

Area Agency on Aging of Southeast Texas Area Plan

FFY 2027 - 2029

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

**Pending Approval by HHSC
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Executive Summary

The Area Agency on Aging of Southeast Texas (AAASET) is designated by the State of Texas to administer programs and services authorized under the Older Americans Act (OAA) within Planning and Service Area (PSA) #15, serving Hardin, Jasper, Jefferson, and Orange counties. AAASET operates as a division of the Southeast Texas Regional Planning Commission (SETRPC) and serves as the focal point for planning, coordination, and advocacy on behalf of older adults age 60 and older and their caregivers. In carrying out its responsibilities, AAASET prioritizes individuals with the greatest economic and social need, including low-income older adults, rural residents, individuals with disabilities, and limited English proficiency populations.

Mission

To secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services; Remove individual and social barriers to economic and personal independence for older individuals; and provide a continuum of care for the vulnerable elderly.

Vision

To address the needs of today with a vision for tomorrow. This vision means that we intend to utilize all available resources to provide the most exigent assistance to all eligible consumers within our service area.

AAASET conducted a comprehensive needs assessment to inform development of this Area Plan using a multi-source approach. Data sources included service utilization data from the prior Area Plan cycle, 211 Area Information Center of Southeast Texas call trends for adults age 60 and older, and statewide priorities identified in the Aging Texas Well Strategic Plan for 2024–2025. This methodology ensured that planning decisions reflect both local service demand and broader statewide policy direction. Consistency across data sources revealed persistent unmet needs throughout the PSA, particularly among rural and underserved communities.

The needs assessment identified five priority need areas that will guide planning and resource allocation during the FFY 2027–2029 period:

1. **In-Home Supports and Caregiver Assistance** – Increasing functional limitations and chronic conditions have intensified the need for personal assistance, respite care, emergency response services, and caregiver support.

2. **Food Security and Nutrition Services** – Demand remains high for congregate and home-delivered meals, nutrition education, and emergency food resources, particularly among homebound individuals.
3. **Economic Security and Utility Assistance** – Ongoing financial insecurity driven by fixed incomes and rising costs has resulted in sustained demand for utility assistance, and benefits enrollment support.
4. **Safe, Affordable Housing and Home Maintenance** – Older adults continue to require minor home repairs, accessibility modifications, and weatherization services to safely age in place.
5. **Transportation and Access to Essential Services** – Limited transportation options create barriers to medical care, nutrition services, and community participation, especially in geographically dispersed areas.

In response to identified needs, AAASET will prioritize strategies that strengthen coordination among service providers, support aging in place, and improve access to services for individuals with the greatest economic and social need. The Area Plan emphasizes collaboration across sectors, including partnerships with local governments, nonprofit organizations, healthcare providers, and community-based agencies. Consistent with the Aging Texas Well framework, AAASET will continue to expand caregiver support, improve access to information and referral services, and leverage data to guide planning, policy development, and program oversight.

AAASET's ability to fully address identified needs is constrained by limited and uncertain funding, rising service delivery costs, a declining AAASET workforce due to less funding, geographic barriers across the PSA, and capacity limitations among local providers. Despite these challenges, AAASET remains committed to prioritizing high-impact services, supporting provider sustainability, maximizing coordination with community partners, and pursuing innovative approaches to address service gaps.

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

Organizational Profile

The Older Americans Act (OAA) mandates that services are directed toward people aged 60 and above, prioritizing those facing the most significant economic and social challenges. *Greatest economic need* refers to older adults who lack sufficient financial resources to consistently afford basic necessities such as food, medication, housing, or transportation, and may also face barriers related to rural living, limited English proficiency, or access to services.

Greatest social need includes older adults who are frail, homebound, or socially isolated due to illness, disability, or cognitive impairment. Individuals are considered homebound if they cannot leave their home without assistance, and frail if they are functionally impaired and require substantial help with daily activities or supervision for health and safety reasons. The AAASET uses the Consumer Needs Evaluation (CNE) form to assess these conditions.

