North Central Texas Area Agency on Aging
Area Plan

FFY 2027 - 2029

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

Approved by HHSC
Office of Area Agencies on Aging
Effective October 1, 2026 - September 30, 2029

Area Agency on Aging
OF NORTH CENTRAL TEXAS

Approved on July 22, 2026

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Executive Summary

The North Central Texas Area Agency on Aging (NCTAAA) serves a diverse and dynamic planning and service area, comprised of the 14 counties surrounding, but excluding, Dallas and Tarrant. This area includes a mix of 10 urban and four rural counties, each with unique needs and challenges.

The North Central Texas area is experiencing rapid growth, with the total population expected to increase by 18% from 2025 to 2035. During the same 10-year period, the number of persons aged 60 and over in the region is expected to increase 44.6%, from 732,760 to 1,059,594.

Although older North Central Texans generally fare better economically than their statewide counterparts, rural counties continue to report elder poverty rates above regional (and, in the case of Navarro County) State averages.

The NCTAAA is charged with serving older adults and family caregivers with greatest need, regardless of geography. Moreover, it is committed to making its services accessible to those who are isolated, either geographically or socially, and prioritizes those who are experiencing financial need and/or dealing with disability.

The NCTAAA's work is guided by its mission to develop and maintain a coordinated network of health and social services for older adults and family caregivers. Its vision is that older North Central Texans may receive resource information, decision support, and direct services that promote living with dignity, exercising meaningful choice, and maximizing community engagement.

As the NCTAAA prepares to enter the three-year planning period—from October 1, 2026, through September 30, 2029—it encounters uncertainty regarding federal and state funding. As of January 2026, it is receiving "level" Older Americans Act funding under continuing resolutions that will expire at the end of the month. Further, it lost the benefit of pandemic relief funding as of October 1, 2024. As a result, NCTAAA entered Federal Fiscal Year 2026 with a 21% budget reduction, contending with a growing gap between demand and available funding.

In response to funding reductions, the NCTAAA has cut funding for in-house services—particularly its Care Coordination and Caregiver Support Coordination programs—and undergone a reduction in force. Similarly, it has reduced funding passed through to its subrecipients for Home-Delivered meals, in some cases resulting in unprecedented wait lists.

Although such cuts are painful, the NCTAAA is proud of its work to maintain its service array. It proposes to enter Federal Fiscal Year 2027 with all of the services under the prior area plan intact.

The NCTAAA has established goals of innovating service delivery systems through technologies and competitive grants. For example, it is working with several subrecipients who have expressed interest in providing Congregate Meals through a virtual platform, with the goal of growing participation in a program increasingly challenged to attract a critical mass of older North Central Texans. In addition, the NCTAAA has been awarded competitive grants from the Texas Department of State Health Services and Administration for Community Living to expand dementia-specific education and caregiver supports during the three-year planning period.

In providing direct services and administering pass-through services, the NCTAAA benefits from highly tenured staff and established procedures to ensure compliance with federal and state regulations. In 2025, it underwent a review of its administrative activities by the Texas Health and Human Services Commission (HHSC) Office of Area Agencies on Aging, which did not result in any findings.

To best meet the needs of older North Central Texans and their family caregivers, the NCTAAA will take the following actions during the planning period:

- Expand outreach and awareness of NCTAAA services.
- Enhance coordination between direct and pass-through services.
- Innovate service delivery systems and leverage available technologies to reach a broader audience.
- Establish clinical linkages to bridge the gap between healthcare and long-term services and supports.
- Strengthen caregiver supports.
- Continue to expand dementia-specific supports and develop a customized counseling program for people living with dementia and their family caregivers.

Organizational Profile

Reference: 45 CFR 1321.57, 45 CFR 1321.63, & 45 CFR 1321.65(b)(2)

Organization and Staff Composition

The NCTAAA operates as a program of the North Central Texas Council of Governments (NCTCOG), an organization established by state law in 1966 as a voluntary association of, by, and for local governments. Its purpose is to serve as a regional planning organization, with a mission to strengthen both the individual and collective power of local governments and to help them recognize regional opportunities, eliminate unnecessary duplication, and make joint decisions.

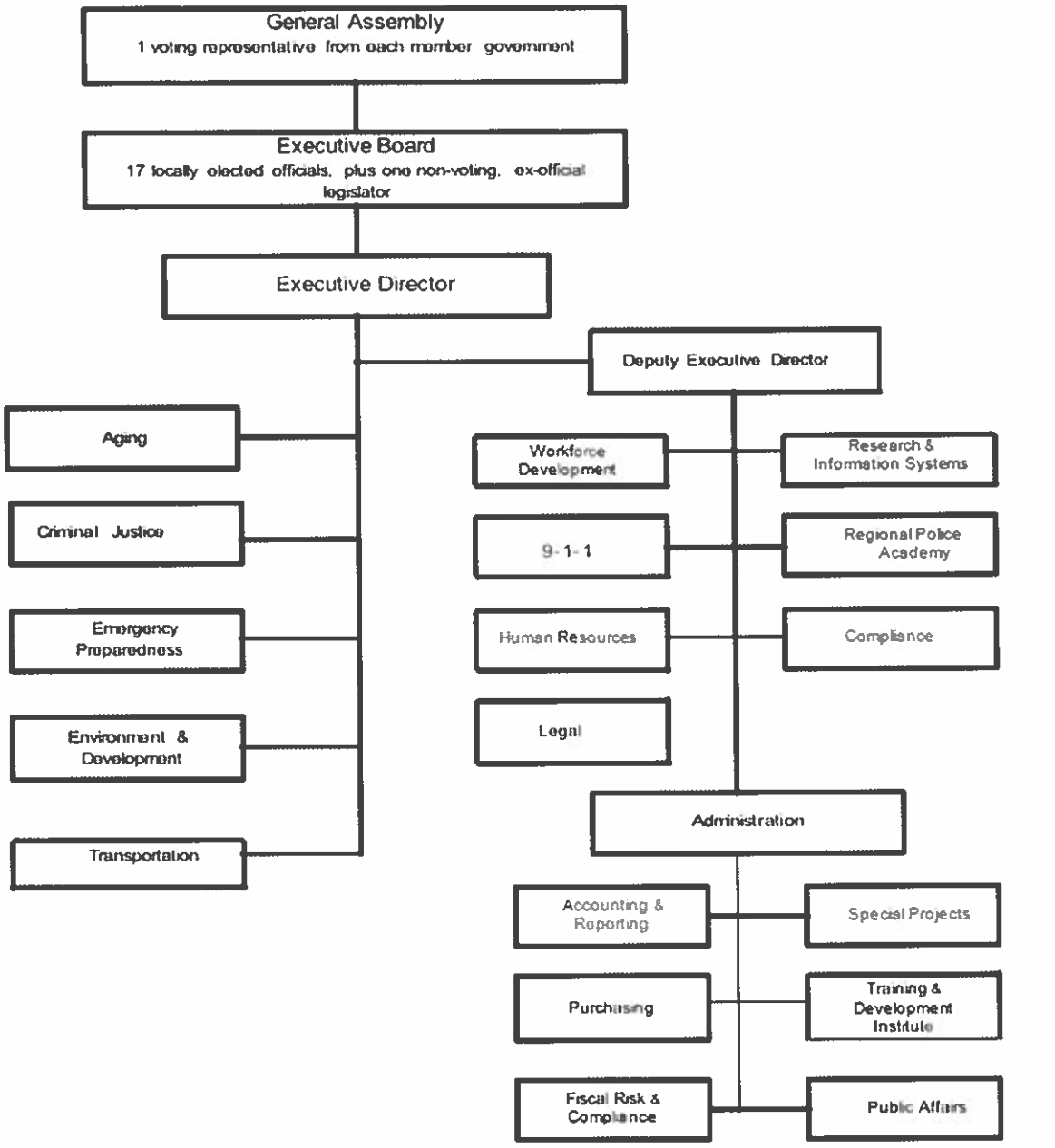
NCTCOG's Aging Department, which houses the NCTAAA, comprises 7.0% of the agency's 430 staff. Eight of the Department's 30 staff are funded entirely by grants and contracts apart from the Area Agency on Aging.

NCTAAA revenues, as of Fiscal Year 2026, comprised only 3.6% of NCTCOG's budget (i.e., with a departmental budget of $14 million, relative to the organizational budget of $388 million).

NCTCOG's organizational chart is as follows:

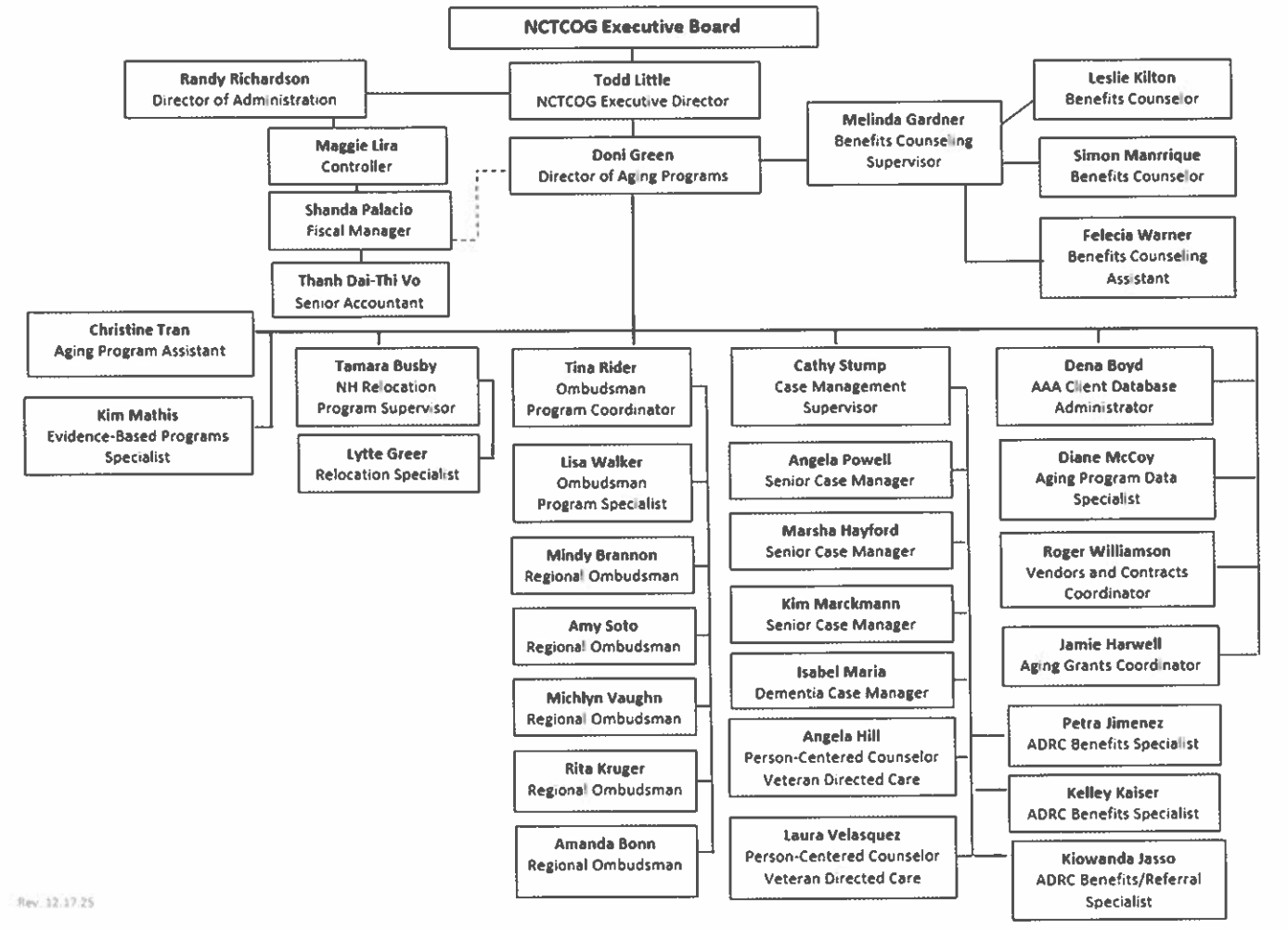
North Central Texas Council of Governments

Organizational Chart



The NCTAAA's organizational chart, as of January 2026, is as follows:

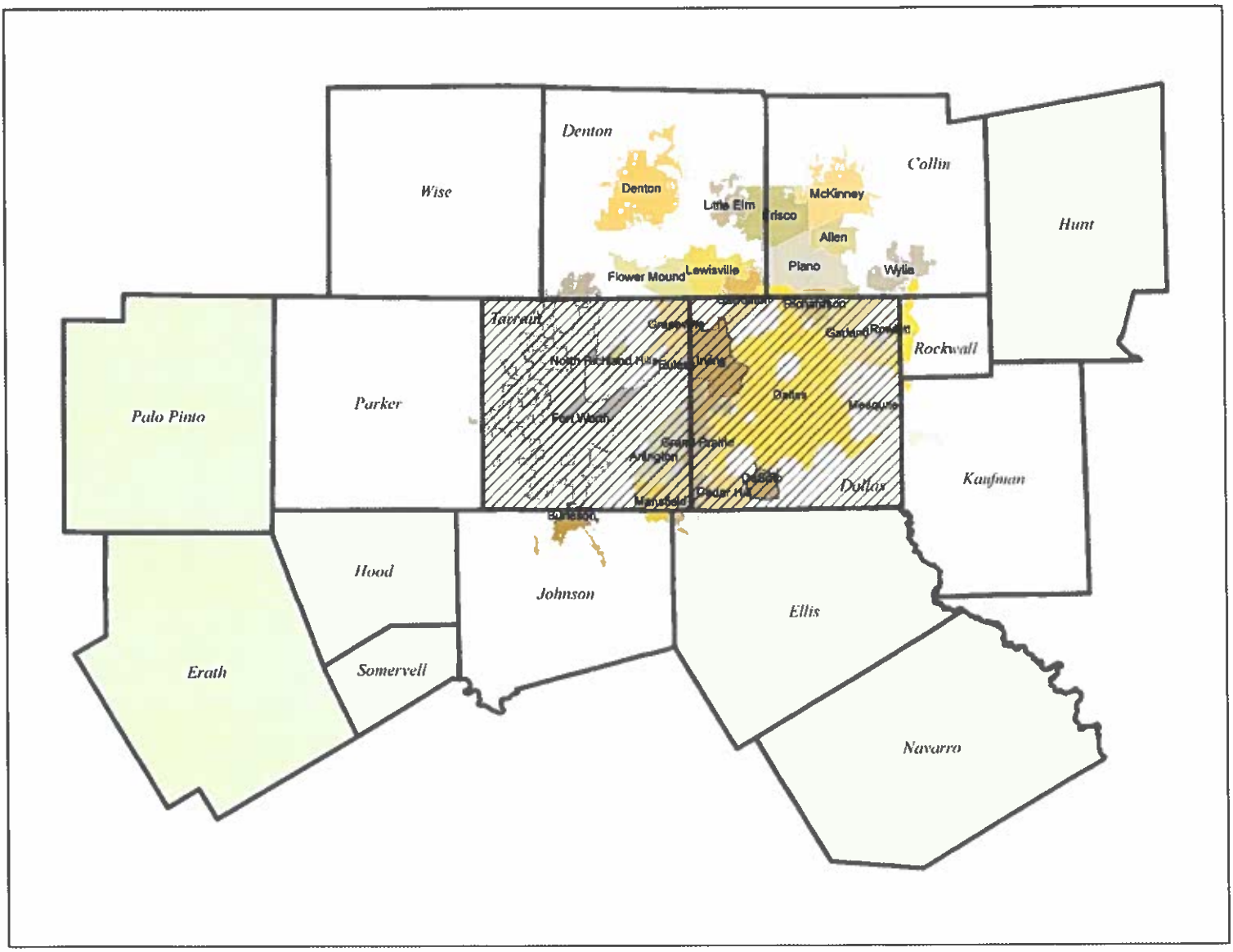
North Central Texas Aging Department Organizational Chart



High Level Narrative Summary of the Planning and Service Area

The NCTAAA Planning and Service Area (PSA) consists of the 14 counties that surround, but do not include, Dallas and Tarrant. They include Collin, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, and Wise.

A map of the region appears below. The two counties in the center—Dallas and Tarrant—are outside the North Central Texas PSA and marked with diagonal shading.



Counties within the PSA exhibit notable differences in their classification as urban, suburban, rural, as well as their size, disability rates, poverty rates, and access to resources. Generally,

the smaller, more rural counties experience higher rates of disability and elder poverty compared to regional averages. These counties also tend to have more limited social service networks, which can exacerbate challenges for their aging residents.

According to the U.S. Census Bureau American Community Survey (2019-2023), overall disability rates across the 14 counties ranged from a low of 7.7% in Collin County (classified as urban) to a high of 17.5% in Navarro County (classified as rural). The weighted regional average for disability rates was 12.2%. Among the rural counties, Erath County reported a disability rate of 13.0%, while Somervell County reported a disability rate of 11.4%. Data were not available for Palo Pinto County.

Similarly, elder poverty rates vary by county. The PSA's four rural counties (Erath, Navarro, Palo Pinto, and Somervell) appear in red type below. Notably, all have poverty rates that exceed the regional average of 7.6%. Navarro County had an elderly poverty rate (13%) that was higher than the statewide elderly poverty rate (11.6%).

County	U. S. Census Bureau American Community Survey: 2019 - 2023 Percent of Persons Aged 60 and Over Living in Poverty
Collin	6.6%
Denton	6.1%
Ellis	6.9%
Erath	10.3%
Hood	7.3%
Hunt	9.2%
Johnson	8.8%
Kaufman	10.5%
Navarro	13.0%
Palo Pinto	10.5%
Parker	8.2%
Rockwall	4.8%
Somervell	8.5%
Wise	10.1%
All North Central Texas Counties Combined	***7.6%***
State of Texas	*11.6%*

Elder poverty rates are of particular significance since the Older Americans Act (OAA) requires that the NCTAAA prioritize service for older adults with the greatest economic need (GEN).

