

Community Council



Moving families forward, leaving poverty behind.



Dallas Area Agency on Aging Area Plan **FY 2027-2029**

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

Pending Approval by HHSC
Office of Area Agencies on Aging August 2026



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Executive Summary

Dallas County aging population continues to grow rapidly, creating increasing demand for community-based services that support older adults in maintaining independence, health, and quality of life. Recent national and regional assessments show that adults aged 60 and older face rising needs in the areas of health access, nutrition, transportation, caregiving support, and social connection.

According to recent census-based reports, 17% of Americans approximately 55.6 million were age 65 or older in 2020, and this number is expected to rise dramatically. By 2040, an estimated 80.8 million people (22% of the population) will be 65+. These trends signal a continued increase in the number of adults aged 60+ seeking support services.

The Dallas Area Agency on Aging is responsible for planning and coordinating services on behalf of older adults 60+ working to assure easy access to services provided to and for Dallas County older adults and their caregivers.

The Dallas Area Agency on Aging Area Plan outlines comprehensive, multi-year strategies to support the health, independence, safety, and quality of life of older adults aged 60 and older. The Area Plan was developed in alignment with the Older Americans Act (OAA) and state aging priorities in the Texas State Plan on Aging. The Dallas Area Agency on Aging Area Plan is composed of demographic analysis, community assessments, stakeholder input, and emerging trends affecting older residents in Dallas County. This Area Plan is designed to report on the status of the older adults, structure the DAAA priorities based on the results of the Community Needs Assessment and to set an aging agenda for planning and service areas to enhance the aging experience of residents at home and in the community. This three-year Plan for the Dallas Area Agency on Aging covers the Period of October 1, 2026, to September 30, 2029. The plan outlines the core program areas including goals, objectives, strategies and outcomes that will be taken to achieve them. The strategies outlined in this plan will build awareness, encourage action, foster collaborative efforts, and improve older adults' access to services and information in the aging network.

Based on the comprehensive analysis of the DAAA- Community Needs Assessment, 1,136 survey responses from the 381 participants, patterns emerged. The top, middle and lowest needs were categorized and then compared.

The data reveals a clear hierarchy of needs that older adults require to maintain their independence in the community. Food & Meals emerge as the most critical need overall, with 255 combined mentions across all three priority levels (95 top, 100 middle, 60 lowest), representing approximately 22% of all responses. This underscores the fundamental importance of nutrition programs, including home-delivered meals, congregate meals at senior centers, and food assistance as the cornerstone of independent living for seniors.

Transportation ranks as the second most pressing concern with 232 total mentions and notably shows consistently high demand across all priority levels (87 top, 54 middle, 91 lowest). This persistence highlights how mobility and access to medical appointments,

grocery stores, and community services remains a critical barrier for older adults who can no longer drive.

Health Services represents the third major category (144 total mentions), encompassing health maintenance, healthcare access, affordable insurance, and medication assistance. Together with Home Care & Repairs (101 mentions) and Social & Activities (81 mentions), these categories form the essential support infrastructure that enables aging in place. Based on this analysis to support older adults living independently, the Dallas Area Agency on Aging could prioritize on: (1) robust food and meal programs, (2) reliable and affordable transportation services, and (3) accessible health services while maintaining a comprehensive network of home care, social engagement, legal assistance, and caregiver respite programs to address the full spectrum of senior needs.

This Area Plan reflects a comprehensive, community-driven approach to supporting the health, independence, dignity, and quality of life of older adults. Through collaboration with local governments, service providers, community organizations, caregivers, and older residents themselves, this plan establishes clear priorities and strategies to address both current and emerging needs within the planning service area.

The plan commits to promoting equitable access to coordinated, high-quality services that support aging in place, enhance well-being, and protect the rights and safety of older adults particularly those who are socially isolated, economically disadvantaged, or otherwise at heightened risk. By emphasizing person-centered planning and data-informed decision-making, the Dallas Area Agency on Aging will continue to strengthen the local aging services network and ensure responsible stewardship of public resources.

Doris Soler, Senior Director
Dallas Area Agency on Aging

Organizational Profile

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

Organization and staff composition

The Dallas Area Agency on Aging (DAAA) is a project of the Community Council of Greater Dallas. The organizational structure of DAAA is composed of twenty team members with an annual budget of approximately ten million.

Table 1 Community Council of Greater Dallas Organizational Chart

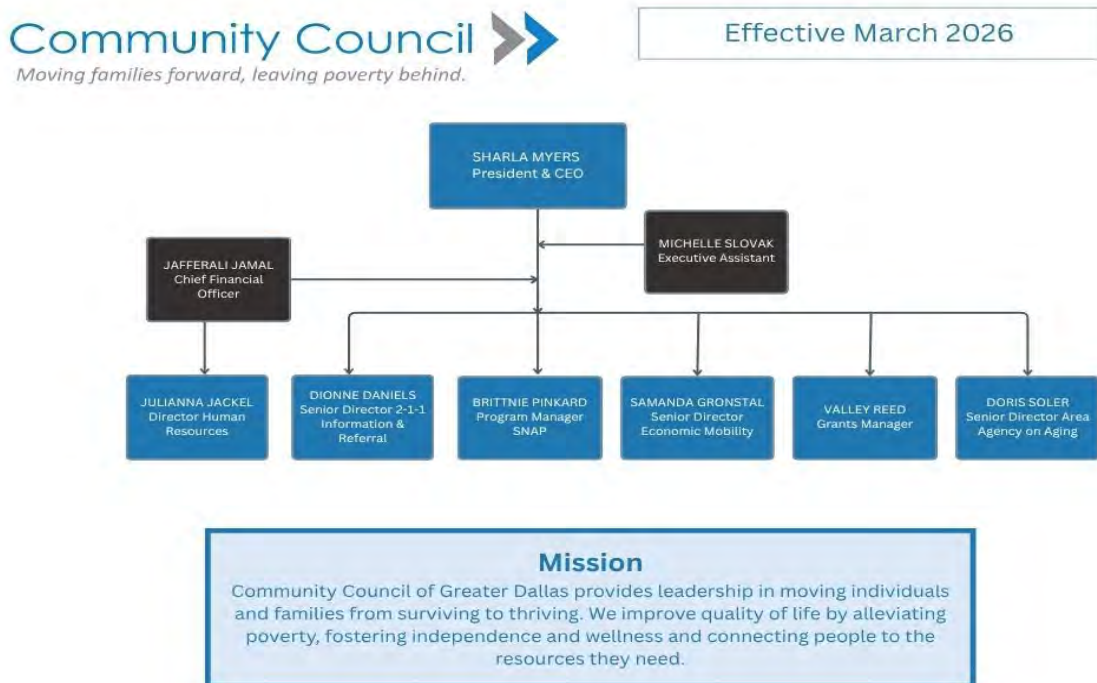
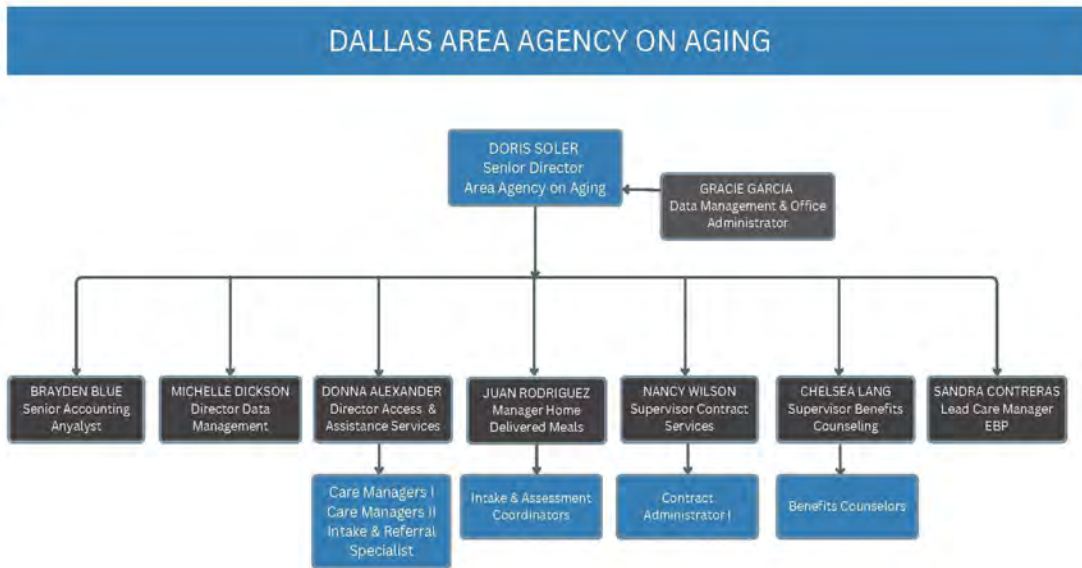


Table 2 Dallas Area Agency on Aging Organizational Chart



Planning and Service Area (PSA).

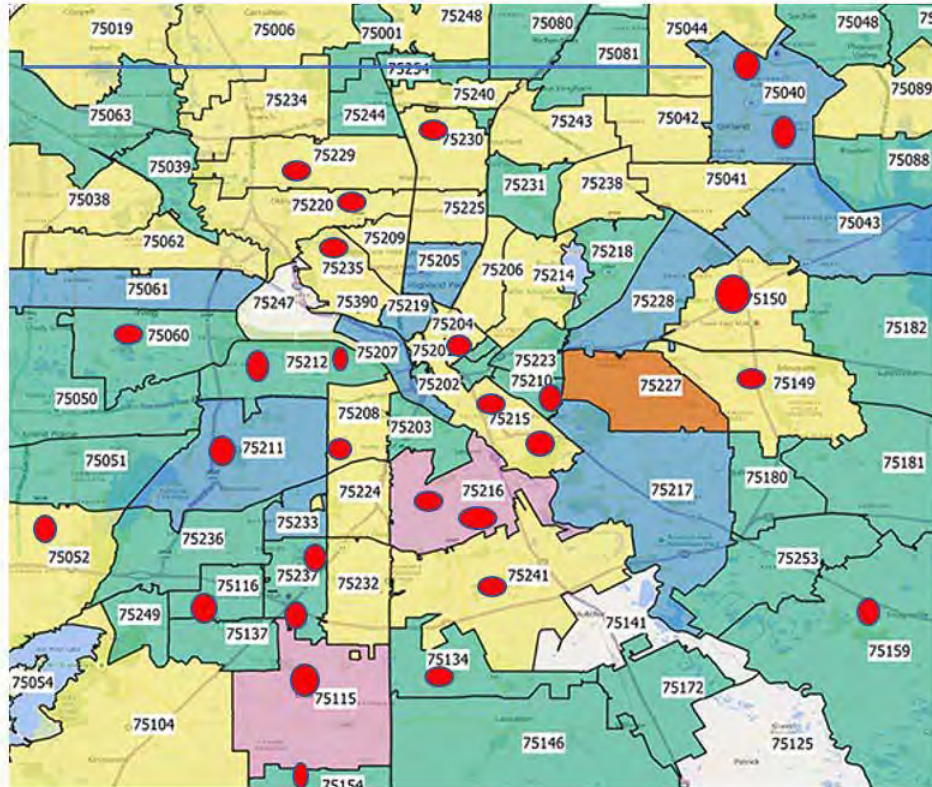
The Dallas Area Agency on Aging (DAAA) is a program of the Community Council of Greater Dallas and serves as the focal point for older adults in Dallas County. The DAAA advocates on behalf of people 60 years of age and older who reside in Dallas County by planning, developing, and coordinating services that ensure a system that positively impacts their health, honor, and dignity. DAAA provides services to only one county: Dallas County has an estimated population of 2,656,028 of which 219,586 are people over the age of sixty. The composition of Dallas County geography is 909 square miles, 873 miles in land and 36 in water. Dallas County is the second-most populous county in Texas and the ninth-most populous in the United States. Its county seat is Dallas, which is also the third-largest city in Texas and the ninth-largest city in the United States. Dallas county is comprised of the City of Dallas, the largest city in Dallas County and twenty-six suburban cities. The populations of the cities are above 2,500 population size making Dallas County an urban community. Other counties surrounding Dallas County are Tarrant, Denton, Collin, Rockwall, Ellis and Kaufman County.

FY2026 DALLAS AREA AGENCY ON AGING - FOCAL POINTS (Revised 1-22-2026)

CONGREGATE MEALS AND HOME DELIVERED MEALS UNDER DAAA			
Brady Senior Services/Marillac Center 2843 Lapsley St. Dallas, TX 75212 214-826-8335	Cedar Hill Senior Center 1740 Mansfield Rd. Cedar Hill, TX 75104 972-291-5353	Duncanville Hopkins Senior Center 206 James Collins Blvd. Duncanville, TX 75116 972-780-5073	Grand Prairie, The Summit 2975 Esplanade Grand Prairie, TX 75052 972-237-4141
Hutchins Senior Center (Mail P.O. Box 754) 500 W. Hickman Hutchins, TX 75141 972-225-0439	Irving-Heritage Senior Activity Center 200 S. Jefferson Irving, TX 75060 972-721-2496	Lancaster Senior Life Center 240 Veterans Memorial Parkway Lancaster, TX 75134 972-218-3780	Mesquite-Evans Senior Center (Mail PO Box 850137, Mesquite, TX 75185) 1116 Hillcrest Mesquite, TX 75149 972-329-8707
Mesquite-Goodbar Senior Center 3000 Concord Mesquite, TX 75150 972-329-8705	Seagoville Senior Center 304 E. Farmers Rd Seagoville, TX 75159 972-287-4113	Jewish Community Center 7900 Northaven Rd Dallas, TX 75230 214-239-7119	Jewish Family Services – Kosher Meals <i>Home Delivered Meals</i> 5402 Arapaho Rd. Dallas, TX 75248 972-663-5522
Visiting Nurse Association of Texas <i>Home Delivered Meals</i> 1440 W. Mockingbird Lane Dallas, Texas 75247 214-689-2674	Wilmer Senior Center 128 N. Dallas Avenue Wilmer, TX 75172 972-441-6373	Carver Heights Senior Center 2510 E Ledbetter Dr. Dallas, TX 75216 214-371-2024	Concord Senior Center 6808 Pastor Bailey Dr. Dallas, TX 75237 214-331-8522 ext. 6760
Deaf Action Center 3110 Cedar Plaza Ln Dallas, TX 75235 214-521-0407	DeSoto Senior Activity Center 204 Lion St DeSoto, TX 75115 972-230-5825	Emeritus Center at Mountain View College Room W-181 4849 W. Illinois Ave Dallas, TX 75211 214-860-3666	Garland-Carver Senior Center 222 Carver Garland, TX 75040 972-205-3305
Garland Senior Activity Center 600 W. Ave. A; Garland, TX 75040 Temporary Location: 1701 Dairy Road Garland, Tx75041 972-205-2769	Southern Charm Senior Center 3030 Tips Blvd. Dallas, TX 75216 214-819-1860	Marcus Annex Senior Center 2910 Modella Dallas, TX 75229 214-670-6597	M.L.K. Senior Center 2901 Pennsylvania Ave Dallas, TX 75215 214-670-8169
Pleasant Sunshine Senior Center 3700 Dixon Ave Dallas, TX 75210 214-398-5215	Singing Hills Senior Recreation Center 6805 Patrol Way Dallas, TX 75241 214-819-1860	Wellmed Senior Center-Redbird 3107 W. Camp Wisdom Road Dallas, TX 75237 972-942-7720	West Dallas Senior Center 2828 Fish Trap Road Dallas, TX 75212 214-670-6350
Willie B Johnson Senior Center 12225 Willowdell Dr. Dallas, TX 75243 214-819-1860	Walnut Street Senior Center 3306 W. Walnut St. Suite 300. Garland, TX 75042 469-609-8880	Richard Hsu Senior Center 2129 E. Arapaho Rd. Richardson, TX 75081 214-819-1860	

Cities in Dallas County

- City of Dallas
- Garland
- Irving
- Richardson*
- Grand Prairie*
- Mesquite
- Carrollton*
- DeSoto
- Rowlett*
- Duncanville
- Farmers Branch
- Cedar Hill
- Lancaster
- Coppell
- University Park
- Balch Springs
- Sachse*
- Highland Park
- Seagoville
- Addison
- Glenn Heights*
- Sunnyvale
- Hutchins
- Ovilla*
- Cockrell Hill
- Wilmer
- Combine*

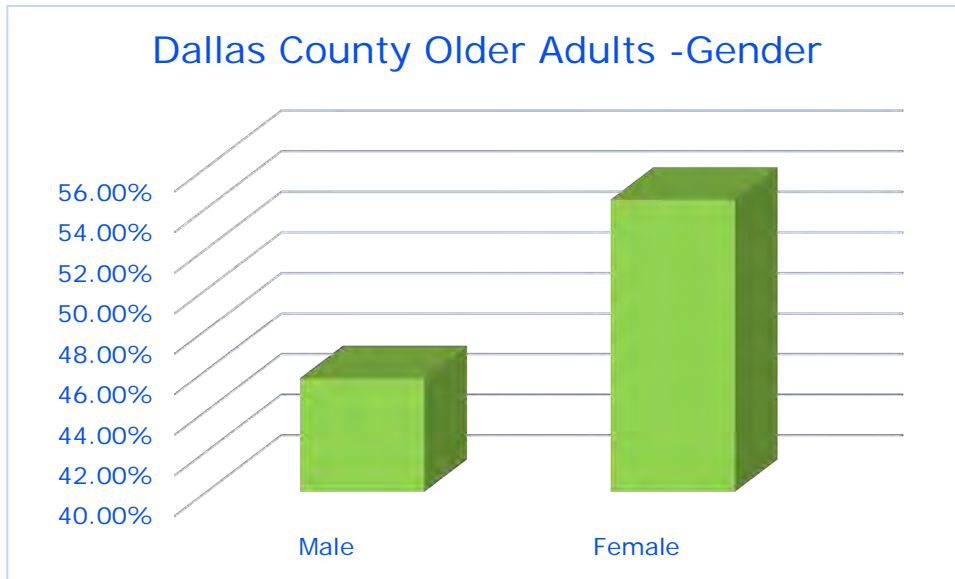


*Cities in Multiple Counties
 ● Dallas County Focal points

Demographics

Gender

In Dallas County it is estimated that there 45.6% of the older adult population is comprised of males and 54.4% are female.

