

1 **Area Agency on Aging of the**
2 **Capital Area Plan**

3 **FFY 2027 - 2029**

4
5 **As Required by the Older Americans Act, As**
6 **Amended in 2020: Section 306, Area Plans**
7 **Pending Approval by HHSC Office of Area**
8 **Agencies on Aging**

9 **May 29, 2026**



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106 **Executive Summary**

107 The Area Agency on Aging of the Capital Area (AAACAP), in compliance with
108 requirements from Texas Health and Human Services Commission (HHSC) and the
109 federal Administration on Community Living (ACL), is submitting its Area Plan for
110 Federal Fiscal Years (FFY) 2027-2029 for approval. The plan describes the specific
111 services to be provided to older adults in the region.

112 The plan is developed from an assessment of regional needs as determined by
113 public input that included the participation of older adults, their caregivers, the
114 AAACAP Aging Advisory Committee and other appropriate stakeholders. The plan
115 also includes the outlined AAACAP goals and objectives for FFY 2027-2029, subject
116 to any limitations of funding and policies provided by the OAA/Texas HHSC.

117 The Area Plan for FFY 2027-2029 is based on the AAACAP Mission Statement, which
118 is to provide services to support and advocate for the health, safety and well-being
119 of older adults in CAPCOG's 10-county region - Bastrop, Blanco, Burnet, Caldwell,
120 Fayette, Hays, Lee, Llano, Travis and Williamson counties. In its projections, goals
121 and planning it also supports the agency Vision Statement that older adults and
122 their caregivers will realize streamlined access to services which promote
123 independent living, self-determination, and full participation in their communities.
124 AAACAP provides services to caregivers under the National Family Caregiver
125 Support Program. It also sub-contracts with other agencies to ensure the
126 availability of services such as transportation, nutrition, and senior center
127 operations, serving as the major funder of congregate and home-delivered meals in
128 the region.

129 The plan defines how these services will be delivered during the next three fiscal
130 years and ensures focus on the targeted populations identified by the federal Older
131 Americans Act: Older adults in greatest economic need, those in social isolation,
132 those residing in rural areas, those living with severe disabilities, those at most risk
133 for institutionalization, those with limited English proficiency, those with Alzheimer's
134 or related dementias, as well as caregivers for persons in these situations.

135 As per guidance from Texas HHSC, the Area Plan is based on the needs shared in
136 the community needs assessment conducted during the spring of 2026, and the
137 changing demographic trends within the region as gathered from sources such as

138 the U.S. Census, the American Community Survey, and the Texas Demographic
139 Center.

140 Upon reviewing the final outcomes of data retrieved from the American Community
141 Survey 2020-2024 from the US Census Bureau most older adults want to age in
142 place and have access to recreation, transportation, social connection and health
143 care as an integral part of part of living as they age within the community. The
144 2026 Community Needs Assessment survey results revealed that the concerns
145 within the region related to physical health issues such as chronic conditions, pain,
146 limited mobility, fall risk, and trouble with medication management, and the lack of
147 transportation resources. Over time these concerns, are expected to increase
148 especially in rural communities where access to healthcare remains challenging.
149 Through the survey another trend revealed that information, referral and assistance
150 is a need often under-resourced and unable to meet the needs of a growing
151 regional population of older adults. Quality of life areas in the AAACAP region
152 addressed questions related to feeling safe in the community, financial exploitation
153 (scams/fraud) and social isolation.

154 The plan outlines key strategies for service delivery, as follows: Outreach to “hard-
155 to-reach” populations; an increase in access to long term services and supports;
156 the provision of Person-Centered Practices that allow for consumer choice; an
157 increase in consumer-directed services; ensuring cultural competency; addressing
158 social isolation; supporting family caregivers; and enhancing community
159 collaborations.

160 These strategies support AAACAP goals to explore issues and contribute to solutions
161 for older individuals regarding emergency preparedness, safe and affordable
162 housing and homelessness prevention and supports community partners across the
163 region in developing “age-friendly” coalitions, workgroups, task forces,
164 commissions, and interagency councils in rural areas. The plan allows Texas HHSC,
165 the CAPCOG Executive Committee, the Aging Advisory Committee, partner
166 agencies, and the community to better understand both the challenges and
167 opportunities that the AAACAP faces in providing and prioritizing its goals and
168 strategies. In maintaining its fidelity to the requirements of the OAA, the plan
169 incorporates the characteristics of the diverse counties served. The impact of
170 population growth, the resulting changing demographics of the region and
171 understanding the needs of those older adults with the greatest vulnerabilities is
172 key to planning for and responding to current and future needs.

173 **Organizational Profile**

174 **Reference:** [45 CFR 1321.57](#), [45 CFR 1321.63](#), & [45 CFR 1321.65\(b\)\(2\)](#)

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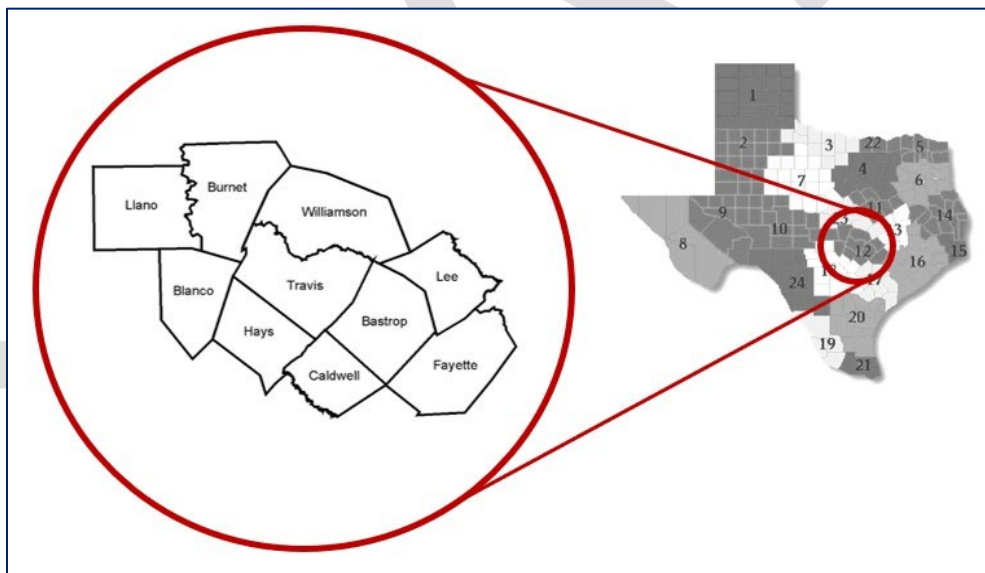
176 **Organization and Staff Composition**

177 Note: A glossary of terms and abbreviations is provided in Appendix C.

178 The Area Agency on Aging of the Capital Area (AAACAP) serves the counties and
179 major communities of its host agency, the Capital Area Council of Governments
180 (CAPCOG) and the planning and service area (PSA) identified by the State of Texas,
181 PSA 12.

182 This 10-county area consists of the following counties: Bastrop, Blanco, Burnet,
183 Caldwell, Fayette, Hays, Lee, Llano, Travis and Williamson counties, as per Map #1,
184 below:

185 Map 1: Ten County Service Area, State of Texas Planning Region 12



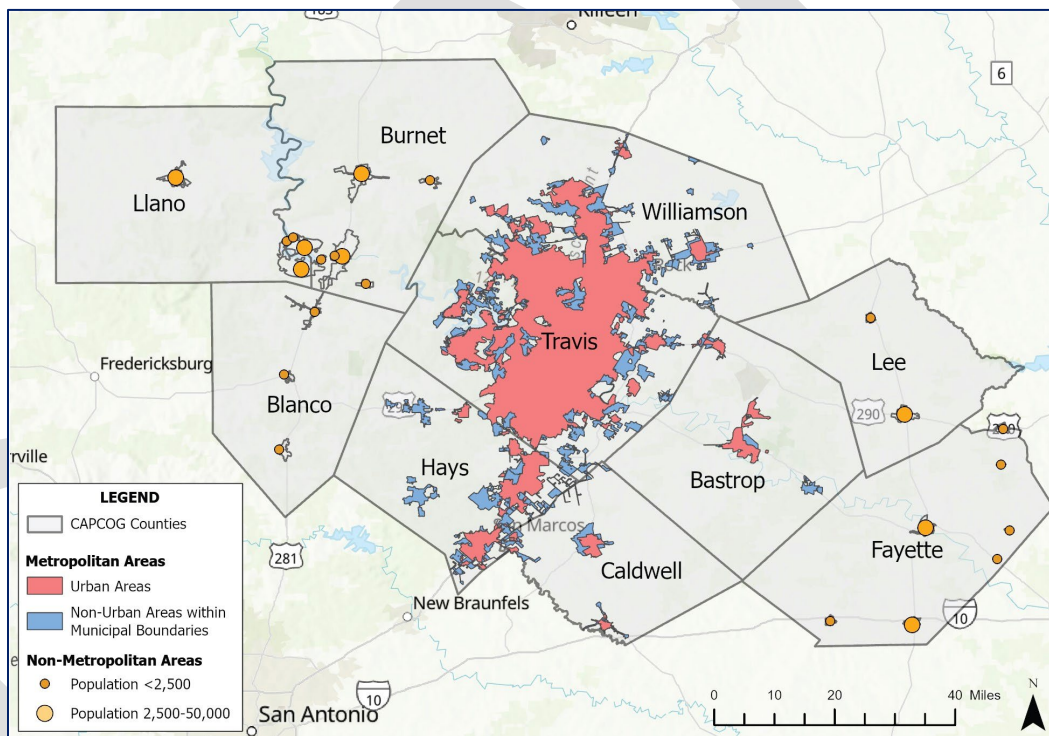
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187 Source: Capital Area Council of Governments (CAPCOG)

188 In this region, seven of the counties are considered rural areas of the PSA: Bastrop,
189 Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano; Hays and Williamson counties
190 are mixed urban and rural areas, and Travis County is considered an urban county.
191 Below, Map #2 identifies the Census-defined urban areas of PSA 12. As per

192 CAPCOG Regional Services/GIS, the U.S. Office of Management and Budget (OMB)
 193 consider any county within a Metropolitan Statistical Area (MSA) that has a
 194 population greater than 50,000. Hays, Travis, and Williamson counties fall within
 195 this definition. The five-county Austin-Round Rock-San Marcos MSA also includes
 196 Bastrop and Caldwell counties in-line with the OMB definition "adjacent territory
 197 that has a high degree of social and economic integration with the core, as
 198 measured by communities". As per OMB definitions above, Blanco, Burnet, Fayette,
 199 Lee, and Llano counties are considered rural, or non-metropolitan areas. Map #2
 200 also identifies these counties and includes information on 15 rural communities
 201 (shown by dots on the map) of less than 2,500 persons and eight urban areas
 202 (communities of up to 49,999 in population that are not part of a larger
 203 metropolitan area).

204 **Map #2: Counties and Major Communities in the Service Area/Census**
 205 **Defined Urban Areas in the CAPCOG Region**



206 Note: Metropolitan and non-metropolitan areas are defined by the U.S. Office of
 207 Management and Budget. Urban areas are defined by the U.S. Census Bureau.
 208 Source: U.S. Census Bureau
 209

210 AAACAP serves these 10 counties through Older Americans Act federal funding
211 administered through the Office of Area Agencies on Aging, Texas Health and
212 Human Services. AAACAP is a program of the Capital Area Council of Governments,
213 a voluntary association of counties, cities, and special districts formed under
214 Chapter 391, Local Government Code of Texas.

215 **Historical Description**

216 The Capital Area Council of Governments (CAPCOG) was organized in 1970 to serve
217 local governments in its 10-county region. CAPCOG administers a broad array of
218 programs: Aging Services, which includes the Area Agency on Aging and the Aging
219 and Disability Resource Center; the Regional Planning and Services Division, which
220 includes Air Quality, Commute Solutions, Community and Economic Development,
221 Criminal Justice, Economic Development, Geographic Information Systems, Solid
222 Waste, Transportation, and Water Central Texas; Emergency Communication-911
223 District; Homeland Security; and the Regional Law Enforcement Academy. Since its
224 designation as the area agency on aging in 1974, CAPCOG has endeavored to
225 identify needs, determine priorities and develop strategies to formulate a
226 comprehensive and coordinated system of service for those persons 60 years of age
227 and older and their caregivers as mandated by the Older American's Act of 1965, as
228 amended.

229 **Location of AAACAP**

230 The CAPCOG offices are located in southeast Travis County at 6800 Burleson Road,
231 Building 310, Austin, Texas 78744. All CAPCOG staff work from this primary
232 location, although AAACAP staff travel regularly throughout the region to provide
233 services such as care coordination home visits, ombudsman visits, benefits
234 counseling enrollment events, caregiver education and outreach events such as
235 health fairs and information presentations.

236 **Organizational Structure**

237 The role of AAACAP has continued to expand and evolve to become an active
238 participant in advocacy and service delivery through its Access and Assistance and
239 Caregiver Support Programs. Its organizational structure reflects that evolution.
240 AAACAP's structure is designed to provide the staff support necessary to ensure
241 that the region's target populations have access to:

- 242 • Information about the complete array of aging and disability services and
243 opportunities when seeking AAACAP services and entering the system of
244 long-term services and supports, in order to make informed decisions.
- 245 • Information and services to address their needs, considering their
246 preferences and rights, and that those services are of the highest quality
247 within an appropriate, effective and efficient system.
- 248 • Staff that are trained in the issues that directly concern older adults and their
249 caregivers, including skills that promote and enhance the individual dignity,
250 well-being, safety of the consumers; and knowledge of techniques that
251 encourage consumers to advocate for themselves when possible.
- 252 • Resources that are used in the most appropriate and cost-effective manner
253 and programs whose performance and accountability are maintained to the
254 highest possible standard.
- 255 • Multilingual and multicultural personnel with a variety of higher education
256 background, including both bachelor and graduate degrees in such fields as
257 Social Work, Counseling, Gerontology, Government, Adult Development and
258 Continuing Education, Public Administration and Public Health.

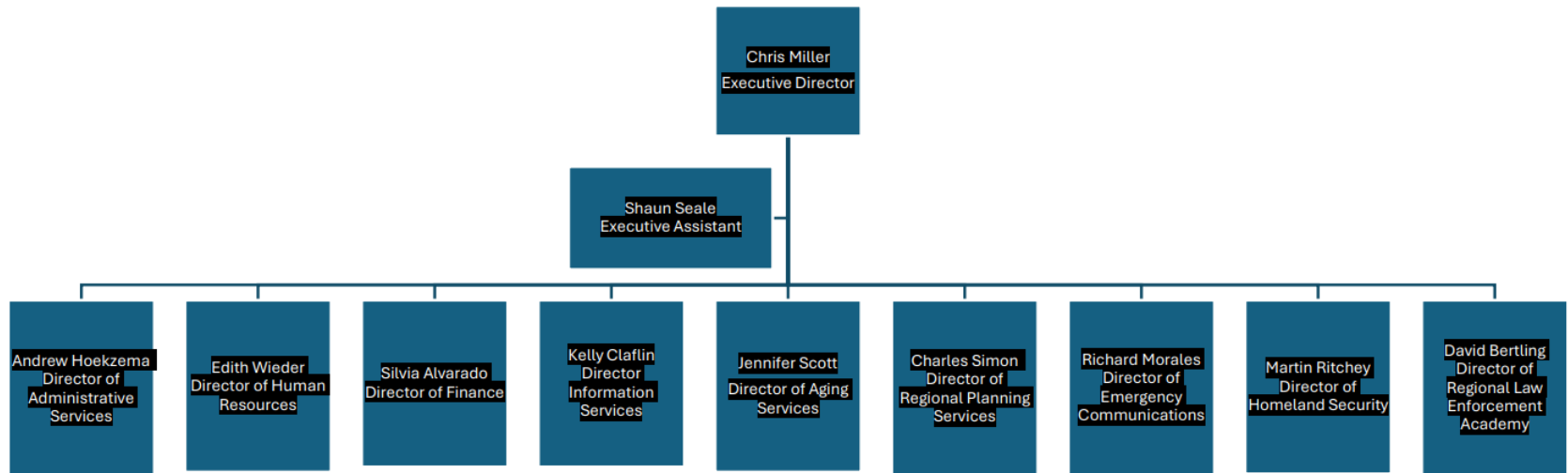
259 **Organization Charts**

260 Below follow organizational charts for CAPCOG and AAACAP: (Charts will be
261 reformatted prior to HHSC submission to be more reader friendly)

262

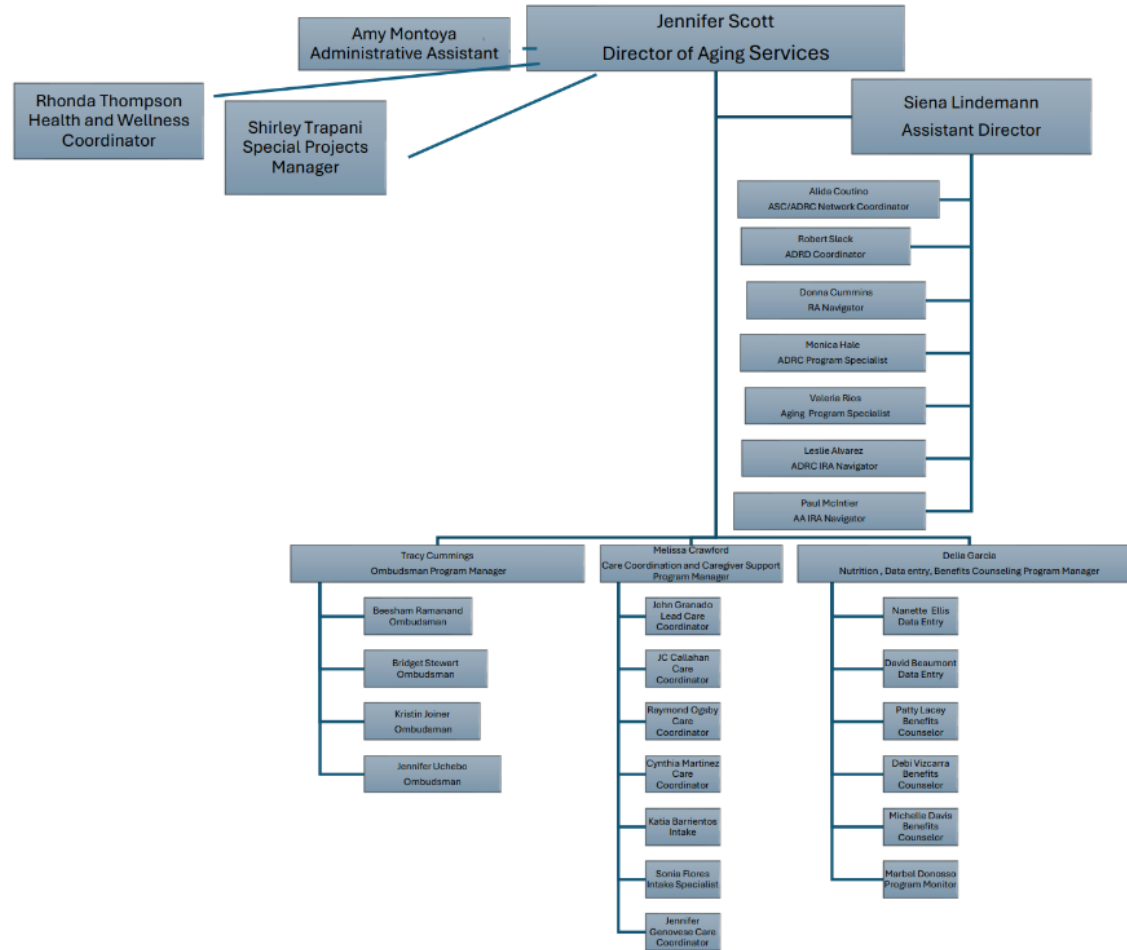
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CAPCOG Organization Chart



HHS001603100005 2027-2029 Area Agency on Aging of the Capital Area Area Plan

Aging Services- Capital Area Agency on Aging Organization Chart



3/31/26

1

267 **Summary of the Planning and Service Area (PSA)**

268 Throughout the AAACAP Area Plan, maps and charts were provided by the Regional
269 Services Geographic Information System professionals at CAPCOG. These data
270 graphics illustrate the demographics and statistics that are crucial to understanding
271 the characteristics, implications, needs and resulting goals and objectives and a
272 description of the data contained proceeds the data graphics. Source data used is
273 listed below each map and chart. Most data is derived from analysis of information
274 provided by the U.S. Census, the American Community Survey and Texas
275 Demographic sources.

276 In providing an overview of the socio-demographic and economic factors of the
277 Capital area, it is perhaps most meaningful to begin by putting a human face on
278 what life is like for the older adults who reside in the region. The following situation
279 was described by a recent caller seeking assistance from AAACAP:

280 "I'm checking to see what resources I might get help with. I live alone and don't
281 have any relatives near me. I served a few years as a nurse in the military, but
282 never got any good help from VA after Vietnam. I lost my Medicaid because I got
283 the paperwork to renew and didn't send in the correct forms; I live in a senior
284 complex, and the landlord has just raised the rent by 60%. I can't drive anymore
285 but I don't think there is any transit that can pick me up. I'm on a fixed-income and
286 I'm not sure how I'm going to pay the rent. I need in-home services to stay
287 independent because I'm having trouble cooking and dressing myself. I can't afford
288 assisted living, but I'm not sure what else to do!"

289 This caller and her concerns typify the challenges that older adults are facing in the
290 Capital Area, such as transportation, increased housing costs, limited or non-
291 existent health insurance for adults' ineligible for Medicare, lack of affordable in-
292 home services, and the difficulty of maintaining independent living. These
293 challenges are not unique to the caller; they are repeated in hundreds of similar
294 calls to AAACAP, to the local Aging and Disability Resource Center of the Capital
295 Area (AAACAP-CAP), and to the 2-1-1 at the United Way of the Greater Austin Area.
296 Similar needs were expressed in the Community Needs Assessment Survey 2026
297 conducted by AAACAP as well as reflected in the community needs assessments
298 conducted by a myriad of regional non-profits and health care systems serving
299 older adults. These sources, in addition to socio-economic factors, greatly informed
300 the planning process. Additional discussion of sources needs assessment, and

301 stakeholder input will be described in further detail in the Needs Assessment
302 Activities section.

303 The concerns described above, as well as others shared by older adults, such as
304 mental health services, home repair and modifications, food insecurity, and
305 assistance with applying for government benefits, are intimately tied to the socio-
306 demographic and economic factors of the rapidly expanding and changing Capital
307 Area region. To fully understand both the challenges and opportunities that
308 AAACAP faces in providing and prioritizing its goals and performance measures and
309 maintaining its fidelity to the requirements of the Older Americans Act, it is
310 essential to start with the characteristics of the diverse counties served. The impact
311 of population growth and its resulting changing demographics of the region are key
312 to planning for and responding to current and future needs. In addition,
313 understanding the location and concentration of older adults that are most
314 vulnerable, such as those that are of low income, those considered minorities
315 racially and ethnically, older adults residing in rural areas, socially isolated adults,
316 and those with limited English proficiency is also vital.

317 Vulnerable Populations

318 The Older Americans Act funding utilized by AAACAP specifically requires that Area
319 Agencies on Aging target services to vulnerable populations U.S. Census and/or
320 American Community Survey data can provide valuable data in accessing the
321 demographics of these vulnerable groups in the region, including changes between
322 2014-2024.

323 AAACAP definition of populations within the PSA with greatest economic and social
324 needs is based on the definitions of the Texas State Plan on Aging, 2026 -2028,
325 including the following excerpt "As per the language used in Chapter 26, Texas
326 Administrative Code (TAC), Section 213.51 to describe greatest social need is being
327 revised to incorporate ACL 2024 regulatory updates into the TAC and OAAA policies
328 and procedures, to the extent consistent with Executive Order GA-55, issued by
329 Governor Greg Abbott on January 31, 2025, and federal executive orders. OAAA is
330 working to update the GEN and GSN definitions and complete the TAC rule revision
331 by June 30, 2027."

332 Unless otherwise directed, AAACAP, as per the Texas State Plan on Aging, 2026 –
333 2028, page 79, definition complies with the Federal Regulation Title 45, Subtitle B,
334 Chapter XIII, Subchapter C, Part 1321, Subpart A, as follows:

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335 *Greatest economic need*, as used in this part, means the need resulting from an
336 income level at or below the Federal poverty level and as further defined by State
337 and area plans based on local and individual factors, including geography and
338 expenses.

339 *Greatest social need*, as used in this part, means the need caused by noneconomic
340 factors, which include:

341 (1) Physical and mental disabilities;

342 (2) Language barriers;

343 (3) Cultural, social, or geographical isolation, including due to:

344 (i) Racial or ethnic status;

345 (ii) Native American identity;

346 (iii) Religious affiliation;

347 (iv) Sexual orientation, gender identity, or sex characteristics;

348 (v) HIV status;

349 (vi) Chronic conditions;

350 (vii) Housing instability, food insecurity, lack of access to reliable and clean water
351 supply, lack of transportation, or utility assistance needs;

352 (viii) Interpersonal safety concerns;

353 (ix) Rural location; or

354 (x) Any other status that:

355 (A) Restricts the ability of an individual to perform normal or routine daily tasks; or

356 (B) Threatens the capacity of the individual to live independently; or

357 (4) Other needs as further defined by State and area plans based on local and
358 individual factors.

359 One area of target emphasis includes persons age 60 and over and their caregivers
360 residing in rural areas. The Area Plan section on population growth includes
361 information particularly related to this target demographic. The following discussion
362 provides a review of the other targeted demographics, to include persons with
363 greatest economic need and greatest social need (often historically underserved
364 populations such as racial minority groups); persons living with severe disabilities;
365 and persons with limited English proficiency; persons most at risk for
366 institutionalization (as related to older adults living alone); and persons with
367 Alzheimer’s or related dementias and their caregivers.

368 **Racial/Ethnic minority populations:** These include persons that are considered
369 racial/ethnic minorities, such as African American; Hispanic; and Asian-Pacific
370 Islander. It should be noted that PSA 12 is not identified by HHSC as one of the
371 Area Agencies on Aging serving a statistically significant Native American population
372 or reservation. As such, throughout the Area Plan, statistics and services
373 regarding Native American populations specifically will not be included AACAP has
374 seen changes in the overall racial/ethnic mix of its service region. As demonstrated
375 in Chart #1 between 2011 - 2021, the percentage of those considered “minority”
376 populations increased by higher percentages than those reported as White/Non-
377 Hispanic.

378

379 **Chart #1: Population Growth in the Region by Race and Ethnicity, 2014-**
 380 **2024**

<i>Race & Ethnicity</i>	2014		2024		Change 2014-2024	
	Total Population	Share of Total Pop	Total Population	Share of Total Pop	Population Change	Growth Rate
<i>White</i>	1,076,707	55.2%	1,275,044	49.9%	198,337	18.4%
<i>Hispanic or Latino</i>	603,975	31.0%	809,108	31.6%	205,133	34.0%
<i>Black or African American</i>	134,256	6.9%	171,979	6.7%	37,723	28.1%
<i>Asian</i>	91,073	4.7%	178,223	7.0%	87,150	95.7%
<i>Other</i>	44,155	2.3%	122,773	4.8%	78,618	178.1%
<i>TOTAL</i>	1,950,166	-	2,557,127	-	606,961	31.1%

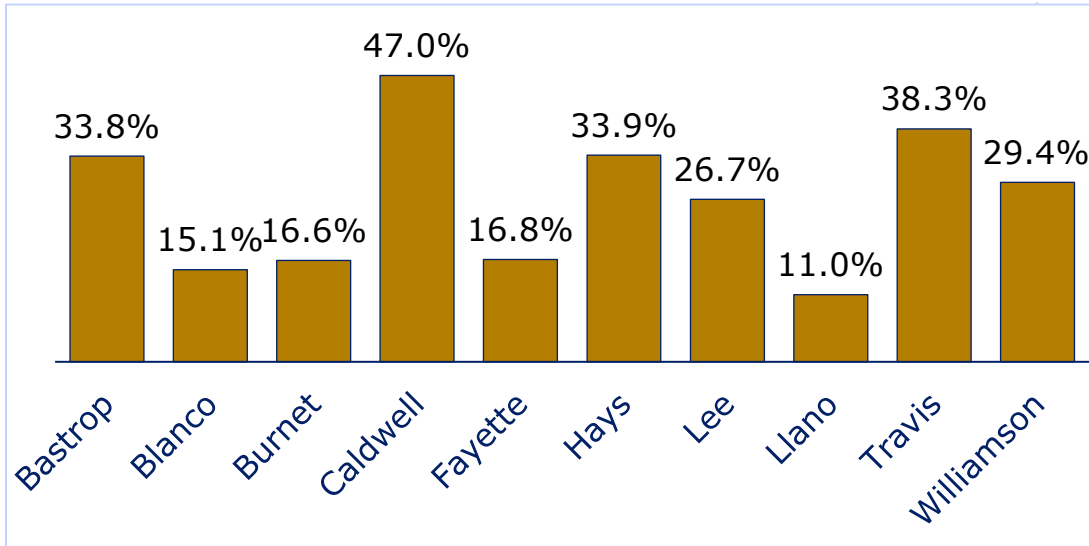
381 Note: Races listed are that race alone (non-Hispanic or Latino); Other includes
 382 those identifying as American Indian and Alaska Native, Native Hawaiian and Other
 383 Pacific Islander, some other race, and two or more races.
 384 Source: U.S. Census Bureau, 2014 and 2024 ACS 5-Year Estimates

385 As advised by CAPCOG Regional Services, the City of Austin is now a majority-
 386 minority population, and this trend continues regionally – 49.4% of the population
 387 is white. non-Hispanic. Regionally, there has been a 47% increase (1,282,083) of
 388 those identifying as Black/Asian/other/Hispanic, whereas there the White non-
 389 Hispanic population is currently at 1,725,044 with just a 18.4% increase. This
 390 continues the trend documented in the previous Area plan. Considering the total
 391 regional growth rate overall was 31.1% during this period, the statistics support
 392 that there will be increased call for services to a racially and ethnically diverse
 393 population.

394 As per Chart #2, the distribution by county of older adults as a diverse percentage
 395 of the older adult population continues to be lowest (based on previous Area Plans)
 396 in the rural areas. Caldwell County, which has greatly increased in population
 397 during this period, is an exception, with 47% of the older adults identifying as
 398 racially/ethnically diverse. This is above the regional average of 33.2%.

399
 400

401 **Chart #2: Percentage of County Population Age 60 & Over that are**
402 **Minorities**



403

404 Source: Texas Demographic Center, Estimates of the Total Populations of Counties
405 in Texas By Age, Sex, and Race/Ethnicity for July 1, 2024

406 The following Chart #3 provides a clearer visual related to the racial and ethnic
407 groups within each CAPCOG county, as analyzed and presented by the Texas
408 Demographic Center. This information provides insights into the populations served
409 by AAACAP staff in better identifying the diverse needs of populations who have
410 been historically underserved and marginalized and working to ensure that services
411 are provided in a sensitive and culturally appropriate manner.

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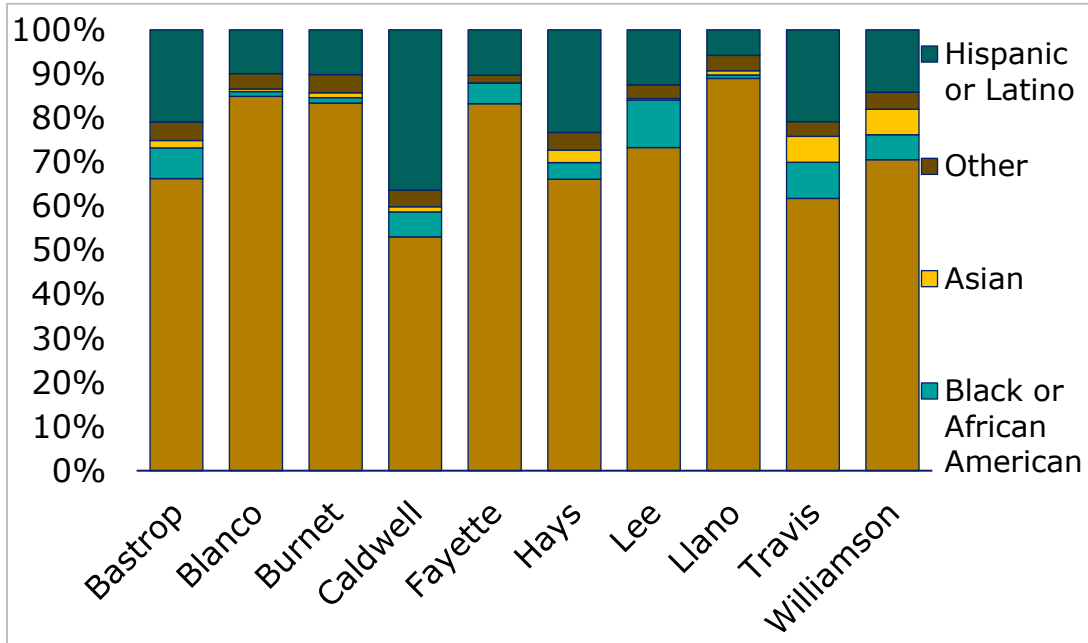
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420 **Chart #3: County Population Age 60 & Over, by Race and Ethnicity**



421

422 Note: Races listed are that race alone (non-Hispanic or Latino); Other includes
 423 those identifying as American Indian and Alaska Native, Native Hawaiian and Other
 424 Pacific Islander, some other race, and two or more races.

425 Source: Texas Demographic Center, Estimates of the Total Populations of Counties
 426 in Texas by Age, Sex, and Race/Ethnicity for July 1, 2024

427 Races listed are that race alone (non-Hispanic or Latino); Other includes those
 428 identifying as American Indian and Alaska Native, Native Hawaiian and Other Pacific
 429 Islander, some other race, and two or more races Since minority populations
 430 statistically have fewer financial resources and less access to health insurance, this
 431 has significant implications as they enter their older years and face the challenges
 432 of health care issues related to aging. This directly impacts their need for such
 433 health services not paid for by Medicare, such as dental, hearing, and vision issues.

434 In reviewing these statistics, it is important to consider that the information will
 435 translate into very real needs of people who have often been marginalized and are
 436 historically economically and culturally under-resourced and under-served. In
 437 understanding the increase in minority populations, AAACAP can better plan for
 438 assistance that is culturally appropriate and reflect cultural humility in providing
 439 services.

440 **Other significant indicators of vulnerability:** Older adults that are part of a
441 racial/ethnic minority group are an important piece of understanding the regional
442 needs of the AAACAP population, but as discussed, other indicators are also
443 identified by the Older Americans Act as priority populations. The following charts
444 provide a picture of these populations in the CAPCOG counties.

445 Social isolation has been increasingly identified as a key factor in quality of life and
446 even mortality. Both the AARP and USAging (formerly the National Association of
447 Association of Agencies on Aging, n4a) have joined with the medical community in
448 focusing research on the debilitating effects of social isolation as well as measures
449 to combat its negative effects.

450 As per the USAging Policy Priorities 2023, Support Section, The Cost of Social
451 Isolation, "It's widely known that staying engaged and socially connected has
452 tremendous health benefits, and that conversely, social isolation and loneliness
453 among older adults leads to the deterioration of a person's physical and cognitive
454 health, resulting in personal suffering and greater national expense."

455 Thus, identifying populations at risk of social isolation is increasingly understood as
456 vital to meeting the needs of older adults. Two factors that can be extracted from
457 general census data are often utilized as identifiers or predictors of persons who are
458 socially isolated.

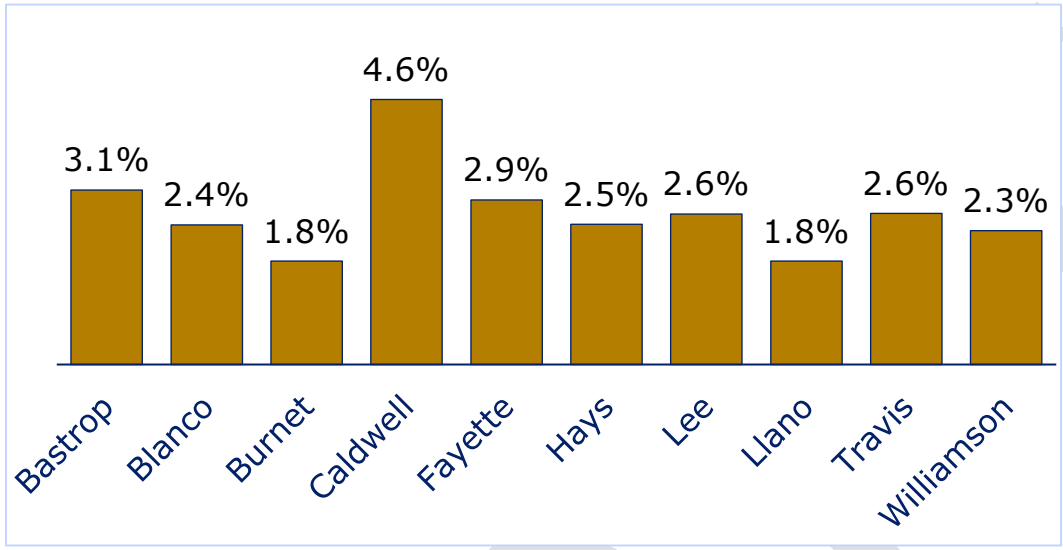
459 One of these factors is persons that identify as speaking English less than "very
460 well". Persons who are unable to understand or speak the dominant language are
461 less likely to join a senior center, access medical care, or understand community
462 announcements on available programs that may benefit them. As per Regional
463 Services, CAPCOG analysis of census data, regionally, 27.7% of the population
464 speak a language other than English – for older adults this is a much lower average
465 of just 2.6% self-reporting this. Chart #4 provides a snapshot of the current
466 percentage by county of over 65 that have self-reported as having this
467 characteristic. This is a characteristic for both urban (such as Travis) as well as
468 rural counties (such as Caldwell).

