



Rio Grande AAA Area Plan

FFY 2027 - 2029

As Required by the Older Americans Act, As Amended in 2020: Section 306, Area Plans

**Pending Approval by HHSC
Office of Area Agencies on Aging [Month] 2026**

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Executive Summary

The Rio Grande Area Agency on Aging (RGAAA) is administered by the Rio Grande Council of Governments (RGCOG) and funded through the Texas Health and Human Services Commission in accordance with the Older Americans Act. The RGAAA serves older adults and their families living in El Paso, Hudspeth, Culberson, Jeff Davis, Presidio and Brewster counties by providing a range of direct services and coordinating and purchasing services on behalf of eligible individuals. Covering more than 25,000 square miles in Far West Texas, this Planning and Service Area (PSA) is geographically expansive and includes many rural and frontier communities, presenting unique service delivery challenges.

The Mission of the RGAAA is to support older adults with their independence and ability to continue to reside in the community for as long as possible and to assist family caregivers in their daily task of caring for their loved one. Its Vision is to develop a coordinated and comprehensive social services network that promotes independence and preserves dignity for older adults in the region.

In accordance with federal requirements, RGAAA has developed the FFY 2027–2029 Area Plan to guide service delivery and resource allocation based on the identified needs of older adults and family caregivers in the Rio Grande PSA. The planning process incorporated multiple sources of data and stakeholder input to ensure the Area Plan reflects current conditions, emerging trends, and projected demographic changes. Demographic data from the U.S. Census Bureau’s 2023 5-Year American Community Survey were analyzed to assess income levels, minority populations, gender disparities, and other key characteristics of older adults in the region. Population projections from the Texas Demographic Center were used to anticipate growth in the older adult population and future service demand.

In addition, RGAAA reviewed findings from the 2024–2025 Aging Texas Well Strategic Plan to compare statewide and regional needs, as well as the priorities identified in the 2026–2028 Texas State Plan on Aging. This analysis revealed strong alignment between local and statewide concerns, particularly those related to physical health, access to supportive services, and the availability of community-based resources that enable older adults to age safely in their homes. These factors are central to maintaining independence and preventing unnecessary institutionalization.

The demographic composition of the RGAAA service region closely mirrors the priority populations identified in the Older Americans Act, including individuals with low incomes, those experiencing the greatest economic or social need, persons with

limited English proficiency, minority populations, and residents of rural and remote areas. As such, RGAAA is uniquely positioned to direct resources toward older adults who face the greatest barriers to accessing services.

Through implementation of the FFY 2027–2029 Area Plan, RGAAA reaffirms its commitment to serving as a strong and effective advocate for older adults and family caregivers in the Far West Texas Rio Grande Region. By aligning local priorities with state and federal goals, targeting resources where needs are greatest, and strengthening the aging services network, RGAAA will continue to promote independence, dignity, and quality of life for the older adults it serves throughout the RGAAA Planning and Service Area.

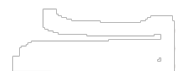
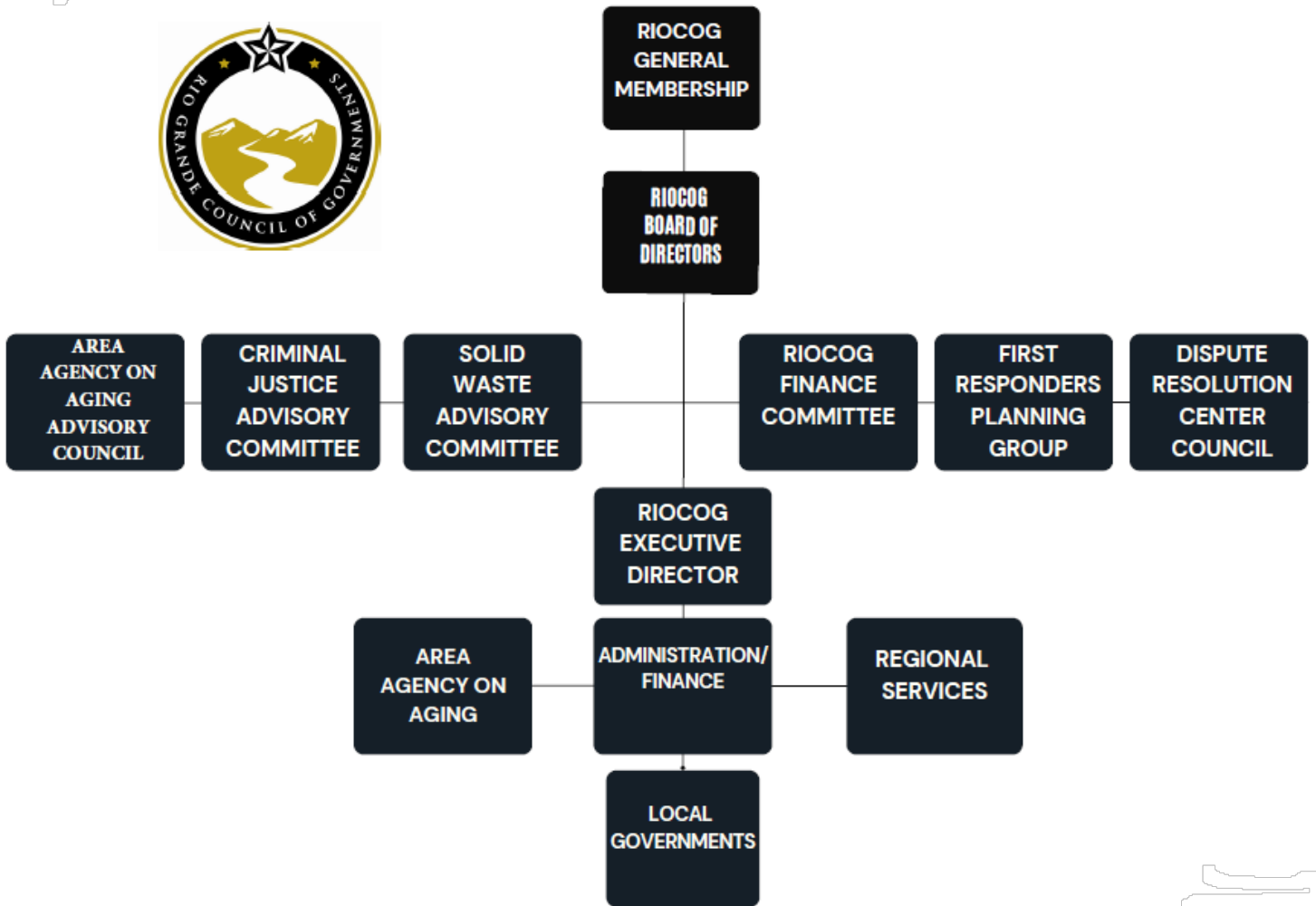
Organizational Profile

The Rio Grande Council of Governments represents a diverse and collaborative membership of governments within six counties in Far West Texas and one county in Southern New Mexico. Member governments within the region comprise the general membership. The Board of Directors serves as the governing body and has designated representatives from each of the jurisdictions within the region. The Board is advised by six standing Advisory Committees or Councils. Finally, the Council of Governments operates through three divisions:

Administration/Finance/Local Governments, Regional Services and the Area Agency on Aging. The following organizational chart indicates the overall structure of the Rio Grande Council of Governments:

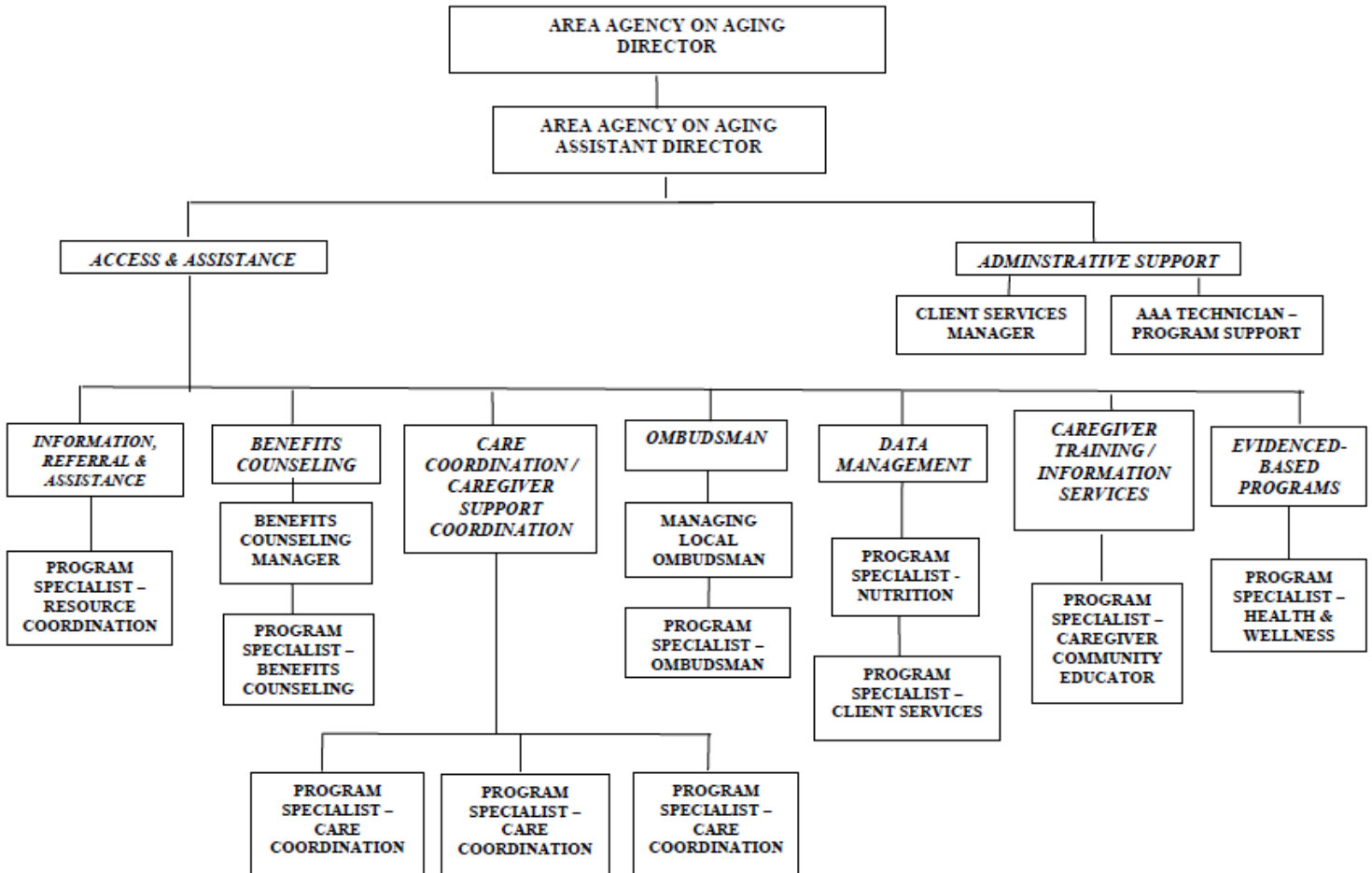


ORGANIZATIONAL CHART



As a division of the Rio Grande Council of Governments, the Rio Grande Area Agency on Aging (RGAAA) is currently comprised of fifteen (15) staff members that support the overall function and service delivery of the agency. Its usual capacity is to operate with sixteen staff members, however there is currently a vacancy in a Care Coordination position. The following organizational chart indicates the overall structure of the RGAAA:

RIO GRANDE AREA AGENCY ON AGING ORGANIZATIONAL CHART



The Rio Grande AAA Service Region is located in the far west tip of Texas and is composed of six counties: Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, and Presidio. The city of El Paso is the Metropolitan Center of the region, which is the fifth largest metropolitan statistical area in Texas. The Rio Grande Area Agency on Aging is located in El Paso County. The Rio Grande AAA Service Region shares borders with Mexico and to the north, New Mexico. The city of El Paso is the major point of access to health care and important products and services for the region. Similarly, in Presidio County, the town of Presidio shares its border with Ojinaga, Mexico, which holds approximately 78,000 residents. Fluid traffic from both sides of the border is also seen in this part of the region. There are smaller ports of entry located along the region's border in Fabens/Caseta (El Paso County) and Fort Hancock/El Porvenir (Hudspeth County). In many ways, the region is heavily impacted by its neighbor cities. Health, environmental, and economic issues often require international and intrastate collaboration.

Another characteristic to the Rio Grande AAA Service Region is that many very low-income minority residents have made their homes on undeveloped land, known as *Colonias*. Many of these homes do not have full utilities, particularly water and sewer services. An estimated 80,000 residents are living in *Colonias*. In the service region, 324 *Colonias* have been officially identified; El Paso County is where the majority are located. While not as populated as those in El Paso County, *Colonias* have also been identified in the other five counties of the service region. The concerns for health and well-being are grave for residents of *Colonias*. Conventional outreach methods do not work with these families. Proficiency in Spanish and extreme client sensitivity is required. There are many non-legal resident families residing in these areas, thus, these communities are very guarded towards outsiders. Community Health Workers, known as *Promotoras*, are usually *Colonias* residents themselves that are trained for health promotion, and have been the most efficient method of outreach with this special population. The Rio Grande Area Agency on Aging (RGAAA) maintains its collaboration with several Promotora groups in order to best serve the residents of these areas.

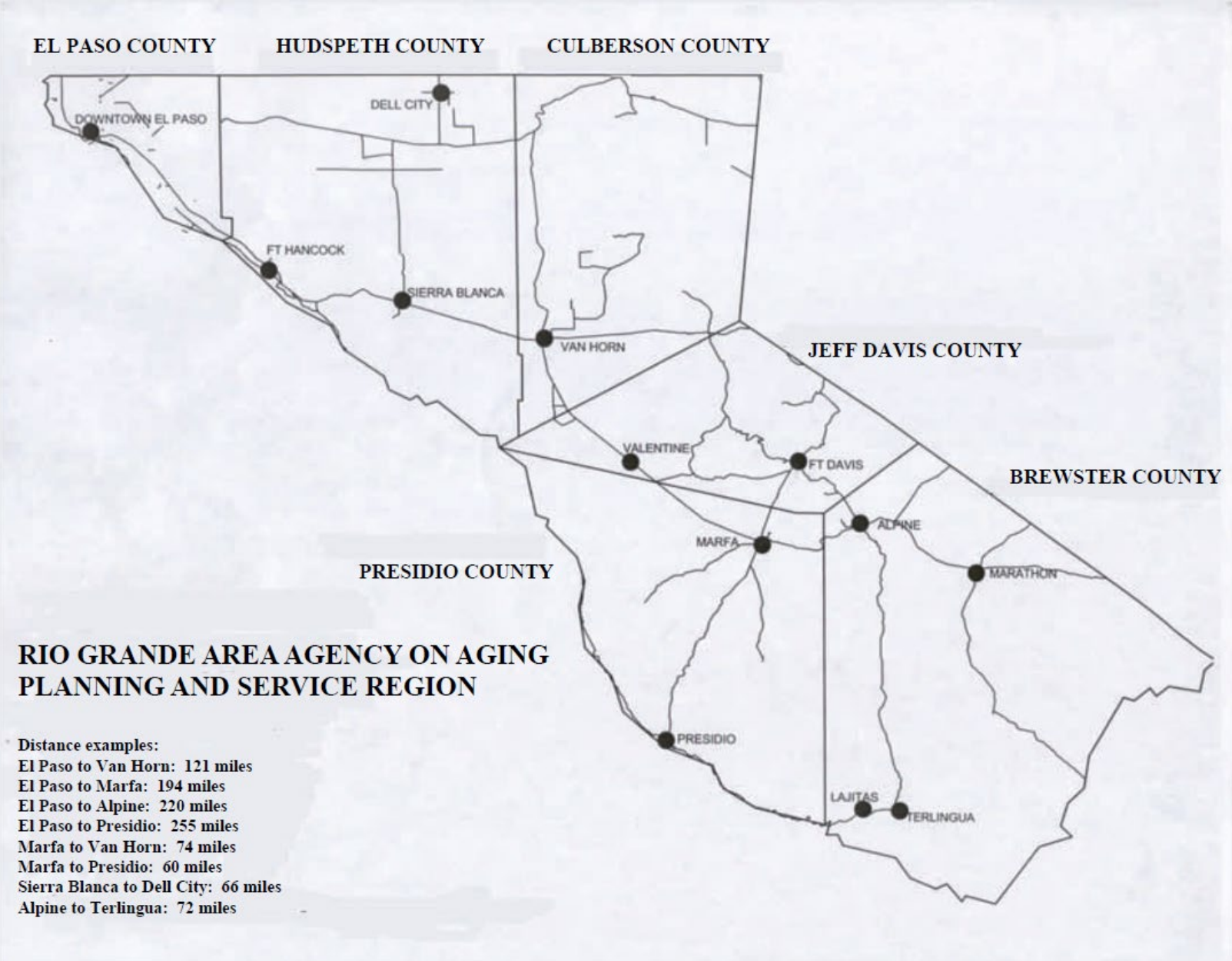
The Rio Grande service region, particularly El Paso County, is home to the Ysleta del Sur Pueblo Native American tribe. It is difficult to ascertain the total number of older adults who are part of the Ysleta del Sur Pueblo. Census data does not provide a reliable county level estimate of older adults by specific tribal affiliation. However, as residents of El Paso County, RGAAA maintains connection through outreach efforts with the so that tribal elders are aware that RGAAA services and supports are available.

In geographic terms, El Paso County (1,013 square miles) has the smallest land mass of the six counties in the region. In contrast, Brewster County has the largest land mass of all Texas Counties: 6,183 square miles. Hudspeth County (4,571 square miles), Presidio County (3,855 square miles) and Culberson County (3,812 square miles) rank 3rd, 4th, and 5th in counties by land mass size in the state. Jeff Davis County (2,265 square miles) comes in at 11th in the rankings for Texas counties land mass wise.

The population density per square mile index provides a better perspective on the geographic challenges the region faces. The state average for population density per square mile is 96.3 people per square mile. El Paso County has a population density per square mile quotient of 790.6 people per square mile. Jeff Davis (1.0), Culberson (.06) and Hudspeth (.08) Counties have population density per square mile quotients of 1.0 or less people per square mile. Presidio (2) and Brewster (1.5) Counties have population density quotients just above 1.0 person per square mile. Consequently, the Rio Grande service region is one of the largest regions in the state with the lowest rural population density.

The vast land mass of the region places an increased burden on service provision because of time, cost, and scarcity of resources. A drive from El Paso to Presidio takes close to five hours, which is an example of two extreme distances within the region. Providing services in the rural area takes considerable travel time, in many cases just to serve a single client. Since the RGAAA offices are located in El Paso County, providing services in the rural area takes considerable travel time, which is the main reason that outreach throughout our service region requires planning and coordination to ensure we make the most of these efforts.

This map shows the RGAAA Planning and Service Area (PSA) region only, with emphasis on the rural counties within the PSA. Also noted are distance examples in miles to illustrate the vastness of the service region in relation to the RGAAA office location in El Paso County. This will also illustrate the rationale in RGAAA having to carefully plan outreach efforts to the service region in order to help ensure our availability to the older adults residing in the rural areas of the PSA.



Population

According to statistics obtained from the Texas Demographic Center, Texas Population Projections, the total current older adult population for persons 60 years of age and older for the Rio Grande AAA Service Region is 194,255. El Paso County is the highest populated county within the region, to a very disproportionate degree: 186,911 older adults or 96.22% percent of the region's total 60+ population reside in El Paso County. The next highest populated county within the service region is Brewster County with 2,984 older adults, which equates to 1.54% of regions' 60 + population. The other four counties constitute less than 1% of the regions' 60 + population and have the following number of older adults: Presidio County with 1,809 older adults or 0.93%, Jeff Davis County 955 or 0.49%, Hudspeth County 888 or 0.46%, and Culberson County 708 or 0.36%. The disparate population throughout the region creates a special challenge in the provision of services, particularly with the scarcity of resources among the rural counties.

Gender

There are also significant gender differences in the total older adult population for the Rio Grande AAA Service Region. Of the total 194,255 older adults residing in the region, 85,473 or 44% are male; 108,782 or 56% are female. This disparity is a typical phenomenon among aging populations; however, this has some inherent concerns regarding poverty. Much of the difference between the economic status of men and women in retirement can be explained by examining how the life experiences of women—particularly earning patterns and life expectancy—differ from those of men. Often, women have lower lifetime earnings than men, spent fewer years in the workforce and are less likely to receive a pension. This would be a fair assumption of this occurring among older adult females in our region given the makeup of the older adult population in our service region. For a widow, this results in less retirement income received as compared to that of her husband or compared to their combined income when both persons were living. Therefore, in order to access supportive services to maintain independence, the older adult females of our service region must rely on qualifying for state-funded entitlement programs or programs through the AAA. Given that, funds appropriated to provide supportive services are never enough to meet the demands; this makes it difficult to adequately serve the growing number of older females residing in our service region.

