

Central Texas Area Agency on Aging Area Plan

FFY 2027 - 2029

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

**Pending Approval by HHSC
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Table of Contents

Executive Summary	4
Organizational Profile	6
Stewardship & Oversight	14
Key Topic Areas	16
Needs Assessment Activities.....	19
Goals, Objectives, Strategies, and Outcomes	22
Long Range Planning	25
Appendix A – Emergency Preparedness	27
<i>Reference: 45 CFR §1321.103.....</i>	27
Appendix B – Public Comment Activities	32
Attachment 1: 2027-2029 Projected Distribution of Serviced by County... 	33
Attachment 2: Verification of Intent & Assurances	34

Executive Summary

The Area Agency on Aging of Central Texas (AAACT), designated by the Texas Health and Human Services Commission, serves as the lead entity for planning, coordination, and delivery of aging services across the seven-county Central Texas Council of Governments (CTCOG) region. As part of the national network established under the Older Americans Act of 1965, AAACT is committed to enhancing the quality of life for older adults by promoting independence, dignity, and overall well-being through accessible, community-based services.

AAACT prioritizes services for older adults with the greatest economic and social need, including low-income individuals, minority populations, those with limited English proficiency, and residents of rural communities. The agency plays a critical leadership role in developing a coordinated regional system that ensures older adults can age safely and independently in their homes and communities.

The **mission** of AAACT is to build capacity for nutrition services and expand access to home and community-based services for older individuals at risk of nursing home placement. Through this mission, the agency works to ensure that older adults receive the necessary support to maintain independence and avoid premature institutionalization.

Guided by this mission, AAACT's **vision** is to create a comprehensive, coordinated system of services for individuals aged 60 and older. This includes identifying local needs, setting regional priorities, leveraging resources, and implementing strategic initiatives that address service gaps. Through strong partnerships with local governments, healthcare providers, and community-based organizations, AAACT continues to strengthen a responsive and sustainable aging services network.

The CTCOG region encompasses 6,605 square miles and serves a population of approximately 56,000 residents, including more than 95,000 individuals aged 60 and older. Bell County, the region's primary urban center, accounts for much of the population and includes a significant veteran community due to the presence of Fort Hood. While urban areas benefit from greater access to healthcare and services, rural communities face persistent challenges, including limited transportation, reduced access to providers, and increased social isolation.

Economic pressures and funding constraints have further intensified disparities across the region. Older adults in rural areas experience heightened barriers to accessing essential services, increasing their risk of poor health outcomes and institutionalization. AAACT remains focused on addressing these disparities through targeted service expansion, improved outreach, and strategic resource allocation.

As the population of older adults continues to grow, demand for services is expected to rise significantly. By 2030, all baby boomers will be over age 65, with one in five Texans reaching retirement age. This demographic shift will increase the need for healthcare, long-term services, transportation, and caregiver support throughout Central Texas.

Through extensive stakeholder engagement, including regional Town Hall meetings, AACT has identified three primary priority areas critical to supporting aging in place: transportation, case management, and nutrition services. These priorities reflect both current service gaps and anticipated future demand.

Additionally, CTCOG serves as the Aging and Disability Resource Center (ADRC) through the Central Texas Aging, Disability, and Veterans Resource Center (CTADVRC), enhancing coordination and access to services for older adults, individuals with disabilities, veterans, and caregivers. This integrated approach streamlines access to information, referrals, and long-term support services across the region.

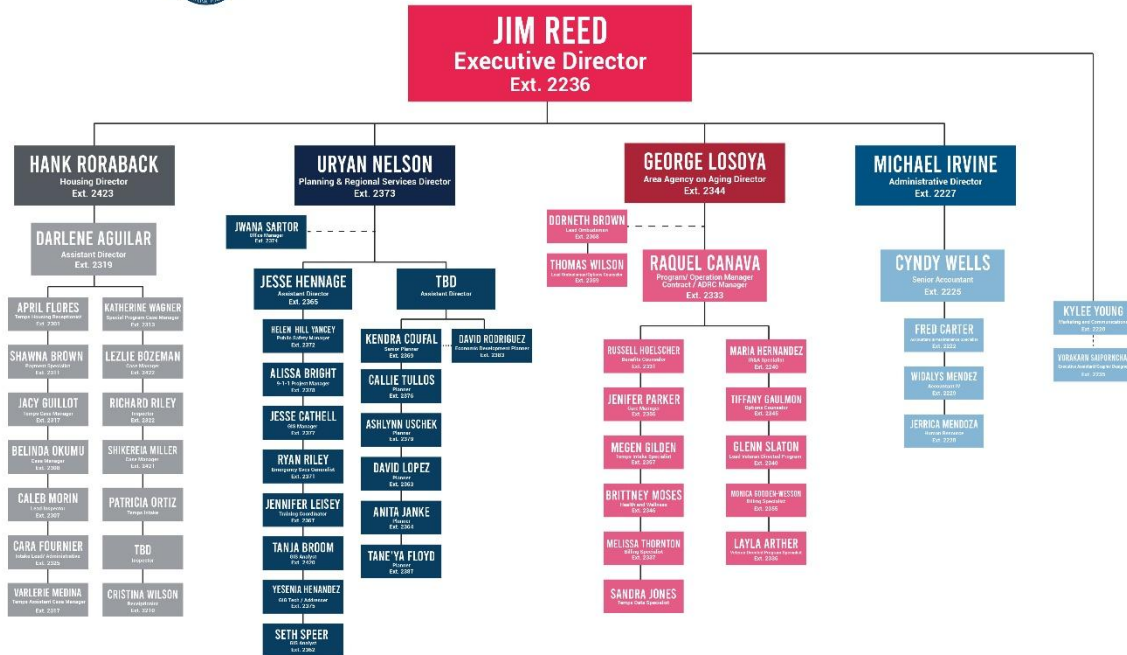
Through strategic planning, strong community partnerships, and ongoing evaluation, AACT remains dedicated to delivering cost-effective, person-centered services that promote independence, ensure safety, and improve quality of life. The agency will continue to advocate for older adults and develop innovative solutions to meet the evolving needs of the region, ensuring that all individuals can age with dignity in the communities they call home.

