



Ark-Tex Area Agency on Aging 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**

Table of Contents

Executive Summary	3
Organizational Profile	5
Advisory Council Composition	10
Stewardship & Oversight	12
Key Topic Areas	13
Needs Assessment Activities.....	19
Goals, Objectives, Strategies, and Outcomes	21
Long Range Planning	26
Appendix A – Emergency Preparedness	28
Appendix B – Public Comment Activities.....	31
Appendix C – Map of Ark-Tex PSA 5	32
Appendix D – Texas Demographic Center Population Projection.....	33
Attachment 1: 2027-2029 Projected Distribution of Serviced by County ..	35
Attachment 2: Verification of Intent & Assurances	36
Ark-Tex Area Agency on Aging	36

Executive Summary

The Area Agency on Aging (AAA) operates in accordance with the Older Americans Act (OAA) to develop and coordinate a comprehensive, person-centered system of services for older individuals and disabled adults within the Planning and Service Area (PSA). Guided by its mission *to advocate on behalf of disabled adults and the senior population and assist them in living independent, meaningful, and dignified lives*, the AAA serves all older adults with particular emphasis on individuals with the greatest economic and social need, including low-income individuals and those residing in rural areas.

The AAA's vision—*dedicated to providing support and resources that enhance the well-being of seniors in the Ark-Tex region, foster independence, and promote active engagement*—is reflected throughout its service delivery model. Programs and services are designed to empower individuals to remain safely in their homes and communities while maintaining autonomy, health, and social connectedness.

Consistent with OAA requirements, the AAA relies on strong community partnerships to ensure efficient, coordinated, and responsive service delivery. The AAA collaborates with organizations such as the Alzheimer's Association, Tri-State Alzheimer's Alliance, the Aging and Disability Resource Center, local Health and Human Services Commission offices, local Social Security offices, and local foundations. These partnerships reduce service fragmentation and enhance access to resources that best meet individual needs.

The AAA strives to improve access to supportive services that promote independence and prevent or delay institutionalization. Nutrition services are a core OAA-funded program and include both congregate and home-delivered meals. These services that are delivered by contracted providers address food insecurity, support disease prevention, and reduce social isolation. Meals are planned to meet dietary guidelines, approved by certified dietitians, and include nutrition education to support healthy aging.

Congregate meals are provided at senior centers across the PSA. For individuals who are homebound or unable to attend congregate sites, home-delivered meals ensure continued access to nutritious food and regular wellness checks.

In alignment with the Aging Texas Well Strategic Plan and OAA priorities related to social engagement and physical health, the AAA offers Evidence-Based Intervention programs that promote physical activity, chronic disease management, and socialization. These programs have demonstrated effectiveness and continue to expand in response to community demand.

Transportation is a critical supportive service under the OAA. The AAA assists older individuals who face barriers accessing medical appointments, nutrition sites, grocery stores, and other essential services. Through partnerships with regional transportation providers, the AAA improves mobility and reduces isolation across the PSA.

AAA case managers coordinate a wide range of home- and community-based services, including homemaker services, emergency response, in-home respite, health maintenance, and residential repair. Services are delivered using a person-centered approach and are especially vital for individuals recovering from illness or hospitalization, supporting successful aging in place.

The AAA provides benefits counseling to assist individuals in navigating Medicare, Medicaid, Social Security, and other benefit programs. Counselors screen for Medicare Savings Programs and Extra Help and provide application assistance when eligible, supporting informed decision-making and financial stability.

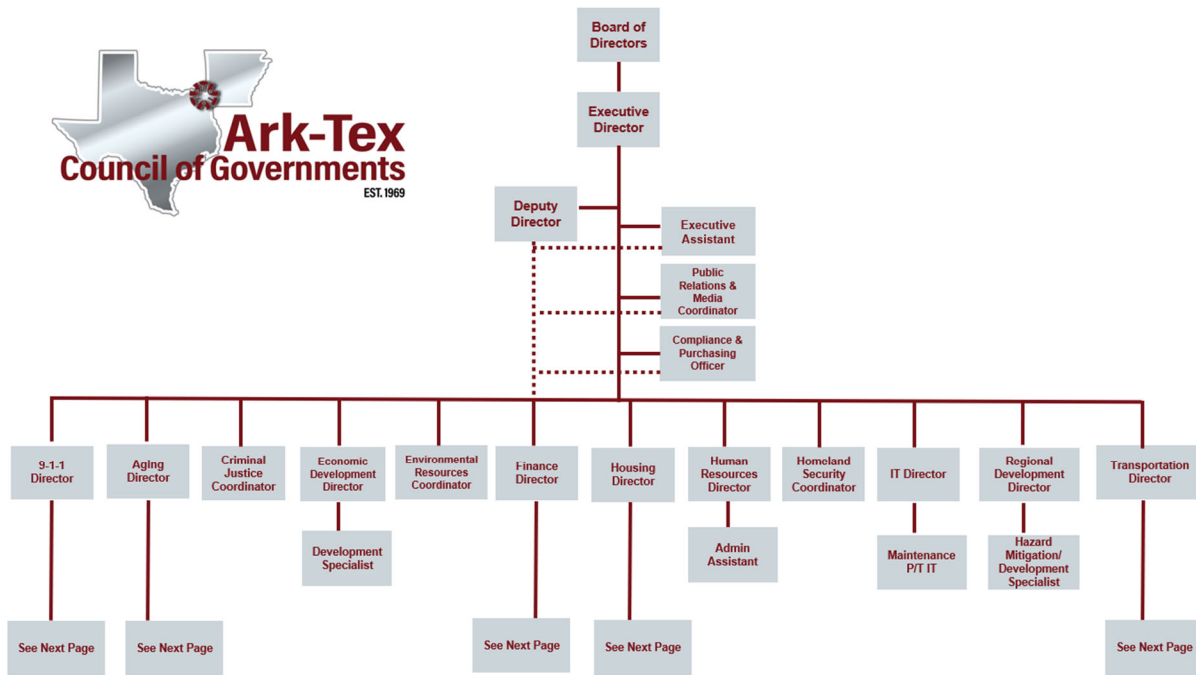
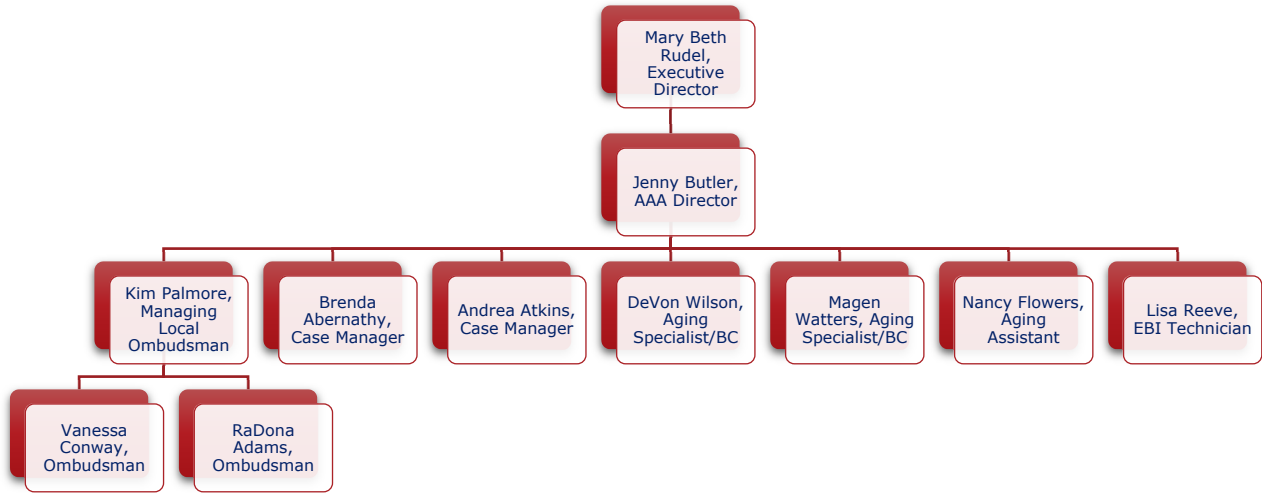
The AAA Caregiver Support Program, authorized under OAA Title III-E, provides respite and supportive services to family caregivers. Following assessment, a person-centered plan is developed to address the needs of both the caregiver and care recipient. Respite services are delivered by contracted providers with trained and vetted staff, allowing caregivers essential time away while maintaining continuity of care.