Age

Another disparity is the number of older adults age 85 years and over. There are 17,629 persons aged 85 and older residing in the Rio Grande AAA service region. Of these, 16,606 reside in El Paso County, 230 in Brewster County, 193 in Presidio County, 91 in Hudspeth County, 77 in Culberson County, and 72 in Jeff Davis County. Once again, El Paso County is the highest populated county within the region, to a very disproportionate degree. This older adult population is projected to increase by 5% each year, which brings unique challenges as well. Typically, older adults age 85 and older require additional supports to maintain their independence and remain in the community. We have also seen that this population often has family caregivers, typically sons or daughters that have their own issues as they are older adults themselves. This will challenge the AAA to meet needs and assist this population in their desire to avoid institutionalization.

Ethnicity

Culberson, El Paso, Hudspeth, and Presidio Counties are minority-majority counties, with Hispanics being the largest ethnic group. Racially, Jeff Davis and Brewster Counties are White majority counties. There are few Black and Asian minority populations in the region's rural area, with just 44 black older adults and 70 Asian older adults identified in the rural counties of our service region. There are also 193 older adults who reported Other as their ethnicity. In El Paso County, the Black 60+ population constitutes 2% of the total older adult population; Asian and Other category are each both 1.2% of the 60+ older adult population.

Four of the region's counties are heavily minority majority, while the other two counties are Non-Hispanic white majority. El Paso (81%), Presidio (78%), Culberson (68%) and Hudspeth (65%), have the majority population as being Hispanic. Brewster is 35% minority and Jeff Davis is 26% minority. As noted, Black, Asian and Other category of minorities are a minimal trace of the population percentage; therefore, it is a fair assumption that the population percentages for Brewster and Jeff Davis is Non-Hispanic White. Overall, the total percentage the minority 60+ population for the RGAAA service region is 84.29%.

Other indicators of cultural diversity impacts within the region are the demographics for foreign languages spoken in the home. According to the 2024 American Community Survey, the following percentages per county indicate the homes where a language other than English is spoken: El Paso: 66.8%; Hudspeth: 63.2%; Culberson: 54.6%; Jeff Davis: 25.7%; Presidio: 71.7% and Brewster: 29.8%. Four of our region's counties reflect a significant difference in the language spoken in the home as compared to the state average, which is 35.7%. Presidio

County's percentage of foreign language in the home is notably different from the other counties. Based on the minority makeup of the population, it is a fair to assume that the foreign language referred to in this demographic characteristic is Spanish.

The aforementioned statistical facts support that as a whole, the Rio Grande AAA Service region is primarily comprised of the targeted populations as described in the Older Americans Act: Low-income, Minority individuals with limited English proficiency. Thus, this creates an atmosphere of service for all of the 60+ population residing in the region and therefore requires the AAA to look for ways to stretch the funds allocated to the region in order to best serve clients while managing the allocation of funds received.

Economic and Social Resources

As the most populous county in the Rio Grande service region, El Paso County's economy remains deeply shaped by its binational position, diversified industry base, and strong government and military presence. The region's largest economic clusters include retail, health services, food services, and transportation/logistics, all supported by cross-border commerce with Juárez, Mexico and a significant federal workforce. Data from the U.S. Bureau of Labor Statistics shows that the major employment sectors include trade, transportation, education, health services and government. Economic development efforts at the city and county levels emphasize advanced manufacturing, aerospace, logistics, and life sciences, supported by incentive programs and revitalization initiatives.

Fort Bliss continues as the region's largest employer and a critical driver of public-sector activity, reinforcing the county's reliance on government operations and defense-related industries. The city of El Paso has a large military presence with Fort Bliss, William Beaumont Army Medical Center and Biggs Army Airfield. In addition to the military, the federal government also has a strong presence in El Paso to manage its status and unique issues as an important border region. Operations headquartered in El Paso include the DEA domestic field division 7, El Paso Intelligence Center, Joint Task Force North, U.S. Border Patrol El Paso Sector and U.S. Border Patrol Special Operations Group (SOG).

Tourism is another major industry in El Paso and is gaining national recognition. The city recently received a designation ranking as a Top Rising Travel Destination. The city's affordability, cultural heritage, warmer weather and many outdoor attractions were credited for this designation.

Education plays a central role in El Paso County's long-term economic growth. The University of Texas at El Paso (UTEP) continues to strengthen the region's talent pipeline through programs that directly support high-demand industries such as computer science, engineering, defense, and healthcare.

El Paso is the medical hub of West Texas and Southern New Mexico, hosting numerous medical centers. Some of the city's top hospitals include University Medical Center of El Paso, William Beaumont Army Medical Center, The Hospitals of Providence Memorial Campus, The Hospitals of Providence Sierra Campus, The Hospitals of Providence East Campus, The Hospitals of Providence Transmountain Campus, Las Palmas Medical Center, Del Sol Medical Center, and El Paso Children's Hospital. University Medical Center is the only level I trauma center in the region.

El Paso is also home to the Medical Center of the Americas (MCA), an integrated complex of medical facilities anchored by Texas Tech University Health Sciences Center at El Paso, the Paul L. Foster School of Medicine, University Medical Center, the El Paso Psychiatric Center and the El Paso Children's Hospital. It is also the site to the Cardwell Collaborative biomedical research building, the Gayle Greve Hunt School of Nursing, the Woody L. Hunt School of Dental Medicine and the Graduate School of Biomedical Sciences. Construction is underway for a new MCA Health Clinic, that will serve approximately 10,000 residents annually, increasing access to HIV prevention, sexual health, and tuberculosis treatment services.

As evidenced by the economic and social resources in El Paso County, older adults are far more supported compared to the other 5 counties in the Rio Grande AAA service region. It also sets the challenge of balancing the distribution of limited funds between the high numbers of older adults needing services in El Paso County as opposed to providing services for fewer older adults in the rural area who need similar assistance.

Across the five rural Far West Texas counties of the Rio Grande Area Agency on Aging (AAA) service region, Brewster, Culberson, Hudspeth, Jeff Davis, and Presidio Counties, their local economies are largely shaped by agriculture, ranching, tourism, government services, energy development, and cross-border trade, with Brewster County serving as the economic and institutional anchor of the region. Social service resources vary significantly across counties, with Hudspeth and Presidio Counties experiencing the highest levels of vulnerability and infrastructure need, while Jeff Davis and Brewster Counties benefit from comparatively more diverse economies, nonprofit activity, and educational infrastructure.

A central regional asset supporting economic stability, workforce development, and community capacity in these rural counties is Sul Ross State University (SRSU),

located in Alpine, Brewster County. As the only public four-year university in Far West Texas, SRSU plays a critical role in supporting rural communities through higher education access, workforce training, cultural programming, public service partnerships, and applied research. The university serves students from in this rural service area and represents an essential resource for building and retaining local talent in an otherwise geographically isolated region.

All five rural counties rely heavily on regional cooperation to address shared challenges related to public health access, water sustainability, transportation systems, emergency response, and the delivery of basic social services. SRSU contributes to this regional cooperation by serving as a hub for interagency collaboration, professional training, and community engagement, particularly in rural health, social work, education, and public administration disciplines that are relevant to aging and community-based services. These partnerships strengthen local capacity in counties where resources are limited and distances between services are significant.

Despite these assets, many outlying rural counties within the Rio Grande AAA service region face significant geographic disparities when compared to more urbanized areas of Texas, particularly El Paso County. In most rural areas, there is a scarcity of skilled professionals to provide essential services such as healthcare, hospice care, In-home support services, home health agencies, and residential repair programs. Where services are available, the cost of delivery is often considerably higher than in urban settings due to travel distances and limited workforce availability.

Population distribution within the service region has the greatest impact on rural older adults, who are disproportionately affected by the loss of family support and community resources as younger residents leave the region for employment or education opportunities outside Far West Texas. Although SRSU helps mitigate this trend by offering local educational opportunities and supporting workforce development, many rural older adults remain highly vulnerable due to isolation, limited transportation options, and constrained service infrastructure.

The majority of older adults in the rural counties of the Rio Grande AAA service area are aging in place, remaining in their homes and communities despite limited local resources. Supporting successful aging in place requires careful balancing of service availability, workforce capacity, regional partnerships, and access to educational and institutional supports such as Sul Ross State University. Strengthening this balance is critical to the overall success of ensuring that the Rio Grande AAA can continue to meet the service demands and evolving needs of older adults across its

rural service region, while leveraging regional assets to enhance long-term sustainability and community resilience.

Population Trends

The population changes from 2027 through 2029 continue to support the fact that the Rio Grande AAA PSA is comprised of the populations that reflect the targeting areas of the Older Americans Act: older adults who are considered low income, having greatest economic and social need, those with limited English proficiency, persons of minority status and persons living in rural areas. The Rio Grande PSA is made up of all of these target areas, which allows the AAA to continue to serve those older adults who are most in need. We anticipate that the funding allocation will also grow with the population projections being considered within the funding formula for our PSA. RGAAA is challenged to look for ways to stretch the funds allocated to the region, so as to serve as many of the older adult residents as possible.

The growth of the number of minority persons, particularly those who identify as Hispanic within the majority of our regions' counties indicates that there is still a need to reach out to them for assistance. The Hispanic population calls for customized outreach in social service delivery. Cultural barriers often exist that go undetected by policymakers who develop public service access requirements. Many poor, lower socio-economic residents in our region have trouble filling out forms or understanding service qualifications. The region's residents have traditionally under-enrolled in many free public assistance programs. For older adults, there is an under-enrollment in the Low Income Subsidy Program (LIS) and Medicare Part D programs. There is also a significant "un-estimated" number of non-legal resident families, such as those described as living in the *Colonias*, who may choose to forego accessing social services. It has been reported by several of our community partner agencies that work in the government sector that they have seen a drop in the number of persons seeking assistance due to the current political climate regarding immigration and a person's legal status.

The population projection statistics for our PSA support the fact that older adults are living longer and that we will continue to see a growth in this number of older adults in our region. Older adults age 85 and older generally require additional supports to maintain their independence and remain in the community. We have also seen that this population often has family caregivers, who are usually daughters or sons that have their own issues as they are older adults themselves. This will challenge the AAA to meet their needs and assist this group of older adults.

Advisory Council

The RGA AAA Advisory Council consists of 18 members. The majority of the membership is composed of older adults, with some representation from service providers in aging services, local members of the business community and family caregivers. The Advisory Council also has liaison representation from the local HHSC Community Care Services division, Adult Protective Services, the El Paso County Attorney Elder Protection Unit, the local PACE Program, and the Veterans Administration. The following table indicates the make-up of the membership with the required categories of the OAA, with some members falling into more than one category:

Category	Number of Members
Older Individuals Residing in Rural Areas	1
Clients of Title III Services	2
Older Individuals	13
Minority Older Individuals who Participate or are Eligible to Participate in OAA Programs	2
Local Elected Officials	0
General Public	18
Veterans' Health Care Providers	1
Service Providers	4
Family Caregivers of Older Individuals who are Minority or Who Reside in Rural Areas	9
Business Community Representatives	1

Category	Number of Members
Representatives of Older Individuals	18
Representatives of Health Care Provider Organizations	2
People with Leadership Experience in the Private and Voluntary Sector	18
Representatives of Supportive Services Provider Organizations	3

Members of the Advisory Council are chosen by completing and submitting an RGAAA Advisory Council Membership Application to the AAA offices for review by the Membership Committee of the Advisory Council. After review and selection, proposed new members are presented to the Advisory Council for endorsement and then presented to the RGCOG Board of Directors for approval of membership status as an RGAAA Advisory Council Member. All approved members of the Advisory Council continue to serve on the Council for as long as they meet membership criteria; there are no term limits.

