

Area Agency on Aging of the Permian Basin Area Plan

FFY 2027 - 2029

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

**Pending Approval by HHSC
Office of Area Agencies on Aging February 2026**



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Executive Summary

The Permian Basin Regional Planning Commission serves as the grantee organization for the Area Agency on Aging of the Permian Basin (AAA), which is designated to serve Planning and Service Region 9. Guided by the Older Americans Act of 1965 (as amended), the AAA supports a holistic, person-centered approach that promotes dignity, choice, independence, individuality, and the protection of rights and benefits for older adults.

Area Agencies on Aging are required to submit an Area Plan to the Texas Health and Human Services Commission and carry out the functions and requirements outlined in that plan. The AAA's Area Plan serves as a locally defined, flexible service delivery framework centered on the needs of the population it serves. For each overarching goal, the plan establishes local strategies and anticipated outcomes that guide service provision, target outreach to individuals with the greatest need, and support performance reporting.

Operating under the leadership of the PBRPC, the AAA remains committed to adapting to changing demographics and delivering services aligned with the unique needs of its diverse 17-county region. Grounded in its mission to empower older adults and family caregivers—and its vision of a region where individuals can age in place with purpose and connection—the AAA values and respects older adults and the contributions they have made to their communities. These principles guide the agency's planning, service delivery, and advocacy efforts to ensure older adults can live with dignity, make their own choices, remain independent, and continue participating fully in society.

As the AAA enters this planning period with an overall reduced budget due to the phaseout of pandemic relief funds, the AAA is committed to maintaining its full-service array into Federal Fiscal Year 2027, continuing to provide all services offered under the prior Area Plan despite operating with fewer resources and staffing accompaniment. Through our unwavering commitment we aim to inspire a society that recognizes and honors the immense worth and wisdom of older individuals, ensuring that they thrive and flourish in every stage of life.

Organizational Profile

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

Organization and staff composition

The Permian Basin Regional Planning Commission (PBRPC) was established in March 1971 under the authority of Article 1011m, V.A.C.S. The Regional Planning Act of 1965 (Chapter 391, Local Government Code), as amended and codified, authorized the creation of regional councils to support coordinated planning and service delivery across multi-county regions. Today, PBRPC serves as a regional host for collaboration, helping local governments and partners address shared challenges through coordinated planning, technical assistance, and program administration.

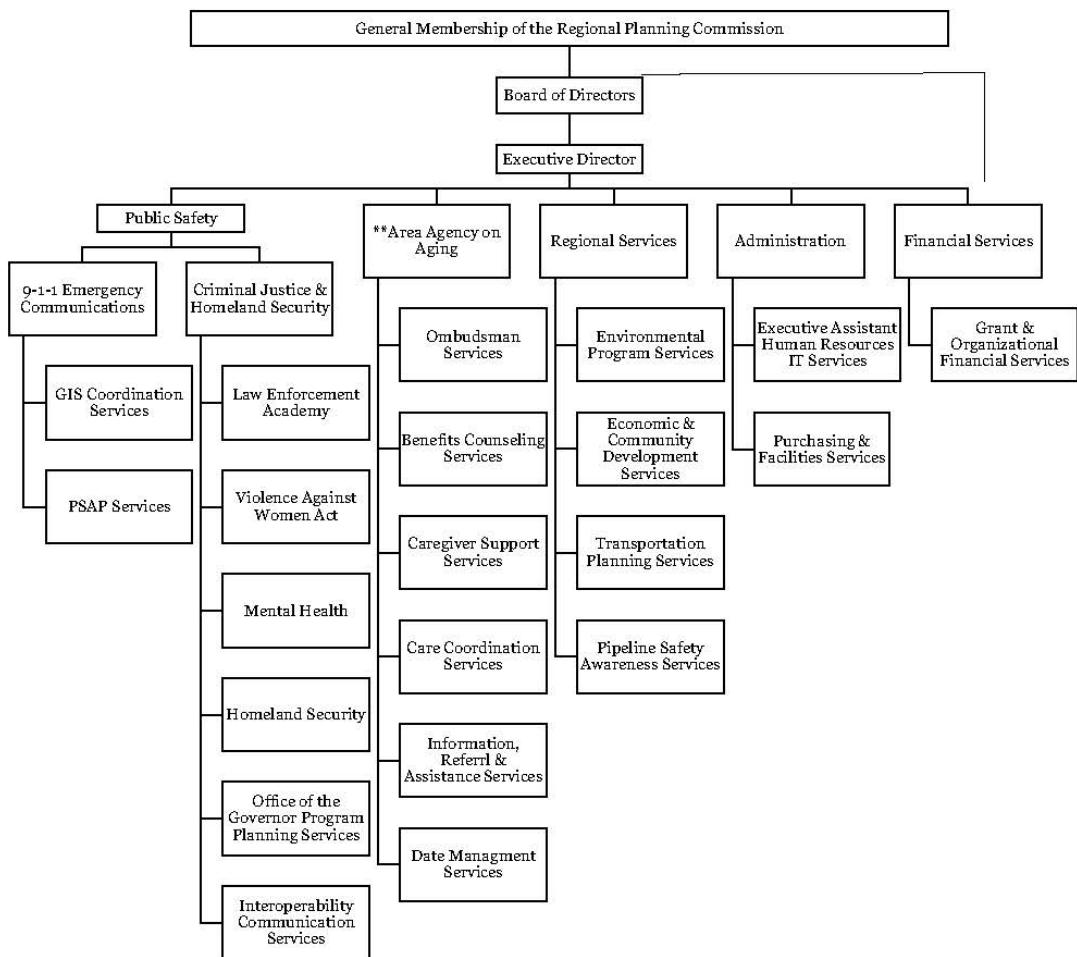
As of Federal Fiscal Year 2026, PBRPC operates with an annual budget of approximately \$11.4 million and a staff of 25. The agency is engaged in a wide range of projects and programs that strengthen regional infrastructure, safety, and community well-being, including 9-1-1 Emergency Communications, the Area Agency on Aging, Criminal Justice, Homeland Security, and Regional Services such as Environmental Programs, Economic and Community Development, Transportation Planning, and Pipeline Safety Awareness. This breadth of work reflects PBRPC's long-standing role in convening partners and administering programs that respond to evolving regional needs.

The Area Agency on Aging of the Permian Basin (AAA) was established in 1973 as a Regional Office on Aging within PBRPC and is responsible for planning, coordination, programmatic oversight, and implementation of local services in accordance with the Older Americans Act (OAA). The AAA's seven staff members comprise approximately 28% of the PBRPC workforce and are funded entirely through Older Americans Act funds and grants, with PBRPC providing support for the required administrative cash match. As of fiscal year 2026, AAA revenues comprise 16.71% of the PBRPC budget.

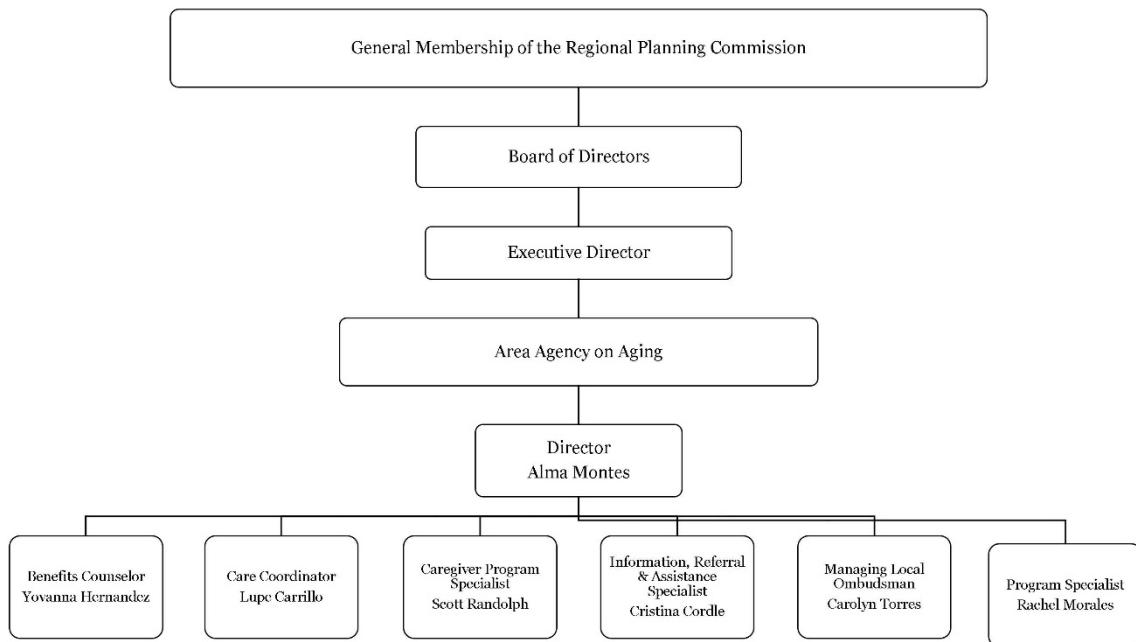
The following pages contain the organizational charts for the PBRPC and the AAA respectively.



Organizational Plan



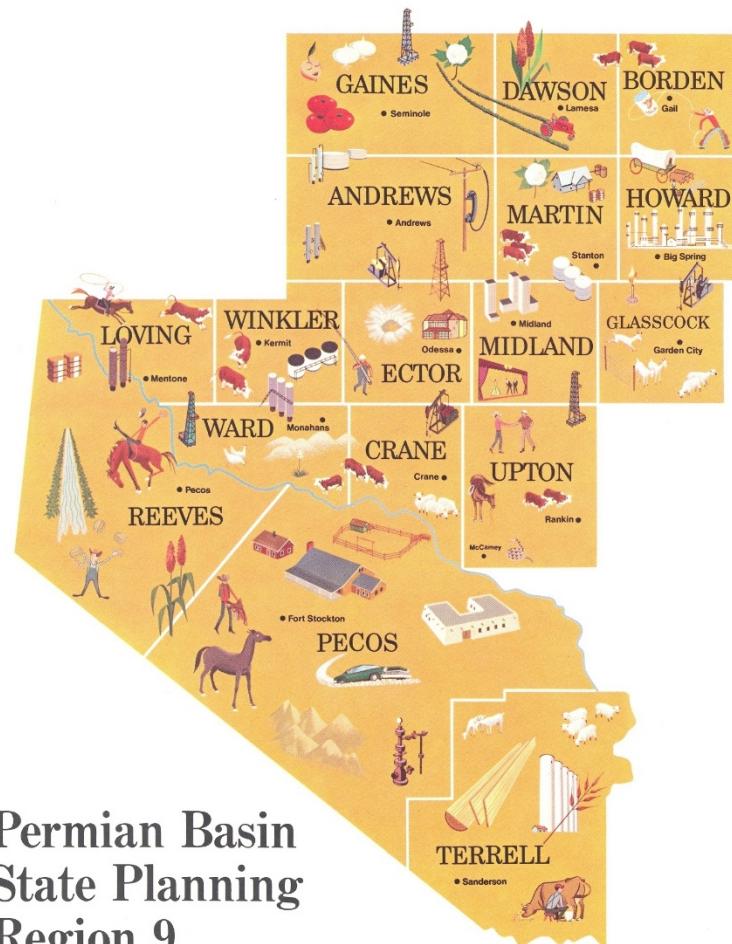
**Area Agency on Aging Departmental
Organizational Plan**



The AAA maintains seven full-time positions consisting of Director, Benefits Counselor, Care Coordinator, Caregiver Program Specialist, Information, Referral & Assistance Specialist, Managing Local Ombudsman, and Program Specialist.