Organizational Profile

The sponsoring entity for the Area Agency on Aging of Central Texas (AAACT) and the Central Texas Aging, Disability, and Veterans Resource Center (CTADVRC) is the Central Texas Council of Governments (CTCOG). Established in 1968 through the voluntary collaboration of local governments as a sub-region of the Heart of Texas Council of Governments, CTCOG attained full planning status in 1974.



CENTRAL TEXAS COUNCIL OF GOVERNMENTS



CTCOG is governed by an Executive Committee comprised of representatives from seven counties, twenty-nine municipalities, and four special districts. This governing structure ensures broad regional representation and supports coordinated decision-making across jurisdictions.

As a regional planning organization, CTCOG serves as a forum for its member governments to:

- Identify, assess, and address regional challenges and opportunities;
- Facilitate effective communication and coordination among local governments, public agencies, and community partners; and
- Develop and implement strategic plans and priorities that guide sustainable regional growth and service delivery.

Through this collaborative framework, CTCOG supports the development of comprehensive, coordinated systems that enhance service access, improve resource utilization, and promote the well-being of individuals and communities across the region.

The Executive Committee is responsible for appointing the Executive Director, overseeing and controlling agency funds, approving the annual budget, authorizing contracts for services, and appointing members to standing advisory committees. The Executive Director, Mr. Jim Reed, serves as the chief administrative officer and is responsible for the overall management of CTCOG operations, including the hiring and supervision of division directors and staff, and reports directly to the Executive Committee.

The Area Agency on Aging of Central Texas (AAACT) is one of four programs administered by CTCOG. The remaining divisions include Administration, HUD Section 8 Housing Assistance, and Regional Planning Services. The Administration Division provides centralized support for all programs, including budgeting, financial management, grant and contract administration, payroll, audit compliance, and human resources. The Section 8 Housing Division administers the U.S. Department of Housing and Urban Development (HUD) Housing Choice Voucher Program, assisting eligible individuals and families in accessing safe, affordable housing. The Regional Planning Services Division delivers a broad range of technical assistance and planning services to local governments, including community development, criminal justice planning, homeland security, transportation planning, environmental protection, resource conservation, economic development, 9-1-1 addressing, and solid waste management.

In 1974, CTCOG was designated by the Governor's Committee on Aging (now the Texas Health and Human Services Commission) as the Area Agency on Aging for the region. Since that time, AACT has been charged with identifying local needs, establishing service priorities, and developing strategies to create a comprehensive, coordinated system of services for older adults and their caregivers.

The statutory authority for AACT is established under the Older Americans Act (OAA), Chapter 35, Subchapter III, Part A, Section 306. AACT maintains an organizational structure staffed by qualified professionals to effectively administer OAA programs and fulfill all HHSC-mandated responsibilities. These responsibilities are organized into four core functional areas:

1. **Administration and Accountability** – Ensuring fiscal oversight, program compliance, and performance monitoring in accordance with federal and state requirements;
2. **Access and Assistance Services** – Providing information, referral, and assistance to connect individuals to needed services and supports;
3. **Contracted and Vendor Services** – Managing provider networks to deliver high-quality, community-based services; and
4. **Resource Development** – Strengthening and expanding the regional service delivery system through partnerships, outreach, and capacity-building efforts.

Through this structure, AACT ensures accountability, promotes service coordination, and advances HHSC priorities by improving access to essential services and supporting the independence and well-being of older adults, individuals with disabilities, and caregivers throughout the region.

The AACT was a one of the first 4 pilot sites in Texas to establish the Aging and Disability Resource Center (ADRC). The Central Texas Aging, Disability, and Veterans Resource Center (CTADVRC) has evolved into a leading resource recognized for delivering high-quality, person-centered services. The CTADVRC serves as a critical access point for individuals seeking information, assistance, and long-term services and supports across

Planning and Service Area

The Central Texas Council of Governments (CTCOG) region encompasses seven (7) counties—Bell, Coryell, Hamilton, Lampasas, Milam, Mills, and San Saba—covering approximately 6,605 square miles. The region reflects a diverse mix of urban and rural communities, including three more urbanized counties (Bell, Coryell, and Lampasas) and four predominantly rural counties (Hamilton, Milam, Mills, and San Saba).

The Killeen–Temple Metropolitan Statistical Area (MSA), consisting of Bell and Coryell counties, serves as the primary population and economic hub for the region. Key cities within this MSA include Temple, Belton, Killeen, and Copperas Cove.

Bell County serves as a major center for higher education and workforce development, with institutions such as Temple College, Central Texas College, and University of Mary Hardin-Baylor.

The region is also home to Fort Hood, one of the largest military installations in the world, spanning approximately 214,968 acres across Bell and Coryell counties. As the largest active-duty armored post in the United States, Fort Hood significantly influences the region's demographics, economy, and service needs, including healthcare and aging services for veterans and military families.

Geographically, the CTCOG region lies within the Prairies and Lakes area of Texas and is characterized by major natural resources, including the Brazos River, Lampasas River, Leon River, and San Gabriel River, as well as recreational and water supply assets such as Belton Lake and Stillhouse Hollow Lake.

Population Trends and Projections

The CTCOG region has experienced steady and significant population growth over the past decade. According to the U.S. Census Bureau, the regional population increased from 449,641 in 2010 to approximately 540,478 in 2020, reflecting a 20.2% growth rate—outpacing many rural regions in Texas.

More recent estimates (2023–2025 projections) indicate continued growth, with the regional population approaching **560,000+ residents**, driven largely by expansion in Bell County and the continued economic influence of Fort Hood.

The ageing population represents one of the most significant demographic shifts in the region:

- In 2020, approximately **82,283 individuals (15.2%)** were aged 60 and older
- By 2025, this population is projected to reach **91,589**
- By 2035, it is expected to exceed **101,505**, representing a substantial increase in demand for aging services

This trend aligns with statewide projections, where nearly **one in five Texans will be age 65 or older by 2030**. The aging of the baby boomer generation is accelerating this shift,

particularly in communities with established healthcare infrastructure and veteran populations.