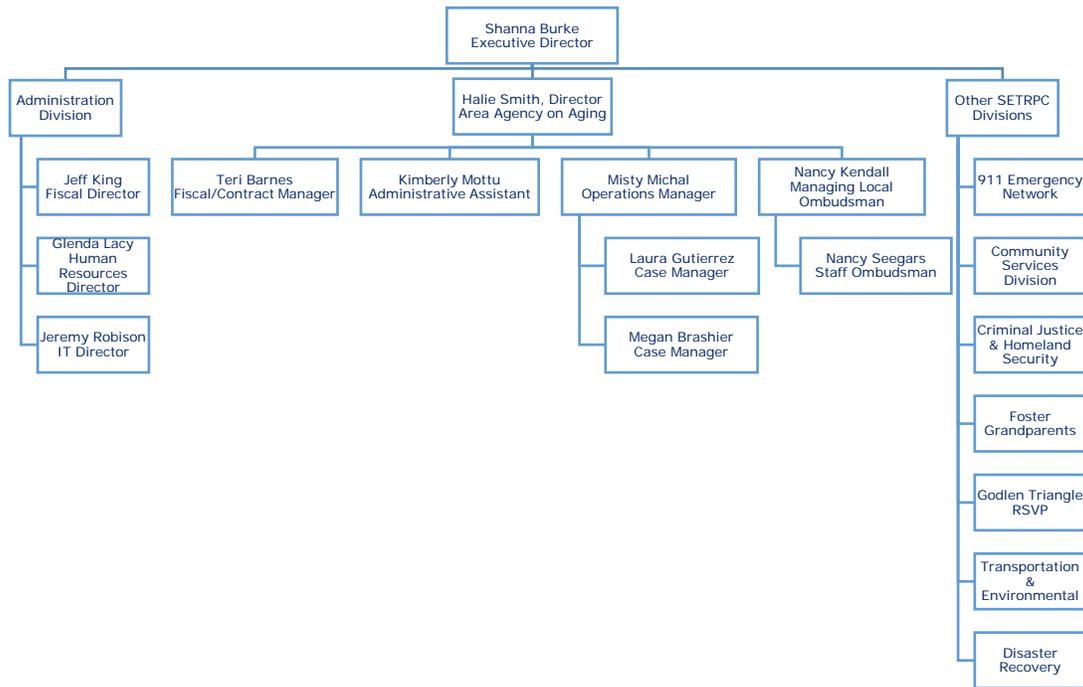
The effective delivery of services to older adults and their caregivers depends on a skilled and knowledgeable workforce with a comprehensive understanding of the diverse needs of the region's aging population. Experienced and highly qualified staff are essential to ensuring high-quality service delivery for older adults in Southeast Texas. While the AAASET operates with a small team, it consistently achieves strong outcomes through efficient operations and a high level of professional expertise.

Halie Smith, the Director of AAASET, leads the organization with 15 years of experience in the Area Agency on Aging network and a strong background in aging services administration. The agency's staff of eight collectively possess 93 years of Area Agency on Aging experience and hold academic degrees in social work, psychology, business administration, and accounting, providing a strong multidisciplinary foundation for effective program oversight and service delivery.

As a division of the Southeast Texas Regional Planning Commission (SETRPC), AAASET benefits from the strength, stability, and institutional capacity of a multidisciplinary regional organization. SETRPC provides access to a broad range of professional resources that enhance service delivery, improve client outcomes, and support ongoing staff development. Specialized programs within SETRPC include Transportation and Environmental Resources, the 911 Emergency Network, the Foster Grandparent Program, Golden Triangle RSVP, the Community Services Block Grant, the Lighthouse Weatherization Program and the Southeast Texas Coalition for the Homeless. By drawing on knowledge from different sectors, these programs help AAASET better support older adults and their caregivers.

In addition, SETRPC's Administration Division delivers critical operational support through human resources, information technology, financial management, and coordination with local elected officials throughout the region. This structure ensures strong governance, fiscal oversight, and long-term program sustainability.

Table 1: SETRPC / AAASET Organization Chart



Planning and Service Area #15 Economic, Social, and Resources Overview

PSA #15, commonly referred to as Southeast Texas, includes Hardin, Jasper, Jefferson, and Orange counties, with a total population of 429,996. Jefferson County (population 253,948), home to Beaumont, is the largest and most urbanized county, serving as the economic, healthcare, and service hub for surrounding areas. Its economy is dominated by oil, petrochemicals, and shipping through the Ports of Beaumont and Port Arthur, and it provides major healthcare, education, and commerce services relied upon by neighboring counties. Hardin County (population 57,126) and Jasper County (population 32,807) are largely rural, with economies based on agriculture, forestry, and some oil and gas activity. Orange County (population 86,115) supports refining, shipbuilding, and port operations. Many residents across the region commute to Jefferson County for work or access to urban services, creating a mix of industrial, urban, and rural communities.

The region is home to an estimated 98,597 residents aged 60 and older, accounting for approximately 23% of the total population. According to population projections from the Texas Demographic Center (Vintage 2024), Hardin, Jefferson, and Orange counties are expected to experience overall modest population growth over the next 35 years. In contrast, Jasper County is projected to see a 32% population decline; however, the possible development of Interstate 14 through Jasper County

may help stimulate future growth. Overall, the share of older adults is expected to rise as younger age groups grow at a slower pace and a greater number of residents age into the 60-and-older population.

