

Funded through the Texas Health and Human Services Commission
Alamo Area Council of Governments



Area Plan

FFY 2021–2022

Bexar Area Agency on Aging

PSA 18B

8700 Tesoro Drive

San Antonio, Texas 78217

aacog.com

Submitted April 2020

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1. Introduction to the Area Plan

Purpose

The area plan describes in detail the specific services to be provided to older adults residing in a given planning and service area (PSA). The plan is developed from an assessment of needs of the PSA as determined by public input that includes invited participation of older adults, their caregivers, and the advisory councils for the area agencies on aging (AAA) and other appropriate stakeholder organizations. The plan also states the goals and objectives that the AAA and its staff and volunteers plan to accomplish during the planning period, subject to the availability and limitations of funding and the authorization of services provided by or through the AAA.

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

Updates to the Area Plan

Because this template and the process described will be new for Texas AAAs, the plan period will cover two years, federal fiscal years (FFY) 2021–2022. A two-year plan period will allow the state and the AAA to address programmatic changes and sync the area plan cycle with contract and procurement cycles. It is the intent of the state, at this time, that subsequent plan periods cover four years with yearly updates required for certain plan elements.

In preparing the area plan, authors should familiarize themselves with changes to Older Americans Act programs resulting from the 2016 Older Americans Act Reauthorization Act (P.L. 114-144), referred to throughout this document as "OAA." The Administration for Community Living (ACL) has provided a summary of changes, which is available at: acl.gov/sites/default/files/about-acl/2017-04/OAA-Summary-Final.pdf.

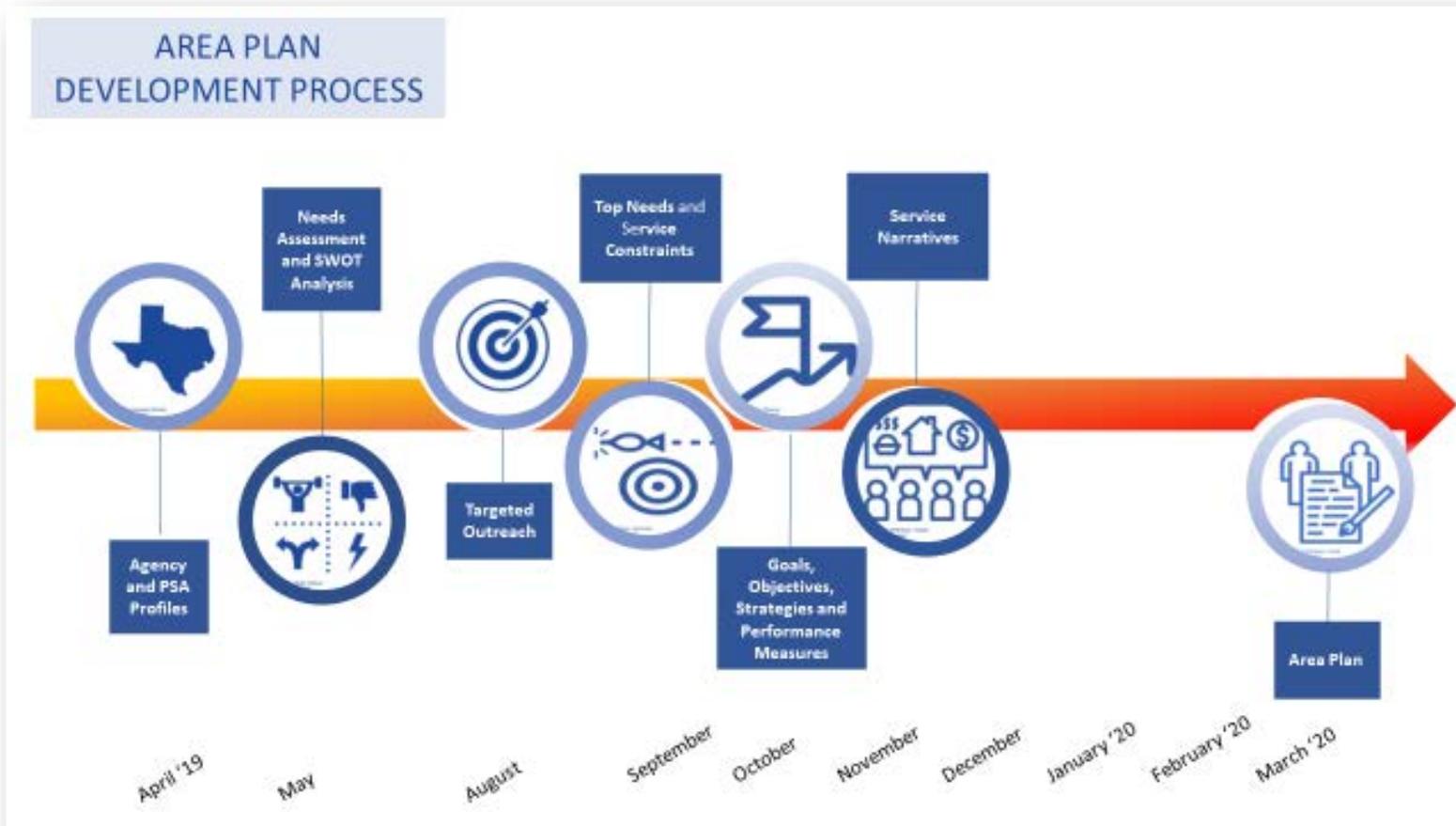
The area plan development process begins with development of the AAA description and PSA profile, followed by completion of the regional needs assessment and SWOT (strengths, weaknesses, opportunities and threats) analysis during the late spring and early summer of 2019. The late summer and early fall should feature development of the targeted outreach and top needs and service constraints. With

the completion of these components, the agency will be prepared to address the goals, objectives, strategies and performance measures, in addition to service narratives, in the fall.

Please review the [Area Plan Checklist](#) for a complete list of required elements to be submitted with the 2021–2022 Area Plan.

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

Figure 1 Area Plan Development Process



Area Plan Development Timeline

[Click here for instructions](#)

Table 1 Area Plan Development Timeline

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

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

How to Use This Template

Before beginning area plan development activities, it is important to thoroughly review the instructions found in Appendix B.

For ease of navigation, under each section heading is a hyperlink to corresponding instructions for how to complete the section. Because federal and state requirements for the area plan have changed since the previous submission of plans, each instruction section includes a citation to the legal reference governing that section, when applicable.

Area Plan

FFY 2021–2022

2. Area Plan Certification

AAA INFORMATION

LEGAL NAME OF AGENCY: ALAMO AREA COUNCIL OF GOVERNMENTS, BEXAR AREA AGENCY ON AGING

MAILING ADDRESS: 8700 TESORO DRIVE, SUITE 160, SAN ANTONIO, TEXAS 78217

TELEPHONE: 210-477-3275

FEDERAL ID NUMBER: 74-1557491

CERTIFICATION BY ALAMO AREA COUNCIL OF GOVERNMENTS BOARD OF DIRECTORS AUTHORIZED OFFICIAL, AAA ADVISORY COUNCIL CHAIR, ALAMO AREA COUNCIL OF GOVERNMENTS EXECUTIVE DIRECTOR AND AAA DIRECTOR

I HEREBY CERTIFY THAT:

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

ADDITIONALLY:

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

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

Signing this form verifies that the Alamo Area Council of Governments, Alamo Area Council of Governments Board of Directors, AAA Advisory Council and AAA understand that they are responsible for the development and implementation of the area plan and for ensuring compliance with Section 306, OAA.

ALAMO AREA COUNCIL OF GOVERNMENTS EXECUTIVE DIRECTOR

NAME: DIANE RATH

SIGNATURE: _____

DATE: Click or tap to enter a date.

ALAMO AREA COUNCIL OF GOVERNMENTS BOARD OF DIRECTORS AUTHORIZED OFFICIAL

NAME: ROBERT L. HURLEY, ATASCOSA COUNTY JUDGE

SIGNATURE: _____

DATE: Click or tap to enter a date.

AAA ADVISORY COUNCIL CHAIR

NAME: BRENDA SCHMACHTENBERGER, BEXAR SENIOR ADVISORY COMMITTEE CHAIR

SIGNATURE: _____

DATE: Click or tap to enter a date.

AAA DIRECTOR/AUTHORIZED OFFICIAL

NAME: GLORIA VASQUEZ, DIRECTOR BEXAR AREA AGENCY ON AGING

SIGNATURE: _____

DATE: Click or tap to enter a date.

3. Executive Summary

The Bexar Area Agency on Aging (BAAA) is designated by the Texas Health and Human Services Commission (HHSC) to coordinate services for persons in Bexar County who are 60 or older, with particular attention to low-income minority older individuals, older individuals with limited-English proficiency, and older individuals residing in rural areas of the county.

BAAA plans and contracts services for older adults throughout Bexar County. BAAA is hosted by the Alamo Area Council of Governments (AACOG), which covers a 13-county region with a service area that encompasses 12,582 square miles and population of more than 2.5 million residents, of which approximately 323,000 are over the age of 60 and live in Bexar County.

BAAA is part of a nationwide network that coordinates supportive services for older adults as mandated by the Older Americans Act of 1965.

BAAA is dedicated to building a community that supports older residents and allows them to age in place with dignity, security, and enhanced quality of life.

The Aging programs at AACOG include the Aging and Disability Resource Center (ADRC) that provides information and referrals not only to older adults and older veterans, but also to adults with physical and intellectual disabilities. The Bexar ADRC has been in operation since 2009 and now hosts the Alamo ADRC. Together the Alamo and Bexar ADRCs, known as Alamo Service Connection (ASC) produce among the highest call volumes in the state.

The thought that urban environments are an ideal place for people to age is countered by numerous challenges concerning the adequate provision of services, safety concerns of older adults, and housing affordability issues. One of the major challenges of urban living is to make cities age-friendly and more aware of the needs of older adults. Cities should be a place where older adults are actively involved, valued, and supported with infrastructure and services that effectively accommodate their needs. Age-friendly cities should have more and better resources and offer greater opportunities and services.

In an effort to identify needs and provide services, the Area Agency on Aging prepares an Area Plan as required by HHSC, and the Administration for Community Living (ACL) under the U.S. Department of Health and Human Services. The Area

Plan provides strategic direction for older adults and their caregivers living in the AACOG region and how services will be conducted. The Area Agency on Aging, with the support of AACOG, will continue to leverage resources and align community partners and agencies to provide services to older adults in the region.

This area plan also supports the State's plan to provide supportive services and will address the following:

- Create opportunities to live independently in their own homes
- Provide information about state and federal benefits and legal rights
- Give family caregivers the tools to do their job
- Provide access to meals at home or in group settings
- Identify assisted-living facility care, daytime programs or nursing home services they may qualify for
- Advocate for people who live in assisted-living facilities or nursing homes
- Guide people to the right long-term care services

Beyond the required information, the Area Plan addresses the following: key sociodemographic factors that will shape funding needs; priorities, unmet needs and best practices identified by the Area Agencies Aging (AAAs); and the objectives in working with the aging network to provide cost-effective, high quality services to older adults, adults with disabilities, and their caregivers.

Currently almost 12 percent of Texans—3.2 million people—are 65 years and older and by 2050 that figure is expected to increase by almost 20 percent. The increase of the older adult population will likely mean an increase in the need for all types of health and human services such as health care, home care, personal care and long-term care.

More than 16,846 older adults in the AACOG region received services from BAAA in program year 2018-2019 and over \$7.5 million of the AAA's budget was spent providing direct services to older adults. The AACOG region is home to more than 500,000 adults aged 60 and older.

In composing the Area Plan the following needs were considered: 1. Information and Access – Enable older adults with disabilities, their families, and other consumers to choose and easily access options for services; 2. Provision of medical and home and community-based services to enable individuals to maintain a high quality of life for as long as possible, including supports for family caregivers; 3. Health and Wellness – Empowering older adults and their caregivers to live active, healthy lives to improve their mental, behavioral, and physical health status; 4. Ensuring that the legal rights of older adults are protected and prevent their abuse, neglect, and

exploitation; 5. Promotion, planning and collaboration at the community level that recognize the benefit and needs of its aging population;

The AAA also provides written assurances in this Area Plan as guided by the Administration for Community Living that address the identification of economic and social need among the region's older population. An improvement to the Area Plan Program Module Template and Instructions were utilized in the development of the Area Plan. These efforts were complemented by training of AAA planning staff to use new methodologies and data tools to better identify unmet needs and service opportunities as well as measure performance.

BAAA will serve as an advocate, promoting awareness of the needs of older adults and providing services that enable independence, well-being and quality of life.

4. Mission and Vision Statements

Mission

The mission of BAAA is to enhance the quality of life of all residents of Bexar County, in partnership with elected and appointed officials, funders, community partners, and beneficiaries.

Vision

The forward thinking vision of BAAA is to consistently provide services and support to older adults, people with disabilities, veterans and their family caregivers in the county, ensuring they live with dignity and independence for as long as possible.

5. Board of Directors

Membership Composition

The Alamo Area Council of Governments (AACOG) is made up of representatives of AACOG's member governments. The Board of Directors, the governing body of AACOG, meets once a month, usually on the fourth Wednesday; however, meetings are convened as needed. Standing and advisory committees meet on a monthly, bimonthly, or quarterly, or annual basis. All meetings are open to the public and accessible to people with disabilities.

The Board of Directors (the Board) shall be composed of members elected or appointed by the membership within the areas specified in Bylaws and shall be elected or appointed as may be determined by each Council member in the following manner:

- a. Three Bexar County representatives, at least two of whom shall be members of the County's Commissioner's Court. The Bexar County Commissioner's Court shall designate and appoint their representatives.
- b. Three City of San Antonio representatives, at least two of whom shall be members of the City Council. The City of San Antonio shall designate and appoint their representatives.
- c. Representatives of member cities other than San Antonio as follows:
 1. Three representatives for Cities situated in Bexar County.
 2. Three representatives for Cities not classified as "Urbanized" and situated outside of Bexar County. Cities shall be grouped by counties as follows:
 - a. Group A cities – Atascosa, Frio, McMullen, Medina – One member.
 - b. Group B cities – Comal, Guadalupe, Karnes and Wilson – One member.
 - c. Group C cities – Bandera, Gillespie, Kendall and Kerr – One member.
 - d. One representative for cities classified as "Urbanized" situated outside of Bexar County.

- e. One representative selected by Council members who represent independent public utility boards and special districts.
- f. One representative selected by Council members who represent multi-county districts.
- g. One representative selected by Council members who represent hospital /health districts.
- h. One representative selected by Council members who represent school districts. Representative shall be a member of a member school district's board of trustees.
- i. One representative from each County, other than Bexar. Representative shall be a member of the Commissioners Court and appointed by their specific Commissioners Court.
- j. One representative selected by Council members who represent soil and water conservation districts.
- k. Two representatives, one from the Texas Senate and one from the Texas House of Representatives, to be selected by Council representatives who represent urban and rural areas within the AACOG region shall be members and have voting privileges.

Ex-Officio, non-voting, status will also be extended to the balance of the delegation members within the AACOG region (State Planning Region 18); as per Texas Local Government Governing Body of a Commission.

One representative from Joint Base – San Antonio. Ex-Officio, non-voting, status will be extended to the representative; whom shall represent the military installations and personnel.

Directors shall be permitted to designate an alternate to attend Board meetings in their behalf. Only one designated alternate however, who is not an elected official, may represent Director and exercise voting privileges at a Board meeting so long as elected officials constitute two-thirds (2/3) of the Board Directors present to vote and voting at the meeting. Directors shall provide the name and contact information for their designated Alternate(s) in writing to the Executive Director on official stationery.

Frequency of Meetings

The Alamo Area Council of Governments Board of Directors meets the fourth Wednesday of every month at 10 a.m. Meeting agendas are posted in accordance with the Texas Open Meetings Act and include all business that the Board of Directors will discuss and vote upon. The Board of Directors shall hold regular and/or special meetings at such times and places as it may determine and said meetings shall be open to the public. Meetings shall be held monthly at the Council's main office located in San Antonio, Texas, unless otherwise determined by the Board.

Special meetings of the Board may be called by the Chair or upon the written request of twenty percent (20%) of the members of the Board of Directors for the purpose of transacting any business specified in the call. The call for a special meeting must be in writing and mailed to each Director at least five days before such meeting.

