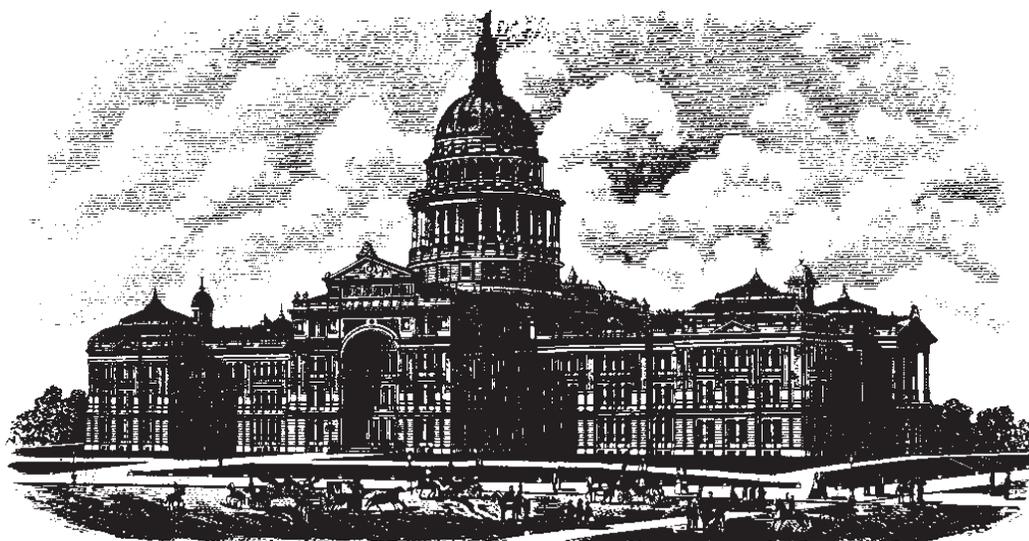


Sunset Advisory Commission



TEXAS STATE CAPITOL BUILDING

E.E. Davis Architect

Texas Department on Aging



Staff Report

1998

SUNSET ADVISORY COMMISSION

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In 1977, the Texas Legislature created the Sunset Advisory Commission to identify and eliminate waste, duplication, and inefficiency in government agencies. The 10-member Commission is a legislative body that reviews the policies and programs of more than 150 government agencies every 12 years. The Commission questions the need for each agency, looks for potential duplication of other public services or programs, and considers new and innovative changes to improve each agency's operations and activities. The Commission seeks public input through hearings on every agency under Sunset review and recommends actions on each agency to the full Legislature. In most cases, agencies under Sunset review are automatically abolished unless legislation is enacted to continue them.

TEXAS DEPARTMENT ON AGING

SUNSET STAFF REPORT

Table of Contents

	PAGE
EXECUTIVE SUMMARY	1
APPROACH AND RESULTS	3
ISSUE	
1 Integrate the Administration of State Aging Services to Maximize Resources Dedicated to Meeting the Needs of Elderly Texans	9
ACROSS-THE-BOARD RECOMMENDATIONS	23
BACKGROUND	25
APPENDICES	41

EXECUTIVE SUMMARY

Executive Summary

Approximately \$2 billion in federal and state funds is spent to support programs and services for elderly Texans. Services provided range from preventive to acute and chronic care, and are offered in both community-based and institutional settings. However, all of the services can be characterized as components of the State's long-term care system. The Texas Department on Aging (TDoA) is part of the State's long-term care system and serves as an advocate and planner for the elderly. In addition, the Department administers the delivery of services through a local aging network comprised of area agencies on aging, service providers, and volunteers. Services provided through TDoA and the local aging network are primarily funded by federal Older Americans Act and local match funds and are intended to support community-based service options and opportunities.

As a greater percentage of the Texas population reaches the age of 60, the importance of efficiently delivering services at the local level will increase. As a measure of efficiency for taxpayers, the State will need to continue to emphasize, develop, and support low cost, locally-based services designed to prevent or postpone more costly care. The review of TDoA focused on two primary issues — integrating aging services to improve administrative efficiency and strengthening the Board on Aging's role as advocate and planner for elderly Texans.

1. Integrate the administration of state aging services to maximize resources dedicated to meeting the needs of elderly Texans.

The projected increase in demand for aging services dictates that Texas prepare its service delivery system to emphasize, develop, and support low cost, locally-based services, designed to prevent or postpone more costly care. Locally-based services at TDoA and the Department of Human Services (DHS) are designed to be more cost-effective and less restrictive alternatives to institutional care; however, both agencies manage comparable services with separate administrative systems. Currently, both agencies administer client intake and assessment, contract management, monitoring and reporting of service providers, and service delivery standards. As a result, the State is unable to maximize existing resources

with duplicative delivery systems for aging services, causing confusion for both clients and providers.

In recent years, TDoA's focus on accountability and contract administration has limited the agency's ability to fulfill the federally-mandated role of Texas' visible advocate and planner for the elderly. While the role of advocate needs to be continued, TDoA, in its current form, has become less able to support its advocacy mission.

Recommendation: Consolidate the administrative functions of the Texas Department on Aging with DHS and designate the DHS Board as the State Unit on Aging. Administratively attach the Board on Aging to DHS and statutorily define its role as advocate and planner for the elderly.

Fiscal Impact Summary

The recommendation will result in a positive fiscal impact. Estimated savings should amount to \$650,000 per year. The savings are primarily attributable to greater efficiencies in basic agency operation support functions, such as human resources, information management, and accounting. Savings in professional contracts and fees can also be expected. Since TDoA administrative costs are split 75/25 between federal and state funds, savings associated with the recommendation would primarily be federal funds. All savings would be available to provide additional or a fuller array of aging services.

Improved integration of aging services administration may also result in additional savings by streamlining service delivery. However, actual savings cannot be anticipated and may vary based on the administrative structure used to implement the recommendation.

Total Savings to be Reallocated for Aging Services			
Fiscal Year	Federal Funds	General Revenue Funds	Change in Number of FTEs
2000	\$487,500	\$162,500	11.0
2001	\$487,500	\$162,500	11.0
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2004	\$487,500	\$162,500	11.0

APPROACH AND RESULTS

Approach and Results

Approach

The Legislature scheduled most of the State's health and human service agencies for Sunset review in 1999. This provides the Sunset Commission the opportunity to study how the State has organized this area of government. Reviewing 13 health and human service (HHS) agencies together allows the Commission to assess issues that cross traditional agency boundaries — types of services provided, types of clients served, and funding sources used. Once these reviews are completed, the information gathered can be used to determine whether the Legislature should consider any restructuring of the agencies in the HHS area.

Health and human services have been under constant scrutiny, particularly services directed at providing long-term care. Numerous studies have concluded that delivery of these services is fragmented and confusing to clients. Attempts to increase information about and access to services have been moderately successful at best. As a result, clients continue to face a system of care that is not very well coordinated, continuing to be driven by a focus on agency organizational lines, instead of consumer driven. The 75th Legislature specifically charged the Sunset Commission to look at these continuing problems with a requirement to study approaches to streamlining and coordinating long-term care services and programs.

The Texas Department on Aging (TDoA) is an important component of the State's long-term care service continuum. The Department is responsible for addressing the social and physical well-being of Texans aged 60 years and older through the development, coordination, oversight, and advocacy of aging services. To that end, TDoA administers services through a local aging network that addresses the needs of the elderly at the very earliest entry point for long-term care services. Examples of services include nutrition, information and assistance, and congregate and in-home supportive services. The vast majority of these services are provided at the on-set of a need, but are intended to prevent additional or more intensive services, or to delay or prevent more costly or institutional care. Additionally, as Texas' visible advocate for the elderly, TDoA provides leadership, centralized planning and policy development, and guidance for aging-related activities and services.

Health and human services have been under constant scrutiny, particularly services directed at providing long-term care.

The Texas Department on Aging is an important component of the State's long-term care service continuum.

Sunset staff reviewed the Department's activities as a component of the State's long-term care system — this is consistent with past assessments.

While some may argue that programs and services administered by TDoA are not long-term care services, Sunset staff reviewed the Department's activities as a component of the State's long-term care system. This is consistent with past assessments and characterizations. For instance, the Texas Health and Human Services Commission included the Department as part of its latest Long-term Care Plan to the Legislature and even TDoA, in its federally-mandated state plan, characterized its services as an "important component of long-term care in Texas."

In most of the Sunset reviews of HHS agencies, the staff is recommending that the Sunset Commission delay decisions on organizational issues until completion of all the reviews. This will allow all related agencies and programs to be assessed before consideration of any needed changes in how the agencies are structured. However, in the case of TDoA, staff were able to make this determination. Since the Department of Human Services was under active review at the same time, the reviews included a focus on strengthening and improving each agency's current programs for service delivery to the elderly.

Regardless of future Sunset recommendations concerning the organization of long-term care services in Texas, the staff concluded that recommendations in this report are appropriate to begin developing an integrated service delivery system that is seamless to the client.

Review Activities

In conducting the review Sunset Staff:

- Worked extensively with TDoA staff;
- Attended Board on Aging and sub-committee meetings;
- Attended Citizen Action Coalition meetings;
- Attended the Governor's Conference on Aging;
- Attended meetings and work sessions of the Agency Coordination Taskforce;
- Attended joint work sessions between the TDoA and DHS Boards;
- Surveyed interest groups about concerns with the delivery of aging services and the operation of TDoA;
- Visited Area Agencies on Aging (AAAs) in the Capital area, North Central Texas, Lower Rio Grande Valley, Concho Valley, Tarrant County, and El Paso, and accompanied AAA staff on visits to senior centers, congregate meal sites, as well as housing facilities;

- Met with Administration on Aging (AoA) regional office staff;
- Met with Health and Human Services Commission staff;
- Met with Department of Human Services Aged and Disabled regional program staff;
- Visited long-term care facilities and met with long-term care Ombudsman staff;
- Visited with direct service providers, and accompanied volunteers and staff during case management visits and meal deliveries to client homes;
- Attended town hall meetings in Austin regarding aging issues;
- Met with a majority of AAA Directors on several occasions;
- Met with the Tarrant Area Gerontological Society regarding coordination of local services, existing resources, and programs;
- Attended a Community Transportation Collaborate meeting;
- Reviewed agency documents and reports including the agency's Self Evaluation report, state statutes, the federal Older Americans Act, state legislative reports, Congressional reports, previous state legislation, State Attorney General opinions, literature published by AAAs, other states' information, federal information from the AoA, and information available on the Internet;
- Visited a Program for All-inclusive Care of the Elderly (PACE) facility in El Paso; and
- Attended House Appropriations Subcommittee on Duplication of Services hearings.

Results

The Sunset review of TDoA began by addressing the fundamental question of whether the functions performed by the Department — administrator of Older Americans Act community-based aging services and advocate and planner for the elderly — continue to be needed. TDoA administers federal grants and state funding that support a wide range of nutritional, social, and supportive services for older Texans. The grants are administered through a statewide network of area agencies on aging that provide a comprehensive and coordinated continuum of locally-based services for the elderly. As the baby-boom generation ages, Texas will be faced with a significant increase in the demand for aging services. Sunset staff recognized that, to maximize state resources, supporting lower-cost, community-based services would be essential.