Many staff have worked in other public service entities such as Texas Health and Human Services Medicaid for the Elderly and Disabled, Permian Basin Community Centers, Big Spring Stata Hospital, Texas Workforce Commission, Ector County Independent School District, and volunteer for other charitable non-profit organizations. These factors provide a strong knowledge base of services for older people and good working relationships with key aging service entities. Cultural sensitivity for clients is enhanced with the AAA's staff ethnic composition of 85% Hispanic, 14% Anglo with five bi-lingual in Spanish. AAA staff have cumulatively contributed forty-seven (47) years to the Area Agency on Aging.

Planning and Service Area Summary



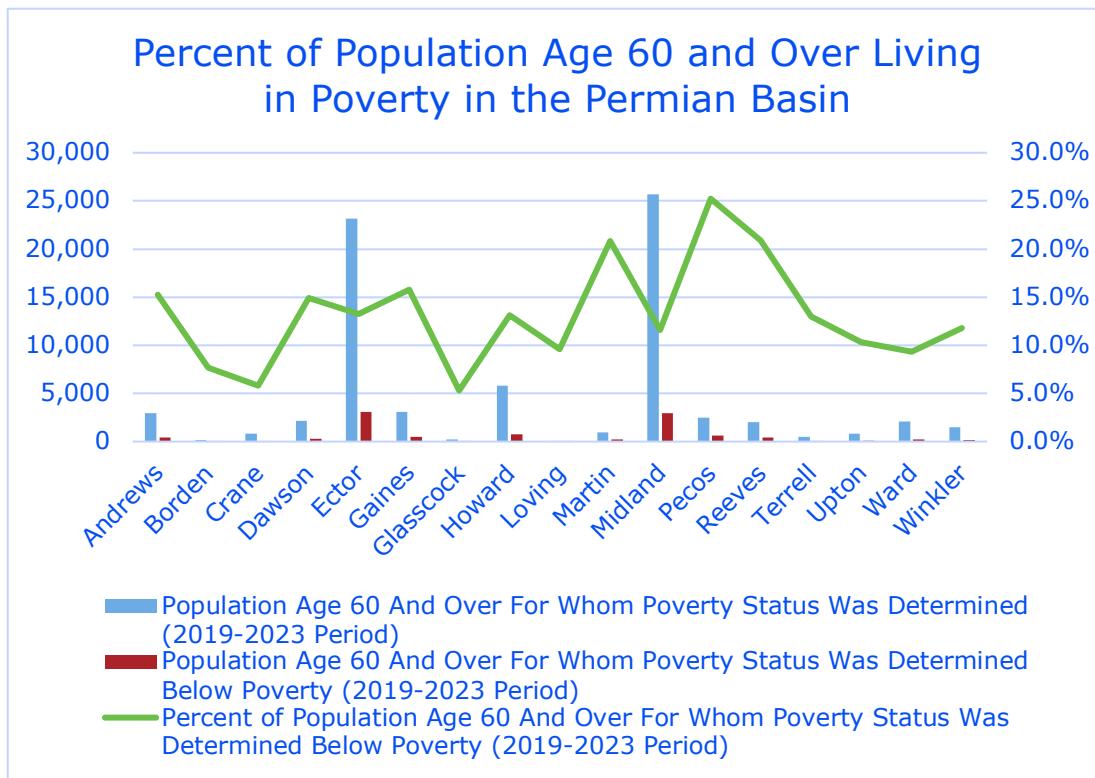
Permian Basin State Planning Region 9

The AAA is designated to support older adults and family caregivers across Planning and Service Region 9. The AAA region encompasses seventeen counties and twenty-nine incorporated cities. The entire Permian Basin region extends 250 miles wide and 300 miles long, comprising 23,484 square miles, approximately 9.0% of the overall state of Texas. Midland and Ector Counties are densely populated at 152.0 and 152.8 population per square mile compared to Texas' 96.3. The remaining 15 counties in the region have population densities well below the statewide average according to the U.S. Census Bureau.

The counties contained therein include Andrews, Borden, Crane, Dawson, Gaines, Glasscock, Howard, Loving, Martin, Pecos, Reeves, Terrell, Upton, Ward, and Winkler. The major cities are Midland and Odessa, while the remaining incorporated cities include Andrews, Ackerly, Balmorhea, Barstow, Big Spring, Coahoma, Crane, Forsan, Fort Stockton, Goldsmith, Grandfalls, Iraan, Kermit, Lamesa, Los Ybanez, McCamey, Monahans, Pecos, Pyote, Rankin, Seagraves, Seminole, Stanton, Toyah, Thorntonville, Wickett, and Wink.

Eleven of the seventeen counties in the Permian Basin region are within 150 miles of the Texas/Mexican border and contain twenty-one (21) Colonias. Fifteen of the seventeen Permian Basin counties are rural. These counties include Andrews, Borden, Crane, Dawson, Gaines, Glasscock, Howard, Loving, Martin, Pecos, Reeves, Terrell, Upton, Ward, and Winkler. Six of the 17 counties are considered "frontier" by population, 6 people per square mile or less. The two urban areas include the cities of Odessa and Midland which are Ector and Midland Counties.

AAA serves a unique region that is primarily rural. Geographical challenges limit the ability of people to access services and to meet their basic needs, which are essential to staying healthy. The impact of these challenges can be compounded by the barriers already present in rural areas, such as limited accessibility to public transportation options. According to the U.S. Census Bureau American Community Survey for the years 2019-2023 indicate that the population over the age of 60 years of age residing in poverty range from 25.2% to 5.3% with the highest poverty in the rural counties compared to 11.6% of all Texans according to the same survey.



Therefore, the AAA continues to target its services towards individuals 60 years of age and over residing in rural areas, older individuals with greatest economic need (with particular attention to low-income minority individuals and individuals residing in rural areas), older individuals with greatest social need (with particular attention to low-income minority individuals and individuals residing in rural areas), older individuals with severe disabilities, with limited English proficiency, and older individuals with Alzheimer's disease and related disorders with neurological and brain dysfunction (and the caretakers of such individuals).

Economic and social resources available in the PSA

Although the Permian Basin spans a large geographic area, its economic base is less diversified than its size might suggest, with most counties heavily dependent on oil and gas production. This reliance drives fluctuations in employment, wages, and the cost of living based on the energy sector's performance—impacts that are most pronounced in the region's population centers of Midland and Odessa, where growth and investment are concentrated. While the region's natural resources have generated substantial economic growth, the benefits and burdens of this growth are not evenly distributed across the 17-county area. In the more rural counties—where ranching, farming, and limited manufacturing are more common—residents

may face fewer employment options, longer travel distances, and reduced access to healthcare and supportive services. These conditions shape the local service environment and reinforce the need for a flexible aging services network that can respond to shifting economic conditions while protecting older adults—particularly those on fixed incomes—from instability and cost pressures.

The Permian Basin's boom-and-bust economic cycles create challenges for older adults and the local services during both periods of rapid growth and downturn. During "highs," increased demand on housing and infrastructure drives up the cost of living—particularly rent, utilities, and necessities, placing additional strain on seniors living on fixed incomes and increasing demand for income support, nutrition, benefits counseling, and in-home supports. During "lows," households may experience income instability and communities can see reduced local revenues and charitable capacity, making it harder to sustain services at the same level. This volatility complicates long-term planning and underscores the need for flexible service delivery, strong partnerships, and strategies that help older adults remain stable and supported regardless of economic conditions.

The energy industry also creates intense competition for experienced workers, which elevates wages and increases labor costs across all sectors—including senior services and other social service programs. As a result, aging-service providers and community partners often struggle to recruit and retain qualified staff (e.g., case managers, aides, drivers, and healthcare staff), which can limit service capacity, increase turnover, and affect continuity of care for older adults. In addition, the region's Workforce Development Board reports that the local workforce is generally lower-skilled, with educational and certification attainment rates below the state average, which can reduce the pool of candidates eligible for specialized roles and increase the need for training, supervision, and workforce development to sustain high-quality services for seniors.

According to the University of Wisconsin Population Health Institute's County Health Rankings & Roadmaps (CHR&R), all 17 Permian Basin counties report a primary care physician-to-population ratio that is less favorable than the Texas average of 1,640:1 and the U.S. average of 1,310:1, indicating reduced access to routine and preventive care across the region. Four counties report no primary care physicians, requiring residents to seek primary care services outside of their county of residence. CHR&R also highlights geographic isolation through the share of residents living in low population density areas, reflecting structural barriers that can contribute to social isolation and limited-service access. In counties

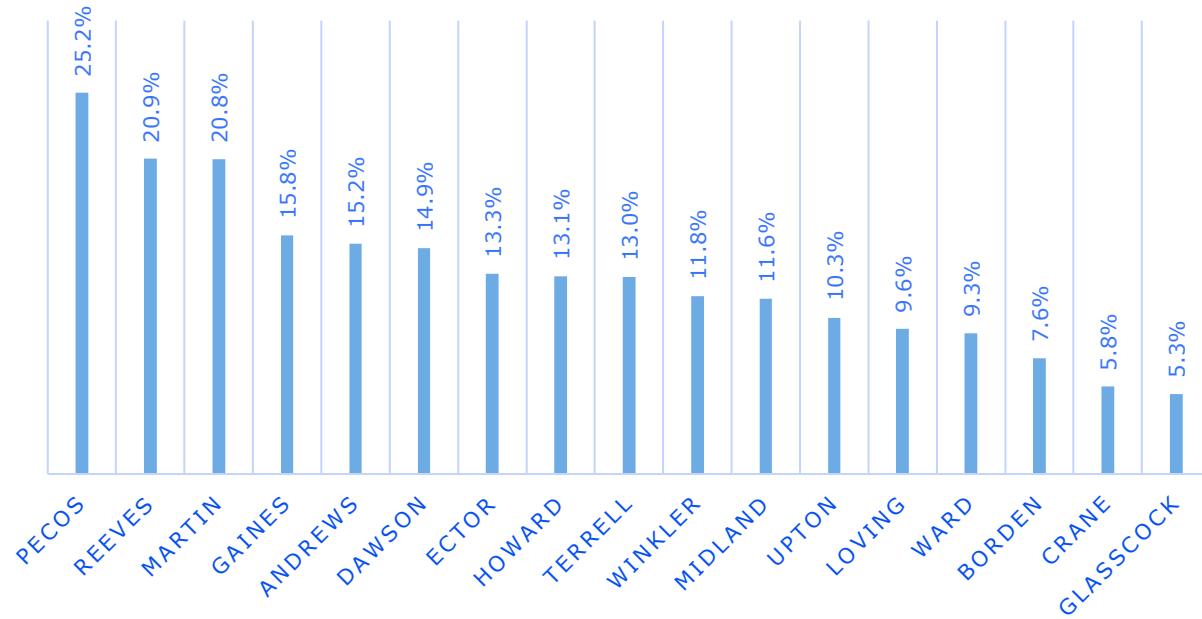
characterized by small populations and limited housing stock, these conditions can compound the challenges experienced by older adults, particularly those age 65 and older by increasing travel burden, reducing informal supports, and limiting timely access to care.