There shall be an annual meeting of the Council at a time and place to be determined by the Board of Directors. Normally this meeting shall be held during the month of December, as herein described, and shall constitute one of the Board of Director's normal monthly meetings.

Officer Selection Schedule

On an annual basis or as needed to fill a vacancy in the position of Chair or Vice Chair, a nominating committee composed of the current and former Chairs of the Board of Directors, shall meet and review the current membership of the Board and recommend to the Board of Directors a Chair and Vice-Chair for the upcoming calendar year. The Board may also consider nominations from the floor in addition to the recommendations from the nominating committee.

Board Officers

Table 2 Board Officers

Title	Name	Term
Chair or president	Judge Robert L. Hurley	January 1, 2020 – December 31, 2021
Vice chair or vice president	Mayor Suzanne De Leon	January 1, 2020 – December 31, 2021
Treasurer or equivalent position	N/A	N/A
Secretary or equivalent position	N/A	N/A
Immediate past chair or president	Mr. James Hasslocher	January 1, 2019 – December 31, 2020
Other: (Title Click here to enter text.)		
Other: (Title Click here to enter text.)		

6. Advisory Council

Council Composition

The Members of Bexar Senior Advisory Council (BSAC) shall consist of persons who are residents of Bexar County. BSAC will be comprised of a maximum of 30 Members. A goal of fifty percent (50%) of the Members shall be 60 years of age or older, and the goal would be to include minority Members represented in proportion to their numbers in the Public Service Area (PSA). There are three categories of membership: (1.) **APPOINTEES**: three seats will be filled by appointed Members as follows: (1) a representative nominated by the City/County Joint Commission for Elderly Affairs; (2) a local elected official, and (3) a Texas Silver-Haired Legislative official; (2) **PROVIDER REPRESENTATIVES**: representatives of Veterans, health care provider organizations (including providers of veterans' healthcare, if appropriate), and supportive services provider organizations; and (3.) **AT LARGE REPRESENTATIVES**: those of greatest economic and social need and clients of services funded by the Area Agency on Aging. As a goal, BSAC membership would include representatives of older persons, and persons with leadership experience in the private and voluntary sectors.

Frequency of Meetings

BSAC will meet a minimum of six (6) times per year as determined by the Chair. Meetings of the BSAC are open meetings in accordance with the Texas Open Meetings Act (TOMA). Written notice of all meetings shall be sent five (5) business days prior to the date of the meeting, Special meetings shall be held whenever called by BSAC Chair or upon written request of at least one-third of the voting membership, or by the Executive Director of the Alamo Area Council of Governments. Notice of such meeting shall be the same as for regular meetings except that only three (3) days' notice will be required. All communications shall, where practical, be conducted by means of the regular U.S. Postal Service or electronically. Lack of receipt of such U.S. Postal Service shall not void or negate otherwise legitimate action of BSAC.

Member Selection Schedule

Provider and At-Large Members will serve a three-year term beginning on January 1 of the year following their appointment. Any Member fulfilling an unexpired term may be eligible for nomination to their own first three-year term. Members may apply for an additional term subject to approval of BSAC and the AACOG Board of Directors. After two consecutive three-year terms, the representative must sit out for at least one year (or serve in an Alternate Member position) before reapplying as a Member. The Appointee Members (local Elected Official, City/County Joint Commission on Elderly Affairs Representative and the Texas Silver Haired Legislative Representative) will be exempt from term limitations if they remain Members in good standing.

Table 3 Advisory Council Composition

Category	Number of Members
Older adults residing in rural areas	1
Clients of Title III services	2
Older adults	15
Minority older adults who participate or are eligible to participate in OAA programs	7
Local elected officials	1
General public	13
Veterans' health care providers, if applicable	1
Service providers	7
Family caregivers of older adults who are minority or who reside in rural areas	2
Business community representatives	7
Representatives of older adults	16
Representatives of health care provider organizations	4
People with leadership experience in the private and voluntary sectors	22
Representatives of supportive services provider organizations	8

Advisory Council Members

Table 4 Advisory Council Members

Name	Occupation or Affiliation	County of Residence	Member Since	Current Office Term	Name of Agency Group Represented ²
Brenda Schmachtenberger	Executive Director	Bexar	2011	1 st Term Chair: 2020	San Antonio Oasis
Laurin Lee Jimenez	Retired	Bexar	2008	1 st Term: Vice Chair 2020	n/a
Nancy O. Hardin	Retired	Bexar	2017	2 nd Term: Secretary 2019 & 2020	Texas Silver Haired Legislature
Jo Alexander	Retired	Bexar	2017		n/a
Beth Douglas	Marketing	Bexar	2011		Franklin Park Sonterra
Heather Finerghy	COO	Bexar	2016		Meals on Wheels San Antonio
T. Paul Furukawa	Social Worker	Bexar	2015		n/a

² Enter "N/A" if not applicable

Name	Occupation or Affiliation	County of Residence	Member Since	Current Office Term	Name of Agency Group Represented²
Shirley Gaede	Retired	Bexar	2016		n/a
Edwina Glick	Retired	Bexar	2019		n/a
Chave Gonzaba	Executive Board Member	Bexar	2017		Gonzaba Medical Group
Edna Griffin	Retired	Bexar	2011		Texas Silver Haired Legislature
Alisa Hartfield-Cordero	Social Worker	Bexar	2015		Audie L. Murphy VA
Cynthia Hazel	Personal Development Speaker/healer	Bexar	2016		HeartSong Healing Place
Philip Jackson	Retired	Bexar	2015		n/a
Chris Johnson	Retired	Bexar	2016		Texas Silver Haired Legislature
Richard Lozano	Deputy Sheriff	Bexar	2019		Bexar County Sheriff's Office
Ryan McGuire	Community Relations	Bexar	2018		Griswold Home Care
Jose Menendez	Senator	Bexar	2020		Texas Senate
Yolanda Perez	Human Services Administrator	Bexar	2018		City of San Antonio Department of Human Services
Cynthia Romo	Operations Mgr	Bexar	2019		The Brokerage Inc.

Name	Occupation or Affiliation	County of Residence	Member Since	Current Office Term	Name of Agency Group Represented²
Dianne Teran	Social Worker, LMSW	Bexar	2020		Alzheimer's Association San Antonio and South Texas Chapter
Marion Thomas	CEO/Executive Director	Bexar	2015		Blessed Angels Community Center
Jerry Tyson	Retired	Bexar	2020		Texas Silver Haired Legislature
Phillip Walker	Managing Director	Bexar	2015		Circle Dove Enterprises Life Care Management
Barbara Witte-Howell	Member	Bexar	2017		City/County Commission on Elderly Affairs

7. Agency Description and PSA Profile

Identification of Counties and Major Communities

AACOG's BAAA serves the City of San Antonio and Bexar County. The entire (AACOG) Region is comprised of 12 rural counties in addition to urbanized Bexar County. The San Antonio Metropolitan Statistical Area (MSA) encompasses eight of the thirteen counties (Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina and Wilson).

AACOG is host to BAAA. Local Governments organized AACOG as a regional planning commission in 1967, under Chapter 391, Local Government Code. AACOG is defined as a political subdivision of the state and is authorized to plan, assist and deliver local government with public services but has no power to tax or regulate. AACOG is a voluntary association of cities and special government districts.

BAAA is dedicated to building a community that supports older adults and allows them to age in place with dignity, security, and enhanced quality of life.

Additionally, BAAA is dedicated to building a community that supports care recipients and family caregivers, in accordance with the creation of the National Family Caregiver Support Program (NFCSP) created by Congress in 2000. This program explicitly recognized the importance of family caregivers in our nation's long-term services and supports system. BAAA efforts target the following population: Adult family members or informal caregivers age 18 and older providing care to individuals 60 years of age and older, and/or with Alzheimer's disease and related disorders, as well as grandparents and other relatives (not parents) 55 years of age and older providing care to children under the age of 18, and grandparents and other relatives (not parents) 55 years of age and older providing care to adults age 18-59 with disabilities.

The range of services provided by BAAA includes:

Benefits Counseling - Provides assistance to adults 60 years of age and older and Medicare beneficiaries of any age concerning their public benefits and entitlements

Care Coordination - Assesses the needs of adults 60 years of age and older and then coordinates local resources to support an individual's highest level of functioning

Caregiver Support - Assesses needs of caregivers and then coordinates available support services

Information, Referral, and Assistance - Provides information and assistance to callers to identify and link with the appropriate service agencies

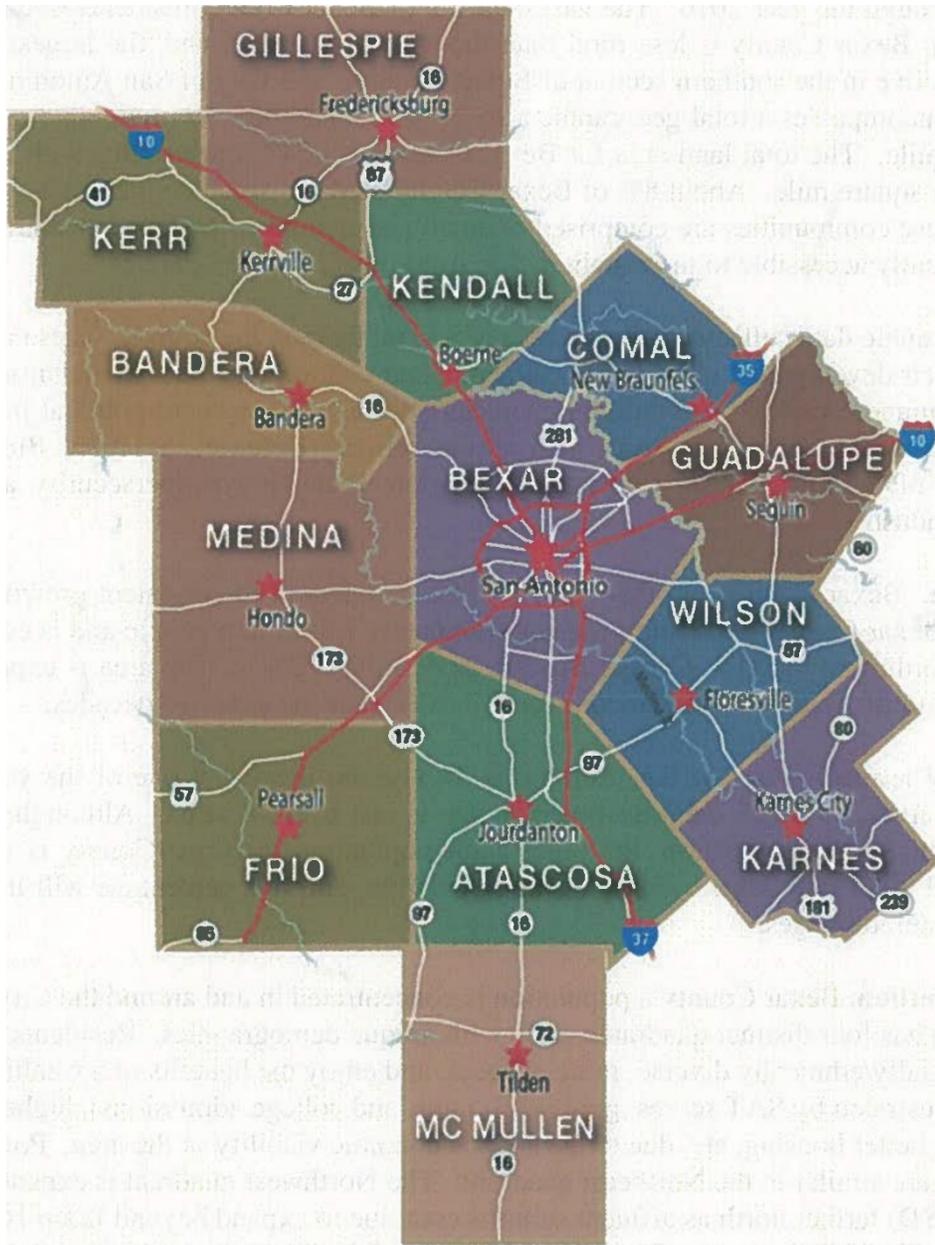
Nutrition - Serves nourishing meals on site and/or delivered to home-bound older adults.

Ombudsman - Advocates for residents of long-term care facilities

Senior Centers - Local neighborhood facilities providing organization and provision of support services, recreational and group activities for the older adult.

Transportation - Offers door-to-door trips to nutrition sites, local medical services, socialization activities, and social service agency appointments

Figure 1. Map of the AACOG Region. Bexar Area Agency on Aging serves Bexar County. The Alamo Service Connection Aging and Disability Resource Center serves the 13-County AACOG region, pictured in its entirety below. (Source: AACOG GIS Mapping)



Socio-Demographic and Economic Factors

Population Characteristics. San Antonio, Texas, is the seventh largest municipality in the U.S., and continues to grow at approximately 2% annually, with a projected growth of an additional 5% through the year 2021.

The San Antonio MSA was projected to grow 15.43% between 2000 and 2018 and an additional 8% through the year 2020. The vast majority of Bexar County

residents live in urban rather than rural areas. Overall, Bexar County is less rural than the state as a whole; and, the largest proportion of rural citizens, about 20%, live in the southern sectors of Bexar County.

The City of San Antonio is contained within Bexar County and encompasses a total geographic area of 467 square miles with a population density of 3,393 persons per square mile. The total land area for Bexar County is 1,247 square miles with a population density of 1,383 persons per square mile. About 8% of Bexar County contains small communities that meet the criteria of being rural, as these communities are comprised of small populations of people concentrated in communities that are not conveniently accessible to metropolitan San Antonio and its services.

As described above within the population characteristics of BAAA, some of the demographic data collected is based on MSA, rather than the county. These areas are contiguous and similar in their development of both the residential and commercial areas in and around the city centers. These areas share unique economic and cultural characteristics in addition to socio-political interests, and are tied by regional economic development interests such as the Military/Defense, Aviation, Bioscience/Healthcare, and Manufacturing/Port of San Antonio Distribution Centers, Information Technology/Cybersecurity and the Eagle Ford Shale/Oil and Gas industries.

Overall Population. According to data obtained from the U.S. Census Bureau, the Texas Demographic Center, and the Texas State Data Center at the University of Texas at San Antonio, Bexar County and the metro area have experienced consistent growth from 2010 through 2019. The area was expected to continue to grow at 2% per year through 2019, then slow to 7-10% overall for the next two decades. The 2010 Bexar County population was approximately 1.7 million people and is estimated to be 2.5 million in 2020.

In 2018, Bexar County had a population of 1.99 million with a median age of 33.8 years and a median household income of \$54,149. The population of Bexar County is 60.5% Hispanic or Latino, 27.3% White Alone, and 7.18% Black or African American Alone. Almost 41% of the people in Bexar County speak a non-English language, and 92% are U.S. citizens.

Age Distribution. The median age of San Antonio is 33.5 years, making it one of the younger cities among major metropolitan areas, of which the oldest median age is just over 38 years. While adults between the ages of 18-64 years make up the largest percent of the population (62%), the older adult population in Bexar County is increasing. In 2017, persons aged 55 and older represented 26.4% of the

population, and this percentage continues to increase as the "baby boomer" generation ages.

Geographic Distribution. Bexar County's population is concentrated in and around the City of San Antonio proper. San Antonio has four distinct quadrants, each with unique demographics.

Residents in the Northeast quadrant are less racially/ethnically diverse, more affluent, and enjoy the benefits of a wealthier community: better schools (as illustrated by SAT scores, graduation rates, and college admissions), higher educational levels, better health, better housing, etc., due to the added economic viability of the area.

Portions of the upper Northwest quadrant are similar to the Northeast quadrant. The Northwest quadrant is expanding its school system (Northside ISD) farther north as affluent suburbs continue to expand beyond Loop 1604 and into the Texas Hill Country.

The Southeast, Southwest, and a portion of the western quadrant of the city are largely populated by racial/ethnic minorities, with African Americans concentrated on the East side, and Hispanics concentrated in the South and West quadrants of the city.

The City of San Antonio strives to serve all quadrants of the city equally with the tax base from the community, and has provided various initiatives and grant funding opportunities to increase the economic well-being of the South, West, and East quadrants. Examples of some of these initiatives and grants are: Southside initiative and expansion to include Texas A & M University (southside), The Eastside Promise Zone Initiative (eastside), San Antonio for Growth on the Eastside ("SAGE"), Brooks City Base (southeast side), and the Port of San Antonio (southwest).