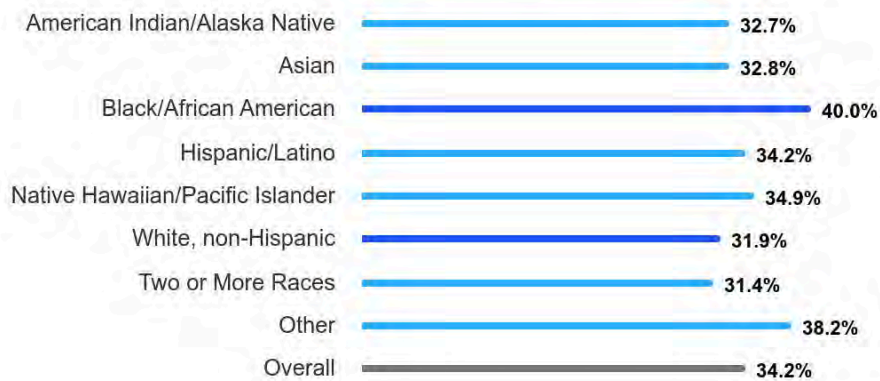


U.S Census.gov

Race:

Adults 65+ with a Disability by Race/Ethnicity
County: Dallas

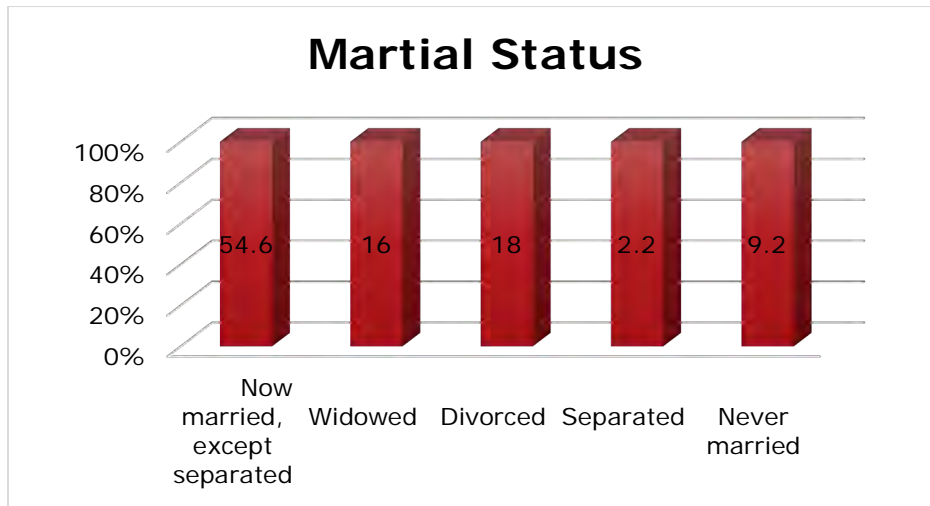
www.healthynotexas.com



Source: American Community Survey 5-Year (2019-2023)

Marital Status:

The marital status of older adults was reported as 54.6% now married, 16% as widowed, 18% as divorce, 2.2% as separated and 9.2% as never married.



PSA with greatest economic and social need.

Greatest Economic Need

As there is no definitive definition of greatest economic need, DAAA works to provide services to those who live below the poverty limits. Many older adults struggle with fixed incomes to cover essential expenses like housing, health care, utilities and purchasing food. The number of older adults in Dallas County who live in poverty is approximately 18.5% of the population. In Dallas County the zip codes with a high poverty rate among older adults are zip code 75215, 75216, 75224, 75210, 75217, and 75241.

DAAA has worked with Dallas County HHS to create a coalition that targeted a census tract within zip code 75216. Community agencies gather to create a centralized location for individuals who reside in this community to access services. Some of the agencies that are members include Parkland Health, The Senior Source and ADRC to name a few.

Social Need

Food Insecurity: DAAA is working with the congregate meal sites to strength their presence in the community. DAAA providers have delivered meals for older adults who are homebound and are over 60. Referrals are made to community food banks and assistance to apply for SNAP benefits.

Accessibility to services: DAAA is working to integrate technology in regard to outreaching to caregivers who access services in different capacities.

Health: DAAA is increasing the importance of prevention and maintaining good health through the EBI program and one sub recipient that offers physical fitness. Aging adults tend to disregard day to day activities until a major event such breaking a hip and no longer being independent. Walking upstairs is now a hardship, preparing their own meals, needing help with daily household chores, and needing assistance with bathing.

Homebound: Older adults who receive assistance through the home delivered meals programs are a high priority for DAAA. Modification will be made to accommodate this population by providing additional materials with their meals on the services that are available.

Homeless: In Dallas County 9% of the homeless population is comprised of older adults. DAAA will develop stronger relationships with community partners that provide services to this population. The development of specialized training to the care managers who work with the homeless of the services provided by DAAA.

Economic and social resources available within the PSA

DAAA will work to identify community partners to enhance and address the needs of older adults in Dallas County. DAAA will collaborate with government officials, state agencies, and local agencies to address the functional needs of older adults, and older adults the greatest economic needs.

In strengthening the relationship with existing partners, DAAA will develop a mechanism or tool to monitor, evaluate and report on results. DAAA will bring partners to the table to coordinate services and pool resources. DAAA works with local city entities to provide guidance on policy matters that will impact older adults.

DAAA will continue to develop partnerships with philanthropic organizations to offset the decreases in federal funding. DAAA will work with other community agencies to collaborate on funding opportunities. Collaborations with local food banks to help address food insecurities is a top concern for DAAA.

DAAA will collaborate with community agencies that provide assistance to older adults who are homeless, local police departments, emergency preparedness teams, civic organizations, agencies that provide low-income housing, and agencies which can provide assistance with assistive devices. DAAA will work to have a seat at the table when disasters impact our community and in such have a direct impact on older adults in Dallas County.

High-level summary of population trends and other issues impacting older Texans within the PSA.

In Dallas County by 2035 it is estimated the growth will be 640,693. The needs of this population will have an impact on how community dollars need to be allocated to meet the growing needs of the aging population.

The DAAA will need to work with community organizations to access additional funds to meet the needs of aging adults in Dallas County. Access to community services and health clinics will need equity assessing. The rising cost of basic needs: housing, food, utilities and medication are key items to be addressed by AAAs and local community leaders. AAA will need to work with the aging community to address their needs and work with local, state and federal entities to have adequate funding.

Dallas County aging population continue to rapidly increase creating a demand of support services that are impacting older adults.

Technology: Prior generations of aging adults had not used or owned a cell phone; knowledge of social media was a foreign concept. The new 65 group has used their cell phones as more than a device to make a phone call or to text but as a minicomputer. In this new technology dependent age, the increasing numbers of people that are active on social media offer new opportunities to expand knowledge of AAA's services.

However, not all older adults are alike and trying to create programs to meet this growing population can be a struggle. As society embraces the use of technology in business practices agencies who use QR codes to register for services or conferences, posting of information on social media sites and the utilization of electronic surveys limit the number of older adults to participate or access services. More seniors are embracing the use of technology, but some are limited due to internet cost or accessibility in their communities. The cost of cellular devices may exceed their limited monthly income.

Health Care: Dallas County has several cutting-edge hospitals, UT Southwestern, Baylor Scott and white, Medical City, Presbyterian hospital and Parkland Health, the county funded hospital. Parkland health offers community clinics for older adults who live in Dallas County, however, access to these clinics is limited for older adults who live in areas with limited or no transportation options.

Housing: Where will aging adults choose to live change? Will they stay in their homes, will they sell and follow the trend of living in RVs living a nomadic lifestyle? Will they move in with their children? Will they move to retirement communities? As AAA we will have to plan for all possible scenarios.

The rising demand for affordable housing is a major issue for older adults. Even though older adults age in place the cost of housing is often inaccessible, making it unaffordable or unsafe for older adults to be able to live independently.

Population: The number of older adults in Dallas County is going to such that the funding will not be able to keep with the growing population.

Workforce: During the past ten years statistics show older adults are working beyond traditional working age due to longevity, financial need or desire for specific purpose.

Advisory Council composition

The Advisory Council of the Dallas Area Agency on Aging serves as a vital link between older adults, caregivers, community partners, and the Agency’s leadership. Comprised of dedicated volunteers who reflect the diverse needs and perspectives of the communities we serve, the Council provides guidance, feedback, and advocacy to help ensure programs and services remain responsive, inclusive, and effective. Through collaboration and informed recommendations, the Advisory Council supports the Agency’s mission to enhance the quality of life, independence, and dignity of older adults across our service area.

The Advisory Council is composed of ensuring balanced representation across three sectors in accordance with governing requirements:

- One-third (1/3) Economically Disadvantaged Representatives: Individuals who are economically disadvantaged or representatives of this population. Representatives must reside in the area they serve.
- One-third (1/3) Private Sector Representatives: Individuals representing business, industry, labor, religious organizations, education, law enforcement, and other community interests within the service area.
- One-third (1/3) Public Officials: Currently elected public officials within the service area or their designated representatives. If sufficiently elected officials are not available, appointed officials may be selected.

The Board consists of no fewer than nine (9) and no more than fifteen (15) members, and total membership is always divisible equally amount the three sectors.

Advisory Council Members

Voting Members

Jane Hunley, Chair Person Dallas, Texas 75225	Lee Ruth Bryant Cedar Hill, Texas 75104
Jim LeCroy Irving, Texas 75062	Sherry Chantharaj, ADRC Dallas, Texas 75247
Ana Rangel Dallas, Texas 75212	Kenyatta Henderson Ovilla, Texas 75154
Rosemary Hinojosa Dallas, Texas 75233	Lydia Simpson Dallas, Texas 75235
Deborah J Sutton Dallas, Texas 75249	Deborah Austin

Special Interest Non-Voting – Advocacy Group: Representatives of special interest groups in the community may be asked to serve as non-voting members of the DAAA Advisory Council. Their role will be to keep the council informed on issues and concerns being addressed by their respective groups for collaboration.

Dr. Iftekhar Amin Murphy, Texas 75094	Dulce Ramirez Dallas, Texas 75247
Portia Cantrell Dallas, Texas 75235	Kathleen Warshawsky Plano, Texas 75057
Kimberly Knight, MSSW, Director Dallas, Texas 75219	Frank Morris, Sr. Ph.D DeSoto, Texas 75115

Texas Silver Haired Legislators Non-Voting: Members elected to the Texas Silver Haired Legislature representing Dallas County may attend meetings of the Advisory Council and may serve in a non-voting capacity or may be invited to serve as voting member of the Advisory Council.

John E Coupe “Dick” Dallas, Texas 75248	Frances Rizo Duncanville, Texas 75248
David Stephen Toback Dallas, Texas 75248	Debbie Bobbit Rowlett, TX 75088
Jerome Garza Dallas, TX 75208	Janet Alvarez Gonzalez Rowlett, TX 75088

Membership selection is conducted in alignment with the federal and state requirements and includes the following:

- Representation must reflect the geographic and demographic diversity of the service area.
- Members must reside in the area they represent.
- Selection is conducted on a nondiscriminatory basis, without regard to age, gender, race, ethnicity, disability, religion, or other protected characteristics.
- Public officials must hold offices or designate a representative.
- Private sector and economically disadvantaged representatives must demonstrate a connection to the populations or groups they represent.

All newly appointed members are required to complete Texas Open Government training within 90 days of appointment.

The selection of Advisory Council members follows a structured process:

- Candidates must complete and submit an application to the Governance Committee.
- A list of nominees and open positions is presented at the annual meeting or the last regular meeting before December 31, or at a special meeting if needed.
- Members are elected by the Board and may assume their role upon approval.
- Terms are three (3) years, with staggered terms to ensure continuity.
- Approximately one-third (1/3) of members’ terms expire each year.
- Members may serve up to two consecutive full terms, with eligibility to return after a one-year break.
- Vacancies are filled by a majority vote of the remaining Board members.

In its advisory capacity, the Council provides guidance and recommendations to DAAA on matters related to the planning, coordination, and delivery of services for older adults. Council members also support outreach efforts by disseminating information regarding available programs, services, and planning initiatives within their respective communities.

The Advisory Council serves as a voice for older adults by representing their interests and advocating for their needs across Dallas County. Members may participate in collaborative groups, coalitions, or steering committees, and may assist in promoting DAAA services through community engagement activities such as health fairs and public events.

Additionally, the Council may support DAAA in programmatic functions, including reviewing service proposals and providing input on programs funded under the Older Americans Act (OAA), as appropriate.

Stewardship & Oversight

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

The Community Council/ DAAA has policies and procedures in place for the conduct of financial business and administration for grants, contracts and subcontracts with local, state, federal and other funding sources. The policies are approved by the governing Board of Directors. All procedures follow the Older American's Act. The Community Council ensures that the agency is making decisions at the right level, appropriate internal controls are operating, and that, as a nonprofit organization, decisions are made in a transparent manner. Community Council follows the established policies and procedures in fulfilling its fiscal responsibility and in maintaining its accountability to its funding sources.

Sub Recipient

The DAAA conducts kitchen reviews and monitoring visits annually. The contract team verifies that all sub recipients are in compliance with the OAA.

DAAA at the local level, it is responsible for ensuring the service providers' compliance with the local, state, and federal regulations that are related to their program. This is done through "monitoring" and "performance measure testing". Program monitoring, which occurs at least annually, is an on-site process where center and participant records are examined to make sure that the program is adhering to all established guidelines at the local, state and federal levels. Performance Measure Testing is an off-site process where center and participant records are requested and viewed by DAAA and HHS to ensure that services are verifiable and justified.

Both processes review participant Intake records, including the Intake form, Nutritional Risk Assessments, and Client's Rights and Responsibilities forms, to ensure that all participants receiving Title III meals are eligible for the program, have a Nutritional Risk Assessment that was valid for the month being reviewed, and have had their rights explained to them. Additionally, units for a specific month or months will be verified by comparing participant sign-in sheets/rosters to the meals reported in the Statewide database. Units which cannot be verified by a participant sign-in are a very serious finding; so, it is important that your signatures and Statewide Database match exactly.

During a monitoring visit, your Contract Services representative will visit your site and will, also, look at your Site Council minutes, your Participant Contribution records, your Policies & Procedures, Required Postings, and many other relevant records. A list of documents and records that you should have available for the monitoring visit and the Corrective Action Plan form. Keep in mind that the DAAA monitor may require additional documents or records, in order to verify that all local, state, and federal program requirements are being met. Monitoring visits are scheduled in advance, and, before the visit, you will be sent an outline of all the documents that the monitor will be reviewing.

Following the monitoring visit within 30 calendar days, your site sponsor will be sent a report outlining any Findings or Concerns identified by the monitor. You/your site sponsor will then have 30 calendar days from the time the report was sent to respond to the findings in writing in a Corrective Action Plan (CAP). The CAP must give details regarding

the processes that are being implemented to be sure that each finding is resolved and does not recur. If your CAP is sufficient, it will be accepted, and the monitoring will be closed; however, a follow-up monitoring visit may be conducted to confirm that the actions in the Corrective Action Plan have been implemented and are effective. Acceptance letters or letters requesting additional information will be sent by the DAAA within 14 calendar days after the receipt of the CAP. Failure to resolve Findings may result in the implementation of the Sanctions Policies

The goals of both Monitoring and Performance Measure Testing are to ensure that all programs are in full compliance with all regulations related to providing Title III services. Our goal is to support the providers in continuous quality improvement for our older adults. Monitoring and PMTs provide a way for us to find any areas that need attention, so technical assistance can be provided in a timely manner, if needed.

Kitchen Reviews

Kitchen reviews by a staff member or representative will also be conducted at least annually. Kitchen monitoring visits are unannounced and are made in addition to any kitchen "health inspections" required by your city or site sponsor. During the kitchen review, the DAAA representative will be checking to see that all of your kitchen staff and volunteers are following necessary food safety guidelines and Title III regulations. You must have verification that everyone serving the meal has gone through Orientation and annual Food Safety Training, available on-site during the kitchen review.

At the end of the monitoring visit, the DAAA monitor will inform you of any findings or concerns identified during the visit. Within 15 calendar days of the visit, a report outlining these items will be sent to your site sponsor. You/your site sponsor will have 30 calendar days to respond to the findings in writing in a Corrective Action Plan (CAP). Again, CAPs must include enough detail to show that all identified findings and concerns will be addressed and corrected. Failure to resolve Findings may result in the implementation of the Sanctions Policies referenced above.

DAAA has written policy and procedures regarding data validation.

The data management team conducts data validation that all required data elements are entered in the state-wide database, that all assessments are current and entered in the statewide database. The Director of database management attends quarterly nutrition provider meeting to provide guidance and answer questions regarding data entry procedures. Data scrubs will be completed on a quarterly basis.

Management Information System

The AAA and service providers must comply with the record keeping and reporting requirements for clients and services imposed by the Federal Administration on Aging and the Texas Department of Aging and Disability Services (HHS). HHS has specified client tracking system and with required data elements. The latest version of the software is called Peer Place and is published and maintained by HHS's contractor.

General Requirements for Software Users

All software users must attend a training session and will be provided with User IDs and passwords. Users must keep their User IDs and passwords secret and must not use them to give any other person access to the system. Users must log off the system whenever they leave their workstation unattended, and must notify the Agency administrators, at AAA whenever they believe the security of the system has been compromised.

Users must follow confidentiality procedures including:

All DAAA staff, sub-recipients and service contractors are mandated to take cybersecurity training as outlined by the state.

Key Topic Areas

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

Core Program Area 1: Supportive Services

Administration: The Dallas Area Agency on Aging plans to be the leader relative to all aging issues on behalf of all older adults in the planning and service area. This means that the Dallas Area Agency on Aging shall proactively carry out, under the leadership and direction of the state agency, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community-based systems in, or serving, each community in the planning and service area. These systems should be designed to assist older people in leading independent, meaningful, and dignified lives in their own homes and communities as long as possible.

Assisted Transportation: The DAAA offers transportation services that provide or arrange for taking an older adult in Dallas County from one location to another. All transportation activities do not include any other service. It refers to the act of transportation only. The main type of transportation service is demand or response. Demand and response involve transportation designed to carry an older adult from a specific origin to a specific destination upon request. The older adult requests the transportation service before their need, usually 24-48 hours before the trip.

Care Coordination: To strive to continue to provide resourceful and reliable services to meet older adult needs so that they can age in place while maintaining a healthy and safe lifestyle in their home. To continue to provide the best possible service and resources to the senior community. The DAAA offers case management services to older adults in Dallas County. This is an ongoing service provided to assess the needs of an older adult to effectively plan, arrange, coordinate, and follow up on services which most appropriately meet the identified needs of the older adult, as mutually defined by the older adult, the Access and Assistance staff at the DAAA, and where appropriate, a family member(s) or other caregiver(s). This is a holistic assessment and screening process involving a range of services and can take place in a variety of formats (i.e., in-person, over the phone, or virtually) depending on client preference and/or need. Clients who qualify are eligible to receive services once every fiscal year.

Case management services are person-centered; the duration of services is dependent on the client's need or service request. Depending on the nature of the request, services can be completed directly by the DAAA or by a service contractor of the DAAA, as authorized by a care coordinator. Aging can impact the ability to complete daily activities, jeopardize safety, and can hinder independent living. Case management services are essential for helping older adults maintain their independence and ensure the safety of older adults. The DAAA offers case management services as a mechanism to facilitate independent living and safety.

Chore Maintenance: The DAAA aids older adults in Dallas County with chore services. The clients aged 60 and older who live in Dallas County can request assistance for chore. Servicers. Due to limited funds DAAA service contractors can perform the following tasks:

- Tree trimming that poses a hazard to the homeowner.
- Bushes trimming that poses a safety risk to the homeowner

Data management: The Dallas Area Agency on Aging has a two-tier data management program:

- DAAA has in house Home delivered meal assessment team who conduct Home Delivered Meal intake, assessments and reassessment, (Nutritional Risk, Consumer needs evaluation and Determination of Meals. DAAA can provide services to older adults who speak English, Spanish and Vietnamese.
- The DAAA Database management team conducts data validation of the required data elements entered in the Statewide database. The Data management team compiles state reports and submits them as required.

Activities directly related to data entry and reporting for services not directly provided by the AAA.

Includes activities directly related to the direct purchase of service, service authorization and document verification to support the provision, tracking and reporting of congregate meals, home delivered meals and transportation services.

Also includes the validation of complete and accurate data in the HHS statewide system and report preparation by AAA staff in support of the annual SPR and the QPR.

Income Support: The DAAA aids older adults in Dallas County in the form of a payment to a third- party provider for services or goods that support the basic needs of the person, on behalf of an older adult or their caregiver. Income support can include payments towards rent, mortgage, and utilities (excluding late fees). Payments are typically in the form of a one-time payment (e.g., one-month payment). To account for payment processing, financial pledges are made on behalf of clients by the DAAA to ensure continuation of services and to prevent any potential financial consequences the client may face. Clients are re-eligible to receive services once every fiscal year.

Information and Assistance Services: The Dallas Area Agency on Aging (DAAA) provides Information and Assistance (I&A) Services to older adults and their caregivers through direct in-house services and through contracted subrecipients. Information and Assistance Services are designed to ensure older adults and caregivers have access to accurate, timely, and comprehensive information that supports informed decision-making and access to appropriate community resources.

Information and Assistance Services are provided in accordance with the Older Americans Act (OAA) and Texas Health and Human Services Commission (HHSC) requirements and adhere to the service categories outlined in OAA 306(a)(4)(B)(i). Services are prioritized

for individuals with the greatest economic and social need, including low-income older adults, individuals with disabilities, those with limited English proficiency, individuals who are hard of hearing, individuals with dementia, those at risk of institutionalization, and their caregivers.

Service Delivery: Information and Assistance Services are delivered through multiple access points to ensure broad availability and responsiveness to individual needs. Services are provided via telephone, online platforms, and in person interactions during scheduled activities and events. Service availability varies by delivery method and may occur during standard business hours, extended hours, or during special activities offered outside of normal business hours, including weekends.

Service Components: Information and Assistance Services include a comprehensive and person-centered approach to addressing inquiries. Core service components include assessing the needs of the inquirer; evaluating appropriate resources and response options; identifying organizations capable of meeting identified needs; providing sufficient information to allow informed choice; assisting individuals when services are unavailable by locating alternative resources; actively facilitating links to needed services when appropriate; and conducting follow-up to help ensure services were accessed.

These services are intended to support older adults who are at risk of institutionalization, individuals who are hard of hearing, individuals living with dementia, and their caregivers by improving access to information, referrals, and community-based support that promote independence and safety.

Program Administration: Information and Assistance Services are provided through contracted subrecipients and direct AAA service delivery and are available to eligible participants throughout Dallas County. All services are delivered in compliance with the Older Americans Act, Texas HHSC requirements, and applicable federal and state regulations, including nondiscrimination and accessibility standards.

Instruction and Training: Instruction and Training services provide education, experience, and skill development to older adults, caregivers, and professionals working with older individuals. Services are delivered in formal and informal settings, including individual and group formats, and adhere to the service categories outlined in OAA §306(a)(4)(B)(i).

The DAAA supports instructional, and awareness programs focused on older adults experiencing vision loss, as well as caregivers and professionals assisting individuals with low vision.

These services are designed to improve participants' ability to live independently and enhance quality of life as they adapt to vision changes.

Instruction and Training services are delivered through virtual platforms and in person settings. Virtual seminars serve older adults with low vision and caregivers of individuals age 60 and over and include interactive components such as question-and answer

sessions and follow-up access to additional resources. In person services may be provided in community locations such as churches, colleges, schools, and community centers.

Seminars vary by delivery method and may range from 30 minutes to one hour in duration. Frequency may vary based on program design, participant need, and availability. Instructional content includes education on low vision conditions using accessible language, introduction to assistive resources, and strategies that support independence and daily functioning.

These services are provided through contracted subrecipients and are available throughout Dallas County.

Legal Assistance 60 and older: The Legal Assistance Program provides free, high-quality legal services to older adults in Dallas County, with priority given to individuals who are socially or economically vulnerable. Services focus on issues that directly affect health, safety, independence, and financial security of adults age 60 and older. The program operates in accordance with the Older Americans Act and state requirements for targeted legal support.

Legal Awareness (Legal Outreach): The Dallas Area Agency on Aging will continue to build awareness through outreach of the Benefits Counseling Program. The Benefits Counseling team will provide one-on-one counseling in person, by phone, email or virtually. Community presentations will be conducted throughout Dallas County. Topics will focus on non-insurance related issues to include but not limited to: VA services, SNAP benefits, Social Security issues and other public benefits.

Outreach: Interaction with a person initiated by the AAA to identify potential participants (or their caregivers) and to encourage them to use OAA services and benefits.

Note: Does not include Legal outreach, Legal Awareness, HICAP Outreach, and MIPPA Outreach.

Personal Assistance: Personal assistance is related to care coordination services and strives to assist an older person who has difficulty performing a minimum of two activities of daily living as identified in the assessment process, with a task a person would typically perform if they were able. This includes assistance in all activities of daily living health-related tasks and can take place inside or outside of the client's home.

Public Information Services: A service that provides information to groups of current and potential participants on the resources and services available for older adults in their communities.

Activities include providing information at senior fairs, handing out publications and answering questions, and initiating targeted mass media campaigns, including targeted internet websites. Unlike Information and Assistance, this service is not tailored to the specific needs of the person. DAAA participates in events to provide information on the services offered by the Dallas Area Agency on Aging. These events provide overall information for the community on how to access services.

Residential Repair: The DAAA aids older adults in Dallas County with minor residential repair services. Clients are eligible to receive services once every fiscal year. Services consist of minor modifications of a dwelling occupied by an older person that are essential for the health and safety of the older person (e.g. HVAC repairs, wheelchair ramps, grab bars, and hand railings). Depending on the nature of the request, services can be completed by a contractor of the DAAA, as authorized by a Case Manager. Aging can impact the older adult's ability to complete both activities and instrumental activities of daily, many of which are integral to being able to remain in one's home. The DAAA strives to help older adults remain in their home and maintain an independent lifestyle by providing helpful home repair services that ensure safety and comfort for older adults.

Senior Center Operations: The DAAA supports Senior Center Operations to maintain community facilities where older adults ages 60 and over gather to receive services, participate in activities, and pursue mutual interests. Senior centers serve as focal points for service delivery and community engagement.

Older adults typically attend senior centers up to five days per week for an average of approximately five hours per day. Senior centers provide access to congregate meals, health promotion activities, supportive services, and social engagement opportunities. Supporting senior center operations is essential to enhancing quality of life, promoting independence, reducing social isolation, and encouraging continued community involvement among older adults and individuals with disabilities.

Senior Center Operations are provided through contracted subrecipients and are offered throughout Dallas County.

Transportation Demand: Transportation demand services are designed to transport eligible older adults from a specific origin to a specific destination upon request. Services primarily support older adults attending senior centers to access congregate meal services and other approved activities. The DAAA adheres to the service categories outlined in OAA §306(a)(4)(B)(i).

Transportation demand services are provided at senior centers throughout Dallas County. Service delivery generally consists of a round trip to and from the senior center and is provided on a regular schedule, up to five days per week, based on program availability and participant need.

Many areas within Dallas County lack accessible public transportation options. While some senior centers may provide information on public transit resources, many older adults experience difficulties using fixed-route systems due to physical, cognitive, or geographic barriers. Transportation demand services help reduce these barriers and enable older adults to access nutritious meals and supportive services. This service is provided by Subrecipient Contract and is offered in Dallas County.

Core Program Area 2: Nutrition Services

Congregate Meals: Meal served to an eligible older individual.

The DAAA will adhere to the seven categories outlined by OAA§306(a)(4)(B)(i). Meals are served in a congregate setting, usually at a senior center. Under the 2024 OAA Final Rule (§1321.87), carry-out meals may also be provided under the congregate meals program in certain circumstances, while still maintaining the intent of socialization.

A hot or other appropriate meal served to an eligible older individual which meets 33⅓ percent of the dietary reference intakes (DRI) established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences and complies with the most recent Dietary Guidelines for Americans, published by the Secretary of Agriculture. Nutrition services must also comply with requirements for use of domestically produced foods (§1321.3) and reporting under the Nutrition Services Incentive Program (NSIP).

Meals are provided 5 days per week, usually during lunchtime, in some cases 4 days per week, but with a total of five meals per week (adding one breakfast), totaling 250 meals per year, as required by HHSC F-1130 Frequency of Service.

The objective is to reduce food insecurity and promote socialization of older individuals and to allow seniors to attend a senior center and receive a healthy meal per day, and to help recipients sustain an independent lifestyle as possible.

This service is provided by Subrecipient Contract and is offered in Dallas County.

The number of sites: 32

Home Delivered Meals: Meal delivered to an eligible older individual.

The DAAA will adhere to the seven categories outlined by OAA§306(a)(4)(B)(i). Meals are delivered to qualifying older adults' homes. Under the 2024 OAA Final Rule§1321.9(c)(2)(iii)), funds may be transferred between congregate (C-1) and home-delivered (C-2) nutrition service allotments to meet local needs.

A hot or other appropriate meal delivered to an eligible older individual which meets 33⅓ percent of the dietary reference intakes (DRI) established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences and complies with the most recent Dietary Guidelines for Americans, published by the Secretary of Agriculture.

Nutrition services must also comply with requirements for use of domestically produced foods (§1321.3) and reporting under the Nutrition Services Incentive Program (NSIP).

Meals are delivered 5 days per week, usually during lunchtime. The objective is to reduce food insecurity and promote socialization of older individuals, with volunteers providing social contact while delivering a healthy meal per day, and to help recipients sustain an independent lifestyle as possible.

This service is provided by Subrecipient Contract and is offered in Dallas County.

Nutrition Education: All nutrition service recipients should receive Nutrition Education. This service should be provided via phone or in person.

This service should be provided at least once per year, for 15 minutes.

This service will educate older adults to make wise choices for their mental and physical health, when purchasing, preparing, and consuming meals.

This service is provided by Subrecipient Contract and is offered in Dallas County.

Grab and Go Meals: A meal served with the flexibility for the older individual to eat some at the center and take the rest to go.

The DAAA will adhere to the seven categories outlined by OAA §306(a)(4)(B)(i).

Meals are prepared to meet 33 $\frac{1}{3}$ percent of the dietary reference intakes (DRI) established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences and comply with the most recent Dietary Guidelines for Americans, published by the Secretary of Agriculture.

Grab & Go Meals may be provided at the nutrition site's discretion but must not be more than 25% of the provider's congregate meal budget. Grab & Go Meals are designed to complement, not replace, the congregate meal program. Grab & Go Meals increase access by serving older adults who cannot regularly attend long congregate meal gatherings, without reducing participation in congregate dining. The congregate program remains the core opportunity for socialization, while Grab & Go extends meal service into the community, reaching more seniors overall.

A live interaction is required for each meal counted as a Grab & Go meal, which may occur in person, by phone, or virtually. The intent is for part of the meal to be consumed during the interaction. Examples include nutrition education, virtual games, group chats, or one-on-one conversations.

Required live interactions at sites allow for wellness checks, referrals, and social engagement, helping reduce isolation and connect participants to additional DAAA services. This service helps older adults who may not be able to stay for the entire congregate meal period but still need access to a nutritious meal.

Some older adults face transportation challenges, such as depending on a neighbor for a ride, which makes it difficult to remain at the center for a full lunch. Grab & Go allows them to stop by, eat part of their meal, and take the rest home, making transportation easier to coordinate.

It also supports older adults who are working or have medical appointments during mealtimes. They can quickly check in, share a brief wellness conversation with staff, eat a portion of their meal, and then bring the remainder home.

Grab & Go also helps older adults who are facing language and cultural barriers. For example, some individuals feel more comfortable interacting in their own language and prefer a shorter, respectful interaction with bilingual staff rather than staying for a long group meal. This option ensures they still receive nutrition and meaningful social contact in a way that feels comfortable for them.

It can also benefit those experiencing isolation. For example, older adults who have recently lost a spouse or who avoid crowded settings can use Grab & Go as a structured reason to leave the house, engage in a short, friendly interaction and return home with their meal. This consistent contact helps support their well-being and rebuilds a sense of connection.

This approach keeps older adults nourished while allowing them to maintain health appointments, balance work schedules, and stay engaged with the senior center community without needing to remain for the full congregate meal setting.

Grab & Go will specifically target older adults with the greatest economic and social need (GEN/GSN), such as those living in low income, rural, and transportation limited communities. Outreach will be coordinated by nutrition providers to make the service broadly accessible.

DAAA will involve consultation with nutrition providers, ensuring the program reflects community needs. Feedback will be gathered through provider meetings, surveys and direct engagement with older adults will help determine the value of offering Grab & Go Meals alongside congregate dining.

The objective is to reduce food insecurity and re-engage socialization of older individuals and to allow seniors to attend a senior center and receive a healthy meal per day, and to help recipients sustain an independent lifestyle as possible.

This service is provided by Subrecipient Contract and is offered in Dallas County. The number of sites: 32

Core Program Area 3 Evidenced Based Disease Prevention & Health Promotion Services

DAAA will provide older adults and their caregivers with Evidence-Based Programs to promote healthy lifestyle choices. These programs have been proven to build older adults' self-confidence to take part in maintaining their chronic conditions. Programs provided include Chronic Disease Self-Management Program, Diabetes Self-Management Program, Stress Busting for Family Caregivers, Program to Encourage Active and Rewarding Lives (PEARLS), A Matter of Balance (AMOB) and Bingocize. DAAA proposes that FY2027-2029

completion rate will be between 80-85%, which is above the national average of 75%. DAAA will determine these goals that have been met by either achieving or exceeding proposed units' totals. This goal will be measured by demonstrating an increase in self-efficacy among older adults in their ability to utilize the newly acquired Self-Management skills to improve their eating habits, increase physical activity, improve their sleeping habits, limit, or eliminate the misuse of prescription or illegal drugs, decrease stress and decrease social isolation.

These programs also teach older adults and their caregivers the skills needed to better manage their chronic conditions. DAAA provides the following programs:

A Matter of Balance- Help older adults manage their concerns about falling and increase activity levels.

Diabetes Self-Management Program-Education for older adults to manage their life with medication usage, communication, monitoring, guidelines for healthy eating, causes of low blood sugar and steps for treating low blood sugar.

Chronic Disease Self-Management Program-help better manage their health problems and symptoms by educating the importance of physical activity, risk of falling, plate method, problem-solving, decision and medications.

Program to Encourage Active and Rewarding Lives (PEARLS)- Helps older adults by teaching them the skills to manage or address depression by using problem-solving treatment and doing something pleasurable, social, and physical activity to manage.

Stressbusting for Caregivers-Provides caregivers the tools and strategies to manage effectively and enhance their quality of life.

Bingocize- Is traditional bingo with exercises and health education of fall prevention and nutrition that improves upper body strength, balance, range of motion, increase social engagement, and improves knowledge on falls.

Evidence -Based programs are programs that have been proven through extensive research to improve participants' self-confidence in their ability to take part in maintaining their Chronic conditions.

Physical Fitness (Health Promotion): The DAAA supports Physical Fitness and Health Promotion services for older adults who attend senior centers and receive congregate meal services. These services are designed to sustain and improve physical and mental health and to promote overall wellness.

Physical Fitness services are provided in person at senior centers and may also be delivered virtually, depending on program design and participant need.

Services may be offered daily, up to five days per week, or multiple times per week. Sessions are typically approximately 30 minutes in duration.

Activities may include exercises that promote endurance, strength, flexibility, balance, coordination, and overall mobility. These services support older adults in maintaining independence, reducing fall risk, and improving quality of life.

Physical Fitness services are provided through contracted subrecipients and are available throughout Dallas County.

Health Maintenance: Services that include one or more of the following activities: nutritional supplements, or other devices and health supplies (e.g., incontinence supplies) necessary to promote or maintain the health or safety of the older adult. Clients are eligible to receive services once every fiscal year. Health maintenance services are person-centered; therefore, the duration of services is dependent on the client's need or service request. Depending on the nature of the request, services can be completed directly by the DAAA, by a subrecipient of the DAAA, or by a contractor of the DAAA, as authorized by a care coordinator. Health plays a major role in the aging process, and the DAAA aims to provide resources that facilitate healthy aging and improve quality of life. (care coordination and caregiver services)

Core Program Area 4: Family Caregiver Support Services – include efforts to enhance services and supports for caregivers.

Caregiver Information Services: The Dallas Area Agency on Aging (DAAA) provides Caregiver Information Services (CIS) to support family caregivers, informal caregivers, grandparents, and relatives caring for older adults and for children ages 18 and under. Caregiver Information Services are designed to ensure caregivers have access to accurate, timely, and relevant information that supports their caregiving responsibilities and promotes caregiver well-being.

Caregiver Information Services are provided in accordance with the Older Americans Act and Texas Health and Human Services Commission (HHSC) requirements and are prioritized for caregivers serving individuals with the greatest economic and social need, including low-income households, individuals with disabilities, those with limited English proficiency, and individuals residing in rural or underserved areas.

Service Delivery: Caregiver Information Services are delivered through multiple formats to ensure broad access and flexibility. Services include online publications and newsletters, group presentations, seminars, health fairs, and mass media outreach. Many information resources are available online and accessible at any time.

Informational fairs are typically offered up to two times per year and generally last three to four hours. Group presentations and seminars are usually conducted on a recurring basis, approximately once per month, and are typically one hour in duration. Service delivery methods are designed to accommodate caregivers' schedules and varying levels of access to in-person programming.

Program Purpose: Caregiver Information Services are intended to increase caregivers' awareness of available community resources, support services, and educational

opportunities. By improving access to information and referrals, these services help caregivers make informed decisions, reduce caregiver stress, and strengthen their ability to continue providing care in a respectful, dignified, and sustainable manner. These services also support older adults to remain safely in their homes and communities for as long as possible.

Program Administration: Caregiver Information Services are provided through contracted subrecipients and are available to eligible participants throughout Dallas County. All services are delivered in compliance with Texas HHSC requirements, the Older Americans Act, and applicable federal and state regulations, including nondiscrimination and accessibility standards.

Caregiver Support Coordination: The DAAA offers caregiver services to caregivers aged 18 and older caring for someone age 60 and older who resides in Dallas County. Older Relative Caregivers need to be age 55 and older and the minor child needs to be under age 18 and in school. This is an ongoing service provided to a caregiver to assess the needs of a caregiver to effectively plan, arrange, coordinate, and follow up on services which most appropriately meet the identified needs of the caregiver, as mutually defined by the caregiver, the care recipient, and the Access and Assistance staff at the DAAA. This is a holistic assessment and screening process and involves a range of services and can take place in a variety of formats (e.g., in-person, over the phone, or virtually) depending on client preference and/or need. Caregiver services can also include older relative caregivers who are the primary caregiver of individuals under the age of 18. Clients who qualify are eligible to receive services once every fiscal year. Caregiver services are person-centered; therefore, the duration of services is dependent on the client's need or service request. Care managers complete a holistic assessment which includes a consumer needs evaluation (CNE) and a caregiver assessment (CGA) to help provide a clearer understanding of the client's service needs. Caregivers are also referred to as additional services offered by the DAAA including caregiver information services, caregiver counseling, caregiver support groups, and caregiver training. Depending on the nature of the request, services can be completed directly by the DAAA, by a subrecipient of the DAAA, or by a contractor of the DAAA, as authorized by a care coordinator. Caregivers are invaluable to the individuals they provide care for. They help older individuals maintain independence, provide social support, and contribute to life satisfaction and enjoyment. Though rewarding, caregiving is often demanding. The DAAA strives to provide additional assistance to help reduce stress and burden faced by the caregiver and care recipient.

Residential Repair: The DAAA aids older adults in Dallas County with minor residential repair services. Clients are eligible to receive services once every fiscal year. Services consist of minor modifications of a dwelling occupied by an older person that are essential for the health and safety of the older person (e.g., AC repair, wheelchair ramps, grab bars, and hand railings). Depending on the nature of the request, services can be completed by a contractor of the DAAA, as authorized by a care coordinator. Aging can impact on the older adult's ability to complete both activities and instrumental activities daily, many of which are integral to being able to remain in one's home. The DAAA strives to help older adults remain in their home and maintain an

independent lifestyle by providing helpful home repair services that ensure safety and comfort for older adults.

Respite In Home: The DAAA provides respite care-in-home for eligible recipients in Dallas County. Respite care-in home is defined as temporary services for an eligible dependent care recipient for relief of a caregiver provided in the eligible caregiver's home or the home of the care recipient on a short-term, temporary basis while the primary caregiver is unavailable or needs relief. In addition to supervision, services may include meal preparation, housekeeping, assistance with personal care, and social and recreational activities. Eligible care recipients must 1) be unable to perform a minimum of two activities of daily living identified through the CNE or 2) require substantial supervision due to a cognitive or other mental impairment which causes them to behave in a manner that poses a serious health or safety hazard to themselves or to another person. Services are authorized by the care coordinator, and the duration of services can vary depending on individual client's need. Care managers follow up monthly with those receiving respite services on monthly basis. Caregivers face many challenges that can lead to increased stress, which may result in feelings of caregiver burnout. Respite services are essential for ensuring optimal care for the care recipient by providing support and relief to the caregiver. The DAAA aims to offer respite care-in-home to support caregivers in providing top quality care for their care recipient.

Respite Out of home: The DAAA provides respite care-out of home for eligible recipients in Dallas County. Respite out of home is defined as temporary services for an eligible dependent care recipient for relief of a caregiver provided in the eligible caregiver's home or the home of the care recipient on a short-term, temporary basis while the primary caregiver is unavailable or needs relief.

Core Program Area 5: Legal Assistance

HICAP Assistance: Counseling or representation services provided by a non-lawyer such as a certified benefits counselor, where permitted by law, to Medicare beneficiaries, family members, caregivers or others working on behalf of an eligible person.

HICAP Outreach: Targeted activities conducted to inform Medicare beneficiaries, caregivers, and community partners about the availability of unbiased Medicare

Legal Assistance 60 and older: The Legal Assistance Program provides free, high-quality legal services to older adults in Dallas County, with priority given to individuals who are socially or economically vulnerable. Services focus on issues that directly affect health, safety, independence, and financial security for older adults aged 60 and older. The program operates in accordance with the Older Americans Act and state requirements for targeted legal support.

Legal Awareness (Legal Outreach): The Dallas Area Agency on Aging will continue to build awareness through outreach of the Benefits Counseling Program. The Benefits Counseling team will provide one-on-one counseling in person, by phone, email or virtually. Community presentations will be conducted throughout Dallas County. Topics

will focus on non-insurance related issues to include but not limited to: VA services, SNAP benefits, Social Security issues and other public benefits.

Core Program Area 6: Ombudsman Services

Ombudsman Services: Ombudsman Program. Federally mandated by the Older Americans Act, Title VII, Chapter 2, the Long-Term Care Ombudsman Program is charged with improving the quality of life and care for the frail and vulnerable elderly residing in long-term care facilities and protecting their health, safety, welfare, and rights. Texas Administrative Code, Title 26, Part 1, Ch. 88, Subchapter D, Rule 88.302 directs that the Ombudsman Program provide services that identify, investigate and resolve complaints that are made by, or on behalf of, residents of nursing facilities and assisted living facilities, and which relate to action, inaction, or decisions that may adversely affect the health, safety, welfare or rights of the residents. Long-term care ombudsmen serve all residents living in nursing facilities and assisted living facilities.

The Dallas County Long-Term Care Ombudsman Program serves the residents who reside in Dallas County nursing facilities and assisted living facilities. Services are provided primarily in-person, through unannounced visits to each of the facilities, where ombudsmen go room-to-room talking with the residents about their care and work to resolve complaints on their behalf. In addition, ombudsmen provide information and assistance to residents, families and facility staff on topics related to long-term care via phone and email, as well as in-person.

Ombudsman services are typically provided by staff ombudsmen during normal business hours, though they may make visits in the evenings and on weekends, if needed. Certified volunteer ombudsmen typically visit during the weekdays or on weekends. In accordance with the minimum visitation requirements set by the Office of the State Long-Term Care Ombudsman, paid and volunteer certified ombudsmen will meet this requirement by making a minimum of 4 visits to small nursing facilities (1-49 beds), a minimum of 6 visits to medium nursing facilities (50-99 beds) and at least 8 visits to large nursing facilities (100+ beds). Each assisted living facility will be visited at least 4 times per year. For both nursing and assisted living facilities, the visits must occur in different months and in all quarters of the year.

The typical profile of a nursing home resident in Texas is a Caucasian, widowed female in her 80's, who has dementia, is non-ambulatory and reliant on the facility staff to assist her with bathing, dressing, eating, and going to the bathroom. She is dependent on Medicaid to pay for her care. This same resident has no close relatives and may receive no visitors at all; thus, in the event she is unable to speak for herself, she may have no one to advocate for her care and rights in the facility. The Long-Term Care Ombudsman Program is the only program with the authority to advocate on behalf of residents in these facilities.

Senior Citizens of Greater Dallas, Inc., dba The Senior Source has a sub-recipient agreement with the Dallas Area Agency on Aging to administer the Long-Term Care

Ombudsman Program. Since 1981, the State Long-Term Care Ombudsman has designated The Senior Source as the local ombudsman entity for Dallas County. This designation means that The Senior Source is the sole agency with authority to provide long-term care ombudsman services in Dallas County's nursing facilities and assisted living facilities.

Describe GEN in the AAA's PSA and strategies/practices to ensure older adults and family caregivers in GEN are prioritized. Be sure to include the operational definition of GEN.

DAAA defines older adults in the greatest economic need as people who are age 60 and older and their income is at or below 100–150% of the Federal Poverty Level or otherwise determined to have limited financial resources based on local cost of living indicators. Also, those experiencing housing instability, food insecurity, high medical expenses, or reliance on fixed incomes that are insufficient to meet essential needs.

DAAA follows the Older American Act by prioritizing this population if an interest list is needed. The DAAA case managers conduct a thorough assessment of care coordination and caregiver cases to see if they are receiving all the services to which they may be entitled. The Care Manager, along with the Benefits Counseling team, provides assistance with applying for benefits.

DAAA participates in public information events (health fairs, public presentations) and outreach directly in zip codes that were identified as having an older adult population who reside in poverty.

These overlapping conditions increase the risk of poor health outcomes, social isolation, and premature institutionalization.

Describe GSN in the AAA's PSA and strategies/practices to ensure older adults and family caregivers in GSN are prioritized. Be sure to include the operational definition of GSN.

DAAA defines GSN as conditions that increase the likelihood that older adults and family caregivers will experience economic insecurity, social isolation, poor health outcomes, or loss of independence.

DAAA works to provide information regarding the services that are provided through direct services or through sub-recipients. DAAA has over thirty-two congregate meals sites located throughout Dallas County and transportation demand is offered to older adults who may not have to go away to the sites. Each site provides an opportunity for socialization and a nutrition hot meal.

DAAA provides assistance to older adults who need transportation to medical appointments, rides to medical treatment (i.e. dialysis, chemo) and/or a ride to the pharmacy to pick up medications.

For those older adults and or caregivers whose primary language is other than English, DAAA has staff that speak, Spanish and Vietnamese. DAAA a contract with an agency that provide services to older adults who are hearing impaired or deaf.

DAAA provides assistance to caregivers who are caring for someone with Dementia regardless of age.

All DAAA care managers are cross trained and are certified Benefits Counselors. Benefits Counselors provides following benefits screening and enrollment assistance to clients and caregivers: SNAP, Medicaid, Medicare Savings Programs, among other services.

These overlapping conditions increase the risk of poor health outcomes, social isolation, and premature institutionalization.

Describe collaborative efforts with Home-and Community-Based Services (HCBS) within AAA's PSA.

The DAAA maintains strong, ongoing collaborative relationships with Home and Community Based Services (HCBS) providers throughout the Planning and Service Area (PSA) to ensure coordinated, person-centered support that promote independence, dignity, and community living for older adults and individuals with disabilities. DAAA has established partnerships with community agencies, churches, hospitals, CMS and State agencies to support the older adults in Dallas County. The DAAA works closely with these local providers including personal care agencies, adult day centers, home delivered meal programs, transportation providers, and case management entities to facilitate timely referrals and coordinated service delivery. These partnerships ensure consumers experience seamless access to services across programs such as Older Americans Act (OAA) services, Medicaid waivers, caregiver supports, and community-based programs.

Describe practices/strategies to serve older adults with physical and mental health conditions.

The DAAA uses a person-centered approach through the care coordination and/or caregiver intake process. An extensive assessment is being conducted to identify additional service needs beyond the scope of our Agency. DAAA has two sub-recipients that provide services to target populations:

Deaf Action Center provides a specialized Information Referral and Assistance to people who have limited hearing or are deaf. IRA service can assist with locating community resources to older adults who would otherwise be limited to where to locate assistance. DAAA provides presentation as the Deaf Action Center onsite congregate meal program. Deaf Action offers a service that allows older adults the opportunity of socialization and decreasing social isolation.

Another sub recipient is Envision who provides much needed assistance to people who have lost their sight. They provide in-house modification items, training and guidance to remain independent.

DAAA partners with community agencies that provide resources for mental health services. These services can be for older adults or for caregivers.

DAAA, through the EBI program, provides the PEARLS program. The PEARLS program is offered to older adults by teaching them the skills to manage or address depression by using problem-solving treatment and doing something pleasurable, social, and physical activity to manage.

Needs Assessment Activities

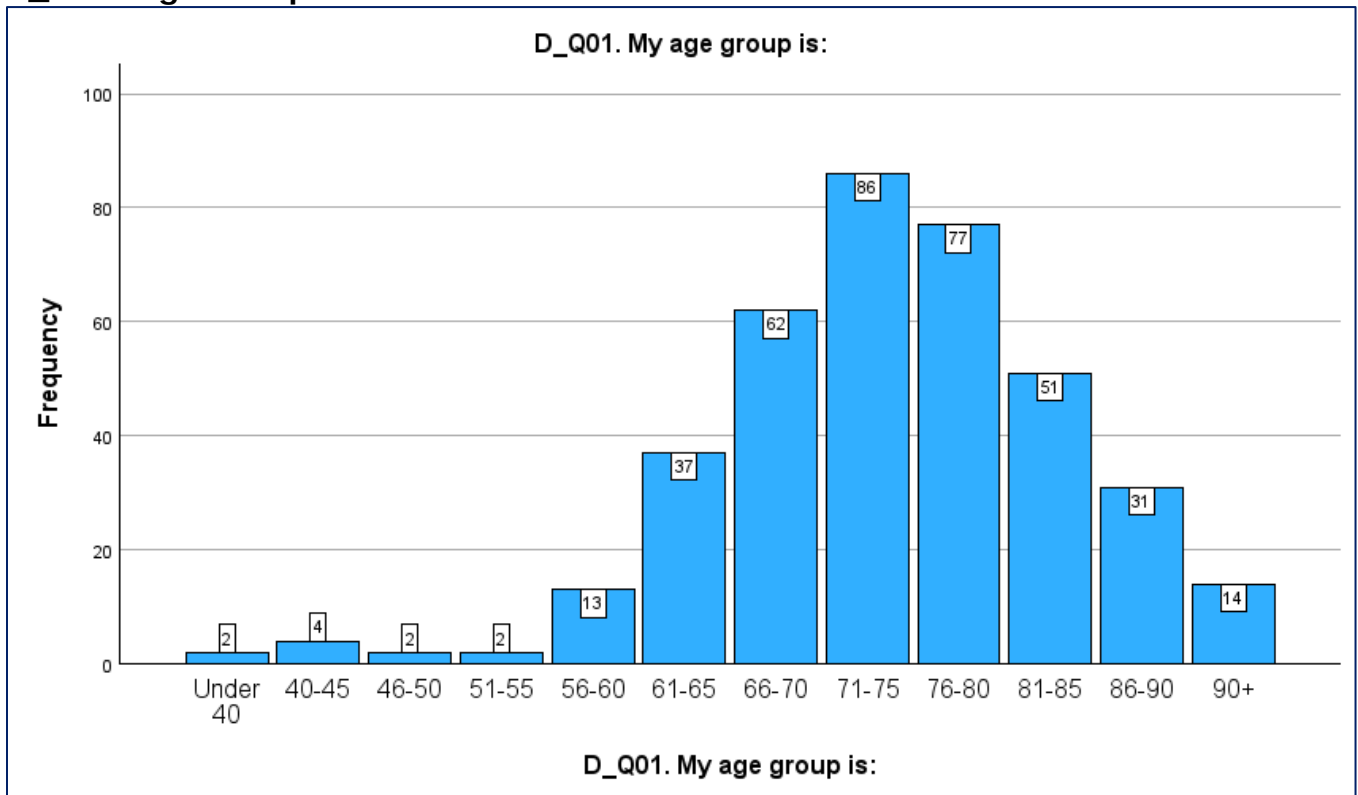
Reference: [45 CFR 1321.65\(b\)\(3\)](#) & [45 CFR 1321.65\(c\)](#)

What is a needs assessment and why is it needed? A needs assessment is a way of asking our community members what they see as the most important needs. The results will guide the Dallas Area Agency on Aging (DAAA) on how to allocate funding for the next three years. This gives the DAAA the opportunity to listen to the community for what they feel are the most important growing needs of the community.

The Dallas Area Agency on Aging Community Needs assessment was developed and reviewed by the members of the Advisory Council. The survey was made available online and paper copies were also distributed. DAAA sent out 1,136 surveys and received back a sample size of 381 provides a moderate representation of the Dallas County community and some clear patterns were noted to have emerged. Appendix A illustrates the survey items that were provided in English and Spanish to attended of Dallas County community events between January and March 2026.

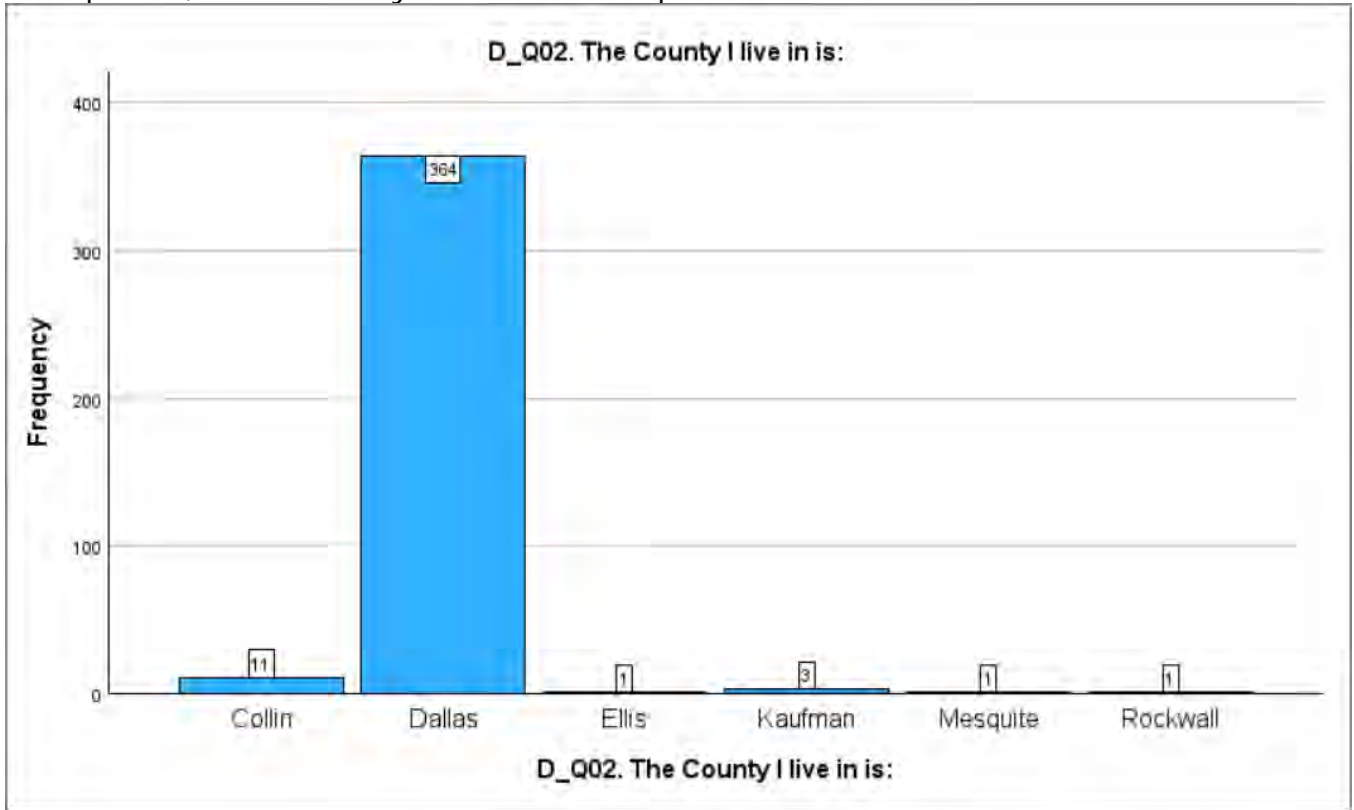
Participant Demographics

D_Q01. Age Group



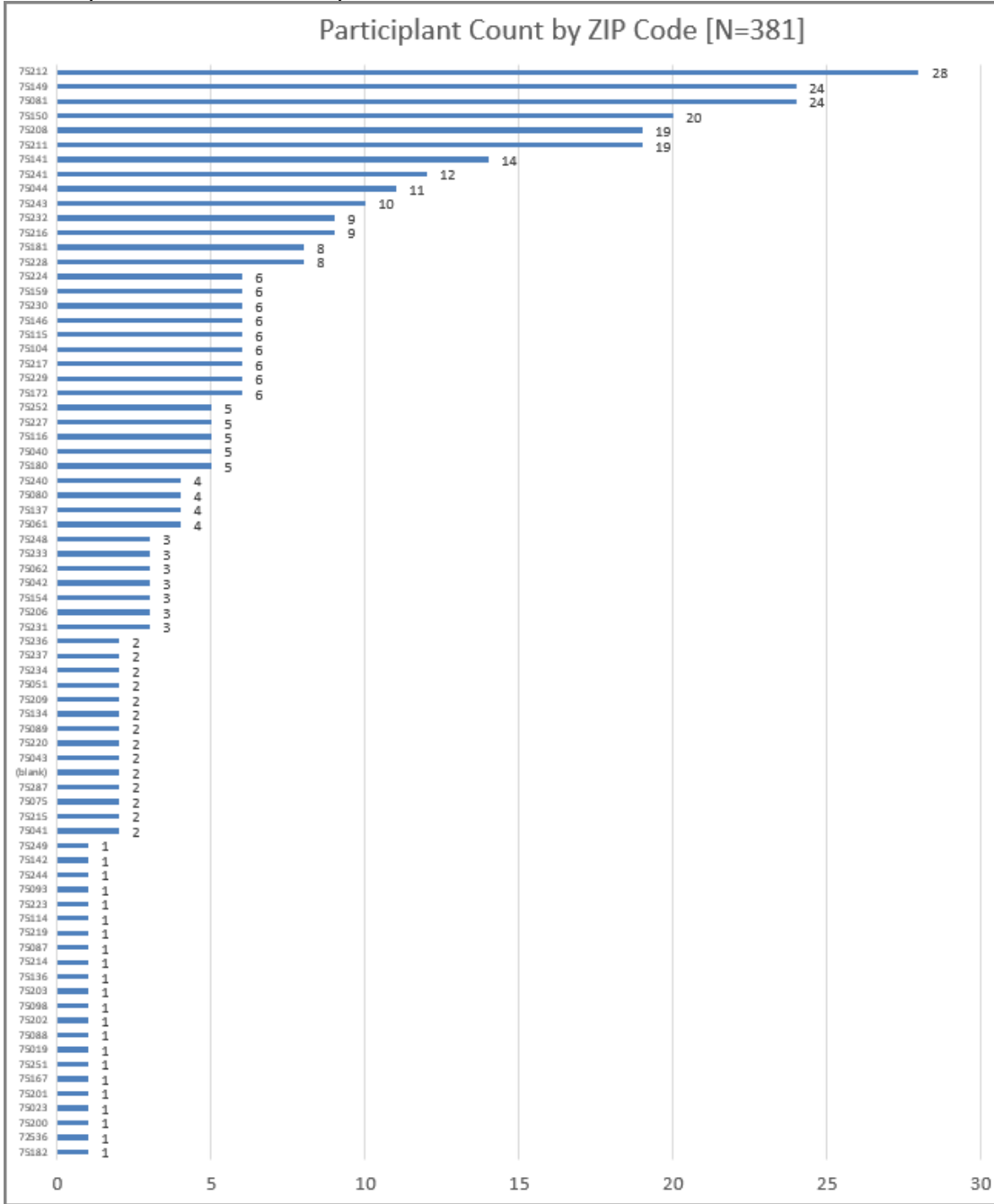
D_Q02. County Location

As expected, Dallas County was the most representative.

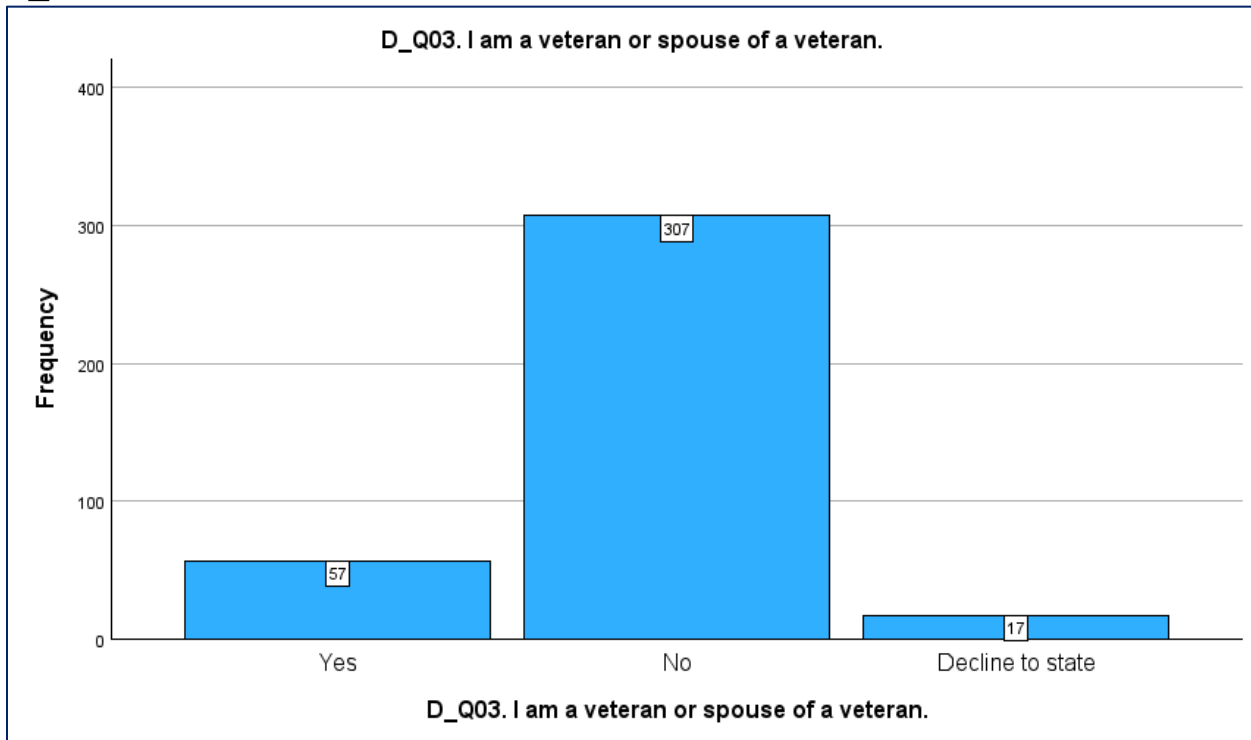


D_Q02a. ZIP Code Location

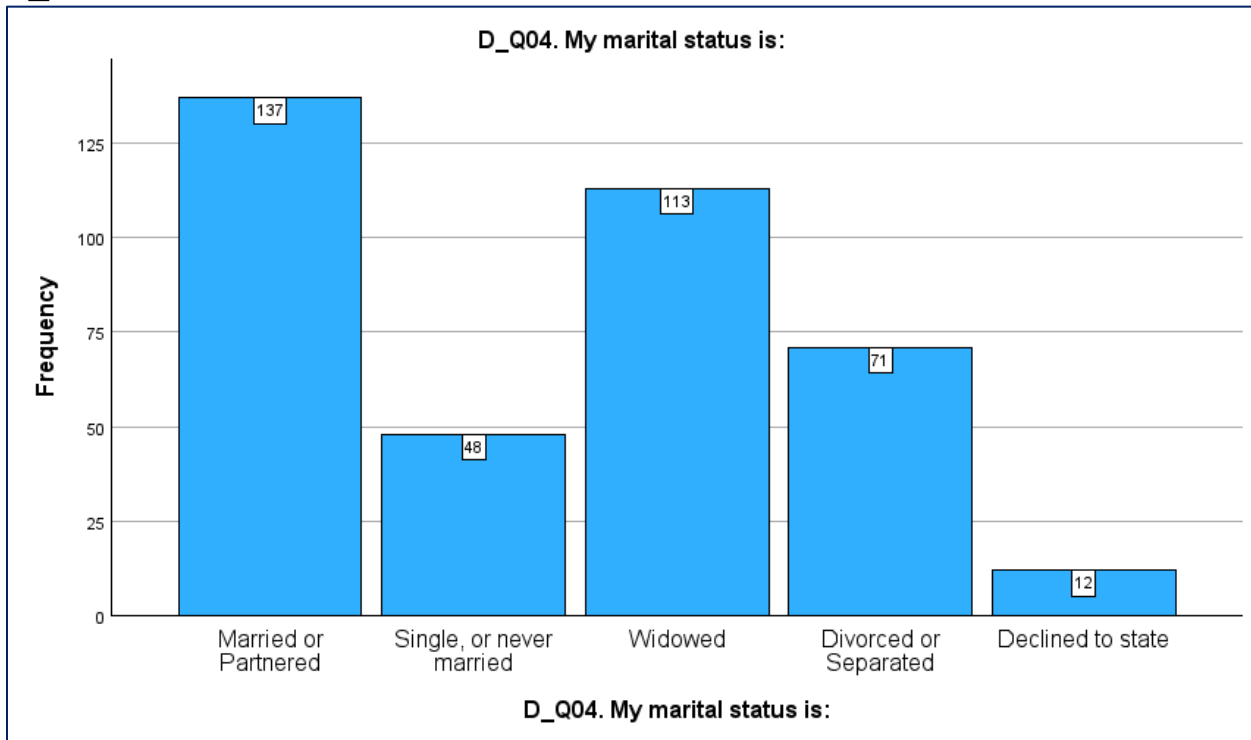
The top five ZIP codes represented were: 75212, 75149, 75081, 75150, and 75208.



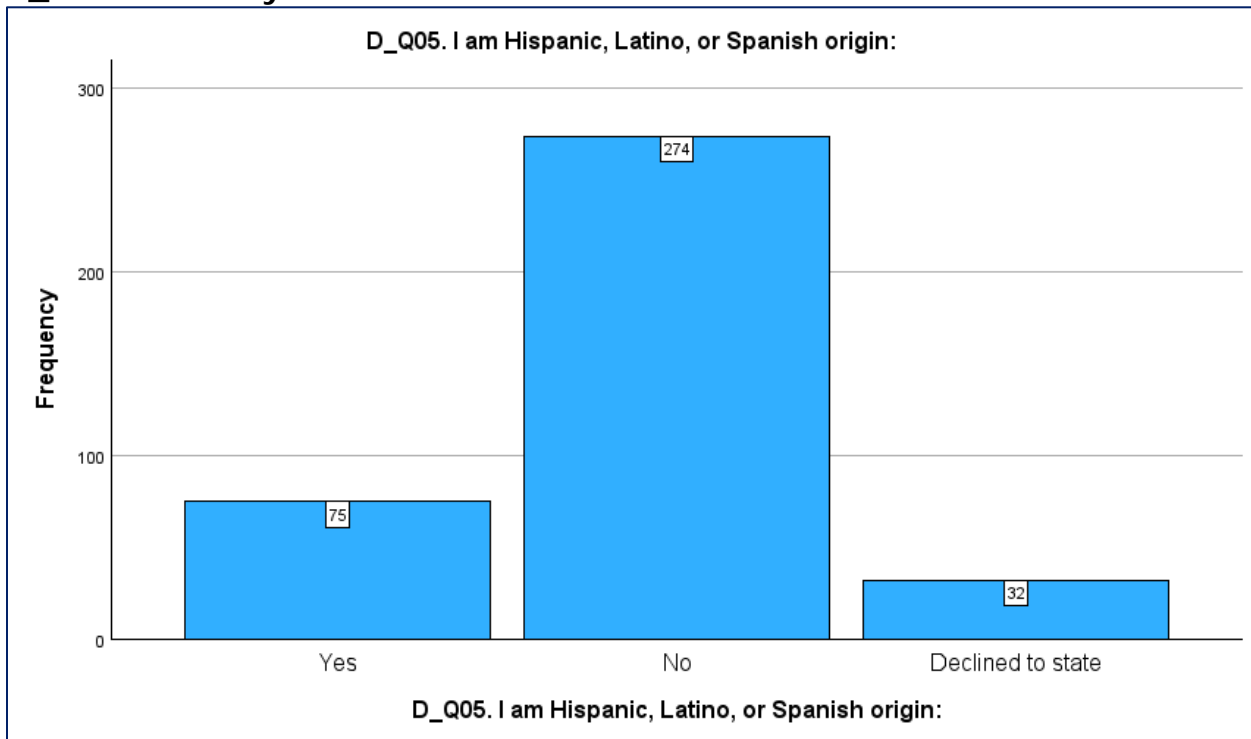
D_Q03. Veteran Status



D_Q04. Marital Status



D_Q05. Ethnicity Status



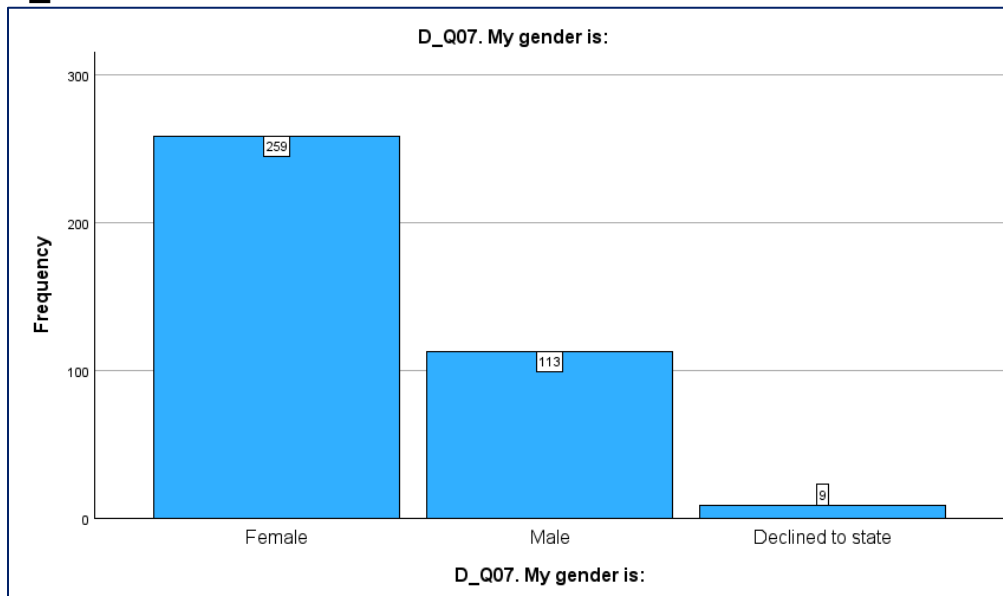
D_Q06. Race Distribution

The majority of the survey participants (81.3%) were either White/Caucasian or Black/African American.

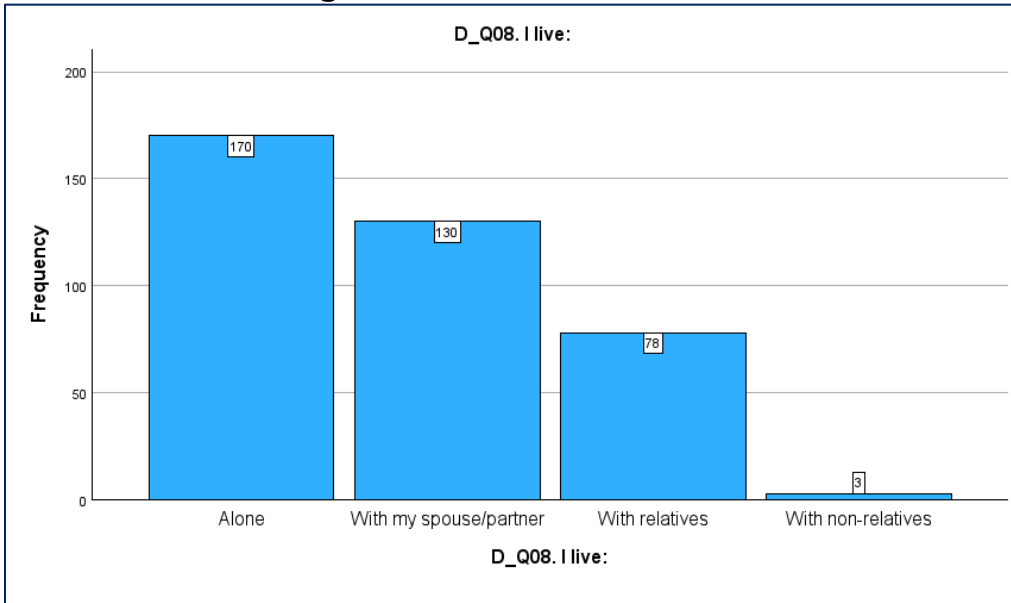
Race Frequencies		Responses		Percent of Cases
		N	Percent	
Race Status ^a	White/Caucasian	167	50.5%	51.7%
	Black/African American	102	30.8%	31.6%
	Native Hawaiian/Pacific Islander	2	0.6%	0.6%
	Native American/Alaskan Native	3	0.9%	0.9%
	Asian	57	17.2%	17.6%
Total		331	100.0%	102.5%

a. Dichotomy group tabulated at value 1.

D_Q07. Gender

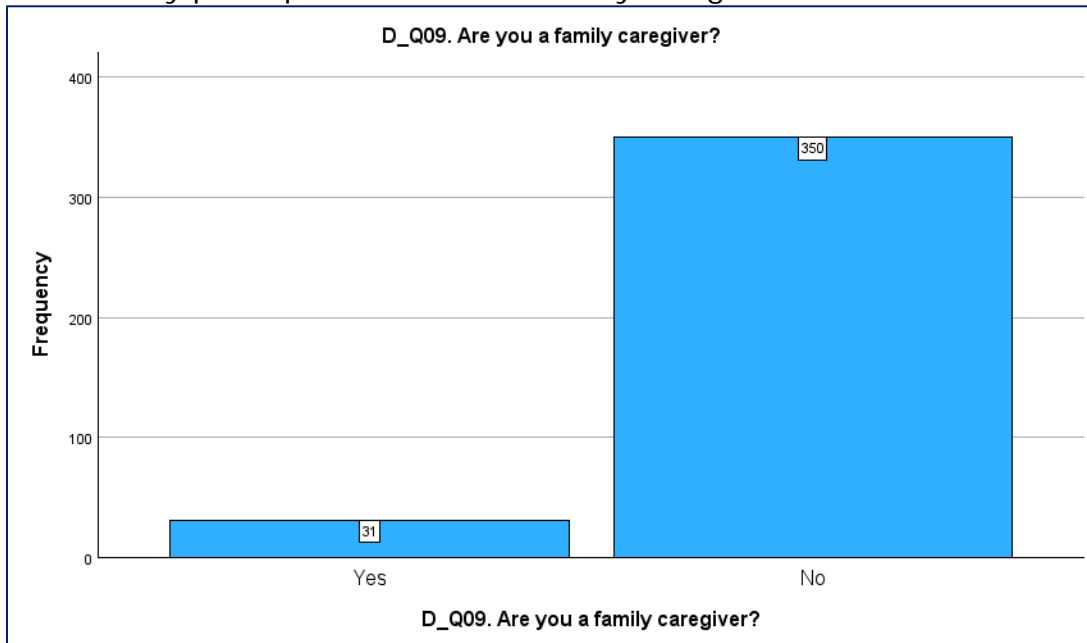


D_Q08. Home Living Status



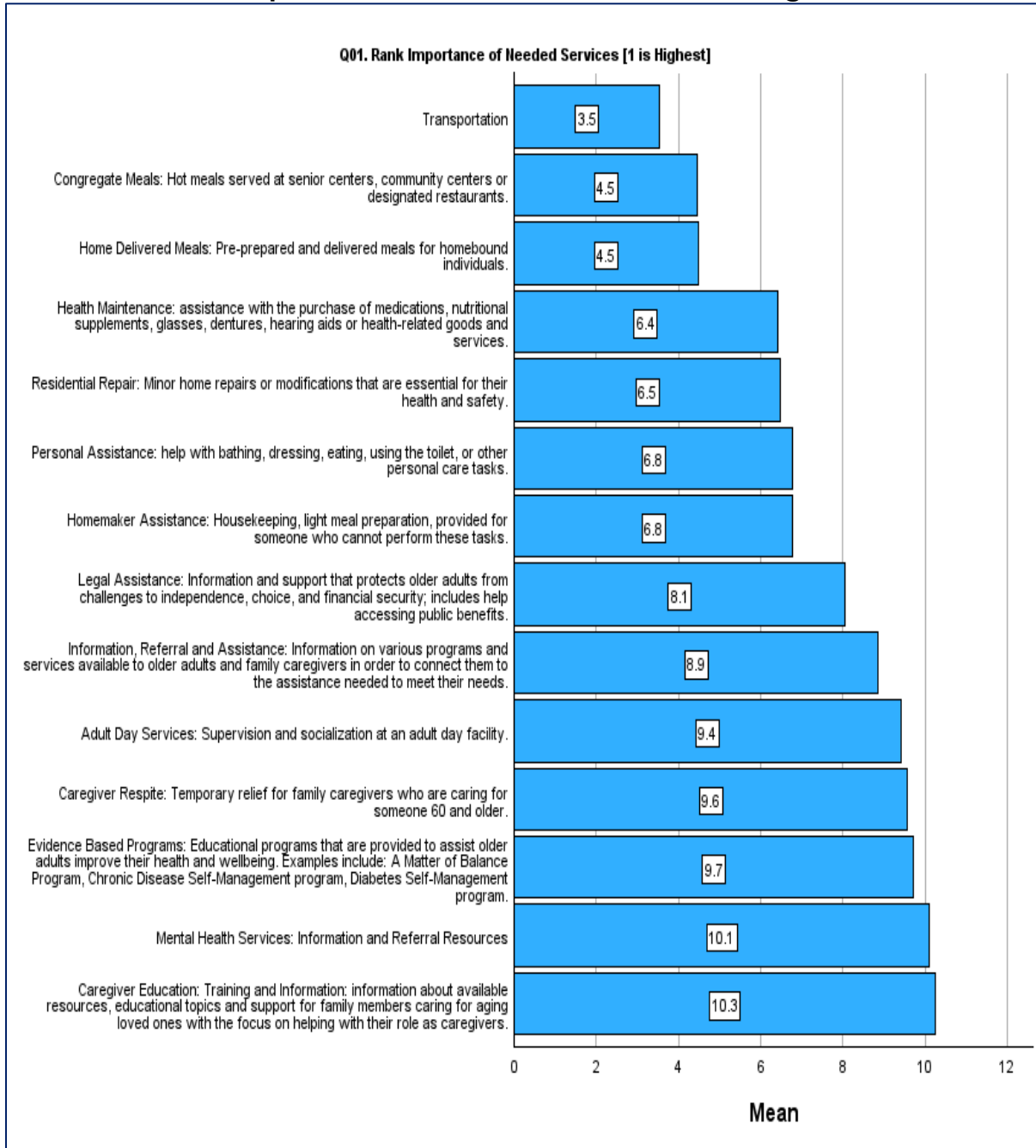
D_Q09. Caregiver Status

Most survey participants were not a family caregiver.

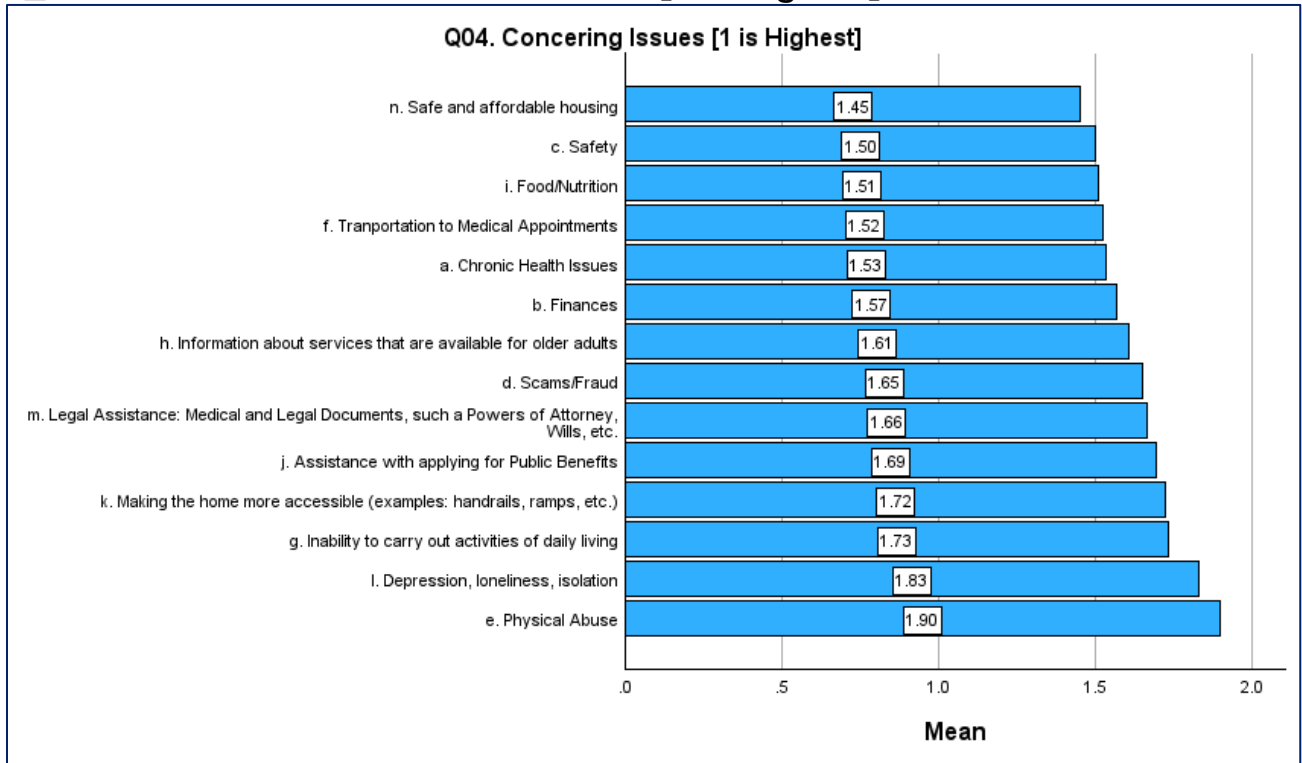


Needed Services Information

S_Q01. Ranked Importance of Needed Services [1 is Highest]



S_Q04. Concern Level for These Issues [1 is Highest]



S_Q05. Most Common Sources for Information about Services

Based on the survey results, the common source of receiving information was at the Recreation/Senior Center, second was through healthcare Provider, and Television and/or Radio are the top three sources of services information.

Q05. From Where Do You Get Services Information?

		Responses		
		N	Percent	Percent of Cases
Q05. From Where Do You Get Information? ^a	Television and/or Radio	140	13.4%	38.3%
	Health Care Provider	145	13.9%	39.6%
	Recreation/Senior Centers	276	26.4%	75.4%
	Newspaper/Newsletters	92	8.8%	25.1%
	Internet	128	12.3%	35.0%
	AARP	125	12.0%	34.2%
	Older Adult Programs and Services Website	91	8.7%	24.9%
	Do not receive information about senior services	16	1.5%	4.4%
	Don't know/Not Sure	8	0.8%	2.2%
	Other	23	2.2%	6.3%
Total		1044	100.0%	285.2%

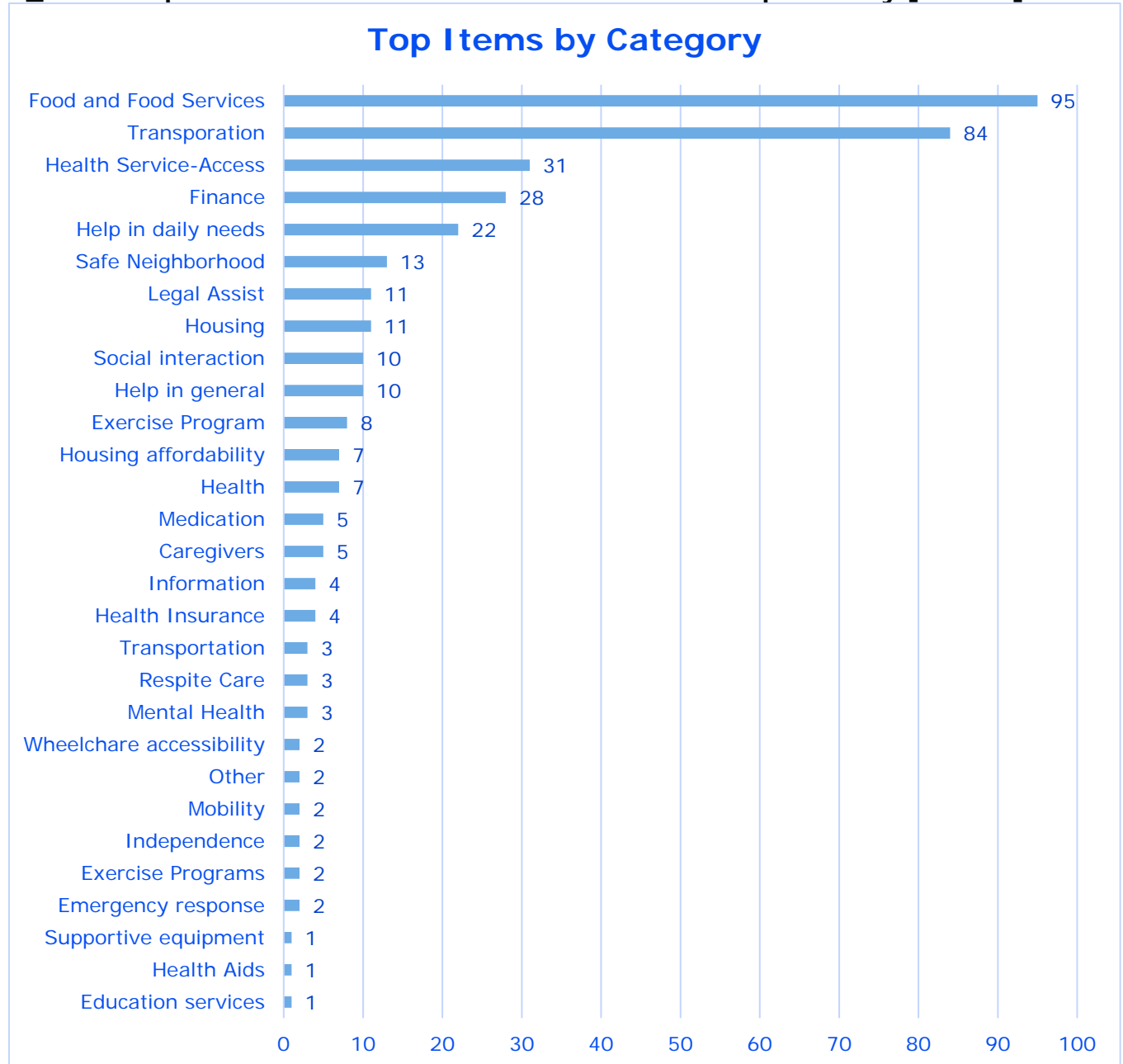
^a. Dichotomy group tabulated at value 1.

S_Q05a. Other Sources of Service Information

There were 23 other sources of service information as follows:

- The Oaks = 9
- Contact Person: Vasquez = 4
- Church = 3
- Public Library = 2
- Friend = 1
- Family Members = 1
- Contact Person: Johnson = 1
- Personal research = 1
- Not Applicable = 1

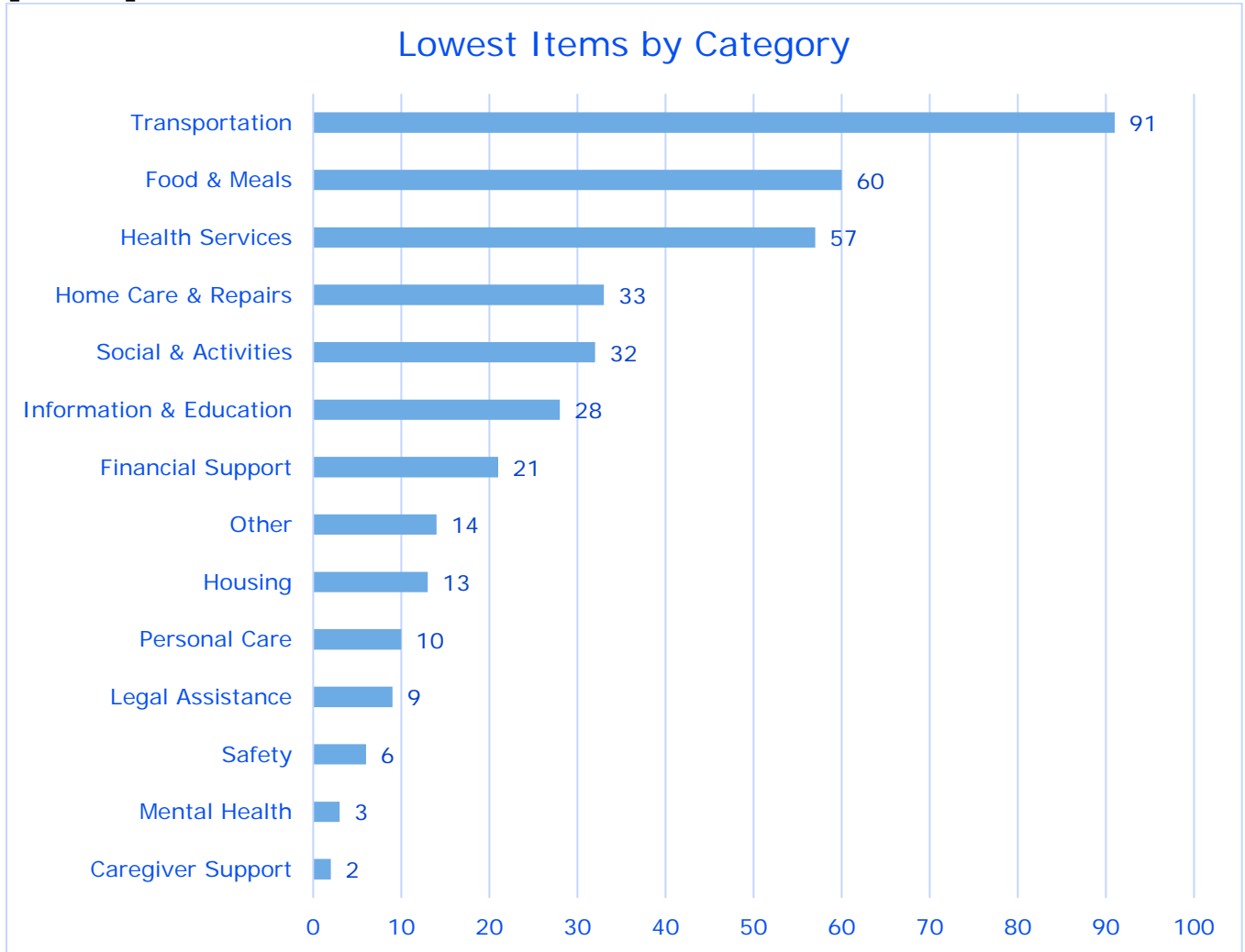
S_Q02a. Top Needed Item for Older Adults to Live Independently [N=379]



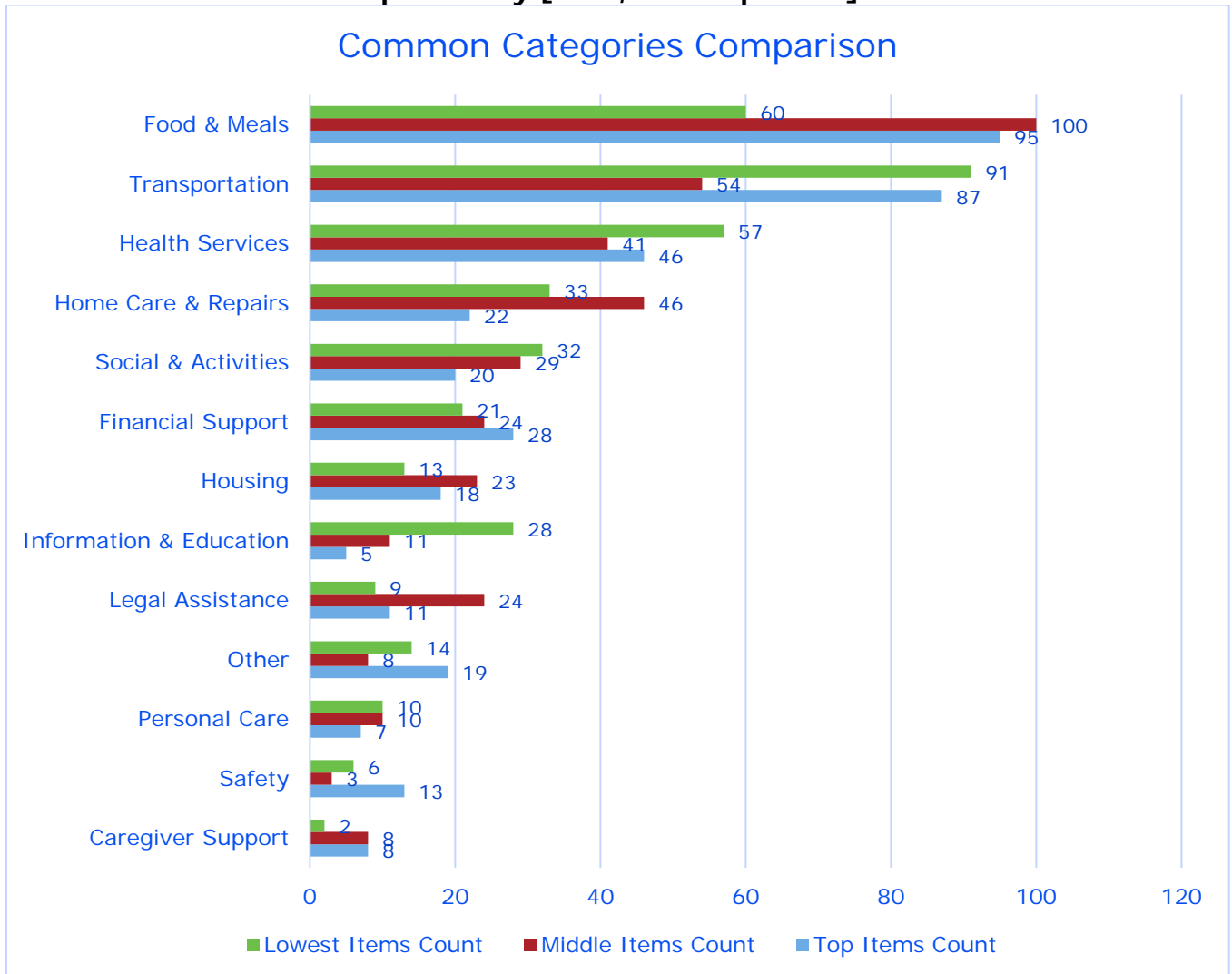
**S_Q02b. Middle Needed Item for Older Adults to Live Independently
[N=381]**



**S_Q02c. Lowest Needed Item for Older Adults to Live Independently
[N=379]**



S_Q02a, b, c. Comparison of Top, Middle and Lowest Items Needed for Older Adults to Live Independently [N=1,136 responses]



Summary Comparison: Older Adult Needs for Independent Living

Based on the comprehensive analysis of 1,136 survey responses from the 381 participants, patterns emerged. The Top, Middle and Lowest needs were categorized and then compared.

The data reveals a clear hierarchy of needs that older adults require to maintain their independence in the community. Food & Meals emerge as the most critical need overall, with 255 combined mentions across all three priority levels (95 top, 100 middle, 60 lowest), representing approximately 22% of all responses. This underscores the fundamental importance of nutrition programs, including home-delivered meals, congregate meals at senior centers, and food assistance—as the cornerstone of independent living for seniors.

Transportation ranks as the second most pressing concern with 232 total mentions and notably shows consistently high demand across all priority levels (87 top, 54 middle, 91 lowest). This persistent needs highlights how mobility and access to medical appointments, grocery stores, and community services remains a critical barrier for older adults who can no longer drive.

Health Services represents the third major category (144 total mentions), encompassing health maintenance, healthcare access, affordable insurance, and medication assistance. Together with Home Care & Repairs (101 mentions) and Social & Activities (81 mentions), these categories form the essential support infrastructure that enables aging in place.

In conclusion, to support older adults living independently, the Area Agency on Aging could prioritize: (1) robust food and meal programs, (2) reliable and affordable transportation services, and (3) accessible health services—while maintaining a comprehensive network of home care, social engagement, legal assistance, and caregiver respite programs to address the full spectrum of senior needs.

Goals, Objectives, Strategies, and Outcomes

Reference: [45 CFR 1321.65\(e\)](#)

DAAA staff along with the DAAA Advisory Council will review the Consumer Needs assessment results. Goals, strategies and outcomes will be developed based on the top three priorities identified by older adults in Dallas County.

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

Objective 1: Enable older adults in Dallas County to safely age in place by increasing access to coordinated core services. Reducing unmet care needs can lower the rate of institutional placement.

Strategies: DAAA will look to expand residential repair to prevent falls by installation of grab bars, handrails, floor repairs and other home improvements to maintain the older adults safe in their own home.

Another strategy is that DAAA will continue enhancing their partnership with organizations that are providing home safety repairs in Dallas County.

Outcomes:

Short Term: More homes equipped with safety modifications will prevent fewer risks that could lead to hospitalization or institutional placement.

Intermediate: Older adults will experience greater stability and independence at home, demonstrated by fewer unmet care needs, improved functional ability, and reduced reliance on crisis services such as emergency room visits or short-term facility stays.

Long Term: Older adults can become independent with improvement to their health which will lower rates of long-term placement.

Objective 1.2: Support older adults who are experiencing food insecurities with community resources.

Strategies: To continue providing education to older adults in need of locating resources based on their needs. DAAA Care managers will dedicate additional time during the assessment process to connect additional services identified in the Care Plan.

Outcomes:

Short Term: More older adults will be connected with resources needed based on individual needs.

Intermediate: Reduce the level of stress for those older adults that are in need of food resources.

Long Term: Improve long term food behavior by providing better meals based on medical and/or specialized nutrition needs.

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

Objective: DAAA will increase caregiver engagement by outreach to larger organizations and public institutions through yearly conferences and social gathering where one-on-one conversations can be conducted with caregivers and the care recipients.

Strategies: Organize and cohost yearly caregiver conferences that bring together caregivers, care recipients and service providers.

Participate in major community health fairs, senior expos and public sector events to increase visibility.

Offer off-site resource tables and short presentations to introduce caregivers to DAAA Services. Continue participation in monthly memory café Meetings.

Outcomes:

Short Term: Increased awareness of DAAA caregiver services by establishing new outreach relationships with larger organizations will build and strengthen new partnerships.

Intermediate: In two to three years these partnerships can become active and productive by connecting more caregivers to services.

Long Term: Within five years DAAA can build a sustainable network where large organizations and public institutions can ensure that caregivers will consistently access high-quality support and resources.

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

Objective: DAAA will expand communication internally, within the PSA and among state agencies.

Strategies: To expand targeted outreach and strengthen collaborative partnerships with hospitals, healthcare providers and faith-based groups.

DAAA will continue to work with other internal departments within the AAA, such as Benefit Counseling, Meals on Wheels, and GILD Grant (Dementia & Alzheimer) to broaden awareness of services for this targeted group.

Outcomes:

Short Term: Within one year, increase the number of referrals for older adults with GSN, provide guidance for older adults to be screened for dementia and other dementia-related needs.

Intermediate: Individuals exhibiting early signs of cognitive impairment will be consistently identified and connected to appropriate services through coordinated referral pathways.

Long Term: Older adults in Dallas County experience improved health outcomes, greater health equity, and stronger support systems through sustained partnerships with nonprofit hospitals that prioritize community health, preventive care, and services for vulnerable seniors.

Goal 4: Strengthen Aging Services Network Infrastructure

Objective: Improve Network Capacity and Operational Effectiveness

Strategies:

Provide training and technical assistance for AAAs partners service providers, and partner organizations on:

- Financial management and sustainability
- Performance measurement and quality improvement
- Trauma-informed, culturally responsive service delivery

Modernize administrative systems (case management, intake, reporting).

- Support recruitment, retention, and professional development of the aging services workforce.
- Cross training within the staff

Outcomes

- Increased organizational efficiency and consistency across the network
- Improved service quality and client satisfaction
- Reduced staff turnover and improved workforce readiness
- Stronger fiscal and operational stability among providers

Long Range Planning

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

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Preparedness of Local Aging Services Networking:

The Dallas Area Agency on Aging is well positioned to meet the needs of older adults over the next five to ten years due to its established infrastructure, experienced workforce, and long-standing partnerships within the community. With a strong foundation of service delivery, demonstrated fiscal stewardship, and collaborative community partnerships, the Dallas Area Agency on Aging has diligently positioned to effectively plan for and respond to the evolving needs of older adults. However, despite having taken the necessary steps towards preparedness the current trend of decreasing funding on the system to deliver the services is looming as a legitimate challenge with the expected significant population growth of older adults.

The number of older adults, especially those aged 65 and older, is expected to grow for the next five to ten years, increasing demand for support services for example, home-delivered meals and nutrition support, in-home personal care and homemaker services, caregiver respite and support programs, dementia-capable and chronic disease management services among other services.

This growth will likely outpace current funding levels, creating longer waitlists and higher caseloads for frontline providers.

The Dallas Area Agency on Aging recognizes the importance of strengthening partnerships and collaboration with other organizations to support older adults. The DAAA will continue maintaining regular communication with service providers, community-based organizations, healthcare entities, and local governments entities. In addition, the DAAA will convene stakeholder meetings, advisory councils, and coalition workgroups. The DAAA strives to collaborate with these organizations to create and maintain a coordinated network of support services for older adults.

Key readiness strengths

Strong commitment to person-centered planning that respects individual preferences, dignity, and autonomy. Engagement of older adults and families in care and service decisions.

Established collaborations with healthcare providers, social services, housing organizations, faith-based and community groups and participation in integrated care networks and referral systems

Established an operational stability system by diversified funding streams (public, private pay, philanthropy and foundations grants)

Developed budgeting, forecasting, and cost-control processes to maximize the funding available.

Despite these strengths the next five to ten years will bring significant and measurable challenges that must be addressed to ensure continuity of service provision.

Key Risks Factors

This population growth will likely outpace current funding levels, creating longer waitlists and higher caseloads for frontline providers.

Workforce Shortages on aging services are already experiencing critical workforce gaps, particularly among:

Direct care workers (home health aides, personal attendants)

Case managers and social workers

Low wages, high turnover, and competition from other sectors threaten service continuity. Addressing workforce sustainability will be one of the most pressing needs over the next decade.

Increasing Complexity of Client Needs

Future service recipients are expected to present with:

Multiple chronic conditions

Higher rates of cognitive impairment

Greater behavioral health needs

Social isolation exacerbated by living alone and limited family support

These factors require more intensive, coordinated, and flexible service models, which may exceed current program design and reimbursement structures.

Housing, Transportation, and Accessibility Gaps

Limited availability of affordable, accessible housing and reliable transportation will increasingly affect older adults' ability to access services. Rural and low-income urban communities are particularly vulnerable. Aging services networks will need stronger integration with housing authorities, transit systems, and city planning efforts.

How programs, services, and policies can improve to support change and growth

Effective change and sustainable growth require intentional alignment between programs, services, policies, and resource allocations. The following analysis outlines how improvements and strategic resource adjustments can support growth and transformation.

For the next five to ten years, DAAA will continue focusing on enhancing its programs to support evolving needs. Programs must be regularly evaluated to ensure they remain relevant, effective, and aligned with stakeholder needs.

Key improvement strategies to improved program effectiveness builds trust, increase utilization, and strengthen outcomes.

Data-driven program redesign: Use performance data, outcome metrics, and participant (client feedback) feedback to identify gaps and opportunities.
Participant-centered approaches: Design programs around the actual needs, capacities, and lived experiences of users rather than institutional convenience.
Case coordination: Use integrated service models to address multiple needs holistically rather than in isolation.

Pilot and scale models' programs to test innovations on a small scale before expanding successful approaches system-wide to support case management.
Cross-program integration: Reduce duplication by aligning related programs under shared goals or coordinated service delivery models.

DAAA will continue improving the quality of services by encouraging the staff to participate in training in case management standardized protocols, and quality assurance mechanisms.

Provide recommendations to the State Unit on Aging (SUA) on areas to build capacity

To build capacity to better support the statewide aging services network DAAA will need to prioritize on the following areas: Expand access to safe, affordable, and age-friendly housing that supports aging in place. DAAA will continue to expand funding for home repair, accessibility modifications, and weatherization for low-income older adults. In addition to the above stated measures, DAAA will streamline eligibility and referral processes across state and local agencies. It is essential to continue strengthening partnerships among housing authorities, aging agencies, healthcare systems, and community organizations.

To ensure older adults have reliable, affordable transportation to maintain independence, access services, and remain socially connected, DAAA recommendation is to expand emergency medical and community transportation by increasing funding for rides to medical appointments, essential errands, and social activities. Enhance statewide coordination among transit providers, aging services, and healthcare systems. During the past two years, DAAA has been applying for additional funding to sustain this service.

Protecting older adults from abuse, neglect, and exploitation requires a coordinated, proactive, and compassionate approach. Strengthening prevention, detection, and response systems is essential to ensure the safety, dignity, and well-being of aging individuals in all settings at home, in the community, and in long-term care facilities.

Prevention must begin with awareness, education, and empowerment. This includes educating older adults, caregivers, professionals, and the public about the signs of abuse, risk factors, and available resources. Investing in caregiver support, respite services, and age-friendly community programs reduces stress and isolation key contributors to abuse. Policies should also address systemic risk factors such as

financial insecurity, social isolation, cognitive impairment, and inadequate oversight.

DAAA recommendations are to enhance Adult Protective Services (APS) capacity, increase staffing, training, and resources to manage growing caseloads. Improve data systems for tracking reports, outcomes, and trends statewide, improve cross-system collaboration and Strengthen partnerships among APS, law enforcement, healthcare providers, financial institutions, and legal services. DAAA is working very close with APS in some of the areas mentioned to support better our older adults in Dallas County.

DAAA is committed to increasing awareness, preparedness, and public safety for older adults and the communities that support them. By promoting education, fostering collaboration, and strengthening access to resources, we aim to empower older adults to live safely, confidently, and independently. Through proactive planning and community engagement, we work to reduce risks, enhance emergency readiness, and ensure that the needs of older adults are recognized, respected, and addressed in all aspects of public safety.

Regarding technology and assistance, DAAA is committed to helping older adults understand and use technological devices and services in a way that feels approachable and empowering. DAAA recommendation is to increase funding to be able to provide the older adults devices to help stay connected, informed, and independent in an increasingly digital world.

Activities and Efforts Specific to Organizational Sustainability Planning

The Dallas Area Agency on Aging has undertaken a structured and deliberate approach to sustainability planning to ensure its long-term viability, resilience, and capacity to fulfill its mission. Core activities focus on integrating sustainability into strategic decision-making, operations, financial planning, and stakeholder engagement.

DAAA key efforts include conducting regular assessments of organizational strengths, risks, and resource needs to inform long-range planning and prioritization. Leadership and management teams collaborate to align sustainability goals with the organization's mission, strategic objectives, and performance metrics. This includes scenario planning to anticipate future challenges, such as funding variability, workforce capacity, and evolving community.

DAAA will continue strengthening its efforts to diversify revenue strategies to enhance budgeting best practices, and the establishment of reserve funds to support operational stability. DAAA will continue regularly reviewing funding sources and explore new partnerships, grants, and earned revenue opportunities to reduce reliance on any single source. DAAA is working proactively in applying for additional funding to sustain the programs for the next years.

DAAA promotes efficiency and continuous improvement by reviewing policies, procedures, and workflows to reduce duplication, manage costs, and improve

effectiveness. DAAA takes pride in its organizational process when it comes to the procurement process. DAAA takes the time to strategically define needs clearly source competitively to negotiate strong contracts.

During the last six years DAAA has incorporated a core element that has been crucial to avoid interruption of services. DAAA developed a cross-training sustain process to increase capacity and avoid service disruption. This cross-training process will also increase flexibility, resilience, and continuity while reducing risk. When employees are cross-trained, someone can step in if a key staff member is absent due to illness, vacation, resignation, or emergency. This prevents delays, shutdowns, or backlog. DAAA will continue providing this opportunity for the staff to learn multiple skills which can make them feel more valued and confident.

In summary, DAAA is undoubtedly well positioned and will continue striving to fully prepare to meet the scale and complexity of service needs projected over the next five to ten years. Its success will depend on strategic planning, sustained funding growth, workforce stabilization, and deeper cross-sector collaboration. With timely investments and policy support, the network can continue to promote independence, dignity, and quality of life for older adults; without these efforts, service gaps and inequities are likely to widen.

Appendix A – Emergency Preparedness

Reference: [45 CFR 1321.103](#)

Emergencies or disasters may occur at any time and can result in significant human suffering, injury, illness, emotional distress, loss of life, and damage to public and private property. These events may also disrupt essential services, impact local economies, and hinder the operations of local and state governments. Some emergencies provide advance warning, allowing time for preparation and coordinated response, while others occur without notice, limiting the ability to prepare in advance. Due to the unpredictable nature of disasters and the demands placed on emergency response systems, the Dallas Area Agency on Aging (DAAA) adheres to the disaster preparedness and response framework established by the Community Council of Greater Dallas (CCGD).

CCGD serves as a key community leader in emergency preparedness and is an integral partner with Dallas County in the implementation of regional emergency response efforts. The organization has demonstrated leadership in large-scale disaster response, including its role in coordinating services for individuals displaced by major natural disasters. DAAA collaborates with local and state agencies, the American Red Cross, and other emergency response organizations to ensure readiness and continuity of services for older adults and caregivers during emergencies.

All DAAA subcontractors are required to maintain and implement emergency preparedness plans to ensure service continuity. Additionally, the 2-1-1 Texas Dallas Region helpline, operated by CCGD, plays a critical role in disaster response by providing information and referral services and maintaining a registry of older adults and individuals with disabilities who may require assistance, including transportation, during an emergency. This registry is maintained in coordination with the Texas Information and Referral Network (TIRN) when activated.

DAAA aligns its emergency preparedness efforts with federal guidance and best practices, including those established by the Federal Emergency Management Agency (FEMA). The agency will coordinate with FEMA and other appropriate entities as needed to support response, recovery, and mitigation efforts.

To ensure continuity of operations during emergencies, DAAA maintains a contingency approach that prioritizes the health, safety, and well-being of older adults. Essential services under the Older Americans Act (OAA) will continue to the greatest extent possible, utilizing alternative service delivery methods such as remote communication, coordination with service providers, and modified in-person interactions when necessary. Program operations may be adjusted based on the nature and severity of the emergency, with priority given to critical services such as care coordination, nutrition services, benefits counseling, and information and assistance.

DAAA will continue to monitor emergency conditions, maintain communication with partners and stakeholders, and implement appropriate protocols to ensure an effective and coordinated response to any disaster affecting the service area.

CCGD is a community leader in the area of emergency preparedness and a key partner with Dallas County in the emergency response plan. DAAA has worked closely with the local and State response agencies, the Red Cross and other institutions that are responders in the quest to be prepared for emergencies of any kind. Several of DAAA's subcontractors are also involved in these efforts and all subcontractors are required to have emergency preparedness plans in place. The 2-1-1 Texas Dallas Region helpline is also responsible for registering older adults and those with disabilities who need transportation in the event of an emergency when requested by the Texas Information and Referral Network (TIRN).

FEMA and CDC recommendations for emergency preparedness.

The Dallas Area agency on Aging will work with FEMA in all capacities when the need arises. DAAA has a plan in place if DAAA services need to be suspended or redirected due to a disaster or infection protocols are put in place.

The Dallas Area Agency on Aging providers each has a emergency preparedness plan in place. In the event of emergency, for example inclement weather, DAAA will reach out to the providers to provide information of their plans. DAAA has a plan in place on how to emergency services.

Appendix B – Public Comment Activities

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

The Dallas Area on Aging posted the 2027-2029 Area Plan on the on the Community Council Website. A link to the 2026-2028 Area plan was posted on Social Media sites.

- Community Council/DAAA website
- Dallas Morning News
- Post it on the senior section of the Dallas County website.

Appendix C – N/A

Additional information/attachments to be added at the discretion of the AAA. Note: this is an optional attachment for the AAA to add individualized details to their Area Plan. Additional attachments are optional at the discretion of the AAA.

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.

2027-2029 Projected Distribution of Direct Service Funds by County				
Supportive Services	Dallas	[County 2]	[County 3]	[County 4]
Assisted Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Coordination (Case Management)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chore Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day Activity & Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaker - Voucher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information, Referral & Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instruction and Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Assistance 60+	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Awareness (Legal Outreach)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participant Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Information Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Center Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Reassurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation - Voucher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Services				
Congregate Meals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivered Meals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Consultation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participant Assessment - Nutrition Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Promotion Services				
Evidenced Based Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Screening and Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Fitness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Caregiver				
Caregiver Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Information Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Support Coordination / CM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Support Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite In Home	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite Out of Home	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite Out of Home, Overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.