Additionally, as the state’s advocate and planner for the elderly, TDoA is responsible for the policy development, coordination, and evaluation of aging-related activities in Texas. Responsibilities include ensuring the protection of elderly clients’ rights, improving client access to information and service options, and developing strategies to further the array of preventive and community-based aging services. Sunset staff concluded that the role of advocate is unique to the health and human service system and serves an important role in the support of aging services in Texas. However, staff concluded that greater administrative efficiency, along with strengthening the advocate and planner role, could be achieved through the integration of existing long-term care programs and services for the elderly.

Once staff decided to recommend continuing the functions of TDoA, the review focused on an improved organizational structure that would:

- improve the efficiency of delivering aging services; and
- strengthen the role of advocate and planner for the elderly.

Administrative efficiency, and strengthening the advocate and planner role, would result from integrating long-term care services for the elderly.

Improve the efficiency of delivering aging services — The Sunset review focused on whether the current aging service delivery system results in the most effective statewide delivery of aging services in Texas. The review found that both TDoA and DHS administer comparable services to the elderly while maintaining duplicative administrative functions including the contracting and monitoring of service providers. Having two separate agencies administering independent, yet comparable aging programs, results in inconsistent and fragmented services, and administrative inefficiencies. The review also found that clients are confused about where to access services and providers are burdened by multiple oversight agencies. This report addresses the need to reduce administrative duplication to maximize limited aging service resources and to create a single point of connection to a seamless system of aging services.

Strengthen the role of advocate and planner for the elderly — TDoA’s mission is to serve as the State’s visible advocate for the elderly. The review found that this role had been limited due to an increased focus on contract administration and accountability. **Issue 1** strengthens this independent role of advocate and planner by transferring administrative responsibility for aging services to DHS while clearly defining the Board on Aging’s advocacy role in statute. Strengthening the role of advocate would ensure the protection of elderly clients’ rights, improve client access to information and service options, promote volunteer opportunities, and allow the development of strategies to further the array of preventive and community-based aging services. Staff also found that TDoA’s current state plan lacks a comprehensive approach to statewide service delivery and fails to describe how aging services should be organized, delivered,

and managed to meet the State's increasing demand for aging services in an era of reduced resources. The report recommendation requires the development of a fundamental framework for assessing the current and future needs of both the State and clients, identification of existing aging services, and the coordination of resources and services from the federal, state, and local level. The state plan would also provide direction and information to the Legislature regarding the needs of elderly Texans.

Recommendation

1. Integrate the administration of state aging services to maximize resources dedicated to meeting the needs of elderly Texans.

Fiscal Impact

The recommendation will result in a positive fiscal impact. Estimated savings should amount to \$650,000 per year. The savings are primarily attributable to greater efficiencies in basic agency operation support functions, such as human resources, information management, and accounting. Savings in professional contracts and fees can also be expected. Since TDoA administrative costs are split 75/25 between federal and state funds, savings associated with the recommendation would primarily be federal funds. All savings would be available to provide additional or a fuller array of aging services.

Improved integration of aging services administration may also result in additional savings by streamlining service delivery. However, actual savings cannot be anticipated and may vary based on the administrative structure used to implement the recommendation.

The State plan for aging should better address current and future needs of the State's elderly.

Total Savings to be Reallocated for Aging Services			
Fiscal Year	Federal Funds	General Revenue Funds	Change in Number of FTEs
2000	\$487,500	\$162,500	11.0
2001	\$487,500	\$162,500	11.0
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ISSUE

Issue 1

Integrate the Administration of State Aging Services to Maximize Resources Dedicated to Meeting the Needs of Elderly Texans.



Background

Texas spends over \$2 billion annually on services for the elderly.¹ The types of services provided range from community-based and in-home care to institutional care. Federal funds comprise the majority of these expenditures with state general revenue, required match funds, and local contributions being the other primary funding sources. Two separate agencies are primarily responsible for administering the delivery of services to the elderly in Texas — the Texas Department on Aging (TDoA) and Texas Department of Human Services (DHS).

Both agencies can be characterized by the clients they serve and the criteria used to determine client eligibility. TDoA serves individuals who are 60 years of age and older and uses no other criteria in determining eligibility for services. The Department does, however, attempt to target services based on income and social need. Services supported by TDoA are community-based, with the exception of its nursing home facility ombudsman program. Meanwhile, DHS serves a much broader population than just the elderly and includes disabled adults and children. DHS uses various criteria and functional assessments to determine eligibility and provides both institutional and community-based services.

The Department is supported primarily through federal funds authorized under the Older Americans Act (OAA) and is the designated State Unit on Aging. As the State Unit on Aging, TDoA serves as a visible advocate for the elderly and promotes access to low cost community-based service options. The table further defines the Department's role as advocate as mandated by the OAA. The agency supports a system of state, local, and non-profit organizations, including Area Agencies on Aging (AAAs), that deliver comprehensive and preventive community-based care services. AAAs ensure the

Two separate agencies are primarily responsible for administering the delivery of services to the elderly in Texas.

As the State Unit on Aging, TDoA is designated as the state's visible advocate in providing aging services. Fulfilling this advocacy role requires TDoA to:

- provide centralized planning, policy development, administration, coordination, and evaluation of aging related issues in Texas;
- review and comment on state plans, budgets, and policies that affect older individuals; and
- provide assistance to any agency, organization, or individual representing the needs of older individuals.

delivery of all direct services including congregate or home-delivered meals, information and assistance, benefits counseling, and personal assistance. As a component of the State's continuum of long-term care, services supported through TDoA are primarily intended to provide temporary assistance to help individuals remain independent, preventing the need for permanent long-term care.

The array of programs for the elderly administered by DHS is broader than TDoA's and includes institutional care. Despite a difference in service and client focus, many of the community-based services are comparable to those administered through TDoA, such as home-delivered meals, case management, and personal assistance. Both agencies are responsible for the same administrative elements of managing the delivery of aging services including contract management, monitoring and reporting, and measuring provider performance.

Both TDoA and DHS are responsible for the same administrative elements of managing the delivery of aging services.

Other states use a variety of organizational structures to administer and deliver aging services. Approximately one-half of all states maintain separate aging agencies while the others incorporate the responsibilities of an aging agency within a larger human services agency. Either organization is acceptable under the OAA, which only requires that states designate a State Unit on Aging and establish and maintain a local aging network to be eligible for federal funds.

In a Sunset review, continuation of an agency and its functions depends on certain conditions being met, as required by the Sunset Act. First, a continuing need should exist for the state to provide the functions or services. In addition, the functions should not duplicate those currently provided by any other agency. Finally, the potential benefits of maintaining a separate agency must outweigh any advantages of transferring the agency's functions or services to another agency.

In developing an approach for TDoA's review, Sunset staff considered the current service delivery system and administration of aging services in Texas. The review also considered the implications of the increasing need for aging services and the future demands this will place upon state resources. Therefore, the review focused on improving the delivery of aging services to maximize existing resources and reduce duplication, while maintaining TDoA's federally-mandated advocacy role.

Findings

▼ As the population of Texas ages, increased support for lower cost service alternatives to address the needs of the elderly will be necessary.

- ▶ The passage of the federal Older Americans Act (OAA) in 1965 formally recognized the need to foster more effective use of aging resources to meet an increasingly aging population. Originally, the OAA provided seed money to fund programs designed to expand community-based services to ensure independence and productivity among persons aged 60 and older and delay the need for more costly and restrictive institutional care.²

- ▶ Texas is already facing the challenge of providing adequate community-based services for the elderly. In many areas of the State, the demand for aging services has resulted in waiting lists and in some instances, additional costs to the client, to receive services. The chart, *Waiting Lists for Aging Services — Fiscal Year 1997*, summarizes current waiting lists for community-based services supported through TDoA.

Waiting Lists for Aging Services Fiscal Year 1997	
TDoA Supported Services	Number of Persons
Home-Delivered Meals	1,934
Congregate Meals	652
Case Management	984
Residential Repair	445
Health Maintenance	313
Homemaker	239

- ▶ The demand for less costly aging-related services will increase over time as the percentage of the population aged 60 and older continues to grow. Population projections indicate that the number of Texans over the age of 65 will increase by almost 100 percent by 2020, comprising almost 25 percent of the state's population.³ More significantly, the number of Texans over the age of 85 — those most likely to be frail — will increase by more than 130 percent over the same period, further increasing the demand for aging services.⁴ As a result of this rapidly growing segment of the State's population, data suggests that by the year 2030, the number of institutional care residents and the costs for their care will increase by 233 percent.⁵
- ▶ Faced with a significant increase in the number of elderly persons, especially those most in need of aging services, Texas will need to prepare for the resulting demands on public and private resources, and social services. As a measure of efficiency for taxpayers, the State will need to continue to emphasize, develop, and support low cost, locally-based

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The advantages of community-based or in-home services versus institutional care are well known and can include lower costs and improved quality of life.

services designed to prevent or postpone more costly or institutional care.

The advantages of community-based or in-home services versus institutional care are well known and can include lower costs and improved quality of life. For example, DHS, through the Community Based Alternative program, has found that community-based care costs, on average, 22.2 percent less than services received in an institutional setting.⁶

▼ **TDoA’s response to the State’s emphasis on contract administration and accountability has limited the Department’s ability to fulfill the role of advocate and planner for the elderly.**

▶ In recent years, the Legislature, the State Auditor, and a health and human services interagency work group have required TDoA to focus on and improve the agency’s contract management, performance measure reporting, and fiscal accountability.⁷ Specifically, the State Auditor has issued several reports since 1995 that have criticized the Department’s contracting and monitoring practices, performance measure reporting inaccuracies, and information system and accounting control weaknesses. The Department’s response of increased monitoring requirements and sanctions has resulted in the Aging Network characterizing its relationship with TDoA as “adversarial” and “non-collaborative.”⁸

▶ As an unintended consequence, the focus on contract administration and accountability has affected TDoA’s ability to support and advocate for community-based services for the elderly through the Aging Network. TDoA organizationally shifted from a staff responsible for supporting aging services and resources to a staff focused on the

The focus on contract administration and accountability has affected TDoA's ability to support and advocate for community-based services for the elderly through the Aging Network.

Changes in TDoA Staffing Composition Fiscal Years 1994 - 1998										
	1994	Percent of Staff	1995	Percent of Staff	1996	Percent of Staff	1997	Percent of Staff	1998	Percent of Staff
Program Support	26	65%	20	50%	13	36%	12	39%	13	38%
Contract Management	2	5%	5	13%	9	25%	7	23%	10	29%
Total FTEs	40	70%	40	63%	36	58%	31	61%	34.5	67%

administration and accountability of these services. The chart, *Changes in TDoA Staffing Composition — Fiscal Years 1994 - 1998*, summarizes the recent shift in staffing emphasis.⁹

- In addition, TDoA has also been lacking in fulfilling its role as a planner for aging services. Until recently, planning has been limited to strategic planning for budget purposes and a state plan, as required by the OAA. However, a plan that provides a comprehensive approach to statewide service delivery in an era of increasing service needs is necessary.

For example, the state plan does not clearly define and describe how aging services should be organized, delivered, and managed to best meet client needs. Although the current plan identifies and lists the elements of the Aging Network and reiterates information from the AAA area plans, this information needs to be used to create policy that analyzes current and future aging needs.