Racial and Ethnic Composition

The CTCOG region is increasingly diverse, with notable variations across counties:

- **Black or African American populations** are most concentrated in:
 - Bell County (24.4%)
 - Coryell County (17.7%)
 - Milam County (9.5%)
- **Hispanic/Latino populations** are highest in:
 - San Saba County (30.6%)
 - Milam County (26.8%)
 - Bell County (25.6%)

Among adults aged 60 and older:

- Approximately **69% identify as White**
- **31% represent minority populations**, with the largest groups being Black/African American and Hispanic/Latino individuals

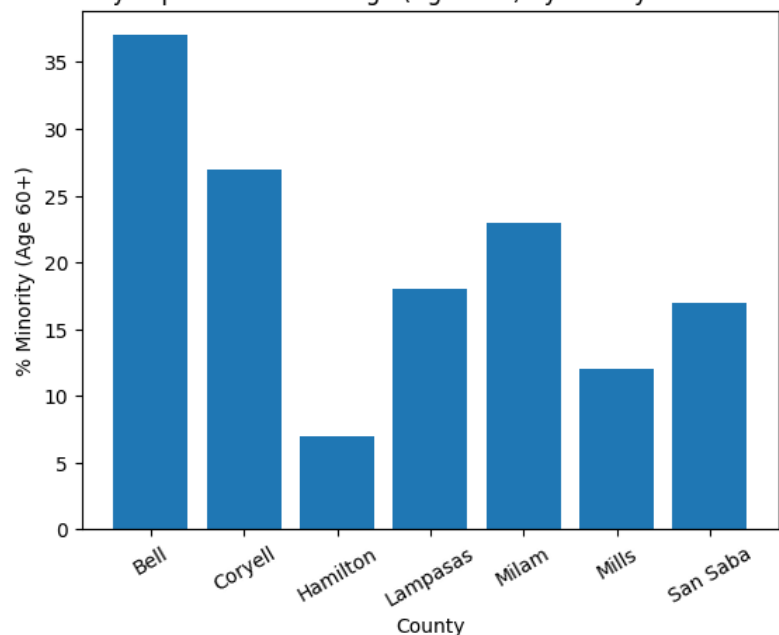
Bell and Coryell counties have the highest diversity among older adults:

- **Bell County (60+)**: ~16% Black, 10.8% Hispanic
- **Coryell County (60+)**: ~10.8% Black, 10.3% Hispanic

These populations are also among the fastest-growing demographic groups in the region, underscoring the importance of culturally competent services, language access, and targeted outreach strategies.

The CTCOG region is a rapidly growing and increasingly diverse area shaped by military presence, educational institutions, and a mix of rural and urban communities. The most significant demographic trend is the continued expansion of the older adult population, which will require strategic planning, resource allocation, and cross-sector collaboration to meet the evolving needs of residents.

Minority Population Percentage (Age 60+) by County - Central Texas



Economic and Social Resources and Limitations

A key driver of this growth is the economic expansion along the I-35 corridor, fueled by the continued growth of technology, logistics, healthcare, and advanced manufacturing industries in Central Texas. This regional economic development, anchored by nearby metropolitan areas such as Austin and extending into Bell County—has increased employment opportunities, attracted new residents, and stimulated housing development. As a result, communities within the CTCOG region, particularly in Bell and Coryell and Milliam counties, are experiencing both population growth and demographic shifts.

This economic expansion has a direct impact on the older adult population in several ways. First, workforce growth and job creation attract younger families and mid-career professionals, many of whom bring aging parents or eventually age in place within the region, contributing to long-term increases in the senior population. Second, rising housing demand and property values—driven by corridor growth—can create affordability challenges for older adults on fixed incomes, particularly in rapidly developing areas. Third, expanded healthcare systems and services associated with regional growth improve access to care but may also strain existing infrastructure as demand increases.

The region is also becoming more diverse, particularly in Bell and Coryell counties, requiring culturally competent, linguistically appropriate, and accessible services to effectively meet the needs of a changing older adult population.

Transportation remains a critical determinant of health and independence. While urban areas benefit from services provided by The HOP, rural communities increasingly rely on CARTS and demand-response systems. The introduction of microtransit has begun to address service gaps; however, continued expansion and regional coordination are needed to meet growing demand, especially as economic growth increases travel patterns across county lines for work, healthcare, and services.

In July 2025, severe flooding significantly impacted the San Saba and Hamilton counties, with approximately 100 homes affected within the designated floodplain in San Saba . The event prompted a coordinated emergency response involving local governments, nonprofit organizations, and faith-based groups that mobilized immediately to provide relief services, including donation drives, debris removal, temporary shelter support, and direct assistance to displaced residents.

Following the disaster, a federal disaster declaration through Federal Emergency Management Agency (FEMA) enabled access to individual assistance and recovery resources. However, several barriers have limited the pace and effectiveness of long-term recovery efforts.

A primary challenge is that all rebuilding and rehabilitation activities must comply with updated floodplain management and building elevation requirements. These regulations, while critical for future risk mitigation, have significantly increased the cost of reconstruction—often beyond what affected households can afford. Compounding this issue, many impacted properties did not carry flood insurance, leaving residents heavily reliant on FEMA assistance and charitable support, which has proven insufficient to fully meet rebuilding needs.

As a result, many older adults and vulnerable residents remain at risk of prolonged displacement or housing instability. The recovery process has also been slowed by a limited availability of licensed contractors and construction capacity in this rural area, further delaying rebuilding timelines.

Recovery coordination efforts have been led in partnership with Hill Country Community Action Association (HCCAA), the designated local lead agency for disaster response and recovery in San Saba County. Collaboration with regional partners, including the Central Texas Aging, Disability, and Veterans Resource Center (CTADVRC), has focused on continued recovery efforts.