Economic and Social Resources

The following information was obtained prior to the COVID-19 pandemic.

The US job market growth average is currently 3.9%. San Antonio has seen its job market increase by 1.6% over the last year. Bexar County's future job growth over the next ten years is predicted to be 39.6%, which is higher than the United States average of 33.5%.

The unemployment rate in San Antonio in February 2020 was 3.1%, which is slightly lower than the national average of 3.5%. In contrast, the chart below (obtained from statisticalatlas.com) shows seniors (60 years of age or older) in San Antonio/Bexar County as having an employment rate of between 4% and 57%, depending on specific age groupings.

Overall, the population of San Antonio aged 60 and over is 243,000 or roughly 17% of the total population and expected to grow to 464,000 individuals by 2040. The City of San Antonio, Department of Human Services, through the Senior Services Division, currently serves roughly 10% of the overall population of adults, aged 60 and older.

The Bexar County Economic and Development Division strives to improve infrastructure, provide public services, build affordable housing and rehabilitate existing housing with funding from the Federal Housing and Urban Development Department (HUD). Additionally, this division recruits and partners with business organizations to develop local workforce opportunities that strengthen the community. The Community Resources Division of the Economic and Community Development department provides financial assistance for utility payments.

This assistance is designed to prevent utility disconnection and to assist households in becoming self-sufficient. The Community Resources Division of the Economic and Community Development department also administers the Pauper Burial program and provides burial assistance to eligible households.

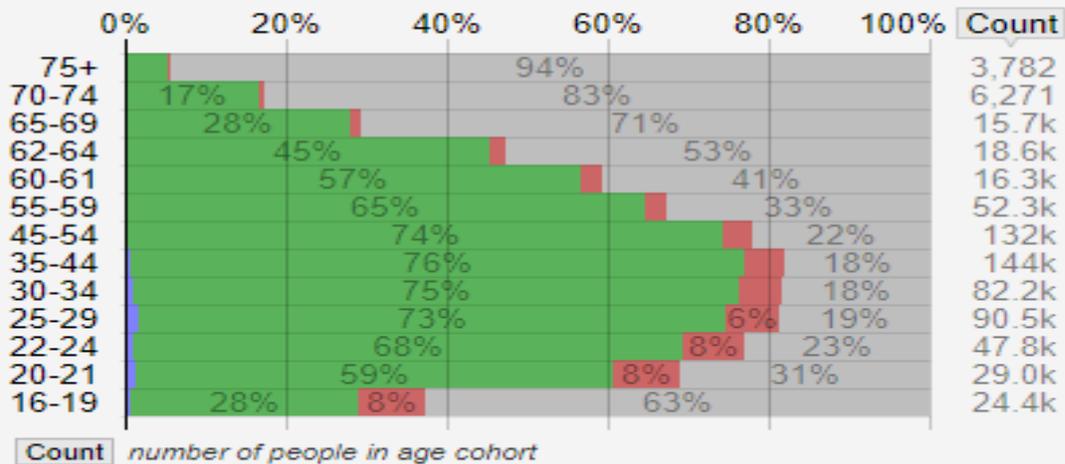
Employment Status by Age

#3

Employment status composition of the given age cohorts.

Scope: population of San Antonio

■ Armed Forces ■ Employed
■ Unemployed ■ Not in Labor Force



In 2003, the City/County Joint Commission on Elderly Affairs, an advisory board comprised of adults 60+, recommended the creation of centers where older adults could congregate to share meals, participate in activities and access needed services. The recommendation resulted in the establishment of 10 comprehensive senior centers within the City of San Antonio.

Within each of the 10 comprehensive senior centers, the City of San Antonio (CoSA) provides an exciting array of programs and services specifically designed for older adults, more specifically tailored to those 60 years of age and older, through the usage of these centers.

Some examples of activities available include the following:

- Daily Nutritious Meal
 - Social Services
 - Arts and Crafts
 - Exercise Classes
 - Library
 - Recreation and Dance
 - Arts and Crafts
 - Computer Classes
 - Basic Health Screenings
 - Work Search Programs
 - Field Trips
 - Therapeutic Pool *
- * Only at Bob Ross Senior Center

The CoSA's Department of Human Services, Senior Services Division helps San Antonio's multi-generational senior community lead active, independent and engaged lives through comprehensive nutrition, wellness, education and more. In cooperation with BAAA and AACOG, most meals and some of these activities are reimbursed using funding from HHSC.

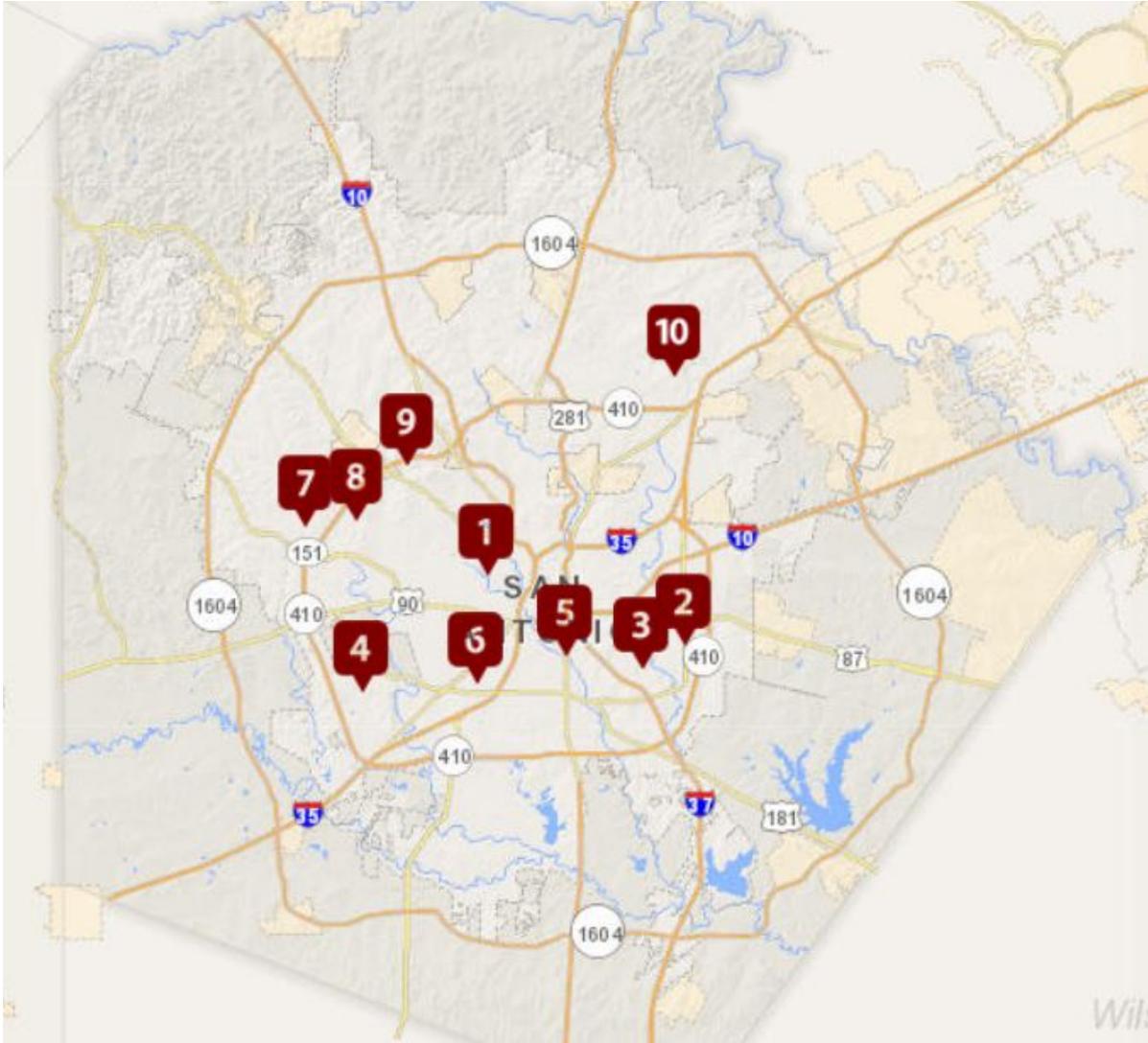
The 10 full time Comprehensive Senior Centers are open 8 hours per day from 7am to 4pm. They offer comprehensive nutrition, wellness, and education services to residents 60 years of age and older.

CoSA's 7 part-time Nutrition sites are open 4 hours per day (Monday through Friday) throughout the year and are located throughout the city.

In CoSA's continuing efforts to meet the needs of older adults, a new Senior Multi-Generational Center is scheduled to open in June 2021. The \$14.2 million, 25,000 square foot facility is in Council District 9, on the city's north central area and is designed to serve seniors, youth and adults. Programming will suit a variety of ages and interests with primary services offered to older adults to include nutrition and education.

In addition to the above referenced and below listed Senior Centers and Nutrition sites (map is located at sanantonio.gov/human-services/senior-centers), BAAA, through congregate meal funding authorized and provided by the Older Americans Act (OAA) and HHSC, reimburses Kirby Senior Center, Presa Community Center, Madonna Center, Greater Randolph Area Services Program (GRASP), Casa Helotes Activity Center, and Christian Village Apartments Incorporated. A collective average of more than 84% of the cost of congregate meals is served to eligible clients (those 60 years of age or older).

These relatively small sites cater to the older adults in low income and/or subsidized housing, as well as those located in areas within, but on the outer boundaries of, Bexar County. The collaboration with these facilities and BAAA, focuses on assisting needy individuals and families by improving their quality of life and promoting self-sufficiency. Participating agencies also strive to help individuals and families improve their daily lives through education, connections to resources, healthy aging, and a sense of community.



City of San Antonio 10 Comprehensive Senior Centers (Focal Points 1-10)

Description of Service System

The following description of programs and services available in Bexar County represented in a format that begins with community-based services and progresses toward more restrictive services, such as Ombudsman and Long-Term Care, and institutionalization.

BAAA manages OAA Federal funds to deliver community-based services to people 60 years of age and older, adults with a disability, their family caregivers, and grandparents 55 years of age and older who are raising grandchildren. The program includes an array of services, such as care coordination, benefits counseling, legal

assistance, information and referral, congregate meals, long-term care ombudsman, health and wellness evidenced-based intervention programs, health maintenance, transportation, respite care, income support, and mental health services. BAAA also is the recipient of competitive grants to develop innovative programs that include mobility management, accessible transportation, and veterans and family support.

Focal Points

Table 5 Focal Points

	Community Served	Name and Address of Focal Point	Services Provided	Services Coordinated with Other Agencies
1.	District 1 Comprehensive Center	West End Park, 1226 NW 18th St. 78207 210.207.1720	Nutrition, Information and referral, transportation, and health and wellness socialization activities	HHSC, BAAA, Meals on Wheels, and San Antonio Food Bank
2.	District 2 Comprehensive Center	1751 S. W.W. White Rd. 78220 210.207.5390	Nutrition, Information and referral, transportation, and health and wellness socialization activities	HHSC, BAAA, Meals on Wheels, and San Antonio Food Bank
3.	District 3 Comprehensive Center	South Side Lions Senior Center 3303 Pecan Valley Dr. 78210 210.207.1760	Nutrition, Information and referral, transportation, and health and wellness socialization activities	HHSC, BAAA, Meals on Wheels, and San Antonio Food Bank

	Community Served	Name and Address of Focal Point	Services Provided	Services Coordinated with Other Agencies
4.	District 4 Comprehensive Center	Willie Cortez Senior Center 5512 SW Military Dr. 78242 210.207.5294	Nutrition, Information and referral, transportation, and health and wellness socialization activities	HHSC, BAAA, Meals on Wheels, and San Antonio Food Bank
5.	District 5 Comprehensive Center	2701 S. Presa 78210 210.207.5270	Nutrition, Information and referral, transportation, and health and wellness socialization activities	HHSC, BAAA, Meals on Wheels, and San Antonio Food Bank
6.	District 5 Comprehensive Center	Normoyle Senior Center 700 Culberson 78211 210.207.5650	Nutrition, Information and referral, transportation, and health and wellness socialization activities	HHSC, BAAA, Meals on Wheels, and San Antonio Food Bank
7.	District 6 Comprehensive Center	Alicia Trevino Lopez Senior Center 8353 Culebra Rd 78251 210.558.0178	Nutrition, Information and referral, transportation, and health and wellness socialization activities	HHSC, BAAA, Meals on Wheels, and San Antonio Food Bank
8.	District 7 Comprehensive Center	Doris Griffin Senior One Stop Center 6157 NW Loop 410 78238 210.780.7444	Nutrition, Information and referral, transportation, and health and wellness socialization activities	HHSC, BAAA, Meals on Wheels, and San Antonio Food Bank

	Community Served	Name and Address of Focal Point	Services Provided	Services Coordinated with Other Agencies
9.	District 8 Comprehensive Center	Bob Ross Senior Center 2219 Babcock 78229 210.207.5300	Nutrition, Information and referral, transportation, and health and wellness socialization activities	HHSC, BAAA, Meals on Wheels, and San Antonio Food Bank
10.	District 10 Comprehensive Center	Northeast Senior Center 4135 Thousand Oaks 78247 210.207.4590	Nutrition, Information and referral, transportation, and health and wellness socialization activities	HHSC, BAAA, Meals on Wheels, and San Antonio Food Bank
11.	Bexar County	Meals on Wheels San Antonio, 4306 Northwest Loop 410, San Antonio, Texas	Home Delivered Meals, Wellness Checks, companionship, and Alzheimer's care	HHSC, CoSA, San Antonio Food Bank, and BAAA

Role in Interagency Collaborative Efforts

BAAA provides a continuity of services as well as facilitating easier access to partner agency information and services. Partners include HHSC, Meals on Wheels San Antonio, Texas Veterans Network, Veteran’s Administration, Alamo Regional Transit, San Antonio Bar, Center on Independent Living (COIL), San Antonio Independent Living Services (SAILS), Joint Base San Antonio, San Antonio Food Bank, Corporation for National and Community Service, National Corporation on Aging, in addition to several other entities and referral service agencies. The Benefits Enrollment Center (BEC) is a grant funded partnership between BAAA and the National Corporation on Aging. The Center offers assistance in the completion of public entitlement applications i.e. Medicare, Medicaid, Low Income Subsidy and Supplemental Nutrition Assistance Program.

BAAA uses ASC to empower individuals to make informed choices and to streamline access to long term services and supports, making it possible for them to “age in

place". ASC is the public face of BAAA and utilizes an extensive database with information about Medicare, Social Security, legal aid, housing assistance, home repairs, residential support services, assistance with household expenses, and access to transportation services.

For information, referral and assistance services, and for intake for the majority of direct client services. BAAA, using the ASC vehicle, maintains a public resource website in support of the community at large by providing access to a reliable search engine focused on senior, veteran, and disability community services. In summary, BAAA collaborates with the above agencies to provide services to clients in the MSA. Additionally, BAAA continues to outreach and seek other agencies to provide services in an attempt to offer a multitude of options to its diverse and widening area of the county.

8. Plan Development

BAAA Area Plan was developed using a combination of data received from community organizations and partners, agency data bases, reports, in addition to internal and external feedback. Additionally, external websites from community partners and public data was utilized and referenced throughout this plan.

As a result of the information obtained, the Area Plan has been strategically developed with the purpose of utilizing funds to target zip codes identified as having a higher number of economically challenged households, veterans age 60 and over, those in need of affordable housing, income support, care coordination services, transportation, health and wellness support, education on ways to avoid elderly fraud attempts, and caregiver support services.

Funding for these efforts is derived from federal funds received from OAA, in addition to funds received from awarding of competitive grants used to develop innovative programs to support the above mentioned services.

Additionally, BAAA utilizes ASC as a gateway for client contact, allowing for the needs of callers to be assessed, provided with options counseling and navigating them through an array of government and social services available to support their specific needs.

To support this area plan, BAAA continues to collaborate with the CoSA, governmental entities within it, district council members, city libraries, the aforementioned senior centers, public works areas, hospitals, long-term care entities, and nutrition providers throughout the city.