469

470

471

472 **Chart #4: Percentage of County Population Age 65 & that Do Not Speak**
473 **English Well or At All**



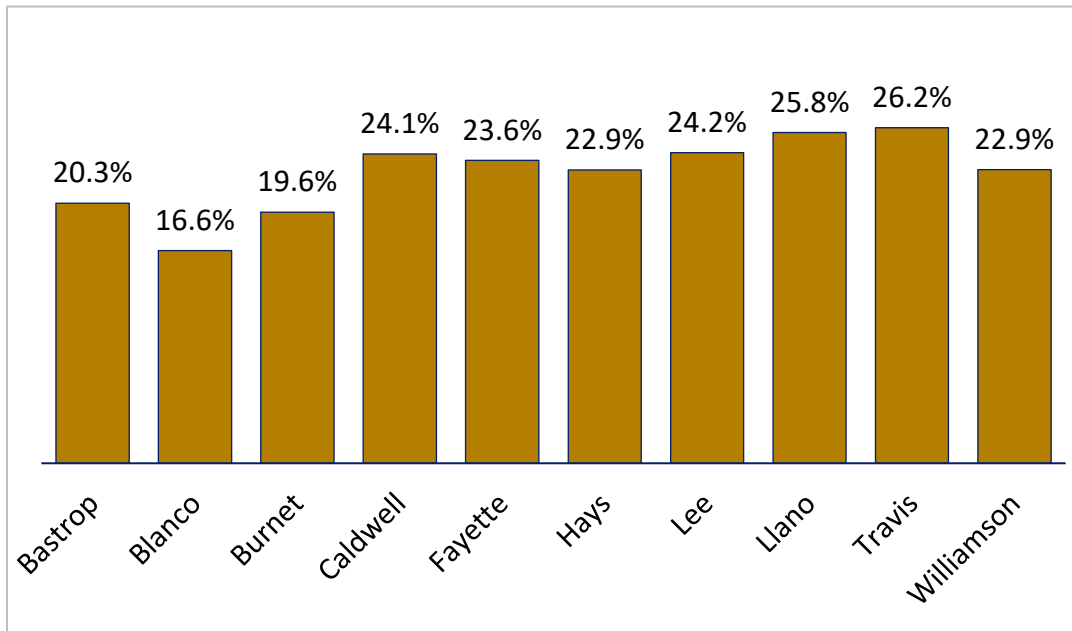
474

475 Source: U.S. Census Bureau, 2024 ACS 5-Year Estimates

476

477 Chart #5 shows the current demographics of the CAPCOG region in which
478 householders 65 and above reported living alone. 24% regionally, or 74,380 of
479 adults age 65 and above live alone, Interestingly, the highest percentages are in
480 the most urban county (Travis, with 26.2%) and one the most rural (Llano, with
481 25.8%) Since AAACAP traditionally identifies persons living alone following a
482 hospitalization as some of its most critically in-need population, these statistics
483 have a real impact in the services needed, particularly in the most rural areas.

484 **Chart #5: Percentage of County Population Age 65 & Over in Households**
485 **Living Alone**



486

487 Source: U.S. Census Bureau, 2024 ACS 5-Year Estimates

488

489 Another indicator of financial and social vulnerability can be persons reporting
490 disabilities. While persons with disabilities vary greatly in the nature and type of
491 disability, as well as the type and level of community services needed,
492 understanding the population numbers reporting a disability is useful in planning for
493 services. Disability increases the likelihood of financial constraints in possible
494 inability to work, increased medical costs, and social isolation.

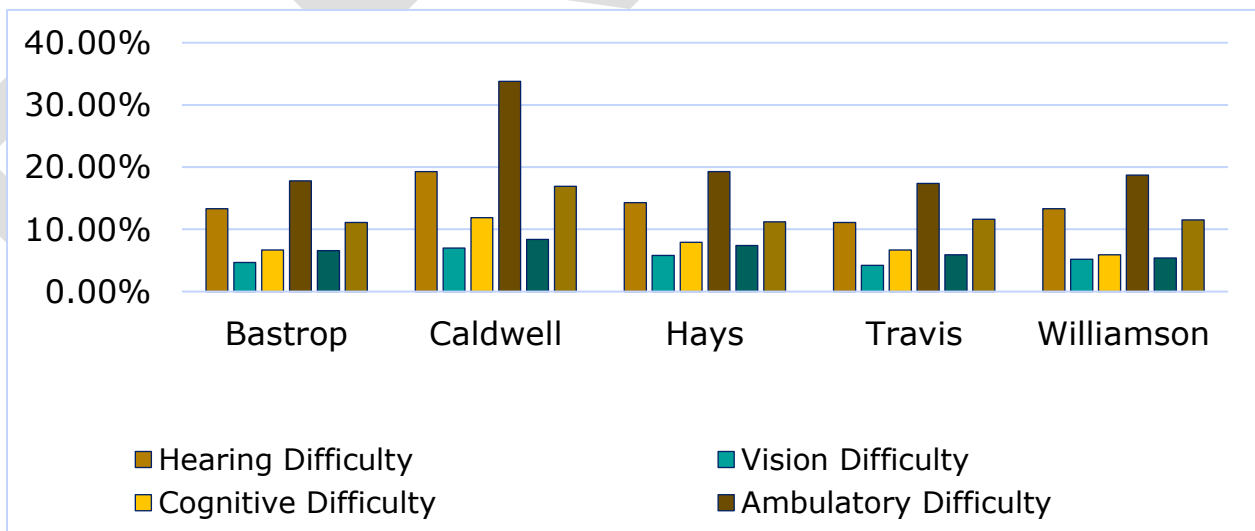
495 The American Community Survey considers people to have a disability if they have
496 difficulty with one or more of the following: seeing; hearing; concentrating or
497 remembering (ages five and above); walking or climbing stairs (ages five and
498 above); dressing or bathing (ages five and above); doing errands alone (ages 15
499 and above).

500 Analysis by the US Census and the American Community Survey published by the
501 U.S. Census in 2023, disability rates are higher in rural areas than urban areas, and
502 the southern region of the U.S. (which includes Texas) had the highest disability
503 rate among regions in 2021. A White Paper, Disability and Independence in Rural

504 America, July 2024, issued by the National Advisory Committee for Rural Health
 505 and Human Services. The US Census study notes that “Rural residents — less than
 506 20% of the U.S. population — were more likely (14.7%) than their urban
 507 counterparts to experience disability...Rural communities may be more
 508 geographically isolated and typically have more limited transportation and access to
 509 clinics and hospitals than urban areas. As a result, coordination of care for those
 510 with disabilities may be more difficult for rural residents due to these geographic
 511 and transportation barriers.” This is reiterated by findings in the 2024 White paper,
 512 which states “Relatedly, rural, Medicare-eligible populations appear to make up a
 513 large proportion of those living with disabilities.”

514 Charts #6 and #7 demonstrate details regarding the percentage of persons
 515 reporting a disability, Chart #6 for the five counties in the Metropolitan Statistical
 516 Area (MSA) and Chart #7 for the five primarily rural counties. As per CAPCOG
 517 Regional Services, 29.3%, or 83,396 report having a disability – this is a significant
 518 increase from the 26.7% reported in 2021. Rural counties have an overall higher
 519 percentage, 31.5% (somewhat less than the 32.7% reported in 2021), albeit lower
 520 number of actual persons, 18,138. Both charts reflect the types of disabilities that
 521 are affecting older adults. In rural areas, the percentage of persons reporting
 522 ambulatory difficulties is statistically higher. The type of disability in particular can
 523 also tie to issues with social isolation and transportation, as well as risk for
 524 institutionalization.

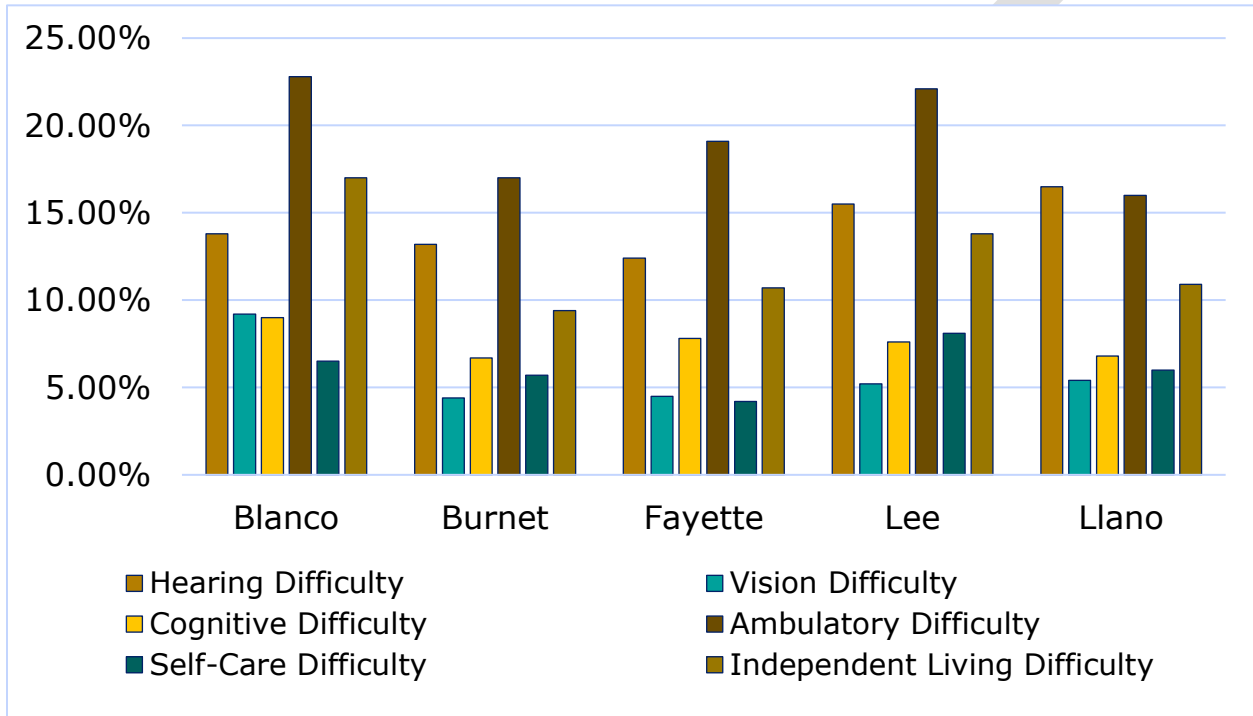
525 **Chart #6: Percentage of Urban County Population Age 65 & Over with**
 526 **Disability**



527

528 Source: U.S. Census Bureau, 2024 ACS 5-Year Estimates

529 **Chart #7: Percentage of Rural County Population Age 65 & Over with**
530 **Select Disability**



531

532 Source: U.S. Census Bureau, 2024 ACS 5-Year Estimates

533 Another demographic factor which assists in identifying older adults that are
534 especially vulnerable is persons experiencing poverty and economic stress. Chart
535 #8 illustrates the economic vulnerabilities that exist in all counties in the region,
536 with information on persons age 65 and over whose income is below the federal
537 poverty standards income level. Overall, in the region, 8.8%, or 27,925 people live
538 below the poverty line in the region – this is a 1.1% increase from 2021.

539

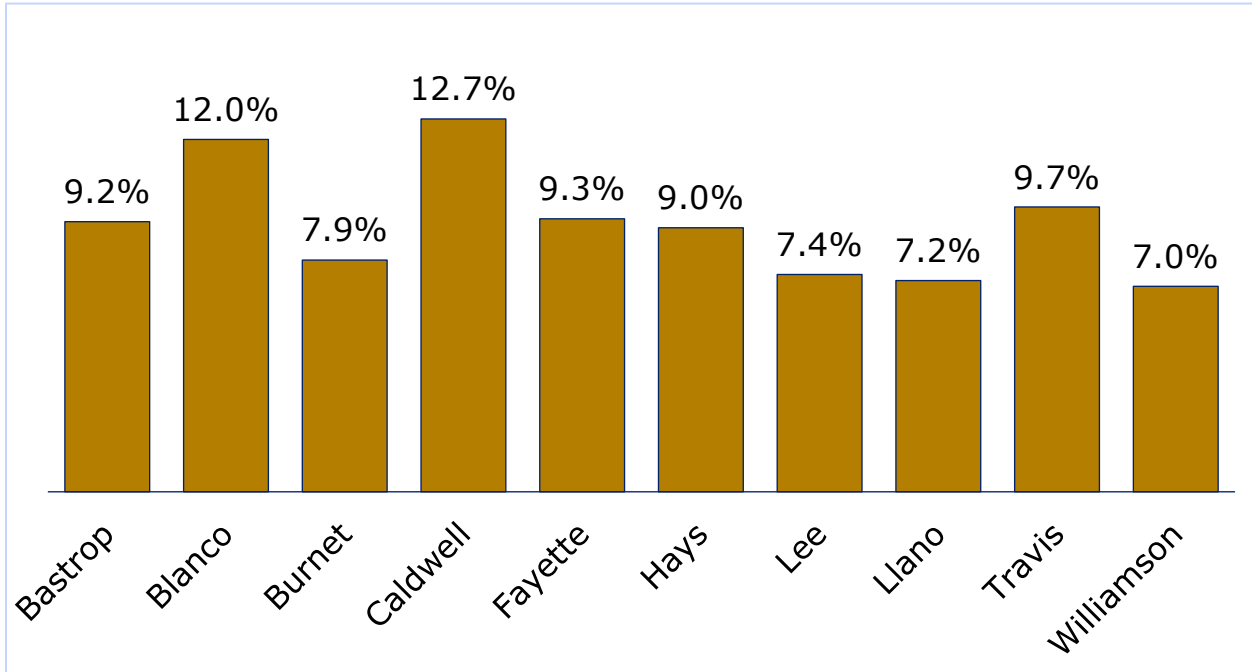
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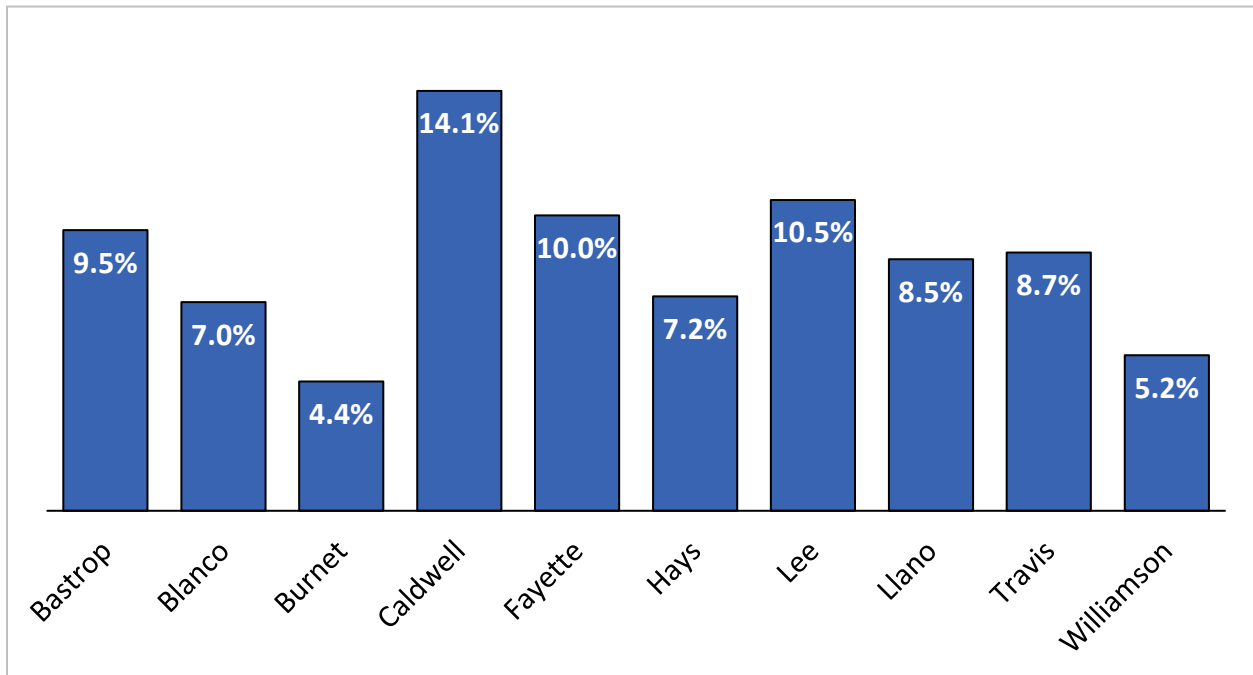
544 **Chart #8: Percentage of County Population Age 65 & Over Living Below the**
545 **Poverty Line**



546
547 Source: U.S. Census Bureau, 2024 ACS 5-Year Estimates

548 As Chart #8 demonstrates, both urban and rural counties in the region have
549 poverty rates that are above the average (in order of higher rates: Caldwell,
550 Blanco, Travis, Fayette, Bastrop, and Hays. These statistics are generally consistent
551 with the rates of poverty by County reported in the previous plan, as can be seen in
552 comparing the rates with Chart #9 from 2019:

553 **Chart #9: Percentage of County Population Age 60 & Over Living Below the**
554 **Poverty Line - 2019**



555

556 Source: U.S. Census Bureau, 2019 ACS 5-Year Estimates, provided by the Texas
557 Demographic Center

558 Another indicator of financial stress, especially in the non-Medicare eligible
559 population (generally those 64 and below or persons coming from other nations) is
560 a lack of health insurance. Chart #10 provides data on the number of older adults
561 age 65 and above that do not have health insurance, by county. This data provides
562 not only an indicator of challenges financially, but persons who will be less likely to
563 have home health care support provided after medical procedures, or ability to pay
564 for prescriptions for chronic conditions. Overall, 1.4% of persons age 65 and above,
565 or 4,556 people do not have health insurance and face the above financial,
566 physical, and mental stress of lack of health insurance in their most physically
567 vulnerable years of life.

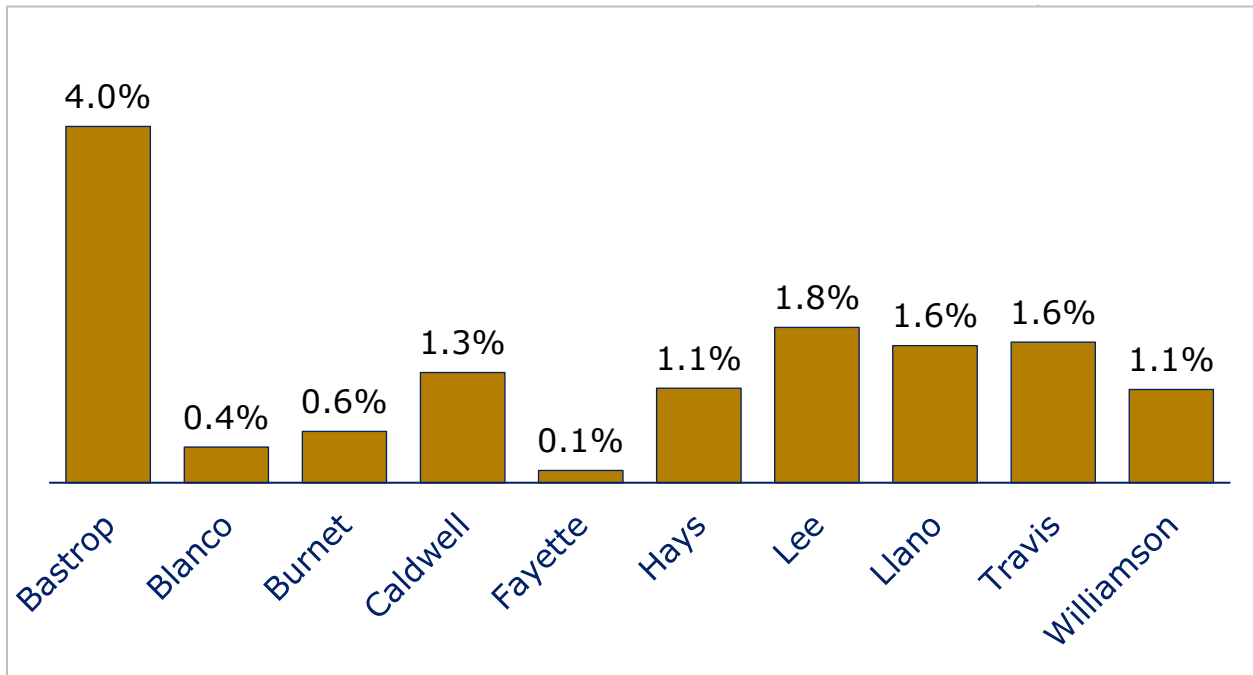
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570

571

572 **Chart #10: Percentage of County Population Age 65 & Over Living without**
573 **Health Insurance**



574

575 Source: U.S. Census Bureau, 2024 ACS 5-Year Estimates

576 This data and statistics inform AAACAP in ensuring its important role in providing
577 OAA services to the most vulnerable in the region. Through analysis of this data
578 related to OAA target populations, such as persons residing in rural counties, those
579 in financial stress, and those with disabilities. As can be seen, many of these
580 targeted populations overlap in their location in rural counties and underserved
581 areas. As a service provider utilizing Older Americans Act funding, it is essential
582 that the regional demographics of populations that have historically been
583 marginalized and underserved are reviewed and understood by AAACAP and its
584 service partners.

585 When reviewing the demographics of targeted groups for OAA funding, the final
586 group to be considered are persons with Alzheimer’s or related dementias and their
587 caregivers. According to the Facts and Figures Report from the national Alzheimer’s
588 Association, the Texas population, age 65 and above affected by Alzheimer’s was
589 400,000 and predicted to increase to 490,000 by 2025 – or 22.5%. Texas is in the
590 top 50% of U.S. states with the highest rate of increase of this population. Thus,
591 AAACAP can see that the targeted population of persons with Alzheimer’s and other

592 dementia-related conditions and their caregivers will increase close to 25% in just
593 five years.

594 Overall, this review of demographics related to vulnerable populations identified by
595 the OAAA indicates that, throughout the region, these populations have grown
596 during the last 10-year period. AAACAP services across the spectrum are affected
597 by this growth, and a greater understanding of the target service populations of
598 persons residing in rural areas; persons with greatest economic need and greatest
599 social need (often historically underserved populations such as racial minority
600 groups); persons living with severe disabilities; and persons with limited English
601 proficiency; persons most at risk for institutionalization (as related to older adults
602 living alone); and persons with Alzheimer’s or related dementias and their
603 caregivers is demonstrated in this verified data.

604 **Summary Economic and Social Resources Available Within the** 605 **PSA**

606 In reviewing the socio-demographic challenges faced by population growth and the
607 economic vulnerabilities of older adults of the 10-county area, it is also important
608 to understand the resources of the region. A key reason for the population growth,
609 especially in the age cohort 60 and above, are the services and quality of life found
610 in the region. The Austin region has consistently been an area recognized nationally
611 as appealing to retirees. For example, Forbes in 2025 included Austin in its list of
612 one of the top twenty-five places to retire, stating “It’s a lot more crowded than it
613 used to be, but Texas’ state capital has an abundance of all the leisure passions we
614 review. The music and dining scenes are large and robust, and the University of
615 Texas at Austin allows senior citizens free tuition for six credits a semester. Outdoor
616 water and land activities are plentiful, including dozens of nearby golf courses. The
617 city boasts an excellent ratio of primary care physicians per capita and good air
618 quality. Austin is very bikeable and somewhat walkable. Climate is warm at times
619 but generally pleasant. Elevation is 300 feet. There is no state income or estate tax.
620 Downsides: Austin has a relatively high (but not very high) risk for natural hazards,
621 and a serious crime rate that is above the national average.” These factors are
622 discussed further below

623 Economic resources of the region vary but are strong as a whole. Austin, located in
624 Travis County, is residents of all 10 CAPCOG counties and serves as the economic,
625 healthcare, and cultural hub of the region. According to data from the Austin
626 Business Journal (ABJ) | 2022-2023, the top twenty types of employers in terms of

627 number of employees include retail (H-E-B; Amazon); Technology (including Dell;
628 Apple, IBM, and NXP Semiconductors); Healthcare (Ascension; Baylor Scott &
629 White); and Education (University of Texas at Austin; Austin Independent School
630 District). Additional large employers include Oracle, Tesla, and Dell.

631 Business, education, and real estate investment is promoted on a regional basis,
632 especially for the Austin-Round Rock-San Marcos MSA, which includes Bastrop,
633 Caldwell, Hays, Travis, and Williamson counties, the 35th largest metropolitan area
634 in the U.S. Promotion of MSA economic opportunities is demonstrated by the more
635 rural community of Taylor in Williamson County, where Samsung is building a new
636 semi-conductor manufacturing facility, and Hays County, which is one of the fastest
637 growing counties in the state.

638 The economic health of the rural counties is better than many in Texas, especially
639 in Bastrop, Hays and Williamson counties which have to some extent become
640 "bedroom" communities for the City of Austin as housing costs increase in Travis
641 County. Hays County was recently rated one of the fastest growing economies in
642 Texas.

643 The rate of economic development has been slower in the more rural counties but
644 generally is growing as well. Blanco, Burnet, Caldwell, Fayette, Llano, and Lee
645 counties all identify their major economic industries as tourism, recreation,
646 ranching and farming, including agricultural products such as beef cattle, hay,
647 lavender, nursery crops, horses, swine, corn, grain sorghum, pecans and
648 aquaculture.

649 Austin is also the capital of the State of Texas, and this provides both for a large
650 sector of jobs in the public sector as well as for older adults to participate in the
651 Texas Silver-Haired Legislature and other political activities.

652 In terms of cultural opportunities, the city of Austin is internationally known for its
653 live music venues, outdoor spaces, museums, and sporting opportunities, in part
654 due to the presence of the University of Texas (UT) at Austin, an internationally
655 recognized research institution drawing over 36,000 students annually. Austin
656 events such as Austin City Limits and South by Southwest are known around the
657 world. Such festival events are held throughout the 10-county area, including the
658 Lavender Festival (Blanco), the Luling Watermelon Thump (Caldwell), the
659 Bluebonnet Festival (Burnet) and Sherwood Forest Renaissance Faire (Bastrop) are
660 just several examples of entertainment opportunities for older adults in the region.

661 Higher education opportunities are not limited to UT Austin. Other public colleges
662 and universities include (in the following counties): Austin Community College
663 (Travis) with eight campuses, UT Health Science Center (Travis), Texas State
664 University (Hays) and Blinn College (Lee). Private universities include Southwestern
665 University (Williamson), Concordia University (Travis), St. Augustine University of
666 Health Sciences (Hays), and Huston-Tillotson University a Historically Black
667 University (Travis). Older adults can take classes from many public Texas
668 universities worth up to six credit hours tuition-free. These schools provide older
669 adults both cultural and non-traditional learning opportunities in the region.

670 The climate, classified as “humid sub-tropical”, and geography of the region also a
671 factor in its economic growth. The temperature, while hot in the summer, rarely
672 goes below freezing during the winter months. The geography ranges from the
673 “piney woods” in Bastrop, Lee and Fayette counties, to the Travis, Williamson, Hays
674 and Caldwell counties Blackland Prairie grasslands to the hill country region of
675 Blanco, Burnet, and Llano Counties. The region is also home to rivers that provide
676 recreation for kayakers, fishers, and tubers, such as the Colorado, the Blanco and
677 the San Marcos. Due to this variety of geographic landscapes and features, the
678 region is served by eight state parks, and many county parks provide opportunities
679 for camping, bicycling, hiking, and hunting. The City of Austin alone operates over
680 250 parks, from small “pocket parks” to 48 greenbelt areas, six golf courses, and
681 16 nature trails. In Texas, Travis County is ranked third of 254 counties in parks
682 per square mile. This provides older adults with a myriad of relatively low-cost,
683 accessible recreational opportunities both within and outside the city limits of
684 Austin. Tourists as well as “winter Texans” (those who come from more northern
685 states or Canada during the winter months) are drawn to the area for the outdoor
686 activities, but also the cultural events described above.

687 Access to quality healthcare is also readily accessible to Travis, Williamson and
688 Hays County residents; for those in rural communities it can be more challenging to
689 access specialists and high-level hospital services. Ascension Seton, Dell Seton
690 Medical Center of the University of Texas, Heart Hospital of Austin, St. David’s and
691 Baylor Scott & White are the major providers of healthcare, managing over twenty-
692 four hospitals and clinics 10 counties. Although there is not a Veterans
693 Administration (VA) Medical Center in the CAPCOG jurisdiction, two are located less
694 than two hours away in Temple and San Antonio, Texas, and there are three VA
695 outpatient/community-based clinics, located in Lee, Travis, and Williamson
696 counties. The region is home to several Federally Qualified Health Centers. These

697 centers are community-based health care providers that receive federal funding to
698 provide primary care services in under-served areas, including providing care on a
699 sliding scale. These centers, which provide services to those with little or no health
700 insurance, include Lone Star Circle of Care Clinics in Bastrop, Burnet, Hays, Travis,
701 Williamson Counties; Tejas Health Clinics in Lee and Fayette Counties; and
702 CommUnity Care serving Travis and Hays counties.

703 **Population Trends and Other Issues Impacting Older Texans** 704 **Within the PSA**

705 CAPCOG continues to show a significant population increase within the region,
706 especially in its more populated counties: Hays, Travis and Williamson. The total
707 population of the area has not only grown every year but is projected to be one of
708 the most rapidly expanding regions of the nation in all demographic projections
709 through 2035. The population growth of the region is in line with Texas but is even
710 more pronounced in PSA 12. Not only has the overall population grown in every
711 county served by AAACAP, but of most significance to an AAA serving primarily
712 those age 60 and above, the U.S. Census statistics demonstrate that the population
713 in this age cohort is growing at an even higher percentage. This is true in each of
714 the CAPCOG counties served. This was true when reported in the 2024-2026 Area
715 Plan and continues valid and even accelerated in the demographic analysis used for
716 this plan.

717 Characteristics and trends of the current and projected population are key to
718 understanding the current and projected needs of adults 60 and above. In
719 accordance with the Older Americans Act, it is particularly important to assess the
720 number of older adults residing in rural areas, the proportion of age cohort of adults
721 age 85 years and over, and the numbers of low-income and minority older adults.
722 These demographics are identified as particularly vulnerable in all communities, and
723 thus a service priority. The following charts and maps provide such an assessment.

724 Chart #11 follows and demonstrates the percentage of overall population growth in
725 each county served, the CAPCOG region as a whole and Texas, between 2014-
726 2024. Counties within the MSA had the highest growth rate: Hays (the highest at
727 57.6%), Williamson, Bastrop, Caldwell, and Travis (in order of growth rate)
728 whereas the rural counties had consistently less growth: Burnet, Blanco, Llano, Lee,
729 and Fayette (with Fayette having the smallest rate of growth, just 1.3%).

730 Also, of note in the following Chart #11 is that the CAPCOG region’s rate of growth
 731 was significantly higher than that of Texas overall – 31.1% compared to 15.7%.

732 **Chart #11: Population Growth in the Region, 2014-2024**

	2014	2024	Change 2014-2024	
Area	Total Population	Total Population	Population Change	Growth Rate
Bastrop County	75,708	106,582	30,874	40.8%
Blanco County	10,625	12,446	1,821	17.1%
Burnet County	43,911	52,652	8,741	19.9%
Caldwell County	38,870	48,669	9,799	25.2%
Fayette County	24,725	25,042	317	1.3%
Hays County	170,410	268,638	98,228	57.6%
Lee County	16,617	17,971	1,354	8.1%
Llano County	19,272	22,424	3,152	16.4%
Travis County	1,092,810	1,330,015	237,205	21.7%
Williamson County	457,218	672,688	215,470	47.1%
CAPCOG Region	1,950,166	2,557,127	606,961	31.1%
Texas	26,092,033	30,188,424	4,096,391	15.7%

733 Source: U.S. Census Bureau, 2014 and 2024 ACS 5-Year Estimates

734 Chart #12, which provides the rates of growth from 2011-2021 is an interesting
 735 contrast to the more recent data in Chart 1. In comparing the two charts, it can be
 736 seen that the rate of growth in the CAPCOG region has slowed only slightly, from
 737 31.4% to the current 31.1%. Also, the rate of growth has moved from Travis
 738 County to Bastrop and Caldwell counties, traditionally rural counties which are
 739 growing their own industries as well as becoming "bedroom communities" for the
 740 MSA.

741 **Chart #12: Population Growth in the Region, 2011-2021**

Area	2011	2021	Change 2011-2021	
	Total Population	Total Population	Population Change	Growth Rate
Bastrop County	73,368	94,887	21,519	29.3%
Blanco County	10,267	11,313	1,046	10.2%
Burnet County	42,606	48,424	5,818	13.7%
Caldwell County	37,795	45,286	7,491	19.8%
Fayette County	24,397	24,445	48	0.2%
Hays County	152,827	234,573	81,746	53.5%
Lee County	16,565	17,393	828	5.0%
Llano County	19,133	21,246	2,113	11.0%
Travis County	1,007,264	1,267,795	260,531	25.9%
Williamson County	409,913	591,759	181,846	44.4%
CAPCOG Region	1,794,135	2,357,121	562,986	31.4%
Texas	24,774,187	28,862,581	4,088,394	16.5%

742 Source: U.S. Census Bureau, 2011 and 2021 ACS 5-Year Estimates

743 The mission of AAACAP is to provide support that primarily assists those aged 60
744 and above and their caregivers. Thus, analysis of not only the general rate of
745 population growth, but more specifically the growth rates for those in this
746 demographic. Chart #3 provides a snapshot reflecting the increase for the
747 population demographic age 60 and above between 2014 - 2024. The data
748 demonstrates that while the overall rate of growth for the region was 31.1%, as in
749 Chart #1, the rate of increase in persons age 60 and over in the region was 62.7%.
750 This is slightly less than that reported in the previous plan, of 68.9% but still
751 significant.

752 In Chart #13, it can be seen that while the growth varied by county, every county
753 experienced an increase of at least 15% or more of their older adult population. In
754 other words, the older adult population served by AAACAP increased by 24.6%
755 more than the general population growth. For example, Fayette County had a total
756 population growth rate of just 1.3% in the past 10 years, but the population aged
757 60 and over had a population growth rate of 22.8%. These statistics have
758 significant implications for the demands for service of AAACAP.

759 **Chart #13: Population growth in the region that are Age 60 & Over**

	2014	2024	Change 2014-2024	
Area	Total Population	Total Population	Population Change	Growth Rate
Bastrop County	14,520	23,449	8,929	61.5%
Blanco County	3,435	4,541	1,106	32.2%
Burnet County	11,947	16,601	4,654	39.0%
Caldwell County	6,918	10,536	3,618	52.3%
Fayette County	7,370	9,049	1,679	22.8%
Hays County	24,073	47,075	23,002	95.6%

Lee County	3,663	4,723	1,060	28.9%
Llano County	8,199	10,523	2,324	28.3%
Travis County	135,169	210,627	75,458	55.8%
Williamson County	66,345	121,111	54,766	82.5%
CAPCOG Region	281,639	458,235	176,596	62.7%
Texas	4,131,888	5,706,039	1,574,151	38.1%

760 Source: U.S. Census Bureau, 2014 and 2024 ACS 5-Year Estimates

761 Chart #14 provides a visual of the current (as of 2024) AAACAP target population
762 by county. This provides the percentage of adults aged 60 and above in relation to
763 the total county population. Overall, the average percentage of older adults is 10%
764 throughout CAPCOG. The regional average percentage (19%) is slightly below the
765 state average (24%), but several CAPCOG counties exceed both the regional and
766 state average percentage. This has significant service implications for AAACAP, as
767 rural areas tend to have the greatest distance between support systems, limited
768 public transportation and healthcare systems. Most significantly, the average
769 percentage in the rural counties that is age 60 and above (non-MSA) is 31.55%. In
770 the most rural counties served by CAPCOG – Blanco, Fayette, Lee, and Llano – the
771 population of older adults exceeds 35%. This statistic has important implications
772 related to the needs of the AAACAP service population in counties with large
773 distances and less services.