Rural Transformation funding presents important opportunities to enhance healthcare access, transportation infrastructure, broadband expansion, and service coordination. Strategic partnerships with entities such as Area Agencies on Aging can further strengthen chronic disease management and support aging in place. However, challenges remain, including limited local capacity to compete for and manage large-scale funding opportunities, as well as ongoing competition for resources.

Overall, the combined impact of rapid economic growth along the I-35 corridor, an increasing and more diverse older adult population, and persistent infrastructure gaps underscores the need for proactive, coordinated regional planning. Sustainable funding strategies, cross-sector partnerships, and targeted investments will be essential to ensure equitable access to services and to support older adults in maintaining independence and quality of life across the CTCOG region.

Advisory Council Composition

The Advisory Council shall consist of a minimum of fourteen (14) voting members representing the public, private, and voluntary sectors, as well as individuals who receive services across the seven counties (Bell, Coryell, Hamilton, Lampasas, Mills, Milam, and San Saba) served by the Area Agency on Aging of Central Texas (AAACT).

Council membership shall include individuals and representatives of community organizations who support and strengthen the leadership role of the Area Agency in developing a comprehensive, community-based system of services for older adults.

At least fifty percent (50%) of the Council members must be aged 55 or older. Membership should reflect a broad cross-section of the community and include individuals who:

- a. Represent the diversity of the region's communities and cultures;
- b. Are individuals with disabilities;
- c. Are eligible to participate in aging programs and services;
- d. Represent healthcare providers, including those serving veterans;
- e. Represent supportive and social service organizations;
- f. Demonstrate leadership experience in the private, nonprofit, or business sectors;
- g. Are local elected officials, either currently serving or retired; and
- h. Represent the general public.

Selection Schedule and Process.

The Committee shall meet at least quarterly and consist of a minimum of fourteen (14) voting members from the seven counties served by the Area Agency on Aging of Central Texas (AAACT). There shall be no term limits for Advisory Council members. Members may continue to serve as long as they meet attendance requirements and express a desire to remain active on the Committee. The Advisory Council shall be responsible for identifying and nominating qualified candidates to fill membership vacancies. Final approval of all appointments shall be made at the discretion of the Central Texas Council of Governments (CTCOG) Executive Committee.

Representation of PSA Demographics

The Advisory Council utilizes a structured and inclusive recruitment and selection process to ensure membership reflects the demographics of the Planning and Service Area (PSA). Recruitment efforts are conducted across all seven counties

and target diverse populations, including older adults, individuals with disabilities, family caregivers, and representatives from public, private, and voluntary sectors.

Demographic considerations such as age, geographic location, race/ethnicity, socioeconomic status, and rural representation are considered during the nomination process. The Council actively seeks members who reflect the cultural and social diversity of the region to ensure that planning and service delivery are responsive to the needs of all populations within the PSA.

Role of the Advisory Council in Advising the AAA

The Advisory Council plays an integral role in advising the Area Agency on Aging (AAA) and fulfilling the responsibilities outlined in 45 CFR 1321.63(a). Specifically, the Council:

- Supports the development and administration of the Area Plan by providing input on priorities, goals, and strategies based on community needs and stakeholder feedback.
- Ensures transparency and accessibility of the Area Plan by promoting its availability to older individuals, family caregivers, service providers, and the public through community outreach and engagement efforts.
- Participates in and supports public hearings by encouraging community involvement, gathering input, and helping to identify emerging needs and service gaps.
- Represents the interests of older adults and family caregivers by serving as a voice for these populations and advocating for services that promote independence, dignity, and quality of life.
- Reviews and provides recommendations on policies, programs, and community actions that impact older individuals and family caregivers, ensuring coordination, responsiveness, and alignment with identified regional needs.

Stewardship & Oversight

The Area Agency on Aging of Central Texas (AAACT) maintains comprehensive program management and administrative systems that ensure full alignment with the principles of the Older Americans Act (OAA), including person-centered service delivery, consumer choice, access to community-based services, and support for aging in place, as outlined in **45 CFR §1321.53 and §1321.69**.

Policies, Procedures, and Operational Alignment

AAACT has established and implements written policies and procedures governing key operational areas, including service delivery, fiscal management, procurement, contract monitoring, data management, staff training, and communication. These policies are aligned with OAA requirements and Texas Health and Human Services Commission (HHSC) program instructions, ensuring compliance with **45 CFR §1321.65 (State Agency Responsibilities)** and **§1321.67 (Area Agency Responsibilities)**. Policies are reviewed regularly to support continuous quality improvement and regulatory compliance.

System Navigation and Service Coordination

AAACT utilizes a standardized System Navigation model to ensure consistent, equitable access to services through a no-wrong-door approach. Services include intake, information and referral, options counseling, care coordination, caregiver support, legal assistance, ombudsman services, and evidence-based programs. This model supports OAA requirements under **45 CFR §1321.69**, ensuring prioritization of individuals with the greatest economic and social need, while promoting consumer choice and independence.

Fiscal Stewardship and Contract Oversight

AAACT ensures responsible stewardship of OAA funds through established fiscal controls, including budgeting, cost allocation, rate-setting, and procurement processes in compliance with **45 CFR §1321.21 and §1321.67**. Contracts and Direct Service Agreements clearly define service units, performance expectations, and reporting requirements. Ongoing monitoring of providers ensures accountability, proper expenditure of funds, and adherence to program standards.

Data Management, Reporting, and Quality Assurance

AAACT utilizes a Management Information System (MIS) to document service delivery, track units, and monitor outcomes in accordance with federal reporting requirements under **45 CFR §1321.61**. Data is entered using standardized procedures, reviewed monthly, and certified for accuracy by staff. Leadership conducts periodic audits to ensure data integrity, performance compliance, and alignment with state and federal reporting expectations.

Staff Training and Credentialing

AAACT ensures staff competency through required credentialing and ongoing professional development. Staff obtain certifications in Information and Referral, HICAP Benefits Counseling, and related program areas, supporting service quality and compliance with OAA expectations for qualified personnel under **45 CFR §1321.67**. Training reinforces ethical standards, person-centered practices, and consistent service delivery.