Resources Used

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

9. Regional Needs Assessment/SWOT Analysis

Regional Needs Assessment Development Process

In preparation for development of the BAAA Area Plan, a county-wide Needs Assessment (based on the services provided by BAAA) was provided to current AAA clients, non AAA clients over and under the age of 60, individuals with disabilities, family caregivers, service providers, elected officials, members of the BAAA Board of Directors and Advisory Committees, as well as individuals that did not fall into any of the above listed categories. This process was conducted over several months and concluded in the fall 2019. The survey was disbursed using Survey Monkey only, via electronic means.

The complete needs assessment results can be found at:

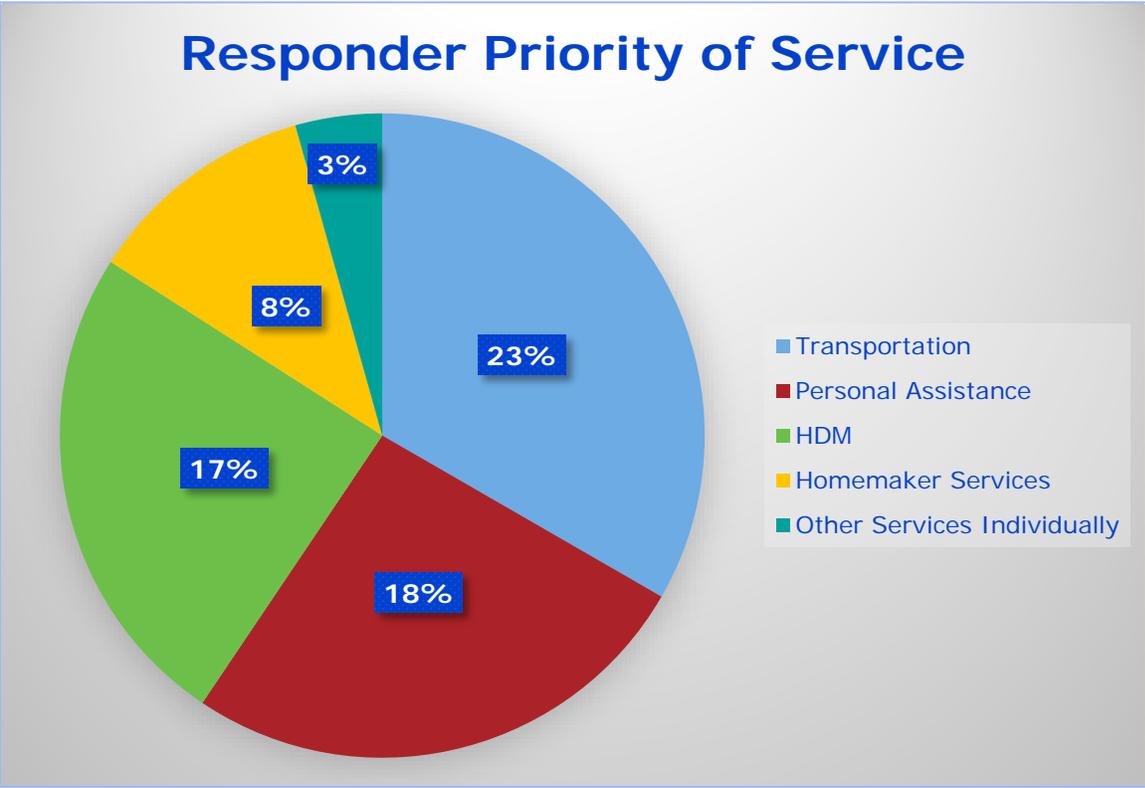
<https://www.surveymonkey.com/results/SM-XSLWYR8S7/>

Survey or Public Forum Participants

Participants were recruited using community outreach events, as well as Board of Director and Advisory Committee Meetings. The survey was made available to and responses were received from AAA clients over the age of 60, caregivers under the age of 60, and non-clients over and under the age of 60. Additionally, the survey was made available to and received from individuals within the following categories: those with disabilities, family caregivers, veterans, service providers, elected officials, Board of Directors and Advisory Council members, and lastly, individuals identified as "Other". Of all the responses received, 97% were from responders within Bexar County, with the remaining 3% residing outside of Bexar County.

Key Findings

Service responders were asked to identify the major challenges they were facing in meeting the needs of older adults within Bexar County. Review of the findings indicated the highest priority of services provided by BAAA should focus on Transportation (23%), Personal Assistance (18%), Home Delivered Meals (17%), Homemaker Services (8%), and Caregiver Respite: temporary relief for family caregivers, (3%).



SWOT Analysis

Based on the information obtained in the needs assessment survey, trends in service delivery, and impacts occurring currently (from the BAAA standpoint), the following is a summary of the SWOT analysis:

Strengths – BAAA has identified and continues to work with transportation entities in an effort to build relationships (with potential vendors or contractors) to better serve the needs of older adults. A great majority (64%) of Responders stated they heard about services provided by BAAA through ‘Word of Mouth”. Of the remaining responders, 21% heard about services via the internet and 15% via “Older adult programs and services websites”. Increasing our presence in the above listed focal points, in addition to hosting and participating in events to promote these services,

positions BAAA to continue to be the “go to” entity for services for the aging, and veterans age 60 and over.

Weaknesses – BAAA has not been able to consistently receive the funding necessary to effectively staff and efficiently train adequate numbers of personnel to cover this very large service area—especially the more remote/rural outlining areas of the county—which would support efforts to increase usage of Personal Assistance services and funding.

Opportunities – BAAA needs to continue taking the necessary steps to build on existing relationships with long-term care facilities, public libraries, and community centers, and establishing Memorandums of Understanding (MOUs) with those entities, as well as expanding to additional relationships. Additionally, BAAA must continue to work with HHSC local offices for the purpose of completing Intake and Assessment of needs and eligibility for services. This collaboration will also allow for the hosting of outreach events within these facilities and give BAAA the opportunity to participate in events these entities have planned and/or have scheduled.

Threats – A vast majority of older adults (60 and over) in Bexar County are still driving, volunteering, working (full- or part-time), in good health, physically active and or socially engaged. In an effort to derail the decrease of participation in these and other areas, BAAA along with CoSA, HHSC, and Meals on Wheels San Antonio continues to look for innovative ways to engage eligible clients in this vital program. BAAA is committed to increasing participation by having a greater presence in the CoSA’s senior centers and working with HHSC in a collaborative effort to positively impact participation in the program.

10. Targeted Outreach

Performance Analysis

In the previous years, BAAA focused on providing a “no wrong door” policy using the Aging and Disabled Resource Center, the call center referral source. This allowed the AAA to provide more than adequate Personal Assistance, Residential Repair, Homemaker, Care Coordination, Transportation, Home Delivered and Congregate Meals, in addition to services for veterans age 60 and over. BAAA is a leader among senior-serving agencies in its efforts to address these needs.

By securing a grant with the Institute for Veterans and Military Families (IVMF) in the summer of 2017, BAAA was able to establish a network of providers to directly connect veterans to a multitude of services within the county. Additionally, in coordination with the CoSA, utilizing funding provided by HHSC, BAAA was able to increase the number of individuals receiving Congregate Meals. BAAA solidified a strong and effective relationship with San Antonio Meals on Wheels which resulted in an increase from previous years in the number of eligible households receiving home delivered meals as well.

After being awarded a Texas Veterans Commission transportation grant, BAAA provided 5,600 one-way rides to eligible veterans and their dependents. BAAA also funded other transportation providers with OAA funding by subcontracting to other agencies and specialized transportation co-ops in the community.

OAA funding was used to provide over 1,530 unduplicated households with Personal Assistance (59), Residential Repair (126), Homemaker services (129), and Care Coordination Services (1,225), during FY 2019. The above mentioned actions resulted in BAAA providing services to older adults with greatest economic need, older adults with greatest social need, older adults at risk of institutional placement, low-income minority older adults, older adults with limited English proficiency and older adults residing in rural areas of Bexar County.

Targeted Outreach Plan

BAAA plans to coordinate all the above listed service needs by advertising ASC and promoting its referral services. This will be done by providing brochures and pamphlets at all meetings, presentations and other community events.

Additionally, BAAA will expand and further develop contractual and vendor relationships in a manner that ensures the needs of older adults are met or exceeded. This process will be done by executing grant deliverables and/or collaborating efforts with the following agencies/entities: National Council on Aging/BEC, Texas Workforce Commission, Department of Veterans Administration, Joint Base San Antonio, Corporation for National and Community Service, Texas Veterans Commission, as well working in tandem with HHSC as a Community Partner (Community Partner Program/CPP), to outreach eligible clients for services.

Using the “whole person needs assessment approach” will also allow BAAA to capture and pursue those in need in the targeted areas of this Area Plan. BAAA will continue to work with CoSA and Meals on Wheels San Antonio to increase the number of individuals participating in BAAA services to include congregate meals and home delivered meals. More so, BAAA will pursue the expansion and effectiveness of its transportation options to include AACOG’s Alamo Regional Transit, car dealerships for ride sharing, and Yellow Cab of San Antonio for socialization and medical appointments.

Furthermore, BAAA has established and will continue to maintain effective working relationships with San Antonio OASIS and Alzheimer’s Association, in addition to public libraries for presentations, educational training sessions, etc. By doing all of the above, BAAA will be able to consistently provide and/or increase the availability of services to older adults residing within Bexar County—particularly those in the outer, less-populated areas of the county—and positively impact the lives of older adults with limited English proficiency and those with the greatest economic need.

BAAA will also position itself to provide more services to low-income minority families, veterans age 60 and over, older adults at risk of institutional placement, caregivers of older adults with greatest social need and older relative caregivers, age 55 or older, who provide care to children or adults with severe disabilities.

Targeting Report

Table 6 Targeting Report

2021–2022 Targeting Report						
Characteristic	PSA 60+ Population Count ³	% ⁴	No. of Registered Service Recipients in PSA ⁵	%	Goals for 2021	Goals for 2022
All 60+	323,000	17%	16,846	5.22%	17,688	17,688
Poverty Level	228,000	12%	6,177	2.71%	6,486	6,486
Minority	1,330,000	70%	12,714	.95%	13,350	13,350
Rural Areas	N/A					

The above projections for FY2021 and 2022 are based on the reauthorization of the Older Americans Act, the Supporting Older Americans Act of 2020, H.R. 4334, with funding being at least in the amount of the current FY funding amount or level funding.

³ To complete this column, pull census data from the county-level comparative performance data.

⁴ See instructions for example calculations of figuring both percentages.

⁵ To complete this column, pull data from the NAPIS report. Registered services include personal assistance, homemaker, chore, home delivered meals, day activity and health services, case management, escort and congregate meals.

Poverty

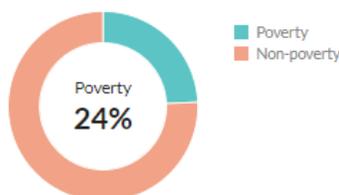
17.3%

Persons below poverty line

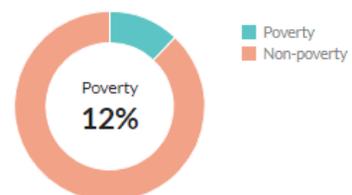
about 20 percent higher than the rate in Texas: 14.9%

about 1.3 times the rate in United States: 13.1%

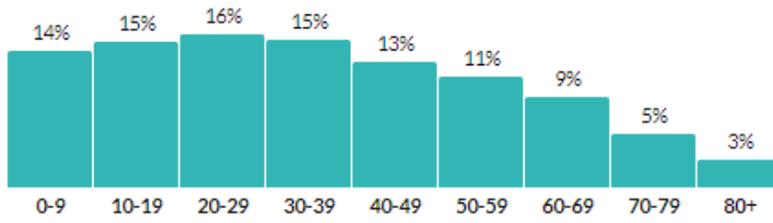
Children (Under 18)



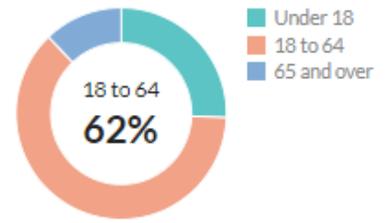
Seniors (65 and over)



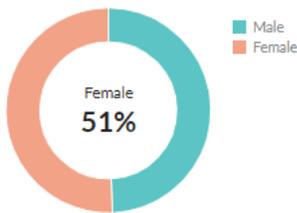
Population by age range



Population by age category



Sex



Race & Ethnicity



Poverty

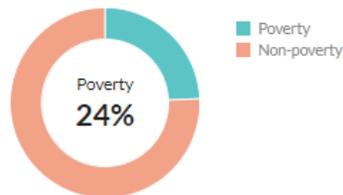
17.3%

Persons below poverty line

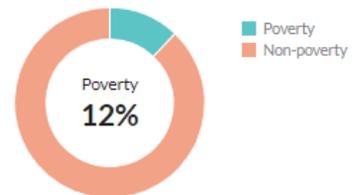
about 20 percent higher than the rate in Texas: 14.9%

about 1.3 times the rate in United States: 13.1%

Children (Under 18)



Seniors (65 and over)



11. Top Needs and Service Constraints

Priority Area 1: Transportation

Identify and describe the need

BAAA must exhibit an ability to provide an adequate amount of door-to-door trips to nutrition sites, local medical services, social service agency appointments, and other miscellaneous socialization activities.

Explain the agency's plans to address the need

BAAA will continue to add more transportation options for clients, especially those living within the county but on the outskirts, in areas where public transportation is not always available or is available on a limited schedule.

BAAA will do this by working to secure contractual and/or vendor relationships with Yellow Cab of Texas, entities that provide transportation to veterans, and Alamo Regional Transit. Other ride sharing options that will be pursued for door-to-door service are Lyft, Uber, and VIA Link. With the addition of these entities, BAAA anticipates increasing its transportation options and having a positive impact in allowing eligible customers the ability to age in place, receive available nutritional services, socialize with others, and continue to be relevant in the community.

Describe constraints limiting the agency's ability to address the need

As with nutrition services, this service continues to need adequate funding. In doing so, BAAA will be better positioned to match eligible customers and their specific transportation needs to an entity or combination of entities that can provide this highly critical service, in an effective and efficient manner.

Priority Area 2: Personal Assistance

Identify and describe the need

BAAA needs to increase its capacity to assess the needs and provide referral services to more people 60 years of age and older. BAAA then must effectively collaborate with local resources to support these individuals' highest level of independent functioning.

Explain the agency's plans to address the need

In addition to expanding partnerships, BAAA needs to be continuously engaged in community education and outreach; including a marketing strategy that goes beyond brochures and health fairs. Sophisticated use of media and technology (such as television and radio spots, as well as success stories using actual clients) will be vital enhancements to this effort. As resources remain level or are decreased for BAAA and its current partners, thought must be given to what other partners exist in the community that are impacted by the aging population and/or can be incentivized to provide services and supports to older adults. Some partners that are currently or will be targeted are as follows: Colonial Home Health, En Su Casa Caregivers, First Light Home Care, and Helping Hands of SA Home Care. Additionally, BAAA will continue to collaborate with the City of San Antonio for usage of Senior Centers during congregate meal settings for increased community education of services available.

Describe constraints limiting the agency's ability to address the need

While consistent funding is greatly needed, the growth of the population in need leaves that strategy devoid of positive outcome. Level funding for Personal Assistance services does not allow community partners to be effective, nor allow the AAA to staff, train and deploy team members in an effective manner. More emphasis on these services as well as more funding needs to be infused if greater success is to be achieved serving the increasing population.

Priority Area 3: Home Delivered Meals

Identify and describe the need

BAAA would like to be able to assist more entities in their efforts to build a greater capacity in the serving of nourishing meals delivered to home-bound older adults.

Explain the agency's plans to address the need

BAAA will work with HHSC, and Home Delivered Meal (HDM) providers to propose and implement effective policy changes that will increase the flexibility of the HDM program. A more flexible model would offer a combination of hot, chilled or frozen meals to be delivered on one or more days a week or allow for the delivering of five or more meals once a week. Doing so would allow older home-bound customers and meal providers an alternative option to the daily delivery of hot meals. This flexibility would potentially increase client and volunteer participation.

Describe constraints limiting the agency's ability to address the need

The availability of meal providers or limited amount of meal providers for a specific area may cause constraints in BAAA's ability to address this need. Additionally, many times a meal recipient cannot be home for a regularly scheduled delivery due to medical issues, appointments, etc. Furthermore, certain service areas limit the option of providing multiple frozen, chilled, hot and or shelf-stable meals at one time. Although a slight increase in reimbursable expenses occurred in 2019, the cost to produce and deliver a home delivered meal is still challenging for providers.

