not having enough funds to purchase food, oral health, ability to cook, or simply forgetting to eat because they are not hungry.

Under the Area Agency it will be a priority to work with the Nutrition contractor on identifying additional nutrition sites and resources to increase the capacity of the congregate meal programs. Furthermore, coordination with partners like the Rio Grande Valley Food Bank in order to prioritize the elderly is critical. The goal is to target seniors who receive home delivered meals and are identified as high risk. Through coordination with the Small Cities Coalition, AAA will provide information to elected officials of the need for food security for seniors and strategies to determine actions to address this need. In addition, AAA will coordinate with MCOs or Medicare Advantage Plans.

Similar to the other priorities identified in the Top Needs and Service Constraints, the constraints are demonstrated in achieving overall accessibility and affordability. Specifically, in determining how to make oral healthcare affordable and accessible, while also eliminating food insecurity. Strategies to eliminate this will be by increasing meal sites and addressing the other variables that contribute to food insecurity. Oral health, for example, is an issue because of the lack of resources as this is also seen with food deserts in rural and urban areas.

The current rate for the congregate meals is \$5.60 and home delivered is \$5.31. The congregate meal has always been higher because the home delivered meal rate has been capped by the Legislative Budget Board. Before this fiscal year the rate was \$4.95. The Texas Legislature appropriated additional state general revenue funds to increase the home delivered meal rate to \$5.31.

12. Goals, Objectives and Strategies

Goal 1 Empower older adults and their caregivers to live active, healthy lives and to improve their mental and physical health status through access to high-quality, long-term services and supports.

Objective 1.1	Screen potential clients and provide effective linkage to information and services.
Explanation	Strategies should address AAA processes for incoming referrals; for example, from the LTSS referral system.
Strategy 1.1.1	Utilizing the “No Wrong Door” approach through the Access and Assistance services, whereas any consumer or their caregiver can have access to regional and local resources.
Strategy 1.1.2	Maintain the toll-free phone number to provide regional access to potential clients.

Objective 1.2	Use volunteers to supplement the AAA workforce and support the delivery of services to the aging network.
Explanation	Strategies should include how volunteers are used and any plans for expanding their use to provide services to the aging network.
Strategy 1.2.1	Utilize volunteers in a variety of ways. From the volunteers trained to assist the Ombudsman Program for wider facility coverage and consistency, to the volunteer retired professionals that sit on our various Advisory Committees. And to expand volunteer support to other programs such as the Congregate and Home Delivered Meal program.
Strategy 1.2.2	Maintain a volunteer recruitment process to outreach out into the community.

Objective 1.3	Promote the adoption of healthy behaviors in older adults through evidence-based programs.
Explanation	Strategies should address lifestyle choices such as nutrition, physical activity, smoking, alcohol use, misuse of prescription or illegal drugs, sleeping habits, amount of stress, amount of socialization and engaging in enjoyable pursuits.
Strategy 1.3.1	Expand the type of evidence-based interventions in order to provide seniors the opportunity to participate in health choices
Strategy 1.3.	Expand and train staff to provide evidence-based intervention services.

Objective 1.4	In accordance with state and federal law, implement a nutrition education program to meet the needs of eligible participants.
Explanation	Strategies should identify how the AAA's nutrition education program is developed to meet the individual health and nutritional needs of eligible participants.
Strategy 1.4.1	Nutrition and Education services to be provided by the Nutrition subrecipient. Cost to be part of the meal rate.
Strategy 1.4.2	Develop and evidence-based intervention that will incorporate a nutrition education component.

Objective 1.5	Provide opportunities for older individuals and caregivers alike to actively activities or behaviors to increase their potential maintain quality of life and continue to contribute to their community.
Explanation	Strategy is to address steps to provide access to long term care and supports
Strategy 1.5.1	Continue to provide access and assistance services that will address access to services and assist older adults and caregivers to remain active. Access and assistance services will include care coordination (case management) caregiver support coordination, legal awareness, legal assistance, and information, referral and assistance.

Goal 2 Identify, strengthen and enhance collaboration with local community partners to promote the benefits and needs of the aging population.

Objective 2.1	Increase public awareness and understanding of the interests of older adults, their family members and their caregivers.
Explanation	Address strategies to partner and develop relationships with agencies and local governmental entities to increase awareness of the needs of the aging population.
Strategy 2.1.1	Develop plan to utilize current partnerships and local governments such as the Small Cities Coalition to increase awareness of the needs of the elderly.
Strategy 2.1.2	Utilize the Citizens Advisory Council to assist in the outreach and public education on the needs of the elderly.

Objective 2.2	Lead the development of AAA programs that advance the interests of older adults, their family members and their caregivers.
Explanation	Address strategies to coordinate with other agencies and governmental entities to promote the development of programs in order to meet the needs of the aging population.
Strategy 2.2.1	Provide a report of the needs assessment and include the unmet needs to the partners, Board, local governmental entities to identify opportunities to expand services.

Strategy 2.2.2	Work with local partners to identify opportunities to expand existing services to underserved areas.
Strategy 2.2.3	Continue the support of senior centers as local resources addressing the needs of seniors within their communities.