Program Oversight and Targeting of Services

AAACT implements structured oversight to ensure services are targeted to individuals with the greatest economic and social need, including low-income older adults, rural populations, minority populations, and individuals with limited English

proficiency, as required under **45 CFR §1321.69(a)**. Monitoring activities include review of service utilization, provider performance, and compliance with OAA priorities.

Regional Coordination and System Integration

Through the Central Texas Aging, Disability, and Veterans Resource Center (CTADVRC), AACT coordinates with partner agencies to streamline access to long-term services and supports. This integrated approach aligns with **45 CFR §1321.53**, strengthening coordination across service systems, reducing duplication, and improving outcomes for older adults, individuals with disabilities, and caregivers.

Continuous Improvement and Accountability

AACT demonstrates a commitment to continuous quality improvement through routine monitoring, data analysis, stakeholder engagement, and policy updates. These efforts ensure ongoing compliance with OAA requirements and support effective, efficient service delivery that promotes independence, dignity, and community-based living.

Key Topic Areas

Coor Program Area 1: Supportive Services

AACT provides a comprehensive array of supportive services designed to promote independence and prevent or delay institutionalization in alignment with the Older Americans Act (OAA). Services include transportation, homemaker, personal assistance, residential repair, care coordination, and access through a no-wrong-door System Navigation model. Services are delivered through contracted providers and vendor agreements with priority given to older adults with the greatest economic and social need.

Core Program Area 2: Nutrition Services – Congregate, Grab & Go, and Home-Delivered Meals

AACT administers a coordinated nutrition program that addresses food insecurity, promotes health, and reduces social isolation. Services include congregate meals, home-delivered meals, and Grab & Go meals.

- **Congregate Meals** provide group dining opportunities that promote socialization and access to nutrition education.
- **Home-Delivered Meals** serve homebound older adults who are unable to attend congregate sites.

- **Grab & Go Meals** are offered as a supplemental option to increase access for older adults who face transportation, health, or scheduling barriers.

a. Enhancement of Congregate Program:

Grab & Go meals are implemented as a supplement—not a replacement—to congregate meals. AACT continues to prioritize in-person participation through programming, outreach, and wellness activities to maintain social engagement.

b. Monitoring Impact:

AACT monitors participation trends, meal counts, and site utilization through its MIS and provider reports to ensure congregate participation is not diminished.

c. Reaching GEN and GSN:

Grab & Go meals are targeted to rural residents, low-income older adults, and those with mobility or health limitations, ensuring access for individuals in Greatest Economic Need (GEN) and Greatest Social Need (GSN).

d. Consultation and Collaboration:

AACT collaborates with nutrition providers, registered dietitians, community partners, and advisory groups, and incorporates public input to assess need and guide implementation.

e. Addressing Hunger, Malnutrition, and Isolation:

AACT integrates nutrition education, wellness checks, and referrals to supportive services. Congregate and delivery models are used strategically to reduce food insecurity and social isolation.

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

AACT delivers evidence-based programs (EBPs) such as Chronic Disease Self-Management, Diabetes Self-Management, Chronic Pain Self-Management, and A Matter of Balance. These programs are designed to improve health outcomes, reduce hospitalizations, and support aging in place. Programs are implemented in community settings and targeted to individuals with chronic conditions and those at risk of functional decline.

Core Program Area 4: Family Caregiver Support Services

AACT provides caregiver support through assessment, care coordination, respite services, training, counseling, and support groups. Efforts to enhance services include expansion of respite options (including vouchers), caregiver education, and integration with evidence-based programs. Services are designed to reduce caregiver burden, delay institutionalization, and support caregivers in maintaining their roles.

Core Program Area 5: Legal Assistance

AACT provides legal assistance to older adults through contracted legal providers. Services include advice, counseling, document preparation, and representation related to public benefits, housing, consumer protection, long-term care, and individual rights. Outreach and legal awareness activities ensure access to services for vulnerable populations.

Core Program Area 6: Ombudsman Services

The Long-Term Care Ombudsman Program advocates for the rights, safety, and quality of life of residents in nursing and assisted living facilities. Services include complaint investigation, resolution, education, and systems advocacy. AACT supports trained staff and volunteers to ensure timely response and compliance with state and federal standards.

Greatest Economic Need (GEN)

Operational Definition:

GEN refers to older individuals with income at or below the federal poverty level, with particular attention to low-income minority individuals, as defined by the OAA.

PSA Context & Strategies:

Within the CTCOG region, GEN is prevalent in rural counties and among fixed-income older adults facing rising housing, healthcare, and transportation costs. AACT prioritizes GEN populations by:

- Targeting outreach in low-income and rural areas
- Prioritizing service enrollment based on need
- Coordinating benefits counseling (e.g., Medicare Savings Programs, LIS)
- Reducing cost barriers through subsidized services

Greatest Social Need (GSN)

Operational Definition:

GSN refers to non-economic factors that restrict an individual's ability to perform normal daily tasks or threaten independence, including isolation, disability, language barriers, and rural residence.

PSA Context & Strategies:

GSN populations in the region include rural residents, individuals with disabilities, those with limited English proficiency, and socially isolated older adults. AACT addresses GSN by:

- Providing multilingual and culturally competent services
- Expanding rural service delivery and transportation access

- Utilizing the CTADVRC for coordinated access
- Offering programs that reduce isolation (e.g., congregate meals, caregiver support, EBPs)

Collaboration with Home- and Community-Based Services (HCBS)

AAACT collaborates with HCBS providers, managed care organizations, housing programs, and community partners to support transitions from institutional settings and prevent premature placement. Through partnerships with programs such as Money Follows the Person (MFP), Medicaid managed care, and local housing authorities, AACT coordinates services including case management, housing navigation, and in-home supports to promote aging in place.

Serving Older Adults with Physical and Mental Health Conditions

AAACT implements a holistic approach to address both physical and behavioral health needs by:

- Delivering evidence-based health programs
- Coordinating care through System Navigation and Options Counseling
- Partnering with healthcare providers and behavioral health organizations
- Providing caregiver support and respite services
- Offering transportation and in-home services to address functional limitations

These strategies ensure older adults with complex health needs receive coordinated, person-centered care that supports independence and quality of life.