▼ **Currently, two separate agencies administer comparable aging services resulting in duplication of effort and confusion for clients and providers.**

- Both TDoA and DHS administer comparable services for elderly clients while maintaining duplicative functions including client intake and assessment, direct service contracting, monitoring, reporting requirements, and performance measures. The chart, *Aging Services of TDoA and DHS*, identifies comparable TDoA and DHS aging services. For example, both agencies administer programs that provide home-delivered meals. Often, both agencies use the same local service provider, yet each agency has developed its own contracting, reporting, and performance measure system. Additionally, providers are monitored according to each agency’s individual standards and requirements.
- Having two separate agencies administering independent, yet comparable, aging programs results in inconsistent and fragmented services as well as difficulty in ensuring accountability of these services. No single entity is responsible for assessing elderly needs, planning for a

Aging Services of TDoA and DHS	
Aging Services Supported through TDoA	Comparable DHS Service*
Adult Day Care	X
Client Advocacy	
Benefits Counseling	
Case Management	
Congregate Meals	
Emergency Response	X
Health Promotion, Education, and Screening	
Home-Delivered Meals	X
Information and Assistance	
In-Home Support	X
Legal Assistance and Awareness	
Ombudsman	
Outreach	
Personal Assistance	X
Residential Repair	X
Respite Care	X
Transportation	X
*Different eligibility requirements	

coordinated continuum of statewide aging services, or ensuring that these services are provided efficiently. Clients are often confused about their eligibility status and where to access services. Providers are burdened by multiple oversight agencies, each with differing contract, reporting, and billing requirements.

- The current service delivery system for aging services fails to use each agency’s existing strengths. DHS has established administrative, contract management, and information system capabilities, but is less able to capitalize on locally-based options to serve its clients because of its distance from the localities. Meanwhile, TDoA has established a community-based network for the delivery of aging services that relies on local needs assessments and has the flexibility to use local resources to meet client needs that fall outside traditional service programs.

▼ **The need to integrate comparable health and human services, particularly long-term care services, has been consistently identified.**

Recommendations for the Integration of Health and Human Services
<p>In 1991, the Texas Performance Review report, <i>Breaking the Mold</i>, identified that agencies have no incentive to work together, resulting in duplication of services and policymaking that is reactive in nature. The report recommended that delivery of health and human services be treated as a unified system and that community care services at TDoA and DHS be aligned within a single long-term care agency.</p> <p>In August 1994, the Health and Human Services Long-Term Care Task Force recommended a coordinated and integrated service delivery system. The Task Force stated that service delivery should be guided by a principle to provide an adequate array of services that affords choice and a continued emphasis on developing community-based services. Additionally, the report recommended a consolidated service management system, an organizational structure that supports services based on functional need, and the establishment of a single-point of entry for long-term care services.</p> <p>A 1996 interim report by the House Committee on Human Services identified that long-term care services are widely dispersed between separate agencies and programs. The Committee recommended that a uniform assessment of clients could more adequately address individual needs and improve the delivery of long-term care services.</p>

- Since 1991, numerous reports have recommended integrating service delivery and administration of health and human services, including those services specifically targeted for the elderly. The chart, *Recommendations for the Integration of Health and Human Services*, summarizes the results of previous studies made by the State Comptroller and legislative committees.

- In 1997, SCR 14 of the 75th Legislature directed the Health and Human Services Commission (HHSC) to identify strategies and initiatives for coordinating long-term care service delivery and administration. In accordance with this mandate, HHSC developed a Long-Term Care Plan, released in January 1998, that identified several objectives for long-term care services in Texas. These objectives are summarized in the table, *Long-Term Care Service Objectives*.

- In April 1997, the House Appropriations Subcommittee on Duplication of Services requested that TDoA and DHS jointly develop a plan to ensure coordination of service delivery and program administration. The result of the request has been the establishment of the Agencies Coordination Taskforce. To date, Taskforce efforts have been piloted in two AAAs and DHS regional offices with favorable results. Specifically, the pilot projects have led to efficiencies in nutritional services such as an identical contract cycle, use of a common provider and unit rate cost, and the development of an integrated monitoring tool.

Long-Term Care Service Objectives
Reduce administrative duplication among agencies.
Integrate service delivery at the local level.
Partner locally to provide planning and service delivery flexibility.
Increase consumer access to information and service options.
Increase the array of community-based services.
Increase funding that expands community-based services.
Develop a single-point of connection for services.
Develop seamless service delivery system to consumer.
Develop funding strategies to expand services and increase efficiency.
Develop non-state resources to expand community options.

Additionally, as a result of the Taskforce, the Board on Aging and the DHS Board have, for the first time, held a joint board meeting. Initial indications are that both policymaking bodies recognize the need and opportunity to further streamline and integrate the administration of services for the elderly.¹⁰

▼ **Improved integration of aging services administered by TDoA and DHS would provide benefits to elderly clients.**

- Integrating TDoA service administration responsibilities within DHS will allow the Board on Aging to function more effectively as a planner and advocate for elderly clients and the Aging Network. A greater focus on the role of advocate and planner will allow for the creation of an improved statewide plan for aging services. This plan could provide a framework for future planning and direction to the Legislature as to the needs of elderly Texans and the development of a coordinated service delivery system throughout the State.
- Integrating service administration will reduce duplication, allowing better use of limited aging service resources resulting in additional services for the elderly and a single point of accountability for performance. More efficient use of resources could be accomplished by establishing a single contract administrator for services, creating a coordinated intake and client referral system, and establishing a single client and information tracking system.

Integrating service administration will allow better use of limited aging service resources and establish a single point of accountability for performance.

- ▶ An integrated system for administering aging services would promote a single point of connection to services. This single point of connection would mean accessibility, wherever access is first attempted. This would reduce client and service provider confusion by allowing coordinated case management and a seamless service delivery system resulting in more direct access to lower cost, locally-based services for all elderly, regardless of eligibility requirements.
- ▶ Lastly, integration would benefit AAAs by reducing administrative and accountability responsibilities. The strength of aging services currently administered through TDoA is the creativity and flexibility of the AAAs to provide services that meet local needs and raise needed local contributions. The \$26.8 million in local contributions for 1997 demonstrates the ability of AAAs to support the local delivery of aging services.

Reduced administrative burdens may allow AAAs to more effectively compete in a changing health care environment. As more older Texans participate in managed care plans, it will become necessary to create an integrated and reliable system of benefits counseling, client advocacy, and case management. The AAAs could position themselves to provide these types of services to elderly clients and the health care community.

Conclusion

The projected increase in demand for aging services dictates that Texas prepare its aging service delivery system to emphasize, develop, and support low cost, locally-based services designed to prevent or postpone more costly care. Continued support and coordination of community-based services is crucial if the State is to meet the challenge of increasing needs with fewer resources. Locally-based services at TDoA and DHS are designed to be cost-effective and less restrictive alternatives to institutional care; however, both agencies manage comparable services within separate administrative systems. Currently, both agencies administer intake and assessment, contract management, monitoring and reporting of service providers, and service delivery standards. As a result, the State is unable to maximize existing resources and the service delivery system for aging services is fragmented and confusing for both clients and providers.

In recent years, TDoA's focus on accountability and contract administration has limited the agency's ability to fulfill the federally mandated role of Texas' visible advocate and planner for the elderly. Therefore, while the role of advocate needs to be continued, TDoA, in its current configuration, has become less able to support its advocacy mission.

Continuing TDoA's functions would enable Texas to better prepare for this increased demand for cost-effective, locally-based aging services; however, the existence of two separate agencies administering comparable services to the elderly cannot be supported.

Recommendation ---

Change in Statute ---

- **Consolidate the administrative functions of the Texas Department on Aging within the Texas Department of Human Services.**
- **Designate the Texas Department of Human Services as the federally-mandated State Unit on Aging.**
- **Maintain the Board on Aging as a separate policymaking body attached to DHS and require the Board to continue to serve as an advocate for the state's elderly through:**
 - **ensuring the protection of elderly clients rights, including administering the long-term care facility ombudsman program;**
 - **developing strategies and policies that improve client access to information and service options;**
 - **developing strategies and policies that further the array and availability of community-based options, including the identification of new funding sources;**
 - **promoting volunteer opportunities for the elderly;**
 - **conducting local and state needs assessments, demographical studies, and other planning initiatives that identify current and future needs of an aging population; and**
 - **developing initiatives that promote healthy aging and retirement planning.**

- **Require the DHS Board and Board on Aging to jointly develop a comprehensive statewide plan for aging services that includes at least the following elements:**
 - **all requirements of the OAA-mandated State Plan;**
 - **a statement of the mission, goals, and objectives of aging services in the State;**
 - **a discussion of how aging services should be organized, delivered, and managed statewide, including case management services;**
 - **a comprehensive assessment of existing aging services and identification of future needs for these services;**
 - **a mechanism of including local input in identifying and assessing regional needs of the State (AAA area plans); and**
 - **coordination of administration and service delivery with federal, state, and local public and private programs that provide similar services.**

- **Require DHS to provide an opportunity for the Board on Aging to review and comment on strategic plans and appropriation requests.**

This recommendation would continue the TDoA's function of administering aging services within DHS. By integrating the administration and accountability for aging services within a single agency, this recommendation not only attempts to maximize the State's resources, but also supports the development of a seamless delivery system for aging services. Comparable functions of both TDoA and DHS, such as contract administration, would be performed within a single agency, establishing a single point of accountability for performance and the expenditure of state funds on aging services. The integration of aging service administration will reduce state and local duplication in contract management, performance monitoring, internal audit, information and client tracking systems, and case management.

The advantages of reducing administrative duplication extend beyond possible fiscal savings and include the creation of a single point of connection for services and the development of a seamless service delivery system, both of which have been identified as key objectives for the coordination of long-term care services. The chart on page 19 shows the long-term care service objectives, identified recently by the Health and Human Services Commission, that the staff recommendation would statutorily require or facilitate.

Develop a Seamless Delivery System for Aging Services — This recommendation would help foster a seamless delivery system where the administration of aging services is invisible to the client. The client would be required to go through a single needs assessment, referral process, application for service, and authorization of service, regardless of eligibility

determination or service funding source. The creation of a single point of connection would require a uniform case management system for all aging services through the development of common forms, procedures, and policies and a system in which elderly clients would interact with a single case manager.

HHSC Long-Term Care Service Objectives	Action Required or Facilitated Under Staff Recommendation
Reduce administrative duplication among agencies.	X
Develop a single-point of connection for services.	X
Develop seamless service delivery system to consumer.	X
Integrate service delivery at the local level.	X
Partner locally to provide planning and service delivery flexibility.	X
Increase consumer access to information and service options.	X
Increase the array of community-based services.	X
Increase funding that expands community-based services.	
Develop funding strategies to expand services and increase efficiency.	
Develop non-state resources to expand community options.	

Expand the Role of the Department of Human Services — DHS would be designated as the State Unit on Aging to allow Texas to continue receiving Older Americans Act funds for aging services. DHS would receive funds currently allocated to TDoA, federal funds under the OAA, and state match funds for the administration of direct services for the elderly, such as nutritional services, case management, in-home services for the frail, and the Options for Independent Living program. DHS would be responsible for establishing funding formulas and policies that support these services. DHS should evaluate its ability to incorporate these responsibilities, and where necessary or cost effective, use the existing local Aging Network to provide administrative support or provide direct services. Also, DHS should fully consider the role AAAs can serve as the single point of connection, information, and referral for aging clients, and consider expanding this role to include disabled clients.