Approximately 14,609 residents aged 60 and older live below the federal poverty level, defined by the U.S. Department of Health and Human Services as annual incomes of \$15,960 or less for a single-person household and \$21,640 or less for a two-person household. While the average Social Security benefit is projected to reach \$24,852 in 2026, this income often falls short of covering rising housing, healthcare, and basic living expenses. Many older adults fall into critical service gaps, earning too much to qualify for some assistance programs yet not enough to meet essential needs. The region's lower cost of living offers some relief, but financial vulnerability among seniors remains a pressing concern. In 2022, Medicare recipients spent an average of \$6,330 out of pocket on healthcare, which amounts to 11% of their income. Additionally, one in four paid at least 21% of their income, and one in ten spent almost 40% or more, putting their financial security at risk.

Older adults in Southeast Texas experience high rates of chronic health conditions, including diabetes, hypertension, obesity, arthritis, and respiratory illnesses, often exceeding state averages. Many contend with multiple conditions, increasing the risk of disability, functional limitations, and frequent healthcare utilization. Limited access to primary care, preventive services, and mental health support, particularly in rural areas, makes disease management and early intervention challenging. These health disparities underscore the need for targeted programs to help older adults manage chronic conditions, maintain independence, and age safely in place.

Health-related resources in the region include hospitals located in Jefferson, Jasper, and Orange counties. Low-cost primary care services are available through Federally Qualified Health Centers in Beaumont, Port Arthur, and Orange. The AAASET provides in-home services for eligible older adults and their caregivers, including health maintenance items, personal assistance, homemaker services, and respite care.

The AAASET also offers a Benefits Counseling program that assists older adults generally age 60 and older and Medicare beneficiaries of any age in understanding, accessing, and navigating public and private benefits and insurance options. In addition, the AAASET administers evidence-based programs such as Active Choices and HomeMeds. Active Choices promotes telephone-supported, in-home physical activity, while HomeMeds helps older adults manage their medications safely and effectively.

Food insecurity among older adults in Southeast Texas is intricately linked to health outcomes. Addressing hunger among seniors can help reduce chronic health conditions and contribute to a healthier region overall. According to Feeding America, Texas ranks second in the nation for the number of older adults experiencing hunger.

The AAASET serves as the pass-through entity for OAA Title III senior nutrition funds in the region. Through contracts with Nutrition and Services for Seniors, the Orange Community Action Agency, and the Jasper Senior Center, eligible seniors have access to congregate meal sites and home-delivered meals. Additional nutrition support is available through the Southeast Texas Food Bank, the Salvation Army, and numerous local churches, with contact information accessible by calling the 2-1-1 Area Information Center.

Housing remains a significant concern for older adults in Southeast Texas. According to HUD's 2023 Comprehensive Housing Market Analysis, households with one or more residents aged 60 and older account for 40.3% of all regional households, reflecting a large population aging in place. However, many older adults live in aging homes that require repairs or lack accessibility features. Rising housing costs and reliance on fixed incomes further limit access to safe and affordable senior-friendly housing. These conditions can compromise independence, health, and overall well-being.

AAASET helps address these challenges by serving as a resource for eligible adults aged 60 and older and their caregivers. AAASET supports aging in place by coordinating and funding minor residential repair services that improve home safety and accessibility. Services may include the installation of grab bars, ADA-compliant commodes, walk-in showers, and wheelchair ramps.

Nursing facilities and assisted living facilities in Jefferson, Hardin, Orange, and Jasper counties face ongoing challenges related to availability, workforce capacity, and affordability. Rural counties such as Hardin and Jasper have limited numbers of facilities, resulting in fewer placement options. Staffing shortages across the region, particularly among nurses and direct care workers, affect service capacity and quality of care, while rising operating costs and low reimbursement rates strain providers.

The AAASET Long-Term Care Ombudsman Program serves as an independent advocate for residents of nursing facilities and assisted living facilities. The program works to protect residents' rights and address concerns related to quality of care, health and safety, abuse, neglect, and exploitation. Ombudsman staff investigate and help resolve complaints, provide education to residents and families about resident rights, and offer information to support informed decision-making about long-term care options. All services are provided at no cost and are confidential and resident-directed, ensuring that the ombudsman acts in accordance with the wishes and consent of the residents.

Access to transportation is a persistent barrier for seniors in Southeast Texas. While Beaumont and Port Arthur offer local bus services with discounted senior fares and paratransit options, coverage is limited in hours, lacks weekend and late-evening service, and does not connect all surrounding communities. Rural areas and smaller communities such as Nederland, Port Neches, and Groves have little to no public transit, leaving many older adults without reliable options for medical

appointments, shopping, social engagement, or work. AAASET works with other local entities to assist in closing these gaps via contracts with Nutrition and Services for Seniors and Orange Community Action Association.