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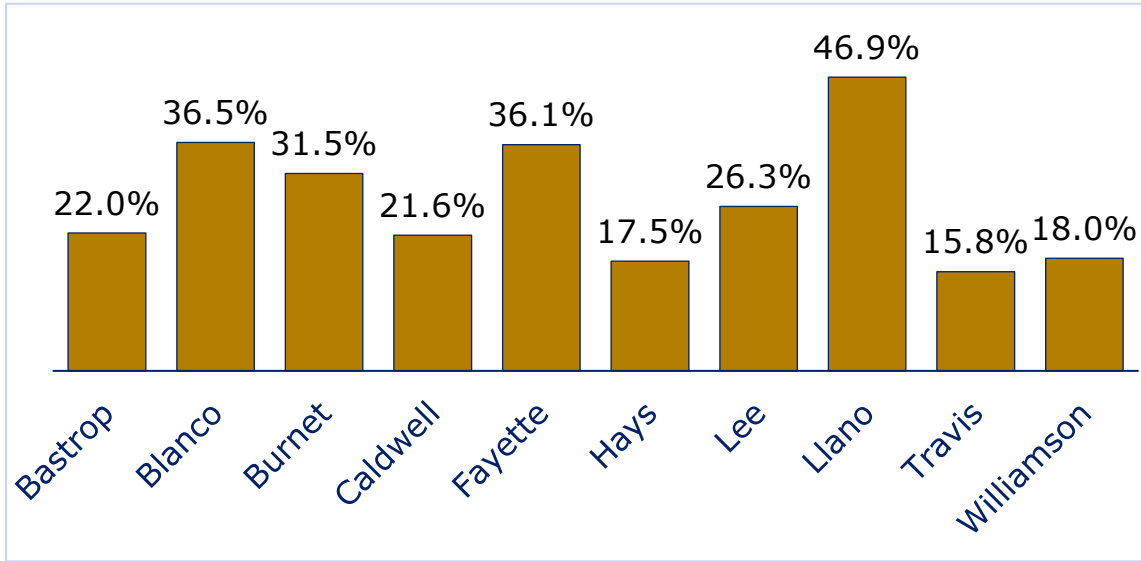
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780 **Chart #14: Percentage of County Population that are aged 60 & Over, 2024**



781
782 Source: U.S. Census Bureau, 2024 ACS 5-Year Estimates

783 Chart#15 provides additional information on the age groups, or cohorts, of the
784 regional population. When reviewing the age cohort data, it can be seen that the
785 largest growth increase shows persons aged 65-74 years at 81.7% with a
786 population increase of 91,170. This is 10.6% share of the total population. The
787 second largest age cohort is 75-84 years at 69.4% growth rate with a population
788 increase to 37,360 overall. This cohort makes up 3.6% of the population. In the
789 region the population increased by 606,961.

790 **Chart #15: Population Growth in the Region by Age Cohort, 2014-2024**

Age Cohort	2014		2024		Change 2014-2024	
	Total Population	Share of Total Pop	Total Population	Share of Total Pop	Population Change	Growth Rate
19 Years & Under	534,241	27.4%	621,554	24.3%	87,313	16.3%
20 to 34 Years	476,458	24.4%	596,772	23.3%	120,314	25.3%

35 to 44 Years	294,187	15.1%	413,543	16.2%	119,356	40.6%
45 to 54 Years	254,508	13.1%	329,486	12.9%	74,978	29.5%
55 to 64 Years	203,752	10.4%	271,627	10.6%	67,875	33.3%
65 to 74 Years	111,602	5.7%	202,772	7.9%	91,170	81.7%
75 to 84 Years	53,851	2.8%	91,211	3.6%	37,360	69.4%
85 Years & Over	21,567	1.1%	30,162	1.2%	8,595	39.9%
TOTAL	1,950,166	-	2,557,127	-	606,961	31.1%

791 Source: U.S. Census Bureau, 2014 and 2024 ACS 5-Year Estimates

792 Also informative to understanding the demographics of this growth in Age Cohort
793 groupings is knowledge of which counties have the highest populations of the most
794 senior adults. Chart #16 demonstrates that in addition to having some of the
795 highest percentages of older adults, the population to be served in the rural
796 counties will also be as a group, older, with the resulting increase in disabilities and
797 vulnerabilities. Llano and Fayette can be seen to have the highest percentage of
798 older adults age 85 years and over, while counties within the MSA have lowest
799 proportion of these more vulnerable adult populations.

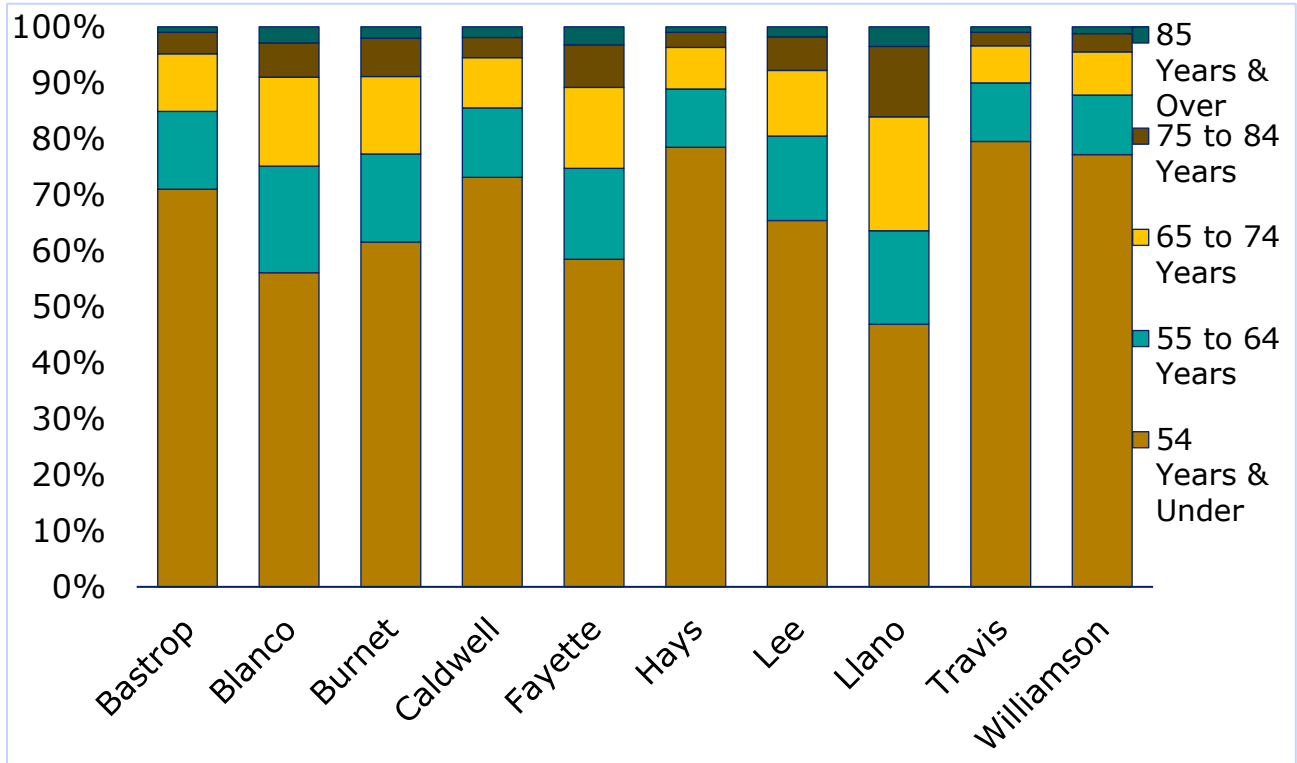
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804 **Chart #16: County Population by Age Cohort**



805

806 Source: U.S. Census Bureau, 2024 ACS 5-Year Estimates

807 **Advisory Council Composition**

808 Membership requirements (aligned with the Older Americans Act (OAA)).

809 The Advisory Council serves the 10-county HHSC Planning and Service Area (PSA)
 810 12 and is composed of 17 members appointed by the CAPCOG Executive Committee
 811 with representatives' numbers as follows: Three members for the City of Austin;
 812 Three members for Travis County; Two for Williamson and Hays counties; One each
 813 for Bastrop, Blanco, Burnett, Caldwell, Fayette, Lee, and Llano counties. A
 814 representative Executive Committee liaison may serve as well. The Chair also
 815 appoints a Texas Silver-Haired Legislator who represents the CAPCOG region.

816 Selection schedule and process.

817 When a vacancy arises, Executive Committee members are notified of the
818 membership qualifications and composition needs to ensure appropriate PSA
819 representation.

820 New leadership is selected annually at the first meeting of the calendar year. The
821 chair appoints a nominating committee at the last meeting of the previous year to
822 recommend candidates for existing vacancies. Full council is notified of the
823 selections at least 30 days in advance of the first meeting of the calendar year

824 How selection process results in membership that is closely representative of
825 the planning and service area's (PSA) demographics

826 The Executive Committee members are advised of the above representation
827 requirements in making selections for representatives from their counties for the
828 AAC.

829 The AAC is a key means by which counties and stakeholders can access and utilize
830 the current area plan, as members are provided with e-copies and also advised of
831 its location on the CAPCOG website. AAC members are thus able to reference the
832 plan and provide information on it to stakeholders throughout the region.

833 The AAC meets quarterly, generally the first Monday of designated quarter
834 beginning February of each calendar year. Meetings are thus held each calendar
835 year in February, May, August and November.

836 The AAC is advised when the planning process for the Area Plan first begins at the
837 direction of the OAAA and provided the opportunity for input and guidance to the
838 Director and staff in both reviewing the previous plan and creating the next. The
839 AAAC is a key part of the Community Needs Assessment process which informs the
840 plan, including completing the survey and ensuring it is distributed within their
841 networks to ensure maximum results from stakeholders throughout the region. As a
842 part of the AAC function, they report regularly on the interests and needs of older
843 individuals and family caregivers in their areas, and this feedback informs the
844 planning process.

845 Number of counties in the PSA represented by members; include how all
846 counties in the PSA are represented to extent possible

847 The Aging Advisory Council (AAC) serves the 10-county HHSC Planning and Service
848 Area (PSA) 12 and is composed of 17 members appointed by the CAPCOG
849 Executive Committee with representatives numbers as follows: Two members for
850 the City of Austin; Three members for Travis County; Three for Williamson and
851 Hays counties; One each for Bastrop, Blanco, Burnett, Caldwell, Fayette, Lee, and
852 Llano counties. A representative Executive Committee liaison may serve as well.
853 The Chair also appoints a Texas Silver-Haired Legislator who represents the
854 CAPCOG region. Number of counties in the PSA represented by members;
855 include how all counties in the PSA are represented to extent possible. The
856 number of representatives is determined by the population growth within the
857 counties and cities.

Aging Advisory Council composition tables

Table 1. AAA Advisory Council Members

Name	Occupation or Organization or Affiliation	Status	County of Representation
Ms. Mary Moody	Bastrop County	Caregiver	Bastrop
Ms. Dawn Capra	Community Resource Centers, Texas Housing Foundation	Service Provider	Blanco
Ms. Lucy Murphy	Burnet County	Service Provider	Burnet
Commissioner Rusty Horne	Caldwell County	General Public	Caldwell
Ms. Suzanne Anderson	AGE of Central Texas	Service Provider/Caregiver	City of Austin
Ms. Lucy Oglesby	City of Austin	Service Provider	City of Austin
Ms. Nicole Alexander	City of Austin Age Friendly	General Public/Senior Care/Caregiver	City of Austin
Ms. Kelly Franke	Combined Community Action, Inc.	Service Provider	Fayette
Ms. Simone Coprew	Chair, Aging Advisory Council	Service Provider	Hays
Mr. Matthew Gonzalez	Veterans Affairs	Service Provider	Hays
Commissioner Mark Matthijetz	Vice Chair, Aging Advisory Council	Caregiver/General Public	Lee
Commissioner Brent Richards	Llano County	General Public	Llano
Dr. Junk Kwak	UT School of Social Work	Service Provider/Researcher	Travis
Ms. Barbara Epstein	City of Austin	General Public/Senior	Travis
Mr. Fred Lugo	Travis County Health and Human Services	Service Provider/Caregiver	Travis
Mr. Paul Stempko	Texas Silver-Haired Legislature- EX-OFFICIO	General Public	TSHL
Mr. Ty Murphy	Williamson County	Service Provider	Williamson
Commissioner Cynthia Long	Williamson County CAPCOG Executive Board Liaison	Caregiver/General Public	CAPCOG Executive Board Liaison
Ms. Becky Estill	City of Round Rock	Caregiver	Williamson County

Table 2. Advisory Council Members by Category

Category	Number of Members
Older Individuals Residing in Rural Areas	3
Clients of Title III Services	0
Older Individuals	6
Minority Older Individuals who Participate or are Eligible to Participate in OAA Programs	4
Local Elected Officials	4
General Public	3
Veterans' Health Care Providers, if applicable	1
Service Providers	6
Family Caregivers of Older Individuals who are Minority or who Reside in Rural Areas	4
Business Community Representatives	0
Representatives of Older Individuals	12
Representatives of Health Care Provider Organizations	1
People with Leadership Experience in the Private and Voluntary Sector	5
Representatives of Supportive Services Provider Organizations	6

858 **Stewardship & Oversight**

859 **Reference: [OAA of 1965, as amended through P.L. 116-131 \(3/25/2020\),](#)**
860 **& [45 CFR 1321.59](#)**

861 The AAACAP serves the CAPCOG ten (10) county region and offers an array of
862 strategic activities which promote planning, coordination, inter-agency
863 collaborations and information-sharing. Through program delivery and streamlined
864 access the most vulnerable older adults, family caregivers and those in danger of
865 losing their independence receive targeted services that promote independent living
866 and self-determination which encourages full participation in local communities. The
867 AAACAP addresses provisions that are essential and supports services of the OAA
868 by incorporating legal provisions and mandatory program reporting requirements
869 into agency oversight in accordance with Texas Health and Human Services (HHSC)
870 26 Texas Administrative Code (TAC) Part 1 Chapter 213 Subchapter C Division2
871 Rule 213.151 and adherence to OAA rules, regulations, policies and procedures.

872 **Fiscal Accountability**

873 AAACAP provides effective stewardship of utilizing grant funds wisely by being
874 transparent in accounting procedures, generating clear guidelines to local
875 contracted stakeholders, following CAPCOG's procurement policies, and complying
876 with obligatory reporting. Fund disbursements are clearly communicated to
877 contracted subrecipients as a part of responsible contract management and
878 monitoring to ensure compliance with state and federal requirements. AAACAP
879 serves as a pass-through entity when awarded federal and state funds and assures
880 that this funding provides maximum impact for every dollar awarded. A robust
881 check and balance system is embedded in CAPCOG's overall governing fiscal policy
882 between AAACAP'S finance and program departments to ensure transparency and
883 accountability, making AAACAP a responsible steward in managing grant funds from
884 multiple funding streams.

885 **Compliance with the Contract Monitoring Questionnaire and Data Use** 886 **Agreements required by Health and Human Services**

887 CAPCOG Policies related to Facilities and IT: CAPCOG has in place written policies
888 related to the following, that are written, available on-line, and reviewed and
889 implemented by leadership and staff: Facility Security Guidelines; HR HIPAA Policy;

890 HR CAPCOG Personnel Polices; IT Data Backup; IT E-mail Monitoring; IT Internet
891 Connection; IT Remote Access Policy; MS Social Media Policy.

892 CAPCOG Personnel Policies: HIPPA Policy and Privacy and Security Procedures are
893 included in the written and on-line Employee Personnel Policies provided all AAACAP
894 staff and outline requirements related to Confidential Information that complies
895 with the DUA.

896 Contract Monitoring Questionnaire: A Contract Monitoring Questionnaire, utilized
897 and reviewed by the Director of Aging Services, Director of Finance, Deputy
898 Executive Director, and Executive Director is in place that supports the DUA
899 requirements. Section IV, Data Security, and Section VIII, Subcontractors
900 specifically address Confidential Information use and requirements.

901 Privacy Officer: The Director of Aging Services is the designated Privacy Officer and
902 ensures training, compliance, and reporting related to confidential information that
903 complies with the DUA.

904 Staff compliance: All staff is made aware of the requirements mandated through
905 the DUA for the proper handling of Confidential Information. Standardized HIPPA
906 training is in place related to the use of Confidential Information that complies with
907 the DUA and includes a final exam for employees. The training is conducted within
908 two weeks for all new employees and annually for all staff. Job descriptions include
909 requirements related to the proper handling of Confidential Information that is in
910 compliance with the DUA. Management monitors staff e-mail, documents, and file
911 cabinet security, fax and copy machine use to ensure compliance. Use of
912 Confidential Information that is in compliance with the DUA is expected and
913 included in performance management.

914 Subrecipients and subcontractors: All subrecipients doing business with AAACAP are
915 required to sign and comply with the sub respondent agreement referenced in the
916 DUA. This is included on the agency checklist of procedures related to sub-
917 respondents.

918 Volunteer Policies: AAACAP written volunteer policies and training include training
919 and requirements related to system access that complies with the DUA.

920 **Quality Assurance**

921 The comprehensive internal monitoring approach adheres to quality assurance (QA)
922 principles and processes which ensure that reviews of service providers/vendors are
923 conducted routinely to ensure that there is satisfactory performance of the
924 contracted entity. Reviews include evaluation of those services that were performed
925 (client reports satisfaction with service) and that the service was delivered in the
926 specified time frame when the service was authorized. All program services offer a
927 satisfaction survey to complete once services are rendered and set up for the client
928 or caregiver. A client satisfaction survey is sent to the client or caregiver with
929 routine QA calls to check overall contractor performance. The AAACAP follows a
930 structured approach with intentional time frames set for monthly billing, reporting
931 and fiscal reconciliation through both programmatic and fiscal accountability. The
932 AAACAP, at a minimum, annually reviews and accepts nutrition provider menus and
933 participates in both onsite quarterly reviews and desk reviews with monthly
934 reconciliation for reimbursement of expenditures as communicated and reported to
935 HHSC. If a new potential provider contacts the AAACAP, a formal application
936 process is initiated and then procurement and internal process steps are followed to
937 initiate onboarding new vendors.

938 **Quality Assurance Activities**

939 AAACAP adheres to a quality management framework to enhance internal and
940 external agency operations regarding procurement and contract management
941 policies and procedures translating to quality service delivery to clients. Risk
942 management techniques of proactive decision making, assessment, communication
943 and improvement reflect strategies that are utilized to ensure compliance and
944 optimize resources thus, contributing to agency integrity and effective and efficient
945 administration of federal, state and local funds and further identification of a good
946 grant stewards of awarded federal funds (Title III and Title VII, state and local
947 funds. AAACAP communicates with service providers and vendors with any changes
948 in processes that could affect the contract in place.

949 **Data and Reporting**

950 AAACAP staff is responsible for the quarterly submission of the Quarterly
951 Performance Report (QPR) to meet reporting metrics submitted to the state to
952 combine in the overall metrics of the State Performance Report (SPR).

953 A new state overarching data reporting system PeerPlace for both the OAAA and
954 OADRC was implemented on February 23, 2026 and is in the transition phase from
955 the former WellSky system. AAACAP has embraced the change and will continue to
956 participate in OAAAA and OADRC state run-technical assistance to assure data
957 integrity and compliance metrics are met.

958 **Leadership**

959 AAACAP consistently supports best practices, practices effective and consistent
960 agency communication, monitors contracts, completes grant applications and
961 delves into many statewide aging initiatives involving staff expertise across the
962 board leading to successful outcomes and agency reach.

963 **Key Topic Areas**

964 **Reference: [45 CFR 1321.65\(b\)\(5\)](#), [45 CFR 1321.65\(b\)\(2\)](#), & [45 CFR](#)**
 965 **[1321.65\(c\)](#)**

966 The AACAP invests Older Americans Act and State General Revenue (SGR) funds
 967 in the following services as stated in the Table below:

SERVICE	Allowable funding																						
	2	HDM Rate	III-B	III-C1	III-C2	III-D-EBI	III-E	III-E ORC	III-VII-EAP	III-VII-OM	P	AP	Using Bond	PA Priority 1	PA Priority 2	B ALF	B CG Rider 96	Disaster Relief- Disaster Flex Title II-B	Disaster Relief- Disaster Flex Title II-	Disaster Relief- Disaster Flex Title III-	Disaster Relief- Disaster Flex Title II-D	Disaster Relief- Disaster Flex Title II-E	
Area Agency Administration																							
Assisted Transportation																							
Care Coordination																							
Caregiver Information Services																							
Caregiver Support Coordination																							
Caregiver Caregiver Support Groups																							
Caregiver Training																							
Chore Maintenance																							
Congregate Meals																							
Data Management																							
Emergency Response																							
Evidence Based-Intervention																							
Health Maintenance																							
Health Screening and Monitoring																							
HICAP Assistance & Outreach																							
Home Delivered Meals																							
Homemaker																							
Income Support																							
Information Referral & Assistance																							
Instruction and Training																							
Legal Assistance Age 60 & Over																							
Legal Awareness																							
Mental Health Services																							
MIPPA Outreach & Assistance																							
Nutrition Consultation																							
Nutrition Counseling																							
Nutrition Education																							
Ombudsman																							
Personal Assistance																							
Public Information Services																							
Residential Repair																							
Respite In-Home																							
Respite Out-of-Home																							
Respite Voucher																							
Senior Center Operations																							
Special Initiative																							
Transportation Demand Response																							
Transportation Fixed Route																							

968

969 **Core Program Area 1: Supportive Services**

970 "Supportive services" are defined as those supported by Older Americans Act Title
971 III-B funds. The services that AAACAP offers to support during the planning period
972 are as follows:

973 **Area Agency Administration** is defined by HHSC as activities "to ensure the
974 development and implementation of a comprehensive and coordinated system to
975 serve older adults and family caregivers within the AAA's planning and service area.
976 Responsibilities include being the focal point for aging services; providing advocacy
977 for older people in their service area; evaluating regional strengths and local
978 resources; identifying service gaps, including people with the greatest economic
979 and social need; developing and implementing an area plan based on the OAA;
980 procuring services funded with federal and state funds; negotiating and managing
981 contracts; reporting; reimbursement; accounting; auditing; monitoring; and quality
982 assurance." Administrative funding ensures the infrastructure necessary for
983 effective, compliant, and coordinated aging services. These funds are not used for
984 direct service delivery but rather for the management and oversight activities that
985 make those services possible.

986 **Care Coordination (Case Management)** is defined by HHSC as a "service
987 provided to an older adult, at the direction of the older adult or family member, by
988 an individual who is trained or experienced in case management skills to assess
989 needs and arrange, coordinate, and monitor a package of services that meets the
990 individual's needs." Care Coordination services are provided to persons aged 60 or
991 older, who are having difficulty performing ADL/iADLs and in need of supportive
992 services; in many cases they have suffered a health crisis or were recently
993 discharged from a hospital or rehab. Services authorized through Care Coordination
994 are intended to target those who are in greatest social and economic need, with
995 particular attention to lower-income older adults, members of minority
996 communities, those living in rural areas, people with limited English proficiency, and
997 older adults at risk of institutional care. As demand for Care Coordination Services
998 continues to grow alongside limited funding, AAACAP regularly reassesses eligibility
999 criteria in alignment with funding levels from HHSC to ensure priority is given to
1000 those with the greatest need. After conducting a comprehensive assessment,
1001 AAACAP care coordinators develop person-centered care plans with program
1002 participants based on identified needs and authorize services on a short-term or
1003 one-time basis to support the plan's goals. Authorized services may include one or

1004 more of the following services: Chore Maintenance, Emergency Response, Health
1005 Maintenance, Health Screening, Homemaker, Income Support, Mental Health,
1006 Personal Assistance, and Residential Repair. Authorized services may include one or
1007 more of the following: Chore Maintenance, Emergency Response, Health
1008 Maintenance, Health Screening, Homemaker, Income Support, Mental Health,
1009 Personal Assistance, and Residential Repair. Staff are also required to provide
1010 Information, Referral, and Assistance to connect individuals with external resources
1011 that help meet their needs. Services are arranged on behalf of the individual using
1012 HHSC-approved methods, such as AAA-contracted providers, delegated purchases,
1013 direct provision by AAACAP, or vouchers. The number of units, pattern of service
1014 delivery, frequency, and duration of services included in the care plan are
1015 determined based on the unique needs of each individual participating in the Care
1016 Coordination Program.

1017 **Chore Maintenance** is defined by HHSC as “a service to perform heavy household
1018 tasks which an older person is not able to perform on their own, such as heavy
1019 cleaning (e.g., scrubbing floors, washing walls, or washing windows inside and
1020 outside), moving heavy furniture or maintenance such as yard or sidewalk
1021 maintenance.” This service is often authorized to assist with decluttering efforts
1022 and perform deep cleaning needed prior to the start of Homemaker Services. This
1023 service may be provided by an AAACAP contracted provider or through a delegated
1024 purchase.

1025 **Data Management** is defined by HHSC as activities “directly related to data entry
1026 and reporting for services not directly provided by the AAA. Includes activities
1027 directly related to the direct purchase of service, service authorization, and
1028 document verification to support the provision, tracking, and reporting of
1029 congregate meals, home-delivered meals, and transportation services. Also includes
1030 the validation of complete and accurate data in the HHS statewide system and
1031 report preparation by AAA staff in support of the annual SPR and the QPR.” All
1032 services are provided to eligible individuals throughout the ten-county CAPCOG
1033 region. AAACAP staff ensure that reassessments for Congregate Meals and Home-
1034 Delivered Meals are conducted in a timely manner, with accurate and up-to-date
1035 intake information maintained in compliance with HHSC requirements.

1036 **Emergency Response (ERS)** is defined by HHSC as services “for an older person
1037 who is homebound or frail to establish an automatic monitoring system which links
1038 to emergency medical services when the person’s life or safety is in jeopardy.

1039 Emergency Response System (ERS) services include the installation of the
1040 individual monitoring unit, key lockbox, training associated with the use of the
1041 system, periodic checking to ensure that the unit is functioning properly, equipment
1042 maintenance calls, response to an emergency call by a medical professional, para-
1043 professional, or volunteer, and follow-up with the older person.” This service is
1044 authorized for individuals who are at risk of falls or have an existing medical
1045 condition that may be life-threatening if immediate assistance is not received. ERS
1046 is provided by an AACAP contracted provider.

1047 **Health Maintenance** in summary is defined by HHSC as services “that include
1048 one or more of the following activities: medical treatment by health professional,
1049 health education and counseling services for persons or groups about lifestyles and
1050 daily activities”, “home health services”, “provision of medications, nutritional
1051 supplements, glasses, dentures, hearing aids or other devices necessary to promote
1052 or maintain the health or safety of the older person”, and the “provision of dosage
1053 alert systems and the purchase of software, technical support, and materials that
1054 connect an eligible older person to free or reduced cost prescription medication
1055 services.” AACAP utilizes this service to purchase goods or services that promote
1056 the health, safety, and well-being of older adults such as durable medical
1057 equipment, glasses, hearing aids, nutritional supplements, incontinent supplies, and
1058 dentures when funding allows. This service is provided by an AACAP contracted
1059 provider or through a delegated purchase.

1060 **Health Screening and Monitoring (Health Promotion)** is defined by HHSC as
1061 activities “Activities to assess the level of health and wellness of an older person
1062 and ensure the eligible person is made aware of health services available in their
1063 community for appropriate follow-up care. Services may be provided in senior
1064 centers, nutrition sites, health fairs or other community settings or in a person’s
1065 home.” AACAP utilizes this service to provide medication screenings for individuals
1066 taking multiple medications. These screenings are conducted by a licensed
1067 pharmacist, who provides each participant with an individualized report highlighting
1068 potential negative drug interactions. Participants are encouraged to review these
1069 findings with their care team to support safer and more effective medication
1070 management. In addition, AACAP will increase efforts to expand the use of this
1071 service by offering additional types of on-site screenings at community events such
1072 as health fairs. These screenings may include blood pressure checks, hearing and
1073 vision assessments, and falls prevention evaluations to support early detection and

1074 overall wellness. This service is provided by an AACAP contracted provider or
1075 through a delegated purchase.

1076 **Homemaker Services (including Homemaker Voucher)** is defined by HHSC as
1077 services “provided by trained and supervised homemakers involving the
1078 performance of light housekeeping tasks and home management. Activities may
1079 include the performance of light housekeeping, home management, meal
1080 preparation, escort tasks, and shopping assistance.” This service is authorized to
1081 assist in maintaining a safe and healthy home environment. Homemaker Services is
1082 provided by an AACAP contracted provider or an individual, eligible per HHSC
1083 voucher guidelines, chosen by the client through the Homemaker voucher option.

1084 **Income Support** is defined by HHSC as assistance in the form of a payment to a
1085 third-party provider for services or goods that support the basic needs of the
1086 person, on behalf of an older person or their caregiver.” This service may be
1087 authorized to assist program participants who are experiencing temporary financial
1088 hardship and struggling to meet their basic needs. It is provided directly by AACAP
1089 and often in the form of utility assistance to avoid shut-off and occasionally as
1090 rental assistance to prevent eviction.

1091 **Information, Referral and Assistance (IR&A)** in summary is defined by HHSC
1092 as a service that provides the individuals with current information on opportunities
1093 and services available within their communities, assesses the problems/capacities
1094 of the individuals, links the individuals to available services, ensures that the
1095 individuals receive the services needed and are aware of the opportunities available
1096 by establishing adequate follow-up procedures. As per the Service Definitions
1097 2026, completion of Form 2276, Intake, is not required. (AAAPPM D-1020).

1098 Services and service units are documented in accordance with the guidance of the
1099 Service Definitions 2026, using units when appropriate and Estimated persons
1100 count for Initial Inquiries.

1101 The IR&A function utilizes the standards and quality indicators of Inform USA as a
1102 resource for policies and design of service, staff training, program evaluation and
1103 quality assurance. Inform USA (formerly Alliance for Information and Referral
1104 Systems or AIRS) certification and accreditation association internationally for
1105 IR&A, or as it is now termed, community navigation. AACAP Information &
1106 Referral Navigators are required to complete Inform USA certification as a

1107 Community Resource Specialist Aging/Disability and maintain it during their
1108 employment.

1109 AAACAP provides this service directly with two full-time employees primarily
1110 dedicated to this service for both consumers/helping professionals and consumers.
1111 Back-up assistance is also provided as needed by the Aging Program Specialist,
1112 Aging Administrative Assistant and ADRC IRA Navigator (when coordinating
1113 information for individuals 60 years of older) and temporary employees as needed.

1114 The IR&A function maintains a dedicated phone line 512-916-6062 and 866-6220-
1115 911 as well as a dedicated e-mail aaainfo@capcog.org to allow all staff performing
1116 this function to easily access and respond to contacts received. The function also
1117 maintains a searchable IR&A Community Resource Directory of resources focused
1118 specifically on regional resources for older adults and persons with disabilities on
1119 the CAPCOG website, available to the public 24/7.

1120 The IR&A staff are responsible for responding to all AAACAP initial contacts
1121 received. These contacts are primarily via phone, but also clients also seek
1122 assistance via e-mail, at outreach events and by coming to the CAPCOG premises
1123 ("walk-in clients). Due to call volume (an average of 130 contacts per week), calls
1124 are frequently routed to voicemail and returned within 24-48 business hours. All
1125 incoming phone voicemails are routed to the aaainfo@capcog.org in-box as e-mails
1126 and thus can be easily tracked and answered in order. All incoming calls,
1127 voicemails, and e-mails are returned, even those for which the caller does not leave
1128 a message.

1129 IR&A serves the entire community of older individuals, as well as caregivers and
1130 helping professionals seeking guidance, with special attention to older individuals
1131 with greatest social need, greatest economic need and those who are at risk for
1132 institutional placement. The focus is on providing person-centered services as well
1133 as options counseling when appropriate to ensure that each individual is treated
1134 with dignity and respect.

1135 IR&A services focus on ensuring that clients are provided with the options and
1136 resources that support each person's short and long-term goals, preferences and
1137 strengths. In this way, the person can make their own informed choices regarding
1138 their options for maintaining independence and/or caregiving

1139 IR&A staff ensure the following when assisting clients – Individuals are asked
1140 questions to determine and clarify their needs; staff engage in problem solving to
1141 identify alternative strategies that may be helpful. Staff also provide contacts
1142 objective information about available resources to empower them to make informed
1143 decisions about their own care

1144 IR&A staff are trained to provide expertise on both local and state benefits and
1145 resources to ensure the provision of objective information on the options for long-
1146 term care as well as other services to assist them in their decision-making for care
1147 needs.

1148 The IR&A service also serves as screener and the primary AAACAP source of
1149 referrals for other AAACAP services. These include Nutrition, Care Coordination,
1150 Caregiver Support, Benefits Counseling, Health and Wellness (Evidenced Based
1151 intervention), Ombudsman, and Public Information Services. When serving the
1152 intake function for AAACAP services the IR&A staff ensures that the required HHS
1153 NAPIS information as appropriate is obtained from the help-seeker prior to the
1154 referral being made to the other AAACAP services.

1155 IR&A staff screens for caller needs and provide effective and efficient operation
1156 ensuring access across diverse populations. In 2023, the AAACAP IRA Specialist
1157 received access to the ADRCCAP iCarol electronic community resource database.
1158 This database initially implemented by ADRCCAP is now used by both entities to
1159 ensure consistency in information sharing and better tracking of call data, individual
1160 needs, community options and available service resources.

1161 All services are provided with a focus on accessibility to ensure both streamlined
1162 language access and the necessary accommodations for individuals with disabilities.

1163 **Instruction and Training** is defined by HHSC as a “services that provide
1164 experience or knowledge to people or professionals working with older people to
1165 acquire skills in formal or informal individual or group settings”. These activities are
1166 delivered in accordance with the Older Americans Act and responsive to identified
1167 regional needs across the ten-county service area. Instruction and Training services
1168 include structured, evidence-informed, and topic-specific educational opportunities.
1169 AAACAP implements these activities through coordinated outreach and strategies
1170 partnerships with community-based organizations, healthcare providers, and local
1171 stakeholders to support access across the service area. Instruction and materials
1172 are designed to be clear, accessible, and appropriate for a variety of learning

1173 needs. To support a coordinated approach to outreach and service delivery,
1174 AAACAP has established a centralized outreach tracking system and shared inbox
1175 (AgingOutreach@capcog.org) to manage community engagement activities. These
1176 tools are used to document outreach requests, monitor engagement opportunities,
1177 and ensure consistent communication across stakeholders. The Aging Program
1178 Specialist manages and coordinates this process including reviewing incoming
1179 requests, facilitating scheduling, maintaining records, and aligning outreach efforts
1180 with agency priorities. Evaluation efforts include participant feedback and outcome
1181 measures to assess knowledge gained and satisfaction. Findings are used to inform
1182 continuous quality improvement and guide future program development in
1183 alignment with Area Plan priorities.

1184 **Mental Health Services** is defined by HHSC as an assessment “by a mental health
1185 professional to determine a need for mental health service(s) (diagnosis or
1186 screening) or the provision of services to support and improve the emotional well-
1187 being of a person. Mental health services shall be provided for a person who has
1188 mental health, emotional or socialization needs. The person may require support
1189 services, treatment, and additional referrals to address these needs. Such support
1190 services may include education, prevention, screening, referral, and intervention.”
1191 This service is often used to help individuals after receiving a difficult diagnosis,
1192 work through recent or ambiguous loss, or learn techniques needed to combat
1193 social isolation. Mental Health is provided by an AAACAP contracted provider.

1194 **Personal Assistance Services (PAS)** is defined by HHSC as services “to assist an
1195 older person who has difficulty performing a minimum of two activities of daily
1196 living as identified in the assessment process, with tasks a person would typically
1197 perform if they were able. This includes assistance in all activities of daily living and
1198 health-related tasks.” This service is often authorized to aid individuals following a
1199 health crisis and who are in need of hands-on care to promote full recovery, healthy
1200 hygiene, and reduce the risk of falls leading to possible hospitalization. PAS is
1201 provided by an AAACAP contracted provider.