Maintain Current Aging Network — In addition, DHS would be responsible for supporting a localized network for aging services as required by the OAA. While DHS would have authority to designate the local structure, Sunset staff recommends that DHS continue to use the existing local Aging Network, comprised of the 28 AAAs. DHS should establish performance measures to track its ability to maintain the development of services and incorporate the funding and policy flexibility inherent in the local Aging Network. Examples include maintenance of local funding contribution levels and number of locally initiated services.

Statutorily Define the Advocacy and Planning Role for the Board on Aging — Under this recommendation, the Board on Aging would retain the primary advocacy role as mandated by the OAA. The Board would serve as an independent policymaking body attached to DHS and be Texas’ visible elderly advocate. The Board’s advocacy role would encompass ensuring the protection of elderly clients’ rights, improving client access to information and service options, promoting the use of volunteers, developing strategies to further the array of preventive and community-based aging services, and assisting in the development of a comprehensive statewide plan. The Board’s efforts would continue to be supported by the statutorily-created Citizens Advisory Council.

Expenditure and Contracting Authority — The Board on Aging would have expenditure authority for funds related to advocacy efforts, such as federal and state funds for the ombudsman program, elder abuse prevention, disease prevention and health promotion, legal awareness counseling and education, and volunteer programs. The table, *Expenditure Authority Under Staff Recommendation*, illustrates how federal and state funds would be split by the two

Boards. The Board on Aging would have the authority to contract with the AAAs to assist in conducting local needs assessments and supporting other advocacy efforts initiated by the Board. However, any direct or contracted services authorized by the Board must comply with DHS standards and be administered through DHS. Staff used to support Board initiatives would be maintained through funds

Expenditure Authority Under Staff Recommendation		
Funding Source and Title	Board on Aging	DHS Board
<i>Federal</i>		
Supportive Services and Senior Centers	X*	X
Congregate Nutrition Services		X
Home-Delivered Nutrition Services		X
In-home Services for the Frail		X
Disease Prevention & Health Promotion	X	
Elder Abuse Prevention	X	
Ombudsman Program	X	
Legal Assistance Program (HICAP)	X	
AAA Administration		X
State Office Administration	X	X
<i>State</i>		
Congregate Nutrition Services		X
Home-Delivered Nutrition Services		X
Volunteer Program Support	X	
Options for Independent Living Program		X
Elderly Housing Reservation Fees		X
Disability Development Grant	X	
Operation Restore Trust	X	

* includes funds for advocacy, ombudsman program, outreach, volunteer placement, and legal awareness.

received by the Board for its statutory functions, but would be DHS employees for hiring and administrative purposes. Additionally, the Board would receive administrative support from DHS for activities such as legal representation, internal audit, information management systems support, human resources, and accounting.

Board on Aging and DHS Board Coordination — In coordinating services for the elderly, the two Boards shall jointly develop initiatives for the elderly, including a statewide plan for aging services. Specifically, the statewide plan would require an assessment of the State's current and future aging service needs. The plan would provide a framework for future planning of aging services and provide direction and information to the Legislature regarding the needs of elderly Texans. Establishing a comprehensive statewide plan for aging services is critical in addressing the increasing need for aging services and the resulting demands on state resources. Additionally, DHS should provide the Board on Aging opportunities to review and comment on strategic plans and appropriation requests as they relate to the functions and responsibilities of the Board.

Fiscal Impact

The recommendation will result in a positive fiscal impact. Estimated savings should amount to \$650,000 per year. The savings are primarily attributable to greater efficiencies in basic agency operation support functions, such as human resources, information management, and accounting. Savings in professional contracts and fees can also be expected. Since TDoA administrative costs are split 75/25 between federal and state funds, savings associated with the recommendation would primarily be federal funds. All savings would be available to provide additional or a fuller array of aging services.

Improved integration of aging services' administration may also result in additional savings by streamlining service delivery. However, actual savings cannot be anticipated and may vary based on the administrative structure used to implement the recommendation.

Total Savings to be Reallocated for Aging Services			
Fiscal Year	Federal Funds	General Revenue Funds	Change in Number of FTEs
2000	\$487,500	\$162,500	11.0
2001	\$487,500	\$162,500	11.0
2002	\$487,500	\$162,500	11.0
2003	\$487,500	\$162,500	11.0
2004	\$487,500	\$162,500	11.0

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- ¹ Staff analysis of Texas Department on Aging and Texas Department on Human Services expenditures.
- ² U.S. Congress House. Congressman John H. Dent speaking for passage of the Older Americans Act of 1965, H.R. 3708, 89th Cong., 1st Sess., March 31, 1965, *Congressional Record*, p. 6367.
- ³ U.S. Department of Commerce, Bureau of the Census, 1993 data consistent with 1994 Census Advisory, *Updated National/State Population Estimates*, CB94-43: 2000, 2010, and 2020 and *Population Projections for States by Age, Sex, Race, and Hispanic Origin: 1993 to 2020*, Current Population Reports: p. 25-1111 (Washington, DC, 1994).
- ⁴ The term “frail” means, an individual who is determined to be functionally impaired because of an inability to perform at least two activities of daily living without assistance or; due to cognitive or other mental impairment, the individual requires supervision due to behavior that poses a serious health and/or safety threat. *42 U.S.C. 35, §102 (28)*.
- ⁵ Murdock, Steve, et. al., *The Texas Challenge - Population Change and the Future of Texas*, p. 97, 1997.
- ⁶ Texas Department on Human Services, Fact Sheet - Community Based Alternative Program, March 1, 1998.
- ⁷ Texas Department on Aging, *Self Evaluation Report*, submitted to the Sunset Advisory Commission, Austin, TX, September 1997; and the *Agency Strategic Plan for FY 1997-2001 Period*, June 1996.
- ⁸ Derived from Sunset staff meetings and discussions with Area Agencies on Aging staff.
- ⁹ Evaluation of TDoA organizational charts and staffing levels - 1994 thru 1998.
- ¹⁰ Sunset staff observations of a joint work session of Board on Aging and DHS Board, March 10, 1998.
-

ACROSS-THE-BOARD RECOMMENDATIONS

Texas Department on Aging	
Recommendations	Across-the-Board Provisions
	A. GENERAL
Already in Statute	1. Require at least one-third public membership on state agency policymaking bodies.
Update	2. Require specific provisions relating to conflicts of interest.
Already in Statute	3. Require that appointment to the policymaking body be made without regard to the appointee's race, color, disability, sex, religion, age, or national origin.
Already in Statute	4. Provide for the Governor to designate the presiding officer of a state agency's policymaking body.
Update	5. Specify grounds for removal of a member of the policymaking body.
Update	6. Require that information on standards of conduct be provided to members of policymaking bodies and agency employees.
Apply	7. Require training for members of policymaking bodies.
Already in Statute	8. Require the agency's policymaking body to develop and implement policies that clearly separate the functions of the policymaking body and the agency staff.
Update/Modify	9. Provide for public testimony at meetings of the policymaking body.
Not Applicable	10. Require information to be maintained on complaints.
Not Applicable	11. Require development of an equal employment opportunity policy.

BACKGROUND

Background

AGENCY HISTORY

The Texas Department on Aging (TDoA) is responsible for addressing the social and physical well-being of older Texans, continuing a tradition of targeting services to assist the elderly in maintaining dignity and independence. Beginning in 1957, state government became involved with aging services when the Legislature, predicting the steady growth of the State's elderly population, established a Committee on Aging to study and develop policies regarding the health, housing, financial, and recreational needs of the elderly.¹ The Committee's recommendations to the Governor and Legislature identified the need to coordinate the State's existing programs for the aged and the need for health education and recreational programs for the elderly.² The Committee also recommended the appointment of a successor committee.

In 1959, the successor committee recommended that the Governor appoint on a continuing basis, an inter-departmental committee on aging consisting of representatives of all state agencies concerned with the needs of the elderly. In response, the Governor's Committee on Aging was appointed in 1960 and continued every two years until 1965 when the Legislature permanently established the Governor's Committee on Aging. The Governor's Committee was authorized to accept and expend funds made available through any federal and/or state funding source for the purposes of continuing the Committee's objectives.³

In 1965, Congress passed the Older Americans Act (OAA) which created the federal Administration on Aging and provided federal funding for aging services separate from other social welfare services. The chart, *The Older Americans Act*, provides a summary of the OAA. States wishing to receive grants under the OAA are required to establish a statewide Aging Network consisting of a designated state unit on aging (SUA) and area agencies on aging (AAAs). The SUA is responsible for the

The Older Americans Act

The goal of the Older Americans Act (OAA) is to fund preventive measures to ensure independence and productivity among the elderly and to provide a framework for coordinating existing elderly assistance programs. The Act mandates SUAs to fulfill an advocacy role for individuals over the age of 60 by representing their unique and growing needs, while targeting those with special health, economic, and social needs.

The OAA funds, through grants for state and community programs on aging, over 40 supportive and nutritional services, senior centers, and in-home services. Additionally, allotments for elder rights protection fund programs for the prevention of elder abuse, neglect, and exploitation, as well as outreach, counseling, and the nursing home ombudsman program.

The OAA has been reauthorized 13 times, each time expanding the responsibilities of the aging network and firmly establishing the Act as a means of providing social benefits to the elderly. The OAA currently stands without reauthorization; the last bill having passed in 1992 and expired in 1995. Congress proposed reauthorization in 1997, but several issues concerning the elimination and realignment of various funding streams and changes in the funding formula prevented passage.

development, coordination, and oversight of aging services as well as for receiving and distributing OAA authorized grants. Additionally, the SUA develops policy recommendations on issues concerning the elderly and advocates on their behalf. To meet the OAA requirement, the Texas Legislature designated the Governor's Committee on Aging as the SUA. Additionally, in 1973, 28 AAAs were designated by the Governor's Committee to contract with local providers for the provision of direct services to the elderly. The Aging Network is discussed in Appendix A.

In 1981, the Governor's Committee gave way to the creation of TDoA as an independent agency.

During the next 15 years, the Aging Network in Texas developed into an organized continuum of locally-based, supportive and nutrition services. During the mid-1970's, Texas' budget for aging programs expanded significantly, increasing from \$8 million to \$30 million.⁴ Due to the rapid growth of aging services, administering aging programs became a workload issue for the Governor's Office. The arrangement of the Governor's Committee within the Governor's Office limited the Committee's ability to fully manage and account for program expenditures; therefore, legislative efforts began to move those responsibilities to another state agency or to establish an independent agency.⁵ In 1981, legislation abolished the Governor's Committee on Aging, created the Texas Department on Aging (TDoA) as an independent agency, and designated the Department as the SUA.

POLICYMAKING BODY

The Department is governed by a nine-member Board, appointed by the Governor with the advice and consent of the Senate. The Board is comprised wholly of public members who have demonstrated an interest in and knowledge of the problems of aging. The Board Chair is appointed by the Governor from among the members. The members serve, without compensation, staggered terms of six years. The Board is statutorily required to meet at least quarterly and met six times in fiscal year 1997.