Since neither the OAA nor the Texas Health and Human Services Commission, in its stead as the State Unit on Aging, has established a formal definition of GEN, the NCTAAA uses income household that is no more than 150% of the federal poverty limit (i.e., $1,995 per month for single people or $2,705 for married couples, as of 2026) as a proxy. At the same time, the NCTAAA recognizes that limited income is not the sole determinant of economic need and takes into consideration income relative to expenses—specifically, the extent to which an individual can meet basic needs with his/her available resources—when determining whether a potential client is experiencing greatest economic need.

Similarly, the HHSC Office of Area Agencies on Aging (HHSC-OAAA) requires the NCTAAA to prioritize individuals with the greatest social need (GSN), a term that also lacks a formal definition at the federal or state level. The NCTAAA has adopted the working definition as having little or no support from family or friends. As with GEN, the NCTAAA acknowledges that this working definition may need to be adapted based on individual circumstances. For example, an older person who has a supportive family but declines assistance may experience GSN. With an obligation to administer services that are responsive to individual needs, the NCTAAA takes into consideration all factors that may influence an older adult's or caregiver's economic well-being and social engagement.

Economic and social resources available within the service area

Though many older North Texas experience resource gaps (as detailed in the "Community Needs Assessment), the 14-county region boasts economic and social strengths. Regional strengths include:

- **Lower Elder Poverty Rates:** Elderly poverty rates that, at the regional level, are lower than the State average. As noted on page 8, 7.6% of North Central Texans aged 60 and over were assumed to be living in poverty, per Census Bureau American Community Survey data for 2019-2023, compared to 11.6% of all older Texans.
- **Affordable Cost of Living:** A relatively low cost of living and housing, grocery, gas, and healthcare expenses that are below the national average.
- **Diverse Housing Options:** A broad range of housing options, spanning the continuum from independent living to skilled nursing care. As of December 2025, the service area was home to 65 retirement communities, 290 assisted living facilities, and 113 skilled nursing facilities.

- **Strong Workforce Opportunities:** Diversified workforce opportunities, with unemployment rates that are lower than the State average. The service area's Labor Force Participation Rate as of October 2024 was 68.22%, several points higher than the rates for Texas and the nation.
- **High Educational Attainment:** Relatively high levels of educational attainment: Nearly half (49%) of North Central Texas adults had a bachelor's degree in late 2024. This was higher than the state and nation by more than 6 and 4 percent, respectively.
- **Thriving Service Economy**: A vibrant service economy, particularly in the urban portions of the PSA.
- **Comprehensive Health and Social Service:** A well-developed system of health and social services, particularly in the urban portions of the PSA.

Population trends and other issues impacting older North Central Texans

The most prominent population trend impacting older North Central Texans is rapid growth. As a region, North Central Texas is a statewide and national leader in population growth. Three cities located in Collin County (Princeton, Celina, and Anna) were among the top five most rapidly growing United States cities between 2023 and 2024.

However, growth rates vary significantly across the region's 14 counties. Based on the Texas Demographic Center population estimates for 2025-2035, North Central Texas counties can be classified as either high, moderate, or low growth.

- **High growth** (i.e., greater than 20% increase in persons of all ages during the decade):
    - **Collin County:** Its total population is projected to increase from 1,281,137 in 2025 to 1,561,719 in 2035, constituting a growth rate of 21.9%. Its number of residents aged 60 and over is projected to increase from 244,970 in 2025 to 385,932 in 2035, constituting a growth rate of 57.5%.
    - **Denton County:** Its total population is projected to increase from 1,068,212 in 2025 to 1,302,540 in 2035, constituting a growth rate of 21.94%. Its number of residents aged 60 and over is projected to increase from 202,861 in 2025 to 335,131 in 2035, constituting a growth rate of 65.2%.
    - **Kaufman County:** Its total population is projected to increase from 202,167 in 2025 to 247,014 in 2035, constituting a growth rate of 22.18%. Its number of residents aged 60 and over is projected to increase from 30,151 in 2025 to 38,304 in 2035, constituting a growth rate of 27.0%.

- **Rockwall County:** Its total population is projected to increase from 139,886 in 2025 to 169,995 in 2035, constituting a growth rate of 21.52%. Its number of residents aged 60 and over is projected to increase from 27,748 in 2025 to 41,258 in 2035, constituting a growth rate of 48.7%.

- **Moderate growth** (i.e., 10-20% increase in persons of all ages during the decade)
  - **Ellis**: Its total population is projected to increase from 236,584 in 2025 to 279,360 in 2035, constituting a growth rate of 18.08%. Its number of residents aged 60 and over is projected to increase from 43,190 in 2025 to 53,480 in 2035, constituting a growth rate of 23.8%.
  - **Hood:** Its total population is projected to increase from 70,086 in 2025 to 80,088 in 2035, constituting a growth rate of 14.27%. Its number of residents aged 60 and over is projected to increase from 21,969 in 2025 to 23,180 in 2035, constituting a growth rate of 5.5%.
  - **Hunt**: Its total population is projected to increase from 120,125 in 2025 to 134,378 in 2035, constituting a growth rate of 11.87%. Its number of residents aged 60 and over is projected to increase from 25,762 in 2025 to 28,300 in 2035, constituting a growth rate of 9.9%.
  - **Johnson**: Its total population is projected to increase from 213,298 in 2025 to 240,941 in 2035, constituting a growth rate of 12.96%. Its number of residents aged 60 and over is projected to increase from 42,872 in 2025 to 49,630 in 2035, constituting a growth rate of 15.8%.
  - **Parker**: Its total population is projected to increase from 182,622 in 2025 to 212,559 in 2035, constituting a growth rate of 16.4%. Its number of residents aged 60 and over is projected to increase from 40,629 in 2025 to 47,927 in 2035, constituting a growth rate of 18%.
  - **Somervell**: Its total population is projected to increase from 10,201 in 2025 to 11,394 in 2035, constituting a growth rate of 11.7%. Its number of residents aged 60 and over is projected to increase from 3,090 in 2025 to 3,341 in 2035, constituting a growth rate of 8.1%.
  - **Wise**: Its total population is projected to increase from 82,145 in 2025 to 90,625 in 2035, constituting a growth rate of 10.32%. Its number of residents aged 60 and over is projected to increase from 18,551 in 2025 to 20,930 in 2035, constituting a growth rate of 12.8%.
- **Low** (less than 10% increase in persons of all ages during the decade)

- **Erath**: Its total population is projected to increase from 44,986 in 2025 to 49,050 in 2035, constituting a growth rate of 9.0%. Its number of residents aged 60 and over is projected to increase from 9,326 in 2025 to 10,026 in 2035, constituting a growth rate of 7.5%.
- **Navarro**: Its total population is projected to increase from 57,072 in 2025 to 62,562 in 2035, constituting a growth rate of 9.6%. Its number of residents aged 60 and over is projected to increase from 13,377 in 2025 to 14,221 in 2035, constituting a growth rate of 6.3%.
- **Palo Pinto**: Its total population is projected to increase from 30,282 in 2025 to 30,385 in 2035, constituting a growth rate of .3%. Its number of residents aged 60 and over is projected to decrease from 8,264 in 2025 to 7,934 in 2035, constituting a growth rate of -4.0%.

Notably, the service area's four rural counties (Erath, Navarro, Palo Pinto, and Somervell) are unique in facing growth rates among older adults that are lower than all-age growth rates. All other 10 counties are projected to have percentage increases in the number of residents aged 60+ that are higher than the percentage increases for residents of all ages. Further, Collin, Denton, and Rockwall Counties are projected to have older adult growth rates more than double the all-age growth rates.

At the regional level, the total population is projected to increase by 18.30% between 2025 and 2035. While this represents one of the most rapid growth rates in the state and nation, it is dwarfed by a projected growth rate of 44.6% among North Central Texans aged 60 and over during the same period. More specifically, the number of older residents is projected to increase from 737,760 in 2025 to 1,059,594 in 2035. This sharp increase highlights that the region's older adult population is growing much more quickly than its working-age population. The Texas Demographic Center notes that this shift has important implications for the region's economy, healthcare systems, and social service networks as a larger share of the population will require support without contributing directly to the labor force if older North Central Texans retire at or before traditional retirement ages.

While population growth often brings economic benefits, these benefits are not always evenly distributed. Those who are financially secure may enjoy a wide range of economic and social benefits, but individuals with low incomes are often left behind. An analysis of housing options

underscores this disparity, showing that the region's older adults with greatest economic need may struggle to keep a roof over their heads, despite a flurry of homebuilding activity.

In late 2025, housing starts in the North Central Texas area were dominated by Class A luxury units, reflecting a focus on high-end development. At the state level, there remained only 25 affordable housing units for every 100 households in need. None of the public housing authorities in the North Central Texas service area was accepting applications for housing vouchers in late 2025, and the average wait for an affordable unit was more than two years.

Older North Central Texans in need of assisted living had 290 facilities from which to choose in late 2025. However, all but seven were private-pay only. Even among these seven facilities, the number of Medicaid-designated beds was limited. Similarly, the region offered 64 retirement communities, including continuing care retirement communities, but only one participated in Medicaid. Further, this community reserved its few Medicaid beds for current residents who had depleted their savings.

In addition to uneven benefits, robust growth presents challenges related to urbanization and infrastructure needs. It fuels demand for transportation, housing, water supply, and public services that may exceed available resources. Further, such rapid growth often exacerbates air quality issues, with the region already facing difficulties in meeting federal standards. This growth also intensifies congestion on major transportation arteries, contributing to persistent gridlock and further straining the region's infrastructure.

Advisory Council Composition

The Regional Aging Advisory Committee (RAAC) is structured to ensure representation from each of the 14 counties within its PSA, with each county entitled to two seats. When all vacancies are filled, RAAC consists of 28 members.

Preference for committee membership is given to older adults, who must comprise at least half of all members. Additionally, the committee is encouraged to include representatives of older persons, health care provider organizations, and/or supportive service provider organizations; persons with leadership experience in the private and voluntary sectors; local elected officials; and the general public.

The Director of Aging Programs is charged with securing nominations for RAAC membership and presenting them to the NCTCOG Executive Board for approval. Nominations are first sought from county judges, who have the right to first refusal. If county judges do not provide nominees, the Director conducts outreach to NCTAAA subrecipients (e.g., providers of home-delivered meal services) and solicits recommendations from NCTAAA staff.

The NCTCOG's Executive Board reviews all nominations and makes appointments. The Board takes action at least annually to appoint new members and approve the slate of RAAC officers, who serve one-year terms with the option to serve up to two years in the same role. Additional appointments are made as needed to fill vacancies.

After RAAC members are appointed, the Director of Aging Programs screens them for conflicts of interest, conducts new member orientation, and serves as their primary staff contact. The Director also collaborates with the committee chair to develop the agendas for quarterly meetings and facilitates those meetings. Since the 2020 public health emergency, RAAC meetings have been conducted virtually.

RAAC members' primary responsibilities include assisting the NCTAAA in developing and implementing this area plan, advocating for the interests of older persons and family caregivers, and providing feedback on policies that impact older North Central Texans. In addition, the NCTAAA invites RAAC members to assist with local outreach.

As of February 2026, all counties within the NCTAAA PSA had representation by at least one member. However, two counties (Erath and Wise) had only one representative, leaving one seat unfilled at the county level and two seats at the regional level.

Stewardship & Oversight

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

The NCTAAA establishes policies and procedures to ensure that Older Americans Act (OAA) programs are administered in full compliance with federal and state requirements. In doing so, it acts as a good steward of OAA funds that are entrusted to its care. The agency leverages the extensive tenure and expertise of its key staff, who possess deep understanding of relevant rules and regulations. Further, the NCTAAA benefits from the support of NCTCOG administrative staff, who provide technical assistance and oversight without charging their time directly to the OAA.

The NCTAAA's commitment to positive stewardship is reflected in its efforts to maintain strong administrative and fiscal controls, perform quality assurance activities, uphold consumer rights, and diversify revenue streams to expand program impact. The following are specific actions the NCTAAA takes relative to each category of positive stewardship.

Administrative and Fiscal Controls

The NCTAAA ensures strong administrative and fiscal controls by maintaining exceptionally experienced staff and implementing policies that are grounded in a deep understanding of federal and state requirements.

The NCTAAA experiences minimal turnover, most often related to retirement, resulting in highly tenured staff. Senior Case Manager Angela Powell and Director of Aging Programs Doni Green have served in their roles since 1996. Across the NCTAAA, all managers' tenure ranges from 10 to 27 years, while case managers have between three years to 29 years of experience, reflecting a wealth of institutional knowledge.

NCTCOG employs an interdisciplinary approach to grant management, ensuring that key program staff possess a working knowledge of grant management procedures. For example, Doni Green has completed a two-day intensive on 2 CRF 200. Similarly, NCTCOG expects its fiscal staff to maintain a high-level understanding of programmatic requirements, ensuring seamless coordination between fiscal and programmatic operations.

The NCTAAA benefits from being part of a large Council of Governments, with more than 400 employees, and having access to an administrative team of more than 50 professionals. Among these, two administrative employees—the Fiscal Manager, Shanda Palacio, and Senior Accountant, Thanh- Dai Vo—charge their time directly to the NCTAAA. Their work includes developing OAA budgets, requesting reimbursement from HHSC, issuing reimbursement to NCTAAA subrecipients and contractors, preparing fiscal reports, and working with NCTAAA program staff to reconcile fiscal and program data. In addition to administrative staff who charge their time to the OAA, several other NCTCOG administrative staff provide critical support to NCTAAA functions, either without charging their time to the OAA or allocating a nominal portion of their time through NCTCOG's indirect rate. Key administrative staff with active engagement include:

- NCTCOG Controller (Maggie Lira): Supervises the Fiscal Manager, reviews and approves budgets and requests for reimbursement, participates in all subrecipients' rate-setting and performs testing of subrecipients' expenses to verify expense data, contributes to the Subrecipient Pre-Award Risk Assessment scoring and development of mitigating controls, reviews subrecipient monitoring reports, and performs other fiscal functions on an as-needed basis.
- NCTCOG General Counsel (Ken Kirkpatrick): Reviews legal documents (e.g., subrecipient agreements, amendments, extensions, and Calls for Projects) and provides legal advice on an as-needed basis.
- NCTCOG Assistant Counsel (James Powell): Reviews all Executive Board resolutions.
- NCTCOG Procurement Team (Craigan Johnson, Brent Moll, and Christopher Calhoun): Leads fair, open, and competitive procurements for all contract expenditures of $100,000 or more, helps obtain competing bids for expenditures of less than $100,000, provides procurement-related technical assistance, coordinates proposal review, and prepares and issues contracts, as authorized by the NCTCOG Executive Board.
- NCTCOG Compliance Staff (attorney Lisa Rascoe): Serves as the Title VI Coordinator, coordinating departments' nondiscrimination policies under Title VI of the Civil Rights Act, and investigates all ethics-related complaints.

- NCTCOG Human Resources Staff (Carmen Morones, Marcos Nunez, Amy Cornell, Denise Brown-Anderson, and Fran Lacey) support recruitment, employee training and professional development, and personnel-related matters.

The NCTAAA documents its programmatic and fiscal policies in writing and amends them as necessary to reflect changes in federal or state guidance. It also develops procedures that describe specific steps required to implement these policies effectively. During Fiscal Year 2025, the NCTAAA underwent an administrative policy review that resulted in no findings. Key policies, including those related to gathering consumer satisfaction data, collecting and reporting program income, assessing subrecipient risk, conducting subrecipient monitoring, and ensuring subrecipients have sufficient outreach plans, were reviewed by HHSC and found to be compliant.

Quality Assurance Activities

The NCTAAA implements the following measures to ensure that its services are administered in compliance with federal and state requirements.

- **Staff Training and Knowledge:** All staff are required to be familiar with relevant provisions of the Older Americans Act, Texas Administrative Code, OAA Handbook, HHSC Desk Guide, and program-specific requirements.
- **Client Satisfaction Surveys:** The NCTAAA regularly collects satisfaction data from clients, utilizing program-specific tools. It surveys 100% of participants in its Care Coordination, Caregiver Support Coordination, Evidence-Based Intervention, Instruction and Training, Caregiver Training, and Caregiver Information Services. For all other services, whether provided directly by NCTCOG or through subrecipients, it conducts a statistically valid random sample. It uses feedback gathered to provide insight into provider-specific issues, identify trends, resolve concerns, and guide program improvements.
- **Subrecipient Risk Management**: Before entering into agreements with subrecipients, the NCTAAA conducts the Subrecipient Pre-Award Risk Assessment Survey, develops mitigating controls as necessary, and provides training and technical assistance. It conducts regular desk reviews and on-site reviews at least once during the agreement period of performance. If it identifies compliance issues, it may require subrecipients to develop and implement corrective action plans, receive targeted technical assistance, and/or undergo more detailed monitoring.
- **Data Management and Oversight**: To ensure accurate and compliant data management, the NCTAAA supports a database administrator and employs a database specialist. The specialist is responsible for entering client data into the statewide

database for subrecipients and contractors without direct access; auditing Care Coordination and Caregiver Support Coordination cases to ensure all required documents have been completed; running special reports of direct and pass-through services to flag any missing data or potential eligibility violations (e.g., consumer age of less than 60); and reconciling programmatic data with expenditure data. In early 2026, it was preparing to onboard a temporary employee who will assist with the conversion from WellSky to PeerPlace and provide back-up to the three NCTCOG staff who have data management responsibilities.

These quality assurance activities reflect NCTAAA's commitment to maintaining high standards of service delivery, compliance, and continuous improvement.