Needs Assessment Activities

Assessment of Preparation to Complete the Area Plan

The Area Agency on Aging of Central Texas (AAACT) utilized a comprehensive, data-driven, and stakeholder-informed process to prepare the Area Plan, incorporating multiple activities including data review, stakeholder engagement, community input, and alignment with the **2024–2025 Aging Texas Well Strategic Plan**.

a. Population Trends and Issues Impacting Older Adults in the PSA

The CTCOG region continues to experience significant population growth, with the population aged 60+ projected to exceed 100,000 by 2035. Key trends and issues include:

- Rapid growth along the I-35 corridor driving increased demand for housing, healthcare, and services
- Rising housing costs impacting older adults on fixed incomes
- Increasing diversity requiring culturally and linguistically appropriate services
- Transportation gaps, particularly in rural counties
- Workforce shortages in healthcare and direct care services
- Increased prevalence of chronic conditions and need for caregiver support
- Broadband limitations affecting access to telehealth and services

b. Analysis of PSA Impact During the Previous Area Plan Cycle

During the last Area Plan cycle, AACT expanded access to core services, including nutrition, caregiver support, benefits counseling, and transportation coordination. Key impacts included:

- Increased enrollment in nutrition and benefits programs
- Expansion of evidence-based health programs
- Growth in caregiver support services and respite utilization
- Implementation of microtransit improving access in urban areas

However, persistent gaps remained:

- Limited access to services in rural counties
- Insufficient workforce capacity to meet demand
- Continued transportation barriers for medical and essential services
- Funding instability affecting long-term service planning

c. Analysis of Opportunities for Improvement

Based on assessment findings, AACT identified opportunities to improve services and policies, including:

- Expanding rural transportation and service delivery models
- Increasing access to evidence-based health and caregiver programs
- Strengthening partnerships with healthcare systems and HCBS providers
- Enhancing outreach to underserved populations, including GEN and GSN groups

- Leveraging technology and broadband expansion for telehealth and service access
- Aligning resources toward prevention-focused services to reduce long-term costs

Needs Assessment Activities and Planning Process

AAACT conducted a comprehensive Needs Assessment using a multi-method approach to ensure broad stakeholder input and data-informed decision-making. Activities included:

- **Data Analysis:** Review of census data, service utilization data, waitlists, and performance metrics
- **Stakeholder Engagement:** Input from Advisory Council members, service providers, community partners, and local officials
- **Community Input:** Surveys, public meetings, and outreach events to gather feedback from older adults and caregivers
- **Program Review:** Evaluation of existing services, contracts, and outcomes
- **Alignment with State Priorities:** Integration of goals from the Aging Texas Well Strategic Plan

Process to Establish Priorities:

AAACT synthesized data and stakeholder input to identify service gaps and emerging needs. Priorities were established based on:

- Magnitude of need (e.g., number of individuals impacted)
- Alignment with OAA targeting requirements (GEN and GSN)
- Feasibility and available resources
- Opportunities for regional collaboration and leveraging funding

This process ensured the development of a **comprehensive, coordinated plan** that aligns local needs with state and federal priorities.

3. Top Needs / Key Findings and Constraints

Top Needs Identified:

- Expanded transportation services, particularly in rural areas
- Increased access to healthcare and chronic disease management programs
- Enhanced caregiver support and respite services
- Improved access to affordable housing and home modifications
- Expanded nutrition services to address food insecurity
- Workforce development to address shortages in direct care and healthcare services
- Broadband expansion to support telehealth and service access

Constraints Limiting Ability to Address Needs:

- **Funding limitations and reliance on short-term grants**, impacting sustainability
- **Workforce shortages**, particularly in rural and direct care roles
- **Geographic barriers**, including large service area and rural isolation
- **Limited local capacity** to compete for and manage large-scale funding opportunities
- **Infrastructure gaps**, including transportation and broadband limitations

Summary

Through a structured, data-driven needs assessment and planning process, AACT identified critical service gaps and priorities impacting older adults in the PSA. While progress has been made, addressing these needs will require sustained funding, regional collaboration, and targeted strategies to ensure equitable access and support aging in place.

Goals, Objectives, Strategies, and Outcomes

The Area Agency on Aging of Central Texas (AAACT) has developed goals, objectives, strategies, and outcomes based on identified needs within the PSA. These are aligned with the Older Americans Act (OAA) and the 2026–2028 Texas State Plan on Aging (SPoA), ensuring a coordinated and person-centered approach to service delivery.

Goal 1: Support older adults to age in their community by accessing available resources, including HCBS (SPoA Goal 1)

Objective 1.1: Expand access to home and community-based services (HCBS), including transportation, nutrition, and in-home supports.

- **Strategies:**
 - Strengthen coordination with HCBS providers, managed care organizations, and housing partners
 - Expand rural service delivery models, including transportation and nutrition access
 - Enhance System Navigation and Options Counseling
- **Outcomes:**
 - *Short-Term:* Increased awareness of available HCBS and community resources
 - *Intermediate:* Increased utilization of HCBS and reduced waitlists
 - *Long-Term:* Increased ability of older adults to remain in their homes and communities, reducing institutionalization

Goal 2: Increase awareness about caregiving and the support available (SPoA Goal 2)

Objective 2.1: Enhance caregiver support services and outreach efforts.

- **Strategies:**
 - Expand caregiver respite services, including voucher options
 - Provide caregiver education, training, and support groups
 - Increase outreach through community events and partnerships
- **Outcomes:**
 - *Short-Term:* Increased caregiver awareness of available supports
 - *Intermediate:* Increased caregiver participation in support services and reduced caregiver stress
 - *Long-Term:* Improved caregiver well-being and delayed institutional placement of care recipients

Goal 3: Improve communication and collaboration among state agencies, AAAs, providers, and community-based organizations (SPoA Goal 3)

Objective 3.1: Strengthen regional coordination and partnerships.