County	Ratio of Population to Primary Care		*% of the Population that Lives in a Low Population Density Area	% of the Population that is 65 & Older
	Population	Physician		
Andrews	2040	1	18.3%	10.4%
Borden	590	0	100.0%	24.8%
Crane	2270	1	100.0%	12.9%
Dawson	3030	1	29.9%	14.1%
Ector	1660	1	9.1%	10.0%
Gaines	22180	1	67.3%	9.2%
Glasscock	1160	0	100.0%	15.2%
Howard	5610	1	16.9%	13.9%
Loving	50	0	100.0%	0.0%
Martin	5220	1	100.0%	11.8%
Midland	2650	1	13.7%	10.8%
Pecos	2110	1	43.7%	13.6%
Reeves	2580	1	11.3%	12.8%
Terrell	690	0	100.0%	31.1%
Upton	3150	1	100.0%	16.9%
Ward	5480	1	21.3%	13.8%
Winkler	3650	1	18.1%	12.4%

*Region with less than 2,000 housing units and less than 5,000 people

According to the U.S. Census Bureau American Community Survey for the years 2019-2023, individuals over the age of 60 for whom poverty status was determined below poverty status appear below with five of the least populated counties having the highest poverty levels.

PERCENT OF POPULATION AGE 60 AND OVER FOR WHOM POVERTY STATUS WAS DETERMINED BELOW POVERTY (2019-2023 PERIOD)



Population Trends and other issues impacting older adults

Based on projections from the Texas Demographic Center, the 17-county Permian Basin region is projected to grow from approximately 1.27 million residents in 2025 to 1.48 million by 2030 (about +16.8%). Growth is expected to be concentrated in the region's population and employment hubs—particularly Midland and Ector counties—while several smaller rural counties are projected to experience minimal growth or remain relatively flat over the same period.

At the same time, the region continues to age: residents age 65 and older are projected to increase from about 68,250 in 2025 to 75,970 by 2030 (about +11.3%), and the 85+ population is projected to grow from about 8,126 to 8,826 (about +8.6%). While overall population growth may be driven by migration and workforce demand in the urban centers, the older-adult population still increases across the region—reinforcing the need to expand access to health care, supportive services, transportation, and nutrition programs, especially in rural and frontier areas where service access is already constrained.

Advisory Council Composition

The AAA actively seeks representation from various demographic groups, including older individuals, minority individuals, those residing in rural areas, and disabled individuals who are eligible to participate in programs under the Older Americans Act. Family caregivers, representatives of older individuals, service providers, and members from the business community are also sought. Additionally, the AAA aims to include elected officials or staff representation, as well as individuals from agencies such as West Texas ADRC and Adult Protective Services, community service agencies, and healthcare providers.

To ensure broad participation and representation, the AAA extends opportunities for involvement to the public. This inclusive approach allows individuals from the community to contribute their perspectives and insights. Below is a table demonstrating the diversity reflected in our membership.

Category	Number of Members
Older Individuals Residing in Rural Areas	4
Clients of Title III Services	2
Older Individuals	6
Minority Older Individuals who Participate or are Eligible to Participate in OAA Programs	3
Local Elected Officials	2
General Public	13
Veterans' Health Care Providers, if applicable	1
Service Providers	7
Family Caregivers of Older Individuals	2
Business Community Representatives	2
Representatives of Older Individuals	3
Representatives of Health Care Provider Organizations	1
People with Leadership Experience in the Private and Voluntary Sector	6
Representatives of Supportive Services Provider Organizations	5

The selection process for Advisory Council members involves outreach efforts to identify potential candidates who meet the desired demographic criteria. The AAA engages in targeted recruitment strategies that reach out to older individuals,

minority communities, rural areas, and disability service organizations. By actively seeking out individuals who reflect the diversity of the seventeen-county region, the AAA endeavors to ensure council membership that accurately represents the population it serves.

The AAA's selection process emphasizes transparency, fairness, and inclusivity that mirrors the demographics of the PSA to the greatest extent possible. The organization uses established guidelines and criteria to evaluate and consider potential council members, aiming to select individuals who can contribute effectively to the council's mission of empowering older adults. This ensures that the council's decisions and recommendations are informed by a broad range of perspectives, enhancing the organization's ability to address the unique needs and challenges faced by older adults in the Permian Basin.

The Advisory Council will meet four times a year on a quarterly basis and the meetings are scheduled on the third Wednesday of each March, June, September and December. Each December the Advisory Council makes nominations and officers are elected to take office at the first meeting of the calendar year. In an effort to grow an energetic and diverse advisory council, applications for memberships are accepted and submitted for approval as prospective members apply throughout the year.

Name	Occupation or Organization or Affiliation	County of Residence	Member Since
Abigail Pritchard	Mayor of Grandfalls, TX, retired	Ward	11/2019
Amber Lambright	Family & Community Health Extension Agent, Texas AgriLife Extension	Andrews	09/2024
Bobby Slaughter	Director, Permian ADRC	Winkler	09/2007
David Gutierrez	Director, Permian ADRC	Howard	11/2016

Name	Occupation or Organization or Affiliation	County of Residence	Member Since
Hope Williams	TSHL Member	Winkler	09/2023
Jane Hellinghausen	Community Grant Writer, Casa de Amigos	Midland	11/2016
Kelley Moseley	Registered Nurse, Texas Tech Health University Health Sciences, Co-director Center of Excellence for Evidence Based Practice	Ector	04/2009
Marci Leffler	Community Engagement Specialist, Adult Protective Services	Ector	06/2023
Michael Melso	Long-term Care Planner, Melson & Associates	Midland	01/2005
Pat Porter	Retired TSHL Member	Borden	
Saul Herrera	RSVP Director, Senior Life Midland	Midland	02/2020
Soeli Erazo	Outreach Coordinator, Permian Workforce Board	Midland	10/2017
Stephney Bennett	Volunteer, First Baptist Church	Winkler	11/2023

Stewardship & Oversight

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

The AAA maintains policies, procedures, and routine management practices to ensure responsible stewardship of Older Americans Act funds and alignment with

the principles and intent of the OAA. Oversight activities that span operations, fiscal management, data integrity, and monitoring, all of which support compliance, accountability, service quality, and ensures appropriate use of funds across both directly delivered services and contracted programs.

Administration is responsible for establishing and maintaining policies that support program outcomes and ensure financial accountability. Accordingly, the AAA's policy is that all services—whether provided directly or through contractors—are subject to ongoing programmatic and fiscal monitoring. Monitoring activities are used to verify performance and outcomes, identify weaknesses, and implement corrective actions so improvements can be made before sub-standard performance occurs.

The AAA also conducts routine quality assurance (QA) reviews to ensure adherence to OAAA policy requirements for targeting service provision. QA reviews verify that services are prioritized for individuals with the greatest economic and social need, with preference given to low-income older adults (including low-income minority individuals), people with limited English proficiency, and older adults living in rural areas. Findings from QA reviews are used to strengthen procedures, guide staff and contractor technical assistance, and refine outreach strategies to better reach priority populations.

Through integrated financial and programmatic reviews, Administration verifies that expenditures are accurate, allowable, and appropriately allocated to the correct cost centers and budgets. These reviews support sound fiscal stewardship and help ensure the AAA's financial activity produces accurate state and federal reporting, while maintaining alignment between service delivery, budget management, and the goals of the Older Americans Act.

Fiscal oversight and internal controls

- Uses standardized fiscal processes to ensure costs are allowable, reasonable, and appropriately documented.
- Reviews and verify expenditures prior to payment, including invoice review, reconciliation practices, and oversight of contracted service costs.
- Maintains separation of duties and collaboration between program and fiscal staff to strengthen internal controls and ensure funds are expended in alignment with approved budgets and contract requirements.

Contract procurement, monitoring, and performance oversight

- Procures services and manage contracts in accordance with established procurement policies and contract monitoring standards.
- Use contract provisions to define service deliverables, reporting requirements, outreach expectations, and documentation standards.
- Conducts monitoring activities to verify service delivery, compliance, and

performance, and implements corrective actions when needed to strengthen accountability and service quality.

Data integrity, reporting, and quality assurance

- Maintains procedures for eligibility documentation, service authorization, and validation of service records in the statewide reporting system.
- Completes required reporting (e.g., SPR/QPR) and conduct quality assurance reviews to support accurate, complete, and timely data.
- Use service and performance data to identify trends, monitor service gaps, and adjust outreach and service strategies to better meet needs.

Targeting and alignment with OAA principles

- Applies OAA targeting and prioritization practices in program operations, including focusing service access on older adults with the greatest economic and social need (e.g., low-income, rural, minority, limited English proficiency, and at risk of institutionalization).
- Uses needs assessment results and ongoing service trend review to ensure resources and outreach strategies remain aligned with local priorities and OAA intent.

Training and communication

- Ensures staff and contractors receive guidance and training as needed to support compliance, consistent service delivery, and high-quality client interaction.
- Maintains clear internal communication and documentation practices to support continuity of operations, consistent implementation of procedures, and accurate reporting.

Client rights, satisfaction, and responsiveness

- Provides opportunities for individuals to express satisfaction and/or dissatisfaction with services and uses feedback to guide improvements.
- Maintains practices designed to prevent duplication of services and ensure resources are used efficiently to meet needs.

Conflict of Interest

- Maintains and enforces written conflict of interest policies, requiring disclosure of potential conflicts, and prohibits participation where a conflict exists.

Through these activities of monitoring, data validation, staff/contractor guidance, and client feedback mechanisms, the AAA can evaluate performance, address issues promptly, and ensure funds are used effectively to serve older adults and caregivers throughout the planning and service area.

Key Topic Areas

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

Core Program Area 1: Supportive Services

Supportive services refer to the range of services provided through Older Americans Act (OAA) Title III-B funding. The AAA will invest Title III-B funds during this planning period to provide the following supportive services.

Area Agency Administration. The AAA Director, Program Specialist and PBRPC procurement and financial support staff will directly carry out administrative duties as defined by the HHS service definition and the Office of the Area Agencies on Aging Policy & Procedures Manual. The AAA will maintain the current system of the region's access and assistance delivery system, ensuring that services form a coordinated network.

Other administrative functions include, providing advocacy for older people in the service area (Director), evaluating regional strengths and local resources (Director), identifying service gaps (Director), developing and implementing an area plan (Director), procuring services funded with federal and state funds (Director in coordination with PBRPC procurement), negotiating and managing contracts (Director), processing contractor invoices (Program Specialist), reporting and monitoring (Director and Program Specialist), accounting and auditing (PBRPC financial staff), and quality assurance (Director and Program Specialist).