Consumer Rights

Clients of all registered services (including Home-Delivered Meals, Congregate Meals, Demand-Response Transportation, Care Coordination, Caregiver Support Coordination, and Legal Assistance) receive written notice of their Participant Rights and Consumer Rights. If clients have questions or believe their rights have been violated, they are directed to contact the NCTAAA program director. The director or her designee is responsible for investigating complaints, communicating the outcomes to clients, and reporting complaints to HHSC as required.

Additionally, all NCTAAA direct service staff receive training on elder abuse, neglect, and exploitation, as well as their mandatory reporting requirements under Texas Human Resources Code 510.46. This ensures staff are equipped to recognize and respond appropriately to any concerns regarding client safety and well-being.

Diversified Revenue

As the gap between OAA funding and demand has grown, the NCTAAA has been diligent in seeking and securing other revenue sources. Discretionary grants that have been awarded to the NCTCOG for the benefit of the Aging program include the following:

- **Aging and Disability Resource Center (ADRC) Grant,** awarded by HHSC in Fiscal Year 2025, with options to renew for up to four consecutive years. This funding supports two Information and Benefits Specialists who provide information and referral specific to

long-term services and supports; help arrange community-based services for those preparing for discharge from hospitals, rehabilitation facilities, and nursing facilities; and provide information about affordable, integrated, and accessible housing. ADRC staff provide back-up to the NCTAAA Information, Referral, and Assistance staff.

- **Grants to Increase Local Dementia Support (GILDS)**: The GILDS grant was awarded by the Texas Department of State Health Services during State Fiscal Year 2025, with option to renew for up to four consecutive years. GILDS funding enables the NCTAAA to maintain three dementia-capable staff who provide information, referral, training, and consultation to people living with dementia and their family caregivers.
- **Alzheimer's Disease Programs Initiative Community Health Worker Grant:** Awarded in October 2025, this cooperative agreement has a three-year period of performance. Funding allows the NCTAAA to conduct dementia training for community health workers, screen older persons for possible dementia, make referrals for accurate diagnosis, screen both persons living with dementia and their family caregivers for depression, and provide dementia-capable counseling to people living with dementia and their family caregivers.
- **Managed Care Organizational Contracts:** The NCTAAA has contracts with Molina Health Care, United Healthcare of Texas, and WellPoint to assist their members residing in nursing homes with transition back to community living.
- **Veterans Administration Contract:** Through this contract, the NCTAA serves as an Aging and Disability Network Agency, implementing the Veteran Directed Care program across the 14-county service area.
- **Better Business Bureau Grant:** These funds allow the NCTAAA to provide Senior Medicare Patrol services and educate beneficiaries about preventing, detecting, and reporting fraudulent Medicare activity.
- **WellMed Charitable Foundation Grant**: This grant supports the NCTAAA's delivery of evidence-based programs, including A Matter of Balance and Tai Chi for Arthritis and Fall Prevention.

Key Topic Areas

***Reference:* 45 CFR 1321.65(b)(5), 45 CFR 1321.65(b)(2), & 45 CFR 1321.65(c)**

The NCTAAA invests Older Americans Act and Texas Health and Human Services Commission funds in the following services.

Core Program Area 1: Supportive Services

"Supportive services" are defined as those funded by the Older Americans Act Title III-B. The NCTAAA proposes to support the following services with these funds during the planning period:

- **Area Agency Administration**: NCTAAA staff persons Christine Tran, Doni Green, Dena Boyd, Diane McCoy, Roger Williamson, Dai Vo, and Shanda Palacio provide essential administrative support functions, as described in HHSC's "Service Definitions for Area Agencies on Aging." These include advocating for older people in the service area (Green), evaluating regional strengths and local resources (Green), identifying service gaps (Green), developing and implementing an area plan (Green), procuring services funded with federal and state funds (Green, in coordination with NCTCOG's procurement team), negotiating and managing contracts (Green and Palacio), processing contractor invoices (Tran, Williamson, and Vo), reporting (Boyd, McCoy, Williamson, Vo, and Palacio), reimbursing subrecipients (Vo and Palacio), accounting (Vo and Palacio), auditing (Palacio), monitoring (Palacio and Green), and quality assurance (Green, Palacio, Boyd, and McCoy). Other essential duties include providing technical assistance to subrecipients (Green) and ensuring that in-house and pass-through services form a coordinated network (Green).
- **Care Coordination:** NCTAAA staff members Cathy Stump, Kim Marckmann, Marsha Hayford, and Angela Powell provide Care Coordination services to clients in their assigned counties. In addition, contractors Kim Morgan and Jayne Doyle provide back-up if referrals exceed staff capacity.

  HHSC defines Care Coordination as "a service to assess the needs of an older person and effectively plan, arrange, coordinate, and follow up on services which most appropriately meet the identified needs, as mutually defined by the older person, the [care coordination] staff, and where appropriate, a family member or other caregiver."

As the NCTAAA prepares to enter the Fiscal Years 2027-2029 planning period, it has structured its Care Coordination program as a three-month intervention. Staff and contract case managers assess the needs of older adults and arrange short-term services that support clients' goals. Subject to funding availability, they use Title III-B funds to purchase services, including emergency response, residential repair, health maintenance, homemaker services, personal assistance, and transportation. They also work to identify and arrange services that may provide ongoing assistance.

Since the NCTAAA consistently has greater demand for Care Coordination (and services authorized through Care Coordination) than its funding allows, it has developed targeting criteria consistent with the Older Americans Act (OAA). The OAA specifies specific populations who should receive priority for services, including older adults with greatest economic need, greatest social need, and frailty. The NCTAAA has developed indicators for each population and developed screening criteria that give them priority consideration.

As of January 2026, the screening criteria are as follows. To receive Care Coordination services, a person must be age-eligible and meet at least 4 of the 5 screening criteria.

- Low income, no more than 150% of the poverty level ($1,995 per month for a single individual and $2,705 per month for married couples);
- Difficulty with three or more daily activities (i.e., getting out of bed or a chair, walking, dressing, bathing, eating, grooming, and toileting);
- Recent stay in a hospital, emergency department, rehabilitation facility, or skilled nursing facility;
- Severe health condition, with need for regular assistance; and
- Absence of support from family or friends .

- **Data Management:** HHSC defines Data Management as "activities directly related to data entry and reporting for services not directly provided by the AAA." In addition, it includes "validation of complete and accurate data in the HHSC statewide system." The NCTAAA has two staff members who charge a small percentage of their time to Data Management. The Aging Database Administrator (Dena Boyd) trains subrecipient employees to conduct data entry, validates data they enter into the statewide database, and prepares annual and quarterly performance reports. The Aging Data Program Specialist (Diane McCoy) enters subrecipients' and contractors' data into the statewide

database and performs quality assurance activities in support of annual and quarterly reporting to HHSC.

- **Emergency Response:** Emergency Response Services provide homebound older adults with automatic monitoring systems that link to emergency medical services. These services are authorized on a temporary basis through Care Coordination and Caregiver Support Coordination Services. The systems are installed and monitored by one or more competitively procured contractors, as authorized by the case manager.
- **Evidence-Based Intervention.** Title III-B funds are used to expand preventive health services, supplementing limited Title III-D funds. For more details, please refer to the section entitled "Core Program 3: Evidence-Based Prevention and Health Promotion Services."
- **Health Maintenance:** NCTAAA case managers may authorize Health Maintenance services based on client needs identified through assessments for Care Coordination and Caregiver Support Coordination services. As defined by HHSC's Service Definitions, these services are broad in scope and may include medical treatment by health professionals, health education and counseling, home health services, and provision of medications, nutritional supplements, glasses, dentures, hearing aids, or other devices necessary to promote or maintain the health or safety of the older person. Frequently authorized items include incontinence supplies, durable medical equipment (e.g., elevated toilet seats, transfer benches, shower chairs), and grab bars. To ensure compliance with HHSC guidelines and maintain cost efficiency, the majority of these goods are procured through a competitively selected contractor, McKesson.
- **Homemaker Services (including Homemaker Voucher):** As defined by HHSC, Homemaker Services are "provided by trained and supervised homemakers involving the performance of light housekeeping tasks and home management tasks including meal preparation, escort, and shopping." NCTAAA case managers may authorize these services based on identified client needs. Clients are given the option of utilizing one of the NCTAAA's competitively procured provider agencies or selecting their own provider, subject to a few restrictions. They include paying oneself, paying a relative who lives in the home, and/or paying someone who does not have authorization to work in the U.S.

  To ensure comprehensive service delivery, the NCTAAA conducts competitive procurement to establish a comprehensive network of Homemaker provider agencies. As of early 2026, each county in the service area had coverage by at least three agencies, allowing clients opportunities for choice.

- **Income Support:** As outlined by HHSC, Income Support is defined as "assistance in the form of payment to a third-party provider for services or goods that support the basic needs of the person, on behalf of an older person or his/her caregiver." This service is available to clients of the Care Coordination and Caregiver Support Coordination who are experiencing financial hardship and require assistance with essential needs. The most frequently provided form of support is assistance with utility bills, with a maximum benefit of $500 per client. In less common instances, the NCTAAA may make payment directly to health care professionals for services rendered to clients who are uninsured or under-insured.
- **Information, Referral, and Assistance:** This service involves a comprehensive process to address callers' needs. It includes assessing the caller's situation, identifying organizations capable of meeting those needs, and providing sufficient information about each organization to help inquirers make an informed choice. Staff members follow up with a random sample of callers to determine whether the referrals were appropriate and services were received.

  The NCTAAA relies on one staff person (Kiowanda Jasso) to provide Information, Referral, and Assistance Services. She is supported by two staff members from the Aging and Disability Resource Center. Additionally, most NCTAAA employees participate in this effort by serving as "phone buddies" at least one day per month, fielding incoming calls to help ensure callers get timely responses.
- **Instruction and Training:** Per HHSC service definitions, Instruction and Training activities "provide experience or knowledge with older people to acquire skills in formal or informal individual or group settings."

  These activities are an essential part of NCTAA's efforts to support older adults and caregivers. NCTAAA provides Instruction and Training as both a direct service and a pass-through service, working with subrecipients who applied for funding through a 2021 Call for Projects. The resulting multi-year agreements will terminate on September 30, 2026. The NCTAAA plans to issue a new Call for Projects in Spring 2026 and execute agreements for services during Fiscal Years 2027-2031.
- **Legal Assistance:** Please refer to the section entitled "Core Program 5: Legal Assistance" below for a detailed description of NCTAAA legal assistance activities.
- **Legal Awareness:** Please refer to the section entitled "Core Program 5: Legal Assistance" below for a detailed description of legal awareness activities.

- **Ombudsman:** Please refer to the section entitled "Core Program 6: Ombudsman Services" for a detailed description of ombudsman activities.
- **Personal Assistance Services:** Case managers may authorize these services for older clients who need assistance with at least three activities of daily living (i.e., transferring from bed or chair, walking, bathing/showering, dressing, grooming, toileting, and feeding). They provide essential support with tasks that individuals would typically perform independently if able.

  To meet client needs, NCTAAA case managers may authorize the service through one of the NCTAAA's 14 provider agencies. All provider agencies are required to submit applications through a Request for Proposals (RfP) process. Responsive proposals are reviewed and recommended for funding by NCTCOG reviewers, and the NCTCOG Executive Board must take action if the lifetime value of all contracts under the RfP exceeds $100,000.
- **Public Information Services:** This service is intended to increase awareness about resources and services for older adults and their caregivers. Per the HHSC Service Definitions, activities include sharing information at senior fairs, distributing publications, answering questions, and launching targeted mass media campaigns, including targeted internet-based outreach.

  To support these efforts, NCTAAA contracts with Sheryl Ross, who develops and distributes a monthly eblast, promoting services. The director is also charged with making at least monthly updates to the website, located at: https://nctcog.org/aging-services, and uses analytics to track and report visitor activity as part of programmatic reporting. Additionally, NCTAAA staff who attend health and information fairs may charge their time and travel to Public Information Services and report their activity accordingly.
- **Residential Repair:** HHSC defines Residential Repair Services broadly as "repairs or modifications of a dwelling occupied by an older person that are essential for the health and safety of the older person." Due to funding limitations, the NCTAAA focuses almost exclusively on accessibility-related modifications.

  NCTAA case managers may authorize residential repairs for clients in the Care Coordination and Caregiver Support Coordination programs. Two competitively procured contractors carry out these repairs and typically include projects such as installing wheelchair ramps, widening bathroom doorways, and installing grab bars and handrails. The process begins with the case manager determining the scope of work, which is

documented in a Residential Repair Agreement. The client must sign the Agreement before work is initiated. Once the work is completed, clients are asked to sign a Certification of Successful Residential Repair Completion to confirm their satisfaction with the repair.

All contractors are selected through a Request for Proposals process. They are required to have a working knowledge of Americans with Disabilities Act design standards and must document their work with "before" and "after" photos to ensure compliance with the defined scope of work.

- **Transportation (Demand Response):** Demand Response transportation provides older adults with scheduled rides from specific origins to specific destinations, tailored to their individual needs. Rides must be scheduled in advance.

  In 2024, the NCTAAA conducted a Call for Projects to establish a network of nine subrecipients to provide transportation services. Collectively, these subrecipients serve 12 of 14 counties in the North Central Texas service area. During the most recent Call for Projects, no entities applied to serve Johnson County, although the City of Cleburne serves as the public transportation provider and assists older Johnson County residents. Similarly, the NCTAAA did not funding proposals for service in Navarro County, although Community Services, Incorporated continues to provide public transportation for county residents.

  Fiscal Years 2027 - 2029 Transportation subrecipients and their service areas are Meals on Wheels of Collin County (Collin County); SPAN (Denton County); STAR Transit (Ellis, Kaufman, and Rockwall Counties); Erath County Senior Citizens Services, Inc. (Erath County); Hood County Committee on Aging (Hood County); Senior Center Resources and Public Transit (Hunt County); Public Transit Services, Inc. (Palo Pinto and Parker Counties); Somervell County Committee on Aging (Somervell County); and Wise County Committee on Aging (Wise County).

  Transportation subrecipients are required to serve their entire counties and may provide out-of-county transportation as their resources allow. In addition, the NCTAAA contracts with The Transit System to provide transportation to residents of Hood and Somervell Counties who require travel out of county for critical healthcare services. Such transportation must be authorized by an NCTAAA case manager.

<u>Core Program 2: Nutrition Services—Congregate Meals, Grab and Go Meals, and Home Delivered Meals</u>

The NCTAAA utilizes Title III-C funds to support the following nutrition services that promote health, social engagement, and independence for older adults:

- **Congregate Meals:** As defined by HHSC, Congregate Meals are "a hot or other appropriate meal served to an older person who is eligible in a congregate setting (e.g., community centers, schools, restaurants, faith-based locations, and other community gathering places)." Beyond providing nutritious meals, these programs offer opportunities for social engagement, learning, and volunteering.

  To deliver these services, the NCTAAA conducted a Call for Projects in 2024 to establish a network of Congregate Meal subrecipients. As of January 2026, its subrecipients are Meals on Wheels of Collin County (Collin County), SPAN (Denton County), Hood County Committee on Aging (Hood County), Senior Center Resources and Public Transit (Hunt County), Senior Connect (Kaufman County), Parker County Committee on Aging (Parker County), Meals on Wheels Senior Services (Rockwall County), Wise County Committee on Aging (Wise County), and Meals on Wheels of Tarrant County (serving eligible people in North Central Texas counties who travel to Tarrant County senior centers).

  In total, the NCTAAA funds Congregate Meal Services in 9 of its 14 counties. As of January 2026, Ellis, Erath, Johnson, Navarro, and Palo Pinto Counties did not have meal sites. However, Meals on Wheels North Central Texas was working to open a site in Keene (Johnson County), anticipated to open in early 2026.

  Congregate Meal subrecipients are responsible for all aspects of program delivery, including assessing the needs of prospective participants, preparing and serving meals, and reporting programmatic activity. Some subrecipients provide congregate meals directly, while others partner with subcontractors, such as local governments that manage meal sites. The NCTAAA actively monitors subrecipients for compliance with program requirements and provides technical assistance to ensure high-quality service delivery.
- **Congregate Meals-Grab and Go:** Since October 2025, HHSC has allowed the provision of Congregate Meals through a "grab and go" model. This model enables age-eligible participants (i.e., those who are at least 60 years of age and/or are married to someone who's at least 60 years of age) to pick up meals or have them delivered for off-site consumption. To maintain the program's social engagement goals, participants must

receive an in-person, phone, or virtual live interaction, ideally occurring when the meal is being consumed.

As of December 2025, five subrecipients had chosen to participate or were considering participation in the grab-and-go model. They consist of SPAN (Denton County), Meals on Wheels of Palo Pinto County (Palo Pinto County), Meals on Wheels North Central Texas (Ellis, Johnson, and Navarro Counties), Meals on Wheels Senior Services (Rockwall County), and Somervell County Committee on Aging (Somervell County).

Since the NCTAAA pays for all eligible meals that are served through the traditional model (having all participants attend a congregate site during mealtime) introducing the grab-and-go model will not detract from Congregate Meals. Rather, grab-and-go meals will complement the traditional approach by enabling subrecipients to serve a wider range of participants, including those who are unable or prefer not to visit a congregate site.

All nutrition subrecipients are contractually required to create and implement outreach plans that target older adults with the greatest economic need and social needs. In addition, they bear responsibility for developing policies and procedures, consistent with HHSC guidance, and communicating to the public about the initiative.

NCTAAA will monitor subrecipients who implement the grab-and-go model, ensuring the programs meet all HHSC requirements, including providing face-to-face or virtual socialization. Additional oversight measures include requiring subrecipients to conduct participant satisfaction surveys; conducting its own satisfaction survey; and ensuring that no more than 25% of all congregate meal expenses are allocated to grab-and-go meals.

- **Home-Delivered Meals:** HHSC defines Home-Delivered Meals as "hot, cold, frozen, dried, canned, fresh or supplemental food (with a satisfactory storage life), delivered to an eligible person in his/her place of residence." Generally, eligible participants must be at least 60 years of age, though spouses of any age and Home-Delivered volunteers may also participate.