Liaisons are appointed by the AAA Director and are considered ex-officio members of the Council. If a Liaison wishes to become a regular member, they must submit an application to the membership committee.

Advisory Council Members advise the AAA on all matters relating to the development and administration of AAA programs and the operations conducted by the agency. They also provide regional input and ongoing guidance on issues and concerns faced by older adults and family caregivers. In preparation of the Area Plan, the Council represents the interests of older adults and family caregivers by conveying community needs, concerns, and perspectives to the agency. It also reviews and comments on community policies, programs, and actions that affect older adults, help promote coordination, responsiveness, and effective delivery of aging services across the RGAAA region.

To the extent possible, the Advisory Council strives to include representation from all counties within the RGAAA PSA. Although not all counties are currently represented by individual council members, the RGAAA PSA is supported by community partner agencies that serve every county, ensuring that the needs, concerns, and service gaps of all communities are reflected in the Council’s advisory role and incorporated into Area Plan decisions.

Advisory Council meetings are set for the third Wednesday of every other month, based on a federal fiscal year calendar.

Stewardship & Oversight

RGAAA maintains strong stewardship and oversight of the OAA funds allocated to the PSA through comprehensive administrative, financial, and quality-assurance practices. These efforts include the consistent monitoring of subcontractors and strict adherence to reporting, reimbursement, accounting and documentation requirements. RGAAA follows established policies and procedures to ensure funds are used appropriately and efficiently to assist as many older adults as possible.

The RGAAA Administrative Team consists of the Director, Assistant Director, Client Services Manager and the AAA Technician – Program Support. The overall AAA programming, staff supervision, service region planning and development and agency support is provided by these staff members of the AAA. Specific duties include, but are not limited to: Area Plan development, AAA Budget development and maintenance, procurement and review of Contractors, Fiscal and Programmatic report preparation and submission, agency clerical support and the coordination and maintenance of the AAA Advisory Council. The AAA Administrative Functions take place in the Rio Grande Council of Government’s offices in El Paso, TX, where the RGAAA is housed.

The RGAAA’s yearly budget is developed three months prior to the new fiscal year. The process begins with the receipt of the projected funds from the Texas Health and Human Services Commission (HHSC), Office of Area Agencies on Aging (OAAA) in order to develop the detailed budget for the Rio Grande Council of Governments (RGCOG). Using this detailed information, the planning budget for OAAA is developed. Secondly, the Direct Purchase of Services budgets are developed and reflect a shift of funds for services most in need. Thirdly, projected program income, other local funds and in-kind amounts that support the fiscal requirements for the AAA are budgeted. In order to assist in finalizing the unit rates and number of units for next fiscal year’s planning budget, contractor applications and the unit rate setting worksheets for nutrition providers are typically sent out three months prior to the new fiscal year. All direct service expenditures are tracked on a monthly basis by the AAA Assistant Director when reviewing the RGCOG Revenue and Expense reports, with a comparison between the budgeted amount and cumulative expenses.

The Direct Purchase of Service (DPS) expenses are also tracked by the AAA Assistant Director. On a quarterly basis the AAA Assistant Director and Client

Services Manager, in coordination with the AAA Director, review the DPS expenditures to analyze and to forecast the expenses.

For each budget submission and/or Quarterly Performance Report submission, the AAA Director, AAA Assistant Director and RGCOG Finance Director work together to prepare, complete and ensure accurate and timely submission to the OAAA offices per Contract requirements.

Key Topic Areas

The service delivery system of RGAAA is a combination of direct service to clients through 11 staff members and the use of a Direct Purchase of Services (DPS) methodology to assist clients with their independence and ability to remain in their homes by purchasing services from local vendors, who serve as contractors to the AAA. The following outlines the Core Program Areas of RGAAA:

Core Program Area 1: Supportive Services

RGAAA Supportive Services include: Information, Referral and Assistance, Case Management, In-Home Provider Services, Health Maintenance, Residential Repair and Transportation.

Information, Referral & Assistance

Information, Referral and Assistance Services (I,R & A) provided in the Rio Grande AAA PSA is a Direct service of the AAA provided by staff. There are currently 4 staff members providing this service. Information, Referral and Assistance consists of activities such as assessing the needs of the inquirer, evaluating appropriate resources, assessing appropriate response modes, indicating organizations capable of meeting those needs, providing enough information about each organization to help inquirers make an informed choice, helping inquirers for whom services are unavailable by locating alternative resources, when necessary, actively participating in linking the inquirer to needed services, and following up on referrals to ensure the service was provided. These services are provided throughout the entire RGAAA region and are conducted over the phone. Occasionally a client may visit the AAA office and are assisted in person. Persons 60 years of age and older and their families, family caregivers and Community Partner agencies are the target audience of this service.

An incoming call or walk-in client is received by staff providing I, R & A services. The caller's/walk-in client's needs are assessed, and a referral is made to outside community resources and/or an internal referral is made for AAA services. Follow-up contact is made with randomly selected callers/walk-in clients or to those

callers/walk-in clients who might need additional assistance or required facilitation in connecting to the referral. If AAA services are needed, a Referral Form is completed with the caller's/walk-in client's information and service request. Community Partner agencies may also complete the Referral Form and fax or email the form to the Client Services Manager. The Referral Form is placed in a central folder where the Client Services Manager collects them, logs each form received and assigns the referral to the AAA staff person that will provide the requested assistance.

RGAAA continues to receive numerous faxed or emailed Referral Forms from various outside sources. A challenge is that when contacted, the client is not aware that their information was provided to RGAAA, that a referral was sent in for assistance or does not feel they are in need of the assistance they have been referred for. This has required RGAAA to implement an initial screening of the referrals prior to them being assigned to the AAA staff person that will provide the requested assistance, so that we determine actual client referrals that are legitimate referrals for assistance through the AAA and can be assisted as soon as possible. RGAAA will also offer in-service training for Community Partner agency staff on AAA services and the process for making appropriate referrals to the AAA.

Case Management

The Case Management Services provided in the RGAAA PSA are Care Coordination and Caregiver Support Coordination. It is a Direct service of the AAA provided by staff hired to provide these case management services. There are currently 2 staff members of the AAA providing these services. Care Coordination is an ongoing process to include assessing the needs of an older individual and effectively planning, arranging, coordinating and following-up on services which most appropriately meet the identified needs as mutually defined by the older individual, the AAA staff member, and where appropriate, a family member. Caregiver Support Coordination is also an ongoing process, however it includes assessing the needs of a family caregiver and the care recipient, effectively planning, arranging, coordinating and following-up on services which most appropriately meet the identified needs as mutually defined by the caregiver, the care recipient, and the AAA staff member. Persons 60 years of age and older and Family Caregivers residing in the Rio Grande AAA Planning and Service Area are the target audience of this service.

During the Assessment process, the client's needs and service requests are discussed and the client is given the option of choosing from the list of RGAAA vendors who provide the service they are requesting assistance with. If the service requested requires a schedule be established, the client outlines their desired

schedule for the service and the case manager will authorize the service based on the client's instruction. The service authorization is then sent to the respective RGAAA vendor in order to assist the client with their requested need. Case management staff will work closely with Caregiver Support staff in order to provide additional support to Caregiver cases and/or Benefits Counseling staff should additional benefit support be identified. Case management staff will conduct monitoring and follow-up activities which include verifying service delivery, determining the extent to which services meet the needs and expectations of the client, and where necessary, advocating for improvements in service delivery. Since RGAAA does not have the financial capacity to serve clients on a long term basis, every attempt is made to successfully link clients to long-term services and supports within the community. Referrals to organizations such as HHSC Community Care Services, our local PACE Program – Bienvivir All-Inclusive Senior Health Services, the Veteran's Administration and Private Pay options are coordinate on behalf of clients.

These services are provided throughout the entire Rio Grande AAA region and preferably will take place in the client's home, so as to gain a better understanding of the client's situation and environment. AAA staff members providing case management services may also conduct their assessment over the phone, especially if the client is residing in the rural parts of the service region and the staff member is not able to travel to the client's home in a timely manner in order to provide the services as soon as possible. The geographic distance of our service region prevents AAA case management staff from conducting regular home visits with clients residing in the rural counties. Coordination and planning must take place to ensure that in-person visits are scheduled to the region so that staff may maximize their efforts when visiting clients residing in the rural areas of the service region.

In-Home Provider Services

The In-Home Services provided in this category include: Homemaker, Personal Assistance, and Respite In-Home. RGAAA will maintain contracts with Home Health Agencies in the service region through its Direct Purchase of Services, to assist clients with these services. In-Home services provide assistance to clients with their activities of daily living (bathing, grooming, dressing, toileting and transferring) and self-management tasks (light housekeeping, meal preparation) in order to continue to support them remaining in their homes. Family caregivers can receive assistance with short-term relief from their caregiving duties when they take advantage of this type of assistance. Persons 60 years of age and older and family caregivers in the

Rio Grande AAA PSA are the target audience of these services. There are 2 AAA staff members who assist clients with accessing and authorizing these services.

Homemaker services assist an older person with the performance of light housekeeping tasks and home management. Activities may include the performance of light housekeeping, home management, meal preparation, escort tasks, and shopping assistance. The objective is to help the older person sustain independent living in a safe and healthful home environment.

Personal Assistance services assist an older person who has difficulty performing a minimum of two activities of daily living as identified in the assessment process, with tasks a person would typically perform if they were able. This includes assistance in all activities of daily living and health-related tasks.

Respite In-Home are temporary services for an eligible dependent care recipient for the relief of a family caregiver, provided in the eligible caregiver's home or the home of the care recipient on a short term, temporary basis while the primary caregiver is unavailable or needs relief. In addition to supervision, services may include meal preparation, housekeeping, assistance with personal care, and social and recreational activities. An eligible older care recipient must be unable to perform a minimum of two activities of daily living identified through the assessment or require substantial supervision due to a cognitive or other mental impairment, which causes them to behave in a manner that poses a serious health or safety hazard to themselves or to another person.