Administration will continue to serve as an advocate for older adults. The system of service delivery is designed to offer a comprehensive, coordinated, and flexible continuum of services to older adults and caregivers delivering services that promote OAA purposes. To ensure the AAA remains responsive and flexible, the AAA always provides the client with the opportunity to express satisfaction and/or dissatisfaction.

Care Coordination. The AAA Care Coordinator administers the provision of care coordination services to assess the needs of an older individual and effectively plan, arrange, coordinate, and follow-up on services which most appropriately meet their identified needs. The service involves assessing, planning, coordinating, monitoring, and evaluating services to ensure the best possible outcomes for the individuals involved.

As funding allows, the following direct services may be offered through the care coordination program: Residential Repair, Health Maintenance, Income Support, Personal Assistance, and Emergency Response Services. While the AAA does not use means testing as a qualifying factor to receive care coordination services, the care coordinator does use the targeting specifications in the Older Americans Act Assurances to prioritize service delivery which include: low income, minority, rural

residing, and frail individuals, as well as those with limited English proficiency or at risk of institutionalization.

The primary goal of care coordination is to promote the well-being and success of individuals by ensuring that they receive the appropriate services and resources needed to address their unique circumstances. Recipients experience an improved quality of life through coordinated support that helps them achieve goals and overcome challenges.

Data Management. The Program Specialist conducts all activities directly related to data entry and reporting for services not directly provided by the AAA. The Program Specialist is responsible for all data management activities for the nutrition and transportation programs including service authorization, document verification of eligibility and service provision to ensure accuracy of information. As the service includes the validation of complete and accurate data in the HHSC statewide system and report preparation in support of the annual SPR and the QPR, the Director delegates a small percentage of time to this service when performing these activities along with quality assurance activities.

Emergency Response. As authorized by the care coordinator, emergency response services can be provided through care coordination as need is identified through the assessment process. The service establishes an automatic monitoring system which links to emergency medical services when a client's life or safety is in jeopardy. These services are targeted at individuals that are homebound or frail and are authorized on a temporary basis through a direct purchase of service contractor that installs the device and monitors the activity.

Health Maintenance. As authorized by the care coordinator, health maintenance may be provided through care coordination when identified as needed through the assessment process. This service includes the provision of items necessary to promote or maintain the health and safety of a client. In the AAA service region this typically includes nutritional supplements and incontinent supplies. The provision of this service is provided through a contractor with the occasional use of a delegated purchase option for items not available through contractor.

Income Support. Through the care coordination assessment process, the care coordinator may authorize income support, which is 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 their caregiver. For the AAA this is usually payment for utility bills. Payments may be made for multiple utility expenses but will not exceed assistance once per fiscal year per client.

Information, Referral and Assistance. The Information, Referral & Assistance (IR&A) Specialist assesses the person's needs and determines the appropriate response modes; evaluates appropriate resources; maintains a database of resources that can meet those needs; and provides enough information about each organization to help inquirers make informed decisions. The IR&A specialist may participate in linking the person to the services needed and follow up to ensure needs are met. When necessary, alternative resources are located when the AAA services are not available.

Personal Assistance. Through the care coordination assessment process, personal assistance service may be authorized to assist an older person who has difficulty performing a minimum of two activities of daily living as identified in the assessment process, with tasks a person would typically perform if they were able. This includes assistance in all activities of daily living and health-related tasks. The service is consumer directed and authorized on a limited basis typically 100 hours per client through an approved contractor selected by the client.

Public Information. All AAA staff may administer this service that provides information to groups of current and potential participants on the resources and services available for older adults in their communities. This allows AAA staff to participate in health fairs, distribute publications and answer questions, initiate targeted media campaigns through AAA's social media, Facebook.

Residential Repair. As authorized by the care coordinator, residential repair may be provided through care coordination through the assessment process. As funding allows, this can include repairs or modifications of a dwelling occupied by an older person that are essential for the health and safety of the older person. The care coordinator determines the scope of work through a care plan and obtains client cooperation through a Release of Liability and Repairs. Services are provided from a pool of contractors as selected by the client. The care coordinator monitors the progress of the work through before and after photographic documentation. Upon satisfactory completion, a Completion of Home Repair form is signed by the client demonstrating completion and satisfaction.

Transportation Demand Response. This service is designed to carry an older person from a specific origin to a specific destination upon request. An older person requests the transportation service in advance of their need, usually twenty-four to forty- eight hours prior to the trip. Through the Direct Purchase of Service (DPS) methodology, the AAA purchases this service through contracts from seven providers, Andrews Senior Activity Center, Inc., Dawson County Senior Citizens Center, Inc., Martin County Senior Citizens Center, McCamey Senior Services, Inc., Rankin Senior Center Services, Inc., Pecos Senior Center, Inc., and Terrell County

which are negotiated and renewed annually by the Director. The Program Specialist is responsible for service authorization, document verification of eligibility and service provision.

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

As a recipient of Older Americans Act Title III-C funds, the AAA provides congregate and home-delivered meals as required by the Act. These funds support efforts to reduce hunger, food insecurity, and malnutrition, while also promoting socialization among older adults to strengthen overall health and well-being.

To deliver these services across the region, the AAA contracts with one urban and ten rural nutrition providers for congregate meals, and with twelve home-delivered meal providers—ten of which are rural nutrition providers. By ensuring access to nutritious meals, these programs help older adults maintain independence, enhance quality of life, and may help reduce avoidable healthcare costs over time.

In addition, each client receiving AAA services completes a Nutritional Risk Assessment, which assigns a nutritional health score (good, moderate, or high risk). Based on the assessment results, clients may receive additional nutrition education and referrals to appropriate meal program.

The AAA uses the DPS methodology to purchase nutrition services. Using DPS enables the AAA to target Title III funds more effectively and adjust spending based on demand. All data management is maintained at the AAA to ensure accuracy of information. While the capacity to expand the programs is available, funding remains a challenge.

Congregate Meals. Congregate meals offer an opportunity for seniors to come together, share a meal, and engage in conversations with peers. This social interaction can combat feelings of loneliness and contribute to mental and emotional well-being. The provision of nutrition services at a congregate site has the added benefits of giving individuals access to activities and services such as disease prevention and health promotion.

In accordance with the OAA assurances of targeting individuals residing in rural areas and those with greatest economic and social need, the AAA contracts with the following providers:

- Andrews County Senior Activity Center, Inc.
- Casa de Amigos of Midland
- Crane County Commissioners Court
- Dawson County Senior Citizens Center
- Ector County Elderly Nutrition
- Gaines County Commissioners Court

- Martin County Senior Center
- McCamey Senior Services, Inc.
- Rankin Senior Services, Inc.

- Ward County
- Winkler County

All nutrition providers serve a minimum of 250 meals per year to meal recipients.

Home Delivered Meals. Home delivered meals alleviate the burden of cooking and grocery shopping which many home bound individuals no longer have the ability to do so, allowing older adults to remain self-sufficient. By receiving nutritious meals at home, seniors can age in place with dignity and convenience. The individuals delivering the meals add the benefit of safety and wellness checks to home bound individuals.

In accordance with the OAA assurances of targeting individuals residing in rural areas and those with greatest economic and social need, the AAA contracts with the following providers:

- Andrews County Senior Activity Center, Inc.
- Crane County Commissioners Court
- Dawson County Senior Citizens Center
- Gaines County Commissioners Court
- Martin County Senior Center
- McCamey Senior Services, Inc.
- Meals on Wheels of Odessa
- Pecos County Community Action Agency
- Rankin Senior Services, Inc.
- Senior Life of Midland
- Ward County
- Winkler County

All nutrition providers serve a minimum of 250 meals per year to meal recipients.

Nutrition Consultation. This service is procured through a personal service contract. Each year the AAA's licensed dietitian develops a 12-month nutrition education plan that equips and trains nutrition providers with the education, knowledge, and training required to make educated decisions regarding food, physical activity, and behavior. These decisions have the potential to enhance their overall health and reduce the risk of chronic diseases.

Nutrition Education. The AAA nutrition programs promote the health and well-being of adults by providing reliable and nutritious meals with necessary nutrients. To compliment congregate and home delivered meals, every Title III meal client receives nutrition education which promotes nutritional well-being and delays the onset of adverse health conditions due to poor nutritional health or sedentary behavior. The provision of this service is conducted by the nutrition providers. The documentation, tracking, and verification of this service is conducted by the Program Specialist.

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

Evidence-Based Intervention. The Program Specialist conducts evidence-based programming to the extent that Title III-D funds allow. These activities are related to the falls prevention. The Program Specialist will conduct Bingocize programs to improve strength, balance, mobility and daily functioning with an approved direct service waiver. Bingocize will be conducted over the course of 10 weeks for a group of up to 20 participants.

The benefits of the programs include in the following areas:

- Strength
- Gait
- Balance
- Range of motion
- Aspects of Cognition
- Social engagement
- Knowledge of falls risks and nutrition

Core Program Area 4: Family Caregiver Support Services

The AAA invests OAA Title III-E funds in support of caregivers in the region through caregiver support coordination, caregiver information services and caregiver support groups. The Caregiver Program Specialist directly provides caregiver services with administrative support from the Director for reporting and contract management. Funds are used to offer supportive services to caregivers including caregiver information, caregiver support groups and respite. The focus of these programs is to equip caregivers to cope with the stresses of caregiving including understanding their care recipient's condition and situation, as well as provide much needed breaks from their responsibilities. As funding allows, the AAA budgets funds for emergency response, income support and health maintenance services. Caregivers are vital to older adults and the AAA will continue to maintain a perspective of partnership with caregivers as they serve with the same mission.

Caregiver Information Services. The Caregiver Program Specialist disseminates accurate, timely, and relevant information to informal caregivers throughout the service area through in person presentations, seminars, health fairs, mass media, and social media. Caregivers are engaged regularly and engagement is tracked to help determine relevancy to the audience. The AAA also provides caregivers with information on resources and guidance on accessing those services spanning a range of needs, including neurological diseases such as dementia, Alzheimer's, and Parkinson's, as well as self-care topics such as recognizing and managing stress, burnout, depression, and grief. The AAA further serves as an ongoing resource through caregiver libraries located at senior centers and churches across the region.

Caregiver Support Coordination. Through caregiver support coordination, the Care Coordinator and Caregiver Program Specialist staff can effectively plan,

arrange, coordinate, and follow-up on services which most appropriately meet their identified needs. Respite Vouchers may be authorized for In-home Respite, Out of Home Respite, and Overnight Respite. As funding allows, the following services may be offered through the caregiver support coordination program: Emergency Response, Health Maintenance, Income Support, Residential Repair. Priority is given to caregivers that are the only source of support for the dependent family member, care for a family member with severe illness or disability, care for a family member that has recently been hospitalized or in rehabilitation facility and have limited incomes.