12. Goals, Objectives and Strategies

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

Objective 1.1	Screen potential clients and provide effective linkage to information and services.
Explanation	Strategies should address AAA processes for incoming referrals; for example, from the LTSS referral system.

Strategy 1.1.1

In Fiscal Year 2020, BAAA was awarded funding from HHSC for the Aging and Disability Resource Center also known as “Alamo Service Connection” (ASC). ASC operates the “No Wrong-Door” method, thereby, any caller (older adult, disabled and veteran) can call ASC to be linked to information and referrals to resources in the community. Some examples of information and referrals to resources include BAAA, home health agencies, community partner organizations and the like.

ASC applies person-centered service delivery model, which takes into consideration an individual’s goals, strengths, and preferences. The model provides the opportunity to promote the callers’ (individuals) independence and dignity while exploring a full range of Long-Term Services & Supports (LTSS) to meet the client’s need or situation. As a result, individuals and/or their caregivers are empowered to make informed choices about long-term care services. Once the ASC agent assesses the needs of the caller, a resource or referral will be provided. Referrals to BAAA are assigned to in-house database to which ASC and BAAA staff have shared access.

BAAA retrieves the referrals from the in-house database and assigns the callers to the Care Coordination, Benefits Counseling, Caregiver and Older Relative Caregiver Programs. A subject matter expert in the program listed, also known as Care Specialist, Benefits Counselors or Caregiver Specialist, will make contact with the caller and provide short-term case management services and supports. Case management consists of intake, care plan, in-home assessments, data entry, service authorizations, one-on-one counseling, follow-up phone calls and closing the case. Staff work with the caller from a few days to a few months to ensure the respective client’s needs are met. During the case management process the need for LTSS may be identified. Individuals are then referred to the appropriate department for assistance with completing a Medicaid application or a warm transfer to the HHSC intake and eligibility office for completion of an application for LTSS.

Over the next two years, ASC and BAAA will have an opportunity to strengthen their partnership by providing “in-service” training to staff from each agency. The acquired knowledge from the in-service trainings will ultimately benefit the callers for long-term and short-term services. Furthermore, BAAA will continue to promote ASC contact information at various community events, presentations and meetings to ensure callers are captured for ASC performance. Likewise, referrals from ASC are a primary source of unduplicated clients to aid in meeting BAAA performance.

Objective 1.2	Use volunteers to supplement the AAA workforce and support the delivery of services to the aging network.
Explanation	Strategies should include how volunteers are used and any plans for expanding their use to provide services to the aging network.
Strategy 1.2.1	<p>Historically, BAAA has utilized volunteers in specific programs such as the Ombudsman program, Health & Wellness programs, and Benefits Counseling.</p> <p>Recognizing the value volunteers bring to the Aging programs, BAAA will focus on developing and implementing a volunteer recruitment program. The overall vision is to coordinate volunteer recruitment activities with the AAA outreach specialist to help support the organizational mission of BAAA. Care Coordination and Caregiver Support Coordination are two program areas that plan to introduce a focus on utilizing volunteers to help with clerical work, data entry, phone outreach, contribution/satisfaction statements and assist Care Specialists with the closeout of case files. Benefits Counseling, Health & Wellness, and the Ombudsman programs seek to continue to grow their volunteer program and utilize certified volunteers to provide direct assistance to clients.</p>

Objective 1.3	Promote the adoption of healthy behaviors in older adults through evidence-based programs.
Explanation	Strategies should address lifestyle choices such as nutrition, physical activity, smoking, alcohol use, misuse of prescription or illegal drugs, sleeping habits, amount of stress, amount of socialization and engaging in enjoyable pursuits.
Strategy 1.3.1	<p>The BAAA Health & Wellness program currently offers two HHSC approved Evidence-based Intervention (EBI) classes and will begin offering a third to enhance the programming choices to the older adults in Bexar County. The EBI class offerings are: <i>Texercise Select</i>, <i>A Matter of Balance</i>, and <i>Bingocize</i>. These classes will be available at our San Antonio Oasis provider location, other negotiated locations (such as Senior Centers and local Agency on Aging site) or virtually, using GoToMeeting portal. These classes are conducted by San Antonio Oasis certified staff members or BAAA Evidence Based Intervention Coordinators. All three classes promote healthy behaviors through educational materials, independence, increased mobility, and physical strength through exercise, and addresses social isolation and general well-being through client participation. With enhanced community partners and volunteer collaboration, the Health & Wellness program staff will promote class offerings in locations easily accessible to the older adult to include community-based senior living, nutrition sites, and hospitals. The Health & Wellness program will continue their collaboration efforts within the community for Opioid Misuse Prevention in older adults by increasing awareness to community leaders, with a focus on typically underserved areas of the community. The Health & Wellness program will require all staff to become and maintain certification for EBI instruction that will focus on prevention of chronic pain drug misuse.</p>

Objective 1.4	In accordance with state and federal law, implement a nutrition education program to meet the needs of eligible participants.
Explanation	Strategies should identify how the AAA's nutrition education program is developed to meet the individual health and nutritional needs of eligible participants.
Strategy 1.4.1	<p>The ten Comprehensive Senior Centers and seven part-time nutrition sites will continue to provide quarterly educational information, presentations and/or other resource materials focused on understanding healthy eating components, i.e., portion sizes, reading food labels, sodium intake, basic vitamin and mineral needs, etc. This information will also be provided by other entities associated with the sites and/or regions. Possible resources include, but are not limited to, local food banks, food pantries, State agencies, or federally recognized entities including websites.</p> <p>The provider agency will continue to appropriately develop annually the required nutritional risk score for each individual to whom it provides a meal by completion of the Nutritional Risk Assessment form. A copy of the assessment will be kept in each individual's file. The provider agency will give the Determine Your Nutritional Health Handout to each individual. The provider agency will consistently encourage each individual to take the appropriate action for the nutritional risk category indicated on the Determine Your Nutritional Health Handout.</p> <p>BAAA receives the Determine Your Nutritional Health Handout and will review to assess if there are additional services that can be provided.</p>

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

Objective 2.1	Increase public awareness and understanding of the interests of older adults, their family members and their caregivers.
Explanation	Address strategies to partner and develop relationships with agencies and local governmental entities to increase awareness of the needs of the aging population.

Strategy 2.1.1

BAAA will utilize partnerships with local media outlets to increase awareness of the needs of the aging population through print media, TV broadcasts, radio interviews and social media campaigns targeting issues which impact older adults and their families. Furthermore, BAAA seeks to strengthen existing relationships with community partners such as food banks, senior centers, HHSC offices, non-profit organizations, and religious organizations to provide both education and referrals to BAAA for services.

BAAA utilizes a full-time outreach specialist. The goal is to continue to collaborate with ASC, MIPPA staff and other AACOG departments to promote the benefits and needs of the aging population. BAAA will do this by attending health fairs, trade shows, and other community events which brings visibility to aging programs within Bexar County.

BAAA will collaborate with ASC by utilizing the Network of Care website to direct clients to find more programs services which are available to them.

Collaboration with BSAC also affords the opportunity for input related to senior services by partner agencies and older adult members. This forum provides an opportunity to collaborate and develop programs to address these issues together. Current subcommittee members are working on an Elder Fraud Summit and other activities and events for older adults in Bexar County.

Additionally, BAAA will continue outreach to identify new partners in Bexar County. Certified Benefit Counselors will coordinate with senior centers, nutrition sites, food banks and pantries, public libraries, senior low-income and private housing communities, hospitals, churches, community partners, HHSC and the Social Security Administration. Certified Benefits Counselors, through partnership with these agencies, will educate and counsel Medicare/Medicaid Beneficiaries to make informed health insurance decisions that optimize access to care and benefits.

Objective 2.2

Lead the development of AAA programs that advance the interests of older adults, their family members and their caregivers.

Explanation

Address strategies to coordinate with other agencies and governmental entities to promote the development of programs in order to meet the needs of the aging population.

Strategy 2.2.1

Historically, BAAA Care Coordination staff have made an effort to develop additional programs to advance the interest of older adults. For example, programs like medication management and care transitions were offered.

BAAA initially lacked the infrastructure and staff capacity to continue those programs. Within the last two years BAAA's capacity and staff has grown. As a result, an emphasis has been placed on programs such as medication management, care transitions and a BEC. BAAA plans to focus on creating partnership opportunities with local managed care organizations, HHSC offices, and other community partners identified through collaboration with BSAC, in an effort to explore and implement programs such as evidence-based intervention, mental health and veterans' assistance.

As part of their responsibilities, Coordinator-level staff act as liaisons to a number of subcommittees of BSAC that are committed to developing programs and events which advance the interests of older adults.

In 2018, BAAA partnered with Masonic Children & Family Services to identify and serve underserved, older adult widows of Texas Free Masons. Additionally, the Benefits Counseling Coordinator held in-service trainings with benefits counseling staff to further develop, empower and educate staff on both community and institutional Medicaid programs. This has strengthened BAAA relationship with HHSC Medicaid in the interest of older adults in need, their family members and caregivers.

The Benefits Counseling program has also partnered with HHSC MEPD Region 8 and Community Care Services Eligibility Intake Staff to implement a follow-up process for Medicaid and Community Attendant Services applications and referrals. Certified Benefits Counselors assist with the completion and follow-up assistance of Medicaid applications for MSP/MEPD and Community Attendant Services. Process includes assistance with intake referrals for Community Attendant Services and Star+Plus Waiver entry to interest list for

future services. This process has established a trust with older adults—increasing outreach, intakes and referrals. The BEC staff is in the process of establishing and implementing Counselor assistance to older adults, family members and caregivers directly at HHSC Lobby Offices. Assistance would include application assistance via Your Texas Benefits, counseling and outreach for other AAA services. This will increase outreach services and assistance in much needed areas.

Objective 2.3

Coordinate with the local ADRC and centers for independent living (CIL) to streamline the exchange of referrals to improve access by older adults, their family members and their caregivers to long-term services and supports.

Explanation

Address coordination efforts with the local ADRC to effectively utilize resources and avoid duplication.

Strategy 2.3.1

As the primary first point of contact for BAAA (Benefits Counseling, Care Coordination, and Caregiver Support Coordination), TXServes, and IDD, ASC staff provide Information Referral and Assistance to all aging and disabled individuals requesting services. Professionals in partner agencies like COIL, SAILS and other stakeholder organizations make referrals to ASC, identifying the need for area LTSS, respite providers, managed care organizations, nursing facilities, and housing coalitions.

Bexar Housing Navigator and Local Contact Agent (LCA) maintain contact with Centers on Independent Living to identify individuals in need of transition planning and person-centered options counseling. The LCA will assist non-Medicaid, Medicare, and private-pay nursing facility residents who need assistance transitioning into community living. The Housing Navigator provides referrals for individuals in need of Low-income housing.

ASC will coordinate efforts with BAAA in reaching underserved older adults and disabled adults in Bexar County. ASC provides person-centered service delivery that takes into consideration an individual's goals, strengths, and preferences. Services are provided in a way that promotes the independence and dignity of the client, while exploring the full range of available LTSS options to meet the client's identified needs or situation. This approach empowers individuals and their caregivers make informed choices about their long-term care.

ASC provides information, referral & assistance utilizing a person-centered process of discovery to identify individuals at risk for nursing facility placement; who have lost, or are at risk of losing, their caregiver; needing services from more than one LTSS program; or having complex LTSS needs, such as multiple disabilities or chronic health issues that may require several different types of care or assistance.

ASC call agents provide referrals to the appropriate agencies based on the discovery of needs. Individuals in need of services from BAAA receive a referral utilizing a data base to

assign an individual for services through BAAA. BAAA Care Specialist provides further assessment and may refer an individual through ASC for assistance with obtaining LTSS. ASC will refer an individual to the BEC for assistance with completing a Medicaid application. ASC call agents may also provide a warm transfer to HHSC Intake and Eligibility office for LTSS. Benefits Counseling staff will continue to collaborate and remain in constant communication with the Local Contact Agent regarding Star+Plus Waiver intakes and referrals. Benefits Counseling staff will provide assistance when needed with application and follow-up process for Star+Plus applicants. Continued collaboration and communication prevents duplication of services.

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

Objective 3.1	Promote social connectivity, community service and lifelong learning to promote positive mental health.
Explanation	Address strategies to reduce social isolation among older adults and promote their active participation in the community.

Strategy 3.1.1

The BAAA Health & Wellness program identified that clients need more focused Evidence-based Intervention (EBI) classes that include exercise and falls prevention activities. The new HHSC approved EBI class *BingoCize* will be tailored to include modules of nutrition and other health information, as well as exercise, while promoting socializing through games of bingo. The goal of this new class is to improve and/or maintain mobility and independence, learn and use health information focused on falls prevention, and allow the participant to socially engage with others.

The Health & Wellness program will be a collaborative effort with community partners such as nutrition sites, senior housing, senior activity centers, and hospitals to implement *BingoCize*. Additionally, BAAA will continue to partnership with San Antonio Oasis, Avalon Social Services Inc., and Turning Point Associates Inc., to assist in providing mental health education.

To further promote social interactions, BAAA's nutrition program will provide a quarterly, one-page flyer summarizing the activities at congregate meal sites. Included with this flyer will be the planned menu. At the congregate meal sites, nutrition education information, presentations and/or other resource materials focused on understanding healthy eating components, i.e., portion sizes, reading food labels, sodium intake, basic vitamin and mineral needs, etc. will be distributed. This information will be provided by authorized entities associated with the sites/and or regions. Possible resources may include but are not limited to, local food banks/pantries, State agencies, or federally recognized entities including websites.

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

Objective 4.1	Increase public awareness and remove barriers to prevent abuse, neglect and exploitation.
Explanation	Address strategies to use existing mechanisms and expand education and outreach for public awareness related to the prevention of abuse, neglect and exploitation.

Strategy 4.1.1

BAAA continues to increase public awareness and remove barriers to prevent abuse, neglect and exploitation through its Senior Medicaid Patrol, Support Services, and Ombudsman efforts.

Senior Medicaid Patrol (SMP): The SMP Specialist continues to provide educational presentations on preventing abuse, neglect, and exploitation of seniors at senior centers, independent senior living communities, community centers, interagency meetings, and participate in health fairs throughout Bexar County.

Support Services: The Area Agency on Aging is a key partner in the community, helping connect not only older adults to services, but connecting agencies to one another, and as such, is instrumental in furthering the education and outreach opportunities for both consumers and other professionals working with older adults.

BAAA staff proactively seek out these networking opportunities whenever possible. As an example, BAAA is represented on the South Texas Adult Protective Services Community Board. This relationship strengthens the tie between the two agencies, as well as the other agencies represented on the Board. This also positions BAAA to have a far-reaching impact through the education and outreach events coordinated by this group. This Board is still in its early stages of development and has begun planning a lecture series on elder abuse, piloting the educational events with the first offering being geared for First Responders. Future target audiences may include social workers, healthcare workers, legal professionals, etc. This Board also hosts an annual event targeting the faith-based community with an education/outreach event about "Aging Grace-fully" and serving older adults in their communities.

Another key connection point in the community is through the Senior Advisory Committee and the work of subcommittees. These subcommittees have hosted "Healthy Aging Symposiums", engaging local healthcare, dental, and exercise/wellness professionals to

educate older adults on being proactive in staying healthy in order to age in place; and “Elder Fraud Summits”, which engages local elected officials and other stakeholders that have an interest in protecting the financial security of those aging in place. The partnerships BAAA staff and advisory members develop with other entities in the region—and the events held in cooperation with one another—also gain additional interest of the media, which raises public awareness.

Bexar Ombudsman: The Bexar Ombudsman Program will plan and coordinate with community partners and local non-profit organizations to provide education and advocacy. Topics of training include Navigating Long-Term Care and Abuse Prevention. The Bexar Ombudsman Program staff will work with established community partners and known networks in Bexar County to widen outreach efforts of Bexar Ombudsman Program.

The Bexar Ombudsmen will regularly conduct outreach and recruiting activities at public libraries, senior centers, bingo centers, community centers, and recreational centers. The Bexar Ombudsmen will also research and identify any additional locations in Bexar County that consistently have a high volume of community members and seniors. The desired outcome of these strategies is to increase public education about the Bexar Ombudsman Program and expand public awareness on the prevention of abuse, neglect and exploitation and protecting residents’ rights.