Statutory responsibilities of the Board include establishing a formula for distributing funds at the state level, preparing public interest information describing the functions of the Board, adopting rules establishing methods by which service recipients can make complaints to the Board, defining and establishing the maximum amount of administrative costs that may be incurred by TDoA's operating programs, and appointing an Executive Director to discharge all functions of the Department. The Board approves all planning documents and direct policy initiatives in compliance with OAA mandates. The Board also has three subcommittees - Audit and Finance, Area Agency on Aging Operations, and Planning - that assist with agency operation and financial management.

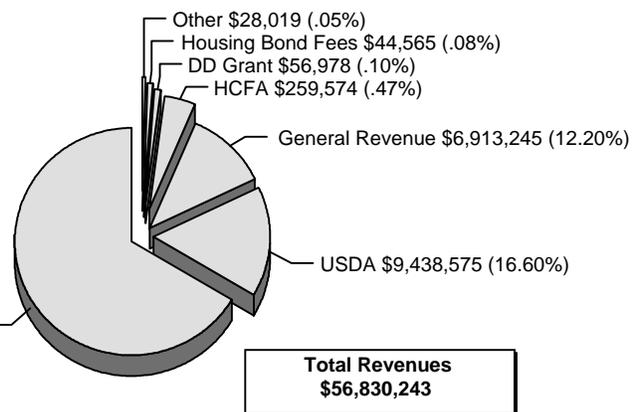
In addition, the Board has the unique responsibility of functioning as a visible advocate for aging issues and the elderly. Two statutorily required advisory councils, the Citizens Advisory Council and the Options for Independent Living Advisory Council, assist the Board in this role by fostering communication between the Aging Network and TDoA. The Board considers recommendations from its advisory councils and through position papers, provides information to lawmakers and other state policymakers.

Texas Department on Aging Advisory Councils
Citizens Advisory Council — Consists of AAA representatives who advise and make recommendations to the Board on Aging on planning and coordination of services to clients and provides a public forum for discussing problems.
Options for Independent Living Advisory Council — Consists of representatives from entities that represent and provide care to the elderly with the purpose of ensuring maximum effectiveness in the administration of the Department's Options for Independent Living Program.

FUNDING

In fiscal year 1997, TDoA received approximately \$56.8 million in revenue. TDoA is funded primarily through federal grants which comprise almost 88 percent of the agency's revenue. TDoA receives federal funds through Title III of the OAA, a Health Care Finance Administration grant, and a U.S. Department of Agriculture's cash-in-lieu of commodities option for the Nutrition Program for the Elderly. In addition to federal funds, TDoA receives state general revenue, most of which is used as the minimum required five-percent match for the federal grants. State general revenue is also used to fund the Options program and as supplemental nutrition funding. In addition, the Department receives grant funds from the collection of Housing Bond Fees and the Texas Planning Council for Developmental Disabilities. The chart, *Sources of Revenue — Fiscal Year 1997*, shows total revenues by source.

**Sources of Revenue
Fiscal Year 1997**



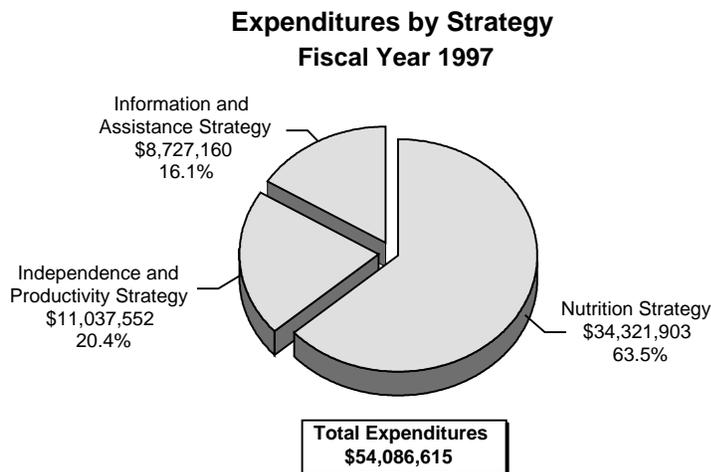
The Department provides no direct client services. Instead, TDoA acts as the State's designated SUA supporting a coordinated continuum of accessible, locally-based, comprehensive, preventive, and long-term care services. Of the \$56.8 million TDoA received in revenue for fiscal year 1997, approximately \$54.1 million was distributed to the local AAAs for direct client services. The distribution of funds to the AAAs is based on a number of factors established by rule.

The Department distributes OAA and matching state funds based on the 60 and older population within each AAA region. Funds are targeted based on economic and social needs and are distributed in three separate amounts — nutrition services, supportive services, and AAA administration. The total funds distributed for nutrition and supportive services consist of a base amount and additional funds calculated using weighing factors that consider demographic, economic, and social needs.

Targeted Weighing Factors			
	Nutrition Services	Supportive Services	AAA Administration
Base Amount	\$100,000	\$100,000	No Base Amount
Weighing Factors	Total population: <ul style="list-style-type: none"> ● over 60 = 40% ● over 60 and minority = 10% ● over 60 and income below the poverty level = 50% 	Total population: <ul style="list-style-type: none"> ● over 60 = 40% ● over 60 and minority = 10% ● over 60 and income below the poverty level = 50% 	The greater of \$85,000 or an amount based upon the total population: <ul style="list-style-type: none"> ● over 60 = 40% ● over 60 and minority = 10% ● over 60 and income below the poverty level = 50%

The chart above summarizes the funding formula established by the Board to distribute OAA Title III and state matching funds for both services and administration.

The chart, *Expenditures by Strategy — Fiscal Year 1997*, shows the amounts AAAs expended for direct services within three main strategies — information and assistance, nutrition, and independence and productivity.



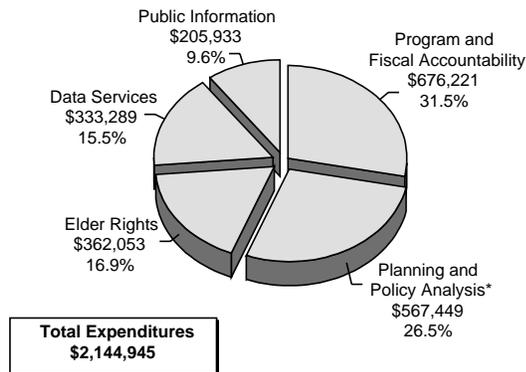
The AAAs use local needs assessments to determine which services and programs to fund. Services within the information and assistance strategy include information and referral, outreach, case management, Options for Independent Living, and advocacy. Services included within the nutrition strategy are congregate meals, home-delivered meals, participant assessments, and nutrition consultations. Services provided through the personal independence and productivity strategy include adult day care, transportation, in-home services, and

senior center operations. Also included in the \$54.1 million distributed for direct client services are administrative expenses for the AAAs. In fiscal year 1997, AAAs expended approximately \$5.5 million, including \$1.7 million in local funds, for the administration and indirect costs of 24 regional councils of government and a United Way.

The localities have a minimum match requirement of 10 percent, but generally raise more than the required match. In addition, the OAA requires services to be delivered to individuals aged 60 or older at no cost to the client; however, clients may off-set the cost of services through voluntary contributions. Local funding support of OAA programs and services is essential and often proves to be the difference between a AAA that can offer varied and extended services and those that are able to offer only the minimum required level of service. For example, a AAA that receives additional local support for senior center operations by co-locating with public transportation facilities is better able to offer additional social support programs and serve a greater percentage of the elderly population than those relying solely on TDoA grants. The breakout of federal, state, and local funds received by each AAA for fiscal year 1997 is provided in Appendix B — *Total AAA Funding by Source*.

The remaining funds are budgeted for TDoA operations and support planning and policy efforts that help the state prepare for an aging population. The total amount expended for agency operations in fiscal year 1997 was \$2,144,945, with program and fiscal accountability comprising the largest percentage of administrative expenditures. The chart, *TDoA Administrative Expenditures — Fiscal Year 1997*, summarizes agency administration expenses.

**TDoA Administrative Expenditures
Fiscal Year 1997**



*Includes Executive and Support Services

HUB Expenditures

The Legislature has encouraged agencies to make purchases with Historically Underutilized Businesses (HUBs). The Legislature also requires the Sunset Commission to consider agencies' compliance with laws and rules regarding HUB use in its reviews. In fiscal year 1997, TDoA purchased 25.8 percent of goods and services from HUBs. The chart, *Purchases from HUBs — Fiscal Year 1997*, provides detail on HUB spending by type of contract and compares these purchases with the statewide goal for each spending category. The chart shows that TDoA exceeded state HUB purchasing goals for commodities, while falling short of state goals in the purchases of professional and other services.

Purchases From HUBs Fiscal Year 1997				
Category	Total \$ Spent	Total HUB \$ Spent	Percent	Statewide Goal
Heavy Construction	NA	NA	0%	11.9%
Building Construction	NA	NA	0%	26.1%
Special Trade	NA	NA	0%	57.2%
Professional Services	\$20,765	\$0	0%	20.0%
Other Services	\$81,402	\$2,665	3.3%	33.0%
Commodities	\$115,965	\$53,540	42.6%	12.6%
Total	\$218,132	\$56,205	25.8%	