To further support independence and safety in the home, the AAA provides minor home modifications such as grab bars, handrails, and wheelchair ramps. These modifications reduce fall risk and enable individuals to remain in their homes longer.

For individuals residing in nursing homes and assisted living facilities, the Long-Term Care Ombudsman Program operates under OAA Title VII to advocate for resident rights, quality of care, and quality of life. Trained ombudsmen and volunteers investigate complaints, educate residents about their rights, and advocate on their behalf at the direction of the residents.

The AAA remains committed to serving the maximum number of eligible individuals with available resources. Throughout the planning period, the agency's focus is to empower older adults and disabled adults to remain independent, active, and engaged members of their communities. The AAA staff is honored to serve the 60+ population of the PSA and brings energy, compassion, and empathy to advancing the agency's mission and vision.

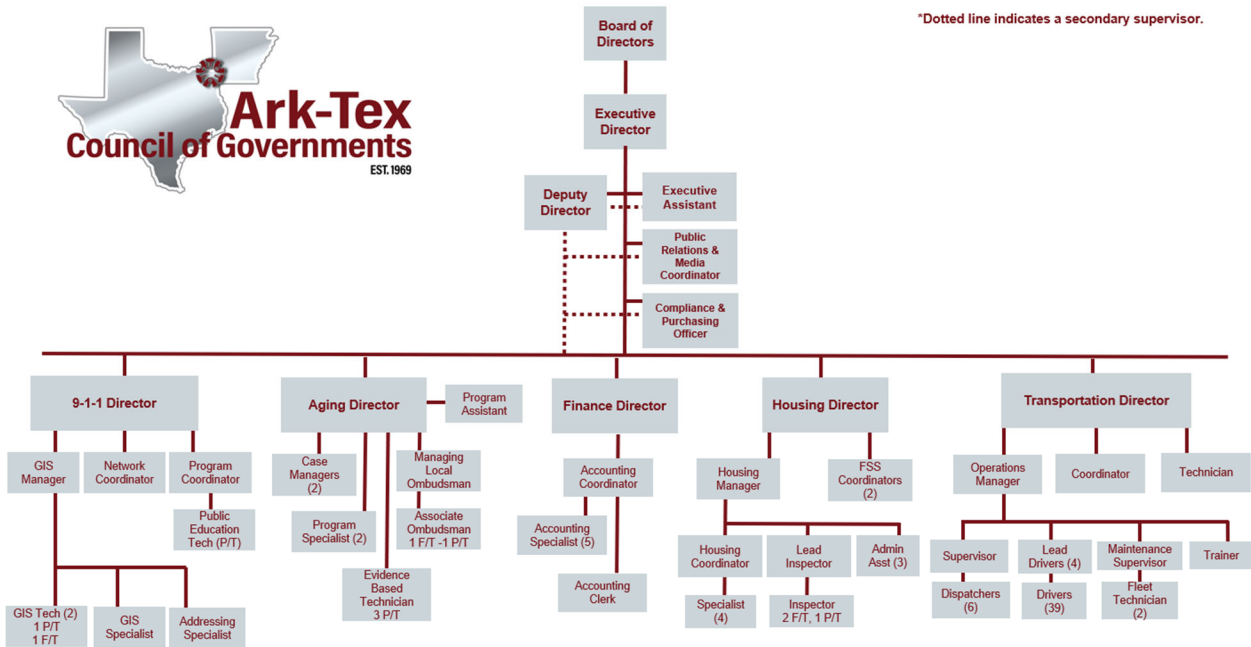
Organizational Profile



*Dotted line indicates a secondary supervisor.



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The Ark-Tex Area Agency on Aging region consists of the following counties and County Seats: Bowie (New Boston), Cass (Linden), Delta (Cooper), Franklin (Mount Vernon), Hopkins (Sulphur Springs), Lamar (Paris), Morris (Daingerfield), Red River (Clarksville), and Titus (Mount Pleasant). There are 44 cities in Public Service Area (PSA) 5. (See [Appendix C – Map of Ark-Tex PSA 5](#))

The largest city in the region is Texarkana in Bowie County, with a population of 35,971, reported in 2024. Texarkana is a twin city located in Texas and Arkansas with a total population of 64,868.

The largest cities in the rural counties are Paris (25,037); Mount Pleasant (16,238); and Sulphur Springs (16,891). With the exception of Bowie (Texarkana) and Cass (Atlanta) counties, all County Seats are major communities within the county.

The Ark-Tex region has a diverse mix of economic and social resources that support community development and quality of life. These counties are largely rural but benefit from several regional hubs, transportation corridors, and community institutions that provide employment, healthcare, education, and social services. The regional economy is supported by industries such as healthcare, manufacturing, agriculture, retail trade, education, and transportation/logistics. Agriculture continues to play a significant role, particularly cattle ranching, poultry production, hay, and timber. Manufacturing and distribution facilities located near major transportation routes also contribute to employment opportunities.

Healthcare systems serve as major employers and essential social resources. Regional hospitals, rural clinics, and community health centers provide access to medical services for residents across the nine counties. Education institutions—including public school systems, community colleges, and universities—provide workforce training and higher education opportunities that support economic growth. Currently, there are five hospitals located throughout the region. Titus Regional Hospital is in Mount Pleasant, Paris Regional Medical Center in Paris, and three Christus Health hospitals in Texarkana, Atlanta, and Sulphur Springs. The AAA fosters a relationship with these healthcare providers to enable the sharing of resources and referrals to assist older adults in the community with available services.

There are four junior colleges and one university in PSA 5. Adult Education and Literacy courses are offered at the junior colleges. Texarkana College and Texas A&M University Texarkana are in Bowie County. North East TX Community College and Industrial Technology Training Center are in Titus County. Paris Junior College is in

Lamar County and has a satellite campus in Sulphur Springs.