  In Spring 2024, the NCTAAA launched a Call for Projects to establish a network of 12 Home-Delivered Meal subrecipients, ensuring coverage across the entire 14-county Planning and Service Area. The resulting agreements are in effect from Fiscal Years 2025 through 2029.

Home-Delivered Meal subrecipients and their coverage areas are as follows: Meals on Wheels of Collin County (Collin County), SPAN (Denton County), Meals on Wheels North Central Texas (Ellis, Johnson, and Navarro Counties), Erath County Senior Citizens Services, Inc. (Erath County), Hood County Committee on Aging (Hood County), Senior Center Resources and Public Transit (Hunt County), Senior Connect (Kaufman County), Meals on Wheels of Palo Pinto County, Inc. (Palo Pinto County), Parker County Committee on Aging (Parker County), Meals on Wheels Senior Services (Rockwall County), Somervell County Committee on Aging (Somervell County), and Wise County Committee on Aging (Wise County),

Under their agreements, subrecipients are responsible for all aspects of service delivery, including conducting program outreach, assessing clients for eligibility, preparing and serving meals, and reporting program activity. The NCTAAA supports subrecipients by providing training and technical assistance, negotiating unit rates, processing reimbursements, performing quality assurance, and conducting program monitoring to ensure compliance and effectiveness.

- **Nutrition Education:** All NCTAAA nutrition subrecipients are required to provide Nutrition Education Services to participants of the Congregate Meal and Home-Delivered Meal programs. According to HHSC Service Definitions, Nutrition Education is defined as "the provision of information to an older person to promote nutritional well-being and to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior."

  To support its subrecipients, the NCTAAA conducted a Request for Proposals (RFP) for development of a Nutrition Education curriculum. A Texas AgriLife dietitian was awarded a contract to develop a comprehensive nutrition education curriculum and participant handouts. Subrecipients have the option to use the curriculum but are not obligated to do so. If they choose to use the curriculum, they must complete online training.

  The AgriLife curriculum is designed to align with the Determine Your Nutritional Health assessment tool, which consists of 10 targeted questions. For each positive response, the assessor provides the participant with a fact sheet addressing the specific topic (e.g., eating alone or managing multiple medications) and engages in a discussion to address any concerns the participant may have.

  The NCTAAA offers subrecipients flexibility in how they manage the costs of providing Nutrition Education. Subrecipients may choose to be reimbursed for Nutrition

Education as a separate service or include its costs in the calculation of unit rates for Congregate Meals and Home-Delivered Meals. Regardless of the reimbursement methodology, all subrecipients are required to provide at least one annual nutrition education session and document the delivery of this service accordingly.

- **Participant Assessment:** Participant Assessment involves "activities directly related to the initial assessment and required reassessment of an older person for congregate and home-delivered meals." This service includes completing all forms necessary to determine eligibility, including the Participant Intake, Consumer Needs Evaluation (CNE) for Home-Delivered Meal participants, Determination of Meal Type for Home-Delivered Meal participants who receive meals that are not hot, and Determine Your Nutritional Health for all Congregate and Home-Delivered Meal participants. Participants receiving ongoing services must be reassessed at least annually, within 30 days of their anniversary dates.

  The NCTAAA offers subrecipients flexibility in managing the cost of Participant Assessment Services. Subrecipients may choose to be reimbursed separately for Participant Assessment Services or include assessment costs in the unit rates for Congregate Meal and Home-Delivered Meal services. Regardless of the reimbursement methodology, all subrecipients are contractually obligated to either gather or procure the necessary participant assessment data and ensure it is available for review upon request by NCTCOG. As part of its oversight responsibilities, NCTCOG conducts on-site reviews of subrecipients, examining a random sample of client files for completeness and accuracy. Additionally, NCTCOG utilizes special reports to identify active participants who have not undergone an assessment in over 12 months, ensuring compliance with program requirements.

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

An evidence-based program is one that has been scientifically tested and proven effective through rigorous research and evaluation. These programs rely on empirical evidence—data collected from controlled studies, peer-reviewed research, or systematic evaluations—to demonstrate that they have achieved their intended outcomes. In Texas, evidence-based programs supported by Older Americans Act funds must be approved by HHSC.

The NCTAAA receives less than $200,000 per annum in Title III-D funds to support its suite of seven evidence-based programs. Driven by its strong commitment to preventive health, the

NCTAAA supplements Title III-D funds with Title III-B funds and local cash contributions (e.g., a WellMed fall prevention grant) to expand the programs' reach.

The NCTAAA allocates Title III-D and Title III-B funds to support the following evidence-based programs.

- **A Matter of Balance (AMoB):** AMoB consists of eight consecutive two-hour workshops for small groups of older adults. Developed by Maine Health, the curriculum focuses on overcoming the fear of falling and taking proactive steps to avoid falls. The program is coordinated by staff member Kim Mathis and supported by approximately 20 volunteers, including Texas AgriLife staff and Master Wellness Volunteers, as well as staff of Texas Health, Medical City, and Methodist hospital systems.
- **Chronic Disease Self-Management Program (CDSMP):** The Chronic Disease Self-Management Program is designed to help older adults manage ongoing health conditions and improve their overall quality of life. Developed by Stanford University, the program consists of six 2.5-hour workshops that encourage interactive discussions and activities. Participants learn practical skills such as managing medications, eating healthily, reducing stress, communicating effectively with healthcare providers and family members, and evaluating new treatments. The program also supports participants in creating personalized action plans to address their specific health goals.

  The program is coordinated by Kim Mathis and supported by seven volunteers, including AgriLife staff, Master Wellness Volunteers, and Texas Health staff. Workshops are led by two lay leaders who have completed at least 24 hours of pre-service training to ensure effective facilitation and participant engagement.
- **Chronic Pain Self-Management Program (CPSMP):** The Chronic Pain Self-Management Program is a specialized adaptation of the Chronic Disease Self-Management Program, designed to help older adults manage chronic pain effectively. The program consists of six 2.5-hour workshops for small groups, focusing on strategies to improve quality of life despite ongoing pain. The program is coordinated by Kim Mathis and supported by two volunteers, including AgriLife agents, Master Wellness Volunteers, and Texas Health staff. Workshops are facilitated by two lay leaders who have completed the Chronic Disease Self-Management Program training, along with an additional 9-11 hours of crossover training specific to chronic pain management.
- **Diabetes Self-Management Program (DSMP):** The Diabetes Self-Management Program is a specialized adaptation of the Chronic Disease Self-Management Program,

tailored to help older adults manage diabetes and improve their overall health. It consists of six 2.5-hour workshops that provide participants with tools and strategies to manage their condition effectively. The program is coordinated by Kim Mathis and supported by four volunteers. Workshops are facilitated by two lay leaders who have completed the Chronic Disease Self-Management Program training, along with an additional 9-11 hours of diabetes-specific crossover training.

- **Tai Chi for Arthritis and Fall Prevention (TCAFP):** TCAFP is designed to help older adults, with or without arthritis, reduce pain, improve balance, and strengthen muscles, thereby lowering the risk of falls. Additional benefits include enhanced relaxation, vitality, posture, and immune system function. The program consists of 16-20 one-hour classes, which can be held twice a week for 8-10 consecutive weeks or once a week for 16-20 weeks, offering flexibility to meet participants' needs.

  The program is coordinated by Kim Mathis and supported by four volunteers. All instructors, including staff and volunteers, are required to complete at least 40 hours of pre-service training and practice to ensure high-quality instruction and participant safety.
- **Program to Encourage Active, Rewarding Lives (PEARLS):** Developed by the University of Washington, the PEARLS program provides supportive counseling to older adults experiencing depression or persistent sadness. The program consists of seven one-on-one sessions, delivered face-to-face and/or or virtually. It focuses on helping participants develop plans to engage in meaningful activities that enhance their well-being.

  The NCTAAA department director manages referrals for the program, ensuring that participants meet inclusion criteria, including having symptoms of depression, no active suicidal ideation, cognitive capacity to engage in action planning, and willingness to participate. Eligible individuals are referred to the program's competitively procured counselor, Dr. DeWanda Harris Trimiar, who delivers the intervention. To maintain program fidelity, Harris Trimiar undergoes monthly supervision provided by the Women's Center of Tarrant County.

  In Summer 2025, the NCTAAA applied for and was awarded one of five nationwide grants from the Administration for Community Living (ACL) to expand the PEARLS program. Through ACL's Alzheimer's Program Disease Initiative, the NCTAAA will adapt the PEARLS program to serve individuals living with early-stage dementia and their family caregivers. In collaboration with the program's developers at the University of Washington, the NCTAA will create a supplemental curriculum tailored to these

populations. Once finalized, the program will utilize community health workers, including Harris Trimiar, to screen older adults for dementia and depression, as well as caregivers for depression. Those who meet the program's criteria and agree to participate will be offered the adapted intervention.

The ACL grant, totaling $750,000 over three years, will enable the NCTAAA to pilot this innovative approach to providing dementia-capable counseling to two high-risk populations. Research indicates that up to 30% of individuals living with dementia and up to 60% of caregivers for family members with dementia experience depression, underscoring the critical need for this expanded program.

- **Resources for Enhancing Alzheimer's Caregiver Health (REACH-TX):** Established in 1995, the Resources for Enhancing Alzheimer's Caregiver Health (REACH) program is a unique, multisite research initiative sponsored by the National Institute on Aging and the National Institute on Nursing Research. It is designed to support informal caregivers of individuals with Alzheimer's disease by addressing their specific needs through tailored education and support. Trained interventionists conduct a comprehensive caregiver assessment to identify priority needs. Based on this assessment, they develop a personalized plan covering topics such as maintaining home safety, using social support effectively, managing stress and engaging in enjoyable activities, understanding and addressing emotions, communicating skillfully, relating memory problems to behaviors, and organizing legal and medical affairs. Additionally, all participants receive resources to further support their caregiving journey.

  The NCTAAA employs two REACH interventionists: Jamie Harwell, who works with English-speaking caregivers, and Isabel Maria, who works with Spanish-speaking caregivers. Their salaries, along with other program expenses, are primarily funded by non-OAA formula-based revenues. These include competitive grant funds from the Administration for Community and a five-year Grants to Increase Local Dementia Support (GILDS) grant, awarded by the Texas Department of State Health Services.

Core Program Area 4: Family Caregiver Support Services

To meet its administrative responsibilities and respond to regional needs, the NCTAAA has chosen to invest its Title III-E funds in the following programs.

- **Area Agency Administration**: Administrative efforts ensure effective management and oversight of Title III-E agreements. Staff responsibilities providing technical assistance to

subrecipients, entering subrecipient data into WellSky, reimbursing subrecipients, and conducting monitoring and other necessary oversight activities. These tasks are carried out by NCTAAA staff members Christine Tran, Doni Green, Dena Boyd, Diane McCoy, Roger Williamson, Dai Vo, and Shanda Palacio.

- **Caregiver Counseling**: This service is designed to support caregivers by improving their emotional well-being and assisting them in their decision-making and problem-solving. The NCTAAA currently has an agreement with Maurice Barnett Geriatric Wellness Center to provide caregiver counseling to eligible individuals, with the agreement set to terminate on September 30, 2026. In Spring 2026, the NCTAA will issue a Call for Projects and accept applications for Title III-E funded projects, including Caregiver Counseling. Multi-year agreements will be awarded to successful applicants, with services beginning on October 1, 2026.

  Additionally, the NCTAAA was awarded a competitive grant from the Administration for Community Living (ACL) in October 2025. The funding will allow the NCTAA to adapt the evidence-based counseling program known as Program to Encourage Active, Rewarding, Lives (PEARLS) to meet the needs of caregivers for family members with dementia who are experiencing depression. All program development and implementation costs will be covered by ACL.

- **Caregiver Information Services:** This service is defined by HHSC as providing for the "dissemination of accurate, timely, and relevant caregiver-related information through public group activities such as handing out publications, conducting group presentations, seminars, health fairs, and mass media."

  The NCTAAA has achieved distinction in the scope and quality of its Caregiver Information Services. Frequent presentations are delivered by staff members Jamie Harwell (Grant Manager) and Isabel Maria (Senior Case Manager) on topics including resources for family caregivers, respite programs for family caregivers, programs that consider family members as paid providers, managing caregiver stress, responding to dementia-related behaviors, and promoting brain health. These educational activities are supported by funding from HHSC, the Texas Department of State Health Services (through its Grants to Increase Local Dementia Support), and the Administration for Community Living (through its Alzheimer's Disease Programs Initiative Grant).

  In addition to supporting Caregiver Information Services directly, the NCTAAA allocates funding to subrecipients through a Call for Projects. During Fiscal Year 2026, subrecipients include the Alzheimer's Association—Dallas and Northeast Texas

Chapter, Alzheimer's Association—North Central Texas Chapter, James L. West Presbyterian Center for Dementia Care, Mascari Corporation, Meals on Wheels Senior Services of Rockwall County, and the Senior Source. A new Call for Projects will be launched in Spring 2026, with multi-year agreements, including Caregiver Information Services, taking effect October 1, 2026.

- **Caregiver Support Coordination**: The Caregiver Support Coordination program is designed to assess and address the needs of caregivers who meet specific screening criteria, ensuring they receive the support and resources necessary to manage their caregiving responsibilities. NCTAAA staff and contract case managers work closely with caregivers to develop written care plans that facilitate the purchase of short-term services from NCTCOG competitively procured contractors and other providers. Case managers also connect caregivers with ongoing support resources whenever available.

  Case managers arrange services at NCTCOG's expense, including Health Maintenance (usually consisting of the purchase of health-related goods and supplies, such as incontinence supplies and durable medical equipment that's not covered by insurance), Income Support (usually consisting of payment on utility bills), Respite Care, and Emergency Response.

  Through its Older Relatives program, the NCTAAA makes Caregiver Support Coordination Services available to caregivers who are at least 55 years of age and have primary custody of minors who are not their biological children. Custodial grandparents are the most common type of caregiver served through this program. In addition to authorizing standard Caregiver Support Coordination services, case managers may authorize funding for back-to-school clothing and supplies and provide respite care vouchers that can be used with daycare programs.

  To ensure services are directed to those with the greatest need, the Caregiver Support Coordination program prioritizes caregivers who live with the care receiver, are the sole source of support for the dependent family member, care for family members with severe disabilities, care for family members who have recently been hospitalized or received therapy in rehabilitation facility, and/or have limited income or care for dependent family members with limited income.

- **Caregiver Training:** As of Fall 2025, the NCTAAA supports one Caregiver Training program: Resources for Enhancing Alzheimer's Caregiver Health (REACH-TX). For a detailed program description, please refer to "Core Program Area 3: Evidence-Based

Disease Prevention and Health Promotion Program." Certified interventionists Jamie Harwell and Isabel Maria deliver this program.

In Spring 2026, the NCTAAA will issue a Call for Projects inviting applicants to submit proposals for Caregiver Training Services.

- **Emergency Response:** Through the Caregiver Support Coordinator program, NCTAAA staff and contract case managers may authorize the short-term rental of personal emergency response devices for eligible clients. For a detailed service description, please refer to "Core Program Area 1: Supportive Services." The NCTCOG utilizes competitively procured contractors to install and support the devices during the specified term of service. If clients qualify for Title XX services, funded by HHSC, case managers make appropriate referrals to ensure client needs are met after the term of service ends.
- **Health Maintenance:** NCTAAA staff and contract case managers may authorize the purchase of essential health-related goods and supplies for clients of the Caregiver Support Coordination program. These purchases are made at NCTCOG's expense. For more details on service definitions, common health maintenance purchases, and provider information, please refer to "Core Program Area 1: Supportive Services".
- **Income Support:** Through the Caregiver Support Coordination program, NCTAAA staff and contract case managers may assist caregivers by paying utility bills or making other essential purchases on the basis of documented client needs. For a detailed service definition and information on NCTAAA's service delivery system, please refer to "Core Program Area 1: Supportive Services."
- **Information, Referral and Assistance:** NCTAAA staff, particularly case managers who screen caregivers for Caregiver Support Coordination Services, provide Information, Referral and Assistance to family caregivers. For HHSC's service definition and details on the NCTAAA's delivery system, please refer to: "Core Program Area 1: Supportive Services."
- **Residential Repair:** NCTAAA staff and contract case managers may authorize Residential Repair Services for caregivers enrolled in the Caregiver Support Coordination program. For a detailed service definition and information on the NCTAAA's service delivery system, please refer to "Core Program Area 1: Supportive Services."
- **Respite In-Home:** Respite In-Home, as defined by HHSC, provides "temporary services for an eligible dependent care recipient to relieve the primary caregiver. These services are delivered in a caregiver's home or the care recipient's home on a short-

term, temporary basis when the primary caregiver is unavailable or needs relief. In addition to supervision, services may include meal preparation, housekeeping, assistance with personal care, and social and recreational activities." Per HHSC's service definitions, an eligible older care recipient must be unable to perform a minimum of two activities of daily living (e.g., transferring, walking, bathing/showering, dressing, grooming, toileting, and feeding) or require substantial supervision due to a cognitive or other mental impairment.

NCTAAA staff and contract case managers authorize Respite In-Home services based on the results of the HHSC Caregiver Assessment tool. Eligible caregivers are given two options for receiving respite care; they may choose a provider agency contracted with NCTCOG or select an individual or agency of their own choosing. Caregivers who select their own providers are considered the employers of record and responsible for negotiating the provider's rate of pay and work schedule. They are given broad flexibility in selecting paid providers, as long as they meet the following criteria: they are adults, do not live in the care recipient's home, and have legal authorization to work. Further, caregivers cannot reimburse themselves through the Respite program.