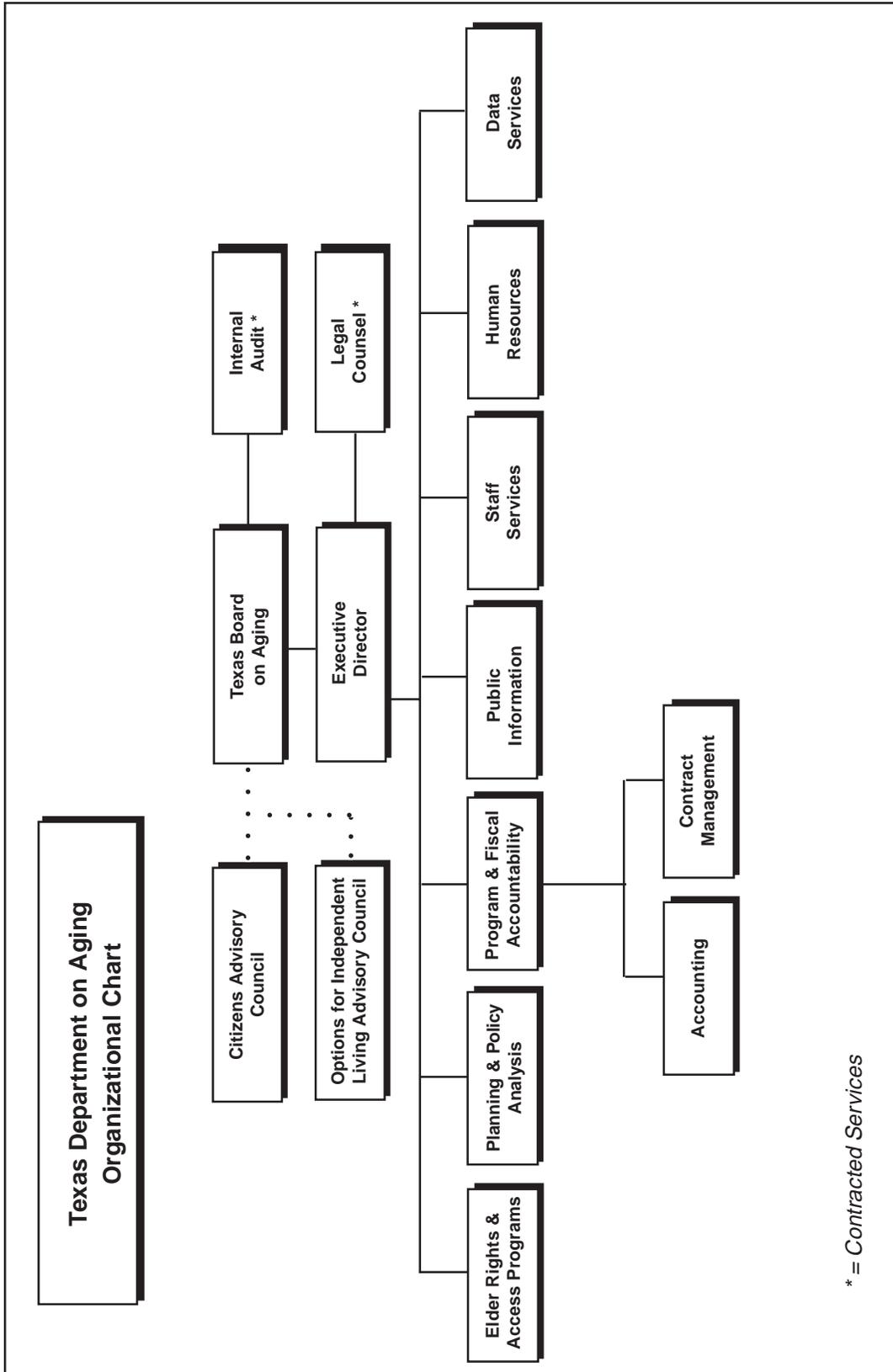
ORGANIZATION

The Department is budgeted for 35 FTEs with 32.5 positions filled at the end of fiscal year 1997. All staff are housed at the agency's headquarters in Austin; TDoA maintains no field offices. The agency is organized to provide oversight, advocacy, and administrative support to the local delivery of services through the AAAs. TDoA does not provide any direct client services. AAA staff, responsible for ensuring delivery of all direct services, are not employees of TDoA.

A comparison of the Department's workforce composition to the minority Civilian Labor Force is shown in the chart, *Texas Department on Aging Equal Employment Opportunity Statistics — Fiscal Year 1997*. TDoA met or exceeded the Civilian Labor Force levels of employment in six instances, with the Department's Hispanic workforce most reflective of the Civilian Labor Force.

Texas Department on Aging Equal Employment Opportunity Statistics Fiscal Year 1997							
Job Category	Total Positions	Minority Workforce Percentages					
		Black		Hispanic		Female	
		Agency	Civilian Labor Force%	Agency	Civilian Labor Force %	Agency	Civilian Labor Force%
Officials/Administration	5	0%	5%	20%	8%	20%	26%
Professional	20.5	20%	7%	0%	7%	70%	44%
Technical	1	0%	13%	0%	14%	0%	41%
Protective Services	NA						
Para-Professionals	3	0%	25%	50%	30%	100%	55%
Administrative Support	3	0%	16%	66%	17%	66%	84%
Skilled Craft	NA						
Service/Maintenance	NA						

The Department staff is organized into four primary activity areas — program and fiscal accountability, elder rights and access programs, planning and policy analysis, and public information - that support service delivery by the AAAs. The organizational structure of the Department is illustrated in the chart, *Texas Department on Aging Organizational Chart*.



* = Contracted Services

STATE AGING NETWORK OPERATIONS

Agency Operations

TDoA is responsible for providing leadership, policy guidance, and administrative support to the Aging Network and AAAs which in turn, directly deliver or contract for all services.

The operations of the Department occur at both the state and local level. At the state level, TDoA assists the elderly through planning efforts, policy initiatives, and advocacy. Department activities seek to create and improve relationships at all levels to support the rights of the elderly and the delivery of aging services. Additionally, in keeping with the OAA mandate, TDoA has adopted three strategies to achieve the goal of enabling the elderly to live dignified lives within a safe environment through locally-based accessible, preventive, and long-term care services. For each of the strategies, TDoA is responsible for providing leadership, policy guidance, and administrative support to the Aging Network and AAAs which in turn, directly deliver or contract for all services.

Planning and policy analysis staff administratively support services for the elderly by providing information, training, guidance, and technical assistance to AAAs as well as providing information about trends and changes affecting health care for the elderly. This division develops and updates both the State Plan on Aging that is submitted to the federal Administration on Aging, the Department's Strategic Plan. The division also reviews, analyzes, and comments on other plans and policies related to aging issues. Finally, division staff implement policy initiatives that help Texas prepare for an aging population and represent the agency on interagency workgroups for streamlining service delivery to older Texans.

Program and fiscal accountability staff support service delivery primarily through contract management. Staff are responsible for the complete administration and oversight of TDoA's contracts, including ensuring compliance with established performance criteria and conducting on-site monitoring. Staff provide technical assistance to contractors and work with AAA staff in program planning, monitoring, and assessment relating to OAA services. Additionally, staff review and approve local area plans submitted by AAAs.

Elder rights staff advocate for policies, processes, and procedures that result in a higher quality of life and care for the elderly. Staff efforts assist in ensuring and maintaining access to rights and benefits for the elderly by monitoring federal and state laws affecting the rights of older Texans. Staff train and certify benefits counselors and nursing home ombudsmen. Staff also serve as liaisons with other state agencies, such as the Texas Department

of Protective and Regulatory Services (DPRS), and advocacy organizations, such as the Elder Rights Taskforce. Staff administer both a grant to increase access to aging services for people with developmental disabilities and a federal initiative to combat fraud and abuse in the health care system.

Public information staff coordinate, conduct, and report on advocacy efforts by TDoA and track national and state legislation concerning older Texans. Staff distribute information and statistics related to aging through newsletters, the agency website, annual reports, and an Information Resource Center. The division also maintains a toll-free information and assistance service for older Texans and works with advocacy groups, conferences, and coalitions. Staff also provide notification of funding opportunities, write grant applications, coordinate the Governor’s Conference on Aging, and are involved with other agency initiatives.

Data services staff provide technical assistance to the Aging Network and the agency regarding data collection and analysis, and information management. The division manages standard computer applications utilized by both the Department and the Aging Network, including budget and planning, client tracking, and expenditure and program performance reporting software.

AAAs provide
information and
assistance to help the
elderly receive
benefits and services.

Area Agency on Aging Operations

Programs and direct services are provided locally by AAAs under three funded strategies — information and assistance, nutrition services, and independence and productivity. Appendix C summarizes the direct services funded under the three strategies. The strategies are described in greater detail in the following material.

INFORMATION AND ASSISTANCE

This strategy, known as access and assistance, assists the elderly in identifying and accessing a wide range of services including elder rights, case management, and client advocacy. All of these services attempt to provide older individuals with the information and assistance necessary to obtain benefits and community-based services to remain independent.

AAA staff provide information and referral services for those seeking assistance. A client assessment is conducted by AAA staff to determine if an individual is eligible for TDoA-funded services or, due to other eligibility criteria such as income, qualifies for assistance through programs administered by other state agencies. Staff refer clients to these state agencies who then provide suitable services such as the Texas Department of Human

Benefits counselors educate, assist, and advocate for senior clients in maintaining their personal, legal, and financial rights.

Services (DHS) Community Care Aged and Disabled services. Individuals who are not eligible for assistance elsewhere are referred to a AAA benefits counselor or case manager.

Elder Rights Services — Elder rights services include legal awareness and assistance. These services advocate that older individuals be aware of, understand, and have access to important benefits to which they are entitled. Service priorities include health insurance, income maintenance, housing and consumer issues, and individual rights. Elder rights services are provided by AAA benefits counseling staff and volunteers, with some assistance from attorneys under contract through the AAAs and TDoA, to provide legal assistance. For example, attorneys represent clients at administrative eligibility hearings and appeals.

Benefits counselors educate, assist, and advocate for senior clients in maintaining their personal, legal, and financial rights. Often, benefits counseling staff fulfill other roles such as case manager. All AAAs have at least one paid staff member to perform benefits counseling. Paid benefits counselors are supplemented by volunteers trained at four statewide training seminars and certified through a contract with the Texas Department of Insurance. The volunteer counselors receive assignments from and report to AAA staff benefits counselors.

Case Management — Case managers assist clients who call or are referred to the AAA because they do not qualify for services elsewhere. These AAA personnel conduct outreach and assessment to determine individual needs, match clients with services, and monitor the delivery of those services. Assessments may include visiting a client's home to determine the need for a home modification that accommodates a disability or conducting personal interviews with clients to determine their personal, legal, or health needs. Case managers create a plan of care specifying the type, amount, frequency, and duration of support services needed by the elderly client. The plan may include services such as personal assistance, residential repair, benefits counseling, respite care, emergency response, care-giver education and training, home-delivered meals, or transportation. Many of these services will serve a client while awaiting the determination of Medicaid eligibility by DHS. In these cases, the AAA serves as a stop-gap measure during the determination period.

Temporary long-term care type services can often delay the need to enter a nursing home.

Selected AAAs receive general revenue funds for the Options for Independent Living Program. Through this program, case managers coordinate the delivery of comprehensive services to seniors who have suffered a crisis and need temporary long-term care and assistance. Comparable services are available to elderly clients through case management. In the Options program,

however, priority is placed on assisting individuals to remain at home despite limited self-care capacities. Examples include elderly who have recently suffered a major illness, have insufficient care-giver support, have a moderate impairment or a severe temporary impairment, live in a rural area, and/or are in great economic or social need. The average length of service for each client, established by rule, usually does not exceed three months. These support services often enable individuals at risk of institutionalization to delay entering a nursing home. The Board has approved expanding the Options program to all AAAs, effective September 1998.

Historically, the Options program has been supplemented by state appropriations. TDoA supplements this amount with federal funds saved from administration of the state office. In fiscal year 1997, 17 AAAs operated an Options program, with planned services to an estimated 8,300 people in 120 counties.

Long-Term Care Ombudsman Program — The Long-Term Care Ombudsman Program is designed to be an independent advocacy vehicle separate from the regulation of long-term care (LTC) facilities by DHS. The program seeks to coordinate professionals, advocacy organizations, and regulatory agencies to promote quality care. Ombudsmen work within LTC facilities, advocate for quality of life and care for residents by identifying, investigating, and resolving complaints made by, or on behalf of, residents. The complaints usually involve residents' rights and care, quality of life, and nursing home administration. Specific examples of complaints include staffing ratios, personal hygiene, facility cleanliness, and personal property. In fiscal years 1996 and 1997, ombudsmen resolved 76 percent of complaints to the satisfaction of the residents. When appropriate, these cases are referred to either Adult Protective Services within DPRS or to DHS for resolution.