Objective 2.3	Coordinate with the local ADRC and Center for Independent Living (CIL) to streamline the exchange of referrals to improve access by older adults, their family members and their caregivers to long-term services and supports.
Explanation	Address coordination efforts with the local ADRC to effectively utilize resources and avoid duplication.
Strategy 2.3.1	Continue to support the ADRC as it is under the auspices of the Area Agency on Aging.
Strategy 2.3.2	Assign the operation of the IR&A with the ADRC in order to coordinate resources and avoid duplication of resources.

Objective 2.4	Coordinate and collaborate with local agencies and community-based organizations to improve service systems that promote protections and needed services to vulnerable senior adults.
Explanation	Address strategy to support the development and coordination of local support systems.
Strategy 2.4.1	Continue and enhance the collaboration with State agencies such as APS and HHSC plus local organizations such as Tropical Texas Behavioral Health, VAIL, Community Health Centers, and local aging providers.

Goal 3 Enable older adults to maintain or improve their quality of life and self-determination through engaging in the community and social interactions.

Objective 3.1	Promote social connectivity, community service and lifelong learning to promote positive mental health.
Explanation	Address strategies to reduce social isolation among older adults and promote their active participation in the community.
Strategy 3.1.1	Develop outreach plan to provide awareness of the local senior centers to provide an opportunity to seniors to attend and avoid isolation.
Strategy 3.1.2	Approach University of Texas Rio Grande Valley to collaborate with their initiative in addressing social isolation among the elderly.
Strategy 3.1.3	Develop a telephone reassurance program to address social isolation issue.
Strategy 3.1.4	Continue the provision of congregate and home delivered meals to promote social connectivity and prevent social isolation.

Objective 3.2	Provide a locally based system that connects older adults with services and benefits.
Explanation	Address a strategy that can provide opportunities for older adults to remain active.
Strategy 3.2.1	Continue to support the establishment and maintenance of senior centers to serve as hubs in their communities to provide opportunities for seniors to remain active and promote social interactions.
Strategy 3.2.2	Promote the expansion of in-home services to connect older individuals and/or their caregivers to such services as homemaker and respite care.

Goal 4 Protect and enhance the legal rights and prevent the abuse, neglect and exploitation of older adults and people with disabilities while promoting self-determination.

Objective 4.1	Increase public awareness and remove barriers to prevent abuse, neglect and exploitation.
Explanation	Address strategies to use existing mechanisms and expand education and outreach for public awareness related to the prevention of abuse, neglect and exploitation.
Strategy 4.1.1	Maintain legal assistance and legal awareness as the resource to address the needs of seniors who are at risk.
Strategy 4.1.2	To coordinate with entities such the medical community and local partners to support the rights of the seniors.

Objective 4.2	Serve as an effective advocate to uphold and ensure the rights, quality of life and quality of care for nursing facility and assisted living facility residents.
Explanation	Address strategies to deliver long-term care Ombudsman services in PSA 21.
Strategy 4.2.1	Maintain appropriate staffing to assure that Nursing Home and Assisted Living Facility residents have an advocate available.
Strategy 4.2.2	To recruit and train ombudsman volunteers in order to increase regional coverage.

Objective 4.3	Support the collaboration and coordination efforts to develop a more responsive system towards the protection of the legal rights of older adults and individuals with disabilities.
Explanation	Address a strategy that will provide a vehicle towards the protection of the rights older adults to live a quality of live free of abuse and neglect.
Strategy 4.3.1	Coordinate with local community partners such APS, Silver Ribbon, Mental Health Authorities, Independent living centers, veterans service representatives, and elected officials to develop action plans to address the issue.

Goal 5 Apply person-centered practices throughout all services provided, programs operated and goals.

Objective 5.1	Provide services, education and referrals to meet the needs of individuals with Alzheimer’s disease or related dementias (ADRD).
Explanation	Address strategies to ensure the specific needs of individuals with ADRD are a focus in serving the aging population.
Strategy 5.1.1	Partnering with local providers whose mission is to address the needs of individuals with ADRC in order to assure that their needs are addressed.
Strategy 5.1.2	Provide training opportunities on a variety of senior related conditions to all direct consumer service staff to ensure continuity of care and a person-centered approach to addressing the needs of seniors.

Objective 5.2	Promote the delivery of services to caregivers based on their individualized needs.
Explanation	Address strategies to identify and reach caregivers in need of education and support.
Strategy 5.2.1	Maintain the Caregiver Support Coordination as a viable alternative to address the education and support of family caregivers.
Strategy 5.2.2	Support of other Caregiver services such as Education and Training, Respite Care, and Caregiver Information Service in order to address the needs of family caregivers

Objective 5.3	Promote self-determination through the provision of elder rights services.
Explanation	Address strategies to empower people and promote self-advocacy and access to elder rights services.
Strategy 5.3.1	Maintain Direct Consumer Services such as but not limited to Benefit Counseling, Ombudsman, Case Management, Evidence Based Interventions, and Caregiver Support Coordination to promote self-determination.
Strategy 5.3.2	Develop an outreach and public education plan to improve awareness of available resources.