1202 **Public Information Services** in summary as defined by HHSC is “a service that
1203 provides information to groups of current and potential participants on the
1204 resources and services available for older adults in their communities. Public
1205 Information Services include the dissemination of information through a variety of
1206 methods, including participation in community events such as health fairs and
1207 senior expos, distribution of printed materials and publications, and direct

1208 engagement with community members to answer questions and provide general
1209 guidance on available services. Information is shared through coordinated
1210 communication efforts, including digital platforms, websites, and targeted media
1211 campaigns to reach a broad audience across the ten-county service area. AAACAP
1212 implements these activities through planned outreach efforts and partnerships with
1213 community-based organizations and service providers to ensure consistent
1214 messaging and broad community reach. To support a coordinated and efficient
1215 approach AAACAP utilizes a centralized outreach tracking system and shared inbox
1216 (AgingOutreach@capcog.org) to manage public information requests and
1217 community engagement opportunities. The Aging Program Specialist manages and
1218 oversees this process, ensuring timely responses, accurate information
1219 dissemination, and alignment with agency priorities. AAACAP implements a
1220 standardized branding initiative to promote consistent messaging and improve
1221 recognition of AAA programs and services. This includes the development and use
1222 of uniform templates, visual identity guidelines, and messaging standards across
1223 print and digital materials. AAACAP tracks outreach activities, estimated audience
1224 reach, and engagement outcomes in accordance with reporting requirements.
1225 Evaluation efforts include monitoring participation, assessing the effectiveness of
1226 communication strategies, and identifying opportunities to improve outreach and
1227 information dissemination. Data collected is used to inform ongoing planning and
1228 enhance the delivery of Public Information Services across the service area. This
1229 service may be provided directly by AAACAP staff or through an AAACAP contracted
1230 provider.

1231 The Aging Program Specialist staff responsible for outreach and resource
1232 information gathering across the ten-county region supports IRA services and
1233 addresses strategies by developing relationships with partner agencies and local
1234 governmental entities to increase awareness of the needs of the aging population.
1235 This staff position also ensures attendance at interagency meetings, aging network
1236 coalitions and county commission initiatives across the ten-county service area to
1237 gather local support resources to share with IRA. AAACAP ensures an appropriate
1238 inventory of culturally competent messaging and materials on all AAACAP program
1239 materials and will be available in English and Spanish and other languages using
1240 optimal communication techniques specific to persons with disabilities sign
1241 language interpretation and large print materials to ensure accessibility.

1242 Special Initiative is defined by HHSC as “approved by HHSC, special activities or
1243 services, which do not fall under any other approved service definition, provided by

1244 the AAA to meet the needs of eligible people. Appropriate guidance will be provided
1245 by HHSC as needed. A Special Initiative does not include a request for Capital
1246 Equipment or Controlled Assets (CE/CA). CE/CA requests must be submitted
1247 following HHSC established processes." AAACAP utilizes this service strictly at the
1248 direction and approval of HHSC as identified in the notification of funds available.

1249 Transportation as defined by HHSC are "services that provide or arrange for taking
1250 an older person from one location to another. Does not include any other activity.
1251 There are two types of transportation services: Demand or Response:
1252 Transportation designed to carry an older person from a specific origin to a specific
1253 destination upon request. An older person requests the transportation service in
1254 advance of their need, usually twenty-four to forty- eight hours prior to the trip.
1255 Fixed Route: Transportation service that operates in a predetermined route that has
1256 permanent transit stops, which are clearly marked with route numbers and
1257 departure schedules. The fixed- route does not vary and the provider strives to
1258 reach each transit stop at the scheduled time. The older person does not reserve a
1259 ride as in a demand-response system; the person simply goes to the designated
1260 location and at the designated time to gain access to the transit system.

1261 AAACAP provides Demand or Response transportation through two subrecipients.
1262 One provider provides services in the Austin area and the other covers the rest of
1263 the 9 counties, authorized through a negotiated rate setting process. Subrecipients
1264 use vans and transport groups of individuals to and from meal sites, limited medical
1265 appointments, shopping, pharmacy, to meet other health and wellness needs and
1266 to reduce social isolation. Medical trips are typically scheduled in advance through
1267 the subrecipients and may be individual or group trips. Services are provided in all
1268 ten counties of the region.

1269 Lack of access to transportation continues to be cited by older individuals,
1270 caregivers and aging network referral partners as the main barrier to meeting
1271 healthcare, food security and social engagement needs. AAACAP has worked with
1272 existing providers to fund additional medical trips throughout the last planning
1273 period. The AAACAP is also a member of the Rural Transportation Coordination
1274 Committee, which is attended by the major transportation providers in the regions
1275 and the goal is to identify and address service and funding gaps.

1276 **Core Program 2: Nutrition Services—Congregate Meals, Grab**
1277 **and Go Meals, and Home Delivered Meals**

1278 AAACAP supports the following services:

1279 Congregate Meals is defined by HHSC as “a hot or other appropriate meal served to
1280 an older person who is eligible in a congregate setting. Such as community centers,
1281 schools, restaurants, faith-based locations, and other community gathering places
1282 — sometimes including virtual settings. Congregate Meals provide opportunities for
1283 social engagement, learning, and volunteering. Grab and Go meals must follow
1284 OAAA procedures and must not exceed 25% of the Title III C1 Congregate Meals
1285 funding. AAAs must document sub-service as C1 – Grab and Go.”

1286 The Congregate Meals program provides nutritionally balanced meals to adults aged
1287 60 and older, each meeting at least 33⅓% of Dietary Reference Intakes and
1288 aligning with the Dietary Guidelines for Americans. Meals are served in group
1289 settings to reduce food insecurity and promote socialization, with priority given to
1290 older adults with the greatest social and economic need.

1291 Services are delivered by four subrecipients across a ten-county region at 42 sites,
1292 operating three to five days per week. Locations range from large senior centers in
1293 urban areas to smaller communities or faith-based centers in rural areas. Nutrition
1294 education and assessments are provided to identify risks and connect participants
1295 to additional services.

1296 Since October 2025, a “grab and go” option became available and it allows eligible
1297 participants to receive meals off-site, with required social interaction via in-person,
1298 phone, or virtual contact. This model expands access without replacing traditional
1299 congregate meals. The AAACAP met with the meal service providers to discuss this
1300 option and all agreed that it will take a great deal of planning to implement this
1301 program. The group agreed to have a working group that consists of a
1302 representative from each provider and representatives from the AAACAP to discuss
1303 and plan how to implement the program within the HHSC service delivery
1304 parameters. If the AAACAP implements the program in 2027, it will monitor
1305 compliance, limit grab and go costs to 25%, and require participant satisfaction
1306 surveys.

1307 AAACAP will schedule a series of planning meetings with subrecipient key staff
1308 members to discuss the implementation of Grab and Go Meals policies during
1309 special circumstances such as:

1310 during disaster or emergency situations affecting the provision of nutrition services.
1311 To older individuals who have an occasional need for such meals

1312 To older individuals who have a regular need for such meals, based on
1313 individualized assessment, when targeting services to those in greatest economic
1314 need and social need.

1315 Subrecipients are required to conduct outreach to high-need populations and may
1316 develop policies aligned with state guidance. AAACAP supports providers through
1317 training and technical assistance but does not deliver meals directly.

1318 **Home-Delivered Meals** is defined by HHSC as “hot, cold, frozen, dried, canned,
1319 fresh or supplemental food (with a satisfactory storage life) delivered to a person
1320 who is eligible in their place of residence.” Home-delivered meal services target
1321 adults aged 60 and older with the greatest social and economic need, including low-
1322 income individuals, minority populations, rural residents, those with limited English
1323 proficiency, and those at risk of institutionalization. Participants must complete a
1324 Client Needs Assessment (CNE) and score at least 20 to demonstrate a functional
1325 need for services; AAACAP is working to increase this threshold to 25 due to
1326 funding constraints.

1327 AAACAP contracts with four subrecipients to provide meals across the region,
1328 offering hot, frozen, and shelf-stable options. While most participants receive five
1329 hot meals per week, some opt for a combination of hot and frozen meals due to
1330 medical appointments or other scheduling needs. In rural areas, participants may
1331 choose fully frozen meals due to volunteer availability and geographic challenges.

1332 **Nutrition Education** is defined by HHSC as “the provision of information to an
1333 older person to promote nutritional well- being and to delay the onset of adverse
1334 health conditions resulting from poor nutritional health or sedentary behavior. All
1335 material must be developed and approved by a dietician or person with equivalent
1336 education and training. Nutrition education is provided to all participants during the
1337 initial assessment process, with all materials reviewed and approved by a registered

1338 dietitian. Subrecipients are required to provide nutrition education to all participants
1339 at least annually.

1340 Participants in congregate meal programs must receive a minimum of 15 minutes of
1341 nutrition education each year, delivered in either a group or one-on-one setting.
1342 Home-delivered meal recipients receive education in person, by phone, or through
1343 interactive electronic methods that allow for questions.

1344 AAACAP ensures site managers receive regular updates on available services to
1345 support participant referrals. Assessments are used to identify emerging nutritional
1346 risks and connect individuals to appropriate education, services, and supports to
1347 address those needs. The AAACAP also completes annual monitoring of all
1348 subrecipients to ensure compliance with the Older American Act services and HHSC
1349 policy and regulations.

1350 **Core Program 3: Evidence-Based Disease Prevention and** 1351 **Health Promotion Services**

1352 AAACAP provides the following evidence-based programs.

1353 Evidence Based Intervention (Health Promotion) is defined by HHSC as activities
1354 "Service Definition – Activities related to the prevention and mitigation of the
1355 effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes,
1356 and cardiovascular disease), infectious disease, vaccine-preventable disease,
1357 prevention of sexually transmitted diseases, as well as alcohol and substance abuse
1358 reduction, chronic pain management, smoking cessation, weight loss and control,
1359 stress management, falls prevention, physical activity and improved nutrition.
1360 Activities must meet the Administration for Community Living (ACL)'s definition for
1361 an evidence-based program." AAACAP ensures all Evidence-Based Programs meet
1362 the ACL's Evidence-Based definition.

1363 AAACAP provides the following evidence-based, direct service interventions across
1364 the CAPCOG region: Chronic Disease Self-Management, Diabetes Self-Management,
1365 Chronic Pain Self-Management, A Matter of Balance Falls Prevention and Building
1366 Better Caregivers. The staff Health and Wellness Coordinator is Master Trained in all
1367 self-management interventions and trains volunteer leaders as well as older
1368 individual participants. AAACAP in 2025 established a vendor contract for a second
1369 master trainer increasing capacity to provide this service across the region.

1370 Staff continue to research possibilities regarding additional options for expanding
 1371 evidence-based offerings to address the needs of older adults and caregivers using
 1372 methodologies focused on behavioral health support and stress reduction to
 1373 promote mental health well-being.

1374 Strong community partnerships are the foundation upon which this program
 1375 develops. Staff continue to provide outreach to new partners with the goal of
 1376 ensuring available evidence-based classes in all ten counties of the CAPCOG region.
 1377 Partners include but are not limited to Texas A&M School of Nursing, Texas AgriLife
 1378 Extension agents, faith-based communities, aging network service partners, senior
 1379 housing communities, county/city health and human services departments and
 1380 other civic organizations.

1381 **Direct Service Waiver Form 1**

1382 All area agencies on aging (AAAs) must complete a Direct Service Waiver form to
 1383 request approval to provide supportive, in-home, or nutrition service as a direct
 1384 service. A direct service is defined as a service activity provided to an eligible
 1385 person performed directly by a AAA employee or volunteer.

1386 **Direct Service Waiver Form**

Topic	Response
Name of AAA.	Area Agency on Aging of the Capital Area
Identify the direct service being requested.	A Matter of Balance, Chronic Disease Self-Management, Diabetes Self-Management, Chronic Pain Self-Management, Building Better Caregivers (Title III-E funds)
Identify the time period for which the AAA will provide the direct service, not to extend past the effective period of this area plan.	October 1, 2027, through Sept. 30, 2029

Topic	Response
Condition A: Provision of the direct service by the AAA is necessary to assure an adequate supply of such service.	YES: No provider is available to serve all counties Inadequate providers with proper EBI licensure and training to provide services, both training and workshops in order to meet the requirement for providing services across the region and expending all Title IIID funding allocations. We are the sole license holder in 9 of our 10 county service areas.
Condition B: The service is directly related to the AAA's administrative functions.	No.
Condition C: The service can be provided more economically, and with comparable quality, by the AAA.	No.
Specify the area(s) within the PSA for which the AAA will provide the direct service.	Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, and Williamson counties

1387

1388 **Core Program Area 4: Family Caregiver Support Services**

1389 The Caregiver Support Program at AAACAP provides services with funding from Title
1390 IIIIE of the Older Americans Act to adult family caregivers and other individuals
1391 providing informal, unpaid care to older adults. Eligible care recipients include
1392 individuals age 60 and older, as well as those of any age with Alzheimer's disease
1393 or related dementia. To qualify for respite or supplemental services, care recipients
1394 must have at least two limitations in activities of daily living (ADLs), a cognitive
1395 impairment, or another functional dependency. The program also serves
1396 grandparents and other relative caregivers age 55 and older who are the primary
1397 caregivers for children under age 18. These caregivers must live with the child and
1398 assume responsibility due to parents being unable or unwilling to provide care,
1399 including those with legal custody or informal arrangements. Priority is given to
1400 individuals with the greatest social and economic need, particularly low-income
1401 older adults and caregivers supporting individuals with intellectual and
1402 developmental disabilities. Caregiver Support Coordination identifies the caregiver
1403 as the primary consumer. Staff assess the needs of both the caregiver and care
1404 recipient to develop person-centered care plans that include a full array of services
1405 to promote health, safety and wellness. Services are brokered on behalf of the

1406 caregiver/care-receiver using specified methods of service provisions per HHSC
1407 instruction such as: AAA contracted provider, delegated purchase, directly by
1408 AAACAP, or voucher.

1409 **Area Agency Administration** is defined by HHSC as activities “to ensure the
1410 development and implementation of a comprehensive and coordinated system to
1411 serve older adults and family caregivers within the AAA’s planning and service area.
1412 Responsibilities include being the focal point for aging services; providing advocacy
1413 for older people in their service area; evaluating regional strengths and local
1414 resources; identifying service gaps, including people with the greatest economic
1415 and social need; developing and implementing an area plan based on the OAA;
1416 procuring services funded with federal and state funds; negotiating and managing
1417 contracts; reporting; reimbursement; accounting; auditing; monitoring; and quality
1418 assurance.” Administrative funding ensures the infrastructure necessary for
1419 effective, compliant, and coordinated aging services. These funds are not used for
1420 direct service delivery but rather for the management and oversight activities that
1421 make those services possible.

1422 **Caregiver Information Services** is defined by HHSC as a “service that provides
1423 for the dissemination of accurate, timely and relevant caregiver related information
1424 through public group activities such as handing out publications, conducting group
1425 presentations, seminars, health fairs and mass media. Developing a resource
1426 library and other informational resources for use in the dissemination of caregiver
1427 information is a component of this service.” Caregiver Information Services are
1428 delivered through public and group-based activities, including educational
1429 presentations, seminars, health fairs, and community events. Activities include the
1430 distribution of printed and digital materials, as well as direct engagement with
1431 caregivers to provide general information about support services. Topics include
1432 caregiver support programs, respite services, stress management, long-term care
1433 options, and navigation of community resources. AAACAP implements these
1434 services through coordinated outreach and collaboration with community partners,
1435 healthcare providers and local organizations to expand reach across the ten-county
1436 service area. Information is disseminated through multiple channels, including in-
1437 person events, virtual platforms, and mass communication efforts such as websites
1438 and digital outreach. To support a coordinated approach, AAACAP utilizes a
1439 centralizes outreach tracking system and shared inbox
1440 (AgingOutreach@capcog.org) to manage caregiver information requests and
1441 community engagement opportunities. These tools are used to document outreach

1442 activities, coordinate scheduling, and ensure consistent communication across
1443 stakeholders. The Aging Program Specialist manages and oversees this process to
1444 support timely dissemination of information and alignment with agency priorities.
1445 Caregiver information materials and presentations are designed to be clear and
1446 accessible to a broad audience. AAACAP tracks outreach activities, estimate
1447 audience reach, and engagement outcomes in accordance with reporting
1448 requirements.

1449 **Caregiver Support Coordination (Caregiver Case Management)** is defined by
1450 HHSC as a “service provided to a caregiver, at the direction of the caregiver: by an
1451 individual who is trained or experienced in the case management skills that are
1452 required to deliver the services and coordination described in subparagraph; and to
1453 assess the needs, and to arrange, coordinate, and monitor an optimum package of
1454 services to meet the needs, of the caregiver; and includes services and coordination
1455 such as: comprehensive assessment of the caregiver (including the physical,
1456 psychological, and social needs of the individual); development and implementation
1457 of a service plan with the caregiver to mobilize the formal and informal resources
1458 and services identified in the assessment to meet the needs of the caregiver,
1459 including coordination of the resources and services— with any other plans that
1460 exist for various formal services; and with the information and assistance services
1461 provided under the Older Americans Act; coordination and monitoring of formal and
1462 informal service delivery, including coordination and monitoring to ensure that
1463 services specified in the plan are being provided; periodic reassessment and
1464 revision of the status of the caregiver; and in accordance with the wishes of the
1465 caregiver, advocacy on behalf of the caregiver for needed services or resources.”
1466 This service is provided to adult family caregivers and other individuals who provide
1467 informal, unpaid in-home and community care to older adults. Eligible care
1468 recipients include individuals age 60 and older, as well as individuals of any age
1469 with Alzheimer’s disease or a related dementia. To qualify for in-home or
1470 supplemental services, care recipients must have at least two limitations in
1471 activities of daily living (ADLs), a cognitive impairment, or another form of
1472 functional dependency requiring caregiver support. Additionally, services are
1473 provided to grandparents and other relative caregivers age 55 and older who are
1474 the primary caregivers for children under age 18. These caregivers must live with
1475 the child and assume responsibility due to parents being unable or unwilling to
1476 provide care, including those with legal custody or informal arrangements. Staff
1477 care coordinators assess the functional needs of the care recipient and the support
1478 needs of the caregiver to, developing person-centered care plans that align with the

1479 caregiver’s unique circumstances. Services are authorized on a short-term,
1480 temporary, or one-time basis, with additional referrals and resources provided to
1481 support the achievement of care plan goals. The program also supports a smaller
1482 population of older relative caregivers providing care to children or adults with
1483 disabilities, offering a broader array of services such as after-school programs,
1484 children’s supplies, and essential home safety equipment. A key challenge in
1485 service delivery is the long-term nature of caregiving. Due to funding and staff
1486 capacity limitations, services are often limited in duration. To address this, staff
1487 provide ongoing guidance, connect caregivers to long-term support options, and
1488 offer training and resources to help them manage continuing care needs effectively.

1489 **Caregiver Support Groups** is defined by HHSC as a “service to facilitate
1490 caregivers to discuss their common experiences and concerns and develop a mutual
1491 support system. Support groups are typically held on a regularly scheduled basis
1492 and may be conducted in person, over the phone, or online. Support groups are led
1493 by a trained person, moderator or professional licensed to practice in Texas, such
1494 as a social worker, counselor, or therapist. This service does not include “caregiver
1495 education groups,” “peer-to-peer support groups,” or other groups primarily aimed
1496 at teaching skills or meeting on an informal basis without a facilitator who
1497 possesses training or the required credentials.” This service is provided by AAA
1498 contracted providers for the purpose of providing emotional support, community
1499 connection, sharing of valuable resources, reducing risk of burnout, anger, and
1500 frustration.

1501 **Caregiver Training** is defined by HHSC as a “service that provides family
1502 caregivers with instruction to improve knowledge and performance of specific skills
1503 relating to their caregiving roles and responsibilities. Skills may include activities
1504 related to health, nutrition, and financial management, providing personal care, and
1505 communicating with health care providers and other family members. Training may
1506 include the use of evidence-based programs, be conducted in-person or online, and
1507 be provided in individual or group settings.” This service may be authorized for
1508 caregivers interested in obtaining essential skills and knowledge to support them on
1509 their caregiving journey such as; learning communication strategies, best practices
1510 to reduce risk of injury, specific care needs, long-term planning, and financial/legal
1511 matters. Caregiver Training is provided by an AAACAP contracted provider.

1512 **Chore Maintenance** may be authorized to assist decluttering efforts and perform
1513 deep cleaning needed prior to the start of Respite Services. Please refer to Core
1514 Program Area 1: Supportive Services for a service definition.

1515 **Emergency Response** may be authorized through the for individuals who are at
1516 risk of falls or have an existing medical condition that may be life-threatening if
1517 immediate assistance is not received. ERS is provided by an AAACAP contracted
1518 provider. Please refer to Core Program Area 1: Supportive Services for a service
1519 definition.

1520 **Health Maintenance** may be authorized to purchase goods or services that
1521 promote the health, safety, and well-being of older adults. Health Maintenance is
1522 provided by an AAACAP contracted provider or through a delegated purchase.
1523 Please refer to Core Program Area 1: Supportive Services for a service definition.

1524 **Income Support** may be authorized to assist program participants who are
1525 experiencing financial hardship and struggling to meet their basic needs. Please
1526 refer to Core Program Area 1: Supportive Services for a service definition.

1527 **Information, Referral and Assistance** may be provided to program participants
1528 who need additional services not provided through AAACAP. Please refer to Core
1529 Program Area 1: Supportive Services for a service definition.

1530 **Mental Health** may be authorized to improve emotional well-being, reduce stress
1531 and isolation, and improve ability to cope with caregiving demands. Access to
1532 mental health resources helps caregivers stay resilient and maintain their capacity
1533 to provide safe, effective care for their loved one. Please refer to Core Program
1534 Area 1: Supportive Services for a service definition.

1535 **Residential Repair** may be authorized to assist program participants to promote
1536 health and safety in the care-receiver's home. Please refer to Core Program Area 1:
1537 Supportive Services for a service definition.

1538 **Respite In-Home (includes voucher)** as defined by HHSC is "temporary services
1539 for an eligible dependent care recipient for the relief of a caregiver provided in the
1540 eligible caregiver's home or the home of the care recipient on a short term,
1541 temporary basis while the primary caregiver is unavailable or needs relief. In
1542 addition to supervision, services may include meal preparation, housekeeping,
1543 assistance with personal care, and social and recreational activities. An eligible

1544 older Care Recipient must: be unable to perform a minimum of two activities of
1545 daily living identified through the CNE or require substantial supervision due to a
1546 cognitive or other mental impairment which causes them to behave in a manner
1547 that poses a serious health or safety hazard to themselves or to another person.”
1548 This service is provided by an AAACAP contracted provider or an individual, eligible
1549 per HHSC voucher guidelines, chosen by the caregiver utilizing the respite voucher
1550 option.

1551 **Respite Out-of-Home (includes voucher)** as defined by HHSC is “temporary
1552 services for an eligible dependent care recipient for the relief of a caregiver
1553 provided in the eligible caregiver’s home or the home of the care recipient on a
1554 short term, temporary basis while the primary caregiver is unavailable or needs
1555 relief. In addition to supervision, services may include meal preparation,
1556 housekeeping, assistance with personal care, and social and recreational activities.
1557 An eligible older Care Recipient must: be unable to perform a minimum of two
1558 activities of daily living identified through the CNE or require substantial supervision
1559 due to a cognitive or other mental impairment which causes them to behave in a
1560 manner that poses a serious health or safety hazard to themselves or to another
1561 person.” AAACAP will add this service during the FY27-FY29 planning period.
1562 Respite Out-of-home will bring additional support to caregivers by ensuring their
1563 loved one is safe, supported, and engaged in a supervised setting. Caregivers will
1564 be able to rest, attend appointments, or take care of personal needs with peace of
1565 mind. At the same time, the care recipient will benefit from social interaction,
1566 structured activities, and a change of environment, which can improve mood and
1567 reduce isolation. Overall, out-of-home respite helps caregivers maintain their
1568 well-being and continue providing care safely and sustainably. This service is
1569 provided by an AAACAP contracted provider or an individual, eligible per voucher
1570 guidelines, chosen by the caregiver through the Respite Out-of-Home voucher
1571 option.

1572 **Core Program 5: Legal Assistance**

1573 AAACAP’s Legal Assistance Programs are as follows:

1574 All services are delivered by certified Benefits Counselors four (BCs), including three
1575 Benefits Counselor II who is qualified to assist with Medicare appeals. Assistance
1576 through HICAP, Legal, and MIPPA programs is provided by phone, home visits,
1577 appointments, and walk-ins at AAACAP offices. Staff help individuals navigate
1578 complex public benefits systems and coordinate with agencies such as Medicare,

1579 Social Security, and Health and Human Services to provide information, education,
1580 and application support.

1581 The benefits counseling team collaborates closely with Texas Legal Services Center
1582 to address individual client needs. AAACAP maintains a dedicated intake line and
1583 streamlined process to ensure timely access. While services are primarily provided
1584 one-on-one, they may also follow group presentations.

1585 Benefits Counseling staff actively conduct outreach to build referral networks and
1586 reach Older Americans Act priority populations. Partners include faith-based
1587 organizations, senior centers, meal sites, hospitals, supportive housing providers,
1588 and other community organizations. Staff also work closely with caregivers to
1589 provide guidance and support. In addition, staff provide individualized, one-on-one
1590 counseling—both by phone and in person—to address each individual’s unique
1591 needs and circumstances.

1592 Outreach efforts include educational events on topics such as New to Medicare,
1593 Medicare basics, working past age 65, Medicare Savings Programs, and the
1594 Medicare Part D Low-Income Subsidy, with special emphasis during the Medicare
1595 Open Enrollment period. In addition to group presentations, staff ensure individuals
1596 and caregivers receive accurate, timely information to make informed healthcare
1597 decisions.

1598 HICAP Assistance and Outreach is defined by HHSC as “Counseling or
1599 representation services provided by a non-lawyer such as a certified benefits
1600 counselor, where permitted by law, to Medicare beneficiaries, family members,
1601 caregivers or others working on behalf of an eligible person. The allowable topics
1602 that can be discussed for one-on-one assistance are: Original Medicare (Parts A &
1603 B), Medigap and Medicare Select, Medicare Advantage (MA and MA-PD), Medicare
1604 Part D, Medicare Part D Marketing Sales Complaints & Issues, Part D Low Income
1605 Subsidy (LIS Extra Help), Other Prescription Assistance, Medicaid Application
1606 Assistance, Medicaid Application Submission, Medicaid Recertification, MSP
1607 Application Assistance, MSP Application Submission, MSP Recertification.”

1608 **Legal Assistance – 60 years and older** is defined by HHSC as” Advice or
1609 representation by an attorney, including assistance by a paralegal or law student
1610 under the supervision of an attorney, or assistance provided by a certified benefits
1611 counselor to an older person, or their caregiver with economic and social needs.
1612 Legal assistance activities include the following: Advice or Counseling: A

1613 recommendation made to an older person regarding a course of conduct, or how to
1614 proceed in a matter, given either on a brief or one-time basis, or on an ongoing
1615 basis. May be given by phone or in person. Document Preparation: Personal
1616 assistance given to an older person which helps with the preparation of necessary
1617 documents relating to public entitlements, health care, long-term care, individual
1618 rights, planning and protection options, and housing and consumer needs.
1619 Representation: Advocacy on behalf of an older person in protesting or complaining
1620 about a procedure, or seeking special considerations by appealing an administrative
1621 decision, or representation by an attorney of an older person or class of older
1622 people in either the state or federal court systems.”

1623 **Legal Awareness (Legal Outreach)** is defined by HHSC as “service that provides
1624 for the dissemination of accurate, timely, and relevant information, eligibility
1625 criteria, requirements, and procedures to an older person about public entitlements,
1626 health and long-term care services, individual rights, planning and protection
1627 options, and housing and consumer needs.”

1628 **MIPPA Outreach and Assistance** is defined by HHSC as a “service that provides
1629 for the dissemination of accurate, timely, and relevant information, eligibility
1630 criteria, requirements, and procedures to current or prospective Medicare
1631 beneficiaries and their caregivers specifically regarding Medicare Savings Programs
1632 (MSP), Low-Income Subsidy (LIS) and Medicare Preventive Benefits.”

1633 **Core Program 6: Ombudsman Services**

1634 Services to protect the health, safety, welfare, and rights of residents of nursing
1635 facilities and assisted living facilities, including identifying, investigating, and
1636 resolving complaints that are made by, or on behalf of, residents. (Older Americans
1637 Act, Section 712 Ombudsman)

1638 The Long-Term Care Ombudsman Program is authorized under Section 712 of the
1639 Older Americans Act and advocates for the health, safety, welfare and rights of
1640 residents in nursing and assisted living facilities. Within the Capital Area Council of
1641 Governments Area Agency on Aging (CAPCOG-AAA)’s region, the program serves
1642 10 counties (PSA 12), providing strictly confidential, direct advocacy and oversight
1643 for all long-term care residents residing in the over 260 licensed nursing and
1644 assisted living facilities in the region. CAPCOG manages personnel and operations,
1645 the Office of the State Long-Term Care Ombudsman (OSLTCO) ensures
1646 programmatic compliance with state and federal regulations.

1647 AAACAP Ombudsman Program, as part of the larger State Ombudsman Program is
1648 in place to protect residents and improve residents' quality of life. This is done by
1649 conducting routine facility visits to monitor facility conditions and resident well-
1650 being, investigating and resolving resident complaints, assisting residents with
1651 appealing involuntary discharges, encouraging residents to engage in self-advocacy
1652 activities, and providing education on resident rights to residents, families, facility
1653 staff, and the public. Additional services include supporting resident and family
1654 councils, advising and educating facilities on quality improvement and person-
1655 directed care, and assisting families with navigating long-term care options through
1656 the provision of resources. The CAPCOG Ombudsman program is currently staffed
1657 by five Certified Ombudsmen (four full-time, including the Managing Local
1658 Ombudsman, and one part-time), and trained volunteers who collectively serve the
1659 more than 260 facilities. Staff are based in Austin and conduct routine travel
1660 throughout the entire region to ensure service delivery to every facility across the
1661 region.

1662 The Ombudsman program aligns with State Plan priorities to improve well-being,
1663 satisfaction and quality of life by safeguarding resident rights and strengthening
1664 responses to abuse, neglect, and exploitation. Key performance goals include
1665 responding promptly to critical complaints, maintaining high resolution rates, and
1666 expanding public awareness of available protections. CAPCOG aims to grow its
1667 certified Ombudsman workforce, sustain established measures of facility visitation,
1668 and maintain strong complaint resolution outcomes.

1669 Key performance expectations include:

- 1670 • Responding to 90% of abuse, neglect, or exploitation complaints within one
1671 business day
- 1672 • Resolving or partially resolving at least 80% of such cases to resident
1673 satisfaction
- 1674 • Increasing awareness of available protections and supports among older
1675 adults and caregivers

1676 Ombudsman Program operations comply with the direction from OSLTCO and the
1677 Texas Health and Human Services Commission, with data tracked through the Peer
1678 Place Network database. Oversight includes regular case reviews, monitoring, and
1679 technical assistance to ensure quality and accountability. Funded through the Older
1680 Americans Act, the program enhances and supports—not replaces—existing
1681 resources and follows all applicable federal and state requirements.

1682 Looking ahead to 2027–2029, CAPCOG will prioritize rebuilding its volunteer base,
1683 increasing outreach, and strengthening partnerships to better address abuse and
1684 neglect. These efforts will ensure continued support, advocacy and protection for
1685 long-term care residents, to maintain dignity, autonomy, and quality of life.

1686 **Greatest Economic Need in the Capital Area and**
1687 **Strategies/Practices to Ensure Older Adults and Family**
1688 **Caregivers in GEN are Prioritized.**

1689 Within the AAACAP 10-county region, many older adults face significant economic
1690 challenges that affect their ability to maintain independence and access essential
1691 services. The Older Americans Act defines greatest economic need as the need
1692 resulting from an income level at or below the federal poverty guidelines. AAACAP
1693 also includes older adults living on fixed incomes, individuals with high medical or
1694 long-term care expenses, and residents in rural counties where limited employment
1695 opportunities and higher transportation costs create additional financial strain.
1696 Rising housing costs in urbanized areas such as Travis County further impact
1697 low-income older adults, especially those who are renters or living alone.

1698 **Strategies to Prioritize Older Adults and Caregivers with GEN**

1699 AAACAP uses multiple strategies to ensure services reach individuals experiencing
1700 greatest economic need:

1701 • **Targeted outreach to low-income communities:** AAACAP partners with food
1702 pantries, public housing authorities, senior housing sites, community health clinics,
1703 faith-based entities, and social service agencies to identify and connect with
1704 economically vulnerable older adults.

1705 • **GEN screening during intake:** Staff assess income levels, financial strain, and
1706 affordability concerns to identify individuals requiring priority access AAACAP
1707 services.

1708 • **Support for caregivers facing financial strain:** Caregivers with limited income
1709 or those incurring substantial out-of-pocket care expenses may be able to receive
1710 income assistance as funding permits.

1711 • **Rural access strategies:** Because many rural residents face higher
1712 transportation and healthcare costs, AAACAP provides targeted outreach in counties

1713 with limited economic resources and relies on partnerships with local organizations
1714 to connect low-income older adults to services.

1715 • **Coordination with community partners:** Collaboration with nonprofits,
1716 faith-based organizations, and county service providers helps identify older adults
1717 facing poverty or financial instability.

1718 • **Data-driven identification:** Demographic and service utilization data are used
1719 to monitor poverty trends, track service reach among low-income populations, and
1720 guide targeted programming.

1721 Through these coordinated strategies, AAACAP ensures that older adults and family
1722 caregivers experiencing the greatest economic need receive priority access to
1723 services that support stability, independence, and well-being across the Central
1724 Texas region.

1725 **Greatest Social Need in the Capital Area and**
1726 **Strategies/Practices to ensure older adults and family**
1727 **caregivers in GSN are prioritized.**

1728 In the AAACAP 10-county region, many older adults experience conditions that
1729 place them at **greatest social need (GSN)**, particularly those living in rural areas,
1730 individuals with disabilities or chronic health conditions, adults with limited English
1731 proficiency, and older adults who are socially or geographically isolated. Under the
1732 Older Americans Act, **greatest social need** is defined as *the need caused by*
1733 *non-economic factors*, including physical or mental disabilities, language barriers,
1734 and cultural, social, or geographical isolation. It also includes isolation related to
1735 race or ethnicity and any factors that limit an older adult's ability to perform daily
1736 activities or live independently.

1737 GSN is most prominent among older adults living in the region's more rural
1738 counties—such as Caldwell, Fayette, Bastrop, Lee, Llano, and Blanco—where
1739 transportation options are limited and access to medical and supportive services is
1740 constrained by distance. The population also includes significant numbers of adults
1741 with disabilities, older adults living alone, and individuals with dementia or cognitive
1742 impairments. Parts of the region, including Travis, Bastrop, Hays, and Caldwell
1743 Counties, have large Spanish-speaking communities, making language barriers a
1744 contributing factor to social isolation. Caregivers throughout the region, especially

1745 those in rural areas or caring for individuals with complex health needs, frequently
1746 experience high levels of stress and limited support networks.

1747 **Strategies and Practices to Prioritize Individuals with GSN**

1748 AAACAP implements multiple strategies to ensure that older adults and caregivers
1749 experiencing greatest social need are prioritized for supports and services:

1750 • Targeted Outreach and Engagement: Outreach is directed toward rural
1751 communities, culturally diverse populations, and individuals with limited English
1752 proficiency. This includes partnering with local community groups, faith-based
1753 organizations, health clinics, and senior housing providers.

1754 • Accessibility and Language Support: Services and materials are provided in
1755 preferred languages and accessible formats where possible. Interpretation,
1756 translation, and culturally responsive communication are used to reduce barriers.

1757 • Prioritized Intake and Screening: Intake staff assess for GSN factors, including
1758 disability, isolation, lack of caregiver support, and communication challenges.
1759 Individuals meeting GSN criteria receive priority AAACAP services.

1760 • Enhanced Support for Caregivers in High-Need Situations: Caregivers supporting
1761 individuals with dementia, severe disabilities, or behavioral health challenges
1762 receive priority for respite, education, and care coordination.

1763 • Rural Service Strategies: To reach older adults in isolated areas, the AAA
1764 coordinates onsite and virtual options where feasible, financially supports senior
1765 center operations and scheduled outreach visits to communities with limited local
1766 resources.

1767 • Partnerships with Community and Cultural Organizations: Collaborations with
1768 disability-serving organizations, behavioral health providers, community centers,
1769 and cultural associations ensure that individuals in socially isolated or marginalized
1770 groups are identified and connected to support.

1771 • Monitoring and Data Tracking: The AAA uses intake data, service utilization
1772 patterns, and community needs assessments to continuously identify gaps and
1773 ensure GSN populations are being effectively prioritized.

1774 Through these practices, the AAA ensures that individuals experiencing greatest
1775 social need receive timely access to services, supports, and advocacy,
1776 strengthening their ability to remain independent, safe, and connected within their
1777 communities.

1778 **Collaborative Efforts with Home-and Community-Based** 1779 **Services (HCBS)**

1780 AAACAP collaborates with HCBS partners across the 10-county CAPCOG region to
1781 support coordinated, person-centered access to long-term services and supports.
1782 Through Information, Referral and Assistance, staff provide basic guidance on
1783 Medicaid HCBS programs-including STAR+PLUS PAS, STAR+PLUS Waiver services,
1784 and Community Attendant Services (CAS) and make warm transfers to HHSC or
1785 Medicaid managed care organizations when appropriate.

1786 Care Coordination/Caregiver Support staff identify individuals who may qualify for
1787 HCBS and make timely referrals consistent with HHSC State Plan requirements. To
1788 prevent duplication of services, AAACAP does not use Older Americans Act funds for
1789 supports covered under Medicare, Medicaid, or Title XX.

1790 The CAPCOG Aging and Disability Resource Center (ADRC) strengthens regional
1791 coordination by offering specialized assistance with Medicaid long-term services and
1792 supports, I/DD waiver programs, and Veterans Affairs long-term care. AAACAP staff
1793 refer clients to ADRC specialists when more detailed HCBS navigation is needed.

1794 AAACAP also collaborates with long-term care facilities, the regional Ombudsman
1795 Program, and MCO service coordinators to ensure that nursing facility residents
1796 interested in returning to the community receive accurate information and
1797 appropriate referrals

1798 To expand awareness of HCBS, AAACAP provides community education to older
1799 adults, caregivers, and professionals, including trainings on state and federal
1800 programs, dementia supports, and programs that allow family members to serve as
1801 paid caregivers.

1802 **Practices/Strategies to Serve Older Adults with Physical and** 1803 **Mental Health Conditions**

1804 AAACAP serves older adults with physical and mental health conditions by providing
1805 person-centered intake, targeted screening, and coordinated referrals to long-term

1806 services and supports across the 10-county CAPCOG region. Staff identify needs
1807 related to chronic disease, mobility limitations, cognitive changes, depression,
1808 anxiety, and isolation, and provide information or referrals to Medicaid managed
1809 care organizations, Local Mental Health Authorities, and the CAPCOG ADRC for
1810 specialized navigation as appropriate, as well as the newly developed CAPCOG
1811 NCOA Benefit Enrollment Center (BEC). AAACAP also delivers evidence-based
1812 programs and provides comprehensive caregiver support to help families manage
1813 complex health and behavioral needs.

1814 **Strategies and Practices include:**

- 1815 • Screening for physical, cognitive, and behavioral health conditions.
- 1816 • Providing warm handoffs to HCBS providers, Medicaid MCO service
1817 coordinators, LMHAs, and home health agencies.
- 1818 • Offering evidence-based programs such as chronic disease self-management,
1819 falls prevention, and dementia education.
- 1820 • Supporting caregivers through assessments, respite coordination, training,
1821 and referral to community resources.
- 1822 • Conducting targeted outreach in rural areas and addressing barriers such as
1823 transportation and language access.
- 1824 • Coordinating with the CAPCOG ADRC for complex HCBS and behavioral
1825 health navigation needs.
- 1826 • Coordinating with the CAPCOG BEC to enroll in Medicare supplement benefits
1827 for low income consumer, assisting with SNAP enrollment, and completing
1828 Medicaid applications.

1829 Together, these practices ensure those with or caring for those with physical and/or
1830 mental health conditions receive timely, appropriate support that promotes safety,
1831 independence, and improved health outcomes.

1832 **Needs Assessment Activities**

1833 **Reference:** [45 CFR 1321.65\(b\)\(3\)](#) & [45 CFR 1321.65\(c\)](#)

1834 **AAACAP Community Needs Assessment Survey ,2026**

1835 For the current Area Plan submission 2027-2029 AAACAP created and conducted a
1836 Community Needs Assessment Survey to ensure a broad range of input from older
1837 adults, caregivers, and service providers specific to the CAPCOG region. In line with
1838 the Aging Texas Well Statewide Survey, the focus of the survey was identifying
1839 current and future needs and priorities for older adult services.
1840

1841 In preparation for future service needs identified AAACAP reviewed the current
1842 Aging Texas Well Strategic Plan for 2024-2025 (Revised May 2025). This plan
1843 included a survey of aging priorities. The office of HHSC Aging Services
1844 Coordination (OASC) conducted an online, non-experimental cross-sectional study
1845 which was intended to understand the needs, concerns, and priorities of older
1846 adults. Data analysis identified the following top priorities for each group.

1847 **Survey Method**

1848 The survey was distributed/available from February 5, 2026 through March 15,
1849 2026, both in-person and electronically to older adults, informal caregivers, and
1850 service providers in each county within the region.

1851 Surveys were available in English and Spanish versions. Hard copies were
1852 distributed at sites serving the target populations in every county of the region, as
1853 well as mailed to past AAACAP consumers. The link for the SurveyMonkey on-line
1854 survey was e-mailed to service providers and Information & Referral Navigation
1855 consumers, as well as posted on-line at the CAPCOG website. In addition, as
1856 mentioned, community leaders and key stakeholder groups such as the Aging
1857 Advisory Committee, the ADRC Steering Committee, the Aging Services Council,
1858 and interagency councils assisted in the survey distribution.

1859 1000 surveys were received between February 2026 – March 2026 from all 10
1860 counties served. The total number of surveys well exceeded the 432 surveys
1861 received during the last Area Plan process in FY 2023. All 1000 surveys were
1862 entered into survey monkey 983 were received in English 17 surveys were received
1863 in Spanish. Surveys were received back from mailouts and either mailed in or
1864 provided to AAACAP staff at multiple on-site events. 58.92% of the survey
1865 responses came from older adults age 60 and above, while 24.09% identified as
1866 unpaid family caregivers, 16.02% identified as being a paid employee at an
1867 organization that provides ageing and disability services, while 18.28% identified as

1868 being a community partner or a professional from a faith-based or healthcare
1869 organization.

1870 Additional information regarding the survey methodology used is provided in
1871 Appendix D.

1872 **Older Adults**

1873 Physical health

1874 Access to services and supports in the community

1875 Access to social engagement opportunities

1876 **Informal Caregivers**

1877 Mental health

1878 Physical health

1879 Work strains and issues

1880 **Service Providers**

1881 Collaboration and coordination

1882 Funding

1883 Staffing

1884 Addressing social isolation

1885 Addressing food insecurity

1886 Supporting caregivers

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1888 The sample size for the Aging in Texas Survey conducted in 2021 was 271 and
1889 included responses from 177 older adults, 22 informal caregivers and 72
1890 organizations. The survey was conducted completely with on-line responses via
1891 SurveyMonkey.

1892 **Goals, Objectives, Strategies, and Outcomes**

1893 **Reference:** [45 CFR 1321.65\(e\)](#)

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1895 **AAACAP Goals**

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

Objectives	Strategies	Outcomes
<p>1.1 Support the aging services network’s preventative health efforts through the provision of resources and tools.</p>	<p>1.1.1 Increase awareness of available resources and best practices related to preventative health measures.</p>	<p>1.1.1.1 Participate in county-level healthcare initiatives, coalitions and interagency meetings to learn about service options, public health initiatives, academic research projects and evidence-based programs available to older individuals and family caregivers to strengthen coordination and success at addressing the impacts of social determinants of health on the well-being of older adults across the region.</p>
	<p>1.1.2 Provide Evidence Based Programs to promote healthy aging and a reduction in falls</p>	<p>1.1.2.1 Short Term: AACAP will provide at minimum 1 EBI program in each of the 10 Counties annually.</p> <p>1.1.2.2 Intermediate: AACAP will provide at minimum 2 EBI programs in the rural counties.</p> <p>1.1.2.3 Long Term: AACAP will increase volunteer lay leaders for EBI programs in the rural counties.</p>
	<p>1.1.3 Investigate implementing an EBI program that has reduced operational cost.</p>	<p>1.1.2.1 Long Term: AACAP will implement at least one additional ACL approved EBI program during the 2027-2029 Area Plan Cycle</p>

Objectives	Strategies	Outcomes
	<p>1.1.4 AAACAP will have increased financial support for EBI programs.</p>	<p>1.1.4.1 Short Term: AAACAP will investigate additional grant funding from various granting agencies.</p> <p>1.1.4.2 Intermediate: AAACAP will apply for at least one grant to support current EBI programs or to implement additional programs</p> <p>1.1.4.3 AAACAP will work with Community Care Hubs to establish contracts that promote health and wellness programming in the region.</p>
<p>1.2 Assure AAACAP access and assistance staff have a clear understanding of core AAACAP programs and their eligibility.</p>	<p>1.2.1 Provide quick reference tools as part of ongoing training for staff responsible for Information, Referral, and Assistance, Care Coordination, Caregiver Support Coordination, and Benefits Counseling, ensuring they have a strong understanding of key programs eligibility requirements and appropriate internal referral procedures.</p>	<p>1.2.1.1 Short Term: Create/Update informational flyers for each AAACAP core programs for quick reference and public dissemination.</p> <p>1.2.1.2 Intermediate: Require staff to utilize program flyers to ensure accurate information is shared with persons seeking support.</p> <p>1.2.1.3 Long Term: All staff will be able to confidently provide an overview of all AAACAP programs and effectively connect individuals to the appropriate internal program(s).</p>

Objectives	Strategies	Outcomes
<p>1.3 Assure that AAACAP Access and Assistance staff are knowledgeable in Texas HCBS programs that support older adults.</p>	<p>1.3.1 Provide quick reference tools as part of ongoing training for staff responsible for Information, Referral, and Assistance, Care Coordination, Caregiver Support Coordination, and Benefits Counseling, ensuring they understand program eligibility requirements and appropriate referral procedures.</p>	<p>1.3.1.1 Short Term: Create/obtain information flyer for quick reference use on HCBS programs funded by HHSS, including STAR+PLUS, STAR+PLUS Waiver, and Community Attendant Services.</p> <p>1.3.1.2 Intermediate: Require staff to utilize HCBS flyer to ensure accurate information is shared with persons seeking support.</p> <p>1.3.1.3 Long Term: Staff will be able to confidently provide essential information to effectively assist individuals seeking access to HCBS services.</p>

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Objectives	Strategies	Outcomes
<p>1.4 Increase awareness of online searchable resource database through staff promotion</p>	<p>1.4.1 Provide training for all AAA staff on using the online searchable database, ensuring they can effectively promote the tool and offer basic technical support to users as needed.</p>	<p>1.4.1.1 Short Term: Create/update quick start guide for staff as a desk reference for using the online searchable resource database.</p> <p>1.4.1.2 Intermediate: Require staff to use fact sheets to promote awareness of the online searchable resource database.</p> <p>1.4.1.3 Long Term: Staff will be confident in promoting the online resource tool and providing basic technical support resulting in an increase in community usage of the searchable database, empowering individuals to independently access information on local resources and supportive services 24/7.</p>

Objectives	Strategies	Outcomes
<p>1.5 Increased awareness of online searchable resource database through community outreach and education.</p>	<p>1.5.1. promote the online searchable database through Instruction and Training, Caregiver Information, and Public Information Services</p>	<p>1.5.1.1. Short Term: Create outreach materials to support effective dissemination.</p> <p>1.5.1.2. Intermediate: Engage in widespread dissemination efforts across the AAACAP region</p> <p>1.5.1.3. Long Term: Increased community use of the online searchable database, empowering individuals to independently access information on local resources and supportive services 24/7.</p>

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Objectives	Strategies	Outcomes
<p>1.6 Ensure that all AAACAP staff serving clients are familiar with the full range of resources including HCBS that support aging in their community and able to effectively screen and provide clients with appropriate options.</p>	<p>1.6.1 Provide for training and tools, including current on-line resource directories and community navigation skills to all staff resulting in effective interviewing, screening for client needs, understanding of eligibility requirements, as well as researching and providing appropriate referrals.</p>	<p>1.6.1.1 Short Term: All staff and supervisors whose primary job responsibilities include IRA services are trained and certified as Inform USA Community Resource Specialists Aging/Disability within one year of hire.</p> <p>1.6.1.2 Intermediate: All staff serving providing clients throughout the agency are familiar with basic community navigation skills and are trained in the use of the state-provided resource directories linked to 211 TIRN.</p> <p>1.6.1.3 All staff serving providing clients throughout the agency are familiar with basic community navigation skills and are trained in the use of the state-provided resource directories linked to 211 TIRN.</p>

Objectives	Strategies	Outcomes
<p>1.7 Increase tools for consumers and caregivers to access resources related to HCBS directly.</p>	<p>1.7.1 Ensure that on-line community resource directory tools as well as Frequently Asked Questions about HCBS options are available in a variety of on-line resources and that the public is aware of how to access these tools.</p>	<p>1.7.1.1 Short Term: Community resource directory tools and FAQ sheets are available on Aging Services, CAPCOG website.</p> <p>1.7.1.2 Intermediate: The tools on the website are publicized utilizing social media, QR codes, short on-live videos and flyers.</p> <p>1.7.1.3 Long Term: Analysis of use of the on-line tools on the website demonstrates increased use of 10-20% with a determined period.</p>

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

Objectives	Strategies	Outcomes
2.1 Increase the awareness of working adults who are caregiving or are potential caregivers of caregiver resources and supports, increasing their options in planning and supporting loved ones.	2.1.1 Outreach to company and government employee support/human resources departments to provide information on caregiver supports.	2.1.1.1 Short Term: Develop presentation and materials specific to employee workplace events. 2.1.1.2 Intermediate: Reach out to employers with 50 employees or more, including all counties, to offer caregiver information sessions and/or materials. 2.1.1.3 Long Term: Partnerships with at least 2-3 employers in rural counties and 5-10 in urban counties result in working adults to be provided with caregiver support information via their employer programs.

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

Objectives	Strategies	Outcomes
3.1 Increase AACAP partnerships with faith-based organizations to better reach and connect with older adults in underserved and hard-to-reach communities.	3.1.1 Increase AACAP visibility and presence among faith-based organizations	3.1.1.1 Short Term: Actively participate in local events, such as resource fairs and interagency meetings. 3.1.1.2 Intermediate: Build relationships with local faith-based leaders and establish partnership in bringing AACAP information to their communities. 3.1.1.3 Long Term: Increase partnerships with faith-based organizations to better reach and connect with older adults in underserved and hard-to-reach communities.

Objectives	Strategies	Outcomes
<p>3.2 Foster connections between the ADRC, non-profits, for-profits, and government agencies through support for the Aging Services Council of Central Texas (ASC).</p>	<p>3.2.1 Support, strengthen, and increase awareness of ASC through continued hosting, leadership participation, and grant management for program coordinator a</p>	<p>3.2.1.1 Short Term: Provide for the support of ASC through program coordination, including monthly meetings, website, and outreach.</p> <p>3.2.1.2 Intermediate: Increase membership funding by 50-100% to support self-sustainability.</p> <p>3.2.1.3 Long Term: Seek out and successfully obtain grants for continued paid coordination of ASC to ensure ASC effectiveness in providing for collaboration of aging services agencies.</p>

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Goal 4: Strengthen Aging Services Network infrastructure.

Objectives	Strategies	Outcomes
<p>4.1 Ensure AAACAP staff are familiar with changing HHSC-OAAA policy's, service definitions, or TAC rules that impact service deliveries</p>	<p>4.1.1. Require Care Coordination staff to attend required training and/or meetings that pertain to their duties or functions that will discuss changes to program guidance.</p> <p>4.1.2. AAACAP Director or designee will attend HHSC semi-annual training provided in conjunction with TARC's semi-annual meetings and share relative and pertinent information with the AAACAP leadership team as needed.</p>	<p>4.1.1.1 Short Term: Staff will provide Care Coordination and Caregiver Support services within programmatic guidelines</p> <p>4.1.1.2 Intermediate: The AAACAP will remain in compliance with service provision per written guidance materials.</p> <p>4.1.1.3 Long Term: The AAACAP will not have any findings relative to the provision of services during HHSC-OAAA monitoring.</p>

Objectives	Strategies	Outcomes
<p>4.2 Ensure existing AAA infrastructure has additional funding resources to support and sustain current programmatic capacity</p>	<p>4.2.1 AAACAP will research additional funding sources and apply for grants that will enhance existing programs or initiate new diversified programs.</p>	<p>4.2.1.1 Short term: Staff will identify at least 3 grants per year that would access additional funding resources.</p> <p>4.2.1.2 Intermediate: AAACAP will secure at least 1 grant per year.</p> <p>4.2.1.3 Long Term: AAACAP will have a diversified funding stream.</p>
<p>4.3 Develop relationship with Community Care Hub(s)</p>	<p>4.3.1 AAACAP will develop a partnership with a Community Care Hub</p>	<p>4.3.1.1 Short Term: AAACAP will establish a contractual relationship with a CCH to provider and enhance services and supports to seniors in the region.</p> <p>4.3.1.2 Intermediate: AAACAP will provide at least one contracted service in partnership with the CCH.</p> <p>4.3.1.3 Long Term: AAACAP will have a sustained funding steam in collaboration with the CCH</p>

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Goals Specific to Capital Area Needs Assessment Data

Goal	Strategies	Outcomes
<p>5.1 Develop and implement strategies to streamline access and reduce wait times for Care Coordination and Caregiver Support Services.</p>	<p>5.1.1 Assess current processes, prioritize areas for improvement.</p> <p>5.1.2 Leverage technology in redesigning workflow and processes.</p> <p>5.1.3 Strengthen client preparation for service enrollment.</p> <p>5.1.4 Increase collaboration with referral sources.</p>	<p>5.1.1.1 Short Term: shorter queue wait-times with faster initial contact, increased service capacity, improved client satisfaction, and quicker identification of high priority referrals.</p> <p>5.1.1.2 Intermediate: improved access for high-need populations, enhanced client engagement, and increased overall efficiency.</p> <p>5.1.1.3 Long Term: support better continuity and quality of care following facility discharge and health crisis recovery, reduce the risk of re-hospitalization due to earlier intervention, and strengthen overall program performance.</p>

Goal	Strategies	Outcomes
<p>5.2 Re-evaluate and revamp screening process to ensure the most vulnerable populations including those experiencing the greatest social need (GSN) and greatest economic need (GEN) in the AACAP region are able to access appropriate services in a timely manner.</p>	<p>5.2.1 Assess current screening processes and tools</p> <p>5.2.2 Create/revise structured, standardized screening tool utilizing a scoring system to identify individuals experiencing GSN/GEN.</p> <p>5.2.3 Train staff and community partners in implementing the screening tool.</p> <p>5.2.4. Investigate use of electronic submission of self-assessment needs.</p>	<p>5.2.1.1 Short Term: improves consistency in intake, helps staff quickly identify high-need individuals, and ensures faster, more accurate referrals to appropriate services, especially for underserved and rural populations.</p> <p>5.2.1.2 Intermediate: leads to a more balanced distribution of services, directs more resources to those with the greatest need, and reduces wait times for high-priority clients</p> <p>5.2.1.3 Long Term: improves efficiency by directing resources to those with the highest need, supports better outcomes through earlier intervention, and strengthens data-driven planning across the AACAP region.</p>

Goal	Strategies	Outcomes
<p>5.3 Ensure that all activities which include service delivery by subrecipients and vendors are performed in compliance with the Older Americans Act (OAA) and are consistent with state and federal requirements.</p>	<p>5.3.1 Quality Assurance reviews are conducted through monthly programmatic and fiscal monitoring.</p>	<p>5.3.1.1 Short Term: Monthly reconciliation is completed timely by AAA staff by the 5th of each month for prior month's work.</p> <p>5.3.1.2 Intermediate: AAACAP monitoring will alleviate reporting error.</p> <p>5.3.1.3 Long Term: Quarterly reviews sent to the State Unit on Aging will be free of data errors.</p>
<p>5.4 Ensure client satisfaction is maintained.</p>	<p>5.4.1 Calls to clients are conducted in all OAA program areas once a service has been set up and delivered.</p>	<p>5.4.1.1 Short Term: Monthly surveys of randomly selected clients are completed.</p> <p>5.4.1.2 Intermediate: Client concerns are proactively addressed on a routine basis.</p> <p>5.4.1.3 Long Term: Surveys identify opportunities for service delivery improvement.</p>

Goal	Strategies	Outcomes
<p>5.5. Complaints are reported to the Texas Health and Human Services, Commission, Office of Area Agencies on Aging (OAAA) on a Quarterly basis as required by 26 TAC 213.151</p>	<p>5.5.1 AAACAP will submit complaint logs as requested timely to the OAAA.</p> <p>5.5.2 AAACAP will evaluate complaint logs by provider on a quarterly basis.</p>	<p>5.5.1.1 Short Term: Complaints will be turned in timely by vendors and subrecipients on a quarterly basis to AAACAP.</p> <p>5.5.1.2 Intermediate: Ensures vendors and subrecipients are assessing customer satisfaction on a quarterly basis.</p> <p>5.5.1.3 Long Term: Provides a way to record and evaluate trends and reduce agency risk.</p>

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Goal	Strategies	Outcomes
<p>5.6 In support of the trends identified in the Community Needs Assessment, ensure that transportation (TP) resources are expanded and available throughout the region, especially in rural areas.</p>	<p>5.6.1 Increase awareness of existing public TP services, the availability of volunteer and private TP programs, and knowledge of accessible and assisted TP services for older individuals.</p> <p>5.6.2 Expand and strengthen, through funding as available, exploration of TP funding, and mutual partnerships, availability and affordability of TP.</p> <p>5.6.3 Provide funding for TP of older individuals to activities and destinations which support a reduction in social isolation and an increase in optimal health, wellness, social engagement, independence and community involvement.</p>	<p>5.6.1.1 Short Term: AAA and ADRC Information and Referral unit maintains accurate and up-to-date resource databases and the public Community Resource Directory at CAPCOG website on TP resources. Ensure all contacts are screened for TP needs and provided appropriate resources; Ensure that AAACAP outreach activities include information on transportation resources available.</p> <p>5.6.1.2 Intermediate: Continued participation on the Capital Area Regional TP Coordination Committee (RTCC) to increase awareness of TP challenges for older adults and assist with finding solutions.</p> <p>5.6.1.3 Long Term: Increase partnerships that increase access to TP., to include: partnering with VA, community action agencies on possible voucher programs; with non-nutrition program senior centers throughout the region on possible ride access.</p>

1911 **Long Range Planning**

1912 **Reference: [OAA of 1965, as amended through P.L. 116-131 \(3/25/2020\)](#)**
1913 **Page 63**

1914 **Analysis of Population Growth in the Region-Impacts of Service**
1915 **Delivery**

1916 Central Texas has one of the fastest growing aging populations in the country and it
1917 is predicted to double over the next 20 years according to projection data from the
1918 Texas Population Projection Program ¹ . The population served by AAACAP has
1919 extrapolated over the course of the last few years with a subset of the population
1920 presenting high acuity needs and requests for services to meet those needs. These
1921 requests for services and increased statistics verifying needs have significant
1922 implications for the demands of service provision in the region.

1923 As persons age they become more vulnerable to chronic conditions and functional
1924 disabilities, which will lead to more persons that will be requesting increased service
1925 provision. Planning for future identifies how services will need to be delivered
1926 throughout 2029. It also ensures that the focus is on targeted
1927 populations identified by the federal OAA. Older adults who are in the greatest
1928 economic need, those in social isolation, those residing in rural areas, those living
1929 with severe disabilities, those at the most risk for institutionalization, those with
1930 limited English proficiency, those with Alzheimer’s Disease Related Dementia
1931 (ADRD), as well as caregivers for persons with these needs.

1932 The (AAACAP) is well positioned in its’ location and presence in the capital area to
1933 support the changing landscape of aging populations in the region and has
1934 evaluated and determined how the growth in populations will influence service
1935 delivery over the next decade. Planning for future AAACAP programs policies, and
1936 services in the PSA for FY 2027–2029 and the next ten years is based on a variety
1937 of factors, including the projections for older adult demographics in the region.
1938 AAACAP is planning now for a significant increase in its’ population aged 60 and
1939 over that also includes a great percentage of the vulnerable populations. The
1940 impacts of these demographic and economic factors on future AAA programs,
1941 policies, and services have been discussed routinely at an agency level ensuring
1942 alignment with the Texas State Plan on Aging (2026-2028).

1943

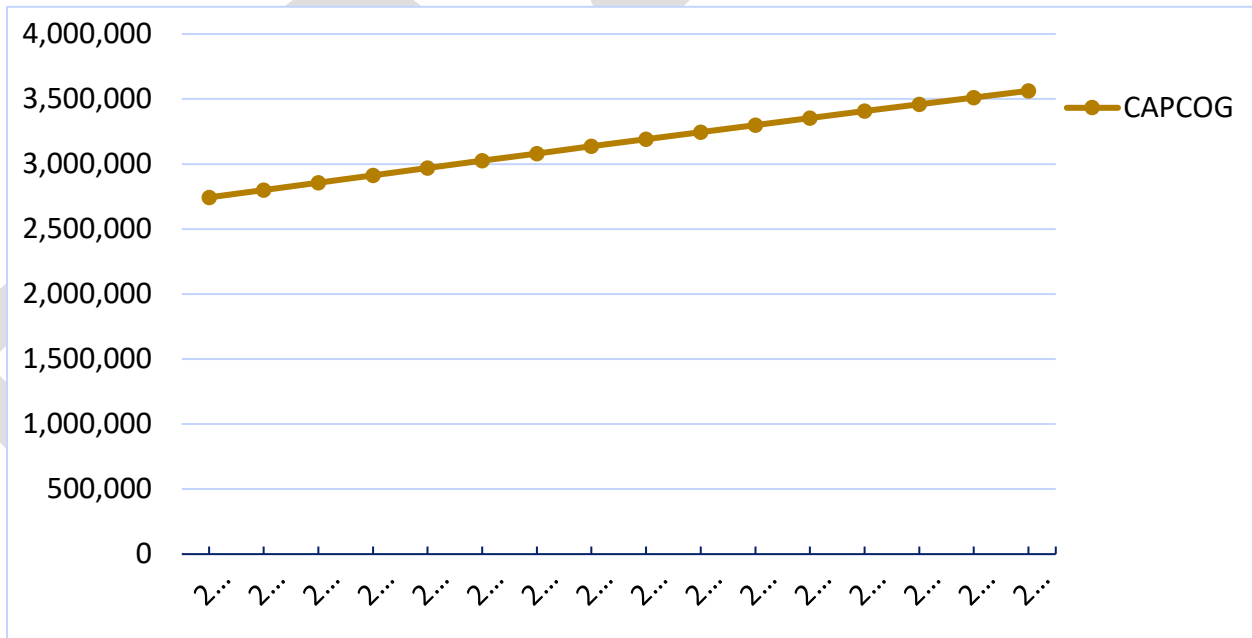
¹ [TDC - Projections](#)

1944 **Programs, Service and Policies Adjustments to Support**
1945 **Potential Change and Growth**

1946 In projecting improvements for the next 10 years, the Area Plan utilizes the
1947 gleaned data from the Community Needs Assessment conducted for use in this area
1948 plan as well as a SWOT analysis and stakeholder and public input to create an
1949 intentional and integrated plan for response. Discussions of how the programs,
1950 policies, and services provided by AACAP can be improved were based on the
1951 overall planning trends, strategies and goals that have been developed by AACAP
1952 for the Area Plan, as well as the Key Topic Areas, State Goals, State Objectives and
1953 Outcomes past and future performance measures for OAAA.

1954 Based on the socio-demographic and economic information as well as the projected
1955 population changes discussed in this Preparedness Assessment, AACAP is planning
1956 now for a significant increase in its population age 60 and over that also includes a
1957 great percentage of the vulnerable populations. As per Chart#17, between 2025-
1958 2040, the regional population is expected to grow as follows, by a total of 819,420
1959 persons.

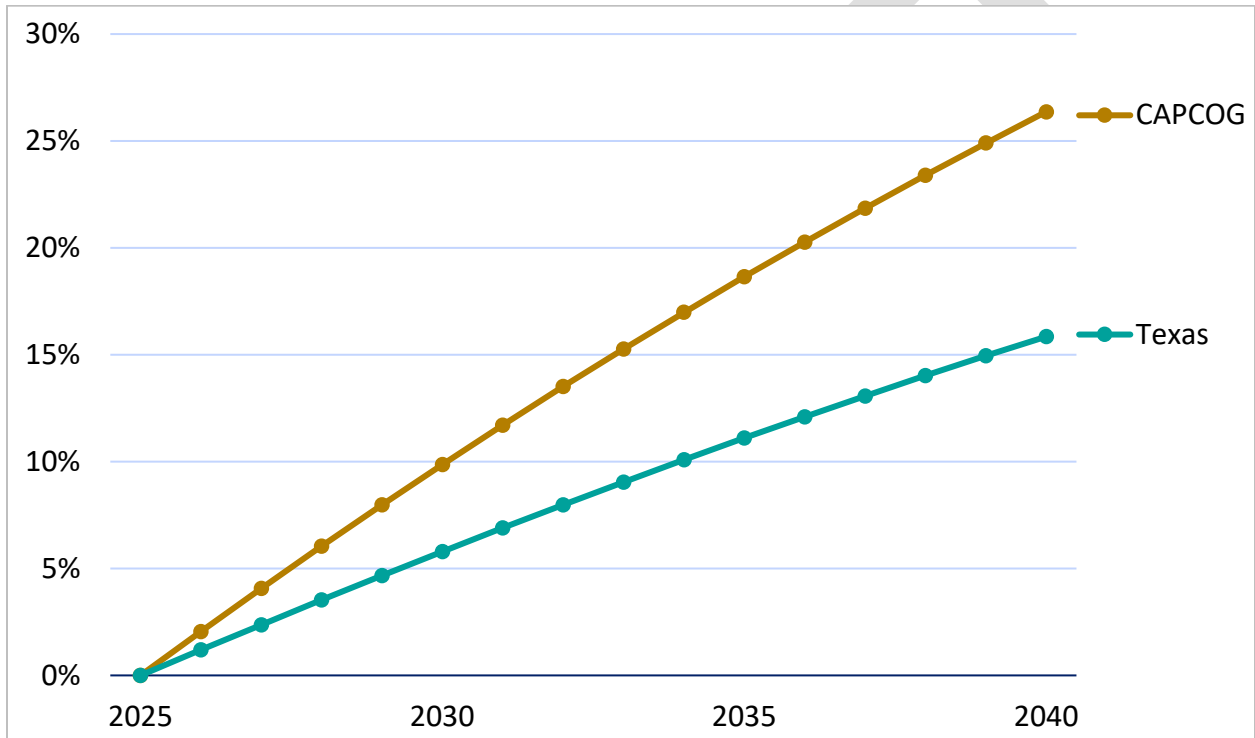
1960 **Chart #17: Projected Total Population Growth in the Region, 2025-2040**



1961
1962 Source: Texas Demographic Center

1963 Chart #18 demonstrates that between 2025-2040, the growth for the CAPCOG
1964 region outpaces that of the state – the region is projected to have a growth rate of
1965 26.4%, whereas the state of Texas is projected to have a growth rate of just 15.8%
1966 during this period.

1967 **Chart #18: Projected Total Population Growth Rate in the Region**
1968 **(Cumulative), 2025-2040**

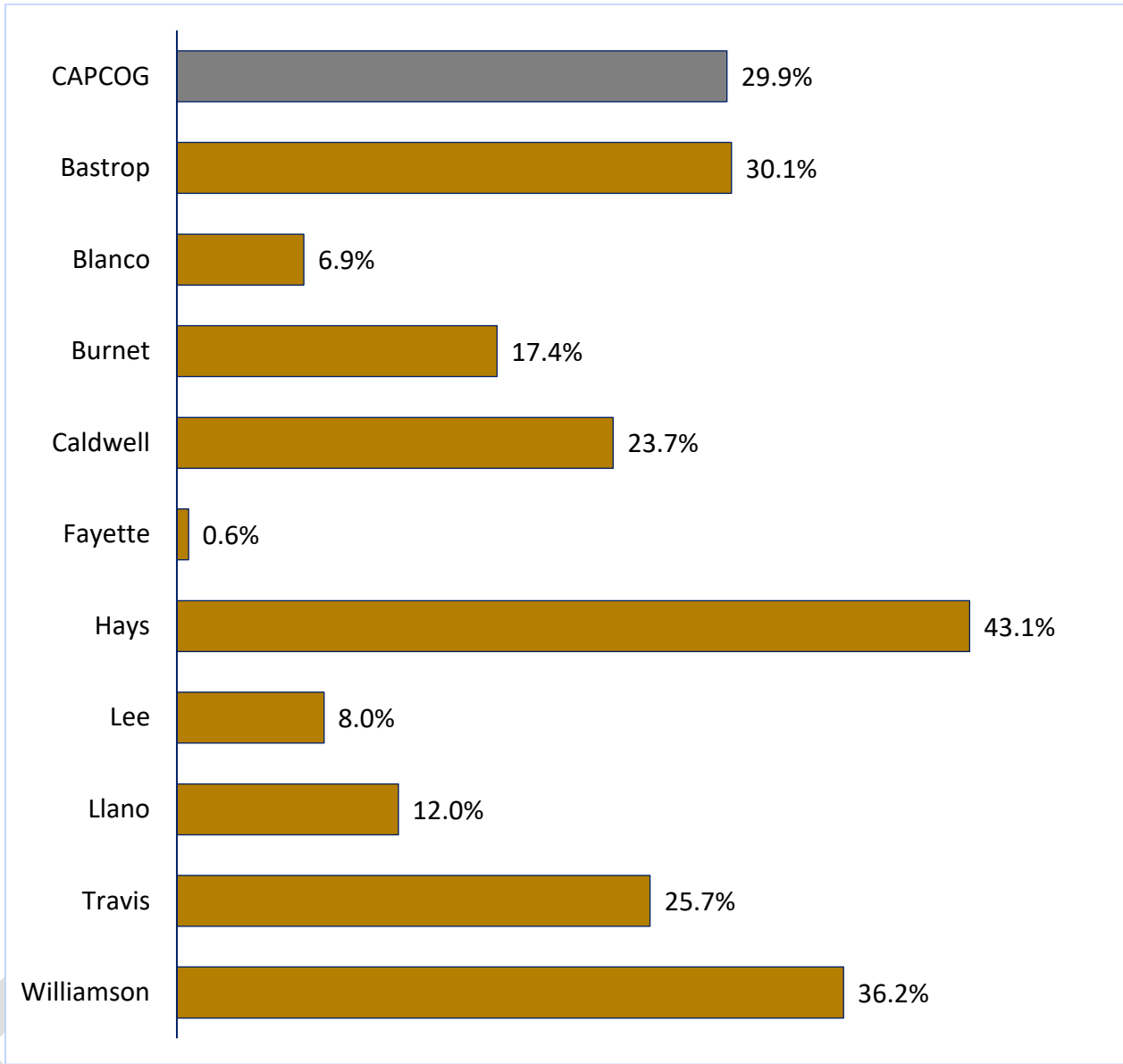


Source: Texas Demographic Center

1969 In addition, the population is projected to grow in each county served by CAPCOG,
1970 as demonstrated in Chart #19, although the rate of growth is significantly lower in
1971 the more rural counties, to include Blanco, Lee, Llano, and Fayette, with the
1972 smallest projected rate of growth.
1973
1974
1975

1976
1977
1978
1979

1980 **Chart #19: Projected Total Population Growth Rate by County, 2025-2040**



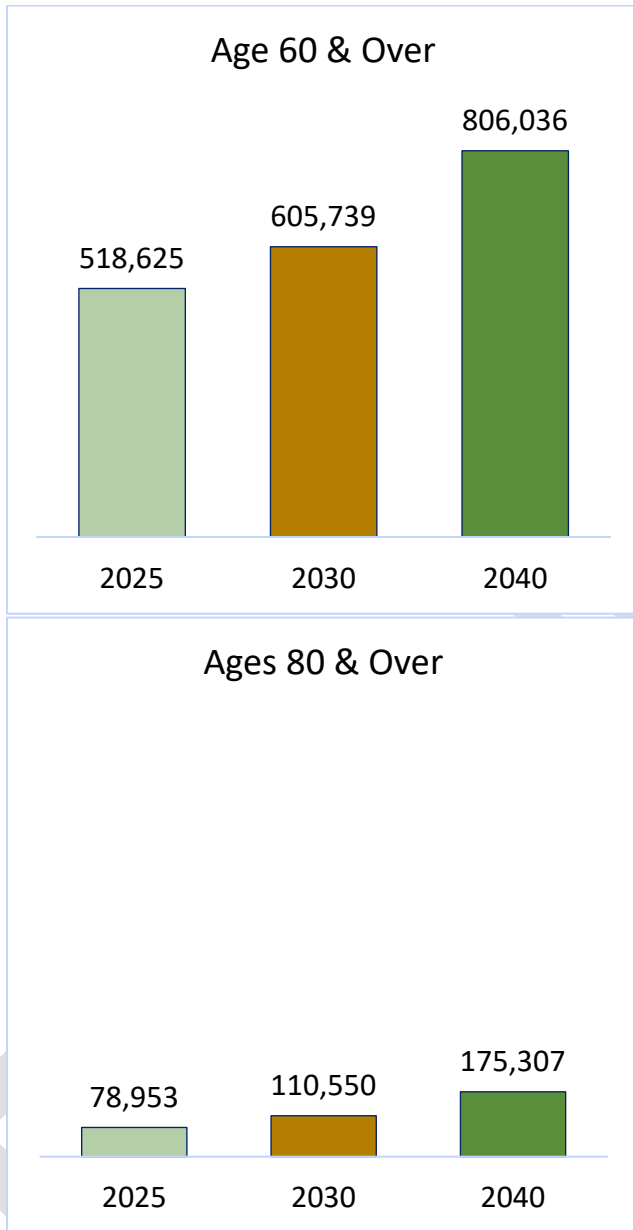
1981
1982 Source: Texas Demographic Center

1983 The data on projected growth rates for the total population informs the
1984 understanding of the projected growth rates for the target population served by
1985 AAACAP, those age 60 and over. As Chart #20 demonstrates, not only is a
1986 dynamic expected growth rate in this population, but the population of persons age
1987 80 and over is expected to double.

1988

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1990

Chart #20: Projected Population Growth in the Region for Age 60 & Over and 80 & Over, 2025-2040



1991

1992

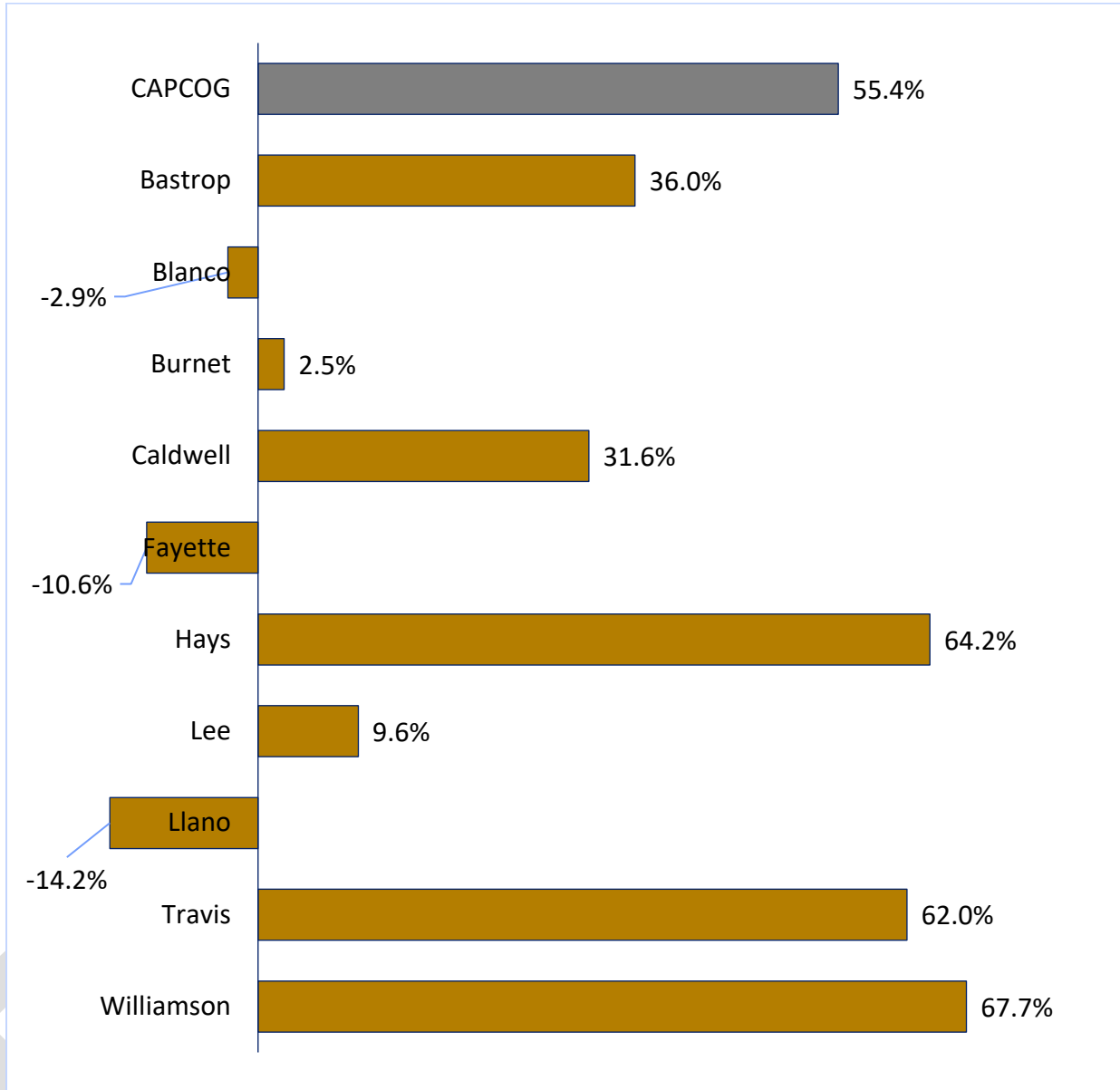
1993 Source: Texas Demographic Center

1994 Chart #21 provides a better analysis of how the growth of the older adult
1995 population will be distributed within the CAPCOG counties:

1996

1997
1998

Chart #21: Projected Population Growth Rate by County for Age 60 & Over, 2025-2040



1999

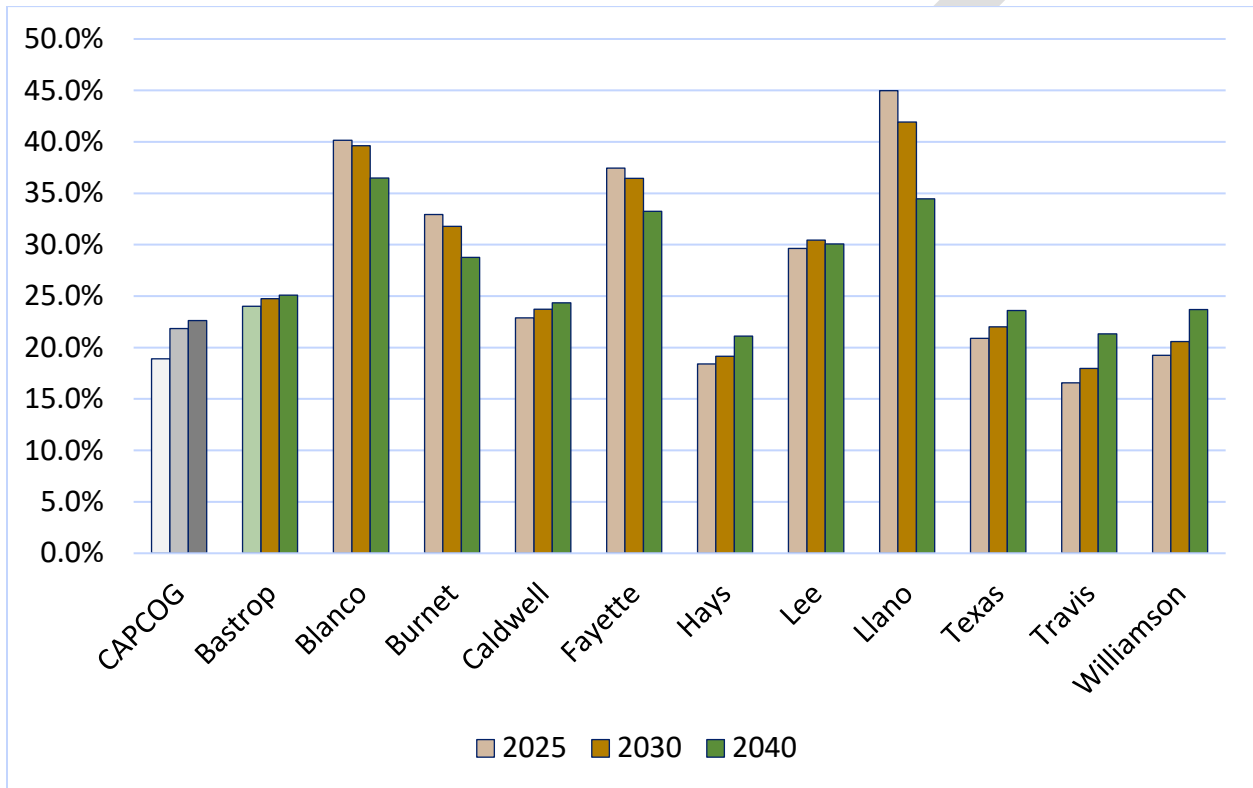
2000 Source: Texas Demographic Center

2001 Chart #22 is also vital to AAACAP planning for services, as it demonstrates the
2002 projected population growth by county for those age 60 and over as a percentage
2003 of the total county population. This data informs the agency on the stresses of
2004 serving a growing older adult population as the ratio of older adults to other
2005 demographic age groups that support them is increasing in many counties. The

HHS001603100005 2027-2029 Area Agency on Aging of the Capital Area Area Plan

2006 chart also includes the average across the CAPCOG region compared to the rates in
2007 Texas as whole.

2008 **Chart #22: Projected Population Growth by County for Age 60 & Over as a**
2009 **Percentage of Total County Population, 2025-2040**



Source: Texas Demographic Center

2010
2011
2012

2013 Despite these challenges, the region has strong community assets, including a
2014 network of healthcare facilities, nonprofit organizations, and community-based
2015 initiatives that can be leveraged to improve outcomes. Collaborative planning and
2016 expanded efforts to provide culturally competent education, caregiver support, and
2017 public awareness of its' needs has garnered community support and attention.
2018 AAACAP intends on focusing on these priorities, so the region can work toward
2019 ensuring equitable access to care and enhancing the quality of life for aging
2020 individuals and those with disabilities.

2021 In Preparations for the next decade the service array offered in all program areas
2022 may require adjustments to prioritize the highest level of needs and requests for
2023 services.

2024 **Nutrition Programs** AAACAP will support the allowability to use Grab & Go Meal
2025 flexibilities at congregate meal sites, if is feasible to do so and if the need is
2026 elevated enough to require the addition of this program, to align with OAA updates.

2027 **Access to Services** AAACAP will continue to enhance a wide array of outreach and
2028 social media presence via presentations, health fairs, conferences, and webinars to
2029 bring awareness of available services and educate the community on the complex
2030 factors that impact older adults and family caregivers. Medicare benefits counseling
2031 and information on entitlement programs will need to be expanded to support more
2032 requests of persons calling making inquiries to offset increased costs as was
2033 identified and is in alignment with the community needs assessment survey results.

2034 **Care Coordination/Caregiver Support** AAACAP will continue to show an
2035 increased need and rise for support in these areas based on health care needs
2036 increasing and requested caregiver support for persons requiring respite, training
2037 and navigation will need to be enhanced.

2038 **Evidenced-Based Health and Wellness Programs** AAACAP will continue to see
2039 a demand in requests for EBI programs that enhance persons being able to age in
2040 place and reduce health risk and subsequent hospitalizations.

2041 **Transportation** access AAACAP has seen an increase in requests for transportation
2042 in all areas of programming and will need to further explore vendors that can
2043 provide services especially in hard-to-reach counties in rural communities.

2044 **Recommendations to the State Unit in Aging (SUA)**

2045 AAACAP supports the OAAA in designing and providing a uniform process guide to
2046 new staff when they are hired. The guide could include information on database use
2047 and case scenarios.

2048 AAACAP supports the OAAA staff perform on-site visits and engage at the local level
2049 so that the ground level work can be recognized and understood (boots on the
2050 ground).

2051 AAACAP encourages all opportunities for grant submissions to be shared via
2052 broadcast messages to the AAA network.

2053 AAACAP supports OAAA participation in grant applications at that state level that
2054 can be used to supplement funds and passed down to the local level to fill in gaps
2055 for existing needs and resources to meet those needs.

2056 **Organizational Sustainability Planning**

2057 AAACAP supports a goal of ensuring that staff receive cross-training in cases where
2058 additional coverage is required in the event of unforeseen circumstances and staff
2059 must be away from the physical office location.

2060 AAACAP supports continuing to build on staff strengths and honor that they may be
2061 designated as Subject Matter Experts by title at the agency level.

2062 Succession Planning is always considered prudent and is supported by AAACAP-as
2063 often when someone leaves the agency procedures and history of work processes
2064 often get lost leading to inefficiencies in workflow.

2065 AAACAP intends on leveraging existing resources by continuing to evaluate any
2066 budgetary constraints and allowable shifts in funding as appropriate. AAACAP also
2067 seeks opportunities to ensure in-kind match is properly utilized when funding is
2068 evaluated.

2069 AAACAP supports building on the existing outreach plan that aptly utilizes a
2070 targeted focused approach when looking at both scheduling and participation in
2071 outreach events throughout the 10-county CAPCOG region. Based on activities,
2072 which are carefully reviewed and tracked, the plan is evaluated and revised each
2073 year for maximum effectiveness. The program targets the most vulnerable
2074 populations, including older adults in rural areas, persons with disabilities and
2075 persons who are low-income. In creating, implementing, and adjusting the plan,
2076 the agency utilizes regional needs assessments, previous year data, and conducts
2077 Strengths Weaknesses Opportunities Threats (SWOT) analysis to understand gaps
2078 in the regional service areas. The plan describes in detail five strategies, as follows:
2079 1. Ensuring activities reach all CAPCOG counties and target vulnerable populations;
2080 2. Collaborating with community allies in providing targeted outreach throughout
2081 the region, both building on collaborations and establishing new relationships;
2082 3. Utilizing best practices to ensure efficiency, such as continued selection of
2083 activities, data tracking and analysis and ensuring a variety of activities to reach
2084 different population; 4. Ensuring that AAACAP service providers (senior centers and

2085 meal providers) support outreach activities; 5. Collaborating with non-profit, for-
2086 profit, and government agencies in each county.

2087 AAACAP was recently awarded a grant through the National Council on Aging to
2088 operate as a Benefits Enrollment Center. The grant was awarded for 30 months at
2089 \$300,000. It is imperative that if offered continuation of these funds that AAACAP
2090 further accepts this sustained funding to support the region and vulnerable clients
2091 served.

2092 The AAACAP was further awarded a grant from the St. David's Foundation to assist
2093 with evaluating and applying for additional grants that support existing programs or
2094 to establish new programs. The purpose of the grant is to assist the AAACAP with
2095 locating additional funding sources to offset the loss of the 2025 Carry Over funding
2096 and the loss of 25% of the 2024 funding, which equaled 3.4 million dollars loss to
2097 the region. The AAACAP is contracting with Elite Research LLC to identify and apply
2098 for grants that support the AAACAP programs.

2099

2100 **Appendix A – Emergency Preparedness**

2101 **Reference:** [45 CFR 1321.103](#)

2102

2103 **CAPCOG Emergency Preparedness Plan for which the AAA is**
2104 **included.**

2105 The CAPCOG AAACAP Disaster Recovery and Business Continuity Plan addresses
2106 transition and ongoing operations. The plan provides for uninterrupted service
2107 delivery to the consumer whenever possible. Consumer needs are and will continue
2108 to be the mission and priority of AAACAP.

2109 AAACAP, in coordination with its sister hosted agency, the ADRC-CAP will work
2110 CAPCOG leadership as well as local, state and federal officials for the following, in
2111 priority order: Comply with all directives related to the emergency; Safeguard the
2112 physical, mental and emotional health of first, its employees, secondly, support to
2113 its subrecipients, partners and consumers; Actively seek unique methods and
2114 means to work with consumers, subrecipients and partner agencies to ensure
2115 consumers’ essential needs are met. It is understood that these needs are often
2116 exacerbated by the emergency. AAACAP will continue its mission to serve as an
2117 advocate for the needs of the state’s most vulnerable populations: older adults and
2118 their caregivers. The actual plan also includes an Additional Staff Authorization list.

2119 **Explanation of Plan Development**

2120 The following plan is excerpted from the CAPCOG Recovery and Continuity Plan,
2121 Rev. 2019. This plan includes guidance for all CAPCOG agencies, including AAACAP,
2122 on the following: Purpose and Assumptions, including potential hazards; Business
2123 Continuity and Recovery Planning Team; Communications Plan; Critical Assets;
2124 Critical Operations; Operations Contacts, Suppliers and Contractors; Computer
2125 Inventory Form; Information Technology Security, Data and Records Recovery;
2126 Continuity of Management Plan; Temporary/Alternate Agency Location; and
2127 Insurance Coverage.

2128 Aging Services is one of the CAPCOG divisions. Aging Services. In the CAPCOG
2129 plan, Aging Services disaster and business continuity are addressed as follows:

2130 Section 1: Purpose and Assumption - Location and potential hazards that might
2131 affect AAACAP at CAPCOG

2132 Section 2.A: Business Continuity and Recovery (C&R) Planning Team - The Director
2133 of Aging Services is a member of the C&R Planning Team.

2134 Section 3: Communications - CAPCOG Member Services will support AAACAP's need
2135 to communicate with stakeholders and update the CAPCOG website to provide
2136 information and instructions on how stakeholders can reach staff and updated
2137 program delivery information.

2138 Section 4.B.2: Critical Assets – AAACAP leadership, building, communications
2139 infrastructure, equipment, data resources and operations.

2140 Section 5.B. 2: Critical Operations – Essential functions of AAACAP in the first week.

2141 Section 6.B.2: Operations Contacts, Suppliers and Contractors – Essential
2142 procedures and procedures to restart operation after minimal and maximum
2143 disaster impact.

2144 Section 7: Computer Inventory - Computer equipment to support AAACAP
2145 operations.

2146 Section 8: Information Technology Security, Data and Records Recovery – Data
2147 backup processes and technical contacts to continue secure and confidential
2148 AAACAP operations.

2149 Section 9: Temporary/Alternate Agency Location: steps to relocate CAPCOG,
2150 including AAACAP operations if necessary.

2151 Section 10: Continuity of Management Plan – Chain of Command and line of
2152 succession to ensure leadership of CAPCOG and reporting chain for AAACAP.

2153 Section 11: Insurance Coverage: Information on liability, workers compensation
2154 and replacement of equipment as needed.

2155 The intent of the plan is to provide guidance for actions taken by the CAPCOG Crisis
2156 & Response Team during the first week immediately following the event, those
2157 actions determining the work plan to reinstate, restore, or replace total functionality
2158 of the agency's operations.

2159 **Activities to be Conducted Specifically by the AAA in an**
2160 **Emergency:**

2161 AAACAP will follow all local, state and federal rules and regulations. Local AAACAP
2162 disaster procedures include the following:

2163 CAPCOG will inform HHSC within one (1) business day of an unplanned catastrophe
2164 that affects performance of operations and a timeframe for initiating CAPCOG's
2165 Recovery and Continuity Plan. The Director of Aging Services or their designee shall
2166 contact OAAA HHSC, within one business day of an unplanned catastrophe that
2167 affects performance of operations. CAPCOG will send an e-mail to the designated e-
2168 mail and if necessary, contact the leadership by phone for the appropriate office. If
2169 not available, notification will go to the leadership at the Community Access/Access
2170 and Eligibility will be notified, or as per HHSC guidance. Notification will be by e-
2171 mail, unless e-mail is unavailable. If the operations of the OAAA are affected,
2172 CAPCOG will notify HHSC as per HHSC guidance for such situations.

2173 The Director or designee will notify OAAA, HHSC of the timeframe for initiating the
2174 CAPCOG Disaster Recovery and Business Continuity Plan.

2175 The following are potential hazards that may realistically occur during operation,
2176 including, but not limited to instances such as natural disasters, situations when a
2177 facility is no longer available, etc.: High winds due to tornadic activity or severe
2178 storms; Fire or explosive device; Extreme power outages or interruption to
2179 operational communications and energy sources; Severe facility damage from other
2180 man-made causes; Damage to surrounding infrastructure; pandemic.

2181 Outline of course of actions to address the above issues: As per the CAPCOG
2182 Continuity and Recovery Plan, Section 5: AAACAP will follow the directions of the
2183 CAPCOG Continuity and Recovery Team. Procedures to restart operation after
2184 minimal disaster impact and procedures to completely restore operation after
2185 significant disaster impact. Restoration of physical site or implementation of a
2186 satellite site to include complete workstation capabilities.

2187 CAPCOG's Continuity and Recovery plan, Section 10, outlines the agency's
2188 approach to determining the disaster recovery site location. CAPCOG's outline in
2189 choosing a site includes:

2190 Temporary/Alternate Agency Location initial steps after event will be to assess and
2191 determine the extent of damage to physical space and the feasibility of repairs
2192 versus a longer-term impact requiring alternate temporary space or permanent
2193 relocation of the agency's primary location.

2194 Sites appropriate for minor damage (in which AAACAP's physical space can be
2195 operational within 3-6 weeks.) and sites appropriate for major damage
2196 (reinstatement of operations feasible after 4-6 months allowing for repairs and
2197 reconstruction). Specifications on appropriate sites, including such factors as square
2198 footage required, data and phone communications requirements, parking and near
2199 major arterial highways.

2200 The CAPCOG plan includes timeframe for backup and recovery procedures that will
2201 allow for restoring service (and whether the service restored is full or partial).
2202 These include actions to be taken within the first week to evaluate personnel safety
2203 and infrastructure needs. For AAACAP, the following procedures are outlined:
2204 Assess and report on status of availability of services to consumers; Restoration of
2205 physical site or implementation of a satellite site to include complete operations
2206 capabilities; Access to required reporting platforms to fulfill both program and fiscal
2207 contract obligations, including referral and assistance intake/call center functions.

2208 CAPCOG's plan addresses interruptions to the established plan of AAACAP
2209 operations and outlining communication processes, short- and/or long-term
2210 resolutions, action steps and response time frame are as follows: Contingency plan
2211 addressing interruptions to the established plan of operations is being developed for
2212 AAACAP in conjunction with the existing CAPCOG plan. The current plan includes
2213 communication processes, such as updating the CAPCOG website to provide
2214 information and instructions on how stakeholders can reach staff; Updated program
2215 delivery and deadline information and any information related to timelines for
2216 agency activities.

2217 Communication will be initiated to HHSC, the local 2-1-1, the AAA, LIDDA and
2218 Center for Independent Living, as well as the AAA Advisory Committee and other
2219 key stakeholders with status updates. Updates to services status will be provided
2220 on a 48-business-hour basis as needed until the resumption of normal services.

2221 AAACAP will use the following documentation and tracking instruments that will
2222 allow HHSC to determine if performance measures are met. AAACAP will utilize its
2223 laptops and its cloud-based SharePoint system, as well as the CAPCOG VPN to

2224 continue client services and tracking for all core service performance measures. If
2225 electricity/batteries are not available, AAACAP will track client services using paper
2226 intake forms. This data will be entered into the appropriate electronic trackers as
2227 soon as electricity to re-charge laptops is available.

2228 AAACAP will use the following reporting mechanism specific to disaster recovery
2229 and contingency operations: The CAPCOG Plan, Section 5, AAACAP operations,
2230 directly states AAACAP will communicate with funding agencies. The Director, Aging
2231 Services, or their designee, will notify HHSC of the emergency and the agency
2232 response as soon as communication means are available. This will be by e-mail to
2233 the appropriate e-mail to the OAAA office at HHSC and by phone, if e-mail is not
2234 available. AAACAP will follow the guidance provided by OAAA, HHSC regarding
2235 notification during non-business hours.

2236 AAACAP will ensure that it participates annually (or more frequently if required by
2237 HHSC) in an enterprise-wide test of the disaster recovery solution. AAACAP will
2238 actively seek unique methods and means to work with consumer needs that are
2239 related to the emergency.

2240 **AAACAP Specific Preparedness and Response for Conditions for**
2241 **Remote Services:**

2242 At the discretion of the CAPCOG Executive Director, and in compliance with local,
2243 federal, and state mandates, AAACAP may provide all services remotely or in a
2244 contact-free manner. This may occur due to pandemic conditions, natural
2245 disasters, or other emergencies.

2246 The provision of IRA services is a key priority in such circumstances, as consumers
2247 may experience additional needs for vital services such as food, medical care,
2248 caregiver support, rental and utility financial assistance and social isolation during
2249 such times of crisis. AAACAP is committed to ensuring that whenever possible IRA
2250 services continue regardless of the need to operate remotely.

2251 **Key Response Policies:**

2252 The safety of staff is the paramount requirement and is to be the first principle of
2253 any response.

2254 Every effort will be taken to ensure client services and Contract deliverables related
2255 to client services continue with no degradation of service, taking into consideration
2256 staff safety and the directives of CAPCOG and HHSC.

2257 HIPPA and protection of client and staff data will be followed at all times.

2258 Appropriate measures will include:

2259 Staff Training and written directives on the use of private data at remote locations

2260 Staff use of Google Voice or other means in making calls to clients that will protect
2261 the privacy of their personal cell and/or home phone numbers.

2262 No secure information will be stored on either personal or CAPCOG devices, to
2263 include Smartphones, laptops, tablets, desktop computers or jump drive.

2264 No client information is to be kept "hard copy". Any case notes, etc. taken at home
2265 must be kept in a secure location and brought to the office as soon as possible for
2266 shredding.

2267 NO information about or to clients will be scanned or transmitted by Smartphone or
2268 text messaging.

2269 Client information and discussions will be kept secure from unauthorized personnel
2270 in remote location.

2271 **Preparedness and Planning**

2272 Ensure that the CAPCOG SharePoint is functional and can be used as follows:

2273 All AAACAP documents are to be stored on shared cloud-based file servers, to
2274 ensure access from remote locations.

2275 The SharePoint TEAMS system is functioning to allow for team meetings and chat
2276 and phone communications when necessary.

2277 Ensure that AAACAP has a virtual platform, such as GoToMeeting to meet with
2278 community partners and the Aging Advisory Committee as necessary.

2279 Ensure all staff have internet at home, or arrange for other alternatives, such as
2280 hotspots.

- 2281 Ensure all staff have access to and are familiar with laptops.
- 2282 Ensure training of staff related to the disaster response plan and HIPPA
2283 requirements.
- 2284 Ensure AAA voicemails are received via the AVAYA system to all staff e-mails.
- 2285 Ensure all e-mails to aaainfo@capcog.org are received by all Access and Assistance
2286 staff.
- 2287 Ensure all staff have Smartphone and Google Voice loaded on Smartphones.
- 2288 Note: CAPCOG may provide stipends for use of personal Smartphones to staff
2289 based on the percentage of telecommuting required. This is at the discretion of the
2290 Executive Director.

2291 **Remote Access – general procedures:**

2292 AAACAP will ensure that key partner agencies are notified of continuation and
2293 adaptation of services. AAACAP will also confirm the availability of partner services
2294 for clients. These key partners include:

- 2295 • United Way 2-1-1 of the Greater Austin Area
- 2296 • ADRC of the Capital Area
- 2297 • OAAA, HHSC
- 2298 • Aging Advisory Council
- 2299 • Aging Services Council and members

2300 Back up options: If AAACAP or facility has been affected in such a way that AAACAP
2301 staff and CAPCOG systems are not functional.

2302 AAACAP will follow the directives of the Executive Director, CAPCOG and HHSC

2303 Consideration will be given to requesting that United Way/2-1-1 of the Greater
2304 Austin area serve as a back-up for consumer response.

2305 **Collaborative Efforts with Local Emergency Management**
2306 **Partners**

2307 AAACAP collaborates with key local emergency management partners both in
2308 planning for and responding to emergencies. This ensures that both the agency
2309 itself is emergency-ready, but also of equal importance, that the unique needs of

2310 older adults and their caregivers are included in planning and response efforts by
2311 partners throughout the region. The AAACAP serves as a key advocate and
2312 spokesperson in identifying the vulnerabilities and strengths of the older adult
2313 population in emergency situations of all kinds, as well as the challenges faced by
2314 their caregivers. As the AAA, the agency both provides for collaboration with local
2315 emergency management and ensures that its subrecipients and partner agencies
2316 provide for emergency planning and have access to emergency planning and
2317 response partners in the regions.

2318 The AAACAP has and does collaborate with the following emergency management
2319 partners:

- 2320 • Homeland Security, CAPCOG (connects AAACAP with county emergency
2321 management teams)
 - 2322 • Austin Resilience Network (the AAACAP is a member agency)
 - 2323 • City of Austin Emergency Management Department
- 2324

2325

2326 **Appendix B – Public Comment Activities**

2327 **Reference:** [45 CFR 1321.65\(b\)\(4\)](#) and [45 CFR 1321.29](#)

2328 AAACAP will ensure that a draft document is available at least 30 calendar days
2329 prior to submission for public comment. These activities will include:

- 2330 • Posting on the CAPCOG website at: www.capcog.org
- 2331 • Distribution to the Aging Advisory Council for both review and distribution to
2332 their constituents
- 2333 • Social Media postings
- 2334 • Distribution to agency subrecipients and stakeholders
- 2335 • Including flyers with QR codes linking to Public comments at community
2336 events

2337 An in-depth description of activities and results will be included in the final plan
2338 submission upon completion of the comment period.

2339

2340

2341 **Appendix C – Glossary**

- 2342 AAA: Area Agency on Aging
- 2343 AAACAP: Area Agency on Aging of the Capital Area
- 2344 ACL: Administration on Community Living (at U.S. Department of Health and
2345 Human Services)
- 2346 ACS: American Community Survey
- 2347 ADRC: Aging and Disability Resource Center
- 2348 ADRCCAP: Aging and Disability Resource Center of the Capital Area
- 2349 ADRD: Alzheimer’s Disease and Related Dementias
- 2350 AIRS: Alliance for Information and Referral Systems
- 2351 APS: Adult Protective Services
- 2352 ASC: Aging Services Council
- 2353 BC: Benefits Counselor/Benefits Counseling
- 2354 CAN: Community Advancement Network (Travis County/City of Austin)
- 2355 CAPCOG: Capital Area Council of Governments
- 2356 CARTS: Capital Area Transportation System
- 2357 CATRAC: Capital Area of Texas Regional Advisory Council
- 2358 CAN: Client Needs Assessment
- 2359 CIL: Center for Independent Living
- 2360 DFPS: (Texas) Department of Family and Protective Services
- 2361 DUA: Data Use Agreement
- 2362 EBI: Evidenced-Based Intervention (programs)

- 2363 GIS: Geographic Information System
- 2364 GILDS: Grants for Increasing Local Dementia Support, issued by the Texas
2365 Department of State Health Services beginning to entities throughout Texas,
2366 including Aging Services at CAPCOG, beginning in State FY 2025.
- 2367 HHSC: (Texas) Health and Human Services Commission
- 2368 HICAP: Health Insurance Assistance Program (for Texans)
- 2369 HIPPA: Health Insurance Portability and Accountability Act of 1996 (often used to
2370 refer to confidentiality/privacy requirements included in this Act)
- 2371 IRA: Information, Referral, and Assistance
- 2372 LIDDA: Local Authority for Intellectual and Developmental Disabilities
- 2373 MSA: Metropolitan Statistical Area
- 2374 MHA: Mental Health Authority
- 2375 OAA: Older Americans Act
- 2376 PSA: Planning and Service Area for Texas HHSC
- 2377 RITE: Respite Innovative Technology Enhancements (Federal grant)
- 2378 RSVP: Retired Senior Volunteer Program
- 2379 RTCC: Regional Transportation Coordination Committee
- 2380 SALT: Seniors and Law Enforcement Together
- 2381 SHIP: State Health Insurance Assistance Program
- 2382 SLTCO: State Long Term Care Ombudsman Office
- 2383 TCDS: Texas Center for Disability Studies at the University of Texas at Austin
- 2384 TDC: Texas Demographic Center
- 2385 Title III Services: Services funded through Title III of the Older Americans Act, as
2386 amended, and passed through Texas HHSC. While the bulk of the program funding

2387 is through the allocation of Title III dollars, AAACAP does derive support from client
2388 contributions/program income, match (in-kind and actual dollars) and donations.

2389 Title VII Services: Services funded through Title III of the Older Americans Act, as
2390 amended, and passed through Texas HHSC to support services of long-term care
2391 Ombudsman programs.

2392 TTAP: Texas Technology Access Program (at the Texas Center for Disability Studies
2393 at the University of Austin Texas)

2394

DRAFT

2395 **Appendix D: Detailed Methodology of AACAP**
2396 **Community Needs Assessment 2026**

2397 As discussed in the Community Needs Assessment AACAP created and conducted
2398 a regional Community Needs Assessment survey to ensure a broad range of input
2399 from older adults, caregivers, and service providers specific to the CAPCOG region.

2400 The survey was distributed/available February 5, 2026-March 15, 2026, both in-
2401 person and electronically to older adults, informal caregivers, and service providers
2402 in each county within the region.

2403 **Methodology**

2404 This methodology report provides information on the survey instrument, sampling
2405 strategy, results, limitations, and future research recommendations.

2406 Survey Instrument This non-experimental, cross-sectional study sought to
2407 understand the needs, concerns, and priorities for older adults. While all three
2408 participant groups identified by the Aging in Texas Well Methodology (older adults;
2409 informal caregivers of older adults; organizations providing services and support to
2410 older adults) were included in the surveys, the AACAP survey did not include
2411 differentiation by demographic group related to responses.

2412 Older adults were defined in this study as people 60 years of age and older (in
2413 accordance with most OAAA funded service eligibility guidelines), while informal
2414 caregivers are considered those who provide unpaid help to older adults, and
2415 included family members, spouses, friends, neighbors and other nonrelatives.
2416 Those determined to be associated with organizations providing services and
2417 support to older adults were any person providing paid or volunteer service to such
2418 agencies.

2419 To comprehensively identify the current and future priorities, quantitative and
2420 qualitative data were collected and analyzed in the survey. The survey was
2421 intended to be a self-report instrument; however, it is unknown if respondents had
2422 assistance when completing the survey which could impact survey responses. The
2423 Survey Monkey Team Advantage Plan software was used to collect the three
2424 participant groups' information via one instrument.

2425 Logic modeling in the first question of the survey asked respondents to select their
2426 participant age group (under 60,60-64,65-74, 75-84 or 85+).

2427 The mixed methods design provided flexibility in the types of questions posed,
2428 using both open-ended and closed-ended formatting. Questions for collecting
2429 quantitative data included ranking and checkboxes. Semi-structured qualitative
2430 questions offered respondents the opportunity to provide more detailed answers in
2431 comment and text boxes. Some checkbox questions offered the 'other' option
2432 where respondents could write a response different from the ones provided.

2433 The sample size included any survey in which more than Question 1 was completed.
2434 No differentiation was made between a fully completed or partially completed
2435 survey if at least two questions were completed.

2436 Throughout the survey and data dissemination process, AAACAP took every
2437 precaution to protect the identity and confidentiality of individual responses. All
2438 data was collected either via the Internet or paper surveys that required no
2439 personal information. No personal information was collected either on-line or on the
2440 paper surveys, which were either collected on site by agency staff not involved in
2441 data compilation or which were mailed using AAACAP self-addressed stamped
2442 envelopes. Participant names nor other types of identifiable information were not
2443 collected in the instrument; therefore, names do not appear on any related reports
2444 or public documents. At the end of the survey, a separate page provided
2445 respondents with information on how to contact AAACAP for services. The report
2446 uses qualitative data and quotations from open-ended survey responses, requiring
2447 some redactions to ensure confidentiality. The survey was based on a survey
2448 approved by the Texas Association of Area Agencies on Aging (t4a) and utilized in
2449 2025.

2450 **Survey Distribution**

2451 An intentional robust survey distribution plan began February 5, 2026-March 15,
2452 2026, and was distributed using the following methodologies:

- 2453 • A CANVA version in English and Spanish was initially created then populated
2454 into survey Monkey with a cover letter and a QR code.
- 2455 • A survey graphic including link to the survey was
2456 created and added to all AAACAP/ADRC staff
2457 email signature lines during survey process.



- 2458
- 2459 • An email script was written for helping
2460 professionals, consumer-focused and for family caregivers to send surveys

2461 out on behalf of AACAP congruent with the intended audience they were
2462 trying to reach when sharing the survey.

- 2463 • Links to the e-survey were e-mailed with a "cover e-mail" to callers who
2464 requested Information and Referral Navigation services from AACAP and
2465 ADRCCAP between the dates of 2/1/2026 and 2/25/2026. Surveys were also
2466 emailed to distribution groups of aging services collaborative community
2467 partners.
- 2468 • All surveys were copied in-house using administrative coding for survey
2469 printing.
- 2470 • Social media and E-newsletters: Information and the survey link were posted
2471 on the Aging Services Council (ASC) webpage and appeared in the ASC
2472 weekly E-blast for a two-month period.
- 2473 • Other distribution strategies included Face Book, the AACAP website, and
2474 insertion under staff email signatures.
- 2475 • Paper copies were mailed to AACAP Care Coordination and Caregiver
2476 Support clients who utilized services in 2025-2026.
- 2477 • Paper surveys were distributed at various locations by AACAP staff
2478 members throughout the region and then were later picked up after the
2479 surveys were completed. The surveys and instructions for survey completion
2480 were included at all AACAP and ADRCCAP outreach presentations and
2481 information tables held during the months of February 2026 – March 2026.
2482 The Participants had the choice of returning the surveys to the AACAP staff
2483 member while at the presentation or tabling event or mailing the surveys
2484 back to AACAP in a self-addressed, stamped envelope. Distribution sites
2485 included A wide range of agencies including senior non-profits, Community
2486 Resource Centers, Food Pantries, Senior Centers, libraries, and faith-based
2487 communities.
- 2488 • As mentioned, 1,000 surveys were received and entered via survey monkey
2489 platform to complete data compilation.

2490

2491 **AAACAP Survey distribution List -EVENTS**

County	Locations
Travis	Austin Public Library branches; Conley-Guerrero Senior Activity Center; Lamar Senior Activity Center; Dittmar Recreation Center; Shalom Austin; AGE of Central Texas; Riverbend Church
Hays	San Marcos Public Library; San Marcos Activity Center; Kyle Area Senior Zone; Wimberley Senior Center; Community Care (Kyle)
Caldwell	Lockhart Public Library; Lockhart Senior Activity Center; Golden Age Home; Luling Community Health Center
Bastrop	Bastrop Public Library; Bastrop Senior Center; Elgin Recreation Center; Bastrop Food Pantry; Lone Star Circle of Care
Blanco	Blanco Public Library; Gem of the Hills Senior Center
Burnet	Marble Falls Senior Center; Community Resource Center (Marble Falls); Lone Star Circle of Care
Fayette	Schulenburg Public Library; Senior Connections; Tejas Health Care; Flatonia Methodist Church
Lee	Giddings Public Library; Lee County Senior Center
Llano	Llano Public Library; Kingsland Public Library; Kingsland Hills Care Center
Williamson	Georgetown Public Library; Cedar Park Public Library; Allen R. Baca Center; Pflugerville Senior Center; Lone Star Circle of Care
Events Summary	
<ul style="list-style-type: none"> • 46 Events included presentations, health fairs, meetings, and classes • Held at libraries, senior centers, churches, clinics, and government sites • Coverage spans 10 counties with the highest concentration in Travis County 	

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AAACAP Survey distribution List -SUPPLEMENTAL LOCATIONS

County	Locations (City)
Bastrop	Bastrop County Emergency Food Pantry (Bastrop); Elgin Parks & Recreation Center (Elgin); Bastrop Public Library (Bastrop); Bastrop Community Senior Center (Bastrop); First United Methodist Church (Elgin); Mt. Moriah Missionary Baptist Church (Elgin); Lone Star Circle of Care (Bastrop); Smithville Community Clinic (Smithville)
Blanco	Blanco Public Library (Blanco); Gems of the Hills Senior Center (Blanco)
Burnet	Hill Country Villas; Community Resource Center; Marble Falls Senior Center; Marble Falls Church of Christ; Lone Star Circle of Care (all Marble Falls)
Caldwell	Golden Age Home; Lockhart Senior Center/Activity Center; Lockhart Public Library (Lockhart); Martindale Public Library (Martindale); First United Methodist Church; Meals on Wheels; St. John's Catholic Church; Luling Community Health Center (Luling)
Fayette	Schulenburg Public Library; Schulenburg Regency Villas; Senior Connections (Schulenburg); Flatonia Methodist Church (Flatonia); Tejas Health Care; Fayette Public Library (La Grange)
Hays	San Marcos Public Library; Brookdale; Hays County Food Bank; San Marcos Activity Center; senior apartments (San Marcos); Onion Creek Senior Center (Buda); Kyle Area Senior Zone; Community Care Health Center (Kyle); Wimberley Senior Center (Wimberley); Hill Country Senior Center (Dripping Springs)
Lee	Giddings Public Library; Lee County Senior Center (Giddings)
Llano	Kingsland Resource Center; Kingsland Hills Care Center; Kingsland Public Library (Kingsland); Llano Public Library (Llano)
Travis	Austin Public Library branches; Recreation & Senior Centers; Community Care clinics; churches; senior housing; cultural centers; nonprofits (Austin area, multiple locations)

Williamson

Taylor Public Library & Senior Center (Taylor); Georgetown Public Library (Georgetown); Round Rock senior centers & apartments; Cedar Park Public Library & Senior Center; churches (Georgetown/Hutto); Lone Star Circle of Care (Cedar Park)

Supplement Locations Summary

128 Supplemental Locations focused on accessible community sites
Locations included **libraries, senior centers, clinics, churches and food banks**
Coverage spans **10 counties** with the highest concentration in **Travis County**

2495

AAACAP Survey distribution List -EMAILS/MAIL-OUTS

County	Location
Williamson	WilCo Homeless Coalition (email)
Various	Senior Industry Council (email)
Various	ADRC Clients (Caregivers/Consumers/Professionals) - 2-1-26 to 2-25-26 (email)
Various	AAA IRA Clients (Caregivers/Consumers/Professionals 2-1-26 to 2-25-26 (email)
Travis	Austin Public Health (email)
Various Counties	Current or previous Care Coordination Clients (mail-out)

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2497 Survey Results

2498 The AAACAP survey focused on its identification of priorities for the future and
2499 current needs and priorities of older adult services in general. Rather than
2500 differentiating between the needs expressed by certain demographics (older adults;
2501 caregivers; and social service providers), AAACAP assessed the overall data on the
2502 priorities expressed overall relating to older adults age 60 and over. Based on the
2503 AAACAP regional Community Needs Assessment in 2026, data analysis identified
2504 the top priorities for the needs of older adults. These needs were reflected in both
2505 the quantitative responses as well as the qualitative responses.

2506

2507

2508 **Overarching Survey Results (English)**

2509 Based on the survey results, the greatest need identified by respondents relates to
2510 concerns about physical health issues affecting older adults and family caregivers.
2511 Specifically, 55.5% of respondents rated 'Physical health' conditions (such as pain,
2512 limited mobility, fall risk and trouble managing medications) as highly concerning.

2513 **Top 3 concerns for Older Adults & Caregivers (English)**

- 2514 1. Physical Health Issues 55.5%- Highly concerning
- 2515 2. Mental Health Issues 52.1% Highly concerning
- 2516 3. Financial Exploitation (scams/fraud) 51.0% Highly concerning

2517 **Top 3 concerns for Older Adults & Caregivers (Spanish Surveys)**

- 2518 1. Public benefits-66.67%
- 2519 2. Safety-medications, in-home care, transportation -60.0%
- 2520 3. Digital access, nutrition, social isolation- 53.33%

2521

2522 **Age Groups of Respondents**

Age Group	English Surveys %	Spanish Surveys %
Under 60	30.9	52.94
60-64	11.9	0
65-74	30.4	29.41
75-84	21.5	17.65
85+	5.3	0

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2528 **Top 3 Counties where Respondents or their care recipients live**

County	English Surveys %
Travis	44.1
Williamson	17.7
Hays	12.4

County	Spanish Surveys %
Travis	77.78
Lee	11.11
Other	1

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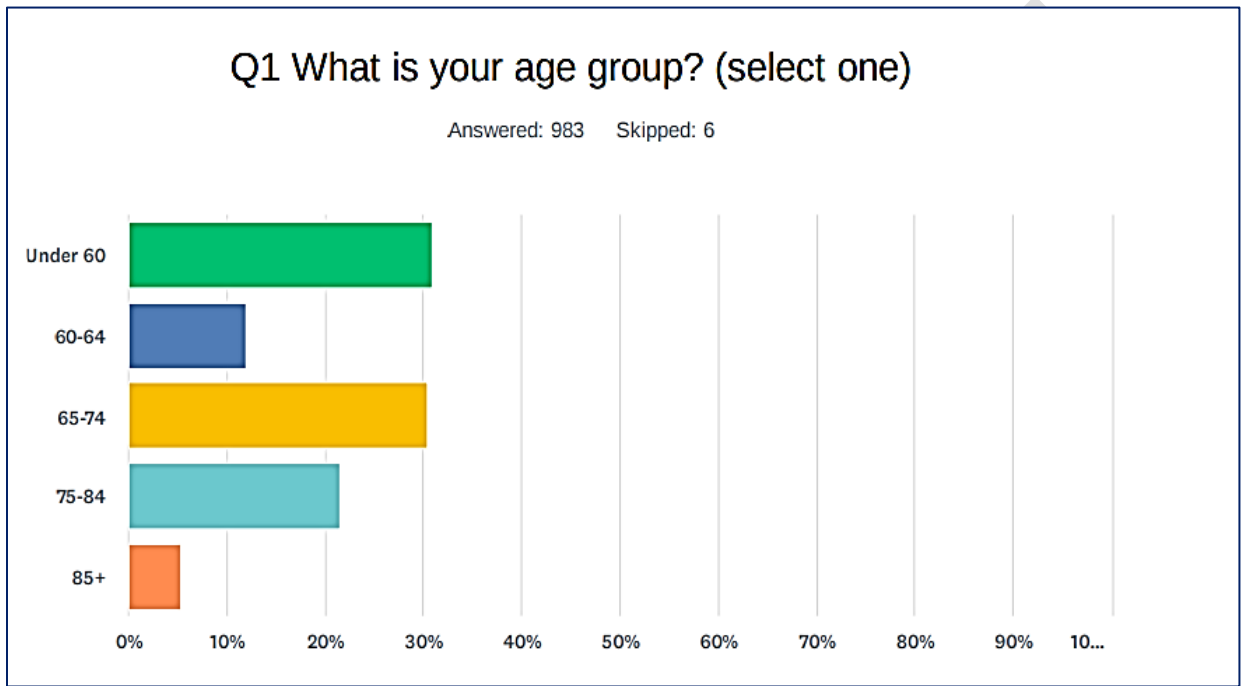
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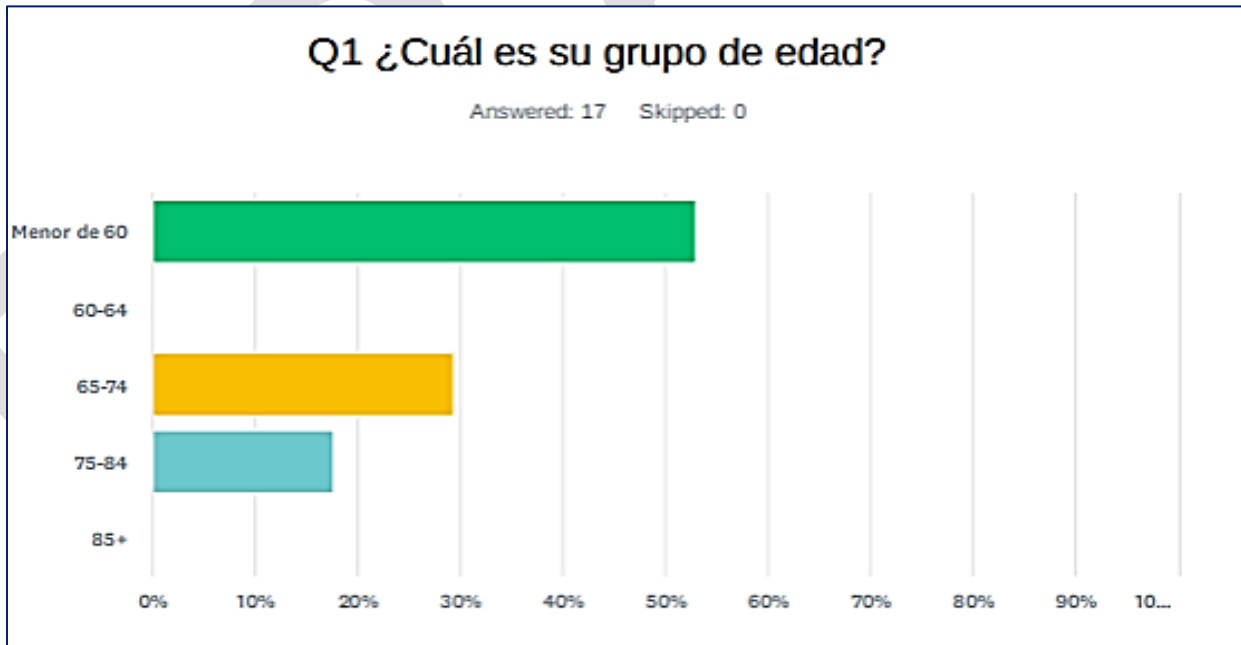
2534 **Results by Question**

2535 **Survey Question 1:**



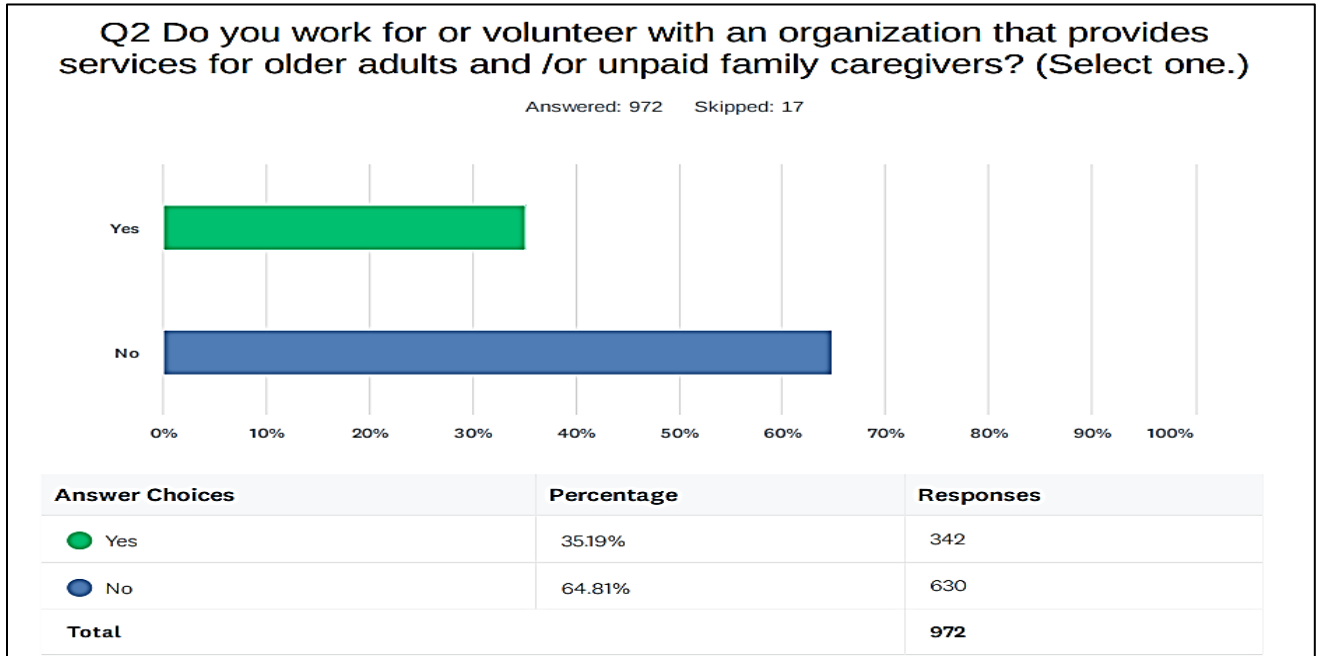
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2537 **Survey Question 1: Spanish Survey**



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2539 **Survey Question 2:**



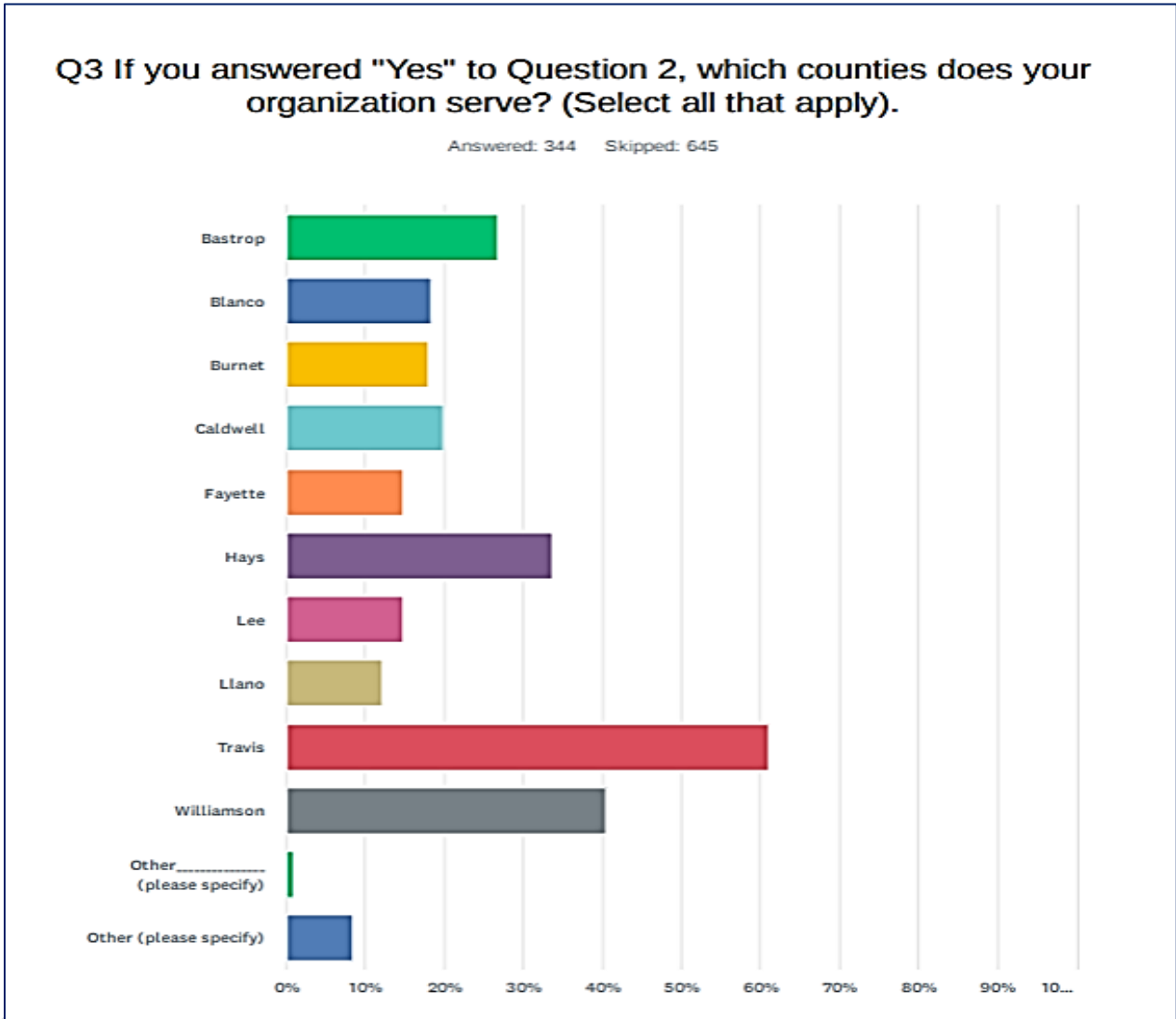
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2541 **Survey Question 2: Spanish Survey**



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2543 **Survey Question 3:**



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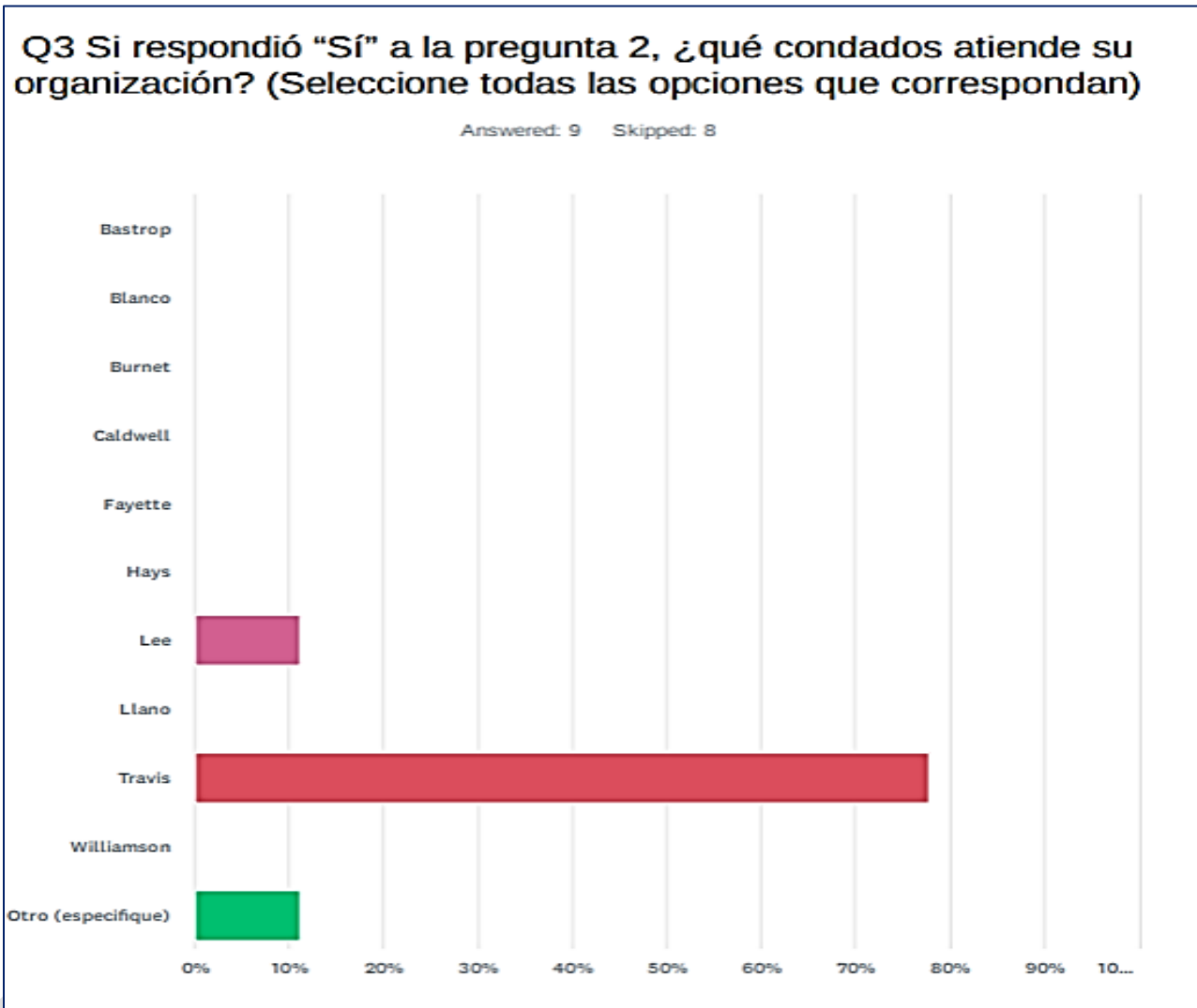
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2550 **Survey Question 3: Spanish Survey**



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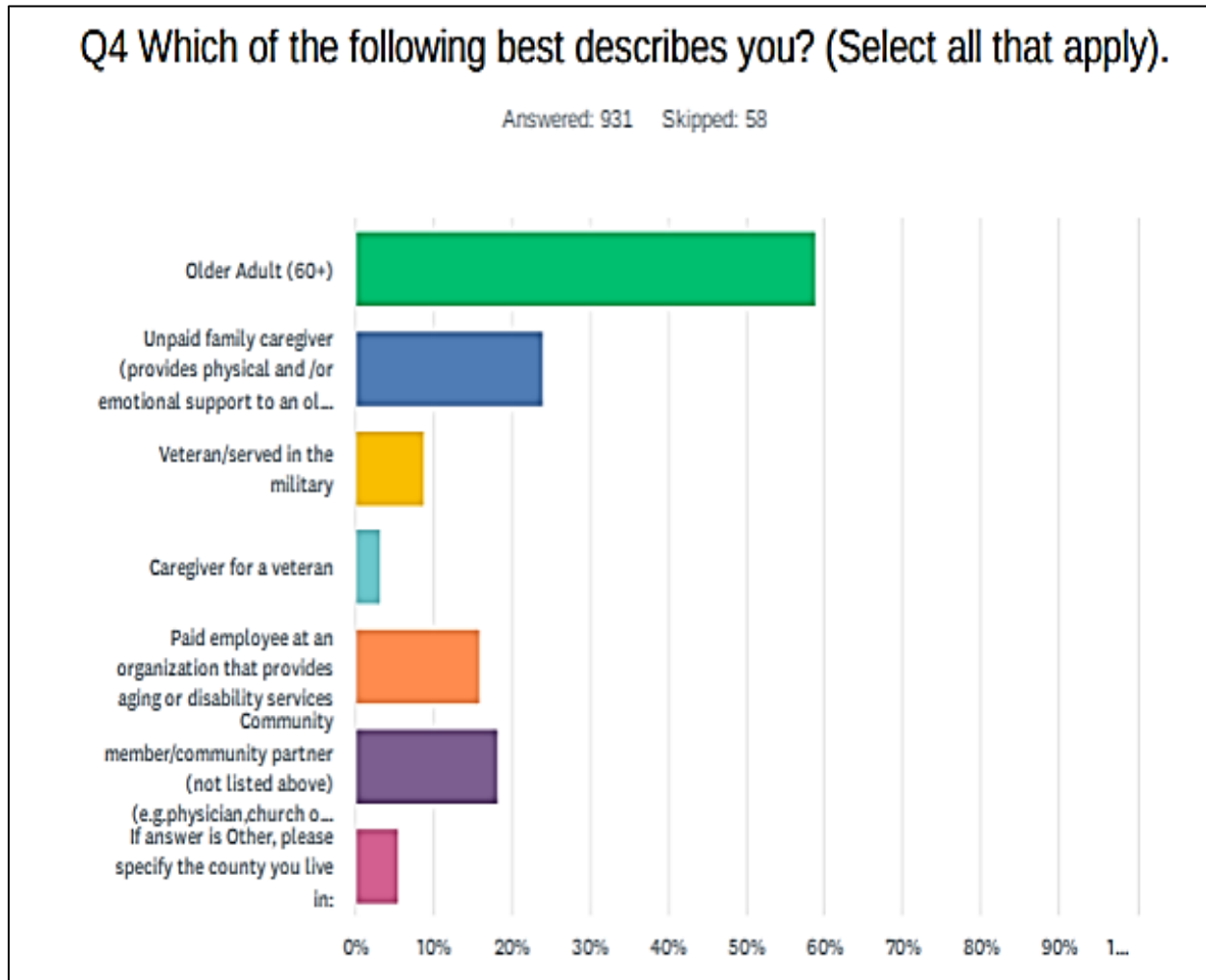
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2557 **Survey Question 4:**



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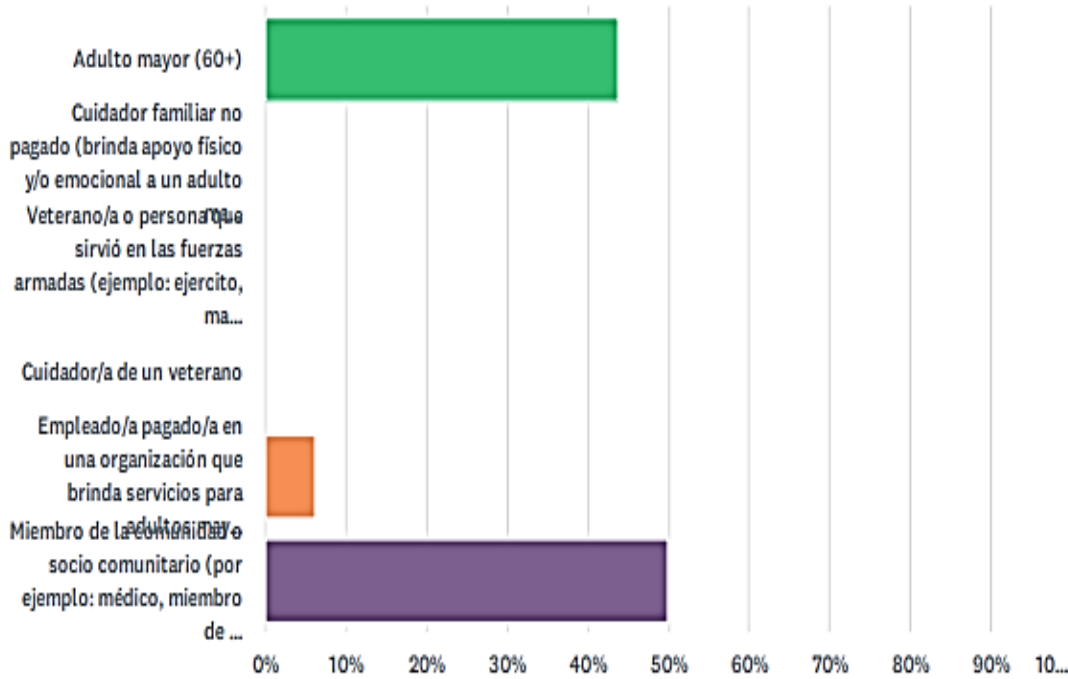
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2565 **Survey Question 4: Spanish Survey**

Q4 ¿Cuál de las siguientes opciones lo describe mejor? (Seleccione todas las que correspondan)

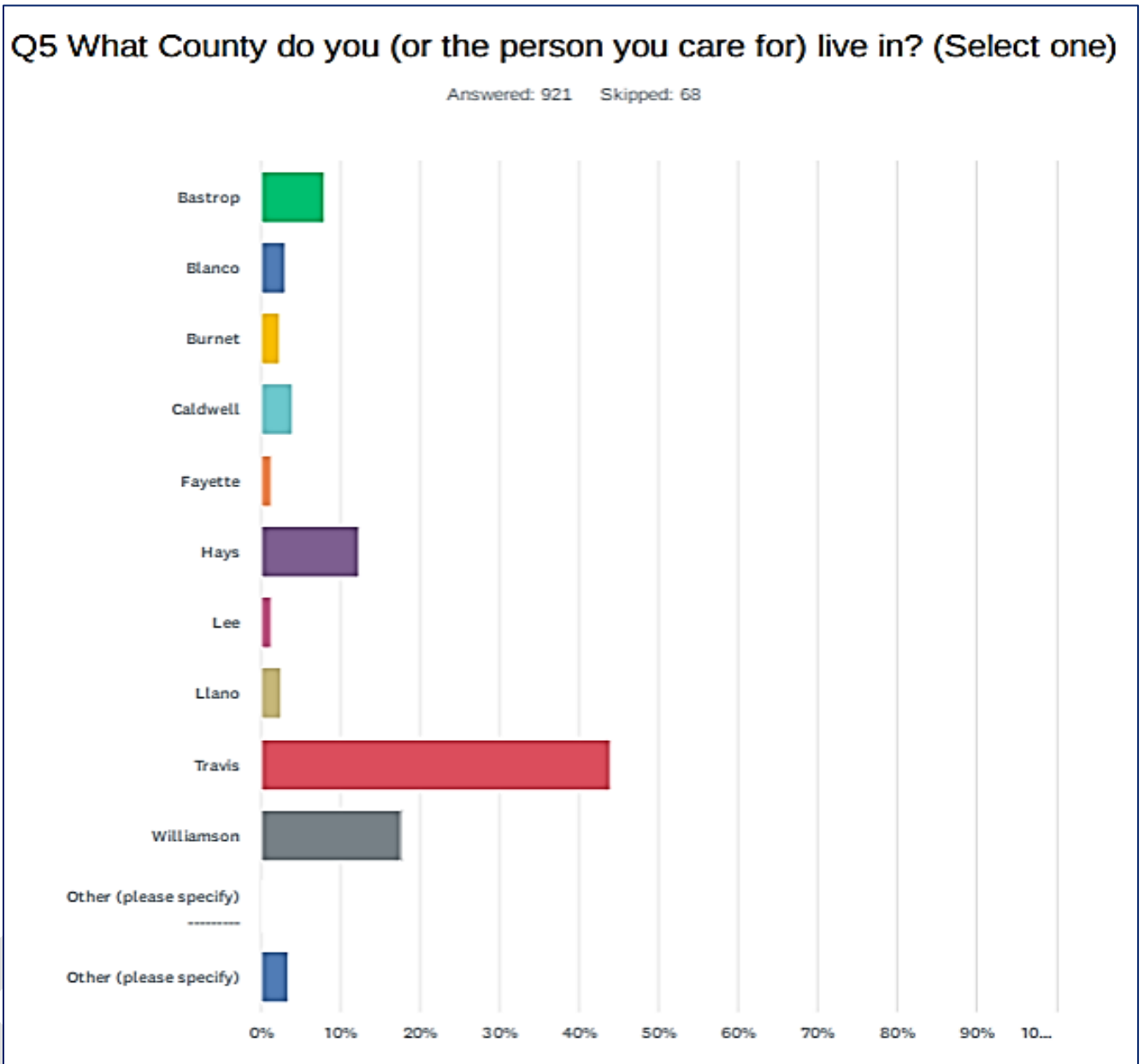
Answered: 16 Skipped: 1



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2567 **Survey Question 5:**



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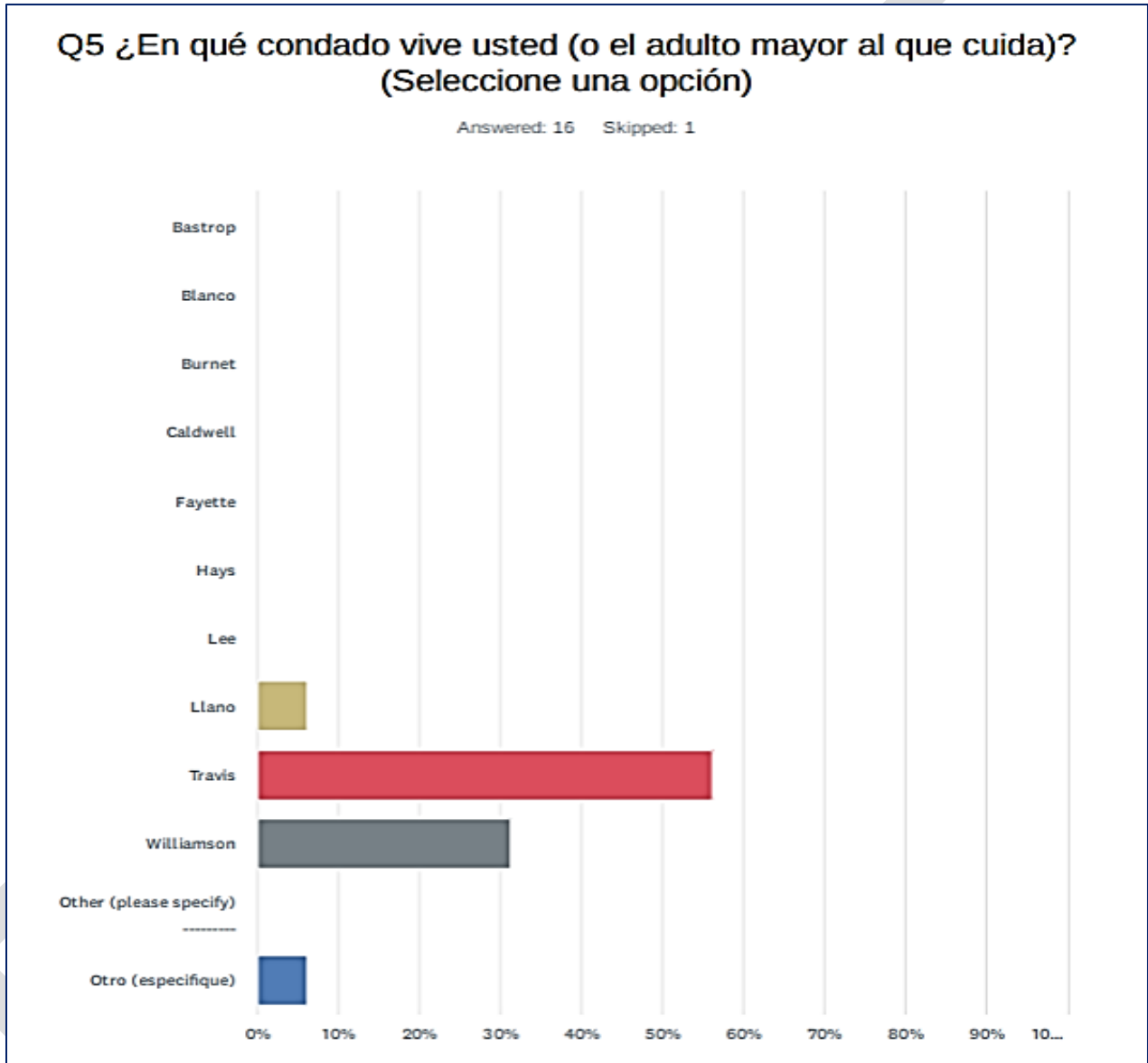
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2573 **Survey Question 5: Spanish Survey**