- **Respite Out-of-Home:** NCTAAA staff and contract case managers occasionally authorize Out-of-Home Respite Services for eligible clients of the Caregiver Support Coordination program. According to HHSC, this service is defined as "temporary respite services provided in settings other than the caregiver or care recipient's home, including activity and health services facility, senior center, or other non-residential setting (or, in the case of older relatives raising children, day camps) that allow the caregiver time away to do other activities and where an overnight stay does not occur." As with in-home respite, the older care recipient must meet eligibility criteria, which include being unable to perform at least two activities of daily living or requiring substantial supervision due to a cognitive or other mental impairment that causes behaviors that jeopardize health or safety.
- **Respite Out-of-Home Overnight**: NCTAAA staff and contract case managers may authorize Respite Out-of-Home Overnight services for eligible clients of the Caregiver Support Coordination program. This service is defined as "temporary respite services provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or, in the case of older relatives raising children, residential summer camps), in which the care receiver resides in the facility (temporarily) for a full 24-hour

period." Among all Respite Services administered by the NCTAAA, Out-of-Home: Overnight is the least requested and utilized.

When NCTAAA case managers determine that respite care is appropriate, they work with caregivers to identify the most appropriate type of respite care: In-Home, Out-of-Home, or Out-of-Home Overnight. They have the option of authorizing two or more types of respite care, although that does not increase the total amount of respite funding available to caregivers.

Core Program 5: Legal Assistance

The NCTAAA's Legal Assistance Programs are as follows:

- **HICAP (Health Insurance Counseling and Assistance Program) Assistance:** HICAP Assistance funds originate from the Centers for Medicare and Medicaid Services (CMS) and are passed through HHSC. They allow program staff to provide support to Medicare beneficiaries of all ages. Per HHSC's service definitions, HICAP Assistance involves "counseling or representation services provided by a non-lawyer such as certified benefits counselor, where permitted by law, to Medicare beneficiaries, family members, caregivers or others working on behalf of an eligible person." Eligible individuals include those already receiving Medicare benefits or preparing to receive them (i.e., are nearing eligibility age or receiving Social Security Disability benefits).

  NCTAAA's HICAP Assistance services are delivered by a team of four benefits counselors. Melinda Gardner (working manager), Leslie Kilton (full-time), Simon Manrrique (full-time), and Felecia Warner (part-time). To address the increased demand during Open Enrollment, the NCTAAA hires a temporary employee to help handle Medicare-related calls from mid-October to early December.

  These benefits counselors provide personalized counseling, screen Medicare beneficiaries for Medicare Savings Program and/or Low-Income Subsidy benefits, and assist presumptively eligible individuals in completing applications. They are supported by a small group of certified volunteer benefits counselors who assist clients over the phone and services face-to-face at benefits counseling clinics.
- **HICAP Outreach:** HICAP Outreach funds, allocated by CMS to HHSC, are distributed to all Texas Area Agencies on Aging, including North Central Texas. According to HHSC, this service "provides for the dissemination of accurate, timely, and relevant information eligibility criteria, requirements and procedures to Medicare beneficiaries and other

target audiences about Medicare, public entitlements when related to low-income assistance for healthcare affordability, health and long-term care insurance, individual beneficiary rights, and health insurance planning and protection options."

The NCTAAA team of four certified staff benefits counselors and nine volunteers deliver HICAP Outreach services. They are typically provided to groups, and the scope of work includes participating in a health or information fairs, making live presentations, and conducting virtual education on Medicare and related topics.

HICAP Outreach may also consist of providing general Medicare information to individuals without collecting identifying information.

- **Legal Assistance**: Per HHSC's service definitions, Legal Assistance involves advice or representation by an attorney or a benefits counselor for individuals aged 60 and over or their caregivers. Services may include advice or counseling, document preparation, and representation. Legal Assistance services may address issues specific to Medicare, although HICAP Assistance is the primary funding source in such cases. Additionally, Legal Assistance funds may be used to support older adults with public benefits (e.g., SNAP and Medicaid for the Elderly and Disabled), and consumer advocacy issues, such as unfair business practices and violations of renters' rights.

  The NCTAAA provides Legal Assistance as a direct service through its four staff benefits counselors. In cases requiring specialized legal expertise, the program manager (Melinda Gardner) may authorize consultation with attorneys on a fee-for-service basis. Due to limited Legal Assistance funds, attorney consultations are typically limited to permanency planning issues, such as preparation of advance directives, durable powers of attorney, and wills.

- **Legal Awareness:** HHSC defines Legal Awareness as "a service that provides for the dissemination of accurate, timely, and relevant information, eligibility criteria, requirements, and procedures to an older person about public entitlements, health and long-term services, individual rights, planning and protection options, and housing and consumer needs." Legal Awareness activity may include making group presentations and providing general information to individuals without collecting identifying information sufficient to complete a Participant Intake.

  The NCTAAA provides Legal Awareness as a direct service through its four staff benefits counselors and nine volunteers.

Core Program 6: Ombudsman Services

The HHSC defines Ombudsman activity as "services to protect the health, safety, welfare, and rights of residents of nursing facilities and assisted living facilities, including identifying, investigating, and resolving complaints that are made by, or on behalf of residents."

The North Central Texas Planning and Service Area presents unique challenges to the Ombudsman team due to its vast geography and number of facilities. It consists of 14 counties, spanning 11,154 square miles, with counties separated by the urban core of Dallas and Tarrant Counties. As of late 2025, it had 113 nursing facilities and 289 assisted living facilities, for a total of 402 facilities of all types. Per HHSC performance measures, all facilities require regular in-person visits—even in the absence of complaints—and more frequent visits as needed to address complaints.

The NCTCOG has demonstrated a strong commitment to the Long-Term Care Ombudsman, recognizing the critical need for advocacy in light of persistent quality-of-care issues. As of State Fiscal Year 2024, slightly more than one-third of all Texas facilities were assigned a one-star quality rating—the lowest rating of the five-star scale—or designated a Special Focus Facility (SFF), indicating persistent and serious deficiencies. Texas ranked 48th nationwide in overall facility quality ratings.

The NCTAAA supports the Ombudsman program with a dedicated team of seven staff members: a Managing Local Ombudsman (Tina Rider), five field-based Regional Staff Ombudsmen (Amy Soto, Rita Kruger, Mindy Brannon, Michlyn Vaughn, and Amanda Bonn), and an office-based program specialist (Lisa Walker) who responds to general ombudsman-related phone calls and emails, provides technical assistance to volunteers, enters volunteers' report data into the statewide program tracking system, and generates program reports.

Volunteers play a critical role in extending the reach of the Ombudsman program. As of late 2025, the NCTAAA had 29 Certified Volunteer Ombudsmen, all of whom completed extensive pre-service orientation and internships before being assigned to facilities in their area. However, volunteer recruitment has been hindered by budget cuts. In April 2025, the NCTCOG eliminated its staff recruiter position, although the incumbent, Sharon Rowbottom, continues to perform many of her staff duties as a volunteer on a time-limited basis.

In the absence of a staff volunteer recruiter, NCTAAA programs that utilize volunteers must be prepared to assume a greater role for recruiting and onboarding qualified candidates. Although the Ombudsman program has critical need for volunteers, staff face competing priorities, including responding to complaints in a timely manner and conducting facility visits, which limit their capacity to expand the volunteer base.

Greatest Economic Need in North Central Texas and Strategies/Practices to Give Priority

As outlined on pages 7-8, the NCTAAA adopts a flexible definition of "greatest economic need." While the agency assumes that individuals with incomes below 150% of the poverty level are likely to experience such need, it also recognizes that those with higher incomes may face similar challenges if their expenses exceed their incomes, resulting in difficulty meeting basic needs.

As noted on page 8, elder poverty rates vary significantly across the region. The service area's four rural counties (Erath, Navarro, Palo Pinto, and Somervell) all have elderly poverty rates higher than the regional average of 7.6%. However, older adults in every county may experience greatest economic need, whether on a recurring basis or due to unanticipated expenses or reductions in income.

The NCTAAA prioritizes older adults with greatest economic need through the following strategies:

- **Program Preferences**: For Care Coordination and Caregiver Support Coordination programs, giving preference to individuals with incomes below 150% of the poverty level and/or those whose expenses exceed their income.
- **Strategic Partnerships**: Collaborating with programs that serve low-income older adults, including food pantries, churches' benevolence programs, local charities, and HHSC Regional Local Service, to encourage qualified referrals.
- **MIPPA Outreach**: Conducting targeted outreach to low-income Medicare beneficiaries through Medicare Improvement for Patients and Providers Act (MIPPA)Outreach. The NCTAAA has prepared flyers that highlight potential for cost savings through the Medicare Savings Program and Low-Income Subsidies and make available staff members' assistance in completing and submitting the applications

- **Subrecipients Outreach Plans**: The NCTAAA requires subrecipients to develop and implement outreach plans that detail specific strategies for identifying older adults with the greatest economic need.

In addition to addressing economic need, the NCTAAA prioritizes older adults with greatest social need, a key population identified by the Older Americans Act. As noted on page 9, the NCTAAA equates greatest social need with isolation and having less support than desired or needed, particularly from family and friends. Risk factors for social isolation include living alone; being widowed, divorced, or never married; having disabilities; living in a rural community; having low income; experiencing language barriers; and lacking access to transportation.

Because social isolation is correlated with rurality, low income and disability, older residents of the service area's four rural counties—Erath, Navarro, Palo Pinto, and Somervell—are disproportionately affected.

The NCTAAA targets older adults with greatest social need through the following strategies:

- Giving priority for Care Coordination services to older adults who report not having support from friends or family;
- Giving priority for Caregiver Support Coordination services to family members who are the sole source of support for the dependent person;
- Giving priority for Caregiver Support Coordination services to family members who live with the care receiver—particularly those whose care receivers require total or near-total supervision; and
- As needed, encouraging its subrecipients to develop wait list procedures that prioritize persons who live alone and/or those who lack informal support.

The NCTAAA offers several services specifically designed to reduce social isolation, including the PEARLS counseling program, Demand-Response Transportation, and Congregate Meals.

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

Through provision of Information, Referral and Assistance Services, the NCTAAA plays a critical role in connecting older adults and caregivers to Home and Community Based Services (HCBS). These include, but not limited to:

- STAR+PLUS Personal Assistance Services (PAS): Providing in-home services to adults who receive Medicaid benefits and require help with their activities of daily living (e.g., transferring, walking, bathing, grooming, toileting and feeding);
- STAR+PLUS Waiver: Providing a comprehensive array of in-home services to adults who receive Medicaid benefits and qualify medically for nursing home care; and
- Community Attendant Services (CAS): Delivering in-home support to adults with low incomes, limited resources, and need for assistance with at least one activity of daily living.

NCTAAA staff receive intensive pre-service and continuing education on HCBS programs noted above. When clients express needs that may be addressed through these programs, staff explain program benefits and provide a high-level overview of program requirements. As their schedules allow, they are encouraged to do a preliminary screen for program eligibility and facilitate a warm transfer or make a referral to the appropriate agency at client request.

Staff providing case management services have an affirmative obligation to make HCBS referrals for clients deemed presumptively eligible. To maximize the use of OAA revenues, the NCTAAA does not pay for services covered under the Medicare, Medicaid, Title XX Social Security Block Grant, or Veterans Administration programs, unless the individual is on an extended wait list.

Although not funded by the Older Americans Act, the NCTCOG's Aging and Disability Resource Center is funded by HHSC to provide information and referral specific to long-term services and supports. Its two referral specialists receive enhanced training in HCBS, including Medicaid programs for individuals with intellectual and developmental disabilities (including Home and Community Services, Community Living and Support Services, Texas Home Living, and Community First Choice) and Veterans Administration long-term care programs. These specialists are available to assist NCTAAA with more specialized HCBS inquiries.

The NCTAAA is unique among all Texas area agencies on aging in holding contracts with three managed care organizations (i.e., Molina Healthcare, United Healthcare of Texas, and Wellpoint) to provide nursing home relocation services. Under these contracts, NCTCOG relocation specialists assess the needs of Medicaid-funded nursing home residents interested in returning to community living. They develop and implement independent living plans, assisting

program participants in securing community-based housing, establishing banking services, transferring benefits from facility to community Medicaid, and arranging community-based services that are not funded by Medicaid. Relocation specialists work in partnership with managed care organizations' service coordinators, who arrange Medicare-funded community-based services.

By providing nursing home relocation services, the NCTCOG arranges services that maximize independence and choice at no cost to the Older Americans Act. During State Fiscal Year 2025, the program successfully relocated more than 200 long-term nursing facility residents to community settings.

The NCTAAA has demonstrated innovation in educating older adults, family caregivers, and professionals about publicly-funded HCBS. It has conducted regular webinars on topics including "Federal and State Services for Older Adults and Family Caregivers," "Services for Texans Living with Dementia," and "Programs That Consider Family Members as Paid Providers." In addition, it has developed fact sheets to accompany these webinars and posted presentations and educational resources on its webpages, located at: https://nctcog.org/aging-services/dementia-friendly/resources-memory-loss-family-caregivers.

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

While aging does not inherently equate to disability, it is a significant risk factor for developing one or more chronic health conditions. The NCTAAA takes proactive steps to ensure it effectively serves older adults with physical and/or mental health conditions.

The NCTAAA employs the following strategies to identify and support older adults with disabilities:

- **Building Relationships with Healthcare Providers.** The NCTAAA actively seeks partnerships with healthcare providers, particularly those involved in discharge planning functions at hospitals, rehabilitation facilities, and nursing facilities. It also conducts outreach to community-based social workers responsible for coordinating in-home services for older adults. These professionals are uniquely positioned to identify older adults with disabilities who could benefit from NCTAAA services. To support these providers, the NCTAAA conducts regular community education programs for

professionals, including: "Area Agency on Aging and Aging and Disability Resource Center Services for Older Adults," "Federal and State Services for Older Adults," "Resources for Older Patients Discharging from Hospital, Rehab., and Nursing Facilities," and "Federal and State Services for Family Caregivers." The NCTAAA has also conducted targeted outreach to the region's largest health systems (including Texas Health Resources, Baylor Scott and White, Methodist Health, and Medical City), offering free live and virtual continuing education. These training programs emphasize eligibility for OAA services, particularly those designed for older adults with disabilities, and provide clear referral protocols.

- **Conducting Targeted Outreach to Social Service Providers:** The NCTAAA engages with the region's social service providers through provision of regular professional education, with complimentary continuing education units; participation in professional networking meetings; attendance at health and information fairs; and dissemination of monthly e-blasts that promote NCTAAA services for individuals with all types of disabilities.
- **Collaborating with Key Organizations:** The NCTAAA partners with highly visible organizations that serve older adults with physical and mental health challenges to encourage bi-directional referrals. For example, the NCTAAA ensures its Home-Delivered Meal subrecipient agencies are familiar with its case management programs. Similarly, it draws on contractual relationships with organizations including REACH (the region's Center for Independent Living), the Alzheimer's Association, Molina Healthcare, United Healthcare of Texas, and Wellpoint to provide information about NCTAAA services beyond the scope of those contracts.

To ensure its services effectively address the needs of older adults with physical and/or mental health conditions, the NCTAAA offers services tailored to their unique challenges and establishes service priority when demand exceeds available resources.

NCTAAA services that meet the unique needs of individuals with health challenges include:

- **Program to Encourage Active, Rewarding Lives (PEARLS).** This evidence-based program provides free counseling to older adults who are experiencing depression or persistent sadness. A contract counselor guides participants through a structured curriculum that focuses on developing and implementing plans for meeting social, physical, and recreational goals.

- **Caregiver Counseling.** The NCTAAA makes funding available to subrecipients for services including Caregiver Counseling, through which a licensed professional counselor provides individual and group therapy to those who are experiencing care-related stress.
- **Chronic Disease Self-Management, Diabetes Self-Management, and Chronic Pain Self-Management programs**. These evidence-based programs guide small groups of older adults through structured curricula. All three programs include content on communicating with health care providers, using medications wisely, developing an eating and activity plan, evaluating new treatments, and dealing with common stressors.
- **A comprehensive array of in-home services, authorized through the Care Coordination and Caregiver Support Coordination programs**. These include Homemaker, Personal Assistance, Respite, Residential Repair, and Health Maintenance services. These services prioritize individuals with significant disabilities. As of January 2026, the two programs' screening criteria give preference to care receivers who require assistance with three or more activities of daily living (e.g., transferring, walking, bathing, dressing, grooming, toileting, and feeding).

Needs Assessment Activities

Population Trends and Issues Affecting Older Adults in the Service Area

As noted on pages 9 and 10, rapid growth is the primary population trend impacting older adults in North Central Texas, with the number of older residents expected to increase from 732,760 in 2025 to more than a million in 2035. The most significant growth is occurring in Collin and Denton Counties, along major highways such as Interstate 35-East, Interstate 35-West, and State Highways 75, 121, and 161.

While rapid growth may bring benefits, these advantages are often unevenly distributed, leaving certain populations at risk of being underserved. Those most vulnerable are:

- Residents who live in rural counties, with less ready access to services.
- Older adults with the greatest economic need, including the approximately 55,689 older North Central Texans who lived in poverty as of 2025. Many of these individuals—and others—struggle to afford basic necessities.
- Residents in medically underserved areas (MUA). According to the Health Resources and Services Administration, portions of Collin, Denton, Ellis, Hunt, and Palo Pinto are designated as primary care shortage areas.
- Socially isolated older adults who lack support from friends and family.
- Older adults without reliable transportation and limited access to essential community-based services.
- Uninsured older adults, a population estimated at 50,000-55,000, according to 2020 – 2023 American Census Bureau American Consumer Survey data. Notably, rural counties in the service area tend to have higher rates of uninsured residents compared to urban counties. For example, approximately 18% of Navarro County residents of all ages were uninsured in 2020, as were 15% of Erath County residents. Among Collin County residents, 11.3% were uninsured, according to a data analysis by Texas Community Health News.

An analysis of 2025 population estimates highlights key differences across the region:

- In high or moderate growth counties such as Collin, Denton, Kaufman, Rockwall, and Ellis, fewer than one in five residents were aged 60 and over. Hood County had the

highest percentage of residents aged 60 plus at 31.3%, followed by Palo Pinto County at 27.29% and Navarro County at 23.18%. Notably, rural counties tend to have higher concentrations of older adults, which translates to a greater potential demand for aging services. This challenge is not exclusive to rural counties but is more pronounced in these areas due to limited resources and accessibility.