Access to these services is accomplished through a client receiving Care Coordination or Caregiver Support Coordination. The assigned case manager will set up an appointment to complete an assessment and help determine the needs of the client or family caregiver. It is during this assessment that the service category best suited to help meet the client's needs will be determined. The case manager will work with the client to determine the preferred schedule for the assistance, offer the client a choice in service providers and will work to secure and authorize the service through the AAA In-Home Service Provider. Services authorized are short term but may be extended on a case-by-case basis. During this time, case management staff will also educate the client on other available options for long-term care support and will work to refer them to the appropriate long-term solution.

Health Maintenance

Health Maintenance services include the provision of medications, nutritional supplements, glasses, dentures, hearing aids or other devices to promote or

maintain the health or safety of older adults. Access to this service is accomplished through a client receiving Care Coordination or Caregiver Support Coordination. The assigned case manager will set up an appointment to complete an assessment and help determine the needs of the client or family caregiver. The most common requests for assistance with this service consist of Nutritional Supplement drinks and Incontinence supplies. These Health Maintenance items for needs in the rural areas of our service region are purchased from companies in El Paso County and delivered through FedEx to client's homes. Dental services and Hearing Aids are coordinated by the case manager who connects with a Vendor providing this service, appointments are made to provide an initial assessment, the case manager receives an estimate for the cost to provide either service and then authorizes the purchase of this service. Subsequent appointments are then scheduled to complete the work necessary. If rural clients are seeking assistance with their dental needs or hearing aids, they must travel into El Paso County in order to obtain assistance from the Vendors we have established Agreements with. This is due to the fact that there are no dentists or hearing aid providers located within the rural service region.

Residential Repair

Residential Repair services consist of repairs or modifications of a client owned dwelling that are essential for the health and safety of the older person. Access to this service is accomplished through a client receiving Care Coordination or Caregiver Support Coordination. The assigned case manager will set up an appointment to complete an assessment and help determine the needs of the client or family caregiver. It is during this assessment that the need for Residential Repair services will be determined. The case manager will work with the client to determine whether the client is interested in this service and explain how this service can assist with their independence and ability to continue to reside in their home or assist the family caregiver with their tasks in caring for their loved one. The client is offered a choice in service providers and the case manager will work to secure and authorize the service through the Residential Repair Provider. The Residential Repair provider will be contacted by the AAA case manager, where they will request a quote for the modifications or repairs requested by the client. It is important to note that there is a cap of \$5,000 of expenditure that is allowed for this service per client. The AAA case manager awaits the quote and once received will authorize the service to be completed by the Residential Repair Vendor. Once the services are completed, the AAA case manager will conduct a follow-up home visit to ensure the repairs or modifications were completed and that the client is satisfied with the work of the Residential Repair Vendor. RGAAA has not been able

to secure this type of contracted Vendor in the rural counties of the service region, which eliminates the ability to offer this service to clients living in the rural areas. The existing Vendors of this service are located in El Paso County and state that it would be cost prohibitive to travel to the rural counties to provide a quote and return to complete the service, which often occurs over a span of days. This would require the Vendor to have to stay overnight and incur lodging costs in order to complete these requests.

Transportation

Under Transportation Services, RGAAA will provide Demand/Response Transportation as one of its Direct Purchase of Services. RGAAA will maintain contracts with Transportation providers in the service region to assist clients with this need. Persons 60 years of age and older and family caregivers in the Rio Grande AAA Planning and Service Area are the target audience of this service. There is 1 AAA staff member who assists clients with accessing and authorizing these services.

Demand/Response Transportation is designed to carry an older person from a specific origin to a specific destination upon request. An older person requests the transportation service in advance of their need from the AAA staff member, who then authorizes and schedules the trip with one of the AAA Transportation contracted Vendors. Medical transportation trips are the target for AAA demand response Transportation assistance for those clients residing in El Paso County. In the rural counties, demand response transportation can include medical trips along with other transportation requests, since this is one of the limited resources that are available in the rural counties of the AAA service region. Other types of transportation for rural county clients include trips to the senior center, post office, or pharmacy. In order to access this service, clients are asked to contact the AAA staff member who coordinates this service at least 5 days in advance so that their trip may be authorized and sent to the AAA Transportation Vendor that the client has chosen.

Clients in the rural counties do not have a choice in Vendors since there is only one provider of this service in the rural parts of the region. Transportation is especially important in the rural areas of the service region, as there is no other resource to support this service need. Since there is only one Transportation Vendor, the burden can be great. This is due to the vastness of the service region. Transportation around the region can take hours to arrive at the destination. Much of the health care received is done so outside of the service region and clients can easily take up to 5 hours of travel time depending on where the client is being

picked up from and transported to. The transportation service provider in the region reports they have difficulty keeping and finding drivers due the amount of time on the road and the early start or late end times of a particular driving shift. Older adults needing assistance with transportation will have no choice but to rely on family or friends for support. This can be especially difficult to ask for help when the distance factor of the rural areas can pose a strain due to travel time and the cost of gasoline. This service has helped to improve the rural client's access to health care and their overall maintenance in their independence and the reason RGAAA will work to maintain this service in the region.

Core Program Area 2: Nutrition Services – Congregate Meals and Home Delivered Meals

RGAAA will maintain contracts with meal providers in the service region to assist clients with Congregate and Home Delivered meals through its Direct Purchase of Services. Persons 60 years of age and older in the Rio Grande AAA Planning and Service Area are the target audience of these services. There is 1 AAA staff member who assists clients with accessing and authorizing these services.

Congregate Meals

Congregate Meals are a hot or other appropriate meal served to an older person in a congregate setting. The following sites offer congregate meals in our region: El Paso County Nutrition Program (El Paso County) with 16 senior center sites throughout the County. They are the largest meal provider in our service region; Spanish Angel's Café (Hudspeth County) which is a restaurant located in Dell City, TX, a remote part of this rural County. It was a naturally occurring senior center due to several local older adults gathering on a daily basis for their meals. AAA has worked closely with this Vendor to ensure they follow guidance and rules set forth for traditional congregate meal providers and have had success in ensuring they comply and assist the AAA with this need in this community; Culberson County Nutrition Center (Culberson County) located in Van Horn, TX; City of Marfa Nutrition Center (Presidio County) located in Marfa, TX; City of Presidio Nutrition Center (Presidio County) located in Presidio, TX; and Sunshine House (Brewster County) located in Alpine, TX. Sunshine House is the only non-profit meal provider within our service region. All other entities, besides the restaurant mentioned, are city or county government entities. All meal providers are serving the required 250 meals per year.

Home Delivered Meals

Home Delivered Meals are hot, cold, frozen, dried, canned, fresh or supplemental food (with a satisfactory storage life) delivered to a person who is eligible in their place of residence. Eligible clients must undergo a functional impairment assessment and receive a score that deems them to be homebound in order to qualify for this service. The following sites offer home delivered meals in our region: El Paso County Nutrition Program (El Paso County) that delivers meals to eligible participants throughout the County. They are the largest meal provider in our service region; Culberson County Nutrition Center (Culberson County) located in Van Horn, TX; City of Marfa Nutrition Center (Presidio County) located in Marfa, TX; City of Presidio Nutrition Center (Presidio County) located in Presidio, TX; and Sunshine House (Brewster County) located in Alpine, TX. Sunshine House is the only non-profit meal provider within our service region. All entities are city or county government entities. All meal providers are serving the required 250 meals per year. It is important to note that in Jeff Davis County, we currently do not have a meal provider to purchase home delivered meals.

For the rural meal providers, socialization contacts are currently being met through the daily delivery of hot meals. For the meal provider in El Paso County, they have secured an approved waiver to serve meals twice a week, therefore the 3rd socialization contact with each client is accomplished through phone calls.

Core Program Area 3: Evidenced Based Disease Prevention & Health Promotion Services

The Evidence-Based Interventions offered by the RGAAA will be provided directly by the agency through 1 staff member. Persons 60 years of age and older residing in the Rio Grande AAA Planning and Service Area are the target audience of this service. Evidence-Based Intervention is a service in which an intervention that is based upon the principles of Evidence-Based Disease Prevention programming is provided to an older individual. RGAAA will utilize the federally approved evidence-based interventions list of programs to determine the programming that will be offered in the service region. RGAAA will offer the fall prevention curriculum known as *A Matter of Balance* and *Texercise Select*, which focuses on exercise and nutrition, in both English and Spanish.

The AAA staff member will receive referrals directly themselves from phone inquiries, through community outreach events promoting the availability of evidence-based classes and occasionally as assigned by the Client Services Manager. Phone inquiries received directly are generally assisted immediately and are registered for a class while the caller is on the line. Should the AAA staff

member not be available, the client's contact information and general need request will be documented on the AAA Referral Form and will be given to the Client Service Manager for assignment to the AAA staff member. They will work closely with case management staff in order to provide additional support to their cases. When conducting community outreach events, the AAA Benefits Counselors and AAA staff member providing Caregiver Support services will also inform the public about the evidence-based intervention offered by the AAA to encourage increased participation. The AAA staff member will work to establish partnerships with local entities to conduct classes that are available throughout the community. In order to expand the reach of the evidence-based intervention, the AAA staff member will train, coordinate and supervise lay leaders to expand the program's reach.

Core Program Area 4: Family Caregiver Support Services

The Caregiver Services provided in the Rio Grande AAA PSA are Caregiver Training and Caregiver Information Services. These services will be provided directly by the agency through 1 staff member.

Caregiver Training is a service that provides family caregivers with instruction to improve the knowledge and performance of specific skills relating to their caregiver roles and responsibilities. Training may be conducted in-person or online and be provided in individual or group settings. The AAA staff member receives referrals as assigned by the Client Services Manager and/or directly themselves from phone inquiries or through community outreach events. Phone inquiries received directly are generally assisted immediately or are scheduled for an In-office visit while the caller is on the line. Walk-in clients are seen dependent upon the staff member's availability. Should the staff member not be available, the client's contact information and general need request will be documented on the AAA Referral Form and will be given to the Client Service Manager for assignment to the staff member. The AAA staff member will discuss the needs of the family caregiver and provide assistance individually about the caregiver's situation or offer general education in a group setting to assist the caregiver with their daily tasks. As appropriate, a packet of information will be put together to send the caregiver which contains resources and educational materials that would be beneficial to the caregiver. They will also work closely with AAA case management staff in order to provide additional support to Caregiver Support Coordination cases.

Caregiver Information Services provides for the dissemination of accurate, timely and relevant information through public group activities such as handing out publications, conducting group presentations, seminars, health fairs and mass media. The AAA staff member will receive requests directly from service providers

and the public at-large for educational activities which require them to schedule group presentations. They will also plan and conduct outreach activities in order to keep the public informed about caregiver issues.

The geographic distance of our service region prevents the AAA staff member from conducting regular educational presentations or offering in-person sessions with caregiver clients residing in the rural counties. Coordination and planning must take place to ensure that in-person visits are scheduled to the region so that the AAA staff member may maximize their efforts when visiting the rural areas of the service region.