The Bexar Ombudsman Program will achieve objective by integrating current Ombudsman Program curriculum to develop outreach presentations for community partners including local and state agencies, such as, HHSC, Adult Protective Services, and Veterans Affairs. The Bexar Ombudsman Program will utilize BAAA-established networks and local contacts to further opportunities for outreach.

Objective 4.2	Serve as an effective advocate to uphold and ensure the rights, quality of life and quality of care for nursing facility and assisted living facility residents.
Explanation	Address strategies to deliver long-term care Ombudsman services in the PSA.
Strategy 4.2.1	<p>The Bexar Ombudsman program staff and the Ombudsman Outreach Specialist will plan and coordinate with senior centers in Bexar County to deliver 30 minute or longer “lunch & learn” style presentations for center attendees and local community members.</p> <p>The Bexar Ombudsman Program will concentrate on the following senior centers in the target service areas: Casa Helotes Senior Center, Northeast Senior Center, Doris Griffin Senior Center, and Bob Ross Senior Center. The Bexar Ombudsman Program will focus these presentations on the following topics: (1) the role of Ombudsmen as advocates for residents in assisted living communities and nursing homes, (2) how Ombudsmen help ensure and uphold the rights, quality of life, and quality of care of residents, (3) resources and assistance the Bexar Ombudsman Program can provide, (4) and the importance of local Ombudsman volunteers for residents.</p> <p>The Bexar Ombudsman Program will expand coordination efforts with BAAA programs to attend and give presentations, using PowerPoint on the Ombudsman Program and Navigating Long-Term Care, at local community events. Additionally, to expand public awareness of the Bexar Ombudsman Program and increase volunteer recruitment, the Bexar Ombudsman Program will develop informational articles about the Ombudsman Program and advertisements for Bexar Ombudsmen volunteers to publish in local publications. The Bexar Ombudsmen will utilize established network contacts and current volunteer relationships within Bexar County to connect with local newspaper and print media outlets that will print Bexar Ombudsman Program materials in publications that circulate throughout the community.</p>

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

Objective 5.1	Provide services, education and referrals to meet the needs of individuals with Alzheimer’s disease or related dementias (ARD).
Explanation	Address strategies to ensure the specific needs of individuals with ARD are a focus in serving the aging population.
Strategy 5.1.1	<p>To ensure the specific needs of the individuals with Alzheimer’s disease or related dementias (ARD) are a focus in serving the aging population, BAAA will be mandating all staff attend EBI training that has the approval of HHSC.</p> <p>This training will be compliant with the new policy implementation of House Bill 3428. BAAA will provide training to all staff and volunteers hired on or before May 31, 2020 by no later than June 30, 2020. All new employees and volunteers hired on or after June 1, 2020 will receive the required training within 30 days of their start date. Those staff members in Care Coordination and Caregiver Services will benefit through additional knowledge for recognizing the signs and symptoms of cognitive impairments and understanding how those impairments may affect the screening and delivery of services.</p> <p>Case Management will improve by addressing client needs through a life continuum approach, providing services to assist the short term needs presented, and addressing the necessity for finding resources for long-term care plans. Identifying caregiver fatigue and addressing their needs through caregiver education and trainings will be enhanced through the EBI training as well.</p> <p>Lastly, BAAA will continue partnerships with Alzheimer’s Association, South Antonio & South Texas Chapter and Grace Place Alzheimer’s Centers for education, training and potential referral. As these relationships continue to evolve, a Memo of Understanding and referral process will be implemented.</p>

Objective 5.2

Promote the delivery of services to caregivers based on their individualized needs.

Explanation

Address strategies to identify and reach caregivers in need of education and support.

Strategy 5.2.1

BAAA will promote the delivery of services to caregivers based on their individualized needs through increased presentations and attendance at resource fairs in the service area. The Care Coordination and Caregiver Services programs now has a full time Outreach Specialist that allows for dedicated staff time to grow the delivery of resources and awareness of BAAA services.

The Care Coordination and Caregiver Services Program identified the need for bringing Caregiver Education and Training services to the home of caregivers and their care recipients. Caregivers are often unable to leave their loved ones to attend community based classes. With this expansion of services, BAAA is addressing the individual needs of caregivers.

The types of services to be offered in the home include healthcare professionals providing family caregivers personalized training for general caregiving, bed-bound care, transfers, use of a Hoyer lift, and falls prevention. A certified BAAA Outreach or Care Specialist will also be available to provide individualized care plans and a vendor will help families with preparation for the loss of their loved one through guidance, consultation, and paperwork preparation.

The Care Coordination and Caregiver Services Program will continue to actively recruit vendors to deliver education and trainings in the homes of caregivers, thus increasing services. The Care Coordination and Caregiver Services programs will collaborate with vendors to provide tailored care plans for family caregivers and their loved ones, enhancing quality of life and aging in place.

Objective 5.3

Promote self-determination through the provision of elder rights services.

Explanation

Address strategies to empower people and promote self-advocacy and access to elder rights services.

Strategy 5.3.1

The BAAA SMP Specialist addresses strategies to empower people and promote self-advocacy and access to elder rights services. This will be accomplished through attending outreach events and educating older adults, family and caregivers about the latest scams being reported, promoting the prevention, risks and signs of elder abuse, and maintaining relationships with agencies, senior centers community partners. The SMP Specialist will promote and distribute outreach materials and conduct presentations. Annually, the SMP Specialist partners with the Adult Protective Services Community Board and BSAC to participate in elder abuse awareness seminars and the annual Elder Fraud Summit. More than one hundred seniors attend these events which focus primarily on the prevention of senior exploitation.

The Bexar Ombudsman Program will coordinate with the SMP and BAAA Outreach Specialists to expand outreach activities and attend local community events to increase public awareness and education on information and resources available through the Bexar Ombudsmen Program and SMP.

The Bexar Ombudsman Program will also attend interagency meetings to help promote services provided by the Bexar Ombudsman Program and increase awareness among local community service and non-profit organizations.

The Bexar Ombudsman Program will increase outreach efforts in Bexar County by regularly conducting outreach activities at public libraries, senior centers, bingo centers, community centers, recreational centers, and other areas. The Bexar Ombudsman Program will utilize past outreach efforts by BAAA to help identify potential sites for volunteer recruitment and locations to offer presentations to community members on the Bexar Ombudsman Program. The Bexar Ombudsman program will focus on volunteer recruitment in Bexar County, especially those that have a large proportion of LTC facilities and can utilize volunteers to advocate for residents in LTC facilities.

13. Performance Measures

Each strategy from the goals, objectives and strategies section must be tied to a corresponding performance measure in Table 7 or Table 8.

LBB Performance Measures

Table 7 LBB Performance Measures

LBB Performance Measures					
Performance Measure		Actual SFY19	Proj SFY21	Proj SFY22	AAA Strategy
Unduplicated People Served					
1	Unduplicated number of people receiving care coordination funded by MSS - SUA	1161	1350	1350	1.1, 1.2, 1.3.1, 1.4.1, 2.2, 2.3
2	Unduplicated number of people receiving legal assistance (age 60 and over) funded by MSS – SUA	1757	1750	1750	1.1, 1.2, 1.3.1, 1.4.1, 2.1, 2.2, 2.3, 4.1, 5.1, 5.2, 5.3
3	Unduplicated number of people receiving congregate meals funded by MSS – SUA	8082	12750	12750	1.3.1, 1.4.1, 2.1, 2.2, 2.3, 3.1, 4.1, 5.1, 5.3
4	Unduplicated number of people receiving home-delivered meals funded by MSS – SUA	3499	3121	3121	1.3.1, 1.4, 1.4.1, 2.1, 2.2, 2.3, 3.1, 4.1, 5.1, 5.3
5	Unduplicated number of people receiving homemaker services funded by MSS - SUA	152	144	144	1.1, 1.2, 1.3.1, 1.4.1, 2.2, 2.3
6	Unduplicated number of people receiving personal assistance funded by MSS – SUA	100	81	81	1.1, 1.2, 1.3.1, 1.4.1, 2.2, 2.3

Expenditures					
7	MSS - SUA funded care coordination expenditures	213,633	216,000	216,000	1.1, 1.2, 1.3.1, 1.4.1, 2.2, 2.3
8	MSS - SUA funded legal assistance (age 60 and over) expenditures	448,595	258,350	258,350	1.1, 1.2, 1.3.1, 1.4.1, 2.1, 2.2, 2.3, 4.1, 5.1, 5.2, 5.3
9	MSS - SUA funded congregate meal expenditures	2,620,251	2,500,000	2,500,000	1.3.1, 1.4, 1.4.1, 2.1, 2.2, 2.3, 3.1, 4.1, 5.1, 5.3
10	MSS - SUA funded home delivered meal expenditures	1,866,384	1,700,000	1,700,000	1.3.1, 1.4, 1.4.1, 2.1, 2.2, 2.3, 3.1, 4.1, 5.1, 5.3
11	MSS - SUA funded homemaker services expenditures	98,210	78,938	78,938	1.1, 1.2, 1.3.1, 1.4.1, 2.2, 2.3
12	MSS - SUA funded personal assistance services expenditures	27,662	31,500	31,500	1.1, 1.2, 1.3.1, 1.4.1, 2.2, 2.3
13	MSS - SUA funded modified home (residential repair service) expenditures	255,094	131,675	131,675	1.1, 1.2, 1.3.1, 1.4.1, 2.2, 2.3
Average Cost					
14	Average cost per care coordination client funded by MSS – SUA	212.28	160.00	160.00	1.1, 1.2, 1.3.1, 1.4.1, 2.2, 2.3
15	Average cost per person receiving legal assistance funded by MSS - SUA	255.32	147.63	147.63	1.1, 1.2, 1.3.1, 1.4.1, 2.1,

					2.2, 2.3, 4.1, 5.1, 5.2, 5.3
16	Average cost per congregate meal funded by MSS – SUA	6.70	7.40	7.40	1.3.1, 1.4, 1.4.1, 2.1, 2.2, 2.3, 3.1, 4.1, 5.1, 5.3
17	Average cost per home-delivered meal funded by MSS – SUA	5.16	5.43	5.43	1.3.1, 1.4, 1.4.1, 2.1, 2.2, 2.3, 3.1, 4.1, 5.1, 5.3
18	Average cost per person receiving homemaker services funded by MSS - SUA	646.12	548.18	548.18	1.1, 1.2, 1.3.1, 1.4.1, 2.2, 2.3
19	Average cost per person receiving personal assistance services funded by MSS - SUA	276.62	388.89	388.89	1.1, 1.2, 1.3.1, 1.4.1, 2.2, 2.3
20	Average cost per modified home (residential repair service) funded by MSS – SUA	901.39	947.30	947.30	1.1, 1.2, 1.3.1, 1.4.1, 2.2, 2.3
Ombudsmen					
21	Unduplicated number of active certified Ombudsmen	31	24	24	1.2, 1.3.1, 1.4.1, 2.1, 2.2, 2.3, 4.1, 4.2, 5.3
22	Cumulative number of visits to assisted living facilities by a certified Ombudsman	945	924	924	1.2, 1.3.1, 1.4.1, 2.1, 2.2, 2.3, 4.1, 4.2, 5.3
23	Total expenditures Ombudsman program (federal, state, other federal, program income, and local cash)	320,928	396,583	396,583	1.2, 1.3.1, 1.4.1, 2.1, 2.2, 2.3, 4.1, 4.2, 5.3

24	Unduplicated number of assisted living facilities visited by an active certified Ombudsman	174	169	169	1.2, 1.3.1, 1.4.1, 2.1, 2.2, 2.3, 4.1, 4.2, 5.3
25	Percentage of complaints resolved and partially resolved in NH and ALF	82%	84%	84%	1.2, 1.3.1, 1.4.1, 2.1, 2.2, 2.3, 4.1, 4.2, 5.3
Service Units					
26	Number of congregate meals served funded by MSS – SUA	391,123	338,030	338,030	1.3.1, 1.4, 1.4.1, 2.1, 2.2, 2.3, 3.1, 4.1, 5.1, 5.3
27	Number of home-delivered meals served funded by MSS – SUA	399,557	312,879	312,879	1.3.1, 1.4, 1.4.1, 2.1, 2.2, 2.3, 3.1, 4.1, 5.1, 5.3
28	Number of homes repaired/modified (residential repair service) funded by MSS – SUA	283	139	139	1.1, 1.2, 1.3.1, 1.4.1, 2.2, 2.3
29	Number of one-way trips (demand response transportation service) funded by MSS – SUA	12,649	13,200	13,200	1.1, 1.3.1, 1.4.1, 2.1, 2.2, 2.3, 3.1, 5.2, 5.3

Agency-Specific Performance Measures

Use the table below to enter performance measures specific to the PSA needs.

Table 8 Agency-Specific Performance Measures

Agency-Specific Performance Measures				
Performance Measure	Actual SFY19	Proj SSFY21	Proj SFY22	AAA Strategy

1	Transportation	12,649	13,200	13,200	1.1, 1.3.1, 1.4.1, 2.1, 2.2, 2.3, 3.1, 5.2, 5.3
2	Home Delivered Meals	3499	3121	3121	1.1, 1.3.1, 1.4, 2.1, 2.2, 2.3, 3.1, 4.1, 5.1, 5.3
3	Personal Assistance	100	81	81	1.1, 1.2, 1.3.1, 1.4.1, 2.2, 2.3
4					
5					
6					
7					

14. Units of Service Composite

Table 9 Units of Service Composite

Units of Service Composite					
Service Name	Baseline Units FY19	Projected Units FY21	Change from Baseline (%)	Projected Units FY22	Change from Baseline (%)
Access & Assistance Services					
Care Coordination (Hour)	2,687	2,516	-6.4%	2,516	-6.4%
Caregiver Support Coordination (Hour)	2,358	2,810	19.2%	2,810	19.2%
Information, Referral & Assistance (Contact)	19,203	16,984	-11.6%	16,984	-11.6%
Legal Assistance age 60 & Over (Hour)	4,051	3,705	-8.5%	3,705	-8.5%
Legal Awareness (Contact)	52	52	0.0%	55	5.7%
Participant Assessment - A&A (Assessment)			#DIV/0!		#DIV/0!
Nutrition Services					
Congregate Meals (Meal)	397,147	344,030	-14.4%	344,030	-14.4%
Home Delivered Meals (Meal)	419,685	332,979	-21.7%	332,979	-21.7%
Nutrition Consultation (Contact)			#DIV/0!		#DIV/0!
Nutrition Counseling (Contact)			#DIV/0!		#DIV/0!
Nutrition Education (Contact)	8,449	7,551	-10.6%	7,551	-10.6%
Participant Assessment - NS (Assessment)			#DIV/0!		#DIV/0!
Services to Assist Independence					
Caregiver Education & Training (Contact)	194	68	-64.9%	68	-64.9%
Caregiver Information Services (Activity)	45	75	66.7%	75	66.7%
Caregiver Respite Care In-Home (Hour)	10,145	8,045	-20.7%	8,045	-20.7%
Caregiver Respite Care Institutional (Hour)	3,171	3,194	0.7%	3,194	0.7%
Caregiver Respite Care Non-Residential (Hour)			#DIV/0!		#DIV/0!
Caregiver Respite Care Voucher (Hour)	3,434	3,198	-6.9%	3,198	-6.9%
Chore Maintenance (Hour)			#DIV/0!		#DIV/0!
Day Activity and Health Services (Half Day)			#DIV/0!		#DIV/0!
Emergency Response (Month ERS Service)	605	842	39.2%	842	39.2%
Evidence Based Intervention (Hour)	2,441	2,322	-4.9%	2,322	-4.9%
Health Maintenance (Contact)	1,076	1,057	-1.8%	1,057	-1.8%
Health Screening (Contact)			#DIV/0!		#DIV/0!
Homemaker (Hour)	7,225	6,778	-6.2%	6,778	-6.2%
Homemaker Voucher (Hour)	0	200	200%	200	200%
Income Support (Contact)	673	673	0.0%	673	0.0%
Instruction & Training (Contact)			#DIV/0!		#DIV/0!
Mental Health Services (Contact)	60	51	-15.0%	51	-15.0%
Personal Assistance (Hour)	2,068	1,987	-3.9%	1,987	-3.9%
Physical Fitness (Contact)	3,881	3881	-100.0%	3881	-100.0%
Recreation (Contact)			#DIV/0!		#DIV/0!
Residential Repair (Dwelling)	283	139	108.5%	139	108.5%
Telephone Reassurance (Contact)			#DIV/0!		#DIV/0!
Transportation Demand Response (One-Way Trip)	12,918	13,000	.6%	13,000	.6%
Transportation Fixed Route (One-Way Trip)			#DIV/0!		#DIV/0!
Transportation Voucher (One-Way Trip)			#DIV/0!		#DIV/0!
Visiting (Contact)			#DIV/0!		#DIV/0!