Regional Council on Aging and Disabilities Advisory Council

In accordance with 45 CFR § 1321.63 and 45 CFR 1321.65(b)(2) the AAASET maintains an Regional Council on Aging and Disabilities Advisory Council (RCOAD) to advise the agency on the planning, development, implementation, and evaluation of programs and services funded under the Older Americans Act. The RCOAD is composed of a majority of individuals age 60 and older, including representatives of older individuals with the greatest economic and social needs, service providers, caregivers, and other community stakeholders. The Council provides guidance on identified needs, service priorities, and delivery strategies, and participates in the review of the Area Plan, ongoing program performance, and efforts to ensure services are responsive to the needs of older adults and caregivers throughout the PSA.

Table 2: RCOAD Composition by Category

Over 60	16
Family Caregiver	4
Minority Older Adult	5
Rural Representative	10
Service Provider	3
Individuals with Disabilities	1

Table 3: RCOAD Membership by County

Hardin	3
Jasper	3
Jefferson	11
Orange	5
Total	22

Stewardship & Oversight

The AAASET administers and oversees programs funded under the Older Americans Act (OAA) to ensure services are effective, accountable, and responsive to the needs of older adults. In accordance with the Older Americans Act and Title 45 of the Code of Federal Regulations, AAASET establishes and maintains comprehensive

policies, procedures, and monitoring systems to ensure provider compliance, fiscal integrity, and the protection of consumer rights.

AAASET develops written policies and procedures governing program administration, procurement, contracting, fiscal management, monitoring, data reporting, and corrective action processes. These policies are informed by federal and state statutes and regulations, HHSC guidance, best practices, and findings from audits, monitoring activities, and needs assessments. Policies and procedures are reviewed regularly and updated as necessary to reflect regulatory changes, performance expectations, and identified system improvements. Staff training and internal controls support consistent implementation across all programs.

AAASET oversees senior nutrition and transportation subrecipients, including Nutrition and Services for Seniors, Orange Community Action Association, and the Jasper Senior Center. Oversight also extends to contracted providers delivering in-home supportive services, emergency response devices, and minor residential repair services. Monitoring activities ensure service quality, fiscal accountability, and alignment with community needs and established performance standards.

Oversight activities include systematic reviews of program operations, service delivery, expenditures, and performance outcomes to ensure compliance with contract requirements and allowable cost principles. Subrecipients are subject to routine desk reviews and on-site monitoring, with corrective action plans implemented when deficiencies are identified. Technical assistance is provided to support compliance, improve performance, and ensure continuity of services.

AAASET complies with all applicable federal and state requirements, including the OAA, Texas Administrative Code, and HHSC policies governing Area Agencies on Aging. The agency monitors fiscal, programmatic, and reporting requirements; maintains required documentation; and responds to audits, desk reviews, and monitoring conducted by HHSC and other oversight entities.

In accordance with the OAA and HHSC performance and quality assurance requirements, AAASET collects and analyzes expenditure, performance, and outcome data to evaluate service effectiveness. Data sources include monthly provider reports, HHSC data systems, client surveys, and service interest lists. Results are used to assess program performance, identify service gaps, inform policy and procedure updates, and guide continuous quality improvement.

Key Topic Areas

Pursuant to 45 CFR §1321.65(b)(2), §1321.65(b)(5), and §1321.65(c), and the State Plan on Aging, the AAASET administers a coordinated and comprehensive service delivery system. AAASET ensures that services funded through the Older Americans Act (OAA) are accessible, consumer-centered, and responsive to demonstrated regional needs. Service delivery is guided by ongoing needs

assessment data, performance monitoring, stakeholder input, and prioritization of individuals in Greatest Economic Need (GEN) and Greatest Social Need (GSN).

The AAASET administers Title III-B Supportive Services to assist older adults in maintaining independence, supporting community living, and preventing premature institutionalization. Supportive services include Care Coordination, Information, Referral, and Assistance, transportation, and in-home supportive services.

Care Coordination is a structured, person-centered process through which the AAASET Case Managers assess a client's functional, medical, social, and environmental needs to develop an individualized service plan that supports independence and enhances quality of life. Based on assessed needs, Case Managers may authorize short-term in-home supportive services, including personal assistance and homemaker services, as well as emergency response devices to enhance client safety. Case Managers coordinate referrals to contracted community-based providers delivering transportation, nutrition services, and other supportive services. Care Coordination includes ongoing monitoring of service delivery, reassessment of client needs as circumstances change, and advocacy to ensure services remain appropriate, effective, and responsive to client goals and preferences.

Information, Referral, and Assistance is a service through which the AAASET staff provide person-centered support to identify callers' needs related to aging services, explain available service options, and coordinate referrals to appropriate community-based programs. Staff provide information regarding transportation services, in-home supports, nutrition programs, caregiver support, health promotion services, benefits counseling, and other local, state, and federal resources.

Transportation Services are delivered through contracted subrecipients, Nutrition and Services for Seniors, Orange Community Action Association, and the Jasper Senior Center, to assist older adults who lack access to safe and reliable transportation. These service providers coordinate curb-to-curb rides to medical appointments, senior centers, congregate nutrition sites, and other essential community services, helping older adults maintain independence, access healthcare and nutrition resources, and remain engaged in their communities.

In-Home Services provide short-term assistance with activities of daily living and instrumental activities of daily living, including personal assistance, homemaker services, and emergency response devices. Services such as meal preparation, light housekeeping, bathing, grooming, and dressing help older adults remain safe in their homes during recovery from illness or significant life events, support continued independence, and reduce the risk of premature institutional placement.

Income Support Assistance is limited to utility assistance and provides financial support through payments made directly to third-party utility providers on behalf of an older adult.

Performance outcomes for supportive services include maintaining or improving the ability of older adults to live independently in their homes, reducing risk of institutional placement, and increasing access to community-based resources.

Core Program Area 2: Nutrition Services

AASET administers contracts with Nutrition and Services for Seniors, Orange Community Action Association, and the Jasper Senior Center to deliver Older Americans Act Title III-C Nutrition Services, including congregate and home-delivered meals. These services support approximately 850 participants at 21 congregate meal sites and nearly 800 homebound older adults, reducing food insecurity, improving nutritional status through nutrition education, and addressing social isolation among eligible older adults.

Core Program Area 3: Evidence-Based Disease Prevention and Health Promotion Services

The AAASET administers Title III-D evidence-based disease prevention and health promotion services designed to improve health outcomes and reduce chronic disease risk among older adults. The AAASET offers Active Choices and HomeMeds, evidence-based interventions that promote physical activity, improve medication safety, and reduce preventable health risks.

Core Program Area 4: Family Caregiver Support Services

The AAASET administers Title III-E Family Caregiver Support Services to enhance caregiver capacity and reduce caregiver burden. Much like Care Coordination, Caregiver Support Coordination helps caregivers of older adult's access resources and relief so they can continue providing care safely and sustainably. Based on assessed needs, Case Managers may authorize short-term in-home supportive services, including respite and emergency response devices to enhance client safety. In addition, caregivers are offered information. Case Managers coordinate referrals to contracted community-based providers delivering transportation, nutrition services, and other supportive services. Caregiver Support Coordination includes assessment, ongoing monitoring of service delivery, reassessment of client needs as circumstances change, and advocacy to ensure services remain appropriate, effective, and responsive to the caregivers and care recipients' goals and preferences.

Core Program Area 5: Legal Assistance

The AAASET offers Legal Assistance through its Benefits Counseling Program which offers individualized, unbiased assistance to older adults, individuals with disabilities of any age, and caregivers to help them understand, access, and maintain public and private benefits that support health, financial stability, and independence. Certified AAASET Benefits Counselors provide guidance on Medicare enrollment, coverage options, prescription drug plans, Medicare Savings Programs, Medicaid,

Social Security benefits, and other assistance programs that help reduce healthcare and living expenses. Counselors assist individuals with comparing coverage options, completing applications, resolving benefit-related issues, and understanding their rights and protections, while conducting outreach and education activities to increase awareness of available programs, particularly for individuals in Greatest Economic Need and Greatest Social Need.

Core Program Area 6: Ombudsman Services

The AAASET supports Title VII Ombudsman Services through coordination with the Texas Long-Term Care Ombudsman Program, ensuring coverage across all 25 nursing facilities and 21 assisted living facilities in the planning and service area. Ombudsman services advocate on behalf of residents of long-term care facilities by investigating and resolving complaints, promoting and protecting resident rights, and providing education and outreach to residents, families, and facility staff. Complaint resolution rates are consistently above 85%.

Targeting, Prioritizing, and Partnerships

The AAASET does not provide services on a first-come, first-served basis. Instead, service prioritization, for in-home services like Home Delivered Meals, personal assistance, respite, and emergency response devices is determined by an individual's ability to live independently, risk of institutionalization, and level of impairment or frailty. Individuals with higher levels of need are served before those who are more independent, even when all applicants meet program eligibility requirements.

Within the AAASET PSA, Greatest Economic Need (GEN) is operationally defined as older adults who lack sufficient financial resources to consistently afford basic necessities such as food, medication, housing, or transportation, and may also face barriers related to rural living, limited English proficiency, or access to services. AAASET conducts targeted outreach in settings where older adults with greatest economic need are most likely to live or congregate, including low-income senior housing communities and community health fairs.

Greatest Social Need (GSN) is operationally defined as frail, homebound, or socially isolated due to illness, disability, or cognitive impairment. Individuals are considered homebound if they cannot leave their home without assistance, and frail if they are functionally impaired and need substantial help with daily activities or supervision for health and safety reasons. The AAASET uses the Consumer Needs Evaluation (CNE) form to assess these conditions.

AAASET collaborates with a network of Home and Community-Based Services (HCBS) partners to support a coordinated system of long-term services and supports within the Planning and Service Area. These collaborations include, but are not limited to: the Jasper County Committee on Aging; the Community Services Division of the Southeast Texas Regional Planning Commission (SETRPC), including

the Stabilization Program; the Texas A&M AgriLife Extension Agency and its Family and Community Health Committee; Saint Katherine Drexel and its annual health fair serving the Hispanic community; Hardin County Emergency Management; the Health Networking Association for outreach and community engagement; the American Red Cross for disaster preparedness and response; the Adult Protective Services Advisory Committee; the Alzheimer's Association; and various faith-based organizations.

AAASET implements targeted service strategies to support older adults with physical and mental health conditions through integrated care coordination, and referral partnerships with healthcare and behavioral health providers.

Needs Assessment Activities

The AAASET conducted a comprehensive needs assessment to inform development of the Area Plan using a combination of service utilization data, 211 Area Information Center of Southeast Texas call trends for adults age 60 and older, and the Aging Texas Well (ATW) Strategic Plan for 2024–2025. This approach ensured that planning decisions reflect both local conditions and statewide priorities.

Population trends impacting older adults in the AAASET region mirror those identified through the ATW initiative, including growth in the older adult population, increased prevalence of chronic health conditions, reliance on fixed incomes, and growing caregiver responsibilities. Older adults in the PSA face ongoing challenges related to economic insecurity, housing safety, food access, transportation limitations, and the need for in-home supports, particularly in rural and underserved communities.

Analysis of service utilization during the prior Area Plan cycle identified sustained demand for health maintenance items, income support, residential repair, home delivered meals, transportation, personal assistance, respite care, and emergency response services. Data from 211 call trends further support these findings, revealing that older adults often seek help with utility payments, housing, food resources, personal care, and home maintenance services. The consistency across data sources indicates persistent unmet need throughout the PSA.

AAASET reviewed existing programs, services, and policies to identify opportunities to better align resources with local needs. This analysis emphasized strengthening coordination among providers, prioritizing services that support aging in place, expanding outreach to individuals with the greatest economic and social need, and leveraging partnerships to address service gaps where resources are limited. The

Aging Texas Well Strategic Plan further supports these strategies through its emphasis on multi-sector collaboration, caregiver support, and improved access to information to guide planning and policy decisions.

The AAASET's ability to fully address these needs is constrained by limited funding, decrease in AAA workforce due to funding decreases, rising service costs, geographic barriers within the PSA, and capacity limitations among service providers. Despite these constraints, AAASET will continue to prioritize high-impact services, maximize coordination with community partners, and align available resources to best support older adults and their caregivers.

This needs assessment complies with the requirements of 45 CFR §1321.65(b)(3) and §1321.65(c) and provides the foundation for Area Plan implementation focused on promoting independence, safety, and quality of life for older adults in Southeast Texas.

Goals, Objectives, Strategies, and Outcomes

The AAASET has established goals that directly respond to needs identified through the local needs assessment and align with the 2026–2028 Texas State Plan on Aging (SPoA). These goals advance the OAA purpose of enabling older adults to age with independence, dignity, and choice, while strengthening the Aging Services Network.

Goal 1: Support Aging in Place Through Access to Home and Community-Based Services (HCBS)

Objectives

Expand access to HCBS that promote health, safety, housing stability, and nutrition security.

Reduce barriers that contribute to unnecessary institutional placement.

Strategies

Maintain care coordination and caregiver support coordination systems.

Contract with qualified nutrition, in-home, and supportive service providers.

Implement evidence-based programs such as Active Choices and HomeMeds.

- Support residential repair, income assistance, and emergency response services.

Outcomes

- Increased awareness and utilization of HCBS.
- Reduced duplication of services.
- Delayed or avoided institutional placement.

Goal 2: Strengthen Caregiver Awareness and Support

Objectives

- Increase caregiver knowledge of available resources and services.
- Reduce caregiver burden and support sustained caregiving capacity.

Strategies

- Provide structured caregiver support coordination.
- Expand access to respite care and in-home supportive services.
- Conduct targeted outreach and referrals through community partnerships.
- Promote state and local caregiver support resources.

Outcomes

- Improved caregiver knowledge and engagement.
- Increased utilization of respite services.
- Sustained caregiver well-being.

Goal 3: Improve System Coordination and Collaboration

Objectives

- Strengthen coordination across agencies and service systems.
- Improve service access and continuity for older adults and caregivers.

Strategies

- Participate in regional planning and collaborative initiatives.
- Coordinate referrals and information sharing through **2-1-1**.
- Use data to inform planning, resource allocation, and service delivery.
- Build and maintain cross-sector partnerships.

Outcomes

- Improved referral pathways.
- Enhanced service continuity.
- A more integrated Aging Services Network.

Goal 4: Strengthen Infrastructure and Oversight

Objectives

- Enhance organizational capacity, accountability, and sustainability.
- Ensure compliance with federal and state requirements.

Strategies

- Utilize data-driven planning and performance management.
- Conduct provider monitoring, fiscal oversight, and technical assistance.
- Maintain compliance with OAA and state oversight requirements.

Outcomes

- Improved program accountability.
- Enhanced service coverage and quality.
- A sustainable and effective service delivery system.

Long Range Planning

This Long Range Planning table outlines key demographic trends, service needs, strategic responses, and expected outcomes for AAASET over the next five to ten years. The analysis reflects current population data, service utilization patterns, and identified gaps affecting older adults and caregivers in Planning and Service Area #15.

Table 4: Long Range Planning Table

Planning Area / Issue	Population & Service Needs Analysis	Program / Policy / Resource Strategies	Expected Outcomes
Ageing Population Growth	98,597 residents aged 60+ (23% of PSA population); Growth in Hardin, Jefferson, and Orange counties; decline in Jasper without Interstate 14 development; Rising proportion of adults 80+; Increased prevalence of chronic health conditions, frailty, and functional limitations	Expand Care Coordination and Caregiver Support Coordination as funding allows; Increase outreach in rural and underserved areas; Prioritize services for individuals with Greatest Economic Need (GEN) and Greatest Social Need (GSN)	Short-term: Older adults demonstrate increased awareness of available HCBS and support programs. Intermediate: Increased utilization of supportive services. Long-term: Older adults age safely in place, delayed or avoided institutionalization
Health & Chronic Conditions	High rates of diabetes, hypertension, obesity, arthritis, and respiratory illnesses; Multiple chronic conditions increase functional limitations; Limited access to preventive care, primary care, and mental health services, particularly in rural areas	Implement and expand evidence-based programs (Active Choices, HomeMeds); Coordinate with healthcare and behavioral health providers for referrals and integrated care; Support nutrition programs and home-delivered meals	Short-term: Older adults engage with health promotion programs. Intermediate: Improved medication safety and physical activity levels. Long-term: Reduced preventable health risks, better management of chronic conditions
Nutrition & Food Security	Food insecurity linked to chronic health conditions; Older adults at risk of malnutrition or social isolation	Provide Title III-C congregate meals and home-delivered meals; Partner with local food banks, churches, and community organizations; Maintain nutrition education at meal sites	Short-term: Older adults have increased access to meals and nutrition information. Intermediate: Reduced social isolation. Long-term: Improved nutritional status and health outcomes
Housing & Home Safety	40.3% of households include residents 60+; Aging homes may lack accessibility or safety features; Fixed incomes limit housing options	Provide minor residential repairs and accessibility modifications (grab bars, ramps, ADA-compliant bathrooms); Coordinate with local housing programs to support aging in place	Short-term: Improved home safety and accessibility. Intermediate: Older adults maintain independence at home. Long-term: Reduced risk of injury or premature institutionalization
Transportation	Limited public transit, especially in rural areas; Access barriers for medical appointments, shopping, and social engagement	Contract transportation providers for rides to healthcare, senior centers, and essential services; Coordinate with Nutrition and Services for Seniors, Orange Community Action Association, Jasper Senior Center, and local agencies to fill service gaps	Short-term: Older adults access transportation services for critical needs. Intermediate: Increased community engagement and service utilization. Long-term: Maintained independence and reduced isolation
Caregiver Support	Family caregivers face strain and risk of burnout; Need for respite and education to sustain caregiving	Caregiver Support Coordination to provide respite, emergency response devices, and in-home assistance; Education and outreach on available resources and supports	Short-term: Increased caregiver knowledge of available supports Intermediate: Higher caregiver engagement with services. Long-term: Improved caregiver well-being and sustained capacity to provide care
Elder Rights & Advocacy	Risk of abuse, neglect, and exploitation among vulnerable older adults; Need for independent oversight in long-term care facilities	Support Title VII Long-Term Care Ombudsman Program; Educate residents, families, and staff on resident rights; Investigate and resolve complaints confidentially	Short-term: Increased awareness of rights and protections. Intermediate: Timely resolution of complaints. Long-term: Safer, more responsive long-term care environments
Organizational Sustainability & System Coordination	Limited workforce and small AAASET staff; Geographic and rural service barriers; Need for efficient service delivery and inter-agency collaboration	Leverage SETRPC infrastructure for fiscal, IT, and HR support; Strengthen partnerships with local governments, healthcare, and community organizations; Use data-driven planning and performance evaluation	Short-term: Improved operational efficiency and use of data Intermediate: Enhanced provider performance and coordination. Long-term: Sustainable, resilient Aging Services Network capable of meeting growing needs

Appendix A – Emergency Preparedness

The AAASET maintains comprehensive emergency preparedness and continuity of operations plans that outline staff roles and client service actions across a range of emergency and disaster scenarios. These plans address preparedness, response, recovery, and mitigation activities related to natural disasters, public health emergencies, and other events that may impact older adults and caregivers.