All 14 counties in the North Central Texas area will face significant challenges in meeting the growing demand for aging services over the next decade, with the population of residents aged 60 and older projected to increase by 44.6% between 2025 and 2035. This demographic shift raises complex issues, particularly as rising dependency ratios result in fewer working-age individuals who must support a growing number of dependents. This dynamic can strain public resources, increase demand for healthcare and social services, and potentially lead to labor shortages, all of which impact the region's economic stability.

The key challenge for North Central Texas communities will be to create meaningful opportunities for older residents to thrive well into their 60s and beyond. This includes enabling them to remain in the workforce if they choose and encouraging their contributions to the community through civic engagement, voluntarism, and other impactful roles.

Analysis of How Programs, Services, and Policies Can Improve

The NCTAAA is committed to continuous quality improvement, recognizing the potential to expand its reach, enhance effectiveness and efficiency, and positively transform more lives. While the ability to serve more people (or even maintain current service levels) depends heavily on adequate funding, which has declined during Fiscal Years 2025 and 2026, the organization remains focused on providing its services more effectively and efficiently.

The NCTAAA had identified key strategies for improvement and specific actions to support these goals.

- Expand outreach and awareness: Launch a regional outreach campaign leveraging a variety of media platforms, including print media and digital channels, to increase awareness of NCTAA services. Targeted outreach will focus on:
    - Major employers in the service area to better connect with working caregivers.

- Health care providers, particularly discharge planners, to ensure older adults recovering from illnesses or injuries are connected to community-based services that support their return to independent living.
- Local faith-based and civic organizations to strengthen community partnerships and extend the reach of services.
- Elected officials to raise awareness of NCTAAA services available to their constituents.

- **Enhance coordination between direct and pass-through services.** Ensure that all NCTAAA subrecipients are well-informed about the full range of Older Americans Act services. Host at least semi-annual meetings for subrecipients to provide training on direct services and provide networking opportunities.
- **Target older adults and family caregivers at greatest risk of adverse outcomes**). As needed, collaborate with nutrition subrecipients to develop waitlist policies that comply with OAA requirements. Regularly review the Care Coordination and Caregiver Support Coordination screening criteria and revise as needed to prioritize older persons and family caregivers with greatest economic need and greatest social need.
- **Innovate service delivery systems and leverage available technology to reach more older adults and family caregivers**. Support any nutrition subrecipients who wish to participate in the grab-and-go Congregate Meal model and utilize virtual activity to satisfy the program's socialization requirement. Conduct one or more Instruction and Training and/or Caregiver Information Services programs on innovative technologies that support older adults' independence and community tenure. Develop a caregiver fact sheet that summarizes tools and resources.
- **Establish healthcare partnership**. To bridge the gap between healthcare and long-term services and supports, conduct targeted outreach to the region's primary, secondary, and tertiary health care providers, increasing awareness of NCTAAA services and referral protocols.
- **Strengthen caregiver supports and advance planning.** Conduct community education on financial and legal considerations to help caregivers plan for the future.

- **Become a center of excellence in dementia care.** Leverage the expertise of its two dementia educators to promote the dementia-specific resource including consultation on responding to behavioral expressions, training, and evidence-based programming (i.e., Resources for Enhancing All Caregivers' Health).

- **Leverage supplemental funding to expand programs.** Utilize funding from the Administration for Community Living's Alzheimer's Disease Programs Initiative Community Health Worker grant, awarded in October 2025, to enhance services for individuals living with dementia and their family caregivers. More specifically, develop and implement a program by which community health workers will screen older adults with cognitive concerns for dementia and refer them for diagnosis as needed, screen older persons with early-stage dementia and their caregivers for depression, and provide dementia-capable counseling for depression. All of this work will be supported by non-HHSC funds and complement the NCTAAA service array.

- **Incorporate data-driven planning**. Use data to anticipate demographic changes and emerging needs. Collaborate with interested groups to help local governments improve age-readiness and dementia capability. Increase participation in local professional development networks. Engage in local professional development networks to encourage bi-directional referrals and strengthen partnerships.

- **Contribute to workforce development.** Offer regular community education on age-related and caregiving topics. Provide continuing education units to incentivize professionals to participate.

Needs Assessment Activities

The NCTAAA established and prioritized goals for this area plan by conducting primary and secondary research of service gaps. Primary research included the following:

- Conducted a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis at two NCTAAA staff meetings, held August 18, 2025 and October 20, 2025.

- Collected needs assessment data from members of the Regional Aging Advisory Committee at its November 11, 2025 meeting. In preparation for this discussion, the NCTAAA provided an overview of the area plan development process during the August 12, 2025 committee meeting and provided a detailed description of services supported by Older Americans Act funds during Fiscal Year 2025.

- Surveying older adults, family caregivers, and professionals about service gaps and needs through a web-based tool. The survey went live on October 20, 2025 and accepted responses through December 15, 2025.
- Conducting a listening session for NCTAAA subrecipients on November 12, 2025.
- Conducting a listening session for older adults on December 3, 2025.
- Conducting a listening session for family caregivers on December 8, 2025.
- Conducting a listening session for professionals on December 4, 2025.
- Conducting a listening session for those who care for family members with dementia on December 3, 2025.
- Gathering and analyzing Federal Fiscal Year 2025 client satisfaction data.
- Analyzing Federal Fiscal Year 2025 Information, Referral and Assistance topics to determine services most frequently requested.
- Conducting a community needs assessment of resource gaps for people living with dementia during Fall 2024.

In addition to collecting data directly, the NCTAAA reviewed needs assessment data and strategic plans from external agencies. Data sources include the HHSC State Plan on Aging 2027-2029, HHSC Aging Texas Well Strategic Plan for 2024-2025, Texas Department of State Health Services Texas State Plan for Alzheimer's Disease 2024 – 2028, Texas A&M Statewide Needs Assessment of Services and Supports for Unpaid Alzheimer's Disease and Related Disorders Caregivers Presentation, Methodist Health System Community Needs Assessment, Texas Department of Housing and Community Affairs Housing and Health Services Coordination Council 2024-2025 Biennial Plan, and Texas Veterans Commission 2024 Statewide Needs Assessment, conducted by the Public Policy Research Institute (PPRI) and Texas A&M.

Top Needs

The following top needs were identified by key stakeholder groups, including older adults, family caregivers, family caregivers of persons living with dementia, Regional Aging Advisory Committee members, NCTAAA staff, NCTCOG subrecipients, and professionals.

Older Adults

Assessment data indicate a broad range of unmet needs for older adults in North Central Texas, particularly in the areas of in-home care, physical and mental health supports, basic needs, navigating complex systems of care, and reliable transportation. Below are the key categories and specific needs identified by older adults who received services from the NCTAAA, responded to its surveys, participated in focus groups, and/or participated in other agencies' community needs assessments.

- **Affordable in-home supports**: Survey respondents identified in-home care services as the most important support service, likely because of its critical role in helping older adults maintain independence. However, the cost of these services remains a significant barrier for older adults with limited incomes. In late 2025, the statewide average cost of unskilled in-home care was $29 per hour, with many provider agencies requiring a minimum three to four hours per visit. This results in a cost per visit of $78 - $116, making in-home services such as housekeeping, personal assistance, and chore assistance unaffordable for many in need.
- **Physical health**: Older adults identified the following critical health concerns, ranked in order of importance:
    1. Mobility problems.
    2. Alzheimer's disease or dementia.
    3. Falling or having an accident.
    4. Diet, fitness, and nutrition.
    5. Heart disease or stroke.
- **Mental health**: More than ¾ of older adults who responded to its survey expressed concerns about their mental health. Depression was identified as the top mental or behavioral health concern by 50% of survey respondents. Anxiety was a concern for 45.5% of respondents. Approximately 40% expressed concerns about isolation/loneliness, loss of purpose, and memory loss. Only 22.73% of respondents reported having no concerns about their mental or behavioral health.
- **Basic needs**: Older North Central Texans with low incomes or expenses that exceed their incomes face significant challenges in meeting basic needs, including:

- Housing and utilities: Between 2022 and 2024, rents in North Central Texas increased by approximately 20%, though they were beginning to stabilize in late 2025. The NCTAAA has seen a sharp rise in calls for emergency rental assistance, utility assistance, and emergency housing since the pandemic.
- Food insecurity: Despite the NCTAAA's annual investment of over $5 million in nutrition services (home-delivered and congregate meals), many older adults struggle to afford food. The North Texas Food Bank estimates that approximately 95,000 individuals aged 50 and older in the 23 counties surrounding Dallas and Tarrant (including, but not limited to, the North Central Texas service area) experience food insecurity.
- Prescription drugs: Many older adults struggle to afford necessary medications.

- **Assistance navigating complicated public benefit systems**: Older adults face significant challenges navigating public benefit systems, particularly Medicaid. Following the pandemic, HHSC began recertifying 4 million Texas Medicaid recipients, resulting in nearly 1.8 million Texans, including older adults, losing coverage. In many cases, beneficiaries no longer met program requirements. However, some eligible persons lost benefits due to inability to complete and return applications and/or system errors. Although the NCTAAA does not have formal responsibilities for Medicaid, its benefits counselors assist older adults with applications for Medicaid for the Elderly and Persons with Disabilities, Medicare Savings Programs, and Low-Income Subsidies. They also advocate for age-eligible individuals who have had their Medicaid benefits terminated. Since Medicaid unwinding began in Fall 2023, the NCTAAA has experienced a surge in calls related to Medicaid eligibility issues.

  Among older adults who completed the North Central Texas Community Needs Assessment, 54.55% indicated that "lack of information about where to get help" prevented them from accessing medical care or support services.

- **Reliable, affordable transportation**. Transportation remains a critical unmet need for older adults in the region. While the NCTAAA funds demand-response transportation in 12 of its 14 counties, the program's annual budget of approximately $400,000 is insufficient to meet the needs of older riders. Additionally, NCTCOG Transportation subrecipients are required to provide service within their designated counties but are not obligated to cross county lines. This limitation often

forces older adults who need to travel across county lines to rely on private-pay providers, which may not be affordable.

Family Caregivers

The late 2025 North Central Texas Needs Assessment Survey revealed significant challenges faced by family caregivers. The three most frequently mentioned difficulties were:

1. Balancing caregiving responsibilities with other personal responsibilities (noted by 55% of respondents).
2. Finding and paying for in-home care (noted by 50% of respondents).
3. Planning for major decisions, such as end-of-life issues.

Notably, 40% of caregiver respondents reported providing constant care, with an additional 30% stating they provide care at least eight but less than 24 hours per day.

When asked about specific challenges, caregivers identified the following as most common barriers:

- Not getting enough sleep.
- Not having enough time to spend with friends or attend community events.
- Not having a healthy diet.
- Not getting enough physical activity.

The NCTAAA identified other caregiver needs and concerns through an analysis of information, referral and assistance calls, client surveys and review of other agencies' needs assessments. Caregiver needs identified through this process include:

- Locating community resources.
- Paying for long-term care, provided in the community and/or institutions.
- For working caregivers who reduce hours or exit the workplace, finding ways to replace lost income streams.
- Acquiring the skills or knowledge necessary to care for someone with complex medical needs.

- Dealing with caregiving-related stress.
- Learning about technologies that will help them provide better care to their dependent family member.

Family Caregivers of Persons Living with Dementia

Recognizing the unique stressors of dementia care, the NCTAAA conducted interviews in Summer 2025 with 20 caregivers of family members living with dementia. While the sample size was small, the interviews provided valuable insights into service gaps, barriers to access, challenges, and training needs.

Service Gaps and Barriers to Access

- Lack of awareness about available services and eligibility.
- Financial ineligibility for Medicaid, but inability to afford private care.
- Long waitlists for respite care and counseling.
- Limited dementia education and training.
- Difficulty accessing transportation, assessments, and qualified care providers.
- Emotional and physical toll of caregiving without adequate support.
- System navigation complexity.

Most Pressing Caregiver Challenges and Burden

- Emotional strain, depression, and burnout.
- Loss of social connections and isolation.
- Inflexible employment and job insecurity.
- Inconsistent or unqualified care providers.
- Managing care coordination and behaviors.
- Financial stress, including the cost of care and lack of direct caregiver aid.

Training Needs

- Managing safe hygiene.
- Wandering and safety solutions.
- Fatigue management.
- Technology assistance (reminders, centralized resource platforms).
- Emotional support and connection.
- Navigation of Medicaid and home health services.

These finding align with the 2025 Texas A&M study "Services and Supports for Unpaid Caregivers of People Living with Alzheimer's Disease and Related Dementias." When asked about services or resources they needed but had not used, survey participants identified the following top needs, in rank order:

1. Learning about helpful technologies for caregiving.
2. Learning about the newest research for cognitive impairment.
3. Health and wellness programs.
4. Community resources.
5. Respite care.
6. Learning about treatments in development.
7. Grief and loss.
8. Information about how to remain safe as a caregiver.
9. Care planning for disease transitions.
10. Financial planning.
11. Legal planning.
12. Information about providing care safely to recipients.
13. End of life planning.
14. Transition to long-term care facilities.

Regional Aging Advisory Committee Members

At the August 11, 2025 meeting of the Regional Aging Advisory Committee, members identified several critical needs for older adults in the region, including: affordable housing (including accessibility-related home modifications), supports for older adults who are newly unhoused, transportation (particularly in rural communities), senior-friendly food boxes (i.e., food pantry items that can be delivered to older adults who cannot travel to distribution sites), affordable in-home care, expanded caregiver respite, and meaningful employment opportunities. Members also highlighted the harmful impact of ageism on older job-seekers.

NCTAAA Staff

NCTAAA staff identified several pressing needs, particularly in light of challenges stemming from budget reductions that resulted in a reduction in force. Key concerns included:

Staffing Support:

- The reduction in force eliminated the sole administrative assistant position, which had been budgeted to provision of Information, Referral, and Assistance (IRA) services. As a result, all office-based staff were tasked with supporting the single employee responsible for handling IRA calls to the NCTAAA.
- Staff also expressed need for additional support for Care Coordination services.

Volunteer Recruitment:

- The reduction in force also eliminated the volunteer recruiter position, placing additional burdens on the four programs that rely on volunteers (Long-Term Care Ombudsman, Benefits Counseling, Senior Medicare Patrol, and Healthy Living/Preventive Health) to recruit, train, and support their own volunteers.

Other Needs:

- Greater community visibility to raise awareness of NCTAAA services.
- A transportation provider network capable of crossing county boundaries.
- Reduced reliance on government funding, which has not kept pace with the growing demand for services.

Subrecipients

The NCTAAA hosted a listening forum for subrecipients on November 12, 2025, where attendees identified several gaps in services for older adults, including nutrition, transportation, social connection, and caregiver supports. Subrecipients emphasized the importance of increased collaboration, regular communication, and leveraging community partnerships to address gaps.

Professionals

At a listening forum for professionals on December 4, 2025, participants identified the following as the most pressing unmet needs for older adults in North Central Texas:

- Affordable in-home care.
- More robust transportation services.

These issues were seen as cross-cutting, impacting both older adults and their caregivers.

When discussing the unique needs of family caregivers of persons living with dementia, professionals identified need for:

- Education about the condition and how to communicate: One professional noted, "The major issue is the family doesn't understand the condition or how to relate."
- Engagement and self-care: Another participant observed that while quality education is available, "the primary barrier is getting caregivers to engage and provide self-care."

Constraints Limiting NCTAAA's Ability to Address Identified Needs

The NCTAAA faces significant challenges in addressing regional needs, primarily due to funding limitations, although resource availability also serves as a significant constraint.

Funding Constraints:

- **The zero-sum nature of the Older Americans Act (OAA) budget.** As the primary funding source for NCTAAA programs, the OAA budget is expected to relatively remain flat during Fiscal Year 2027. This means the NCTAAA cannot allocate funds to new services without reducing or eliminating existing ones.
- **Impact of inflation.** Inflation increases the cost of operations, effectively reducing service levels if funding does not increase.
- **Restrictions on allowable services**: All OAA funds must be used for services permitted by HHSC. For example, while the NCTAAA has identified a critical need for money management services, particularly for individuals with dementia who live alone. However, such services fall outside HHSC's current service definitions and cannot be funded through the OAA.

- **Balancing service reach and resource allocation:** The NCTAAA must maximize the impact of available funds to serve the greatest number of individuals. For instance, while senior center operations address important needs like socialization and meaningful activity, the funding required to provide meaningful support would consume the NCTAAA's entire III-B budget, making it an impractical investment. Similarly, while the NCTAAA could purchase expensive health-related goods and services, such as dentures or hearing aids, it imposes a cap of $800 on Health Maintenance and Income Support items to ensure broader service reach. For example, the agency opts to provide a moderate benefit of $750 to four clients rather than spending $3,000 on a single client.

Goals, Objectives, Strategies, and Outcomes

Reference: 45 CFR 1321.65(e)

The NCTAAA is tasked with developing individualized goals based on needs assessment findings. Additionally, it must develop objectives, strategies and outcomes that support the four goals established by the 2026 Texas State Plan on Aging (SPoA). The following are goals, objectives, strategies, and outcomes specific to the SPoA, as well as those developed in response to its own needs assessment data.

SPoA Goals

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

Objectives	Strategies	Outcomes
1.1 Ensure that NCTAAA access and assistance staff are familiar with Texas HCBS programs serving older adults.	Provide robust pre-service and continuing education to staff who provide Information, Referral, and Assistance, Care Coordination, Caregiver Support Coordination, and Benefits Counseling so they understand major programs' service array, eligibility requirements, and referral procedures.	Short term: Develop fact sheets for staff on HCBS programs funded by HHSC, including STAR+PLUS, STAR+PLUS Waiver, and Community Attendant Services. Intermediate: Require staff to use fact sheets referenced above. Long-term: All staff will indicate that they are confident in explaining HCBS programs referenced above.