Objective 5.4	Develop a plan to ensure all staff, providers, and contractors are properly trained to assure that older adults and caregivers are aware of the person center approaches.
Explanation	Address a strategy to assure that activities are developed to support person-centered practices.
Strategy 5.4.1	Develop a training plan to educate staff, providers, and contractors on person-centered practices.

Goal 6 Provide a comprehensive system of supports for eligible individuals to remain independent and active

Objective 6.1	Coordinate a locally based comprehensive service delivery system to provide eligible individuals with access to community services.
Explanation	Address strategy or strategies that address access to services.
Strategy 6.1.1	Provide an opportunity for eligible individuals to access services by providing transportation services.
Strategy 6.1.2	Provide an opportunity for eligible individuals to remain at home by providing home modifications.
Strategy 6.1.3	Seek opportunities to partner with other sources such as Affordable Care Organizations, Medicare Advantage Plans and Managed Care Organizations
Strategy 6.1.4	Provide eligible individuals with health maintenance assistance that will support their well being.

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13. Performance Measures

LBB Performance Measures

Table 7 LBB Performance Measures

LBB Performance Measures					
Performance Measure		Actual SFY19	Proj SFY21	Proj SFY22	AAA Strategy
Unduplicated People Served					
1	Unduplicated number of people receiving care coordination funded by MSS - SUA	1588	1714	1748	1.5.1
2	Unduplicated number of people receiving legal assistance (age 60 and over) funded by MSS – SUA	648	654	667	1.5.1
3	Unduplicated number of people receiving congregate meals funded by MSS – SUA	2450	2530	2581	3.1.4
4	Unduplicated number of people receiving home-delivered meals funded by MSS – SUA	1590	2163	2206	3.1.4
5	Unduplicated number of people receiving homemaker services funded by MSS - SUA	286	185	189	3.2.2
6	Unduplicated number of people receiving personal assistance funded by MSS – SUA	0	0	0	

LBB Performance Measures

Expenditures					
7	MSS - SUA funded care coordination expenditures	627650	633001	645661	1.5.1
8	MSS - SUA funded legal assistance (age 60 and over) expenditures	29817	40865	41862	1.5.1
9	MSS - SUA funded congregate meal expenditures	1027404	1162340	1185587	3.1.4
10	MSS - SUA funded home delivered meal expenditures	1323477	1588618	1620390	3.1.4
11	MSS - SUA funded homemaker services expenditures	109692	111950	113750	3.2.2
12	MSS - SUA funded personal assistance services expenditures	0	0	0	
13	MSS - SUA funded modified home (residential repair service) expenditures	261187	275350	285750	6.1.2
Average Cost					
14	Average cost per care coordination client funded by MSS – SUA	395.25	369.31	376.70	1.5.1
15	Average cost per person receiving legal assistance funded by MSS - SUA	46.07	62.48	63.73	1.5.1
16	Average cost per congregate meal funded by MSS – SUA	5.60	5.70	5.85	3.1.4
17	Average cost per home-delivered meal funded by MSS – SUA	5.31	5.31	5.31	3.1.4
18	Average cost per person receiving homemaker services funded by MSS - SUA	383.54	385.95	393.67	3.2.2

19	Average cost per person receiving personal assistance services funded by MSS - SUA	0	0	0	
20	Average cost per modified home (residential repair service) funded by MSS – SUA	1141	1447	1475	6.1.2
Ombudsmen					
21	Unduplicated number of active certified Ombudsmen	7	15	18	5.3.1
22	Cumulative number of visits to assisted living facilities by a certified Ombudsman	142	154	154	5.3.1
23	Total expenditures Ombudsman program (federal, state, other federal, program income, and local cash)	272288	262276	267522	5.3.1
24	Unduplicated number of assisted living facilities visited by an active certified Ombudsman	24	24	24	5.3.1
25	Percentage of complaints resolved and partially resolved in NH and ALF	85	92	92	5.3.1
Service Units					
26	Number of congregate meals served funded by MSS – SUA	184560	200749	204764	3.1.4
27	Number of home-delivered meals served funded by MSS – SUA	267369	311494	317724	3.1.4
28	Number of homes repaired/modified (residential repair service) funded by MSS – SUA	226	240	260	6.1.2
29	Number of one-way trips (demand response transportation service) funded by MSS – SUA	50130	54261	55346	6.1.1

Agency-Specific Performance Measures

Table 8 Agency-Specific Performance Measures

Agency-Specific Performance Measures					
Performance Measure		Actual SFY19	Proj SSFY21	Proj SFY22	AAA Strategy
1	Respite Care In-Home	26107	27151	28000	5.2.2
2	Respite Non-Residential	198	300	300	5.2.2
3	Nutrition Education	3933	4130	4250	1.4.1
4					
5					
6					
7					