15. Summary of Services

Identify all services that will be administered under the area plan by funding source.

Bexar Area Agency on Aging

Table 10 Summary of Services

Services to be Provided	III B	III C	III D	III E	VII	Program Income	Local Funds	In Kind	Other Funds
Care Coordination	X					X	X		
Caregiver Support Coordination				X		X	X		
Information, Referral & Assistance	X			X		X	X		
Legal Assistance 60 & Over	X			X		X	X	X	
Congregate Meals		X				X	X	X	X
Home Delivered Meals		X				X	X	X	X
Nutrition Education		X				X	X		
Caregiver Education & Training				X		X	X		
Caregiver Information Services				X		X	X		
Caregiver Respite In-Home				X		X	X		
Caregiver Respite Institutional				X		X	X		
Caregiver Respite Voucher				X		X	X		
Emergency Response	X			X		X	X		
Evidence Based Intervention	X		X			X	X		
Health Maintenance	X			X		X	X		
Homemaker	X					X	X		
Homemaker Voucher	X					X	X		
Income Support	X			X		X	X		

Mental Health Services	X			X		X	X		
Ombudsman	X				X				X
Personal Assistance	X					X	X		
Residential Repair	X			X		X	X	X	
Transportation Demand Response	X					X	X	X	X

16. Service Narratives

Congregate Meals

Service definition

Hot or other appropriate meal served to an eligible older adult which meets 33⅓ percent of the dietary reference intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences and complies with the most recent Dietary Guidelines for Americans, published by the Secretary of Agriculture, and which is served in a congregate setting. The objective is to reduce food insecurity and promote socialization of older adults.

Detailed description of how service is provided

Using funds received from HHSC, this service is provided by CoSA's Comprehensive Senior Centers, Casa Helotes Senior Center, Madonna Senior Center, Presa Senior Center, Christian Village Apartments, and Meals on Wheels San Antonio (for Kirby and Greater Randolph Area Senior Centers). The program is administered contractually by BAAA and is based on the number of meals served, cost per meal, match dollars, and program income allocations with a specific budget amount to be reimbursed to these entities. The centers are reimbursed monthly. Additionally, CoSA has an MOU with Meals on Wheels to provide an annual plan for nutrition education, conduct presentations and provide all required nutritional information to congregate and home delivered clients on a monthly basis. Nutritional Education material has been reviewed, is reputable/reliable and provided by registered dietitians. As necessary when additional funding is available, budget amendments are completed during the fiscal year affected.

Service-specific instructions [\(click here for instructions\)](#)

In Bexar County, CoSA and Meals on Wheels San Antonio provides senior adults, 60 years and older, and spouses with a nutritionally-balanced lunchtime meal in a congregate setting with supportive services consisting of:

- Companionship
- Nutrition Education
- Basic Health Screenings
- Social Services
- Outreach activities
- Recreation and Dance

- Computer Classes*
 - Arts and Crafts
 - Exercise Classes*
 - Transportation*
- * (not available at all centers)

The Senior Nutrition Program is funded by CoSA, Meals on Wheels San Antonio, and HHSC through AACOG's BAAA, and currently offered at various senior centers throughout the county.

The majority of the centers operate Monday through Friday, 9:00 AM to 1:00 PM. All services are free of charge.

Explanation of decrease or increase in service units

Participation has decreased over the last two years. As mentioned previously in this Area Plan, a vast majority of adults 60 and over in Bexar County are still driving, volunteering, working (full- or part-time), in good health, physically active and/or socially engaged. Therefore, the adults age 60 and over who are not participating in the program for reasons such as declining health, lack of transportation, lack of interest, etc., are not being replaced by new clients age 60 and over. In an effort to increase participation in the program, BAAA is working with HHSC on a Texas Congregate Meal Initiative (TCMI) Project. Some of the initiatives currently being looked at are as follows: Rebranding/Renaming of Senior Centers (for example: Socialization Centers, Community Wellness Centers, Friendship Café, etc.), implement more attractive activities to seniors (technology classes, movies, Wellness, library area, etc.), as well as increasing informational presentations on services available to seniors through utilization of the BAAA ADRC/ASC.

Home Delivered Meals

Service definition

Hot, cold, frozen, dried, canned, fresh or supplemental food (with a satisfactory storage life) which provides a minimum of 33⅓ percent of the dietary reference intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences and complies with the most recent Dietary Guidelines for Americans, published by the Secretary of Agriculture, and is delivered to an eligible participant in their place of residence. The objective is to reduce food insecurity and help the recipient sustain independent living in a safe and healthful environment.

Detailed description of how service is provided

Meals on Wheels San Antonio delivers meals during the week and on weekends to homebound older adults. In fact, for many of their clients, the nutritious meals provided with IIC2 funding is the only meal they consume each day. In order to better maintain the health of these individuals, Meals on Wheels San Antonio also provides packages of breakfast food items and/or specially made frozen meals to offer additional nutrition outside of the lunch/dinner-time hours. Additionally, Meals on Wheels provides nutrition education and required nutritional information to home delivered clients upon delivery of meals. Socialization contacts are made during meal drop off either once per week or 3 times per week (dependent on client meal delivery preference/schedule). When necessary, concerns with client mental and or physical health are reported to the appropriate entity. BAAA does not directly address as this service (Home Delivered Meals) is championed by Meals on Wheels San Antonio. Nutritional Education materials are reviewed, deemed to be reputable/reliable and approved for dissemination by registered dietitians.

Service-specific instructions ([click here for instructions](#))

The number of older adults in the United States will grow significantly in the coming years. Meals on Wheels is a proven public-private partnership effectively addressing the challenges of aging by promoting health and improving quality of life for our nation's most vulnerable older adults. By leveraging the existing network, BAAA can help keep older adults at home, where they want to be, and save tax dollars by keeping older adults from costly healthcare alternatives.

Explanation of decrease or increase in service units

Participation has decreased over the last two years. As mentioned previously in this Area Plan, a vast majority of aging (60 and over) customers in Bexar County are still driving, volunteering, working (full- or part time), in good health, physically active and/or socially engaged. These “healthier” older adults exercise other options like frequenting dining establishments that offer a wider variety of choices—gluten-free, vegan, etc. Because of better health and healthy lifestyles, they are not homebound and in need of home delivered meal service. Efforts to increase participation in the Home Delivered Meal program will be impacted by this trend. However, in an effort to increase participation in the program, BAAA is currently working with HHSC on a Home Delivered Meal Project. This project and some of its proposed policy changes will give AAAs and meal providers the opportunity to expand access to HDMs by implementing a flexible meal model, in the future. Some of the initiatives offered are as follows: offering a combination of hot, chilled or frozen meals to be delivered on one or more days a week to delivering five or more meals once a week, while not requiring a waiver (current policy) to be obtained. A minimum of three socialization contacts would be required for those receiving a delivery of meals fewer than three times a week.

Transportation

Service definition

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

Detailed description of how service is provided

BAAA utilizes ASC to take incoming transportation requests for medical appointments, socialization activities, scheduled round-trip dialysis appointments, as well as other non-dialysis medical appointments. Dialysis transportation requests are authorized by a BAAA Billing Specialist, coordinated with and scheduled using Alamo Regional Transit. Any transportation request for adults 60 and over (and their caregivers) received by AACOG’s Veteran’s Coordination Center are referred to ASC for transportation arrangements.

Service-specific instructions [\(click here for instructions\)](#)

Transportation entity must have the ability and workforce to provide door-to-door trips to and from nutrition sites, local medical services appointments, social service

agency appointments, and other miscellaneous socialization activities. In certain situations (location of destination, time of pick up, etc.), transportation needs may require the services of two different entities to support the specific customer need.

Explanation of decrease or increase in service units

BAAA anticipates a slight increase in service units over the coming years. BAAA has consistently attempted to add more transportation options for clients, especially those living within the county but on the outskirts, in areas where public transportation is not always available or is available on a limited schedule. BAAA will accomplish this by securing and/or renewing current contractual and/or vendor relationships with Yellow Cab of Texas, entities that provide transportation specifically to veterans, and Alamo Regional Transit. Other ride sharing options to support this objective include pursuing additional door-to-door vendors such as Lyft, Uber, and VIA Link.

Caregiver Support Coordination

Service definition

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

Detailed description of how service is provided

A fortified effort provided directly by staff to caregivers in Bexar County will include additional presentations to typically underserved demographics such as Hispanic, African Americans and the LGBTQ communities. The presentations will focus on assisting caregivers to self-identify and understand what community and AAA resources are available to them. BAAA will be offering EBI classes to caregivers in a less than traditional manner, such as online (or hybrid online and in-person), on Saturdays, or after the normal workday to accommodate the working caregiver.

BAAA will continue efforts to increase contracted vendors that are able to offer services in the caregiver's home or in a remote manner. This type of contracted service will increase the opportunity of caregivers utilizing services. Services that will be concentrated on will be Caregiver Education & Training and Mental Health Services.

Service-specific instructions

What are the barriers to providing caregiver support coordination in your PSA? Include proposed solutions for overcoming such barriers.

The primary barrier to providing caregiver support coordination is getting the caregiver to self-identify. Most caregivers are not aware of the significant role they play in the lives of the care recipient. In an attempt to address the issue, BAAA staff will provide print materials with a 'self-identify' checklist. Additionally, in-service training will be provided for ASC staff who field incoming calls, to assist in the self-identification of caregiving. The availability to access services can hinder caregivers as they find leaving the home a burden. BAAA will concentrate on finding vendors or encouraging current vendors to remotely offer caregiver services for mental health and education as well as making "house calls". Staff is concerned with the scheduling of caregiver educational classes and feels it would be beneficial for the working caregiver to offer classes on Saturdays or in the evening.

How do you plan to meet the increasing need for caregiver support coordination throughout your PSA?

BAAA staff will benefit from trainings from subject matter experts for different parts of the job, i.e. time management. In addition, quarterly refresher trainings for care specialist job specifics, i.e. proper and concise documentation into the reporting database, will be offered. Deepening staff knowledge will add confidence and equip staff to become more efficient in time and service delivery.

How do you plan to increase awareness throughout your PSA of the caregiver support services that you provide?

Staff is working with ACOG External Affairs staff to develop procedures of providing information on several social media platforms. The Caregiver Services Volunteer Program will maintain a database of caregivers that have consented to receive an E-blast from BAAA as events are scheduled. The volunteers and staff will be developing a quarterly Care Coordination Newsletter that will be posted on the ACOG website. These new communications will keep caregivers current with community events and BAAA services.

Do you partner with other agencies to provide this service throughout your PSA? If so, explain strategic partnerships that allow you to better provide caregiver support coordination.

Through a partnership with CPS Energy serving Bexar County, BAAA is able to assist the caregiver and their family with enrollment in assistance and billing programs, educating clients about affordability discount programs, senior citizen billing and late fee waivers, burn victims discounts, and the CPS Energy critical care program. These assistance programs increase the client's ability to pay and feel more economically secure while aging in place.

BAAA contracted vendor Project Mend serves Bexar County and offers durable medical equipment (DME) that has been donated, refurbished, and sanitized to state standards. BAAA is able to connect clients with Project Mend to obtain DMEs and cover the expense of the application fee. Another contracted vendor, Upward Care, is able to offer caregiver education in the home on the use of DME, bed bound care, and general caregiver education. These partnerships assist BAAA with a full spectrum of care plans for the client.

Through caregiver support coordination, how do you facilitate the long-term care of older adults in home- and community-based settings?

Care Specialists will make referrals to the Benefits Counselors at BAAA that can assist the client with understanding Medicare and Medicaid services. BAAA will create a document that provides information to the client about in-home provider vendors that will continue to offer a discounted private pay rate after services with BAAA are completed. BAAA will also develop a list of contracted in-home providers that also contract with HHSC, this may assist the client in planning their long-term care options. During their monthly follow-up phone calls, BAAA Care Specialists will develop a care plan with the client that provides information for long-term planning.

Describe how you use the caregiver assessment to help direct plans of care for caregivers served through the National Family Caregiver Support Program.

The Mental Health portion of the assessment is used to determine if the caregiver client would benefit from mental health counseling, at which time the service is offered to the caregiver. If respite is a requested service, the Care Specialist will offer caregiver education and training (stress-busting classes or one-on-one in-home trainings). During the assessment, if family dynamics are brought up, expressing dissatisfaction and the need for more discussion, then Stress-Busting classes or the use of our Aging Life Care, vendor (Gray Matters), Manager (Jill Piazzi) may be offered. Grey Matters conducts in-home assessments to determine how to best care for seniors at home or in a community and plan ahead; creates collaborative, customized care plans based on long and short term goals, hiring caregivers, and managing the household. This vendor also assist with locating housing or long-term care placement, provides crisis intervention and monitors to avert crisis and refers clients to appropriate local agencies and services, as needed.

Explanation of decrease or increase in service units

Caregiver Information Services has a projected decrease for FY-21/22. The core reason is due to FY19 service units including a radio spot that was available to a very large audience. However, in anticipation of this, BAAA created a new position, Care Coordination/Caregiver Services Outreach Specialist. This position is dedicated to providing outreach and resources of BAAA information throughout Bexar County. BAAA also created a volunteer program for the Care Coordination/Caregiver Services. A database is being created of those caregivers that have consented to receive a periodic E-blast. Another project is a quarterly Caregiver Newsletter that will be emailed as well as posted on the AACOG website. The E-blast and quarterly

newsletter will feature AAA services, caregiver classes, upcoming events and health fairs.

Caregiver Education and Training has a projected increase for FY-21/22. In FY-20 BAAA contracted with vendors to go to the caregiver's home for one-on-one trainings at the convenience of the caregiver's and care recipient's schedule, or to offer services remotely. This additional way of providing education and training, along with the traditional EBI classes, has augmented the projected increase in services.

Caregiver Respite has projected decreases for FY-21/22. Continuous efforts at outreach events, community presentations, coalition and committee meetings, and networking have been effective ways to increase awareness of AAA services. BAAA is hoping our sustained education and training, as well as caregiver satisfaction with contracted vendors of these respite services; will increase self-referrals, and reverse this downward trend in the years after this Area Plan period.

Legal Assistance

Service definition

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

Detailed description of how service is provided

The Benefits Counseling mission is to provide accurate and objective health insurance counseling, assistance, and advocacy in relation to Medicare, private health insurance, and public benefits such as Medicaid, and SNAP (Supplemental Nutrition Assistance Program). HHSC provides for these services under its service definitions of Legal Assistance, 60 and older; Legal Assistance for those less than 60 years of age (Medicare enrollees, eligible disabled, and Medicare pre-enrollees); and Legal Awareness, the dissemination of accurate and relevant information about public entitlements, long-term care services, planning/protection options, and consumer needs.

ASC is the primary screener and access point for BAAA Benefits Counseling services. BAAA is among a limited number of Texas AAAs that use Title IIIB funding to provide seniors with access to free legal aid. BAAA manages this program through a partnership with the San Antonio Bar Association (SABAR) and Catholic Charities, which contracts with BAAA to recruit local attorneys to provide legal services at a discounted rate for BAAA clients. These agencies provide the following services for BAAA clients:

- 1) Legal advice and representation by an attorney - Including counseling, and or other appropriate assistance by a para-legal or law student under the supervision of an attorney.
- 2) Representation - If the client's problem requires more than advice and counsel and the case is not referred to another source, the program provides an attorney to represent the client in order to achieve a resolution to the legal

problem. Representation may include legal research negotiation, preparation of legal documents, correspondence, appearance at administrative hearings or courts of law, and legal appeals where appropriate. The program must provide, at a minimum, advice and counsel, representation and education service components.

3) Research - Gathering information about laws, rights, or interpretation of laws that may be performed at any point after intake has occurred, to resolve an individual's legal problems. Such information will be used to assist providers of legal services in counseling individuals, in representing them in hearings and courts of law or in negotiations with potential legal adversaries.

4) Preparing legal documents - Including writing documents that serve to protect individual rights, such as contracts, wills or leases, which might later be used in a court of law.