Objectives	Strategies	Outcomes
1.2 Standardize the provision of information about HCBS to ensure its accuracy and completeness.	Develop and implement strategies for Access and Assistance staff to counsel clients about HCBS.	Short-term: Develop fact sheets for staff that describe major HCBS program benefits, eligibility, and referral procedures. Intermediate: Require staff to use fact sheets referenced above. Long-term: At least 90% of clients surveyed will indicate that information provided by the NCTAAA helped them understand and access HCBS for which they may qualify.
1.3 Conduct community education to increase awareness of HCBS.	Through Instruction and Training and Caregiver Information Services, provide training on federal, state, and regional HCBS.	Short-term: Develop and market community education programs. Intermediate: Conduct at least 15 programs during the planning cycle that reach at least 750 caregivers. Long-term: At least 90% of those who participate in training programs will indicate that the information they receive is helpful.

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

Objectives	Strategies	Outcomes
2.1 Conduct community education to increase awareness about caregiving the support available.	Through Caregiver Information Services, provide training on topics identified in the Needs Assessment section (pages 54-55).	Short-term: Develop at least three discrete training programs that will increase caregivers' awareness of available supports. Intermediate: Conduct at least 30 caregiving training programs for at least 1,500 caregivers during the planning period Long-term: At least 90% of training participants will indicate that training information they receive is helpful.
2.2 Increase working caregivers' awareness of available supports.	Conduct lunch and learn programs for the service area's employers.	Short-term: Prepare a guide for employers to support employees with caregiving responsibilities. Intermediate: Conduct training for at least 250 working caregivers during the planning period. Long-term: At least 90% of training participants will indicate that training information they receive is helpful.

Objectives	Strategies	Outcomes
2.3 Develop specialized supports for caregivers of family members with dementia.	1. Work with the University of Washington to amend the Program for Encouraging Active, Rewarding Lives (PEARLS) program for caregivers of family members with dementia. 2. Train NCTAAA community health workers to the adapted PEARLS program. 2. Provide dementia-capable counseling through the adapted PEARLS program to support caregivers who are dealing with depression.	Short term: Develop a dementia-specific variant of PEARLS. Intermediate: Enroll at least 100 caregivers of persons living with dementia in PEARLS. Long-Term: Reduce at least 80% of caregivers' depression by one level of severity during the six-month intervention.

Objectives	Strategies	Outcomes
2.4 Support development of comprehensive sources of web-based information for family caregivers.	1. Support www.familycaregiversonline.net, a web-based source of education and resource information. 2. Continue to build out the NCTAAA's Dementia Friendly resource information, located at: NCTCOG - Resources for People with Memory Loss & Family Caregivers, to include links to programs that serve people living with dementia and their family caregivers, presentation archives, and fact sheets.	Short-term: Regularly update the two websites to ensure content is complete and accurate. Intermediate: At least 200 individuals per month will visit the two websites. Long-term: The number of visitors to www.familycaregiversonline.net and NCTCOG - Resources for People with Memory Loss & Family Caregivers will increase by at least 5% year over year.

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

Objectives	Strategies	Outcomes
3.1 Be active participant in HHSC Office of Area Agencies on Aging trainings, network meetings, and work groups.	The NCTAAA director or designee will participate in HHSC semi-annual live training programs and bimonthly network meetings and communicate information to staff and subrecipients with need to know.	Short-term: NCTAAA staff will be aware of HHSC requirements. Intermediate: NCTAAA will communicate relevant HHSC requirements to subrecipients. Long-term: NCTAAA staff and subrecipients will operate their programs in full compliance with HHSC requirements.
3.2 Ensure NCTAAA direct services are integrated with pass-through services.	Hold at least semi-annual meetings with subrecipients to increase awareness of NCTAAA's direct and pass-through services, share best practices, and provide networking opportunities.	Short-term: At least half of subrecipients will participate in semi-annual training and networking sessions. Intermediate: Subrecipients will increase their knowledge of NCTAAA direct and pass-through services and make appropriate referrals. Long-Term: The percentage of clients receiving two or more services funded by the NCTAAA will increase by at 5% year over year.

- **Goal 4:** Strengthen Aging Services Network infrastructure.

Objectives	Strategies	Outcomes
4.1 Ensure NCTAAA legal assistance staff are familiar with all service delivery requirements.	Require all benefits counseling staff members to participate in HHSC training on function and duties of legal assistance and legal awareness duties.	Short-term: Staff will provide legal assistance and legal awareness services in keeping with all service delivery requirements. Intermediate: The NCTAAA will not have any findings relative to provision of legal assistance or legal awareness services. Long-term: At least 80% of legal assistance customers surveyed will indicate they are satisfied with legal assistance services received.
4.2 Support State Plan on Aging goal of providing education to manage finances and determine personal life decisions.	Provide HHHS copy of "Financial Fitness for Older Adults," a financial self-management program created by NCTAAA and Aetna.	Short-term: Provide HHSC educational modules on avoiding on using healthcare wisely, avoiding scams, avoiding predatory loans, qualifying for Medicaid, and getting legal affairs in order. Long-term: To the extent that any "Financial Fitness for Older Adults" materials are relevant, HHSC will realize greater efficiencies in its curriculum development.

Goals Specific to North Central Texas Needs Assessment Data

Goal	Strategies	Outcomes
5.1. Under ACL's Alzheimer's Disease Programs Initiative Community Health Worker cooperative agreement and contract with the Texas Department of State Health Services, provide community education on signs and symptoms of dementia and assist those with cognitive impairment to obtain accurate differential diagnosis.	1. Develop and implement processes for screening older persons for dementia. 2. For those with positive screening results, develop and implement processes for making referrals for accurate diagnosis. 3. Follow up with those who've been referred for accurate diagnosis to determine outcome. 4. Evaluate program outcomes.	Short-term: Screen at least 300 people living with dementia and their family caregivers for dementia. Intermediate: Refer those with positive screening results for differential diagnosis. Long-term: At least 90% of those who've been diagnosed with dementia will receive information and services that are helpful to them.

Goal	Strategies	Outcomes
5.2. Provide relocation assistance to long-term nursing home residents who wish to return to the community.	Assist long-term residents of nursing facilities who are funded by Medicaid and enrolled in Molina Healthcare, United Health Care of Texas, and/or Wellcare to return to community living.	Short-term: Assign relocation specialists to nursing home residents who wish to relocate and assist in arranging community-based supports, including housing and non-medical transportation. Intermediate: Support at least 180 residents per year in successfully relocating. Long-term: Ensure that at least 90% of individuals who successfully relocate remain in the community for at least 90 days post-relocation.

Long Range Planning

Reference: OAA of 1965, as amended through P.L. 116-131 (3/25/2020)
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Preparedness of Local Aging Services Network

The North Central Texas local aging services network—defined as the NCTAAA, its subrecipients, and partners—is well-positioned to provide Older Americans Act services effectively and efficiently. However, the combination of dramatic population growth and stagnant funding is placing significant strain on the system, widening the gap between demand for and availability of OAA services. In 2025, this strain became more evident as some subrecipients created waitlists for home-delivered meals for the first time in their agencies' history.

The NCTAAA recognizes the critical contributions of other entities in building and maintaining local aging services networks. These include federal providers of long-term services and supports (e.g., the Veterans Administration and managed care organizations under contract with HHSC to administer Medicaid services), State services administered by entities including HHSC and Local Intellectual/Developmental Disability Authorities, and local professional, service and charitable organizations. The NCTAAA strives to collaborate with all these entities to create and maintain a coordinated network of supports for older adults and family caregivers. For example, in early 2026, the NCTAAA began efforts to form a regional coalition of dementia-care providers to enhance synergies in serving individuals living with dementia and their family caregivers.

While NCTAA is committed to making North Central Texas more dementia-friendly, its ability to serve as a convener is limited due to the labor-intensive nature of creating and maintaining interagency collaborations. In most cases, NCTAAA staff participate in coalitions of aging providers as their schedules permit.

To ensure the North Central Texas local aging services network is fully prepared for the demographic changes between 2025 and 2035, it will require increased funding, enhanced interagency collaboration, and a shared vision that extends both within and beyond the NCTAAA.

How Programs/Services/Policies Can Improve

While the needs assessment process has identified several needs beyond the scope of the NCTAAA's Fiscal Year 2026 service area, the agency does not propose adding new services under this plan due to funding and resource constraints.

During the planning period, the NCTAAA will continue to support its current array of services, detailed on pages 20 to 40, and will focus on continuous quality improvement through the following strategies:

- **Client feedback:** Continue to provide opportunities for client feedback and use this insight to improve service delivery.
- **Outcome data analysis:** To the extent possible, gather and analyze outcome data. For example, the NCTAAA's survey of case management clients asks whether services helped them remain safely in their homes, as opposed to moving in with family or entering an assisted living or nursing facility. Positive responses indicate effective targeting and effective use of limited funding as a means of preventing more costly and restrictive institutional care.
- **Staff sevelopment:** Encourage staff to participate in continuing education as a means of expanding their knowledge base and ability to meet the full range of clients' needs.
- **Collaboration with HHSC:** Participate fully in HHSC meetings and participate in workgroups as opportunities arise.
- **Adopting best practices:** Seek out and adopt other agencies' best practices.

Analysis of How Population Growth and Change May Impact Service Delivery and Those Served

The population of North Central Texans is projected to increase by more than 40% over the next decade. However, federal funding for the Older Americans Act was expected to be flat (i.e., at the same level as the prior year) during Fiscal Year 2026, with little indication of significant increases in subsequent years.

The NCTAAA recognizes that federal funding will never fully meet the growing demand for services and has implemented policies to prioritize those with greatest need. As the gap between demand and capacity widens, the NCTAAA has a limited set of options, including:

and Community Affairs, Texas Workforce Commission, and Adult Protective Services. The Aging Texas Well initiative serves as an effective model for convening stakeholders across agencies.

Activities and Effort Specific to Organizational Sustainability Planning

The NCTAAA takes pride in its staff, including several who qualify for Older Americans Act services based on their age and tenure of up to 30 years. These team members bring invaluable lived experiences and institutional knowledge to their roles. However, this longevity presents potential vulnerability, particularly when staff perform unique functions without documented procedures. To address this, the NCTAAA is actively developing a two-pronged sustainability plan:

- Cross-training: When a staff person is solely responsible for a critical function, provide cross-training to one or more colleagues to ensure that services are not disrupted in the absence of the primary staff person.
- Documenting policies and procedures: Commit to writing policies and procedures for major tasks, promoting consistency when multiple staff have common responsibilities and clear guidance to those who may be asked to perform duties outside of their normal scope of work when covering for a staff member who is absent. Given the variety of tasks that NCTAAA staff members perform—and the rapid pace of change—maintaining current policies is always a work in progress.

In late 2025, NCTAAA Director Doni Green participated in a three-month StrengthFinders assessment, training, coaching, and leadership development program, to refine her pre-retirement succession plan. Shortly thereafter, Cathy Stump, NCTAAA manager of case management and Aging and Disability Resource Center services, participated in the same program, with a goal of advancing her career development.

Whenever possible, the NCTAAA strives to replace key staff before their departure dates, allowing for on-the-job training with their successors to ensure a smooth transition.

Appendix A – Emergency Preparedness

Reference: 45 CFR 1321.103

The NCTAAA maintains an Emergency Preparedness Plan, which is attached as Appendix #1. Its parent organization, NCTCOG, requires that the plan be updated at least annually and submitted to the administration department for review.

Following is a general summary of activities it will undertake in an emergency situation, whether man-made or natural.

1. Determine impact on NCTAAA staff by ensuring all are accounted for. The Emergency Preparedness Plan includes contact information for all staff, including personal phone numbers and email addresses, to allow for all managers to invoke a "call-down" for the purposes of ensuring their employees' safety and communicating critical information.

2. Determine impact on NCTCOG facilities. If it is unsafe for employees to travel to or work in NCTCOG offices, they have the option of telecommuting, with full connectivity if they have internet access. All NCTCOG staff use VOIP "soft phones" that are not dependent on phone lines.

3. Determine impact on NCTAAA clients, with emphasis on those who are frail. If so, gather information to determine extent. This may include asking its staff to contact those who are receiving direct services and asking subrecipients to contact those who are receiving pass-through services.

4. As needed, establish an on-site or off-site base of operations. Aging staff may partner with other agencies such as FEMA, Red Cross, and local governments' emergency planning staff to carry out tasks such as gathering consumer data, reporting data to HHSC, authorizing services, and assisting with application for public benefits.

5. Work in cooperation with the NCTAAA's 14 "focal points." Its home-delivered meal subrecipients have been designated as these focal points and have contractual obligations to coordinate services for older persons in their counties in the case of a disaster.

6. Maintain open communication with HHSC to ensure it is aware of the impact and NCTCOG response.

7. Upon request, serve on regional disaster teams, coordinated by entities including the Red Cross, Salvation Army, and Volunteer Organizations Active in Disaster.

The NCTAAA maintains a collaborative relationship with regional and local emergency management partners. Its offices are located next to the NCTCOG Emergency Preparedness Department, and the NCTAAA director meets at least monthly with all NCTCOG directors, including Emergency Preparedness Director Dr. Maribel Martinez, on organizational and inter-departmental issues. Emergency Preparedness staff provide technical assistance and training to Aging staff, including a February 2026 tabletop exercise.

The NCTAAA collaborates with local emergency partners, either through NCTCOG's Emergency Preparedness or upon request from the local partner. As indicated, the NCTAAA may obligate funds as permitted by HHSC to provide assistance with basic needs. It will comply with HHSC guidance in doing so.

To ensure its leadership is familiar with basic emergency preparedness procedures, the Director of Aging Programs is required to complete basic training in the National Incident Management System (NIMS), consisting of Courses IS100 (Introduction to the Incident Command System) and IS200 (Basic Incident Command System for Initial Response).

Appendix B – Public Comment Activities

Reference: 45 CFR 1321.65(b)(4) and 45 CFR 1321.29

The NCTAAA solicited public comment for this draft area plan by soliciting input during the preparation of a draft. Prior to finalizing the draft, it:

- Gathered input from NCTCOG staff during September 15 and October 20, 2025 Aging program staff meetings. More specifically, participants engaged in a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis.
- Gathered input from members of the Regional Aging Advisory Committee who attended the August 12 and/or November 11, 2025 meetings.
- Hosted a listening forum for NCTAAA subrecipients on November 12, 2025.
- Hosted four listening forums for older North Central Texans, family caregivers, family caregivers of persons living with dementia, and professionals. These listening sessions were held on December 2, 3, 4, and 8, 2025.
- Invited the public to submit comments through an on-line survey at: https://www.surveymonkey.com/r/3BKVPBN. The NCTAAA adapted the 2026 – 2028 State Plan on Aging Assessment Survey for use at the regional level, and promoted the survey through monthly eblasts to approximately 2,500 users and links on its webpage located at: https://nctcog.org/aging-services/professionals-and-advocates

Once it completed a draft of the area plan on December 18, 2025, the NCTAAA placed the plan on its website and invited comments through January 22, 2026. It notified stakeholders and the general public of the opportunity to provide comment by disseminating the following press release to major media outlets in the public service area.

FOR IMMEDIATE RELEASE

December 18, 2025

CONTACT: *Doni Green*
Director of Aging Programs
817-695-9193
dgreen@nctcog.org

North Central Texas Area Agency Invites Comment on Area Plan

The North Central Texas Area Agency on Aging (NCTAAA), a program of the North Central Texas Council of Governments (NCTCOG), receives federal and state funds to provide services to people aged 60+ and family caregivers in its 14-county service area, including Collin, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, and Wise Counties. It has prepared a plan for services it intends to fund during a three-year period and invites public comment through January 22, 2026. The plan is located at: NCTCOG - Professionals & Advocates and is available in hard-copy format upon request.

The NCTAAA provides funding to local agencies for nutrition and transportation services. In addition, its staff and volunteers provide services that include information and referral, help understanding Medicare benefits and options, case management services, caregiver respite, caregiver education, fall prevention workshops, dementia-care consultation, and advocacy for people who live in assisted living and nursing facilities. All services are provided at no charge to those who qualify. For more information about NCTAAA services, go to: NCTCOG - North Central Texas Area Agency on Aging or call 800-272-3921.

What is NCTCOG?

The North Central Texas Council of Governments (NCTCOG) is a voluntary association of local governments (counties, cities, school districts, and special districts) established in 1966 to assist local governments in planning for common needs, cooperating for mutual benefit, and recognizing regional opportunities for improving the quality of life for the citizens of North Central Texas.

In addition, the NCTAAA emailed a link to its subrecipients and promoted the comment opportunity through its two e-blasts (each of which has more than 2,000 users).

RAAC members took action on the plan at its February 10, 2026 meeting. The NCTCOG Executive Board took action on the plan at its February 26, 2026 meeting.

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

Attached please find an attachment that identifies services by county. It is based on projections at the time of the area plan submission (February 2026). The NCTAAA reserves the right to revise this document on an annual basis, as it prepares its working budgets for Fiscal Years 2027-2029.

2027-2029 Projected Distribution of Direct Service Funds by County

Supportive Services	Collin	Denton	Ellis	Erath	Hood
Assisted Transportation	☐	☐	☐	☐	☐
Care Coordination (Case Management)	☑	☑	☑	☑	☑
Chore Maintenance	☐	☐	☐	☐	☐
Day Activity & Health Services	☐	☐	☐	☐	☐
Emergency Response	☑	☑	☑	☑	☑
Homemaker	☑	☑	☑	☑	☑
Homemaker - Voucher	☑	☑	☑	☑	☑
Income Support	☑	☑	☑	☑	☑
Information, Referral & Assistance	☑	☑	☑	☑	☑
Instruction and Training	☑	☑	☑	☑	☑
Legal Assistance 60+	☑	☑	☑	☑	☑
Legal Awareness (Legal Outreach)	☑	☑	☑	☑	☑
Outreach	☑	☐	☐	☐	☐
Participant Assessment	☐	☐	☐	☐	☐
Personal Assistance	☑	☑	☑	☑	☑
Public Information Services	☑	☑	☑	☑	☑
Residential Repair	☑	☑	☑	☑	☑
Senior Center Operations	☐	☐	☐	☐	☐
Social Reassurance	☐	☐	☐	☐	☐
Transportation	☑	☑	☑	☑	☑
Transportation - Voucher	☐	☐	☐	☐	☐
Visiting	☐	☐	☐	☐	☐
Nutrition Services					
Congregate Meals	☑	☑	☐	☐	☑
Home Delivered Meals	☑	☑	☑	☑	☑
Nutrition Consultation	☐	☐	☐	☐	☐
Nutrition Counseling	☐	☐	☐	☐	☐
Nutrition Education	☑	☐	☑	☐	☑
Participant Assessment - Nutrition Services	☑	☐	☐	☐	☑
Health Promotion Services					
Evidenced Based Intervention	☑	☑	☑	☑	☑
Health Maintenance	☑	☑	☑	☑	☑
Health Screening and Monitoring	☐	☐	☐	☐	☐
Mental Health Services	☐	☐	☐	☐	☐
Phyiscal Fitness	☐	☐	☐	☐	☐
Recreation	☐	☐	☐	☐	☐
Family Caregiver					
Caregiver Counseling	☑	☐	☐	☐	☐
Caregiver Information Services	☑	☑	☑	☑	☑
Caregiver Support Coordination / CM	☐	☐	☐	☐	☐
Caregiver Support Groups	☐	☐	☐	☐	☐
Caregiver Training	☐	☐	☐	☐	☐
Respite In Home	☑	☑	☑	☑	☑
Respite Out of Home	☑	☑	☑	☑	☑
Respite Out of Home, Overnight	☑	☑	☑	☑	☑
Respite, Voucher	☑	☑	☑	☑	☑
Ombudsman Services					
Ombudsman Program Services	☑	☑	☑	☑	☑
Special Activities - As Approved					
Special Initiative	☐	☐	☐	☐	☐

Supportive Services	Hunt	Johnson	Kaufman	Navarro	Palo Pinto	Parker	Rockwall	Somervell	Wise
Assisted Transportation	☐	☐	☐	☐	☐	☐	☐	☐	☐
Care Coordination (Case Management)	☑	☑	☑	☑	☑	☑	☑	☑	☑
Chore Maintenance	☐	☐	☐	☐	☐	☐	☐	☐	☐
Day Activity & Health Services	☐	☐	☐	☐	☐	☐	☐	☐	☐
Emergency Response	☑	☑	☑	☑	☑	☑	☑	☑	☑
Homemaker	☑	☑	☑	☑	☑	☑	☑	☑	☑
Homemaker - Voucher	☑	☑	☑	☑	☑	☑	☑	☑	☐
Income Support	☑	☑	☑	☑	☑	☑	☑	☑	☑
Information, Referral & Assistance	☑	☑	☑	☑	☑	☑	☑	☑	☑
Instruction and Training	☑	☑	☑	☑	☑	☑	☑	☑	☑
Legal Assistance 60+	☑	☑	☑	☑	☑	☑	☑	☑	☑
Legal Awareness (Legal Outreach)	☑	☑	☑	☑	☑	☑	☑	☑	☑
Outreach	☐	☐	☐	☐	☐	☐	☐	☐	☐
Participant Assessment	☐	☐	☐	☐	☐	☐	☐	☐	☐
Personal Assistance	☑	☑	☑	☑	☑	☑	☑	☑	☑
Public Information Services	☑	☑	☑	☑	☑	☑	☑	☑	☑
Residential Repair	☑	☑	☑	☑	☑	☑	☑	☑	☑
Senior Center Operations	☐	☐	☐	☐	☐	☐	☐	☐	☐
Social Reassurance	☐	☐	☐	☐	☐	☐	☐	☐	☐
Transportation	☑	☐	☑	☐	☑	☑	☑	☑	☑
Transportation - Voucher	☐	☐	☐	☐	☐	☐	☐	☐	☐
Visiting	☐	☐	☐	☐	☐	☐	☐	☐	☐
Nutrition Services									
Congregate Meals	☑	☑	☑	☐	☐	☑	☑	☑	☑
Home Delivered Meals	☑	☑	☑	☑	☑	☑	☑	☑	☑
Nutrition Consultation	☐	☐	☐	☐	☐	☐	☐	☐	☐
Nutrition Counseling	☐	☐	☐	☐	☐	☐	☐	☐	☐
Nutrition Education	☑	☑	☑	☑	☐	☐	☐	☐	☑
Participant Assessment - Nutrition Services	☑	☐	☑	☐	☐	☐	☐	☐	☐
Health Promotion Services									
Evidenced Based Intervention	☑	☑	☑	☑	☑	☑	☑	☑	☑
Health Maintenance	☑	☑	☑	☑	☑	☑	☑	☑	☑
Health Screening and Monitoring	☐	☐	☐	☐	☐	☐	☐	☐	☐
Mental Health Services	☐	☐	☐	☐	☐	☐	☐	☐	☐
Physical Fitness	☐	☐	☐	☐	☐	☐	☐	☐	☐
Recreation	☐	☐	☐	☐	☐	☐	☐	☐	☐

Family Caregiver									
Caregiver Counseling	☐	☐	☐	☐	☐	☐	☐	☐	☐
Caregiver Information Services	☑	☑	☑	☑	☑	☑	☑	☑	☑
Caregiver Support Coordination / CM	☐	☐	☐	☐	☐	☐	☐	☐	☐
Caregiver Support Groups	☐	☐	☐	☐	☐	☐	☐	☐	☐
Caregiver Training	☐	☐	☐	☐	☐	☐	☐	☐	☐
Respite In Home	☑	☑	☑	☑	☑	☑	☑	☑	☑
Respite Out of Home	☑	☑	☑	☑	☑	☑	☑	☑	☑
Respite Out of Home, Overnight	☑	☑	☑	☑	☑	☑	☑	☑	☑
Respite, Voucher	☑	☑	☑	☐	☑	☑	☑	☑	☐
Ombudsman Services									
Ombudsman Program Services	☑	☑	☑	☑	☑	☑	☑	☑	☑
Special Activities - As Approved									
Special Initiative	☐	☐	☐	☐	☐	☐	☐	☐	☐

Attachment 2: Verification of Intent & Assurances

Reference: OAA of 1965, as amended through P.L. 116-131 (3/25/2020)

Attached please find assurances that the following requirements have been met in preparation of this area plan:

- Input through a public comment period of more than 30 days.
- Input from the AAA advisory council.
- Composition requirements of advisory council are met.
- Approval from the AAA's governing board.
- Active policies and procedures are in place to identify both organizational and individual conflicts of interest.
- Direct Service Waiver will be submitted as required.
- Annual budget process will include submission of number of individuals served, type and number of units provided, and corresponding expenditures.

2027 – 2029 Area Plan
Verification of Intent & Assurances

North Central Texas Area Agency on Aging

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

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

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

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

☒ The composition of the AAA's advisory council meets required standards defined in 45 CFR 1321.63(b)

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

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

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

2027 – 2029 Area Plan
Verification of Intent & Assurances

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

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

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—
(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance;

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

(3)

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

centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and
(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)
(A)(i)(I) provide assurances that the area agency on aging will—
(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);
(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —
(I) identify the number of low-income minority older individuals in the planning and service area;
(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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

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

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

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

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older

individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

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

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

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

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

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

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

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

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

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

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging

shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;
(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and
(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—
(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—
(i) respond to the needs and preferences of older individuals and family caregivers;
(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—
(i) the need to plan in advance for long-term care; and
(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—
(A) not duplicate case management services provided through other Federal and State programs;
(B) be coordinated with services described in subparagraph (A); and
(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;
(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

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

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—
(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

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

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

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
(B) disclose to the Assistant Secretary and the State agency—
(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship;
(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

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

(15) provide assurances that funds received under this title will be used—
(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

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

(18) provide assurances that the area agency on aging will collect data to determine—
(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and
(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

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

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

(2) Such assessment may include—

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

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

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

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

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

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

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging

demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.
(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.
(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.
(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege. (f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.
(B) At a minimum, such procedures shall include procedures for—
(i) providing notice of an action to withhold funds;
(ii) providing documentation of the need for such action; and
(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.
(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).
(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.
(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—
(1) contracts with health care payers;
(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

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

NORTH CENTRAL TEXAS COUNCIL OF GOVERNMENTS EXECUTIVE DIRECTOR

Name: Todd Little

Signature: 

Date: 2/26/2026

I. PURPOSE STATEMENT

The purpose of this plan is to describe the actions to be taken by the North Central Texas Area Agency on Aging (NCTAAA) and its agents in the event that an emergency or disaster threatens the health and/or safety of older persons and/or their family caregivers who live within the fourteen (14) county service area of the NCTAAA.

This Emergency Operations Plan complements the North Central Texas Council of Governments' Emergency Handbook, which describes emergency procedures for staff who are based in the North Central Texas Council of Governments' Arlington campus. This Emergency Operations Plan describes NCTAAA staff and volunteers' responsibilities for providing direct services and coordinating contracted services to benefit clients who may be impacted by an emergency.

II. SITUATION and STAFFING

A. Program Description

The NCTAAA is a program of the North Central Texas Council of Governments (NCTCOG). Its offices are located at 616 Six Flags Drive Arlington, Texas, 76011. It has responsibilities for providing health and social services to older persons, persons with disabilities, and family caregivers who live in a 14-county service area. These counties consist of Collin, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, and Wise.

The NCTAAA has approximately 30 staff who provide administrative and direct services, including information and referral, long-term care ombudsman, benefits counseling, case management, and nursing home relocation. All may be asked to assist in responding to emergencies or disasters.

The Director of Aging Programs has primary responsibility for coordinating the NCTAAA's disaster response. She maintains primary contact with NCTAAA nutrition subrecipients, who have been designated as "focal points" for local delivery of aging services.

The Director of Aging Programs has responsibilities for liaising with the Texas Health and Human Services Commission (HHSC), securing necessary resources to implement the plan, and ensuring staff members are given clear direction regarding their roles and responsibilities.

The Director of Aging Programs is required to complete the following National Incident Management System (NIMS) training programs: IS100 - Introduction to the Incident Command System, ICS 100 and IS200 - Basic Incident Command System for Initial Response, ICS-200. Other Aging staff and volunteers are encouraged, but not required, to receive NIMS training,

Attachment 1

Job Action Sheet NCTAAA

Logistics / Planning (Director of Aging Programs)	
Name	
Date	
Site	
Shift	
Report To	**Executive Director**

Role: Supervise and manage activities associated with North Central Texas Area Agency on Aging and communication to maintain needed functions. Communicates with aging service staff, Executive Director, and the Texas Health and Human Services Commission.

Immediate: Initial actions to be done upon activation/new operational period

- Consult with NCTCOG Director of Emergency Preparedness, Executive Director, and HHSC regarding action plan
- Notify Contractor(s) in affected area and secure staffing and resources, as available
- Secure staffing and assign responsibilities to each staff person/volunteer who will respond
- Review with each responder available human and material resources

Ongoing: Responsibilities and actions to assure effective operations of the NCTAAA

- Communicate with responders, and provide technical assistance as needed
- Seek additional resources from NCTCOG/HHSC as needed
- Prepare and submit interim reports and documents as needed
- Attend daily briefings

Shift Change/Deactivation (event contained, response completed)

- Notify Executive Director, HHSC
- Prepare and submit final reports
- Evaluate effectiveness of response

Job Action Sheet NCTAAA

Incident Commander (Aging Supervisor- Contract Services)	
Name	
Date	
Site	
Shift	
Report To	**Director of Aging Programs**

Role: Under the direction of the Logistics Commander/ Director Aging Programs, coordinate and communicate activities associated with North Central Texas Area Agency on Aging in response to emergency and disaster events affecting older adults. Direct response services and activities to maintain needed functions. Communications with aging service staff, Executive Director, Director and HHSC.

Immediate: Initial actions to be done upon activation/new operational period

- Notification of Logistics Commander
- Coordination of call down
- Initiation of response
- Initiation of emergency operations plan for the event
- Coordination of resources to address event/actions
- Communications to NCTCOG management and HHSC

Ongoing: Responsibilities and actions to assure effective operations of the NCTAAA

- Communications to responders, NCTCOG management and HHSC
- Gathering of information and coordination of reports/documents
- Review of response to event, daily briefing.

Shift Change / Deactivation (event contained, response completed)

- Orientation to Command Staff at shift change
- Briefing to HHSC
- Standing down of resources
- Coordination of final reports
- De-briefing and review of event

Job Action Sheet NCTAAA

Operations (Reporting and Compliance Supervisor)	
Name	
Date	
Site	
Shift	
Report To	**Logistics / Incident Commander, Director Aging Programs**

Role: Supervise and manage activities associated with implementation of the disaster plan at the county level. Communicate with Director Aging Programs, aging service staff, subrecipients, and HHSC.

Immediate: Initial actions to be done upon activation/new operational period

- Communicate with Logistics Commander/Incident Manager
- Communicate with volunteers to call up needed resources for assistance
- Should COG offices not be available, report from home or field office to coordinate and provide services/assistance

Ongoing: Responsibilities and actions to assure effective operations of the NCTAAA

- Maintain communication with subrecipients
- Assist persons affected by event with access to benefits. Complete necessary documents for services funded by NCTAAA, and make referrals to external services
- Complete reporting documents for tracking of expenditures, volunteer time and services
- Participate in briefings

Shift Change/Deactivation (event contained, response completed)

- Communicate with volunteers regarding assignments and deactivation from assignments
- Provide transition from emergency services to long-term services for participants when necessary
- Complete reporting documents for tracking of expenditures, volunteer time and services
- Attend debriefing/wrap-up

Job Action Sheet NCTAAA

Operations (Managing Local Ombudsman)	
Name	
Date	
Site	
Shift	
Report To	**State Long-Term Care Ombudsman, Director of Aging Programs**

Role: Investigate complaints by residents of long-term care facilities, report findings and help achieve resolution. Help resolve concerns regarding facilities' quality of life and/or quality of care. As needed, consult with older persons and family members about facility placement. Supervise volunteer ombudsman.

Immediate: Initial actions to be done upon activation/new operational period

- Communicate with the Logistics and Incident Commander concerning need for activation or resident/family or facility needs
- Communicate with State Ombudsman concerning need to activate
- Communicate with facility administrators in the incident zone to determine:
  - Willingness to admit persons in need of institutional care who've been displaced and number of available beds
  - How residents will be tracked during evacuation/relocation
  - Transferring of medical records and trust funds
  - Notification of families of residents

Ongoing: Responsibilities and actions to assure effective operations of the NCTAAA

- Communicate with facilities that have admitted displaced persons or transferred residents to other facilities
- Attend / provide daily briefings to command staff and State Ombudsman
- Discuss immediate needs of residents
- Provide information on resources to meet resident needs
- Track the impact of the disaster on residents and ensure that resident rights are protected
- Complete reports to document services provided, volunteer hours and expenses

Shift Change/Deactivation (event contained, response completed)

- Communicate with Logistics and Incident Commander to discuss scaling-down of services as incident completion nears
- Follow-up with residents and family through re-patriation
- Completion of reporting, expenses and activities of Ombudsman staff / volunteers
- Report to Command Staff and State Ombudsman deactivation activities

Job Action Sheet NCTAAA

Operations (Case Management Supervisor)	
Name	
Date	
Site	
Shift	
Report To	**Director Aging Programs**

Role: Oversee staff and contract case managers in order to secure necessary goods and services for older persons and family caregivers who've been affected by disaster.

Immediate: Initial actions to be done upon activation/new operational period

- Brief staff and contract case managers and provide instructions regarding scope of work.
- Coordinate communications with NCTAAA consumers.
- Support Incident Commander and Logistics Commander.
- Coordinate Communications with HHSC when needed.

Ongoing: Responsibilities and actions to assure effective operations of the NCTAAA

- Ensure open lines of communications with staff and HHSC.
- Ensure open lines of communications between NCTAAA and consumers.
- Provide support to Incident Commander & Logistics Commander/Director Aging Programs

Shift Change/Deactivation (event contained, response completed)

- Communicate stand down to contract case managers, vendors and consumers.
- Process reports and documents to support activities
- Debrief involved parties.

Job Action Sheet NCTAAA

Administration/Finance (Senior Accountant)	
Name	
Date	
Site	
Shift	
Report To	**Logistics / Incident Commander, Director Aging Programs**

Role: Assist department director in determining available resources and establishing fiscal policies.

Immediate: Initial actions to be done upon activation/new operational period

- Provide information on fund availability.
- Facilitate payment of staff and resources accessed

Ongoing: Responsibilities and actions to assure effective operations of the NCTAAA

- Maintain expenditure information
- Be aware of funds available on a daily basis, taking into account the cumulative amount of expenditures made during the event
- Ensure proper documentation is received for all expenditures made
- Coordinate the payment process with NCT and Administration, expediting payments as necessary

Shift Change/Deactivation (event contained, response completed)

- Reconcile expenses
- Brief Director of Aging Programs on funds expended and available
- Request reimbursement from HHSC and make payment to providers

Activation Checklist

- Activate Emergency Plan
- Notify NCTCOG Administrative Staff, State and Governmental authorities
- Call up and activate required staff and resources

- Develop and implement action plan (Immediate (24 hour) and long-term) (review daily)
- Conduct daily briefings
- Evaluate / order resources based upon analysis and type of emergency/disaster
- Monitor media and provide information as available
- Maintain reporting procedures
- Begin staging down of resources
- Follow-up with staff and volunteers)
- Evaluate actions / services during event (review/ revise)
- Report on best practices, lessons learned