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2578 **Survey Question 6:**

2579 How Concerned are you about the following issues affecting older adults and/or
 2580 family caregivers in your community? (Use the rating scale below). ▲

	 Highly Concerning	 Somewhat Concerning	 Not Very Concerning	 Not Concerning At All	Total
Neglect or abuse: Examples: not getting needed care, being left alone unsafely, verbal/physical abuse, caregiver neglect, self-neglect concerns.	35.91% 321	23.83% 213	17.34% 155	22.93% 205	894
Transportation: Examples: no ride to appointments, unsafe driving, limited public transit, long wait times for rides.	50.56% 455	23.44% 211	10.89% 98	15.11% 136	900
Ability to Carry out activities of daily living (ADLs): Examples: needing help with bathing, dressing, toileting, walking, eating, grooming.	37.39% 335	32.92% 295	14.17% 127	15.51% 139	896
Getting information about services and benefits available: Examples: not knowing where to call, confusing paperwork, trouble finding resources, language barriers	49.89% 448	29.40% 264	9.91% 89	10.80% 97	898
In-home care services: Examples: needing a home aide, help after hospital discharge, respite support, difficulty finding or affording care.	47.37% 424	27.26% 244	10.73% 96	14.64% 131	895
Food and Nutrition: Examples: not enough groceries, difficulty cooking, special diet needs, food insecurity, limited meal options.	41.86% 373	28.96% 258	14.93% 133	14.25% 127	891
Public Benefits (Medicare/Medicaid): Examples: trouble enrolling, coverage gaps, high copays, renewals/recertification issues, denied services.	45.21% 406	27.84% 250	12.36% 111	14.59% 131	898
Home accessibility and safety (grab bars/ramps): Examples: fall hazards, stairs without rails, need for ramps, bathroom safety upgrades, poor lighting.	38.24% 343	32.33% 290	14.60% 131	14.83% 133	897
Medical and Legal Concerns Power of Attorney/Wills: Examples: needing advance directives, medical power of attorney, wills, help understanding legal documents.	38.62% 346	33.26% 298	16.29% 146	11.83% 106	896
Safe and Affordable Housing: Examples: rising rent, unsafe living conditions, risk of eviction, need for accessible housing, waiting lists.	50.11% 450	21.16% 190	12.14% 109	16.59% 149	898

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2584 **Survey Question 6: Spanish Survey**

2585 ¿Qué tan preocupado/a está por los siguientes temas que afectan a los adultos
 2586 mayores y/o cuidadores familiares en su comunidad? Use la siguiente escala:

	● Muy preocupante	● Algo preocupante	● Poco preocupante	● Nada preocupante	Total
Problemas de salud física: enfermedades crónicas, dolor, movilidad limitada, riesgo de caídas, dificultad para manejar medicamentos	46.67% 7	46.67% 7	6.67% 1	0% 0	15
Problemas de salud mental: depresión, ansiedad, problemas de memoria, estrés, fallecimiento de un ser querido, dificultad para dormir, abuso de sustancias falta de acceso a servicios de salud mental	46.67% 7	40.00% 6	13.33% 2	0% 0	15
Aislamiento social y soledad: vivir solo, pocas conexiones sociales, salir poco, no tener con quién hablar	53.33% 8	20.00% 3	13.33% 2	13.33% 2	15
Acceso digital (internet y capacitación): no tener internet confiable, no contar con un dispositivo, dificultad para usar celulares o tabletas, necesidad de apoyo o clases	53.33% 8	20.00% 3	6.67% 1	20.00% 3	15
Seguridad en la comunidad: sentirse inseguro al caminar, peligros de tráfico, vecindarios inseguros, mala iluminación, preparación para emergencias	60.00% 9	20.00% 3	6.67% 1	13.33% 2	15
Explotación financiera (fraudes y estafas): estafas por teléfono o mensajes, robo de identidad, cargos sospechosos, presión para enviar dinero	46.67% 7	26.67% 4	13.33% 2	13.33% 2	15

2587

	●	●	●	●	Tota
	Muy preocupante	Algo preocupante	Poco preocupante	Nada preocupante	
Negligencia o abuso: no recibir el cuidado necesario, ser dejado solo de manera insegura, abuso verbal o físico, negligencia del cuidador o autocuidado insuficiente	46.67% 7	33.33% 5	6.67% 1	13.33% 2	15
Transporte: falta de transporte a citas, manejo inseguro, transporte público limitado, largos tiempos de espera	60.00% 9	20.00% 3	13.33% 2	6.67% 1	15
Capacidad para realizar las actividades de la vida diaria (AVD): ejemplos incluyen necesitar ayuda para bañarse, vestirse, ir al baño, caminar, comer o arreglarse.	60.00% 9	13.33% 2	0% 0	26.67% 4	15
Información sobre servicios y beneficios: no saber a dónde llamar, trámites confusos, dificultad para encontrar recursos, barreras de idioma	53.33% 8	26.67% 4	20.00% 3	0% 0	15
Servicios de cuidado en el hogar: necesidad de ayuda después de una hospitalización, apoyo de respiro, dificultad para encontrar o pagar cuidado	60.00% 9	13.33% 2	6.67% 1	20.00% 3	15
Alimentación y nutrición: falta de alimentos, dificultad para cocinar, dietas especiales, inseguridad alimentaria	53.33% 8	13.33% 2	20.00% 3	13.33% 2	15
Beneficios públicos (Medicare/Medicaid): dificultad para inscribirse, falta de cobertura, copagos altos, problemas con renovaciones o servicios negados	66.67% 10	13.33% 2	6.67% 1	13.33% 2	15

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2592 **Survey Question 7:** From the list of most common services listed below by the
 2593 Area Agency on Aging, please rank the importance of each service for older adults
 2594 and family caregivers in your community. Use a scale of 1-4, where: 1 = Most
 2595 important, 2=Important, 3=Less Important 4= Not important at all

	 Most Important =1	 Important =2	 Less Important =3	 Not important at all=4	Total
Home Delivered Meals: Pre-prepared meals delivered to homebound individuals	44.07% 375	25.26% 215	14.57% 124	16.10% 137	851
Transportation: Rides to medical appointments, grocery stores, and essential errands	55.75% 475	21.36% 182	9.74% 83	13.15% 112	852
Congregate: Hot meals served at senior centers,	35.71%	26.10%	19.22%	18.98%	
2596 Health and Wellness: Programs that support health and wellbeing (e.g., A Matter of Balance Falls 2597 Prevention, Chronic Disease Self-Management, Diabetes Self-Management, Building Better Caregivers)	46.71% 397	25.18% 214	17.18% 146	10.94% 93	850
2598 Benefits Counseling: Help with Medicare enrollment/questions, Extra Help programs, and advance directives planning	48.11% 408	25.35% 215	12.97% 110	13.56% 115	848
2599 Information, Referral and Assistance: Help finding services and connecting to resources to meet individual 2600 needs	54.65% 464	23.67% 201	12.01% 102	9.66% 82	849
2601 Personal Assistance: Help with bathing, dressing, eating, toileting, and other personal care tasks	45.67% 385	23.01% 194	14.35% 121	16.96% 143	843
2602 Homemaker Assistance: Light housekeeping and meal preparation for those who cannot perform these tasks	44.48% 379	28.17% 240	13.26% 113	14.08% 120	852
2603 Residential Repair: Minor home repairs or modifications needed for health and safety	39.45% 333	27.37% 231	17.06% 144	16.11% 136	844
2604 Health Maintenance: Assistance with medications, nutritional supplements, glasses, dentures, hearing aids, and other health-related items	46.23% 392	28.66% 243	12.62% 107	12.50% 106	848
2605 Respite Care for Caregivers: Temporary support that allows unpaid family caregivers of an older adult (60+) to take a break and rest.	50.36% 419	21.15% 176	12.50% 104	15.99% 133	832
2606 Caregiver Education, Training & Information: Education and support to help family caregivers care for aging 2607 loved ones	43.55% 368	27.57% 233	13.73% 116	15.15% 128	845

2608 **Survey Question 7: Spanish Survey**

2609 De la siguiente lista de servicios apoyados por la Agencia del Área sobre el
 2610 Envejecimiento, por favor clasifique la importancia de cada servicio para los adultos
 2611 mayores y cuidadores familiares en su comunidad. Use una escala del 1 al 5,
 2612 donde: 1 = Más importante 5 = Menos importante

	 1 = Muy importante	 2 = Algo importante	 3 = Poco importante	 4 = Nada importante	Total
Comidas entregadas a domicilio: Comidas ya preparadas que se entregan a personas que no pueden salir de casa.	73.33% 11	13.33% 2	6.67% 1	6.67% 1	15
Servicios de transporte: Traslados a citas médicas, supermercado y mandados esenciales.	93.33% 14	6.67% 1	0% 0	0% 0	15
Comidas en grupo (en centros comunitarios): Comidas calientes servidas en centros para adultos mayores, sitios de vivienda y centros comunitarios.	73.33% 11	6.67% 1	0% 0	20.00% 3	15
Programas de salud y bienestar basados en evidencia: Programas que apoyan la salud y el bienestar (por ejemplo: A Matter of Balance— Prevención de Caídas, Manejo de Enfermedades Crónicas, Manejo de Diabetes, Building Better Caregivers).	80.00% 12	6.67% 1	6.67% 1	6.67% 1	15
Asesoría sobre beneficios: Ayuda con inscripción a Medicare y preguntas, programas como Extra Help, y planeación de documentos de decisiones anticipadas.	80.00% 12	20.00% 3	0% 0	0% 0	15
Información, recursos y asistencia: Ayuda para encontrar servicios y conectarse con recursos según las necesidades de cada persona.	93.33% 14	6.67% 1	0% 0	0% 0	15
Asistencia personal (tal como aparece nuevamente en el documento): Ayuda para bañarse, vestirse, comer, usar el baño y otras tareas de cuidado personal.	73.33% 11	20.00% 3	6.67% 1	0% 0	15
Apoyo en el hogar (tareas domésticas): Limpieza ligera del hogar y preparación de alimentos para quienes no pueden hacer estas tareas.	80.00% 12	20.00% 3	0% 0	0% 0	15

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	● 1 = Muy importante	● 2 = Algo importante	● 3 = Poco importante	● 4 = Nada importante	Total
Reparaciones en el hogar (residenciales): Reparaciones pequeñas o modificaciones necesarias para la salud y la seguridad.	86.67% 13	13.33% 2	0% 0	0% 0	15
Apoyo para mantener la salud: Ayuda con medicamentos, suplementos nutricionales, lentes, dentaduras, aparatos auditivos y otros artículos relacionados con la salud.	86.67% 13	13.33% 2	0% 0	0% 0	15

2617

Cuidado de relevo para cuidadores: Apoyo temporal para que cuidadores familiares no pagados de un adulto mayor (60+) puedan descansar.	86.67% 13	13.33% 2	0% 0	0% 0	15
Educación, capacitación e información para cuidadores: Educación y apoyo para ayudar a cuidadores familiares a cuidar a sus seres queridos que están envejeciendo.	93.33% 14	6.67% 1	0% 0	0% 0	15

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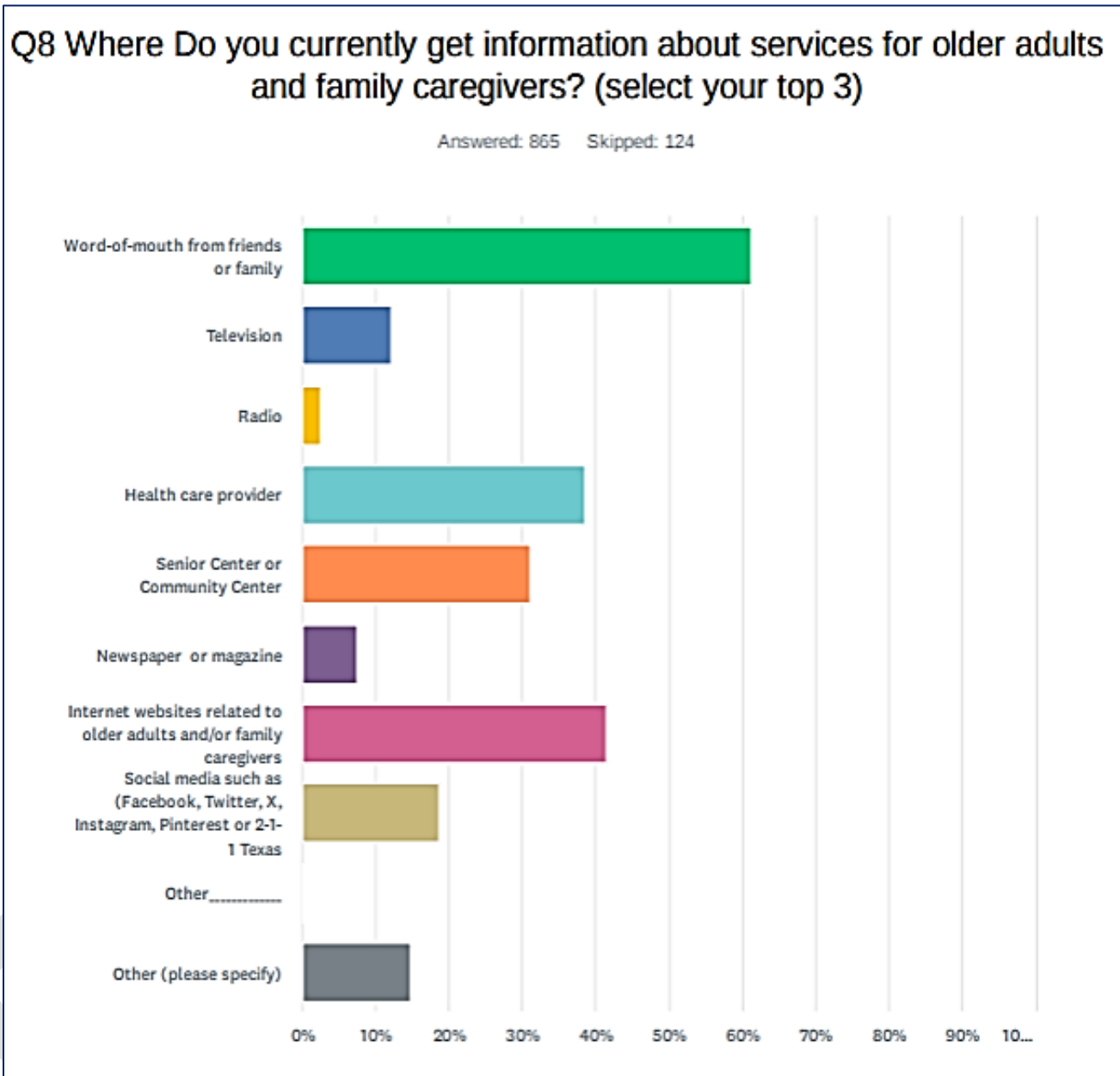
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2625 **Survey Question 8:**



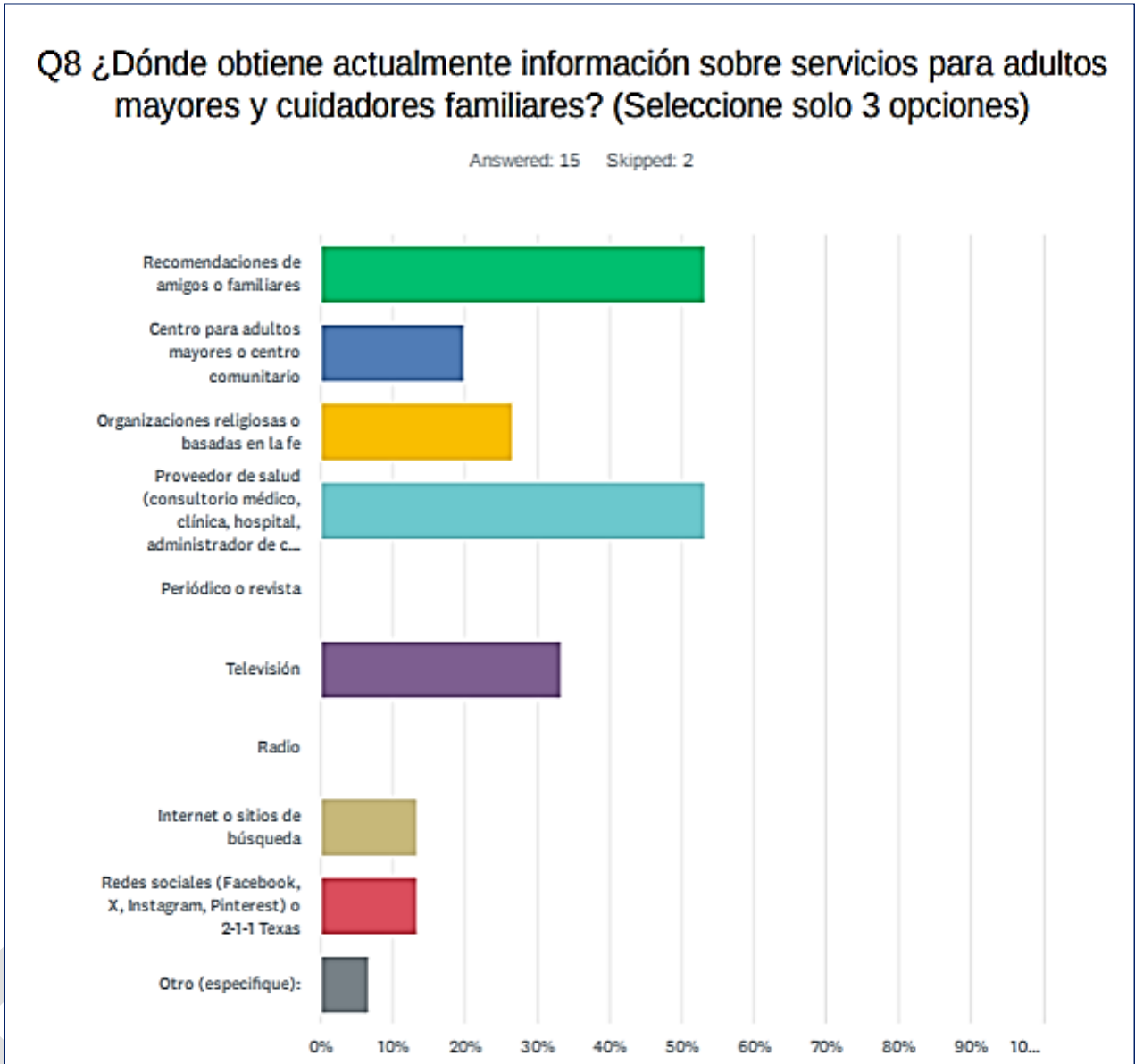
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2630 **Survey Question 8: Spanish Survey**

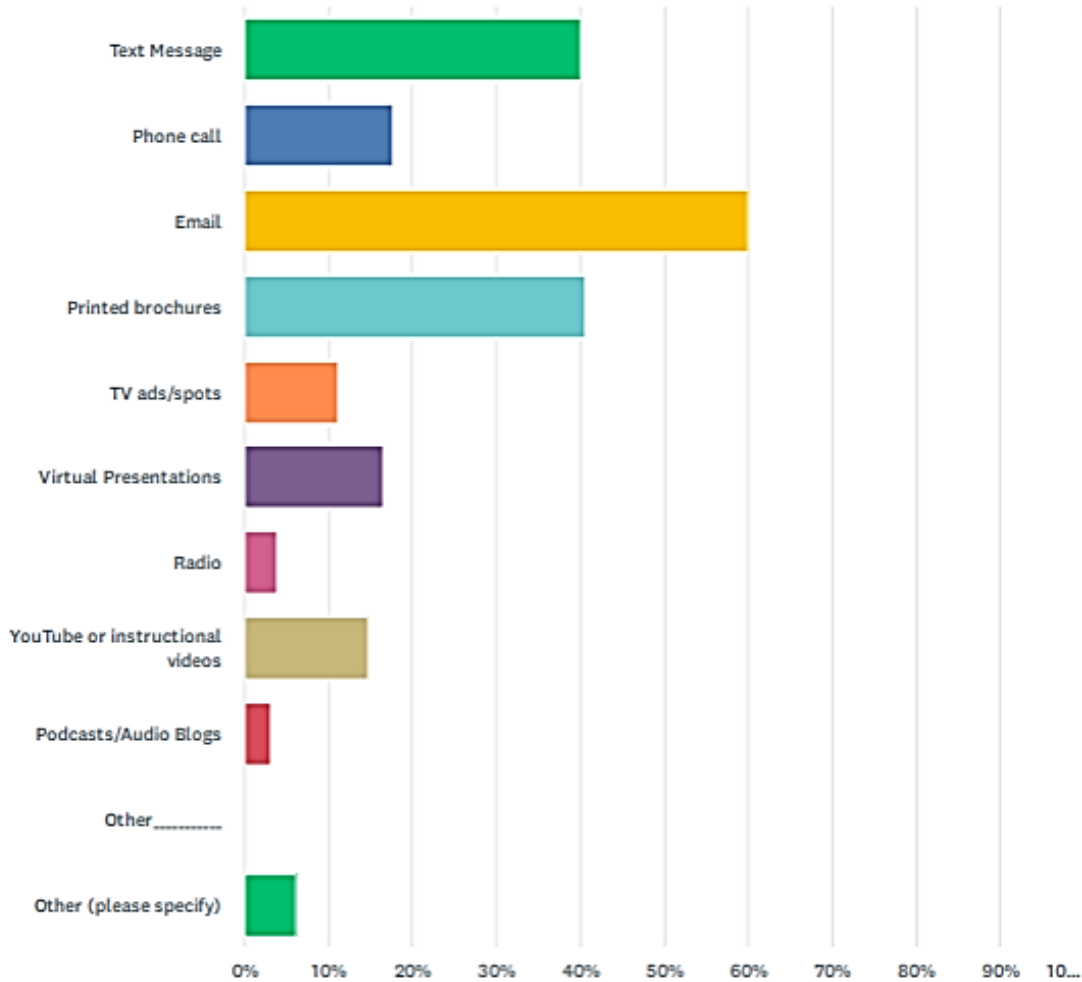


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2632 **Survey Question 9:**

Q9 How would you prefer to receive information about services offered through the Area Agency on Aging?

Answered: 862 Skipped: 127



2633

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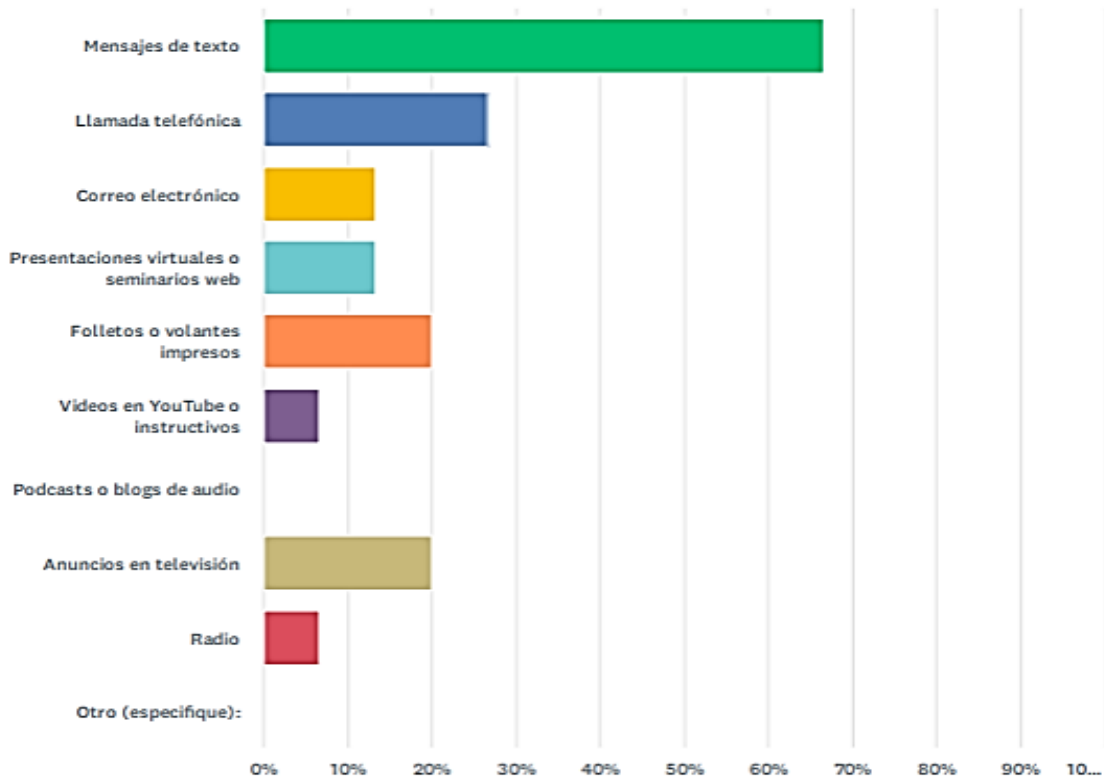
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2637 **Survey Question 9: Spanish Survey**

Q9 ¿Cómo prefiere recibir información sobre los servicios ofrecidos por la Agencia del Área para el Envejecimiento? (Seleccione todas las que correspondan)

Answered: 15 Skipped: 2



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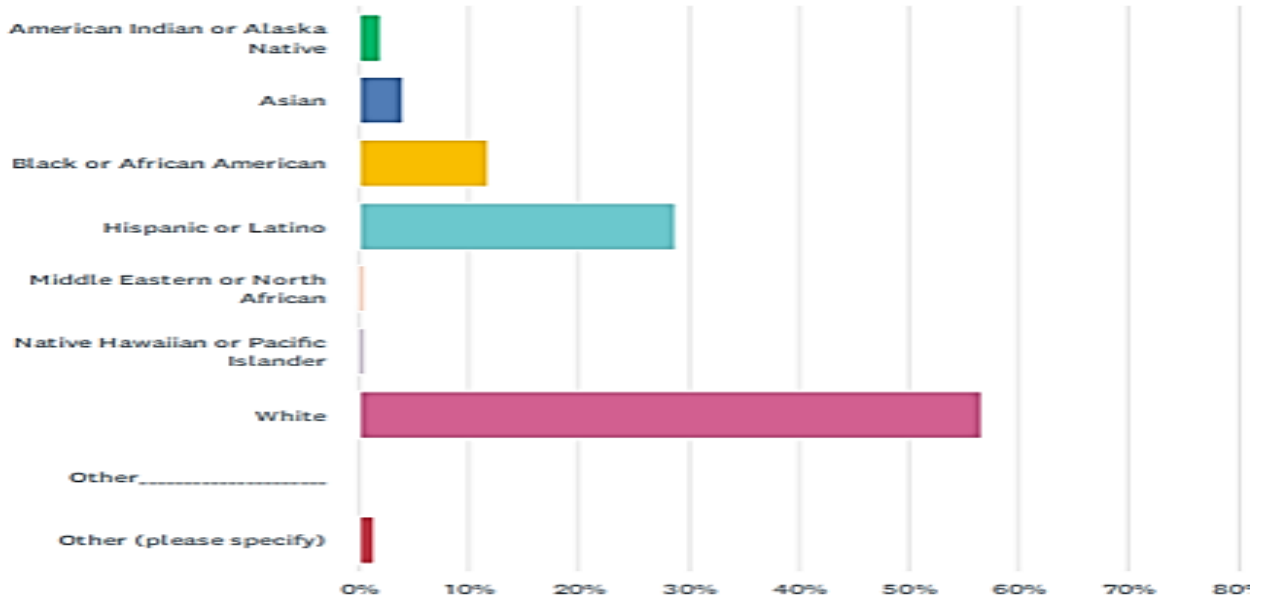
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2644 **Survey Question 10:**

2645 **Q10 How do you describe your ethnicity?**

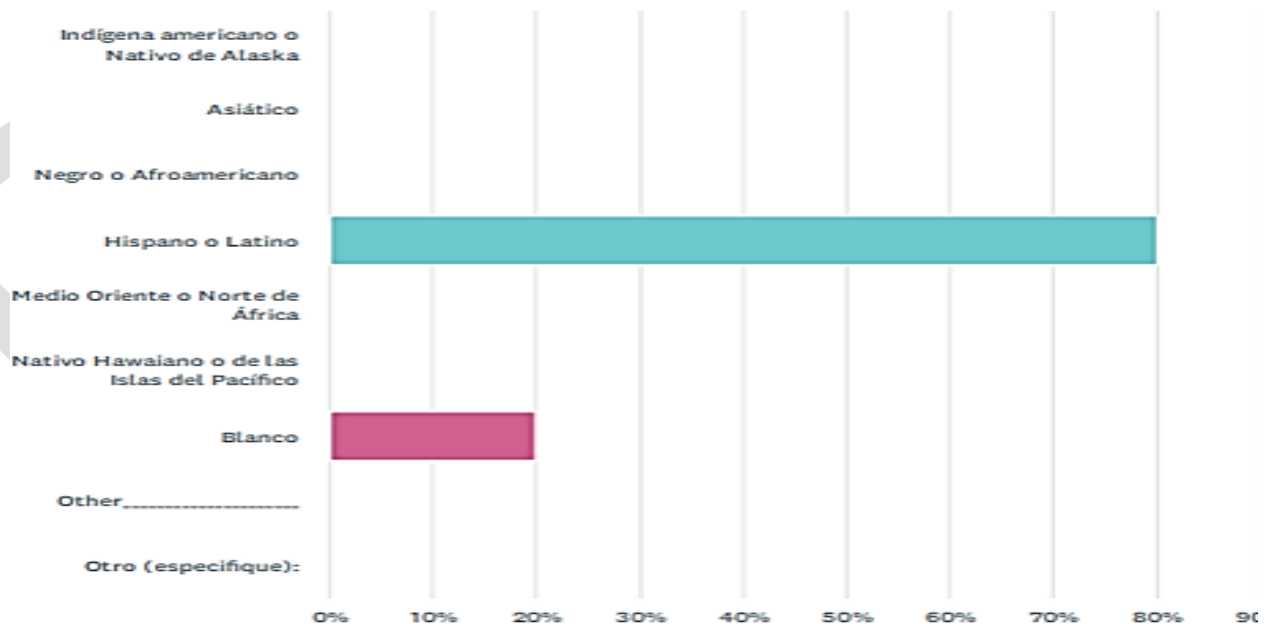
2646 Answered: 837 Skipped: 152



2656 **Survey Question 10: Spanish Survey**

2657 **Q10 ¿Cómo describe su origen étnico?**

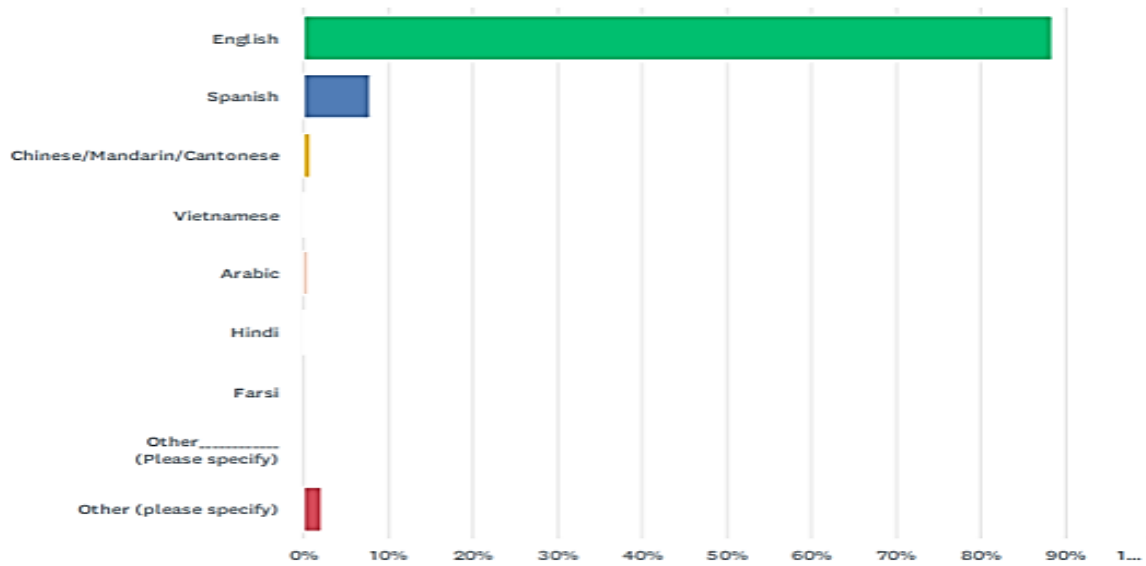
2658 Answered: 15 Skipped: 2



2668 **Survey Question 11:**

2669 **Q11 What is your primary Language? (Select one)**

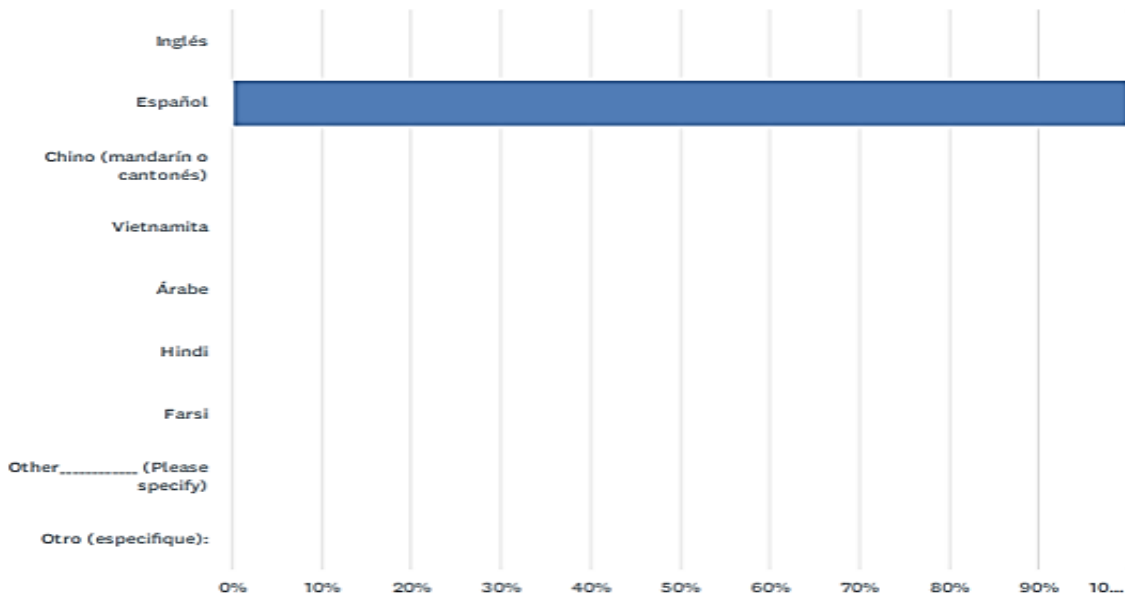
2670 Answered: 843 Skipped: 146



2680 **Survey Question 11: Spanish Survey**

2681 **Q11 What is your primary Language? (Select one)**

2682 Answered: 15 Skipped: 2



2692 **Attachment 1: 2027-2029 Projected Distribution of**
2693 **Serviced by County**

2694 Separate Excel spreadsheet attachment (template provided) is to be completed
2695 based on projected distribution of service by assigned counties for the area plan
2696 cycle (2027-2029). Spreadsheet is required with the 2027-2029 Area Plan
2697 submission.

2698 Purpose of Spreadsheet: Demonstrate projected distribution of services. ACL
2699 regulatory requirements include that an AP must identify how services will be
2700 distributed within the PSA to address populations identified as greatest economic
2701 and social need.

2702 Implementation of Spreadsheet: The initial submission of the spreadsheet
2703 accompanies the AP and is based on projections at the time of AP submission.
2704 Subsequent to the 2027-2029 AP approval, updated spreadsheet versions of the
2705 projections made are to be submitted annually with the working budget.
2706

2707 **Attachment 2: Verification of Intent & Assurances**

2708 **Reference:** [OAA of 1965, as amended through P.L. 116-131 \(3/25/2020\)](#)

2709 **To be attached with final document submission**

2710 Separate attachment (template provided) requires signature by one authorized
2711 representative of AAA.

2712 By an authorized official signing the Verification of Intent and Assurances, the
2713 AAA is assuring the written activities included in the plan will be completed
2714 during the effective period with amendment submission as required.

2715 Certification of such assurances include the following:

- 2716 • Input through a 30-calendar day public comment period.
- 2717 • Input from the AAA advisory council.
- 2718 • Composition requirements of advisory council are met.
- 2719 • Approval from the AAA's governing board.
- 2720 • Active policies and procedures are in place to identify both organizational
2721 and individual conflicts of interest.
- 2722 • Direct Service Waiver will be submitted as required.
- 2723 • Annual budget process will include submission of number of individuals
2724 served, type and number of units provided, and corresponding
2725 expenditures.

2726