- **Strategies:**
 - Utilize the CTADVRC to enhance cross-agency coordination
 - Collaborate with healthcare systems, behavioral health providers, and community organizations
 - Participate in regional planning efforts and advisory councils
- **Outcomes:**
 - *Short-Term:* Increased awareness of partner roles and available services
 - *Intermediate:* Improved referral processes and service coordination
 - *Long-Term:* A more integrated and efficient service delivery system across the PSA

Goal 4: Strengthen Aging Services Network infrastructure (SPoA Goal 4)

Objective 4.1: Enhance AA ACT operational capacity, workforce development, and data-driven decision-making.

- **Strategies:**

- Strengthen provider network capacity through training and technical assistance
 - Improve data collection, reporting, and performance monitoring systems
 - Pursue diversified and sustainable funding opportunities
 - Support workforce development initiatives in aging services
 - **Outcomes:**
 - *Short-Term:* Increased staff and provider capacity and improved data quality
 - *Intermediate:* Enhanced program performance, service delivery efficiency, and reduced service gaps
 - *Long-Term:* A sustainable, responsive Aging Services Network capable of meeting current and future demand
-

Alignment with the Texas State Plan on Aging (2026–2028)

AAACT’s goals, objectives, strategies, and outcomes are fully aligned with the four goals of the 2026–2028 Texas State Plan on Aging. Through a coordinated approach:

- **Goal 1 (Aging in Place):** AACT prioritizes HCBS expansion, transportation access, and care coordination to support independence.
- **Goal 2 (Caregiver Support):** AACT enhances caregiver services, outreach, and education to reduce burden and improve outcomes.
- **Goal 3 (Collaboration):** AACT leverages the CTADVRC and regional partnerships to improve communication and service integration.
- **Goal 4 (Infrastructure):** AACT strengthens internal capacity, provider networks, and data systems to ensure long-term sustainability.

This alignment ensures that AACT’s Area Plan not only reflects local needs but also contributes to statewide priorities, demonstrating compliance with OAA requirements and a shared commitment to improving the quality of life for older adults and caregivers in Texas.

Long Range Planning

The Area Agency on Aging of Central Texas (AAACT) recognizes that long-range planning is essential to prepare the local Aging Services Network to meet the needs of a growing and changing older adult population over the next five to ten years. Within the CTCOG Planning and Service Area (PSA), the Aging Services Network has a strong foundation of community-based services, regional partnerships, and coordinated access through the AAACT and the Central Texas Aging, Disability, and Veterans Resource Center (CTADVRC). However, continued population growth, demographic change, workforce shortages, transportation gaps, and funding limitations will require strategic expansion, system improvements, and sustained investment to ensure the network remains responsive and effective.

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

The CTCOG region is experiencing continued population growth, particularly along the I-35 corridor, and the population age 60 and older is expected to increase significantly over the next decade. This growth will increase demand for nutrition services, transportation, caregiver support, benefits counseling, in-home services, chronic disease self-management, and long-term care ombudsman services. Growth in Bell and Coryell Counties is likely to intensify demand in urbanizing areas, while rural counties will continue to face challenges related to limited infrastructure, provider shortages, transportation access, and social isolation.

The region is also becoming more diverse, requiring culturally competent, linguistically appropriate, and accessible services. In addition, increased housing costs, more older adults living alone, and rising rates of chronic disease and dementia will place added pressure on caregivers, healthcare systems, and community-based providers. These changes will require the Aging Services Network to expand its capacity while maintaining targeted attention to older adults with the greatest economic and social need.

2. Analysis of How Programs, Services, Policies, and Resources Can Improve

To respond effectively to projected growth and change, programs and services must become more flexible, coordinated, and sustainable. AAACT anticipates the need to strengthen home and community-based services, expand evidence-based health promotion programs, increase caregiver supports, and enhance transportation access across both urban and rural areas. Policies should continue to emphasize person-centered planning, aging in place, and targeted outreach to underserved populations.

Resources can be adjusted by increasing investment in prevention-oriented services that reduce higher-cost interventions later, such as nutrition services, caregiver

respite, chronic disease self-management, fall prevention, and care coordination. Greater use of technology, including telehealth, virtual outreach, and improved data systems, can also increase efficiency and expand access. In addition, stronger coordination with healthcare systems, managed care organizations, housing entities, emergency response partners, and local governments will help create a more integrated service delivery network.

AAACT also recognizes the need to strengthen provider capacity, particularly in rural communities, through technical assistance, contract support, workforce development, and regional collaboration. Sustainable funding strategies will be critical, as reliance on short-term grants creates instability in long-term planning and service delivery.

3. Recommendations to the State Unit on Aging (SUA) to Build Capacity

To better support the statewide Aging Services Network over the next ten years, AACT recommends that the State Unit on Aging prioritize capacity-building in the following areas:

Housing: Increase support for affordable senior housing, home modifications, and housing navigation services to help older adults remain safely in their homes and communities.

Transportation: Expand state support for rural and regional transportation systems, including demand-response, microtransit, and cross-county medical transportation.

Public Safety: Strengthen collaboration among aging services, law enforcement, Adult Protective Services, and emergency responders to better protect older adults from abuse, neglect, exploitation, scams, and other safety risks.

Workforce and Economic Development: Invest in workforce recruitment, retention, and training for direct care workers, case managers, nutrition staff, transportation providers, and aging services professionals.

Emergency Preparedness: Build local and regional capacity to prepare for and respond to disasters, extreme weather, public health emergencies, and utility disruptions affecting vulnerable older adults.

Protection from Elder Abuse, Neglect, and Exploitation: Expand resources for Ombudsman services, legal assistance, benefits counseling, and community education to protect older adults in community and facility settings.

Assistive Technology Devices and Services: Increase access to assistive technology, emergency response systems, telehealth tools, and adaptive equipment that support independence and safety.

Broadband and Digital Access: Support broadband expansion and digital literacy initiatives so older adults can access telehealth, benefits, education, and social supports.

Caregiver Support: Increase statewide investment in respite, caregiver education, support groups, and flexible caregiver assistance to address the growing number of family caregivers.