Social support networks are provided through nonprofit organizations, community action agencies, and faith-based groups. These organizations provide services such as food assistance, housing support, transportation, senior services, and caregiver assistance. Workforce development services and economic development corporations work collaboratively to attract business investment, expand employment opportunities, and support local entrepreneurship. The Ark-Tex Council of Governments (ATCOG) plays a vital role in fostering regional development by collaborating with local governments, businesses, and communities to create a thriving sustainable region. The Comprehensive Economic Development Strategy (CEDS) provides guidance on the economic state of the North East Texas Economic Development District (NETEDD). The CEDS is updated annually to assess the economic progress and to update economic goals for the region. The current CEDS report says, "The plans for proposed Interstate 69 and completion of Interstate 49, the upgrade of U.S. 59, and the availability of U.S. 271, U.S. 259, the expansion of U.S. 82 and several state highways should increase the attractiveness of this region for distribution centers and other industries dependent upon access to major highways." And "Continued expansion of area airports will be an important part of this growth as will development of large industrial parks near major transportation corridors."¹

The Ark-Tex region counties benefit from strong community networks and a variety of economic assets that contribute to regional stability and quality of life. However, several factors continue to limit resource accessibility and impact long-term regional development. Many communities across the region are rural and geographically dispersed, creating transportation challenges for residents who must travel significant distances to access employment opportunities, healthcare services, education, and social support programs. Limited public transportation options further compound these barriers, particularly for older adults, individuals with disabilities, and low-income residents.

Access to healthcare services is another challenge in smaller communities throughout the region according to community health assessments conducted by CHRISTUS Health, Paris Regional Health, and Titus Regional Medical Center. While larger counties may have hospitals and expanded medical services, rural areas often face shortages of healthcare providers and limited availability of specialty care. This can result in residents traveling to neighboring counties for treatment and experiencing

¹ [CEDS Booklet 2023-2028 2025 Actual 2025](#)

delays in receiving necessary services.

Workforce development is also impacted by shortages of skilled labor and gaps between available job opportunities and workforce training. Many communities face difficulties attracting and retaining qualified professionals, while younger workers may relocate to larger metropolitan areas in search of broader employment opportunities. Additionally, the regional economy in many counties relies on a limited number of industries, which can make local economies more vulnerable to economic shifts and reduce opportunities for career advancement.

Technology infrastructure also presents challenges in some areas of the region. Broadband access remains inconsistent in certain rural communities, limiting opportunities for remote work, online education, telehealth services, and business development. Reliable internet connectivity is increasingly essential for economic growth and access to modern services.

Social service providers across the region also face funding limitations that can restrict the availability of programs and the number of individuals served. Many services depend on federal, state, and local funding sources that are often limited and may not fully meet community demand. As a result, agencies may experience staffing shortages, service limitations, or waiting lists for assistance programs.

Demographic trends further contribute to growing service needs. The region has a significant and increasing population of older adults, which increases demand for healthcare, transportation, in-home support services, caregiver assistance, and other aging-related programs. At the same time, income disparities and higher poverty rates in some communities can create additional barriers for residents seeking housing, healthcare, and other essential services.

Addressing these challenges will require continued collaboration among local governments, healthcare systems, nonprofit organizations, and regional planning entities. Through coordinated efforts, these partners can work together to strengthen economic opportunities, improve service delivery systems, and expand access to critical resources for residents throughout the region.

According to the U.S. Census Bureau. 2023, 5-Year American Community Survey (Texas-Specific Sample). [Table S1701](#), the Ark-Tex PSA has an average of 11.6% of the population age 60 and over for whom poverty status was determined below the

poverty threshold. (See [Appendix D](#) – Population Age 60 and Over Below Poverty). The Texas Demographic Center (TDC) projects a 14.28% population increase in individuals over the age of 60 in the Ark-Tex region from 2020-2035 (See [Appendix E](#) – TDC Population Projections).

Texas defines the greatest economic need as one resulting from an income level at or below the Federal Poverty Level.² Individuals with greatest social need include those who cannot always afford basic needs such as food or medicine, lack the skills or knowledge to prepare well-balanced meals or appropriately manage medicine, cannot access transportation to destinations such as medical appointments, live in a rural area, lack English language skills, have a disabling illness or physical condition, have limited mobility with impaired ability to leave home, are diagnosed with Alzheimer’s disease or related disorder with neurological and organic brain dysfunction, are socially isolated, or screened as a high nutritional risk.

The Ark-Tex region will follow updated TAC and OAAA policies and procedures, including changes related to ACL 2024 regulatory revisions³, Executive Order GA-55⁴, and federal executive orders that affect the definitions of greatest economic and social need.

The Ark-Tex AAA prioritizes in-home services for adults sixty and over who are frail and homebound due to illness or incapacitating disability, or otherwise isolated. A Consumer Needs Evaluation (CNE) form is used to assess the older adult to determine if they are homebound or frail.

Advisory Council Composition

The creation of the ATCOG AAA Regional Advisory Council was authorized by ATCOG on November 7, 1974, under Section 903.66 of Public Law 93-29, as amended, as a necessary component to enable ATCOG to initiate and conduct area wide aging planning under the above cited act and according to the State Plan for Aging Programs for the State of Texas. The purpose of the ATCOG AAA Regional Advisory Council shall be to fulfill the mandate of the Older Americans Act of 1965, as amended, Section 903.66 (13), to advise the ATCOG AAA on all matters relating to the development and administration of the area plan on aging and operations conducted thereunder. The

² [26 Texas Administrative Code \(TAC\) §213.51\(2024\)](#)

³ [Final Rule: 2024 Update to ACL’s Older Americans Act Regulations 2024 Update to ACL’s Older Americans Act Regulations](#)

⁴ [EO-GA-55 Prohibiting Govt Race Discrim IMAGE 2024-01-31.pdf](#)

Council shall consist of the following: One (1) representative from each of the nine (9) counties in the Ark-Tex region; Two (2) elected officials; One (1) representative from the general public; One (1) representative from the private sector; One (1) representative from a health care organization; One (1) representative from the Title III Service Providers; One (1) representative from the Veterans Administration; Two (2) representatives from social service agencies; One (1) representative from a hospital.

The ATCOG AAA Regional Advisory Council shall meet quarterly and at such times as the Chairperson deems necessary. If a meeting is cancelled, the meeting will be rescheduled as soon as possible. The meetings are held the first Thursday in March, June, September and December.

Representatives shall be appointed for a term of five (5) years or until a replacement is found. Regional Advisory Council members are appointed to the Council by the ATCOG Board of Directors, the County Judge, Title III Service Providers and/or Chambers of Commerce, subject to approval by the ATCOG Board of Directors.

Stewardship & Oversight

Reference: [OAA of 1965, as amended through P.L. 116-131 \(3/25/2020\), & 45 CFR 1321.59](#)

Ark-Tex AAA will provide Area Agency Administration as a direct service throughout the nine-county region that includes Bowie, Cass, Delta, Franklin, Hopkins, Lamar, Morris, Red River, and Titus for FY2027-2029 and going forward.

These activities will include the development and implementation of a coordinated system to serve older adults and family caregivers within the AAA's PSA with Older American's Act (OAA) services.

The AAA services will target individuals age 60 or older and give priority to those with greatest economic and social need, living in rural areas, and low-income older adults. As a focal point for aging services, the AAA will provide advocacy, evaluate local resources, identify service gaps, and any other responsibilities listed in the OAA, service definitions for the Area Agencies on Aging, and Area Agency on Aging Policy and Procedures Manual.

Ark-Tex will conduct quality assurance and monitoring procedures to ensure accurate delivery and expenditures of services. Training and education will be provided to staff, volunteers, and contract providers regarding OAA service requirements including service recipient complaints, responsibilities on abuse, neglect, and exploitation, interest lists, targeting, voluntary contributions, and records maintenance.

AAA staff will conduct Data Management that supports activities directly related to data entry and reporting for services not directly provided by the AAA. This will include service authorization and document verification, tracking and reporting of congregate meals, home delivered meals and transportation services. Ark-Tex AAA staff will ensure the complete and accurate data in the HHS information system. They will also generate reports and confirm accurate data in support of the annual State Program Report (SPR) and Quarterly Performance Report (QPR).

Key Topic Areas

Reference: [45 CFR 1321.65\(b\)\(5\)](#), [45 CFR 1321.65\(b\)\(2\)](#), & [45 CFR 1321.65\(c\)](#)

Core Program Area 1: Supportive Services

Ark-Tex AAA case managers receive referrals via telephone, email, website, fax, health fairs and through in-office contacts. The case managers assess the needs of the older individual and coordinate services accordingly to meet those needs. Priority is given to those who meet targeting and preference requirements identified as residing in rural areas, have a disabling illness or physical condition, are socially isolated, have limited mobility that impairs their ability to leave home, lack of transportation resources, are food insecure, among other listed in the Older Americans Act.

Older individuals in the Ark-Tex AAA that receive services are primarily rural and low-income. The case managers can coordinate services such as homemaker, health maintenance, benefits counseling, emergency response services, income support, residential repair, nutrition, transportation, and connect individuals to resources in the community. Some of these services will be delivered to the client through AAA agreements with providers in the PSA and authorized by case management staff.

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

The Ark-Tex AAA provides nutrition services through providers to help older adults live independently and to reduce hunger, food insecurity, malnutrition, and promote socialization as required by the OAA. Nutrition services are provided to eligible people through congregate meals, home delivered meals, and nutrition education. The AAA nutrition providers develop menus that are approved by a licensed dietitian. Meals must meet nutrition program requirements from the Dietary Guidelines for Americans (DGAs) and dietary reference intakes (DRIs) to help address prevalent disease conditions for the aging population. Standardized recipes are used by the AAA meal providers to ensure menus meet Texas Model for Menu Planning.

Eligible people must meet the requirements set forth in the OAA and are screened by the AAA nutrition providers for poor nutritional health using the Determine Your Nutritional Health checklist (NRA), the Consumer Needs Evaluation (CNE), and Determine Type of Meal Assessment (DTM) to complete the assessment process for

either congregate meals or home delivered meals. These assessments are completed annually for each nutrition client.

The AAA staff conducts quality assurance monitoring for the nutrition service providers to ensure policies and procedures are followed and nutrition requirements are met. This can include reviewing health department inspections, meal menus, food staff certifications, observation of meal preparations, and ensuring proper documentation for client intakes and assessments are completed properly. Quality assurance is also done through annual surveys to ensure meal recipients are satisfied with the nutrition services.

Eligible individuals receive congregate meals in a congregate setting. The AAA currently has provider agreements with two meal providers operating congregate sites in seven of the nine-county Ark-Tex region. Hopkins and Franklin counties are currently the only two counties that operate multi-purpose senior centers and provide a meal to older adults not funded through the Ark-Tex AAA nutrition program.

Home delivered meals are provided to eligible individuals in their homes. The AAA currently has provider agreements with two meal providers that serve home delivered meals in each of the nine counties in the PSA. Eligible persons must be 60 or over, frail, homebound, and have a CNE score of at least 20 to receive home delivered meals (HDMs). Meals are available five days per week and are delivered by the AAA nutrition provider in a combination of hot and frozen.

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

The Area Agency on Aging (AAA) provides several evidence-based intervention programs designed to promote social connection, positive mental health, and healthy living. These programs are offered in both individual and group settings and focus on improving nutrition, physical activity, stress management, and reducing social isolation.

A Matter of Balance is an eight-week group program that helps participants build confidence and reduce fear of falling. The course encourages discussion of personal experiences and teaches strategies to improve balance, independence, and safety. The AAA currently supports one master trainer and five trained coaches to deliver this program.

Tai Chi for Arthritis is a group-based program for individuals with arthritis, joint pain, or increased fall risk. The program focuses on improving balance, strength,

flexibility, and relaxation while reducing pain and falls. It is offered over 8 or 16 weeks, totaling 16 hours, and is led by two certified instructors.

FallsTalk is a one-on-one intervention for older adults at risk of falling, particularly those who are homebound or prefer individualized support. The program promotes behavior change by increasing awareness of fall risks and strengthening prevention skills. AAA case managers deliver this program directly to eligible participants.

Tai Ji Quan: Moving for Better Balance is a group program that has demonstrated positive outcomes in improving balance, strength, and mobility. Participants report fewer falls, increased confidence, and improved quality of life. The AAA currently has two instructors trained to provide this program.

All programs are included on the Direct Service Waiver Form and are delivered directly by trained AAA staff.

The Ark-Tex Area Agency on Aging (AAA) provides Health Maintenance services to eligible individuals who need assistance obtaining medications, nutritional supplements, eyeglasses, dentures, hearing aids, or other devices necessary to support their health and safety.

These services are coordinated and authorized through case management and are designed to enhance clients' overall quality of life by addressing unmet health-related needs.

In addition, the AAA connects individuals with resources, educational materials, and referrals to organizations that provide medical treatment, health education, counseling, and home health services, including physical, speech, and occupational therapy.

Core Program Area 4: Family Caregiver Support

The Area Agency on Aging (AAA) utilizes a comprehensive, person-centered approach to assess the needs of caregivers and care recipients in order to effectively plan, coordinate, and monitor services that best address identified needs. Through a combination of direct services and provider partnerships within the Planning and Service Area (PSA), the AAA delivers a range of supports including caregiver support coordination, caregiver information services, emergency response, nutrition services, income support, information and referral/assistance, benefits counseling (including Legal Assistance for individuals age 60+, Legal Awareness, MIPPA, and SHIP-HICAP), outreach, residential repair, in-home respite, social reassurance, and transportation. Many of these services are authorized by AAA case management staff and delivered through established provider agreements.

Priority for services is given to individuals who meet targeting and preference criteria outlined in the Older Americans Act, including those residing in rural areas, individuals with disabling conditions, those who are socially isolated, have limited mobility, lack transportation, or experience food insecurity. This targeted approach ensures that resources are directed to those with the greatest economic and social need.

Case management remains a critical component of service delivery, ensuring continuity of care and appropriate utilization of resources. The assessment process includes completion of required documentation such as the Caregiver Intake, Client Rights and Responsibilities, Caregiver Assessment Questionnaire, Nutritional Risk Assessment, and Consumer Needs Evaluation, along with all necessary HIPAA and program compliance forms. Service data and client information are maintained in the Texas Health and Human Services Information Management System to support accurate reporting, including State Program Report (SPR) requirements.

In addition to core services, the AAA is actively working to enhance supports for caregivers and care recipients. Case managers provide education and resources related to dementia and Alzheimer's disease by connecting caregivers to local support groups, distributing educational materials through mail and virtual platforms, and conducting outreach at community events such as health fairs. The AAA also prioritizes strengthening and expanding partnerships with hospitals, clinics, and community-based organizations to increase referrals and improve service coordination.

Ongoing efforts to enhance service delivery include expanding outreach into rural and underserved areas, increasing access to evidence-based programs, exploring innovative service options such as virtual education and support, and continuously evaluating service gaps. Through these strategies, the AAA aims to improve access, responsiveness, and overall quality of services for older adults and their caregivers across the region.

Core Program Area 5: Legal Assistance

AAA Benefits Counselors conduct legal assistance services to clients age 60 or over and SHIP-HICAP services to Medicare beneficiaries. The Benefits Counselors on staff are certified through Texas Legal Services Center (TLSC) and TX Health and Human Services.

Benefits counseling programs help older adults understand their rights and address priority legal issues related to Medicare and Medicaid, Social Security, long-term care, nutrition (SNAP), and other public entitlements. Assistance is regularly given

through one-on-one assistance in person, by phone, or by other virtual means, if necessary. Benefits counselors assist individuals with completing applications and preparing required documentation for Medicare Savings programs that help with health care costs, food stamps, Medicaid, and utility assistance programs offered in the PSA.

AAA staff and benefits counselors regularly provide education and outreach regarding services available throughout the PSA. This is achieved by attending health fairs, in person and virtual presentations, and developing partnerships with local organizations such as local HHSC and SSA offices in the region.

If a client is needing legal representation or advocacy, the AAA will refer that case to Texas Legal Services Center, Lone Star Legal Aid, and other elder law attorneys within the PSA that could assist with legal matters.

The AAA participates in the HHSC Community Partner Program and can assist older adults with accessing the online Your Texas Benefits programs to complete applications.

In addition, AAA staff are also volunteering with the Texas Senior Medicare Patrol. The prevalence of fraud and scams targeting the older population is a concern for the AAA. Education and awareness regarding fraud and scams and how to report them is provided to seniors in the community through events and social media.

Core Program Area 6: Ombudsman Services

The Ark-Tex AAA is the host agency for the Long-Term Care Ombudsman program in the PSA. The Ombudsmen staff advocate for residents' rights and quality of life and care in long-term care facilities. Each Ombudsman completes certification training through the Office of the State Long-Term Care Ombudsman (OSLTCO). The Office maintains the Ombudsman Policies and Procedures Manual that details documentation requirements of certified ombudsmen who utilize the Ombudsman database.

According to the Code of Federal Regulations (45 CFR § 1321.3), greatest economic need means "the need resulting from an income level at or below the Federal Poverty Level and as further defined by State and area plans based on local and individual factors, including geography and expenses" and greatest social need means "the need caused by the following noneconomic factors which include physical and mental disabilities; language barriers; cultural, social, or geographical isolation; other needs as further defined by the State and area plans based on local individual factors." ⁵

⁵ [eCFR :: 45 CFR 1321.3 -- Definitions.](#)

The Ark-Tex PSA is a largely rural area with a significant number of older adults considered low-income or below the poverty level. The strategies implemented during the previous area plan included increased outreach and education for AAA services through in-person and virtual presentations, speaking with staff at health care centers, food pantries, Health and Human Service center locations, and Social Security offices. The AAA has found that outreach provided through these venues can have an impact for several population groups to reach individuals with greatest economic need, greatest social need, low-income minority older adults, hard-to-reach populations, and those residing in rural areas.

In alignment with the Texas State Plan on Aging, the AAA staff and service providers will continue to complete thorough screenings and assessments of each eligible person's ability to perform ADLs and Instrumental Activities of Daily Living to identify functional limitations to ensure services are targeted to those with greatest need. AAA case managers include caregivers as partners in care during care planning for care recipients, recognizing their role in decision making and service planning.

Collaborative efforts with Home and Community-Based Services (HCBS) are essential to improving access and supporting older adults and family caregivers in maintaining independence. The AAA will participate in training provided by the OAAA as listed in the Texas State Plan on Aging that will enable staff to improve awareness of resources and long-term care services available through HCBS providers. Education can be provided by caregivers in need of community based long-term care services to increase access to care.

The Ark-Tex AAA will follow best practices to serve older adults with physical and mental health conditions. Strategies include utilizing consumer needs assessments to determine if the older adult is determined to be frail due to functional impairment if the person is unable to perform at least two activities of daily living or needs considerable supervision because the older adult's action poses a serious health or safety hazard to themselves or another person due to a cognitive or other mental impairment. AAA staff screen for chronic conditions and fall risk during assessment and intake processes. Case managers can also help connect individuals with local mental health authorities that deliver mental health services in the PSA to support access to services.

Needs Assessment Activities

Reference: [45 CFR 1321.65\(b\)\(3\)](#) & [45 CFR 1321.65\(c\)](#)

Ark-Tex AAA used a combination of sources to assess needs and collect feedback regarding priorities of older adults, family caregivers, and providers. Needs assessment activities included a Community Needs Assessment, analysis of census data illustrating characteristics of older adults and caregivers in the PSA, and review of the 2024-25 Aging Texas Well Strategic Plan.⁶

The Community Needs Assessment survey was developed to gather information on needs and concerns of older adults, caregivers, and service providers that deliver services and supports to older adults and family caregivers. The final survey form was approved by the AAA Regional Advisory Council for distribution. The survey could be completed either online via Microsoft Forms or in-person and did not include any personally identifiable information to ensure the confidentiality of all respondents.

The survey could be accessed electronically via Facebook or the Ark-Tex Council of Governments (ATCOG) website. A QR code was also available to individuals that chose to access the survey through that method instead of the paper form. The survey was distributed in-person at community events and area senior centers for completion. Postage paid envelopes were provided if the participant needed to mail the survey to the AAA. All paper versions of the survey submitted were entered manually into the Microsoft Form by AAA staff. All responses received were entered into the Microsoft Form platform to ensure complete data collection.

The survey was distributed and available from January 1, 2026, to February 20, 2026. With the combined paper and electronic surveys, 61 completed surveys were submitted by older adults, family caregivers, and professionals. 57% of the responses received were from individuals age 60 or over who is not an Area Agency on Aging client, 26% were from AAA clients over the age of 60, and of those respondents 21% were individuals with a disability. The results indicated top need priorities are nutrition, transportation, assistance with ADLs and IADLs at home, caregiver support for respite and education, and residential repair. The issues listed as more highly concerning for older adults were overall health issues, safety, making the home more accessible (examples: handrails, ramps), food/nutrition, scams/fraud, lack of transportation.

In conclusion, the Community Needs Assessment survey offered valuable insight into the challenges and concerns currently faced by family caregivers and older

⁶ [2024-25 Aging Texas Well Strategic Plan Revised 5.2.2025](#)

adults. The responses highlighted key priorities that align with the Ark-Tex AAA plan to address community needs, including enhancing caregiver support, expanding education and awareness on fraud and scams, providing person-centered care plans for clients seeking services, and strengthening regional partnerships.

Goals, Objectives, Strategies, and Outcomes

Reference: [45 CFR 1321.65\(e\)](#)

Ark-Tex AAA will work to address the priorities identified in the needs assessment survey by developing goals, strategies, performance measures, and outcomes. The AAA will ensure the goals align with the Texas State Plan on Aging priorities to the extent possible to support the needs of older adults and family caregivers.

Objective 1 – Increase awareness of the AAA services available in the region.

Ark-Tex AAA will continue to partner and develop relationships with agencies and organizations to increase awareness of services available to the aging population. This will include presentations to community civic organizations and other entities to help educate the public regarding the challenges the older population is facing and how AAA services can increase opportunities to keep seniors independent.

Public awareness will include, but is not limited to, services such as respite care, homemaker, health maintenance, benefits counseling, information, referral and assistance, Ombudsman, and other AAA services.

- Short-Term Outcomes: Increased awareness, outreach, understanding, and service inquiries.
- Intermediate Outcomes: Increased service use, stronger partnerships, and improved access and engagement.
- Long-Term Outcomes: Greater independence, improved quality of life, and stronger, more coordinated community support.

Objective 2 – Increase awareness of nutrition programs and resources in the region.

The Ark-Tex AAA case managers and nutrition providers use the Determine Nutritional Risk and Consumer Needs Assessment to assess clients receiving nutrition services and other supportive assistance. The nutrition providers deliver nutrition education to each meal recipient at least annually. The AAA will ensure that nutrition education topics include awareness and resources regarding healthy eating and malnutrition.

- Short-Term Outcomes: Completed assessments, increased nutrition knowledge, and awareness of healthy eating and malnutrition
- Intermediate Outcomes: Improved dietary behaviors, better identification of nutritional risk, and increased use of nutrition resources

- Long-Term Outcomes: Reduced malnutrition risk, improved health outcomes, and enhanced quality of life for older adults

Objective 3 – Increase access to services for older adults with mobility and transportation issues.

The Ark-Tex AAA will continue to partner with the ATCOG Transportation programs available throughout the region. Information and resources will be provided to older individuals in need of transportation to programs available in their area.

- Short-Term Outcomes: Increased awareness of transportation options and available resources
- Intermediate Outcomes: Increased use of transportation services and improved access to programs
- Long-Term Outcomes: Greater mobility, increased independence, and improved access to community services

Objective 4 – Enhance services and supports for caregivers.

Ark-Tex AAA case managers will continue to identify caregiver needs during the services assessment process. Education and information that promote quality of life and care for both the caregiver and care recipient will be provided. AAA case managers will meet and promote services available for caregivers through case managers at hospitals, home health providers and any profession that works directly with caregivers.

The AAA will coordinate with the Aging and Disability Resource Center, Health and Human Services, and providers to share resources on respite services available for caregivers, including grandparents caring for grandchildren.

- Short-Term Outcomes: Increased identification of caregiver needs, expanded outreach to partner organizations, and greater awareness of respite and support services.
- Intermediate Outcomes: Increased referrals and use of caregiver services (including respite), improved caregiver knowledge, and stronger coordination among providers.

- Long-Term Outcomes: Reduced caregiver stress and burnout, improved caregiver and care recipient well-being, and sustained access to coordinated support services.

Objective 5 – Increase awareness of the risk for abuse, neglect, and exploitation of older individuals.

The Ark-Tex Ombudsmen conduct in-service trainings in nursing homes and assisted living facilities regarding resident rights to bring awareness in an effort to stop abuse, neglect, and exploitation. Ark-Tex staff are instructed on requirements and procedures for reporting suspected abuse, neglect, and exploitation.

Staff participate on the Bowie and Cass Adult Protective Services (APS) Board of Directors and plans to continue representation on APS boards in the PSA. The partnership with APS in the region has strengthened the knowledge and understanding of what services they provide to older adults at risk of abuse, neglect, and exploitation.

In addition, the Ark-Tex AAA is a volunteer with the Texas Senior Medicare Patrol whose mission is to “empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors and abuse through outreach, counseling, and education.”⁷

The AAA will also collaborate with Texas Legal Service Center for technical assistance and training.

- Short-Term Outcomes: Increased staff and facility knowledge of resident rights, abuse reporting procedures, and fraud prevention resources.
- Intermediate Outcomes: Increased reporting of suspected abuse, neglect, and exploitation, improved coordination with APS, and greater use of fraud prevention education.
- Long-Term Outcomes: Reduced incidents of abuse, neglect, exploitation, and fraud, improved resident safety, and stronger protection for vulnerable older adults.

Objective 6 – Promote awareness for older adults to receive in-home and community bases long-term care (LTC) services.

The AAA will participate in training on in-home and community-based long-term care (LTC) services, including No Wrong Door initiatives, to better connect eligible individuals to appropriate resources regardless of their point of entry into the

⁷ [Texas Senior Medicare Patrol - Texas Senior Medicare Patrol](#)

system. Information and education will be provided to older adults needing LTC supports to help them remain at home longer. Staff will also identify and address barriers to coordinating LTC services and ensure streamlined access to services through a coordinated, person-centered approach.

- Short-Term Outcomes: Increased staff knowledge of LTC services and improved awareness among older adults of available supports
- Intermediate Outcomes: Increased access to and coordination of LTC services and reduced barriers to receiving care
- Long-Term Outcomes: Extended ability for older adults to remain at home and improved overall quality of life

The objectives listed above demonstrate strong alignment with the four goals identified for the 2026-2028 Texas State Plan on Aging by addressing awareness, access, coordination, and system capacity needed to support older adults and caregivers across the region.

Goal 1: Support older adults to age in their community by accessing available resources, including HCBS.

Objectives 1, 2, 3, and 6 directly advance this goal by increasing awareness of AAA services, nutrition programs, and in-home and community-based long-term care (LTC) options. Efforts to improve transportation access (Objective 3) further reduce barriers to receiving services. Together, these objectives promote timely access to HCBS, support independence, and enable older adults to safely remain in their homes and communities.

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

Objective 4 strongly aligns with this goal by enhancing services and supports for caregivers. Through outreach, education, and coordination with providers and community partners, caregivers are better informed about available resources such as respite care, training, and support services. This increased awareness helps reduce caregiver burden and improves outcomes for both caregivers and care recipients.

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

Objectives 1, 4, 5, and 6 support this goal by emphasizing outreach, partnership development, and coordinated service delivery. Collaboration with entities such as Adult Protective Services, healthcare providers, and community organizations strengthens information sharing and referral systems. These efforts enhance the

ability of agencies to work together effectively and ensure individuals receive comprehensive, coordinated care.

Goal 4: Strengthen Aging Services Network infrastructure.

All six objectives contribute to strengthening the network by building capacity through staff training, public education, and expanded partnerships. Increasing awareness of services, improving access, and addressing service gaps help create a more integrated and responsive system. These efforts support long-term sustainability and improve the network's ability to meet the evolving needs of older adults and caregivers in the region.

Long Range Planning

**Reference: [OAA of 1965, as amended through P.L. 116-131 \(3/25/2020\)](#)
*Page 63***

Ark-Tex AAA is reasonably prepared to provide services over the next five to ten years, especially in outreach, coordination, and community partnerships. The PSA objectives reflect a proactive approach to increase awareness of services, strengthen caregiver support, expand access to nutrition and transportation programs, and promote in-home and community-based care. However, rural areas may continue to face challenges, particularly with transportation and access to in-person services.

Programs can also improve by making the most of limited funding. Seeking grants, new funding sources, and community support can increase capacity. Focusing on prevention, education, and early support can reduce long-term costs and the need for more intensive services. The AAA will actively participate in local coalitions, advisory boards, and community groups to strengthen relationships and stay connected with regional efforts.

To support capacity building and long-range planning for the State Unit on Aging some practical recommendations include collaboration across HHSC local offices, transportation, caregiver support and education, and nutrition programs for older adults.

- **Formalize Partnerships**
Develop agreements with local HHSC offices to clearly define referral processes and shared goals in the Aging Services Network.
- **Strengthen Referral Systems**
Create a streamlined, shared referral process (aligned with “no wrong door”) so partners can easily connect clients to services without duplication or delays.
- **Hold Regular Cross-Agency Meetings**
Schedule consistent meetings or workgroups with key partners to share updates, identify service gaps, and coordinate solutions across sectors.
- **Cross-Train Staff**
Provide joint training opportunities so staff understand each partner’s services, eligibility requirements, and referral procedures—especially across HHSC programs.

- **Improve Information Sharing**
Develop shared resource guides, directories, or simple data-sharing practices (as allowed) to keep partners informed and improve coordination.
- **Use Data for Planning**
Share and review data across partners to better understand trends, target high-need populations, and improve service delivery.

These steps can help build stronger, more coordinated partnerships, improve efficiency, and expand the overall capacity to serve older adults in the region.

The Ark-Tex AAA will focus on efforts to sustain the program service over the long term by ensuring the organization is actively working to strengthen staff capacity, build and maintain partnerships, and improve programs to meet changing community needs. Activities can include recruiting, training and retaining qualified staff, securing stable and diverse funding sources, expanding collaboration with community partners, using data to guide decisions and improve services, and ensuring strong decision-making and planning. The goal is to ensure the AAA can continue delivering quality services and respond to future needs in a consistent and reliable way.

Appendix A – Emergency Preparedness

The Ark-Tex Area Agency on Aging (AAA) is a program of the Ark-Tex Council of Governments. The staff of the AAA will conduct all agency level response operations using the preparation, communication and documentation protocols identified in the main body of this Business Continuity and Emergency Operations Plan.

In addition, the AAA has contractual responsibilities dictated by the Health and Human Services Commission related to disaster preparedness and services for the elderly per the Texas Administrative Code 26 §213.151 (x):

(x) Emergency management.

(1) When a disaster occurs, a AAA must notify HHSC of its need to provide for emergency management activities, provide information to HHSC regarding the impact of the disaster on the older population in its service area, provide emergency management services in accordance with current Administration on Aging disaster relief guidelines, and collect pertinent data necessary to submit reimbursement requests for disaster services.

(2) A AAA must consult with the appropriate agencies that have an interest or role in meeting the needs of persons 60 years of age or older to plan for the occurrence and aftermath of natural, civil defense, or man-made disasters. To accomplish this, a AAA must:

(A) develop an emergency disaster plan in accordance with HHSC requirements;

(B) require by contract or vendor agreement that a service provider develop plans for emergency management; and

(C) provide technical assistance as necessary to service provider staff persons regarding emergency management activities.

Procedures Related to Providers and Clients:

The AAA will maintain information concerning its clients in Homemaker, Respite and “lifeline” services that are most at risk in a disaster. Risk factors may include rural, isolated, frail individuals with no family nor means to evacuate. AAA case managers will assist such clients, upon their consent, to call the 211 registry during their routine evaluations.

Service providers are required by provider agreement to have emergency plans. Plans from Nutrition providers are submitted to the AAA. Nutrition providers are also advised to review and/or update their emergency plans and to assure their 3-

day supply of emergency meals is readily available. Current Senior Center Manager contact information is obtained by the AAA and on the ATCOG website: www.atcog.org.

During a known event with sufficient warning, such as a hurricane, advance communication is issued to providers. At about 36 hours prior to landfall, providers will be notified to be prepared to activate their emergency response plans, notify clients of possible closures and distribute emergency meals as appropriate. Senior Center staff notifies the AAA of any unusual client circumstances or unmet need so the issue can be directed to the appropriate emergency management authority. Providers report to the AAA regarding status prior, during and post event, to include the number of clients impacted and the scope of the disaster as it relates to their operations. The AAA Director/Manager will compile the data and communicate all required information to the Health and Human Services Commission as directed.

In the event there is no access to the Ark-Tex Council of Governments location, essential personnel will follow the Emergency Contact Chart and notify essential backups and support staff with plan instructions. The AAA 800 number will be forwarded remotely to designated staff. Staff will perform work duties at home. If the emergency prevents working from home, an alternate site will be given to the staff when initially notified.

If the disaster is community-wide, the coordinators will run reports of active III-B lifeline clients receiving services. Clients requiring welfare checks will be coordinated. The coordinators will ensure that providers rendering AAA services are able to provide services assigned.

If the disaster destroys records retained onsite, client information can be retrieved from the State software system. Documents that are not stored in the system are scanned onto the ATCOG/AAA shared drive and can be retrieved.

Disaster Coordination:

The AAA coordinates with many response and recovery organizations to advocate for people over 60 in times of disaster. They include ATCOG Homeland Security, County Emergency Management Personnel, Salvation Army, Red Cross, United Way, Local Emergency Planning Committee, and the local office of the Texas Department of State Health Services.

Recovery:

The AAA will request disaster relief funds, as needed, through the Health and Human Services Commission.

Reconstitution:

Staff will be updated daily by essential personnel as to the progress of restoration of operations and return to work date.

The following is a list of personnel designated as Essential Personnel, Essential Personnel Backup, and Support Staff:

Essential: Mary Beth Rudel and Jenny Butler

Essential Backup: Kim Palmore

Support Staff: Andrea Atkins, Brenda Abernathy, DeVon Wilson, Magen Watters, Nancy Flowers, Vanessa Conway

Depending on the disaster, providers will be contacted as directed from the Executive Director and/or the AAA Director/Manager.

Contact information for staff is listed on the Emergency Contact Chart. The provider information can be found on the shared drive under Area Agency on Aging, Disaster Plan folder.

Appendix B – Public Comment Activities

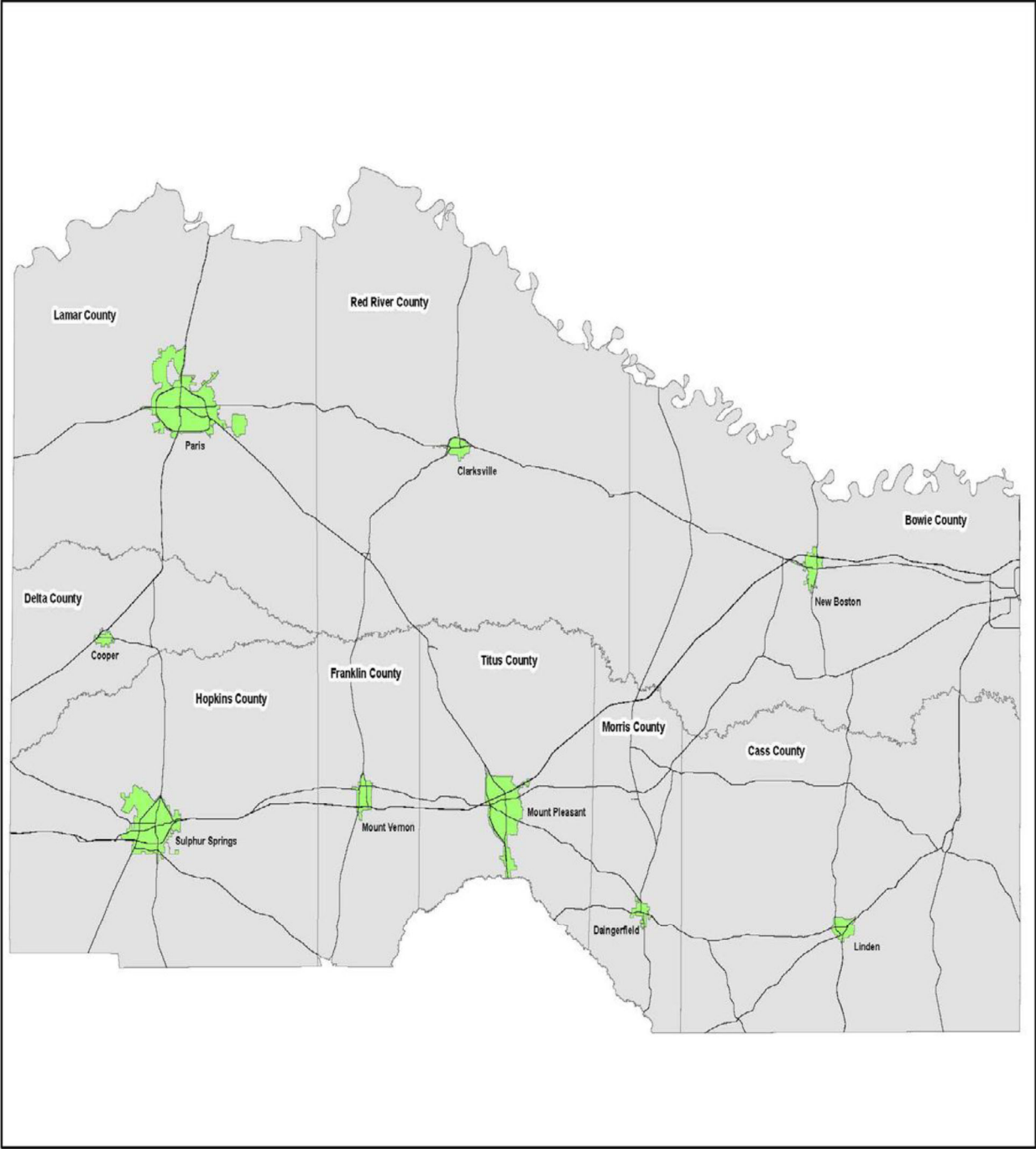
Reference: [45 CFR 1321.65\(b\)\(4\)](#) and [45 CFR 1321.29](#)

The Ark-Tex AAA utilized information from the Community Needs Assessment survey tool and current understanding of the service needs and gaps experienced by older adults and caregivers in the region to develop the Area Plan. In addition, the AAA provided a process to obtain public comment for the minimum time period of 30 calendar days for individuals to review and comment on the AAA’s draft of the Area Plan.

A press release was provided to the following local newspapers..., flyers were distributed to each senior center in the region, and social media posts were shared. All publications and announcements included the process to make comments via email, phone, or mail and all public input was considered and integrated as possible to the final Ark-Tex AAA Area Plan. The AAA received input, review, and approval from the Regional Advisory Council on (insert date) and the ATCOG Board on (insert date).

Describe activities conducted in development of the plan that demonstrate compliance with the minimum time period (at least 30 calendar days) for public review and comment of the AAA’s draft AP. Include information that demonstrates compliance with input, review, and approval by the AAA’s Aging Advisory Council. Provide description or images of activities (e.g., flyers, posts, or announcements sharing the public comment period.)

Appendix C – Map of Ark-Tex PSA 5



Appendix D – Census Bureau 5-year ACS Table S1701 Population Age 60 and Over Below Poverty

State-County FIPS Code	County	Area Agency on Aging	Population Age 60 And Over For Whom Poverty Status Was Determined (2019- 2023 Period	Population Age 60 And Over For Whom Poverty Status Was Determined Below Poverty (2019 2023 Period	Percent of Population Age 60 And Over For Whom Poverty Status Was Determined Below Poverty (2019-2023 Period
48037	Bowie	Ark-Tex	20,582	3,082	15.0%
48067	Cass	Ark-Tex	8,451	1,117	13.2%
48119	Delta	Ark-Tex	1,536	194	12.6%
48159	Franklin	Ark-Tex	3,017	324	10.7%
48223	Hopkins	Ark-Tex	9,027	887	9.8%
48277	Lamar	Ark-Tex	12,615	1,987	15.8%
48343	Morris	Ark-Tex	3,410	487	14.3%
48387	Red River	Ark-Tex	3,676	643	17.5%
48449	Titus	Ark-Tex	6,288	713	11.3%
	Statewide		5,422,313	629,931	11.6%

Appendix E – Texas Demographic Center Population Projection

Projections Download by Area Type for Council of Government				
Includes 2020 Census data				
Migration Scenario	Year	Month	Age	Total Population
Mid	2020	4	60+ Years	72,736
Mid	2020	7	60+ Years	72,769
Mid	2021	7	60+ Years	74,367
Mid	2022	7	60+ Years	76,000
Mid	2023	7	60+ Years	77,859
Mid	2024	7	60+ Years	79,266
Mid	2025	7	60+ Years	80,355
Mid	2026	7	60+ Years	80,990
Mid	2027	7	60+ Years	81,403
Mid	2028	7	60+ Years	81,731
Mid	2029	7	60+ Years	82,195
Mid	2030	7	60+ Years	82,766
Mid	2031	7	60+ Years	83,308
Mid	2032	7	60+ Years	83,326
Mid	2033	7	60+ Years	83,199
Mid	2034	7	60+ Years	83,075
Mid	2035	7	60+ Years	83,125

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

2027-2029 Projected Distribution of Direct Service Funds by County									
Supportive Services	Bowie	Cass	Delta	Franklin	Hopkins	Lamar	Morris	Red River	Titus
Assisted Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Response	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income Support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	<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"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Participant Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Home Delivered Meals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nutrition Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Participant Assessment - Nutrition 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ombudsman Services									
Ombudsman Program 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attachment 2: Verification of Intent & Assurances

Ark-Tex Area Agency on Aging

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.

ARK-TEX COUNCIL OF GOVERNMENTS Executive Director

Name: Mary Beth Rudel

Signature: _____

Date: Click or tap to enter a date.