The emergency plans include procedures for:

- Emergency plan activation
- General building evacuation
- Fire incidents
- Tornadoes and severe weather
- Shelter-in-place situations
- Medical emergencies and pandemics
- Bomb threats
- Active shooter incidents
- Mandatory community-wide evacuations
- Transition to long-term recovery

During an emergency or disaster, AAASET implements the following actions to ensure client safety and continuity of services:

- Activates internal emergency response and continuity of operations procedures to sustain essential functions.
- Coordinates with contracted service providers to adjust service delivery, including emergency meal provision, wellness checks, and temporary service modifications.
- Monitors subrecipient operations to ensure compliance with emergency policies, documentation requirements, and allowable flexibilities authorized during declared emergencies.

- Provides technical assistance and guidance to support continuity of care and timely recovery.

The SETRPC Homeland Security Division actively participates in local and regional emergency preparedness planning, exercises, and response coordination. AAASET leverages this partnership to remain informed of regional emergency plans and response activities, ensure compliance with federal emergency preparedness requirements, and strengthen community-wide capacity to protect and serve older adults before, during, and after emergency events.

Appendix B – Public Comment Activities

In accordance with 45 CFR 1321.65(b)(4), AAASET provided a minimum 30-calendar-day public review and comment period prior to submission of the Area Plan. The draft Area Plan was available for public review from March 1, 2026 through March 31, 2026 meeting the required timeframe.

The draft was posted on the SETRPC website and made available in hard copy at the AAASET office and upon request by email or mail. Notice of the public comment period was broadly distributed to service providers, local governments, community-based organizations, and other stakeholders throughout the Area PSA. Public comments were accepted via email, mail, and telephone. All comments received were reviewed and considered in final revisions to the Area Plan. A summary of comments and responses is maintained on file.

To ensure meaningful public participation, AAASET implemented multiple outreach strategies, including website announcements, email notifications, and distribution of printed flyers at senior centers, nutrition sites, and partner agencies.

In accordance with 45 CFR 1321.29, the draft Area Plan was submitted to the AAASET RCOAD for review and comment prior to its submission. Council members received the draft in advance of the meeting, engaged in discussion, and offered recommendations for consideration. The RCOAD formally approved the Area Plan on [Insert Date], as documented in the official meeting minutes. The Council's membership includes representation from older adults, caregivers, service providers, and other community stakeholders, ensuring diverse input in the planning process.

Following Advisory Council approval, the Area Plan was presented to the SETRPC Executive Board on [Insert Date] and received formal approval prior to submission.

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

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

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

Attachment 2: Verification of Intent & Assurances

Area Agency of Southeast Texas

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

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

- The attached document reflects the following:
 - Input through a 30-calendar day public comment period;
 - Input from the AAA Advisory Council; and
 - Approval from the AAA's governing board.

- The AAA has active policies and procedures to identify both organizational and individual conflicts of interest.

- The composition of the AAA's advisory council meets required standards defined in [45 CFR 1321.63\(b\)](#)

- The AAA will submit a Direct Service Waiver to HHSC as required to request approval to directly provide services.

- The AAA will submit budgetary requirements to HHSC through the required annual budget process to include:
 - The number of individuals served, type and number of units provided, and corresponding expenditures proposed with allocated funds under OAA and related public sources.
 - The minimum proportion of funds to be expended within the areas of Access to Services; In-Home Supportive Services; and Legal Assistance.

- Sec. 306, Area Plans – Reference: [OAA of 1965, as amended through P.L. 116-131 \(3/25/2020\)](#)

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

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

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

- (A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
- (B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- (C) legal assistance;

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

(3)

(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior

centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

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

(4)

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

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

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

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

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

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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

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

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

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

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

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

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

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

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

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

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

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

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

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

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

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention,

investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

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

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

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

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

(i) respond to the needs and preferences of older individuals and family caregivers;

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

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

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

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

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

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

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

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

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

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

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

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

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

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

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

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

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) Such assessment may include—

- (A) the projected change in the number of older individuals in the planning and service area;
- (B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and
- (D) an analysis of how the change in the number of individuals aged 85 and older in the planning and service area is expected to affect the need for supportive services.

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

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

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

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

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

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

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

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

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

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

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

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

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

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

SETRPC EXECUTIVE COMMITTEE

Name:

Signature: _____

Date: Click or tap to enter a date.