4. Organizational Sustainability Planning

AAACT has taken important steps to support organizational sustainability and long-range readiness. These efforts include maintaining standardized policies and procedures for program operations, fiscal oversight, contract management, staff training, and data reporting; investing in staff credentialing and cross-training; strengthening regional partnerships; and using data and community input to guide planning and resource allocation.

AAACT's sustainability efforts also include diversification of partnerships and funding opportunities, ongoing monitoring of service demand and gaps, and development of flexible service models that can adapt to workforce shortages, demographic shifts, and community needs. Through the CTADVRC and other collaborative relationships, AACT continues to strengthen coordination across service systems and reduce duplication of effort.

Over the next ten years, organizational sustainability will depend on continued investment in workforce development, succession planning, provider network stability, technology upgrades, and sustainable funding. AACT will continue to focus on building a resilient, responsive Aging Services Network capable of meeting the changing needs of older adults, family caregivers, and communities throughout the PSA.

Appendix A – Emergency Preparedness

Reference: 45 CFR §1321.103

The Area Agency on Aging of Central Texas (AAACT) is incorporated into the Central Texas Council of Governments (CTCOG) Regional Emergency Preparedness Plan and the **2025 Stakeholder Preparedness Review (SPR)**. These coordinated plans outline regional capabilities, identify gaps, and guide preparedness, response, and recovery efforts across the seven-county Planning and Service Area (PSA), ensuring inclusion of vulnerable populations, including older adults.

Summary Narrative

a) AAA Activities in an Emergency Situation

AAACT plays an integral role within the regional emergency management framework and aligns its activities with CTCOG preparedness capabilities identified in the SPR. Key activities include:

- **Targeted Outreach and Communication:**
Disseminates emergency alerts, preparedness education, and recovery information to older adults, caregivers, and providers. AACT leverages established communication systems that align with CTCOG's regional goal of maintaining interoperable communication across jurisdictions and partner organizations during incidents.
- **Identification and Support of Vulnerable Populations:**
Maintains and utilizes client data to identify high-risk individuals (e.g., home-delivered meal recipients, isolated seniors, individuals with disabilities) to prioritize outreach, wellness checks, and service continuity.
- **Wellness Checks and Case Management:**
Coordinates wellness checks through AACT staff, providers, and partnerships with local law enforcement and community programs (e.g., reassurance programs), ensuring rapid response for at-risk individuals.
- **Continuity of Essential Services:**
Works with contracted providers to maintain or adapt critical services, including nutrition (home-delivered and shelf-stable meals), in-home care, and transportation, during emergencies.
- **Resource Coordination and Navigation:**
Through the CTADVRC, AACT connects individuals to emergency shelters, food resources, medical services, benefits, and disaster recovery assistance, ensuring a no-wrong-door approach.
- **Participation in Regional Response and Recovery:**
Engages in regional coordination efforts led by CTCOG and emergency management partners to support situational awareness, resource allocation, and recovery planning.
- **Data Collection and Reporting:**
Tracks service disruptions, unmet needs, and response activities to inform regional decision-making and continuous improvement efforts.

b) Collaborative Efforts with Local Emergency Management Partners

AAACT operates as part of a **regional, multi-jurisdictional emergency management system coordinated through CTCOG**, which serves as a hub for planning, communication, and collaboration among governments and agencies.

Key collaborative efforts include:

- **CTCOG Regional Coordination and SPR Participation:**
AAACT participates in CTCOG-led preparedness activities, including the Stakeholder Preparedness Review (SPR), which assesses regional capabilities, identifies gaps, and supports planning across seven jurisdictions and more than 40 partner organizations.
- **Homeland Security Advisory Committee and Threat Assessment:**
Through CTCOG coordination, AACT contributes to regional planning efforts that identify and assess threats and hazards impacting the PSA. These efforts include regular engagement with multiple jurisdictions and partners to ensure preparedness for realistic emergency scenarios.
- **Emergency Communications and Interoperability:**
AAACT supports regional goals to maintain interoperable communication systems that enable coordination among emergency management, healthcare providers, law enforcement, and social service agencies during incidents.
- **Healthcare and Public Health Partnerships:**
Collaboration with regional healthcare systems, public health departments, and the Regional Advisory Council (RAC) ensures continuity of medical care and prioritization of vulnerable populations.
- **Community-Based and Service Provider Coordination:**
AAACT works closely with nutrition providers, transportation systems, housing partners, and nonprofit organizations to ensure continuity of essential services and coordinated response efforts.
- **Training and Exercises:**
AAACT supports participation in regional emergency preparedness training and exercises coordinated by CTCOG, which include access control, communication, and incident response protocols to strengthen readiness.
- **Emergency Management and First Responders:**
Coordination with county emergency management offices, law enforcement, and first responders supports wellness checks, evacuation assistance, and protection of vulnerable older adults.

Summary

Through integration with CTCOG’s Regional Emergency Preparedness Plan and participation in the Strategic Preparedness Review (SPR), AACT ensures that older adults and caregivers are fully incorporated into emergency preparedness, response, and recovery efforts. The region’s structured approach to capability assessment, communication, and coordination—combined with AACT’s targeted outreach and service delivery—supports a resilient Aging Services Network that prioritizes the health, safety, and independence of vulnerable populations during emergencies.

The Area Agency on Aging of Central Texas (AAACT) is incorporated into the Central Texas Council of Governments (CTCOG) Regional Emergency Preparedness Plan and the **2025 Stakeholder Preparedness Review (SPR)**. These coordinated plans outline regional capabilities, identify gaps, and guide preparedness, response, and recovery efforts across the seven-county Planning and Service Area (PSA), ensuring inclusion of vulnerable populations, including older adults.

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Appendix B – Public Comment Activities

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

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

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

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

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

Attachment 2: Verification of Intent & Assurances

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

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

By an authorized official signing the Verification of Intent and Assurances, the AAA is assuring the written activities included in the plan will be completed during the effective period with amendment submission as required.

Certification of such assurances include the following:

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