Service-specific instructions

In addition to providing benefits counseling services, outreach activities are conducted to inform eligible individuals of available benefits. Increasing public awareness about Medicare and Extra Help programs is a primary focus of the State Health Insurance Program (SHIP). Throughout the year, BAAA conducts presentations on Medicare, prescription drug plans, and Medicare supplemental and Medicare Advantage policies through media outlets, senior centers, church groups, senior learning center and assisted living facilities. BAAA staff and volunteers make presentations to consumers, caregivers and professionals regarding public benefits and private health insurance as well as attending health fairs.

BAAA has a MOU with CoSA's Library Department which allows the HICAP program to utilize libraries throughout the community to conduct presentations, and host annual Medicare Open Enrollment events. The MOU allows SHIP to easily partner with librarians throughout a diverse community to provide English and Spanish onsite presentations and materials to these groups.

Explanation of decrease or increase in service units

BAAA anticipates service units will decrease minimally over the period of this Area Plan. Decrease will be due to less activity by Catholic Charities, a partner agency. The decrease will be minimal as another provider (SABAR) will pick up the majority of these units. BAAA has recently added another provider (Law Office of Jeff David Hall, PLLC) for these services; however, forecasting their participation at this time cannot be determined.

17. Direct Service Waiver

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

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

18. Data Use Agreement

Bexar Area Agency on Aging refers to Alamo Area Council of Governments Health Information Privacy and Security Policies related to Health Insurance Portability and Accountability Act (HIPAA), Health Information Privacy and Security Policies, and the Human Resource (HR) department of the Alamo Area Council of Governments (AACOG). HR requires, provides and conducts HIPAA training on an annual basis and uses the HHSC/DADS HIPAA training:

<https://www.dads.state.tx.us/providers/hipaa/privacy/index.cfm>.

Bexar Area Agency on Aging staff have access and have taken the required HIPAA training with certificates to serve as back-up documentation. Bexar Area Agency on Aging staff are required to conduct HIPAA training annually. For new employees, they are required to take it on their first day of employment. However, if they miss taking it on the first day they have to take it within the first two weeks or 10 days of employment. Bexar Area Agency on Aging ensures subcontractors sign DUA, BAAA, and contract information.

Alamo Area Council of Governments (AACOG) offices are secured with magnetic lock doors at the elevator bays and stairwells. These doors are only accessible through RFID enabled identification cards issued by AACOG. This is implemented utilizing the Security Desk software application. Records storage locations such as file cabinets and record rooms have an additional lock, which may consist of a traditional key, combination code, or RFID access. Access permissions are dependent upon the business need. AACOG requires that each computer user have a unique username/password combination implemented through Active Directory. No AACOG network resources can be accessed without an Active Directory account. AACOG utilizes secured, password protected Wi-Fi for all business activities. Secured Wi-Fi is implemented through Cisco hardware. AACOG utilizes a secure on-site document shredding service for records destruction. The current vendor for the service is Ranger. Locked bins are located through the premises for workforce to utilize during daily business activities. AACOG complies with Breach notice, reporting and correction requirements in accordance with Health Information Privacy and Security Policies section 5.07 and the Data Use Agreement.

19. Disaster Plan

The BAAA is a program under the AACOG umbrella, and as such, has access to AACOG's Emergency Preparedness Team under Planning and Regional Services. The regional emergency preparedness advisory committee, Comprised of Emergency management coordinators from Counties in the region and municipality representatives meets on a regular basis. This provides for collaboration, coordination, and discussion of emergency needs on a local level. Therefore, the concept of Disaster Recovery and Business Continuity has not been left to chance, the Disaster Recovery Plan is tentative and under development. Even though the BAAA is located in a relatively disaster-free zone, there is no such thing as being truly disaster free. Therefore, the following plan has been created. The Bexar Area Agency on Aging is actively participating in emergency preparedness through its participation in the San Antonio Volunteer Organizations Active in Disaster (SAVOAD). During times of major disaster, the SAVOAD in coordination with the City of San Antonio and the Bexar County Offices of Emergency Management activates the Volunteer Operation Center (VOC). The VOC serves as a One-Stop-Shop where volunteers come to receive badges, empowerment, training, and deployment assignments during major disasters like hurricanes.

The Bexar Area Agency on Agency is participating as a third responder to major disaster activities for the SAVOAD. AACOG sent a team which consisted of the Bexar Area Agencies on Aging, AACOG IDD and Homeland Security to the FEMA second annual Getting Real II conference to build partnerships and share promising practices. The sessions were designed to strengthen the whole community's capacity to prepare for, respond to,

recover from, and mitigate the impact of disasters. These practices emphasized inclusion, integration, dignity, independence, accessibility, and self-determination for individuals with disabilities before, during, and after a disaster.

The AACOG Disaster Team will be working on the following, on disaster preparedness:

Evaluating how Agencies within AACOG are addressing the FEMA mandate for inclusion planning for individuals with Disabilities.

Facilitate through Homeland Security through the Regional Emergency Preparedness Advisory Committee the training of Emergency Management Coordinators on the Texas Functional Needs Supportive Services Toolkit which provides guidance on sheltering individuals with disabilities.

The need to inform and prepare AACOG staff and clients on a self-preparedness for their own personal disaster.

The business continuity plan outlines AACOG practices for continuation of services. Development of a specific disaster plan to identifying individuals who are disabled or isolated that require assistance during a declared disaster and or evacuation continues to be formulated.

Should a disaster occur Contact protocol will be enacted following chain of command? ASC upon receiving confirmation of Disaster operations, will initiate contact with OADRC within 24hrs conveying initiation of AACOG Disaster recovery protocols. Contact will be initiated via email to OADRC administrators, ADRC Help desk and Phone call.

In addition the Bexar Area Agency on Aging will continue to work on a step-by-step process to cover all possibilities.

20. Assurances

Section 306(a), Older Americans Act

<BAAA> provides and agrees to comply with the following assurances:

<BAAA> shall, in order to be approved by the HHSC, prepare and develop this area plan for its PSA for a two-, three-, or four-year period, as determined by HHSC, with such yearly adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with Section 307(a)(1) of the OAA. Each such plan shall:

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

provision of such services or centers to meet such need.

(§306(a)(1))

2. Provide assurances the AAA will expend an adequate proportion, as required under §307(a)(2) of the OAA, of the amount allotted for part B of the OAA to the PSA, for the delivery of each of the following categories of services and will report yearly to HHSC in detail the amount of funds expended for each such category during the fiscal year most recently concluded:
 - a. Services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);
 - b. In-home services, including supportive services for families of older adults who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
 - c. Legal assistance. **(§306(a)(2))**
3. Designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in OAA §306(a)(6)(C)) as such focal point; and specifies, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated. **(§306(a)(3))**
4. Provide assurances the AAA will:
 - a. Set specific objectives, consistent with State policy, for providing services to older adults with greatest economic need, older adults with greatest social need, and older adults at risk for institutional placement;
 - b. Include specific objectives for providing services to low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas; and
 - c. Include proposed methods to achieve the objectives.

(§306(a)(4)(A)(i))
5. Provide assurances the AAA will include in each agreement made with a provider of any service under Title III of the OAA, a requirement that such provider will:

- a. Specify how the provider intends to satisfy the service needs of low-income minority, older adults with limited English proficiency, and older adults residing in rural areas in the area served by the provider;
 - b. To the maximum extent feasible, provide services to low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas in accordance with their need for such services; and
 - c. Meet specific objectives established by the AAA, for providing services to low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas within the PSA. **(§306(a)(4)(A)(ii))**
6. With respect to the fiscal year preceding the fiscal year for which such area plan is prepared:
- a. Identify the number of low-income minority older adults in the PSA;
 - b. Describe the methods used to satisfy the service needs of such minority older adults; and
 - c. Provide information on the extent to which the AAA met the objectives described in §306(a)(4)(A)(i). **(§306(a)(4)(A)(iii))**
7. Provide assurances the AAA will use outreach efforts that will identify individuals eligible for assistance under the OAA, with special emphasis on:
- a. Older adults residing in rural areas;
 - b. Older adults with greatest economic need (with particular attention to low-income minority older adults and older adults residing in rural areas);
 - c. Older adults with greatest social need (with particular attention to low-income minority older adults and older adults residing in rural areas);
 - d. Older adults with severe disabilities;
 - e. Older adults with limited English proficiency; and
 - f. Older adults with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such adults); and
 - g. Older adults at risk for institutional placement. **(§306(a)(4)(B)(i))**
- Inform the older individuals referred to in sub-clauses a-f of §306(a)(4)(B)(i), and the caretakers of such individuals, of the availability of such assistance. **(§306(a)(4)(B)(ii))**
8. Provide assurances the AAA will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include

a focus on the needs of low-income minority older adults and older adults residing in rural areas. **(§306(a)(4)(C))**

9. Provide assurances the AAA will coordinate planning, identification, assessment of needs, and provision of services for older adults with disabilities, with particular attention to adults with severe disabilities and adults at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities. **(§306(a)(5))**
10. Provide the AAA will take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan. **(§306(a)(6)(A))**
11. Provides the AAA will serve as the advocate and focal point for older adults within the community by (in cooperation with agencies, organizations, and people participating in activities under the area plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older adults. **(§306(a)(6)(B))**
12. Where possible, provide the AAA will enter into arrangements with organizations providing day care services for children, assistance to older adults caring for relatives who are children, and respite for families, so as to provide opportunities for older adults to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families.
(§306(a)(6)(C)(i))
13. If possible regarding the provision of services under Title III of the OAA, provide the AAA will enter into arrangements and coordinate with organizations that have a proven record of providing services to older adults, that— (I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or (II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act. **(§306(a)(6)(C)(ii))**
14. Provide the AAA will make use of trained volunteers in providing direct services delivered to older adults and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs

administered by the Corporation for National and Community Service), in community service settings. **(§306(a)(6)(C)(iii))**

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

- a. Collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
 - b. Conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better:
 - i. Respond to the needs and preferences of older adults and family caregivers;
 - ii. Facilitate the provision, by service providers, of long-term care in home and community-based settings; and
 - iii. Target services to older adults at risk for institutional placement, to permit such adults to remain in home and community-based settings;
 - c. Implementing, through the agency or service providers, evidence-based programs to assist older adults and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older adults; and
 - d. Providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the AAA itself, and other appropriate means) of information relating to the need to plan in advance for long-term care; and the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources. **(§306(a)(7))**
21. Provide case management services provided under Title III of the AAA through the AAA will not duplicate case management services provided through other Federal and State programs; be coordinated with services provided through these programs; and be provided by a public agency or a nonprofit private agency that:
- a. Gives each older adult seeking services under this title a list of agencies that provide similar services within the jurisdiction of the AAA;
 - b. Gives each of these older adults a statement specifying that the adult has a right to make an independent choice of service providers and documents receipt by such adult of such statement;
 - c. Has case managers acting as agents for older adults receiving the services and not as promoters for the agency providing such services; or

- d. Is located in a rural area and obtains a waiver of these requirements.
(§306(a)(8))
- 22. Provide assurances that the AAA, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9) of the OAA, will expend not less than the total amount of funds appropriated under the OAA and expended by the agency in fiscal year 2000 in carrying out such a program under this title. **(§306(a)(9))**
- 23. Provide a grievance procedure for older adults who are dissatisfied with or denied services under this title. **(§306(a)(10))**
- 24. Provide information and assurances concerning services to older adults who are Native Americans (referred to in this paragraph as older Native Americans) including:
 - a. Information concerning whether there is a significant population of older Native Americans in the PSA and if so, an assurance that the AAA will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
 - b. An assurance that the AAA will, to the maximum extent practicable, coordinate the services provided under Title VI of the OAA; and
 - c. An assurance that the AAA will make services under the area plan available to the same extent; as such services are available to older adults within the PSA, whom are older Native Americans.**(§306(a)(11))**
- 25. Provide the AAA will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older adults at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area
(§306(a)(12))
- 26. Provide assurances the AAA will:
 - a. Maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships; **(§306(a)(13)(A))**
 - b. Disclose to the Assistant Secretary for Aging and HHSC:
 - i. The identity of each non-governmental entity with which the AAA has a contract or commercial relationships relating to providing any service to older adults; and
 - ii. the nature of such contract or such relationship;**(§306(a)(13)(B))**

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

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

AUTHORIZED OFFICIAL OF GRANTEE

Signature: _____

Name and Title: Diane D. Rath, AACOG Executive Director

Area Agency on Aging: Bexar Area Agency on Aging

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

AAA DIRECTOR/AUTHORIZED OFFICIAL

Signature: _____

Name: Gloria G. Vasquez, Director Area Agencies on A

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

Standard Assurances of Compliance

<Grantee's Name> provides these assurances in consideration and for the purpose of obtaining federal grants, loans, contracts, property, discounts or other federal financial assistance from the U.S. Department of Health and Human Services. The Grantee agrees that it will comply with:

1. **Title VI of the Civil Rights Act of 1964** (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the AAA receives federal financial assistance from HHSC.
2. **Section 504 of the Rehabilitation Act of 1973** (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the AAA receives federal financial assistance from HHSC.
3. **Title IX of the Education Amendments of 1972** (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the AAA receives federal financial assistance from HHSC.
4. **The Age Discrimination Act of 1975** (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the AAA receives federal financial assistance from HHSC.

The Grantee agrees that compliance with this assurance constitutes a condition of continued receipt of federal financial assistance, and that it is binding upon the Grantee, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of federal financial assistance extended to the Grantee by HHSC, this assurance shall obligate the Grantee, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Grantee for the period during which it retains ownership or possession of the property. The Grantee further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

AUTHORIZED OFFICIAL OF GRANTEE

Signature: _____

Name and Title: Diane D. Rath, AACOG Executive Director

Area Agency on Aging: Bexar Area Agency on Aging

Date: Click or tap to enter a date.

AAA DIRECTOR/AUTHORIZED OFFICIAL

Signature: _____

Name: Gloria G. Vasquez

Date: Click or tap to enter a date.

Signatures-Area Plan Certification

Signing this form verifies that the Alamo Area Council of Governments, Alamo Area Council of Governments Board of Directors, AAA Advisory Council and AAA understand that they are responsible for the development and implementation of the area plan and for ensuring compliance with Section 306, OAA.

ALAMO AREA COUNCIL OF GOVERNMENTS EXECUTIVE DIRECTOR

NAME: DIANE RATH

SIGNATURE: _____



DATE: April 22, 2020

ALAMO AREA COUNCIL OF GOVERNMENTS BOARD OF DIRECTORS AUTHORIZED OFFICIAL

NAME: ROBERT L. HURLEY, ATASCOSA COUNTY JUDGE

SIGNATURE: _____



DATE: April 22, 2020

AAA ADVISORY COUNCIL CHAIR

NAME: BRENDA SCHMACHTENBERGER, BEXAR SENIOR ADVISORY COMMITTEE CHAIR

SIGNATURE: *Brenda Schmachtenberger*

DATE: April 22, 2020

AAA DIRECTOR/ AUTHORIZED OFFICIAL

NAME: GLORIA VASQUEZ, DIRECTOR BEXAR AREA AGENCY ON AGING

SIGNATURE: *Gloria B. Vasquez*

DATE: April 22, 2020

Signatures-Section 306(a), Older Americans Act

AUTHORIZED OFFICIAL OF GRANTEE

Signature: _____ *Diane Rath*

Name and Title: Diane D. Rath, AACOG Executive Director

Area Agency on Aging: Bexar Area Agency on Aging

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

AAA DIRECTOR/AUTHORIZED OFFICIAL

Signature: _____

Name: Gloria G. Vasquez, Director Area Agencies on A

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

Signatures-Standard Assurances of Compliance

The Grantee agrees that compliance with this assurance constitutes a condition of continued receipt of federal financial assistance, and that it is binding upon the Grantee, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of federal financial assistance extended to the Grantee by HHSC, this assurance shall obligate the Grantee, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Grantee for the period during which it retains ownership or possession of the property. The Grantee further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

AUTHORIZED OFFICIAL OF GRANTEE

Signature: *Diane Rath*

Name and Title: Diane D. Rath, ACOG Executive Director

Area Agency on Aging: Bexar Area Agency on Aging

Date: April 22, 2020

AAA DIRECTOR/ AUTHORIZED OFFICIAL

Signature: *Gloria G. Vasquez*

Name: Gloria G. Vasquez

Date: April 22, 2020