Caregiver Support Groups. The AAA has a contractor and Caregiver Program Specialist who are both trained to facilitate support groups for caregivers to discuss their common experiences and concerns to develop a mutual support system. Support groups are held in person and offered virtually each month throughout the service region. They are offered virtually every Wednesday at 2:00 pm and Thursday at 8:00 pm. In person, they are offered monthly at the following locations:

- Ector County: Connection Christian Church, First Odessa Church, North Side Senior Center
- Gaines County: Memorial Health Care Center
- Midland County: First Presbyterian Church, Midland Senior Center, St. Lukes United Methodist Church, The Village at Manor Park
- Pecos County: Pecos County Senior Citizens Center

Emergency Response. Through the caregiver support coordination assessment process, the Care Coordinator or Caregiver Program Specialist may authorize this service. Please refer to "Core Program Area 1: Supportive Service" for definition and service delivery method.

Health Maintenance. Through the caregiver support coordination assessment process, the Care Coordinator or Caregiver Program Specialist may authorize this service. Please refer to "Core Program Area 1: Supportive Service" for definition and service delivery method.

Income Support. Through the caregiver support coordination assessment process, the Care Coordinator or Caregiver Program Specialist may authorize this service. Please refer to "Core Program Area 1: Supportive Service" for definition and service delivery method.

Residential Repair. Through the caregiver support coordination assessment process, the Care Coordinator or Caregiver Program Specialist may authorize this service. Please refer to "Core Program Area 1: Supportive Service" for definition and service delivery method.

Respite In Home. Through the caregiver support coordination program, the caregiver program specialist conducts assessments. A caregiver assessment is conducted to evaluate the caregiver and a consumer needs evaluation to determine the level of need for their care recipient. The care recipient must be unable to perform a minimum of two activities of daily living or require substantial supervision due to behavioral impairment that poses a health or safety hazard. Upon determination of need, vouchers are issued for this service. The caregiver is provided with relief which may be in the form of supervision, meal preparation, housekeeping, assistance with personal care, and social and recreational activities.

Respite Out of Home. Defined as temporary respite services in settings other than the caregiver or care recipient home, which may be activity and health facility, senior center or other non-residential setting. Through the caregiver support coordination program, the caregiver program specialist conducts assessments. A caregiver assessment is conducted to evaluate the caregiver and a consumer needs evaluation to determine the level of need for their care recipient. The care recipient must be unable to perform a minimum of two activities of daily living or require substantial supervision due to behavioral impairment that poses a health or safety hazard. Upon determination of need, vouchers are issued for this service.

Respite Out of Home. Defined as temporary respite services provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes in which the care receiver resides in the facility (on a temporary basis) for a full 24-hour period. Through the caregiver support coordination program, the caregiver program specialist conducts assessments. A caregiver assessment is conducted to evaluate the caregiver and a consumer needs evaluation to determine the level of need for their care recipient. The care recipient must be unable to perform a minimum of two activities of daily living or require substantial supervision due to behavioral impairment that poses a health or safety hazard. Upon determination of need, vouchers are issued for this service.

Core Program Area 5: Legal Services

The provision of Legal Assistance and Legal Awareness is a direct service provided by the Benefits Counselor funded through Title III-B funds and serves individuals 60 years of age and older. Additionally, the AAA is a designated SHIP (State Health Insurance Program) and receives HICAP (Health Insurance Assistance Program for Texans) funds from HHSC. Through a partnership with Texas Legal Services Center, Benefits Counselors are certified to provide HICAP services to all Medicare beneficiaries, regardless of age.

HICAP Assistance. The Benefits Counselor can provide HICAP Assistance through one on one counseling or representation services to Medicare beneficiaries, family members, caregivers or other working on behalf of an eligible person. This assistance is specifically for Medicare (Parts A, B & D), Medicare Advantage,

Medigap, Medicaid, Medicare Savings Program, Low Income Subsidies and other prescription assistance.

HICAP Outreach. The Benefits Counselor promotes the HICAP program through outreach activities in the region through participation in community events, conducting presentation, hosting enrollment events reported as Group Outreach Events (GOE) and through Media Outreach Events (MOE) such as billboards, distribution of flyers, and social media. The activities are targeted at educating on Medicare.

Legal Assistance. The Benefits Counselor provides legal assistance activities for individuals aged 60 or older, or their caregivers through various activities including advice or counseling, document preparation, or representation. Advice or counseling can be given, recommending a course of conduct or how to proceed on a matter either on a one-time or ongoing basis. Document preparation for public entitlements such as SNAP and Medicaid for the Elderly and Disabled. Representation can be provided in cases where an individual needs assistance with an appeal in an administrative decision such as Social Security Disability. and other assisting an eligible person in the service area. Services can be provided in person or over the phone.

Legal Awareness. The Benefits Counselor conducts legal awareness activities by disseminating accurate, timely, and relevant information, eligibility criteria, requirements, and process to an older person about public entitlements, health and long-term care services, individual rights, planning and protection options, housing and consumer needs. The AAA plans awareness activities to reach targeted populations through participation in community events, newsletters, and social media.

MIPPA Outreach and Assistance. Through the funds provided by the Medicare Improvement for Patients and Providers (MIPPA) Grant, the AAA delivers outreach and assistance to limited income beneficiaries for Medicare Savings Programs (MSP), Low-Income Subsidy (LIS) and promotion of Medicare Preventive Benefits.

Core Program Area 6: Ombudsman Services

Ombudsman Services. Ombudsman services are provided directly by a certified ombudsman. The primary objective of the Long-Term Care Ombudsman Program is to advocate for residents' rights by helping protect the quality of life and care of anyone that resides in a nursing home or assisted living facility. By supporting a quality, well-managed Long-Term Care Ombudsman Program, led by the Managing Local Ombudsmen (MLO), the AAA advocates for quality of life and care for residents residing in nursing and assisted living facilities through timely identification, investigation and resolution of complaints by, or on behalf of, facility residents throughout our 17-county region.

Greatest Economic Need

As noted in the Planning and Service Area Summary section, approximately 11.6% of Texans age 60 and older live at or below the poverty level. Within the Permian Basin, 11 of the 17 counties (64.7% of the service region) report older adults (age 60+) with determined poverty status living below the poverty level. In response, the AAA uses multiple strategies to ensure services are effectively targeted to older adults with the greatest economic need.

Through the Information, Assistance & Referral (I&A/R) Program, the initial screening process is designed to identify individuals with incomes below 150% of the federal poverty level and prioritize them for services, including care coordination and caregiver support coordination. The AAA also strategically plans outreach to reach targeted populations by conducting education and awareness activities across the region and partnering with local food and community assistance events. In addition, nutrition providers are required to develop and implement outreach strategies to identify and reach older adults with the greatest economic need.

Greatest Social Need

The AAA also prioritizes older adults with the greatest social need, including individuals impacted by physical or mental disabilities, language barriers, and cultural, social, or geographic isolation due to race or ethnicity. The AAA further recognizes social need may be compounded by housing instability, food insecurity, limited transportation options, and rural residence, all of which can reduce access to services and supports.

To address these barriers, the AAA targets individuals with the greatest social need by prioritizing service provision to residents in the region's rural counties, where fewer community resources and greater travel distances often increase isolation. The AAA also employs staff proficient in Spanish to strengthen outreach and engagement efforts in targeted rural counties, ensuring information is accessible and services are responsive to the needs of Spanish-speaking older adults and their caregivers.

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

Home and community-based services help older adults maintain independence and remain in their homes as they age. AAA staff receive regular education from the managed care organization's Long-Term Services and Supports (LTSS) Outreach and Services Coordinator. Through the Information, Referral & Assistance (IR&A) Program, the AAA screens and connects older adults and their caregivers to the STAR+PLUS HCBS Program or Community Attendant Services (CAS). STAR+PLUS HCBS provides long-term services and supports as an alternative to nursing facility placement and may include prescription coverage, health services, respite, adult foster care, personal attendant services, dental and nursing services, and minor home modifications. CAS provides non-skilled, non-technical attendant services for eligible individuals with a medical condition that limits their ability to perform activities of daily living.

In addition to making referrals, the IR&A Specialist guides potential recipients through the process by explaining who to contact, what to expect during the application process, what documentation may be needed, and how to request exceptions when barriers arise. The IR&A Specialist also maintains direct contact information to check the status of pending applications and may refer applicants to the AAA care coordinator for personal assistance services while their case is being processed. To prevent duplication of services, the IR&A Specialist verifies that individuals seeking assistance with health maintenance or residential repairs for home modifications are not current HCBS participants. In instances where they are, the IR&A specialist guides them on how to request their desired service to meet their need.

Practices/strategies to serve older adults with physical and mental health conditions

The AAA supports older adults with physical and mental health conditions by incorporating screening, functional assessment, and supportive interventions into core service delivery including the following.

Care Coordination Services

- Each individual receiving care coordination services receives a consumer needs evaluation that includes Mental Health Screening questions as follows:
 - During the last month, have you been bothered by having little interest or pleasure in doing things, or have you often felt down, depressed or hopeless?
 - Have you had trouble sleeping?
 - Have you lost the ability to enjoy things that were once fun?
 - Do you feel that you have little value as a person?
 - Have you had a significant change in your appetite?

- Based on screening results, the care coordinator will facilitate supportive services and referrals as needed.
- Individuals receiving personal assistance and residential repair must complete a Consumer Needs Evaluation where functional impairment is required for service provision and preference is giving to persons with significant disabilities.

Caregiver Support services

- Through caregiver support groups, sessions provide a vital, safe space for individuals to connect with peers facing similar challenges, reducing feelings of isolation, stress, burnout.
- Caregiver support group participants are equipped with better self-care to maintain their own health and wellbeing while caring for others.

Needs Assessment Activities

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

To prepare this Area Plan, the AAA used a combination of data review, stakeholder input, and surveys to identify population trends, emerging issues, and service gaps impacting older adults and caregivers across the Planning and Service Area (PSA). Preparation activities included conducting a survey, reviewing available demographic and socioeconomic indicators, program performance and utilization data from the prior Area Plan cycle, feedback from clients and partners, and input from community stakeholders throughout the region.

Needs Assessment Activities Completed for the AAA's PSA and Process Used to Establish Priorities

The AAA completed needs assessment activities specific to the PSA through a structured, multi-step process designed to assess service gaps, prioritize needs, and develop a comprehensive and coordinated Area Plan. Key activities included:

- Surveys (primary needs assessment input):** The AAA administered surveys to gather direct input from older adults, caregivers, and/or community stakeholders across the PSA. Surveys were made available through various methods (e.g., online, paper, community outreach, partner distribution) to increase and ensure participation across rural and underserved areas. Responses were reviewed and summarized to identify common barriers, priority needs, and service improvement opportunities.

- **Data review and environmental scan:** Review of demographic and socioeconomic trends, local conditions impacting older adults, and available indicators related to poverty, disability, and rural access barriers.
- **Program and service utilization review:** Review of prior cycle service data and operational experience to identify service demand, recurring needs, and populations most impacted.
- **Stakeholder engagement:** Input gathered from providers, community partners, and local organizations serving older adults, caregivers, and individuals with disabilities.
- **Service gap assessment and prioritization:** The AAA identified gaps by comparing expressed needs and requests against available service capacity, geographic coverage, provider availability, and program eligibility requirements. Priorities were established based on the degree of need, urgency, impact on health and independence, and the feasibility of addressing the need through available resources and partnerships.