Ombudsman staff are comprised of at least one paid regional staff ombudsman in each AAA, supplemented by volunteer ombudsmen. Volunteer ombudsmen complete a three-month internship and receive 34 hours of initial certification training. Additionally, volunteers receive 12 hours of continuing education per year. In 1997, a total of 754 ombudsmen volunteers supported this strategy and investigated 11,400 complaints. Currently, many of these volunteers serve more than one LTC facility and TDoA's goal is to have one ombudsman assigned to each LTC facility by the end of fiscal year 1999. The number of ombudsmen per nursing home and personal care facilities for fiscal year 1997 can be seen in the chart, *Ombudsman Program Statistics — Fiscal Year 1997*.

Ombudsmen provide an independent look at complaints made by, or on behalf of, nursing home residents.

Ombudsman Program Statistics Fiscal Year 1997 (as of 9/24/97)		
Type of Long-Term Care Facility	Number of Facilities in Texas	Number Served by Certified Ombudsmen
Nursing Facilities	1,171	733
Licensed Personal Care Homes	500	30
Known Unlicensed Personal Care Homes	94	26

NUTRITION SERVICES

The nutritional services strategy promotes good health and illness prevention through a statewide system of providers and senior centers. The investment in an inexpensive meal service is designed to provide preventive health maintenance while helping clients maintain their independence longer, reducing the need for more costly long-term care. Since adequate nutrition is critical to health, functional levels, and quality of life, this strategy is an important component of home and community-based services for the elderly.

Services provided under this strategy include congregate and home-delivered meals, nutrition screening, assessment, education, and counseling. Meals served under the program must provide at least one-third of the daily recommended dietary allowances. Persons who cannot attend congregate meals due to physical limitations may have a meal delivered to their homes by profit and non-profit service providers such as Meals-On-Wheels.

Number of People Receiving Congregate Meals	
1995	131,572
1996	124,676
1997	115,559
1998	108,000 (projected)
Number of People Receiving Home-Delivered Meals	
1995	65,211
1996	56,359
1997	55,063
1998	60,000 (projected)

Nutrition screening, assessment, education, and counseling help elderly identify their nutritional needs as they relate to other health concerns or conditions, such as hypertension and diabetes.

Nutrition services consume the majority of TDoA's budget expenditures and, along with the senior centers funded under TDoA's personal independence strategy, are the Aging Network's hallmark. Unlike the eligibility requirements for those who receive meals funded by DHS programs, meals under this strategy are provided to everyone over the age of 60 who wishes to participate as long as meals are available and persons in greatest economic need have been served.

PERSONAL INDEPENDENCE AND VOLUNTEER SERVICES

This strategy prevents health deterioration and maintains the independence of the elderly by providing a system of supportive services, senior centers, and transportation services. Transportation and senior centers ensure that the elderly are not isolated and are socially active by encouraging and helping clients to participate in a community-based social and supportive network.

Congregate and home-delivered meals are one of the Aging Network's hallmark services.

For example, senior centers will sponsor health fairs offering blood pressure and glaucoma screenings as well as social events celebrating specific holidays. Transportation services enable clients to attend congregate meals and programs offered through a senior center. Transportation services are also used to provide preventive health maintenance by transporting clients to physician services. Other services funded under this strategy are the same as those provided through AAA case management efforts and include respite in-home care, emergency response services, and personal assistance.

Additionally, this strategy supports the volunteer mission of the OAA with the objective of increasing personal productivity through community service volunteerism. Volunteer programs for the elderly are authorized by both state and federal law and include the Senior Companion Program, Foster Grandparents Program, and the Retired and Senior Volunteer Program (RSVP). TDoA contracts with the Corporation for National Service to administer these programs. The Corporation also recruits volunteers for the Volunteers in Service To America (VISTA) program. The chart, *Volunteer Programs for the Elderly*, summarizes these opportunities.

Volunteer Programs for the Elderly	
Program	Description
Senior Companion	Senior Companions are composed of low-income older adults. They serve as companions and friends to older individuals who need help and fill a variety of roles including, providing respite services, advocates, and sources of information about benefits. Senior Companions usually serve two to four clients. Senior Companions receive reimbursement for travel, meals during service, annual physical exam, and accident and liability insurance while on duty.
Foster Grandparents	Foster Grandparents are low-income older adults who help special and exceptional needs children, including those with physical and learning disabilities. Foster Grandparents also assist teen parents and youth with literacy needs.
Retired & Senior Volunteer (RSVP)	RSVP volunteers serve in organizations that range from hospitals and youth recreation centers to education facilities.
Volunteers in Service to American (VISTA)	Volunteers who are committed to increasing the capability of low-income people to improve conditions of their own lives. Volunteers address issues such as homelessness, literacy, economic development, and neighborhood revitalization. Volunteers receive a stipend for living expenses. TDoA also has a VISTA program to recruit more volunteer ombudsmen and benefits counselors.

Additional Agency Initiatives

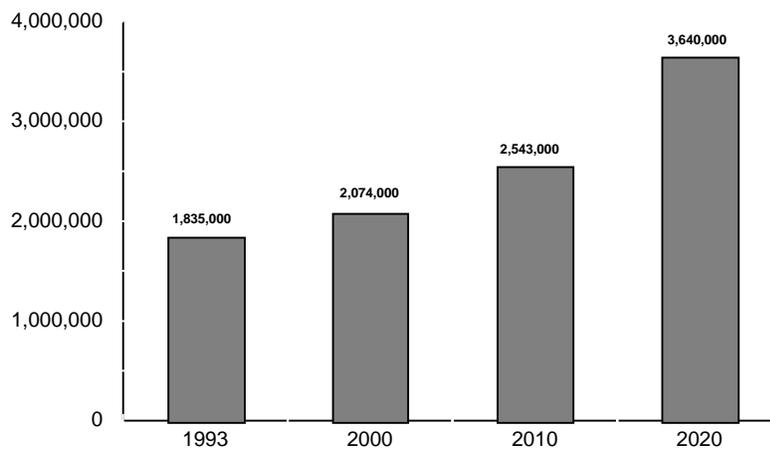
The Department is also involved in a number of programs and initiatives that support the functions of TDoA, but that are distinct from services provided to elderly Texans. These efforts include Aging Texas Well and the Governor’s Conference on Aging. A summary of these efforts is provided on the following page.

AGING TEXAS WELL

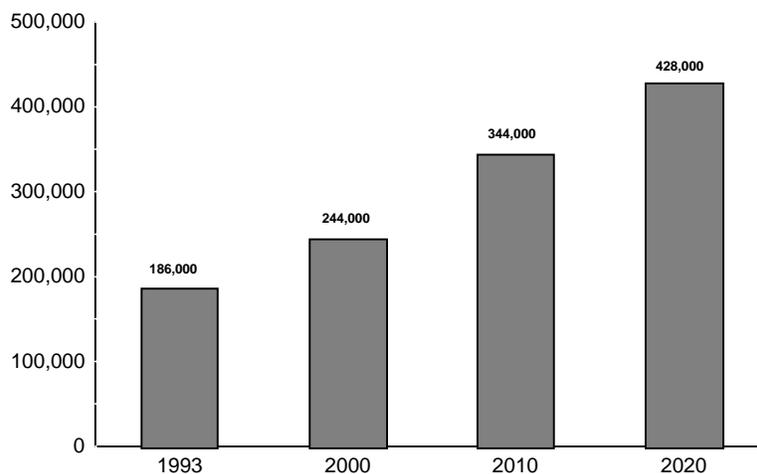
TDoA administers a statewide, long-range program, Aging Texas Well (ATW), that targets every adult Texan regardless of age. In November 1997, TDoA launched the program as an initiative, funded out of TDoA

administrative funds, designed to help state government and the citizens of Texas better prepare for the changes that the aging of Texas' population will create. The graphs, *Elderly Population Growth in Texas*, illustrate projected increases in the elderly population through the year 2020 for those age 65 and older and age 85 and older.⁶

**Elderly Population Growth in Texas
of Persons 65+**



**Elderly Population Growth in Texas
of Persons 85+**



The program is designed to promote a holistic approach to aging and the philosophy that if the state is to age in a manner that is not draining to society's resources, all citizens and as state agencies must bear responsibility. The ATW goal is to encourage individual financial responsibility for the future and emphasize preventive health measures to the younger-than-60 generations. TDoA sought and received, with the passage and signing of SCR 36, the endorsement of the 75th Legislature and Governor for this program.

According to demographic studies, all functions of state government will be affected by the aging of the population, creating new challenges in service creation, delivery, and financing. Therefore, TDoA's main purpose in implementing this program is to develop policy recommendations for the state that outline key policy changes needed to better prepare Texas for the aging of its population.

GOVERNOR'S CONFERENCE ON AGING

In December 1997, TDoA sponsored the first Texas Governor's Conference on Aging. Previously, Texas participated in the White House Conference on Aging and organized regional conferences that occurred as a result of the White House Conference. The new Texas Governor's Conference on Aging, organized by TDoA in conjunction with other agencies and organizations that serve the elderly, was billed as the state's largest conference on all aspects of aging and services for the elderly. The main goals of the conference were to provide professionals in aging-related services with information and practical solutions to aging issues. More than 850 people attended the conference in 1997. TDoA has already begun efforts to host a second conference in December 1998.

¹ S.C.R.60, 5/31/57, "Committee to Study and Recommend Legislation to Aid Aged Citizens".

² *Report of the Legislative Committee on Aging*, January 13, 1959.

³ S.B.12, 59th Legislature, 1965.

⁴ P.20, TDoA Self Evaluation Report, Sunset Review, 1983.

⁵ H.B. 1112, Bill Analysis, Committee on Human Services, 1981.

⁶ Source, U.S. Bureau of the Census.

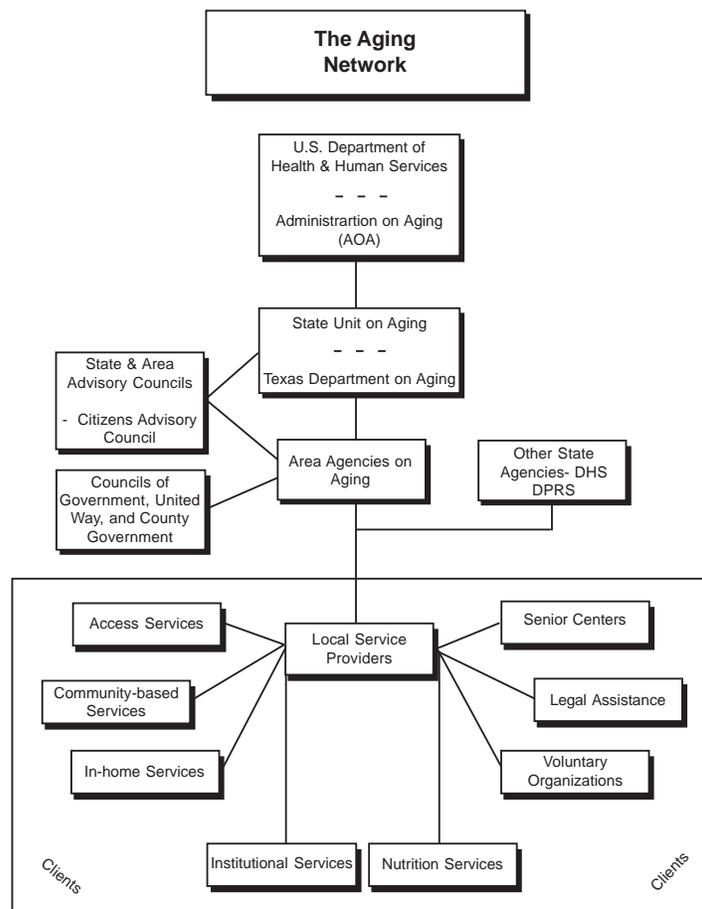
APPENDICES

APPENDIX A

THE AGING NETWORK

The federal Older Americans Act (OAA) defines the service delivery system for aging services by creating an Aging Network characterized by local determination of needs, service priorities, and expenditure allocations. The Aging Network is comprised of a partnership of federal and state agencies, area agencies on aging (AAAs), advisory councils, non-profit and for-profit service providers, and clients.