Core Program Area 5: Legal Assistance

The Legal Assistance Services provided in the Rio Grande AAA PSA are those services that are considered part of the AAA Benefits Counseling Program. Legal Assistance 60 years of age and older is counseling or representation by a certified Benefits Counselor to older individuals. It is a Direct service of the AAA provided by staff hired to provide these Legal services. These services may be provided in-person or by telephone. There are currently 2 staff members of the AAA providing these services. Persons 60 years of age and older and Medicare Beneficiaries of any age residing in the Rio Grande AAA Planning and Service Area are the target audience of this service. The assistance in this category includes advice or counseling on non-Medicare related issues, document preparation related to public entitlements, health or long-term care, individual rights, planning and protection options, housing and consumer needs, and representation on behalf of an older individual in protesting or complaining about a procedure, or seeking special considerations by appealing an administrative decision.

AAA Benefits Counselors receive referrals as assigned by the Client Services Manager and/or directly themselves from phone inquiries or community outreach events. Phone inquiries received directly are generally scheduled for an In-office visit while the caller is on the line. Walk-in clients are seen dependent upon Benefits Counselor availability. Should a Benefits Counselor not be available, the client's contact information and general need request will be documented on the AAA Referral Form and will be given to the Client Service Manager for assignment to a Benefits Counselor. Most Legal Assistance clients are seen at the AAA offices, however, clients may receive a home visit by the Benefits Counselor if necessary in order to assist with the client's need and request. Home visits are generally reserved for clients who are physically incapable of coming into the AAA offices for an appointment with a Benefits Counselors.

The geographic distance of our service region prevents AAA Benefits Counseling staff from conducting regular visits with clients residing in the rural counties. Coordination and planning must take place to ensure that in-person visits are scheduled to the region so that AAA staff may maximize their efforts when visiting the rural areas of the service region. Benefits Counselors have two set times in the year that they are present in the rural counties. In the Fall during the Medicare Open Enrollment Period and in the Spring for the Medicare Advantage Open Enrollment Period. Both planned visits are utilized to include general access and availability to clients in the rural areas of our PSA. These trips are coordinated with local community partners in the region to include senior centers, health care facilities and churches, as they often provide the meeting venue and inform their clients, patients and parishioners that AAA Benefits Counselors will be in the region and available to provide assistance.

Core Program Area 6: Ombudsman Services

RGAAA will offer the service of Ombudsman directly by 2 AAA staff and certified volunteers. Residents of state-licensed long-term care facilities located in El Paso County are the target audience of this service. There are no state-licensed long-term care facilities located in the rural counties of the service region; all are located in El Paso County.

Ombudsman services protect the health, safety, welfare, and rights of residents of nursing facilities and assisted living facilities, including identifying, investigating, and resolving complaints that are made by, or on behalf of residents. The Managing Local Ombudsman (MLO) or AAA Staff Ombudsman primarily receive referrals directly themselves while visiting facilities, from phone inquiries, and walk-ins. Phone inquiries taken directly by the MLO or Staff Ombudsman are generally scheduled for an In-office/In-Facility visit while the caller is on the line. Walk-in clients are seen dependent upon Ombudsman staff availability. If the MLO or AAA staff Ombudsman is not available to meet with the walk-in client, the client's name and number will be given to the MLO on the AAA Referral Form. This program also utilizes volunteers to help expand the program's reach. Volunteers must participate in a 36-hour training course and pass a background check prior to becoming certified Volunteer Ombudsman through the State Ombudsman Office. While MLO, AAA staff Ombudsman and Certified Volunteer Ombudsman primarily make visits during normal business hours, Ombudsman services may be provided after hours during the week and/or on weekends. This is done to accommodate all ombudsman activities as needed, which may include, but are not limited to: varied facility visit times, training, care plan meetings, family or resident council meetings. Certified Ombudsman will also be available for to conduct recruitment of additional volunteer

ombudsman, media interviews and other systems advocacy on ombudsman issues. Ombudsman staff do their best to reassure residents that they have a right to complain without the fear of retaliation but must respect the resident's right to decline the services of their Ombudsman. RGAAA Ombudsman staff and volunteers are committed to making their visits and are vigilant in their observation of the care received in each of their assigned facilities.

Strategies to serve those with Greatest Economic Needs and Greatest Social Needs

The Rio Grande AAA PSA is comprised of the populations that reflect the targeting areas of the Older Americans Act: older adults who are considered low income, having greatest economic and social need, those with limited English proficiency, persons of minority status and persons living in rural areas. This is common in communities with high poverty rates, rural isolation, or limited access to services. RGAAA has not had to implement strategies to ensure that these populations are served since the makeup of our PSA includes them. However, due to level Older Americans Act funding amounts provided in recent years and increases in costs to the services purchased from local Vendors, RGAAA may have to implement a targeting framework to ensure that limited AAA resources are allocated to older adults with the greatest economic need and greatest social need. Strategies would include: Prioritizing older adults with the most severe economic hardship and social risk using a tiered scoring framework that distinguishes levels of need beyond basic eligibility; Applying the use of results from the OAAA uniform assessment tools (Client Intake Form, Client Needs Assessment Form, Nutrition Risk Form, Caregiver Assessment Form) that are conducted on potential clients. These assessment forms help to determine areas such as: income at or below federal poverty levels, functional capacity with the scoring of their Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), cognitive deficits, social isolation, limited English proficiency, rural isolation, lack of support making them at-risk for institutionalization, and caregiver burnout. Using the results of these assessment forms will help RGAAA staff to ensure consistent and equitable determinations are made to client service requests; Maintain waitlists based on weighted need scores, not first-come, first-served; and Conduct targeted outreach to populations facing the highest barriers to access when promoting AAA services. RGAAA would then review and update this criteria in order to ensure staff and providers are trained in this process and are utilizing it to achieve this goal of service to those clients in the RGAAA PSA with greatest economic and social needs.

Home-and Community-Based Services (HCBS) Collaboration

The partnerships between local Health and Human Services providers are strong and have been the foundation for success in assisting clients in connecting them to

long-term care solutions that will support their desire to remain in their homes. HHSC Community Care Division, our local PACE Program known as Bienvivir All-Inclusive Senior Health Services, and the local Veteran's Administration have referral protocols in place that enhance coordination and communication between AAA case management staff which support efforts to assist clients requesting long-term support. HHSC Community Care Division accepts referrals from RGAAA Case Managers and automatically assigns cases to eligibility workers for them to begin to work on the case. Communication between Eligibility staff and RGAAA Case Managers is key to assisting clients in a seamless transfer to their long term in-home services. Referrals to the PACE program also have a dedicated referral process for completion and submission of AAA case manager referrals for potential program participants. There is a dedicated PACE program staff member as a single point of contact for enhanced communication and coordination. AAA Case Managers are currently assisting veteran clients in facilitating communication with a company called Vet Assist to connect veterans for assistance with their completion and access of their Aid and Attendants benefit in order to access in-home supportive services. The coordination between RGAAA I&R staff, Rio Grande 2-1-1 and the Rio Grande Aging and Disability Resource Center have streamlined efforts in providing basic information and referral services. These efforts will continue to improve the partnerships established in the Rio Grande Service Region and better improve access to local resources to serve client need. The AAA Director serves on the Advisory Councils of both entities, ensuring the continued partnership and collaboration between all entities. Overall community networking has enhanced inter-agency communication for home and community-based services which have resulted in improved service coordination and prevention of duplication of service. This is a AAA priority. Through these efforts the RGAAA is identified as a safety net of service provision, filling the gaps of the social services system within the service region.

Strategies to serve older adults with physical and mental health conditions

Older adults with severe disabilities are reached through the partnership with our local Center for Independent Living (Volar Center for Independent Living). The AAA Director is a member of their Advisory Council in order to assist in addressing the needs and advocating for services to older adults with disabilities. Mutual referrals are made to each agency and assistance with AAA services is provided as needed. Referrals are made to the Benefits Counseling program for Medicare beneficiaries under 65. They also maintain a lending closet where donated medical equipment and supplies can be accessed by AAA staff for assistance with client needs when funding for Health Maintenance needs may not be available. The AAA Director is

also a member of the El Paso County Access Advisory Council established for their county transportation department when she also advocates for the improved access of public transportation for older adults with disabilities. RGAAA has also maintained community partnership relationships with the Local Mental Health Authority (Emergence Health Network) and private mental health providers when clients require increased support for mental health issues. Staff have been successful in assisting clients seeking assistance with mental health services. On occasion, referrals are made to the Rio Grande Aging and Disability Resource Center for their Veteran's Project when military veterans residing in El Paso County are seeking individual or family counseling. RGAAA case managers conduct home visits to assess clients in their home setting and use a person-centered approach when considering the clients' individual's goals, preferences and coordination of supportive services. RGAAA benefits counselors can schedule home visits for those clients who have physical limitations and have difficulty coming into the AAA offices for their appointments. They can also utilize technology such as virtual meeting solutions or communicating via telephone or email to assist clients with physical limitations with their benefit questions.

Needs Assessment Activities

Several methods were utilized in conducting the RGAAA Needs Assessment. The primary information gathering tool was a survey instrument that was designed and also developed in Microsoft Forms in order to make the survey easier to disseminate electronically. The RGAAA Needs Assessment was also made available in a printed version to provide when requested. The survey tool was distributed to AAA Advisory Council Members, RGCOG Board Members, AAA Community Partner agencies and AAA staff. During this preparation period, RGAAA took advantage of community outreach events it attended utilizing the survey to gather information from the public for regional needs of older adults and family caregivers. The 2024-2025 Aging Texas Well Strategic Plan was also reviewed to inform priority areas and establish trends of service needs for older adults and family caregivers.