Through this process, the AAA developed priorities that emphasize serving older adults with the greatest economic and social need, improving equitable access across rural areas, strengthening caregiver supports, and coordinating with community and long-term services systems to improve navigation and reduce barriers.

Top Needs / Findings and Constraints

Top needs / findings identified through surveys, data review, and planning activities include:

1. **Nutrition and food security:** Affordable and nutritious meals were the highest-rated need (85% "very important").
2. **Safety and protection:** Strong emphasis on protection from scams/fraud (77% "very important") and prevention of abuse/neglect (72% "very important"; 81% combined "important").
3. **Emergency response and health-related supports:** Emergency response (76% "very important") and access to healthcare supplies (75% "very important") were among the top priorities.

4. **Transportation and access:** Transportation was a high priority (69% “very important”; 84% combined “important”), reflecting access challenges—especially in rural areas.
5. **Benefits navigation and stability supports:** Medicare and Medicaid advocacy/support (both 67% “very important”) and utility assistance (65% “very important”) were also identified as major needs.
6. **Home safety and aging in place:** Residential repairs/home modifications supporting aging in place were a high priority (67% “very important”; 82% combined “important”).

Additional findings: Social connection, legal support, and disaster planning also rated highly (each ~81–83% combined “important”), indicating a need for both practical assistance and protective supports that reduce isolation and risk.

Population trends and issues impacting older adults in the PSA

Needs assessment activities reflect that older adults in the PSA experience significant challenges related to economic insecurity, limited access to services (especially in rural areas), and increasing risks that threaten independence and safety. Survey responses indicated the highest “very important” needs included affordable and nutritious meals (85%), protection from scams and fraud (77%), emergency response services (76%), and access to healthcare supplies (75%). Other highly rated priorities included transportation (69%), Medicare advocacy/information and plan comparison (67%), Medicaid advocacy/application assistance (67%), utility assistance (65%), and residential repairs/home modifications that support aging in place (67%)—demonstrating the strong connection between basic needs, safety, benefits navigation, and the ability to remain at home.

Analysis of the PSA in terms of current impact on individuals served during the last Area Plan cycle:

The AAA reviewed service demand and operational experience from the prior planning cycle through routine program interactions (e.g., Information, Referral & Assistance, care coordination, caregiver supports, and nutrition service delivery). This review confirms that the most frequent barriers older adults face locally—such as food insecurity, limited transportation, and difficulty navigating benefits and resources—align closely with the priorities reflected in the survey results. The survey also highlighted needs related to social connection (60% “very important”;

83% combined “important”), legal aid/support (61% “very important”; 83% combined “important”), and disaster planning/response (64% “very important”; 81% combined “important”), reinforcing the importance of both preventive supports and practical assistance for older adults in the PSA.

Constraints limiting the AAA's ability to address identified needs include:

- Large geographic service area and rural isolation, which increase travel time, limit provider availability, and make consistent service coverage more challenging.
- Provider capacity and workforce limitations, particularly in rural communities, affecting service accessibility and timeliness.
- Funding limitations and cost pressures (e.g., food, labor, transportation, and repair costs), which reduce purchasing power and may limit expansion.
- Limited community infrastructure and technology access in some areas, which can affect outreach, awareness, and the ability to navigate services.

Goals, Objectives, Strategies, and Outcomes

Reference: [45 CFR 1321.65\(e\)](https://www.hrsa.gov/45 CFR 1321.65(e))

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

Objectives

1. Improve access to information, screening, and referral so older adults and caregivers can connect to appropriate services, benefits, and HCBS options.
2. Increase the number of older adults with greatest economic and social need who receive coordinated support that reduce risk of institutionalization.
3. Reduce barriers to aging in place by strengthening access to nutrition, transportation, emergency response, health maintenance supplies, income support (utilities), and residential repairs/home modifications as funding allows.

Strategies

- Information, Referral & Assistance (IR&A):
 - Maintain a current resource database; assess needs; provide referrals and follow-up when needed.
 - Guide individuals through application processes (what to expect, documentation needed, who to contact) and provide warm handoffs to

- appropriate programs (including STAR+PLUS HCBS/CAS when applicable).
- Care Coordination (Title III-B):
 - Conduct assessments and care planning; arrange and monitor services; coordinate with other agencies to avoid duplication and redundancy.
 - Prioritize service delivery using OAA targeting (low income, rural, minority, frail, limited English proficiency, at-risk of institutionalization).
 - As funding allows, authorize direct supports: Residential Repair, Health Maintenance (nutritional supplements/incontinence supplies), Income Support (utilities), Personal Assistance, Emergency Response.
- Transportation Demand Response:
 - Continue DPS contracting with transportation providers; ensure eligibility verification and service authorization processes support timely access.
- Nutrition Services (Title III-C):
 - Continue congregate and home-delivered meal provision through DPS; use nutrition risk screening to target nutrition education and referrals.
- Benefits Counseling and Legal Services (Title III-B, HICAP/HICAP outreach and MIPPA):
 - Provide one-on-one counseling and assistance for Medicare/Medicaid-related programs and prescription assistance; support applications/appeals as appropriate.
 - Conduct legal awareness on benefits, long-term care services, consumer protection, and planning/protection options.
- Public Information:
 - Use events, publications, and social media to promote services that support aging in place and safety (including fraud/scam prevention education and emergency preparedness messaging when appropriate).

Short-term outcomes

- Older adults report greater awareness of available services and how to access them.
- Increased number of completed screenings, referrals, and successful “warm handoffs” for benefits and services.
- Older adults at highest risk receive timely support aligned with key needs (meals, transportation, emergency response, health supplies, utilities, home safety).

Intermediate outcomes

- Increased stability for older adults through consistent access to nutrition, transportation, and benefits/support services.
- Reduced crisis episodes related to unmet basic needs (food insecurity, utility shutoff risk, lack of supplies, unsafe home environment).
- Improved service coordination and reduced duplication through cross-agency information sharing and verification processes.

Long-term outcomes

- Maintain or increase the number of older adults who remain safely in the community by expanding access to core aging-in-place supports (nutrition, transportation, emergency response, maintenance supplies, and home modifications), as measured by unduplicated clients served and service units reported.
- Maintain or increase the percentage of services delivered to older adults with greatest economic and social need (low income, rural, minority, limited English proficiency, frail/at risk of institutionalization), as reflected in targeting documentation and service reports.
- Improved quality of life, safety, and independence for older adults across the PSA; More older adults remain safe in their homes and communities longer (aging in place); Reduced avoidable institutionalization.
-
- **Goal 2:** Increase awareness about caregiving and the support available.

Objectives

1. Increase caregiver awareness and utilization of caregiver information services, support groups, respite options, and caregiver support coordination.
2. Improve caregiver capacity to manage caregiving responsibilities through education on neurological diseases (dementia/Alzheimer's/Parkinson's), and self-care (stress, burnout, depression, grief).
3. Expand caregiver outreach to rural and underserved areas, including households with limited English proficiency.

Strategies

- **Caregiver Information Services:**
 - Provide education through presentations, community events, mass media, and social media; track engagement to assess relevance and improve messaging.
 - Maintain caregiver libraries at senior centers and churches; update materials on dementia-capable caregiving and self-care topics, long-distance caregiving, and available community supports.

- **Caregiver Support Coordination (III-E):**
 - Conduct caregiver assessments and consumer needs evaluations for care recipients, coordinate services and follow-up.
 - Issue respite vouchers (in-home, out-of-home, overnight/residential) based on eligibility/need and funding.
 - As funding allows, authorize supportive services for caregivers/care recipients (emergency response, health maintenance, income support, residential repair).
- **Caregiver Support Groups:**
 - Continue both in-person and virtual options; maintain consistent schedule and geographic availability.
- **Linkages to Benefits Counseling/HICAP and MIPPA:**
 - Refer caregivers/older adults to benefits counseling for Medicare/Medicaid navigation and prescription assistance when the caregiver indicates financial or coverage barriers.

Short-term outcomes

- Caregivers report increased knowledge of available supports and improved confidence in how to access them.
- Increased participation in caregiver support groups and respite services (as funding allows).
- Improved caregiver awareness of safety risks and available protective supports (including fraud/scam prevention and emergency response options, when applicable).

Intermediate outcomes

- Reduced caregiver strain and improved coping skills (stress/burnout recognition and management).
- Increased stability of home-based care through planned respite and coordinated support.
- Improved caregiver follow-through on benefit applications and service access with navigation support.

Long-term outcomes

- Increase participation in caregiver supports (information services, support groups, caregiver support coordination and respite vouchers as funding allows), as measured by unduplicated caregivers served, group attendance, and respite service authorizations.
- Improve caregiver ability to sustain caregiving responsibilities and reduce burnout risk, as measured by caregiver assessment results, follow-up

outcomes, and decreased reports of unmanaged stress/burnout among participants over time.

- Increase the percentage of caregivers who report on knowing where to go for help (services, benefits, respite options), as measured by feedback, follow-up contacts, and referral completion.
- Maintain or increase caregiver outreach in rural counties and non-English speaking clients, as measured by outreach activities and participation in caregiver programming.
- Improved caregiver well-being and stronger informal support systems across the region; Sustained caregiver capacity helps older adults remain at home longer and reduces caregiver burnout-driven crises.
- **Goal 3:** Improve communication and collaboration among Texas state agencies, AAAs, providers, and community-based organizations.

Objectives

1. Strengthen referral pathways and coordination practices between AAA programs (IR&A, care coordination, caregiver services, nutrition, transportation, benefits counseling) and external partners (providers, managed care/LTSS contacts where applicable, community-based organizations).
2. Improve consistency and timeliness of information shared with older adults and caregivers across the network.
3. Increase coordinated outreach activities that reduce duplication and expand reach in rural communities.
4. Participate in HHS Office of the Area Agencies on Aging training and network meetings.

Strategies

- **Internal coordination protocols:**
 - Standardize internal referral workflows between IR&A, Care Coordination, Caregiver Program Specialist, Program Specialist (data/authorization), and Benefits Counseling to ensure timely referrals and follow-up.
- **Provider and contractor coordination (DPS):**
 - Maintain annual procurement/contract renewal; clarify performance expectations for reporting, targeting, and eligibility documentation.
 - Use monitoring and quality assurance processes to strengthen service coordination and responsiveness.
- **Cross-system collaboration:**

- Participate in partner meetings, outreach events, and engage in memorandums of understanding with community organizations and service providers to align eligibility understanding, reduce service duplication, and increase successful referrals.
- **Public Information & Outreach alignment:**
 - Coordinate messaging across programs to address high-priority survey issues (nutrition, transportation, emergency response, benefits navigation, scams/fraud protection, legal services).
- **Continuous Improvement and Operational Updates**
 - Director or designee will participate in HHS trainings and participate in network meetings and communicate information to staff and contractors as needed.