14. Units of Service Composite

Table 9 Units of Service Composite

Service Name	Baseline Units FY19	Projected Units FY21	Change from Baseline (%)	Projected Units FY22	Change from Baseline (%)
Access & Assistance Services					
Care Coordination (Hour)	6,162	6,350	103.1%	6,475	105.1%
Caregiver Support Coordination (Hour)	4,805	4,963	103.3%	5,036	104.8%
Information, Referral & Assistance (Contact)	4,842	4,975	102.7%	5,075	104.8%
Legal Assistance age 60 & Over (Hour)	649	655	100.9%	680	104.8%
Legal Awareness (Contact)	1,054	1,200	113.9%	1,500	142.3%
Participant Assessment - A&A (Assessment)			#DIV/0!		#DIV/0!
Nutrition Services					
Congregate Meals (Meal)	184,560	189,174	102.5%	193,430	104.8%
Home Delivered Meals (Meal)	267,369	276,553	103.4%	285,026	106.6%
Nutrition Consultation (Contact)			#DIV/0!		#DIV/0!
Nutrition Counseling (Contact)			#DIV/0!		#DIV/0!
Nutrition Education (Contact)	4,040	4,150	102.7%	4,220	104.5%
Participant Assessment - NS (Assessment)			#DIV/0!		#DIV/0!
Services to Assist Independence					
Caregiver Education & Training (Contact)	1,296	1,450	111.9%	1,600	123.5%
Caregiver Information Services (Activity)	301	550	182.7%	700	232.6%
Caregiver Respite Care In-Home (Hour)	25,806	26,500	102.7%	27,100	105.0%
Caregiver Respite Care Institutional (Hour)			#DIV/0!		#DIV/0!
Caregiver Respite Care Non-Residential (Hour)	199	210	105.5%	225	113.1%
Caregiver Respite Care Voucher (Hour)			#DIV/0!		#DIV/0!
Chore Maintenance (Hour)			#DIV/0!		#DIV/0!
Day Activity and Health Services (Half Day)			#DIV/0!		#DIV/0!
Emergency Response (Month ERS Service)			#DIV/0!		#DIV/0!
Evidence Based Intervention (Hour)	2,647	4,000	151.1%	4,200	158.7%
Health Maintenance (Contact)	768	790	102.9%	805	104.8%
Health Screening (Contact)			#DIV/0!		#DIV/0!
Homemaker (Hour)	9,141	9,350	102.3%	9,500	103.9%
Homemaker Voucher (Hour)			#DIV/0!		#DIV/0!
Income Support (Contact)			#DIV/0!		#DIV/0!
Instruction & Training (Contact)			#DIV/0!		#DIV/0!
Mental Health Services (Contact)			#DIV/0!		#DIV/0!
Personal Assistance (Hour)			#DIV/0!		#DIV/0!
Physical Fitness (Contact)			#DIV/0!		#DIV/0!
Recreation (Contact)			#DIV/0!		#DIV/0!
Residential Repair (Dwelling)	229	240	104.8%	250	109.2%
Telephone Reassurance (Contact)			#DIV/0!		#DIV/0!
Transportation Demand Response (One-Way Trip)	50,310	54,261	107.9%	55,346	110.0%
Transportation Fixed Route (One-Way Trip)			#DIV/0!		#DIV/0!
Transportation Voucher (One-Way Trip)			#DIV/0!		#DIV/0!
Visiting (Contact)			#DIV/0!		#DIV/0!

15. Summary of Services

Lower Rio Grande Valley Area Agency on Aging

Table 10 Summary of Services

Services to be Provided	III B	III C	III D	III E	VII	Program Income	Local Funds	In Kind	Other Funds
Caregiver Support Coordination				X				X	X
Caregiver Respite In-Home				X				X	X
Caregiver Respite Non-Res				X			X	X	X
Caregiver Education & Training				X			X	X	X
Caregiver Information Services				X			X	X	X
Case Management	X							X	
Congregate Meals		X				X	X	X	X
Data Management		X							
Evidence-Based Intervention	X		X					X	X
Information, Referral & Assist	X							X	
Health Maintenance	X			X				X	
Home Delivered Meals		X				X	X	X	X
Homemaker	X							X	
Legal Assistance 60+	X							X	
Legal Awareness	X							X	
Ombudsman	X				X			X	X
Transportation Demand Resp	X							X	
Residential Repair	X							X	
Senior Center Operations	X						X	X	X

16. Service Narratives

Congregate Meals

Hot or other appropriate meal served to an eligible older adult which meets 33.3 percent of the dietary reference intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences and complies with the most recent Dietary Guidelines for Americans, published by the Secretary of Agriculture, and which is served in a congregate setting. The objective is to reduce food insecurity and promote socialization of older adults.

- The Area Agency contracts with a local provider as a subrecipient to provide congregate meals. The subrecipient is Amigos Del Valle and they serve the three counties. The provider has a central kitchen in San Benito that is used to produce all meals. All the meals are prepared there and delivered to 30 nutrition sites across the region. There are six delivery routes as the sites are grouped so that each delivery truck delivers meals to a certain number of nutrition sites. Each site is provided a steam table to maintain the meals hot. Volunteers assist in the serving of the meal. Seniors walk, drive, or are driven to the sites. A menu committee comprised of center staff and consumers meet and go over menu options that are being presented by central kitchen staff. The selected menu items are then submitted for the next menu cycle. These are the meals prepared for the congregate and home delivered meals. Nutrition education cost is built into the congregate meal rate. The provider is required to provide nutrition education to all participants. A registered dietitian prepares all materials for the nutrition education.
- The number of adult day care centers (over 140) in the Valley are higher than other parts of the State. While service is still being provided, we want to ensure more meals are made accessible to the at-risk populations. In the future, we will look to develop partnerships and agreements with the adult day care centers in the region to increase capacity and ensure more individuals are served.

- The number of meals provided have been steady, however there is still room for growth and improving accessibility. AAA will work with different adult day care centers to develop ways to have more meal and nutrition sites.

The number of units have been steady as mentioned above. Amigos Del Valle did have a reduction due to the closure of the center in San Benito. The site was being leased from the local housing authority that decided not to extend the lease. Since no other site was available, the seniors had a choice of two sites close to San Benito. Those were the Rio Hondo Senior Center or the Harlingen Amigos Center.

However, three small sites were opened. Those were in the cities of Santa Rosa, Los Indios, and Combs. All three in Cameron County. The sum of the added meals made up for the closure in San Benito.

WellMed has two senior centers and have come to an agreement with Amigos Del Valle to provide packaged meals to their sites. This has also resulted in the increase of congregate meals in 2019.

Home Delivered Meals

Hot, cold, frozen, dried, canned, fresh or supplemental food (with a satisfactory storage life) which provides a minimum of 33.3 percent of the dietary reference intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences and complies with the most recent Dietary Guidelines for Americans, published by the Secretary of Agriculture, and is delivered to an eligible participant in their place of residence. The objective is to reduce food insecurity and help the recipient sustain independent living in a safe and healthful environment.

The Area Agency contracts with a local provider as a subrecipient to provide home delivered meals. The subrecipient is Amigos Del Valle and they serve the three-county region. The provider has a central kitchen in San Benito that is used to produce all meals. All the meals are prepared there and delivered to 28 nutrition sites across the region. There are six delivery routes as the sites are grouped so that each delivery truck delivers meals to a certain number of nutrition sites. Each site is equipped with a steam table to maintain the meals hot. Volunteers assist in the packaging of the meal. Meal delivery drivers deliver the meals to the home delivered meals participants from each of the selected sites.

- Nutrition education cost is built into the home delivered meal rate. The provider is required to provide nutrition education to all participants.
- There are no barriers as it related to home delivered meals. The need for this service had been increasing. Some of the entitlement communities have been providing funding to provide home delivered meals in their communities. The need is there to strengthen the partnership with the foodbank in order to provide additional support to the homebound seniors.
- Socialization is a need that is being looked at as one of the social determinants of health. The opportunity is there to partner with the University of Texas Rio Grande Valley to look into this issue and develop alternatives. Currently it is the daily contract with the home delivered meal deliverer to check on how the participant is doing.

Home delivered meals is a service that will not experience any reduction. On the contrary, the need will continue to increase. Over the years it is evident that seniors that want to remain at home will also need a noon meal.

Transportation

Taking an older adult from one location to another but does not include any other activities.

The Area Agency has a mix of contractors and subrecipients for transportation services. Amigos Del Valle serves the three counties and provides transportation to and from their nutrition sites. Every now and then they will provide transportation to a scheduled outing such as a dance at one of their centers. The cities of Los Fresnos and Rio Hondo provide transportation to seniors that attend their senior centers. The service includes to and from the senior center plus also for shopping and doctor's visits.

Medical transportation is provided by two contractors under the direct purchased service component. Case managers utilized MIA Transportation Services and Med-Care Transportation for transportation service for medical purposes as needed by their clients.

- The lack of transportation contractors is the main barrier encountered by the Area Agency. Currently only two contractors are providing medical transportation across the Region. The Area Agency issued two separate

contractor solicitations for proposals and received only two responses the second time around.

- Valley Metro has indicated paratransit service is in their plans for the immediate future. Once this service becomes available the Area Agency will be meeting with Valley Metro to see how this service can prioritize seniors. Area Agency staff will also be meeting with Transit Directors from McAllen and Brownsville about their paratransit service.

There has been a reduction in units of service. Amigos Del Valle has experienced a decrease in the transportation program. This was a result of the San Benito Nutrition site closure and the reduction of seniors attending the nutrition sites. The Mission Housing Authority did not continue as a subrecipient for senior center operations and transportation services. This will result in reduction of transportation services into FY2020.

Caregiver Support Coordination

Continuous process of assessing the needs of a caregiver and care recipient to effectively plan, arrange, coordinate and follow-up on services which best meet the identified needs, as defined by the caregiver, care recipient and case management staff.

This is a direct service under the Area Agency on Aging. Staffing consists of three case managers. Two (2) in Cameron County and one (1) in Hidalgo County. These case managers are at 100% of their time dedicated to the Caregiver Support Coordination service. Their time is spent with the caregiver and the care recipient. The service is seen as providing services to two individuals, the caregiver and care recipient.

- Spreading the work of the program is the barrier. We know that the need is there, but public awareness is the barrier. Case Managers are being challenged to go out to the community and talk to community partners and other sources such as community clinics and home health agencies. One of the case managers used to be a health coach under the Care Transitions program. The program had strong connections with the hospitals. This is a source for possible referrals. Partnerships with the local ACOs is also being pursued. The 25% match is a barrier in being able to use all the caregiver funding.
- As stated above, increase the outreach efforts by using partners and taking advantage of existing relationships with health care providers such as the

ACOs. This action goes hand in hand to expand awareness for the Caregiver Support Coordination and other Caregivers services.

- The WellMed Medical Foundation is expanding the Caregiver Information Services to shed light on Caregiver issues and available resources.
- Partnership with the community health centers, ACOs, Community Action Agency, and hospitals are sources that help spread the work of Caregiver Support Coordination.
- Providing respite care through the Caregiver Support Coordination contributes towards the long-term care and supports for the caregiver and care recipient.
- The caregiver assessment provides the necessary information for case managers to use in determining the type of assistance needed.

There has been an increase in unduplicated clients and units of services. This is the reason for adding an additional case manager to the program.

Legal Assistance

Legal Assistance programs are designed to protect older adults from direct challenges to independence, choice and financial security. These programs also help older adults understand their rights, exercise options through informed decision-making and achieve optimal benefit from the support and opportunities promised by law. Ensure the capacity to address priority legal issues related to the following: health care (Medicare and Medicaid), income (Social Security), long-term care (in the community and institutions), nutrition (SNAP), housing, utilities, discrimination (in employment and services), protection from guardianship, rights of disaster victims and fraud.

Legal Assistance is provided as a direct service by the Area Agency on Aging. The staffing consists of four Benefit Counselors. Two are certified as BC II and the other two as BC I. The goal is to have all of them as BC II. Two BCs are in the Harlingen office (Lower Valley) and the other two in the Weslaco office (Upper Valley). All BCs are full-time employees. The Harlingen staff provide coverage for both Cameron and Willacy Counties.

- Assist with administrative hearings, SNAP applications, issues with Medicaid, Powers of Attorney, Medical Directives, any service that is on a one on one assistance in reference to an entitlement.
- Those services that were authorized by the Legislature that consist of Powers of Attorney.

- Partnership with the Texas Behavioral Health (Mental Health Authority), VAIL, and community health centers. If requested, the dialysis centers.
- Staff have not encountered any obstacles in the delivery of legal assistance.
- Staff have been developing a schedule of planned events and working with local partners. This includes setting off site work areas so that seniors do not have to go to the office. Lower Valley staff have been very successful in establishing such partners that provide them with office space.
- Existing partnerships with Texas Legal Aid, Young Lawyers Association, and staff work very closely with Texas Legal Service Center.
- Being under the COG's emergency plan all staff is available to assist in any disaster. Local contact with FEMA when disasters occur.

The program has experienced an increase in legal assistance units. From fiscal year 2017 to 2018 the units of service provided almost doubled. The increase has been consistent with 2019. An additional Benefit Counselor was brought on board in 2019. The units of services will continue to increase. Outreach efforts and the partnership also contribute to the increase.

17. Direct Service Waiver

- AAA will not provide any direct service that requires approval during the effective period of this area plan.**

- AAA is requesting approval to provide direct service(s) during the effective period of this area plan.** The Direct Service Waiver form(s) is included in Appendix A. [Direct Service Waiver Form](#)

18. Data Use Agreement

In addition to the Data Use Agreement the Area Agency on Aging also follow the COG's internal policy regarding the use of data and technology. The Area Agency also has developed an internal policy regarding HIPPA requirements.

19. Disaster Plan

The LRGVDC's Public Safety Department developed a draft plan that addressed what actions to be taken by each department. Every year staff receive training on disaster planning. The Area Agency will address the draft with the LRGVDC Executive Director. The Area Agency has a copy of the emergency preparedness plans from each subrecipient on file.

The Area Agency will work with the Public Safety Department regarding the plan. The Department does work on an annual basis with all Emergency Coordinators in the region.

The Area Agency will present the FEMA recommendations to the LRGVDC Executive Director.

20. Assurances

Section 306(a), Older Americans Act

Lower Rio Grande Valley Development Council provides and agrees to comply with the following assurances:

Lower Rio Grande Valley Development Council shall, in order to be approved by the Texas Health and Human Services Commission (HHSC), prepare and develop this area plan for its PSA for a two-, three-, or four-year period, as determined by HHSC, with such yearly 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) of the OAA. Each such plan shall:

1. Provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older adults in paid and unpaid work, including multigenerational and older adult to older adult work), within the PSA covered by the plan:
 - a. 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 adults with low incomes residing in such area, the number of older adults who have greatest economic need (with particular attention to low income older adults, including low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas) residing in such area, the number of older adults who have greatest social need (with particular attention to low-income older adults, including low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas) residing in such area, and the number of older adults who are Indians residing in such area, and the efforts of voluntary organizations in the community);

- b. Evaluating the effectiveness of the use of resources in meeting such need; and
 - c. 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)(1))**
2. Provide assurances the AAA will expend an adequate proportion, as required under §307(a)(2) of the OAA, of the amount allotted for part B of the OAA to the PSA, for the delivery of each of the following categories of services and will report yearly to HHSC in detail the amount of funds expended for each such category during the fiscal year most recently concluded:
 - a. Services associated with access to services (transportation, health services (including mental and behavioral 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);
 - b. In-home services, including supportive services for families of older adults who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
 - c. Legal assistance. **(§306(a)(2))**
 3. 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 OAA §306(a)(6)(C)) as such focal point; and specifies, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated. **(§306(a)(3))**
 4. Provide assurances the AAA will:
 - a. Set specific objectives, consistent with State policy, for providing services to older adults with greatest economic need, older adults with greatest social need, and older adults at risk for institutional placement;
 - b. Include specific objectives for providing services to low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas; and
 - c. Include proposed methods to achieve the objectives.

(§306(a)(4)(A)(i))

5. Provide assurances the AAA will include in each agreement made with a provider of any service under Title III of the OAA, a requirement that such provider will:
 - a. Specify how the provider intends to satisfy the service needs of low-income minority, older adults with limited English proficiency, and older adults residing in rural areas in the area served by the provider;
 - b. To the maximum extent feasible, provide services to low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas in accordance with their need for such services; and
 - c. Meet specific objectives established by the AAA, for providing services to low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas within the PSA.

(§306(a)(4)(A)(ii))

6. With respect to the fiscal year preceding the fiscal year for which such area plan is prepared:
 - a. Identify the number of low-income minority older adults in the PSA;
 - b. Describe the methods used to satisfy the service needs of such minority older adults; and
 - c. Provide information on the extent to which the AAA met the objectives described in §306(a)(4)(A)(i). **(§306(a)(4)(A)(iii))**

7. Provide assurances the AAA will use outreach efforts that will identify individuals eligible for assistance under the OAA, with special emphasis on:
 - a. Older adults residing in rural areas;
 - b. Older adults with greatest economic need (with particular attention to low-income minority older adults and older adults residing in rural areas);
 - c. Older adults with greatest social need (with particular attention to low-income minority older adults and older adults residing in rural areas);
 - d. Older adults with severe disabilities;
 - e. Older adults with limited English proficiency; and
 - f. Older adults with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such adults); and
 - g. Older adults at risk for institutional placement. **(§306(a)(4)(B)(i))**

Inform the older individuals referred to in sub-clauses a-f of §306(a)(4)(B)(i), and the caretakers of such individuals, of the availability of such assistance. **(§306(a)(4)(B)(ii))**

8. Provide assurances the AAA 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 adults and older adults residing in rural areas. **(§306(a)(4)(C))**
9. Provide assurances the AAA will coordinate planning, identification, assessment of needs, and provision of services for older adults with disabilities, with particular attention to adults with severe disabilities and adults at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities. **(§306(a)(5))**
10. Provide the AAA 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)(A))**
11. Provides the AAA will serve as the advocate and focal point for older adults within the community by (in cooperation with agencies, organizations, and people participating in activities under the area plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older adults. **(§306(a)(6)(B))**
12. Where possible, provide the AAA will enter into arrangements with organizations providing day care services for children, assistance to older adults caring for relatives who are children, and respite for families, so as to provide opportunities for older adults to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families.
(§306(a)(6)(C)(i))
13. If possible regarding the provision of services under Title III of the OAA, provide the AAA will enter into arrangements and coordinate with organizations that have a proven record of providing services to older adults, 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 676B of the Community Services Block Grant Act. **(§306(a)(6)(C)(ii))**
14. Provide the AAA will make use of trained volunteers in providing direct services delivered to older adults 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)(C)(iii))**

15. Provide the AAA will establish an advisory council consisting of older adults (including minorities and older adults residing in rural areas) who are participants or who are eligible to participate in programs assisted under this OAA, family caregivers of such individuals, representatives of older adults, 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 AAA on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan. **(§306(a)(6)(D))**
16. Provide the AAA will establish effective and efficient procedures for coordination of entities conducting programs that receive assistance under the OAA within the PSA served by the AAA; and entities conducting other Federal programs for older adults at the local level, with particular emphasis on entities conducting programs described in section 203(b) of the OAA, within the area. **(§306(a)(6)(E))**
17. Provide the AAA will, 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 and behavioral health services (including mental health screenings) provided with funds expended by the AAA with mental health services provided by community health centers and by other public agencies and nonprofit private organizations. **(§306(a)(6)(F))**
18. Provide if there is a significant population of older adults who are Native American in the PSA of the AAA, the AAA shall conduct outreach activities to identify such people in such area and inform such people of the availability of assistance under the OAA. **(§306(a)(6)(G))**
19. Provide the AAA will, in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate. **(§306(a)(6)(H))**
20. Provide the AAA 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 adults and their family caregivers, by:

- 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;
 - 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 adults 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 adults at risk for institutional placement, to permit such adults to remain in home and community-based settings;
 - c. Implementing, through the agency or service providers, evidence-based programs to assist older adults and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older adults; and
 - d. Providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the AAA itself, and other appropriate means) of information relating to the need to plan in advance for long-term care; and the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources. **(§306(a)(7))**
21. Provide case management services provided under Title III of the AAA through the AAA will not duplicate case management services provided through other Federal and State programs; be coordinated with services provided through these programs; and be provided by a public agency or a nonprofit private agency that:
- a. Gives each older adult seeking services under this title a list of agencies that provide similar services within the jurisdiction of the AAA;
 - b. Gives each of these older adults a statement specifying that the adult has a right to make an independent choice of service providers and documents receipt by such adult of such statement;

- c. Has case managers acting as agents for older adults receiving the services and not as promoters for the agency providing such services; or
- d. Is located in a rural area and obtains a waiver of these requirements.

(§306(a)(8))

22. Provide assurances that the AAA, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9) of the OAA, will expend not less than the total amount of funds appropriated under the OAA and expended by the agency in fiscal year 2000 in carrying out such a program under this title. **(§306(a)(9))**

23. Provide a grievance procedure for older adults who are dissatisfied with or denied services under this title. **(§306(a)(10))**

24. Provide information and assurances concerning services to older adults who are Native Americans (referred to in this paragraph as older Native Americans) including:

- a. Information concerning whether there is a significant population of older Native Americans in the PSA and if so, an assurance that the AAA will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- b. An assurance that the AAA will, to the maximum extent practicable, coordinate the services provided under Title VI of the OAA; and
- c. An assurance that the AAA will make services under the area plan available to the same extent; as such services are available to older adults within the PSA, whom are older Native Americans.

(§306(a)(11))

25. Provide the AAA will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older adults at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area

(§306(a)(12))

26. Provide assurances the AAA will:

- 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)(A))**
- b. Disclose to the Assistant Secretary for Aging and HHSC:

- i. The identity of each non-governmental entity with which the AAA has a contract or commercial relationships relating to providing any service to older adults; and
- ii. the nature of such contract or such relationship;

(§306(a)(13)(B))

- c. Demonstrate that a loss or diminution on the quantity or quality of the services provided, or to be provided, under this title by the AAA has not resulted and will not result from such non-governmental contracts or such commercial relationships; **(§306(a)(13)(C))**
 - d. Will demonstrate that the quantity and quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships; and **(§306(a)(13)(D))**
 - e. Will, on the request of the Assistant Secretary of State, for the purpose of monitoring compliance with the OAA (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older adults. **(§306(a)(13)(E))**
27. Provide assurances preference in receiving services under this title will not be given by the AAA to particular older adults as a result of a contract or commercial relationship that is not carried out to implement this title. **(§306(a)(14))**
28. Provide assurances funds received under this title will not be used to provide benefits or services to older adults, giving priority to older adults identified in OAA section 306(a)(4)(A)(i); and in compliance with the assurances specified in section 306(a)(13) and the limitations specified in section 212. **(§306(a)(15))**
29. Provide, to the extent feasible, for the furnishing of services under the OAA, consistent with self-directed care. **(§306(a)(16))**
30. Include information detailing how the AAA 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. **(§306(a)(17))**
31. An AAA will not require any provider of legal assistance under the OAA to reveal any information that is protected by the attorney-client privilege. **(§306(e))**

I certify that compliance with these assurances will be accomplished and that evidence of such compliance will be available to HHSC staff at any time requested for such purposes as, but not limited to, desk or on-site reviews or both. I further certify that each assurance has been addressed by a strategy as part of the area plan.

AUTHORIZED OFFICIAL OF GRANTEE

Signature: _____

Name and Title: Ken Jones, Interim Executive Director

Area Agency on Aging: Lower Rio Grande Valley

Date: [Click here to enter text.](#)

AAA DIRECTOR/AUTHORIZED OFFICIAL

Signature: _____

Name: Jose L. Gonzalez

Date: [Click or tap to enter a date.](#)

Standard Assurances of Compliance

Area Agency on Aging of the Lower Rio Grande Valley provides these assurances in consideration 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 Grantee 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 AAA receives federal financial assistance from HHSC.
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 AAA receives federal financial assistance from HHSC.
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 AAA receives federal financial assistance from HHSC.
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 AAA receives federal financial assistance from HHSC.

The Grantee agrees that compliance with this assurance constitutes a condition of continued receipt of federal financial assistance, and that it is binding upon the Grantee, 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 Grantee by HHSC, this assurance shall obligate the Grantee, 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 Grantee for the period during which it retains ownership or possession of the property. The Grantee further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

AUTHORIZED OFFICIAL OF GRANTEE

Signature: _____

Name and Title: Ken Jones, Interim Executive Director

Area Agency on Aging: Lower Rio Grande Valley

Date: Click or tap to enter a date.

AAA DIRECTOR/AUTHORIZED OFFICIAL

Signature: _____

Name: Jose L. Gonzalez

Date: Click or tap to enter a date.