The RGAAA Needs Assessment Survey assessed the following items that will be used to assist in determining the service delivery areas of RGAAA:

- Ranking in order of importance, 13 areas of Service Delivery that are offered by RGAAA in support of older adults and family caregivers
- Identifying the top 3 needs of older adults that need to be addressed so that older adults can live independently
- Identifying the greatest challenges for family caregivers

- Determining the level of concern for 15 specific issues faced by older adults

RGAAA Needs Assessment results were compiled and analyzed to determine common responses, trends in service requests, ranked responses for establishing need and preferences to determine where RGAAA service priorities would be in this next Area Plan cycle. The following is a summary of the survey results:

Service Priorities

For the Service Priorities, the 13 areas of service delivery that are currently provided by RGAAA were ranked in the following order of importance:

1. Transportation
2. Home Delivered Meals
3. In-Home Provider Services (Personal Assistance/Homemaker Assistance)
4. Case Management Services
5. Caregiver Respite
6. Residential Repair
7. Outreach, Education & Information (to include general and caregiver specific)
8. Health Maintenance Assistance (medical equipment/supplies, dental, hearing aids, nutritional supplements)
9. Benefits Counseling
10. Congregate Meals
11. Long-Term Care Ombudsman Services
12. Caregiver Training & Education
13. Evidence-Based Programs (health & wellness curriculums)

Independent Living Needs

These were the top 3 responses identified regarding the independent living needs that should be addressed in order for older adults to be able to live independently:

1. In-Home Provider Services to assist with daily living needs (personal hygiene, cooking, cleaning)
2. Accessible Housing/Home Modifications to maintain safety in the home
3. Meals/Food Access/Ability to prepare food for themselves

Family Caregiver Challenges

The top 3 challenges identified as the greatest challenges for family caregivers were:

1. Emotional Stress and Burnout
2. Managing Health and Medical Needs of the care recipient and Lack of Respite Care or Supportive Services for Caregivers (tied for 2nd greatest challenge)
3. Time for Self or Work-Life Balance

Level of Concern for Common Older Adult Issues

The following 15 issues faced by older adults, were rated as being Very Concerning, Somewhat Concerning, Slightly Concerning and Not Concerning at All. Several options were tied in their rating. No issue received a "not concerning at all" rating. This is the breakdown of the issues in order of concern, from very concerning to slightly concerning:

1. Financial Stability or Costs of Living
2. Tied for 2nd place concern:
 - Health Conditions or Chronic Illness
 - Loneliness or Social Isolation
3. Options for when placement in Long-Term Care facilities is needed
4. Making own home safer or more accessible
5. Options for safe and affordable housing
6. Tied for 6th place concern:
 - Food or Nutritious Meals
 - Legal or Medical Documents
 - Not knowing what support services are available
7. Difficulty with completing activities of daily living (bathing, dressing, walking)
8. Accessible transportation options
9. Access to public benefits (food stamps, help with prescription drug costs)
10. Tied for 10th place concern:
 - Personal Safety
 - Scams or Fraud
 - Physical Abuse or Neglect

After review and compilation of the survey results, the Service Priorities rankings were then compared to the historical figures of RGAAA service expenditures to determine the service needs identified for our region. Actual historical data was reviewed for trends in the kinds of services requested, as well as documented service requests in previous and current fiscal years. This process was also supported by discussions with AAA Direct Service staff who are either receiving incoming phone calls or are authorizing services for those seeking AAA support, as well as Advisory Council members who represent the older individuals and family caregivers in our service region. Discussion was also had among the AAA Administrative Team to receive input regarding service priorities. Trends were then ranked in order of most requested services. The trends were compared to the historical figures of AAA Direct Purchase of Service (DPS) expenditures to then confirm establishment of the service needs identified for our region.

The overall analysis of this Area Plan Needs Assessment is that there continues to be consensus that older adults want to remain as independent as possible, living in their own homes and communities for as long as possible. The top three independent living needs identified (1. In-Home Provider Services to assist with daily living needs (personal hygiene, cooking, cleaning; 2. Accessible Housing/Home Modifications to maintain safety in the home; and 3. Meals/Food Access/Ability to prepare food for themselves) and top three service priorities identified (1. Transportation; 2. Home Delivered Meals; and 3. In-Home Provider Services) support this.

The survey findings clearly justify the continued and targeted delivery of RGAAA services during the 2027–2029 fiscal years by demonstrating that older adults and family caregivers view core AAA services as essential to maintaining independence, safety, and well-being. Transportation, home-delivered meals, and in-home provider services ranked as the highest priorities, aligning directly with the top independent living needs related to daily functioning, food access, and remaining safely at home. High concern for financial stability, chronic health conditions, social isolation, housing safety, and access to supportive services further reinforces the necessity of case management, benefits counseling, health maintenance assistance, and residential repair services to help older adults navigate complex systems, maintaining themselves safely at home and manage rising costs. Family caregivers identified emotional stress, burnout, and lack of respite as major challenges, underscoring the need for caregiver respite, training, and supportive programs to sustain informal caregiving networks.

Collectively, these findings affirm RGAAA’s role as a critical community partner delivering comprehensive, coordinated services that directly respond to

documented community needs and support aging in place while preventing premature institutionalization. However, RGAAA's ability to fully address these needs may be constrained by limited and fluctuating OAA funding, workforce shortages for in-home provider services and transportation services, especially in the rural areas of the PSA, the rising costs of service delivery and ability of RGAAA to purchase these services through their Direct Purchase of Service Contractors, and an increased demand driven by an aging population seeking support. Despite these constraints, the identified needs affirm the critical value of AAA services as an essential safety net and coordination hub for older adults and family caregivers in the coming fiscal years.

Goals, Objectives, Strategies, and Outcomes

RGAAA has established Objectives and Strategies that directly align with the recent RGAAA Needs Assessment findings and the Goals of the 2026-2028 Texas State Plan on Aging (SPoA). These goals will support the OAA purpose in enabling older adults in the RGAAA Planning and Service Region with the ability to maintain their independence and to remain in their homes and communities for as long as possible.

Goal 1: Support older adults to age in their community by accessing available resources, including Home and Community Based Services (HCBS).

Objective 1: Develop a comprehensive, coordinated system of HCBS that enables older individuals to receive long-term care in settings of their choice and in a manner responsive to their needs and preferences.

Strategy 1.1: Provide a locally based system that connects older adults and family caregivers with the RGAAA direct services of Information, Referral and Assistance, Benefits Counseling, Care Coordination, Caregiver Support Coordination, Evidence-Based health and wellness programs and Long-Term Care Ombudsman services.

Outcome 1.1: Persons contacting RGAAA will be connected to the appropriate direct services offered by the AAA in order to best meet their needs

Strategy 1.2: Assist eligible clients in the RGAAA Planning and Service Region through the Direct Purchase of Services in order to support their independence by providing assistance with: Congregate Meals, Home Delivered Meals, Personal Assistance Services, Homemaker Services, Respite In-Home, Health Maintenance, Residential Repair and Transportation services

Outcome 1.2: Eligible RGAAA clients will receive the supportive services necessary to support their independence and ability to remain in the community for as long as possible

Goal 2: Increase awareness about caregiving and the support available.

Objective 2: Ensure that family caregivers in the RGAAA PSA continue to provide care to their aging loved ones

Strategy 2.1: Provide Caregiver Information Services that consists of relevant, timely and accurate information related to family caregiver issues and the services and supports available to them

Outcome 2.1: Participate in local health fairs and provide informational presentations to inform family caregivers about the RGAAA Caregiver Support program services

Strategy 2.2: Provide Caregiver Training services to family caregivers on relevant issues that occur with their caregiver role

Outcome 2.2: Family caregivers will become connected to supportive resources and will learn about the importance of stress management, self-care, decision-making and problem-solving strategies related to the care of their loved one

Goal 3: Improve communication and collaboration among Texas state agencies, AAAs, providers, and community-based organizations.

Objective 3: Increase local awareness for community partners in the RGAAA PSA of the AAA services and supports available to older adults and family caregivers

Strategy 3.1: Participate in the Community Resource Coordination Group for Adults (CRCGA) which is comprised of HHSC partners, public and private organizations and community service programs

Outcome 3.1: Participating organizations will improve their knowledge and awareness of AAA services that are available to meet the needs of older adults and family caregivers, thereby improving local coordination and collaboration

Strategy 3.2: Maintain partnerships between local community partners such as Region 10 HHSC Community Care Division, the local PACE program Bienvivir Senior Health Services and the local Veterans Administration in order to connect older adults and family caregivers with long-term care options

Outcome 3.2: Coordination with relevant long-term care service options will result in improved referral pathways and avoidance of duplication of services among local community partners in their service to older adults and family caregivers

Strategy 3.3: Continue to host the Aging to Perfection Expo which coordinates the participation of local community agencies and businesses that focus on serving the needs of older adults and family caregivers

Outcome 3.3: Increased knowledge and awareness of all local home and community-based services, health care and social services available for professionals in service to older adults and the residents of the RGAAA PSA

Goal 4: Strengthen Aging Services Network infrastructure.

Objective 4: Provide administration and oversight of OAA programs to ensure a consistent, coordinated, and accountable service delivery model

Strategy 4.1: Maintain compliance with OAA and HHSC Office of Area Agencies on Aging program and fiscal oversight requirements

Outcome 4.1: RGAAA will prepare and submit accurate Quarter Performance Reports and Requests for Reimbursements to ensure program accountability and expenditures of OAA funding awarded to the RGAAA PSA each fiscal year

Strategy 4.2: Conduct annual Contractor Orientation training, monitoring and technical assistance for RGAAA Direct Purchase of Service Contractors

Outcome 4.2: RGAAA Direct Purchase of Service Contractors will provide quality services to RGAAA clients and assist RGAAA with supporting the needs of older adults and family caregivers of the RGAAA PSA

Long Range Planning

As of 2025, the RGAAA PSA is estimated to have approximately 194,255 residents age 60 and older, with El Paso County accounting for the majority of older adults. Rural counties, while smaller in absolute numbers, already have a high proportion of residents over age 60 relative to their total populations. These demographic patterns are consistent with statewide aging trends identified by the Texas Demographic Center and the U.S. Census Bureau. The population age 60 and older in the RGAAA PSA is projected to increase by approximately 29% between 2026 and 2036, growing to an estimated 250,588 residents age 60 and older. Although El Paso County will account for most of the numeric increase in older adults due to its population size, the rural counties will experience greater aging intensity, defined as a higher proportion of older adults relative to the total population. This estimated population increase is driven primarily by aging in place and increased longevity rather than net migration into the RGAAA region, meaning that by 2036, more than

one-quarter of residents in the rural counties within the RGAAA PSA will be age 60 or older.

RGAAA services will continue to be targeted toward individuals with the greatest economic and social need. El Paso County's older adult population is predominantly Hispanic and includes a disproportionate share of low-income households, while rural counties face heightened risks of social isolation and limited service access. These disparities are expected to widen as the older adult population grows, underscoring the importance of culturally responsive services and equitable resource allocation across the RGAAA PSA.

These trends will place disproportionate pressure on rural service delivery systems, which already face challenges related to workforce availability, long travel distances, and limited provider networks. Services such as Congregate and Home Delivered Meals, Transportation and In-Home Provider Services in the rural areas will face significant challenges when attempting to support RGAAA clients with their independence. Increases in the cost per meal due to distance and limited food vendors, higher per-trip costs due to distance and limited transportation providers when rural clients need to travel to El Paso or the Midland/Odessa area for specialty care visits or dialysis. In-Home service providers are already identifying workforce shortages in their direct-care staffing, where demand exceeds the supply of qualified care providers.