The organizational structure of the Aging Network, illustrated below, is intended to promote local decision-making and encourage contribution of local resources. The Aging Network provides strong local support for programs for the elderly. As required by the OAA, a ten percent local match is required for most programs. However, in 1997, the total local match statewide was more than 33 percent. In addition to local funds, the Network relies heavily on volunteer and in-kind contributions. In many instances, services would not be available to the elderly without the support of volunteers at the local level. The hallmark of the Aging Network is its use of volunteers and its ability to assess local needs and determine program and funding priorities locally. The Aging Network's authority to assess needs, and set priorities based on those needs, challenges TDoA to maintain an accurate accountability and program performance system.



APPENDIX B

Total AAA Funding by Source Fiscal Year 1997					
Area Agency on Aging	Weighted Population Factor	Federal OAA Funds	State GR	Local Matching Funds	Total Funding
Alamo	0.025965	1,264,313	30,173	764,769	2,059,255
Ark-Tex	0.022581	1,049,064	26,241	355,337	1,430,642
Bexar	0.073445	2,822,544	85,347	2,521,477	5,429,368
Brazos	0.014796	819,105	17,194	163,654	999,953
Capital	0.042637	1,765,542	49,546	1,441,313	3,256,401
Central	0.016247	840,271	18,881	512,057	1,371,209
Coastal	0.038767	1,550,513	45,050	1,499,393	3,094,956
Concho Valley	0.010617	681,939	12,336	573,667	1,267,942
Dallas	0.077639	2,840,298	90,220	1,505,892	4,436,410
Deep East Texas	0.029598	1,332,303	34,396	931,279	2,297,978
East Texas	0.054137	2,355,609	62,910	1,102,067	3,520,586
Golden Crescent	0.015567	839,743	18,090	723,134	1,580,967
Harris County	0.123995	4,572,994	144,089	1,624,041	6,341,124
Heart of Texas	0.023123	1,104,591	26,871	626,870	1,758,332
Houston/Galveston	0.057939	2,234,713	67,327	1,927,652	4,229,692
Lower Rio Grande	0.059057	2,495,850	68,628	318,516	2,882,994
Middle Rio Grande	0.014319	833,357	16,639	227,197	1,077,193
N. Central Texas	0.047951	2,032,301	55,721	579,583	2,667,605
North Texas	0.015907	859,656	18,486	786,150	1,664,292
Panhandle	0.023598	1,056,890	27,423	554,320	1,638,633
Permian Basin	0.022283	1,044,267	25,894	862,062	1,932,223
Rio Grande	0.041273	1,701,274	47,963	216,724	1,965,961
SE Texas	0.025793	1,205,802	29,973	566,481	1,802,256
South Plains	0.022179	975,292	25,773	1,085,950	2,087,015
South Texas	0.017465	880,462	20,294	453,039	1,353,795
Tarrant County	0.045656	1,840,423	53,055	2,228,552	4,122,030
Texoma	0.012130	677,733	14,096	403,327	1,095,156
W. Central Texas	0.025336	1,162,609	29,442	2,225,744	3,417,795
Total	1.000000	42,839,458	1,162,058	26,780,247	70,781,763

1. Total state general revenue is the amount of federally required match provided for OAA Title III funds.
2. Total federal funds is the amount of OAA Title III funds awarded to the AAAs.
3. Total local matching funds is the actual expenditures of local cash and program income from participants.

APPENDIX C

Elderly Services Funded through TDoA		
Program	FY 97 Amount	Program Description
Advocacy	\$511,711	Actions by or on behalf of individuals and services to ensure that they receive the benefits and services to which they may be entitled, and to ensure that their rights guaranteed by law are protected and enforced.
Case Management - includes Options for Independent Living	\$2,453,532	Helps elderly persons remain at home despite limited self care capacities through short-term support services organized through a case manager. Services include personal assistance; residential repair; benefits counseling; respite care; emergency response system; education and training for care-givers; home-delivered meals; transportation; and other available public and private services.
Information and Assistance	\$1,657,848	Inform, guide, direct, and link individuals to appropriate human service resources. May include client screening and/or assessment.
Ombudsman	\$1,961,609	Identify, investigate and resolve complaints that are made by, or on behalf of, residents of long-term care facilities. Complaints must relate to action, inaction, or decisions that may adversely affect the health, safety, welfare, or rights of the residents.
Outreach	\$103,837	Methods that seek to increase the availability and utilization of service by ensuring awareness of available services and encouraged to participate.
Legal Assistance	\$1,414,981	Activities relating to benefits information, counseling, and assistance. Legal assistance activities are: advice, counseling, and representation. Formal legal services are provided through local legal programs, Legal Hotline for Older Texans, and pro-bono or reduced-fee attorneys.
Legal Awareness	\$336,446	Dissemination of information to individuals or groups about eligibility criteria, requirements and procedures and includes information about benefits. Formal legal services are provided through local legal programs, Legal Hotline for Older Texans, and panels of pro-bono and reduced-fee attorneys.
Congregate Meals	\$27,283,929	A locally-based system of meals to promote good health and prevent illness. Meals are provided in a group setting at nutrition sites or senior centers.
Home-Delivered Meals	\$30,541,868	Provides a statewide, locally-based system of home-delivered meals designed to promote good health and prevent illness. Meals provide a minimum of one-third of the daily recommended dietary allowances and are delivered to the person in their residence.
Nutrition Consultation	\$72,862	This is an administrative activity provided to nutrition providers.
Nutrition Counseling	\$175	Diet instruction, nutritional assessment, or nutrition screening provided to an individual by a licensed or registered dietitian, or other health professional.
Data Management	\$418	Data entry of initial participant information, maintenance of information system software, and records management relating to home-delivered meals.
Participant Assessment	\$45,951	Activities which directly relate to the initial assessment and required reassessment of participants. Assessment of the participant's functional abilities, dietary needs, and eligibility for home-delivered meals and other in-home services.
Adult Day Care	\$150,363	A structured program designed to meet the needs of adults with functional impairments. Provides health, social, and related support services in a protective setting. Services include supervision, social activities, meals, counseling and health care for the frail as well as promoting respite for care-givers.
Assisted Transportation	\$1,226	Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.
Care-giver Education/ Training	\$33,824	Providing experience and/or knowledge for clients to acquire skills, in a formal or informal, individual or group setting. This program helps improve abilities in responding to health care needs and limitations in overall functioning capacity.

Elderly Services Funded through TDoA		
Program	FY 97 Amount	Program Description
Chore Maintenance	\$15,145	Performing household chores such as cleaning, washing windows, moving furniture, yard and walk maintenance, which an older person is unable to perform and that do not require the services of a trained homemaker.
Demand/Response Transportation	\$10,388,450	Transportation service where a passenger requests a ride from a specific location to another at a certain time. Usually these services require advanced reservations. The service is not provided on a regularly scheduled basis.
Emergency Response	\$157,912	A protective supervision program provided through an electronic monitoring system. In an emergency, the client can press a call button for help.
Escort	\$20,302	Accompanying a client on trips to obtain health care services and other necessary items and services.
Fixed Route Transportation	\$658,033	Transportation services where vehicles run on regular, pre-designated, pre-scheduled, posted and advertised routes with no deviation.
Health Maintenance	\$1,101,103	Services that include medical treatment, health education, home health services, or the provision of medications, glasses, dentures, or hearing aids to prevent, alleviate, or cure illness, increase awareness of special health needs, and improve the emotional well-being of older individuals.
Health Screening	\$234,565	Refers at-risk individuals for analysis by a health professional determines the need for a health service and may include evaluations of hearing, vision, dental, medication management, depression, and diabetes. May also include monitoring of a known condition or the checking for previously unknown conditions.
Homemaker	\$2,369,765	Housekeeping services which are provided to older adults who need assistance with housekeeping and meal preparation. In several areas of the State, this service is provided by the Senior Companion Program funded by the National Service Corporation.
Hospice	\$77,112	Support services provided to the elderly suffering from a terminal illness. Services include medical care under the supervision of a physician, counseling for the person and the family members, respite services, meal preparation and other support services.
Housing Placement	\$70	Assists in obtaining suitable housing for the elderly. Services are provided to elderly who are or may be victims of abuse, neglect or exploitation.
Income Support	\$10,075	Money or goods that assist in the one-time payment for deposits or bills, emergency food and other services while client is waiting to qualify for public benefits or intervenes in event of an emergency.
Instruction and Training	\$106,591	Provides experience and/or knowledge for clients to acquire skills to improve abilities in responding to health care needs.
Mental Health	\$172,305	Services provided to persons who have mental illnesses, emotional or social disabilities, or who may require support and treatment including education, screening, referral and/or intervention.
Personal Assistance	\$853,473	Services that assist another person with tasks which they would typically do for themselves if they were able including all ADLs, such as eating, grooming, bathing, toileting, etc. Services include personal care, home management, and escort.
Recreation	\$479,093	Exercise and/or other physical activities which sustain and/or improve physical and mental health, and may include exercises to increase endurance, strength, flexibility, balance, and/or coordination/agility.
Residential Repair	\$734,673	Repairs of client occupied dwellings that are essential for the health or safety of the resident, allowing them to remain at home. May include structural repairs, accessibility modifications, weatherization, security modifications, home maintenance, and moving expenses where repairs are not practical.

APPENDIX C

APPENDIX C

Elderly Services Funded through TDoA		
Program	FY 97 Amount	Program Description
Respite In-home	\$167,261	An array of services provided to older persons needing supervision. Services are provided in client's home on a short-term basis while the primary care-giver is unavailable or needs relief. Services may include meal preparation, housekeeping, personal care and/or social activities.
Respite Institutional	\$232,538	An array of services provided in a congregate or residential setting to older persons needing supervision. Services are offered on a short-term basis while the primary care-giver is unavailable or needs relief. Services may include meals, personal care, medical procedures, and/or transportation.
Senior Center Operations	\$2,486,595	Community facility where persons meet to pursue mutual interests, receive services that enhance quality of life and support independence. Facilities provide or coordinate for meals and services including transportation, health screening, health maintenance, physical fitness, and volunteer activities.
Telephone Reassurance	\$70,251	Telephoning an older person in order to provide regular companionship or to initiate necessary actions.
Visiting	\$13,692	Volunteers go to the client's home for a "friendly visit." Volunteers receive orientation and local training, but not certification.
Volunteer Placement	\$75,527	Assists an older person in finding suitable volunteer job(s) in a non-profit community service agency.

TEXAS DEPARTMENT ON AGING

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