Short-term outcomes

- Clearer and faster referral pathways (improved “who to contact” clarity and reduced referral breakdowns).
- Improved partner understanding of AAA services and eligibility requirements.
- Increased joint outreach activities and improved consistency of information provided to the public.
- Staff will be aware of HHS requirements and/or changes

Intermediate outcomes

- Increased successful referrals and reduced delays caused by incomplete information or unclear processes.
- Improved continuity of support for older adults with complex needs (multi-program/multi-partner cases).
- Reduced duplication of services through improved verification and coordination.
- AAA will communicate relevant requirements to contractors.

Long-term outcomes

- Reduce the average time from initial contact to completed referral connection for common needs (nutrition, transportation, benefits counseling, caregiver supports, ERS/home modifications when available), as measured by internal tracking of referral initiation and closure.
- Decrease the number of referrals that fail due to incomplete information, unclear points of contact, or eligibility misunderstandings, as measured by IR&A follow-up documentation tracking.
- Increase the number of joint outreach activities conducted with providers/community organizations (e.g., Medicare education, fraud/scam

prevention, caregiver outreach), as measured by outreach event logs and partner participation.

- More integrated aging services network; improved access, equity, and client experience across the PSA.
- AAA staff and contractors will operate their programs in full compliance with requirements.
- **Goal 4:** Strengthen Aging Services Network infrastructure.

Objectives

1. Strengthen AAA operational capacity to plan, procure, monitor, and report services effectively across a large, rural PSA.
2. Improve data integrity and performance monitoring across programs (nutrition, transportation, supportive services) to support quality assurance and continuous improvement.
3. Strengthen workforce capability through training and standardized practices that support equity, targeting, and high-quality service delivery.
4. Integrate discretionary grant activities with OAA core programs and services.

Strategies

- **Area Agency Administration:**
 - Continue core administrative functions (area planning, procurement, contract management, invoice processing, monitoring, advocacy, evaluation of strengths/resources, gap identification, quality assurance).
 - Maintain an access and assistance system that supports a coordinated network of services and continuous responsiveness to community needs.
 - Continue routine satisfaction opportunities for clients to express satisfaction/dissatisfaction to support service improvement.
- **Data Management (Program Specialist + Director QA):**
 - Maintain strong data validation and documentation practices in the HHSC statewide system.
 - Use service authorization, eligibility verification, and reporting (SPR/QPR) to track demand and identify gaps.
- **Provider network support (DPS):**
 - Use procurement and monitoring processes to support provider stability and accountability, especially for nutrition and transportation coverage.
- **Evidence-Based Intervention (Title III-D):**

- Implement Bingocize (falls prevention) and link participants to other supports (nutrition education, social connection, transportation where needed).
- **Continuous improvement tied to survey findings:**
 - Use needs assessment survey priorities (nutrition, safety/fraud prevention, emergency response, healthcare supplies, benefits navigation, transportation, home modifications, legal supports, social connection) to guide outreach emphasis, targeting decisions, and improvement efforts.
- **Benefits Counseling:**
 - Increase knowledge and awareness of HICAP, MIPPA and Senior Medicare Patrol programs and services.

Short-term outcomes

- Improved consistency of screening, authorization, documentation, monitoring, and reporting across programs.
- Improved quality assurance processes and provider reporting compliance.
- Increased ability to identify and respond to service gaps using data and survey feedback.
- AAA will provide benefits counseling services including legal assistance and legal awareness.

Intermediate outcomes

- Improved client experience (clearer navigation, timelier access, fewer barriers).
- Stronger workforce capacity to apply OAA targeting and deliver culturally/linguistically responsive services.
- Maintain a diverse benefits counseling staff that is trained, certified and given the opportunity for professional development.

Long-term outcomes

- Maintain high data accuracy and timely reporting for SPR/QPR and HHSC statewide system submissions, as measured by internal QA checks, error correction rates, and on-time submission documentation.
- Improve the AAA's ability to adjust resources to service demand (especially nutrition and transportation) using DPS flexibility, as measured by documented reallocation decisions, service coverage continuity, and reduced service interruptions

- Maintain or improve client satisfaction and perceived access to services, as measured through satisfaction opportunities/feedback and complaint resolution tracking.

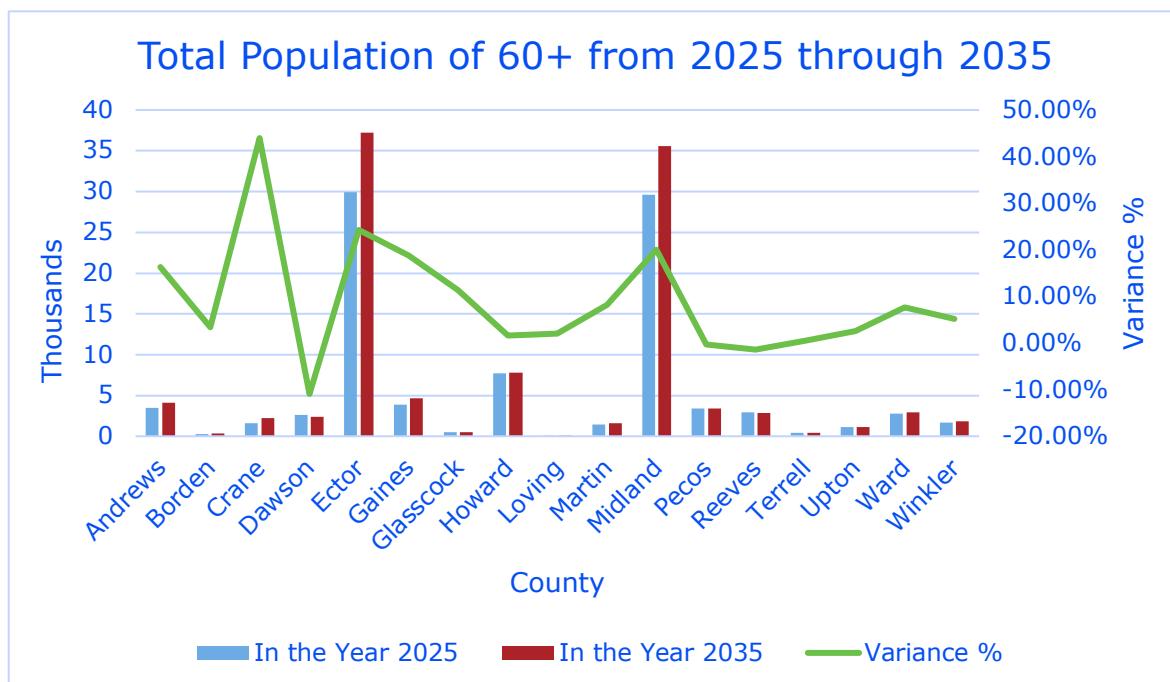
Long Range Planning

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

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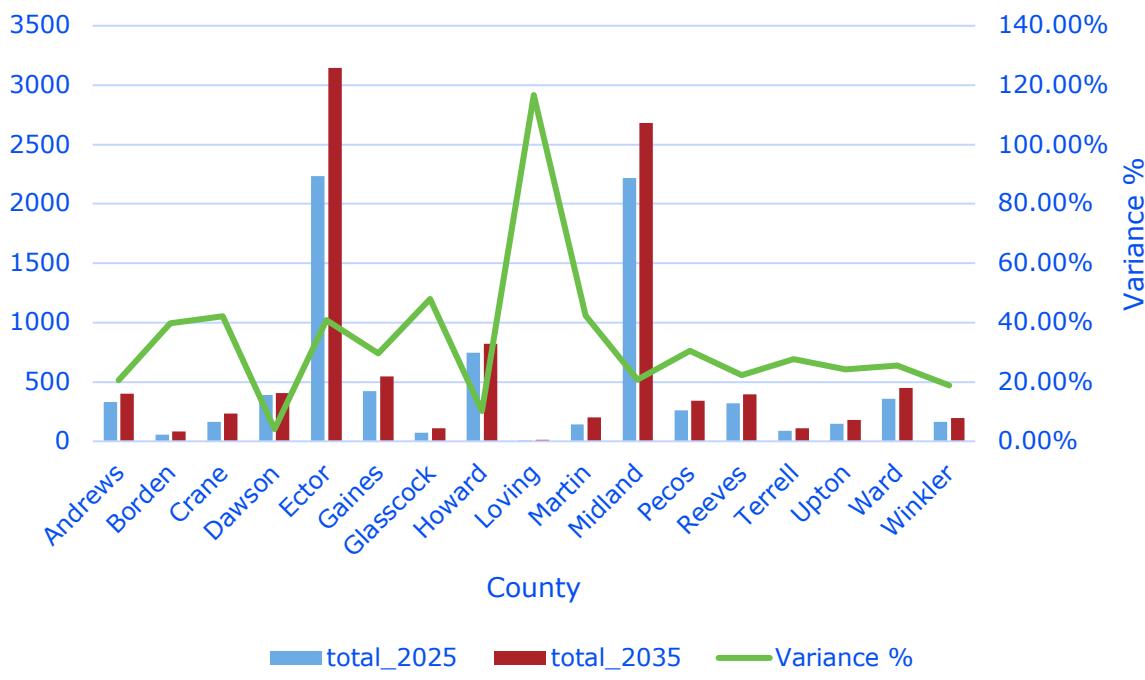
Projected Population Changes

By 2034, the US will be a country comprised of older adults versus children for the first time ever according to the U.S. Census Bureau. It projects there will be 77 million people age 65 and over compared to 76.5 million under the age of 18. The chart below demonstrates that the Permian Basin anticipates experiencing similar population changes based on the projections from the Texas Demographic Center and the Office of the State Demographer at UTSA.



While the Permian Basin will see an increase in individuals over the age of 60, the more significant increase will be in the population of individuals over the age of 85.

85+ population from 2025-2035 with Greatest Variance by County



The percentage of older adults is higher in rural areas than in the rest of the United States according to the Institute of Medicine, and rural areas are going to see an increase in 65 years and older. Knowing this turning point is on the horizon, it may serve as an opportunity by serving as the catalyst to address some social and economic issues seniors face. The AAA will consider the input and guidance of its Advisory Council in preparedness efforts. Continue collaboration with local stakeholders such as Adult Protective Services, County Extension Agents, and work to establish partnerships with new nonprofit organizations, and volunteers.

The local Aging Services Network within the AAA's PSA is positioned with a strong foundation for service delivery through an established access and assistance system, a coordinated network of contracted providers, and programs that address core needs such as nutrition, transportation, caregiver support, benefits counseling, legal services, and ombudsman advocacy. However, the region's large geographic footprint and rural composition will continue to create service delivery challenges over the next five to ten years.

The AAA's needs assessment findings indicate that core needs are expected to remain high and potentially increase over time, particularly related to affordable and nutritious meals, transportation, emergency response services, access to healthcare supplies, home modifications/residential repairs, and protection from scams/fraud and abuse/neglect. These findings underscore the importance of investing in both direct services and system supports that strengthen navigation, coordination, and prevention.

Provide analysis of how such population growth and change may impact service delivery and those served

Over the next five to ten years, population growth and demographic change are expected to increase demand for services that stabilize older adults in the community and reduce preventable institutionalization. As the number of older adults increases, the AAA anticipates increased service demand in the following areas:

1. **Nutrition services:** Increased need for congregate and home-delivered meals, especially among homebound individuals and those experiencing food insecurity. With long distances and limited-service infrastructure in rural areas, maintaining consistent meal coverage and provider capacity will remain critical.
2. **Transportation demand response:** Continued and increased demand due to rural distances, limited public transportation infrastructure, and the need to access healthcare and community services. Transportation constraints will continue to affect access to medical care, congregate meal sites, and caregiver support.
3. **Aging in place supports:** Increased requests for residential repairs/home modifications, emergency response systems, personal assistance, and health maintenance supplies as disability and frailty increase with age.
4. **Benefits navigation:** Increased demand for Medicare plan comparison, enrollment support, and assistance with Medicaid-related programs as healthcare costs rise and older adults seek coverage and affordability support.
5. **Protection and advocacy:** Increased need for outreach and public education related to scams/fraud, exploitation, and abuse/neglect, alongside continued advocacy for residents in long-term care settings through the Ombudsman Program.

6. **Caregiver support:** Increased caregiver strain and demand for education, support groups, respite, and coordinated caregiver assistance as caregivers remain a key factor enabling older adults to age in place.

These changes will likely affect not only service volume but also service complexity, requiring more coordination, longer case navigation, and stronger cross-system collaboration. In a rural region, these impacts may be amplified by workforce shortages, travel time, and limited local service options in some counties.

Provide analysis of how programs/services/policies can improve, and resources can be adjusted to support potential change and growth.

To prepare for growth and shifting needs, the AAA will continue strengthening its service delivery approach by improving program design, operational processes, and resource allocation. Key improvement and adjustment strategies include:

- Strengthening targeted outreach and equitable access: Expand targeted outreach to rural counties and populations with greatest economic and social need, including households with limited English proficiency, and maintain bilingual outreach capacity.
- Enhancing navigation and referral completion: Continue building IR&A capacity to guide clients through eligibility, documentation, and application processes, including warm handoffs and follow-up practices that increase completed service connections.
- Expanding outreach and public education: Increase public education and awareness activities related to scam/fraud prevention, elder abuse/neglect prevention, Medicare and Medicaid education.
- Building service delivery flexibility: Use the Direct Purchase of Service (DPS) model to respond to service demand changes and prioritize high-need individuals, while continuously monitoring service trends to inform adjustments.
- Improving data-informed decision-making: Strengthen data validation, reporting, and quality assurance to guide planning decisions, identify service gaps, and support continuous improvement.

Resource adjustments over time may include shifting outreach intensity, rebalancing funds within allowable limits to address demand fluctuations, and

expanding partnerships that allow services to reach rural communities more efficiently.

Provide recommendations to the State Unit on Aging (SUA) on areas to build capacity to better support the statewide Aging Services Network.

To strengthen statewide capacity and better support AAAs serving large rural regions, the AAA recommends the following areas for SUA investment and system development:

- Transportation: Expand support for rural transportation capacity, including vehicle replacement funding, driver recruitment strategies, and flexible program approaches for areas with limited provider availability.
- Housing and home modifications: Increase resources and flexibility for home repair/modification and accessibility supports to reduce fall risk and support aging in place, especially in high-need rural areas.
- Protection: Expand statewide fraud/scam prevention education campaigns and strengthen cross-agency coordination to prevent exploitation, abuse, and neglect; promote consistent training resources for community partners and providers.

These areas align with both local survey priorities and the practical constraints rural AAAs face in maintaining service coverage and provider networks. The AAA would benefit from the following with help from the SUA:

- Increase training opportunities for AAAs (as staffing and funding allow), with more frequent sessions focused on:
 - Compliance and monitoring expectations
 - Core service requirements (e.g., Benefits Counseling, Care Coordination)
 - Contracting, procurement, and contractor oversight
- Pursue competitive grants to supplement OAAA funding and strengthen regional service capacity.
- Coordinate “best practice” presentations across the AAA network, highlighting successful models.
- Develop and facilitate interdepartmental workgroups to strengthen coordination between AAAs and key partner systems, including:
 - Adult Protective Services
 - Long-Term Services and Supports
 - Veterans Affairs
 - Texas Department of Insurance

- Texas Department of Housing and Community Affairs

Provide a description of activities and effort specific to organizational sustainability planning.

The AAA's sustainability plan focuses on maintaining reliable delivery service, strengthening the provider network, and preparing the organization to respond to changing demand. Sustainability efforts include:

- Workforce sustainability: Cross-training of staff, ongoing education, and maintaining role clarity to preserve continuity and reduce disruption due to turnover; continued investment in bilingual capacity to support equitable access.
- Continuous quality improvement: Routine review of needs assessment findings, service utilization trends, provider performance, and client feedback to inform planning updates, outreach targeting, and service improvements.

In December 2025, the AAA Director completed the two-year Certified Public Management Program through the William P. Hobby Center for Public Service of Texas State University to achieve the designation of Certified Public Manager which positioned the AAA to respond to future growth, maintain high-quality service delivery, and strengthen the aging services network across the PSA through the following:

- Enhance strategic leadership capacity, equipping managers to set direction, communicate priorities, and keep teams aligned during change, turnover, or rapid growth.
- Improves risk management and compliance thinking, reinforcing the habits needed to identify operational risks early and maintain strong controls that protect funding and reputation.
- Support continuous improvement, providing practical tools to evaluate what's working, adjust strategies, and evaluate progress over time.
- Develop culture-building skills, which helps retain staff, sustain institutional knowledge, and maintain service quality during transitions.
- Expands professional networks across Texas, creating access to peer best practices, templates, and problem-solving support that can accelerate sustainability initiatives.

- Strengthens communication and accountability, improving how your organization explains needs, impact, and priorities to boards, funders, elected officials, and the public.

Appendix A – Emergency Preparedness

Reference: [45 CFR 1321.103](https://www.ecfr.gov/lookup/section?title=45&part=1321.103)

The Area Agency on Aging of the Permian Basin operates in accordance with policies, rules, and procedures established by and for the Permian Basin Regional Planning Commission. Document is attached as Appendix A.

The scope of the Area Agency on Aging of the Permian Basin's involvement in disaster response and recovery will depend on the magnitude of the event and the capacity of local service providers to respond, as determined by staff availability, resources, and the level of damage or disruption caused by the disaster. Continuity planning considers a range of hazards, including fire, tornadoes, flooding, extreme heat events, pandemics, and man-made threats (e.g., terrorism and biological, chemical, or radiological incidents). Critical functions have been identified, and strategies to reduce service interruptions and support continuity of operations have been established. Emergency preparedness planning is informed by guidance and recommendations from federal, state, and local authorities.

Below is a summary of the AAA's emergency response activities for a natural or man-made events:

Procedures/Activities

1. Serve as a resource for the dissemination of relevant materials, on an on-going basis, to its local service provider network, community senior groups, any others seeking such materials.
2. Assist each of the Congregate and Home Delivered Meal providers in the Permian Basin region in coordinating their disaster and recovery plans with the plans of their county Emergency Management Offices.
3. Maintain coordinated disaster preparation and recovery procedures for the provider network.
4. Provide back-up support to these service providers when called upon.

Appendix B – Public Comment Activities

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

The AAA solicited public comment for this Area Plan by soliciting input during the preparation including:

- Developed a Consumer Needs Evaluation to identify needs for older adults, their families, and caregivers based on feedback from staff, analysis of service trends, and identification of core service programs.
- Solicited input from:
 - Adults Age 60 years or older
 - Caregiver of an adult age 60 or older
 - Aging Services Network Provider
- Gathered input from Aging Advisory Council Members during the January 2026 meeting.
- Invited the public to participate in the survey through our website, social media (Facebook post below) and direct public solicitation and collection of results.
- Posted the survey to the AAA website for data collection (screen shot below)
- Invited the public to submit comments by posting to the Texas Register (notice below), the AAA website, and direct mail to Aging Advisory Council Members.

Facebook Post:

Have 10 minutes? We invite you to take our survey. Your voice matters and helps shape services in your county. Visit <https://aapb.org> and take our survey located on the first page of our website. 📸

Your voice matters.

The Permian Basin Area Agency on Aging is conducting a Community Needs Assessment Survey to help guide services for older adults and caregivers in our region for 2027–2029.

The survey is anonymous, takes about 10 minutes, and helps shape services in Andrews, Borden, Crane, Dawson, Ector, Gaines, Glasscock, Howard, Loving, Martin, Midland, Pecos, Reeves, Terrell, Upton, Ward, and Winkler Counties.

You can complete here: <https://aapb.org/>



AAA Website:

Let us know what's important to you!

We are currently conducting an assessment of community needs, in preparation for our Fiscal Years 2027-2029 area plan. We welcome your input about the services and supports that older adults and family caregivers in the Permian Basin need the most. *Complete our survey below.*

Step 1 of 2

Tell us about yourself (which best describes you) *

- Adult aged 60 years or older
- Caregiver of an adult 60 or older (an unpaid caregiver, ex: family, friend, volunteer)
- Aging services network provider (home health care, managed care, ADRC, community agency)

In which county do you live? *

<input type="radio"/> Andrews	<input type="radio"/> Borden	<input type="radio"/> Crane
<input type="radio"/> Dawson	<input type="radio"/> Ector	<input type="radio"/> Gaines
<input type="radio"/> Glasscock	<input type="radio"/> Howard	<input type="radio"/> Loving
<input type="radio"/> Martin	<input type="radio"/> Midland	<input type="radio"/> Pecos
<input type="radio"/> Reeves	<input type="radio"/> Terrell	<input type="radio"/> Upton
<input type="radio"/> Ward	<input type="radio"/> Winkler	

Next

Texas Register Post:

CONTACT: Alma Montes
Director of Area Agency on Aging

432.563.1061
amontes@aaapb.org

Area Agency on Aging of the Permian Basin Invites Comment on Area Plan

The Area Agency on Aging of the Permian Basin (AAA), a program of the Permian Basin Regional Planning Commission (PBRPC), receives federal and state funds to provide services to people aged 60+ and their family caregivers in its 17-county service region including: Andrews, Borden, Crane, Dawson, Ector, Gaines, Glasscock, Howard, Loving Martin, Midland, Pecos, Reeves, Terrell, Upton, Ward, and Winkler Counties. An Area Plan has been prepared for services it intends to fund during a 3-year period and invites public comment through March 17, 2026. The plan is located at aaapb.org and is available in hard-copy format upon request.

The AAA provides funding to support nutrition programs like congregate and home delivered meals, and transportation. The AAA provides services in support of older individuals and their informal caregivers to assist with aging in place through information and referral, benefits counseling to understand Medicare and Medicaid benefits and options, case management services, caregiver support through support groups, information, and respite. For those who live in assisted living and nursing facilities, the AAA provides advocacy. All services are provided at no charge to those who qualify.

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

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

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

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

Attachment 2: Verification of Intent & Assurances

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

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

By an authorized official signing the Verification of Intent and Assurances, 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:

- Input through a 30-calendar day public comment period.
- 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.