Strategic planning, resource prioritization, and workforce development will be essential to ensure that older adults can remain independent and safely reside in their communities throughout the upcoming Area Plan cycle. The designated State Unit on Aging, HHSC Office of Area Agencies on Aging (OAAA) plays a critical leadership role in shaping the capacity and resilience of aging service networks across the state. OAAA can strengthen statewide capacity to support older adults, caregivers, and communities as population aging accelerates. Some areas for consideration would be in the planning and development of Age-Friendly Communities, Transportation, and the Direct-Care Workforce. These areas mirror some of the most common concerns for the Rio Grande AAA PSA.

Regarding Age-Friendly Communities, OAAA could help promote statewide age-friendly and accessible housing policies, including home modification programs, universal design standards, and naturally occurring retirement community (NORC) models. According to AARP's Age-Friendly framework, affordable, accessible housing is foundational to aging in place. It affects health, independence, and service utilization, which is important if our goal is to continue to support older adults' preference to remain in their own homes and communities.

Transportation directly affects healthcare access and social engagement. Transportation is also critical to be able to continue to access services, particularly in rural and underserved communities. OAAA could integrate aging services into statewide transportation planning through TxDOT, including rural transit optimization and coordinated human service transportation focuses, allow OAA funding to support mobility training and trip planning assistance for older adults so they can learn to utilize existing public transportation services and support flexibility in OAA funding for transportation models such as shared ride services of Uber or Lyft.

It is well documented that the direct care workforce is the backbone of the long-term services and supports system for older adults, especially when attempting to maintain their ability to remain in their homes. Workforce shortages pose one of the most significant threats to aging service capacity nationwide. OAAA could lead statewide efforts to address direct care workforce recruitment, retention, and training, including wage stabilization and career pathways for In-home providers that work to support the needs of older adults and offer respite for overburdened and stressed family caregivers.

RGAAA is committed to sustainability planning that promotes long-term service capacity, fiscal responsibility, and network resilience. RGAAA commits to incorporating demographic and service demand projections when developing service budgets allocated for RGAAA programming. It will also assess service utilization patterns and unit cost increases to inform planning and resource allocation within our DPS services budgets. These efforts ensure that RGAAA programs and services remain responsive to evolving community needs while maintaining organizational stability. Participating in local and regional planning initiatives will allow RGAAA to advocate for and address shared aging-related challenges within the PSA. It will also encourage the leveraging of partnerships in order to extend the reach of aging services and address issues affecting older adults, thereby enhancing efficiency and strengthening overall aging services within the RGAAA region.

Through strategic planning, coordination of funding, community partner collaboration, and data-driven decision-making, RGAAA will work to ensure that older adults and family caregivers of the RGAAA PSA continue to receive effective, accessible, and high-quality services throughout this Area Plan period and beyond.

Appendix A – Emergency Preparedness

Coordination of Emergency Preparedness is facilitated through the Regional Services Division of the RGCOG. Working in conjunction with the Regional Services Director, RGAAA plans with local and state emergency agencies, governments, relief organizations and any others that have responsibility for disaster relief service delivery that include the 60+ population of the RGAAA Service Region. The RGAAA Director has served on Advisory Committees during emergency events, such as during the COVID-19 pandemic, to include local and regional coordination and planning for COVID-19 vaccinations and food box distribution. RGAAA has also coordinated registering efforts for frail older adults and persons with disabilities during a campaign through the El Paso Fire Department in attempting to map the location of these vulnerable populations in the event of an emergency. Recently, the RGAAA Director was asked to participate in the Paso del Norte Region Pre-Disaster Housing Planning and Strategy Session representing vulnerable populations to include older adults. Extreme weather situations do not often occur within the RGAAA PSA, however planning and coordination among RGAAA Nutrition providers and In-home service providers occur during weather related emergencies to ensure continuity of service delivery occurs for RGAAA clients receiving these services.

RGAAA will respond to emergency situations as determined by the Local Office of Emergency Management incident management leader. The focus is on planning for the response to emergencies by RGAAA personnel. Response operations are intended to resolve an emergency situation while minimizing adverse effects related to the lives of frail older adults and family caregivers. RGAAA response activities include emergency public information, as well as other associated functions or services related to the needs of frail older adults and family caregivers

The RGAAA Director will:

- Implement the policies and decisions of the RGAAA Division relating to emergency management
- Organize and identify personnel that will assist in the emergency event
- Assign emergency program tasks to AAA staff
- Coordinate the operational response of AAA services
- Perform day-to-day liaison functions with the state emergency management staff and other local emergency management personnel

The RGAAA Staff will:

- Be available to provide support services during an emergency event as needed
- Complete assessments on clients served in order to determine needs and level of support needed during the emergency event
- Make appropriate referrals to ensure continued level of support needed during the emergency event
- Keep documentation of services provided in order to accurately report the assistance during the emergency event

RGAAA will maintain contact with HHSC Office of Area Agencies on Aging to update them on local activities, for consultation and guidance regarding assistance, and for ongoing resources and newly developing needs. In the case of a nationally declared disaster, RGAAA will request assistance through the HHSC Office of Area Agencies on Aging in connection with the Federal Emergency Management Agency.

Appendix B – Public Comment Activities

In accordance with 45 CFR 1321.65(b)(4), RGAAA provided a minimum 30 calendar-day public review and comment period prior to submission of the Area Plan. The draft Area Plan was available for public review and comment from April 1, 2026, through April 30, 2026, and was posted on the RGCOG website. Hard copies of the draft Plan were made available upon request by contacting the RGAAA Director. Notice of the public comment period was made at the RGCOG Board of Directors April 2026 meeting, on RGCOG social media accounts and an email announcing the public comment period was distributed to service providers, community-based organizations, and other stakeholders throughout the RGAAA PSA. Public comments were accepted via email, mail, and telephone. All comments received were reviewed and considered in final revisions to the Area Plan. A summary of comments and responses is maintained on file.

In accordance with 45 CFR 1321.29, the draft Area Plan was submitted to the RGAAA Advisory Council for review and comment prior to its submission. Advisory Council Members received the draft in advance of the meeting, engaged in discussion, and offered recommendations for consideration. Since the Advisory Council’s membership includes representation from older adults, family caregivers, service providers, and other community stakeholders, this ensures diverse input occurred in the planning process. The RGAAA Advisory Council provided favorable recommendation and approval of the 2027-2029 RGAAA Area Plan on [Insert Date].

As the RGAAA’s Governing Board, the RGCOG Board of Directors received a presentation of the 2027-2029 Area Plan on [Insert Date] by the RGAAA Director and received formal approval, allowing the RGCOG Executive Director to sign as the Authorized Official prior to submission to the HHSC Office of Area Agencies on Aging.

Through these activities, RGAAA demonstrates compliance with federal requirements for public participation and Advisory Council review and approval in the development of the 2027-2029 RGAAA Area Plan.

Attachment 1: 2027-2029 Projected Distribution of Serviced by County

2027-2029 Projected Distribution of Direct Service Funds by County						
Supportive Services	El Paso	Hudspeth	Culberson	Jeff Davis	Presidio	Brewster
Assisted Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Coordination (Case Management)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chore Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day Activity & Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaker	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Homemaker - Voucher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information, Referral & Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Instruction and Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Assistance 60+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Awareness (Legal Outreach)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participant Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Public Information Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Residential Repair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Senior Center Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Reassurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Transportation - Voucher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Services						
Congregate Meals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Home Delivered Meals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nutrition Consultation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nutrition Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Participant Assessment - Nutrition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Promotion Services						
Evidenced Based Intervention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health Maintenance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health Screening and Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Caregiver						
Caregiver Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Information Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Caregiver Support Coordination / CM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Caregiver Support Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Respite In Home	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Respite Out of Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite Out of Home, Overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite, Voucher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ombudsman Services						
Ombudsman Program Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Activities - As Approved						
Special Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attachment 2: Verification of Intent & Assurances

Rio Grande Area Agency

The Area Agency on Aging (AAA) hereby submits its Fiscal Year 2027 – 2029 Area Plan to the Texas Health and Human Services Commission (HHSC). If approved, the plan is effective for the period of October 1, 2026, through September 30, 2029, and provides authority for the AAA to develop and administer the Area Plan in accordance with all requirements of the Older Americans Act, to the extent compliance is consistent with Executive Order GA-55, issued by Governor Greg Abbott on January 31, 2025, and federal executive orders, and HHSC.

By an authorized official signing this document, the AAA is assuring the written activities included in the plan will be completed during the effective period with amendment submission as required. Certification of such assurances include the following:

- The attached document reflects the following:
 - Input through a 30-calendar day public comment period;
 - Input from the AAA Advisory Council; and
 - Approval from the AAA’s governing board.
- The AAA has active policies and procedures to identify both organizational and individual conflicts of interest.
- The composition of the AAA’s advisory council meets required standards defined in [45 CFR 1321.63\(b\)](#)
- The AAA will submit a Direct Service Waiver to HHSC as required to request approval to directly provide services.
- The AAA will submit budgetary requirements to HHSC through the required annual budget process to include:
 - The number of individuals served, type and number of units provided, and corresponding expenditures proposed with allocated funds under OAA and related public sources.
 - The minimum proportion of funds to be expended within the areas of Access to Services; In-Home Supportive Services; and Legal Assistance.
- Sec. 306, Area Plans – Reference: [OAA of 1965, as amended through P.L. 116-131 \(3/25/2020\)](#)

Section 306. (a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(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 individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(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 individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3)

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

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

(4)

(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency,

and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) 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;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

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

(E) establish effective and efficient procedures for coordination of—

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

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral 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 area agency on aging with mental and behavioral health services

provided by community health centers and by other public agencies and nonprofit private organizations;

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

(H) 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; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

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

(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 individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

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

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

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

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

(11) provide information and assurances concerning services to older individuals 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 planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

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

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

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

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

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

(B) disclose to the Assistant Secretary and the State agency—

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

(ii) the nature of such contract or such relationship;

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

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

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

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

(15) provide assurances that funds received under this title will be used—

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

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

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

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

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals aged 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

- A. health and human services;
- B. land use;
- C. housing;
- D. transportation;
- E. public safety;
- F. workforce and economic development;
- G. recreation;
- H. education;
- I. civic engagement;
- J. emergency preparedness;
- K. protection from elder abuse, neglect, and exploitation;
- L. assistive technology devices and services; and

M. any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege. (f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

- (1) contracts with health care payers;
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

By signing this document, the authorized official commits the Area Agency on Aging (AAA) to perform all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020, to the extent compliance is consistent with Executive Order GA-55, issued by Governor Greg Abbott on January 31, 2025, and federal executive orders. Compliance with all applicable state and federal laws, regulations, policies, and contract requirements relating to activities carried out under the Area Plan will be adhered.

Rio Grande Council of Governments

Name: Annette Gutierrez, Executive Director

Signature: _____

Date: