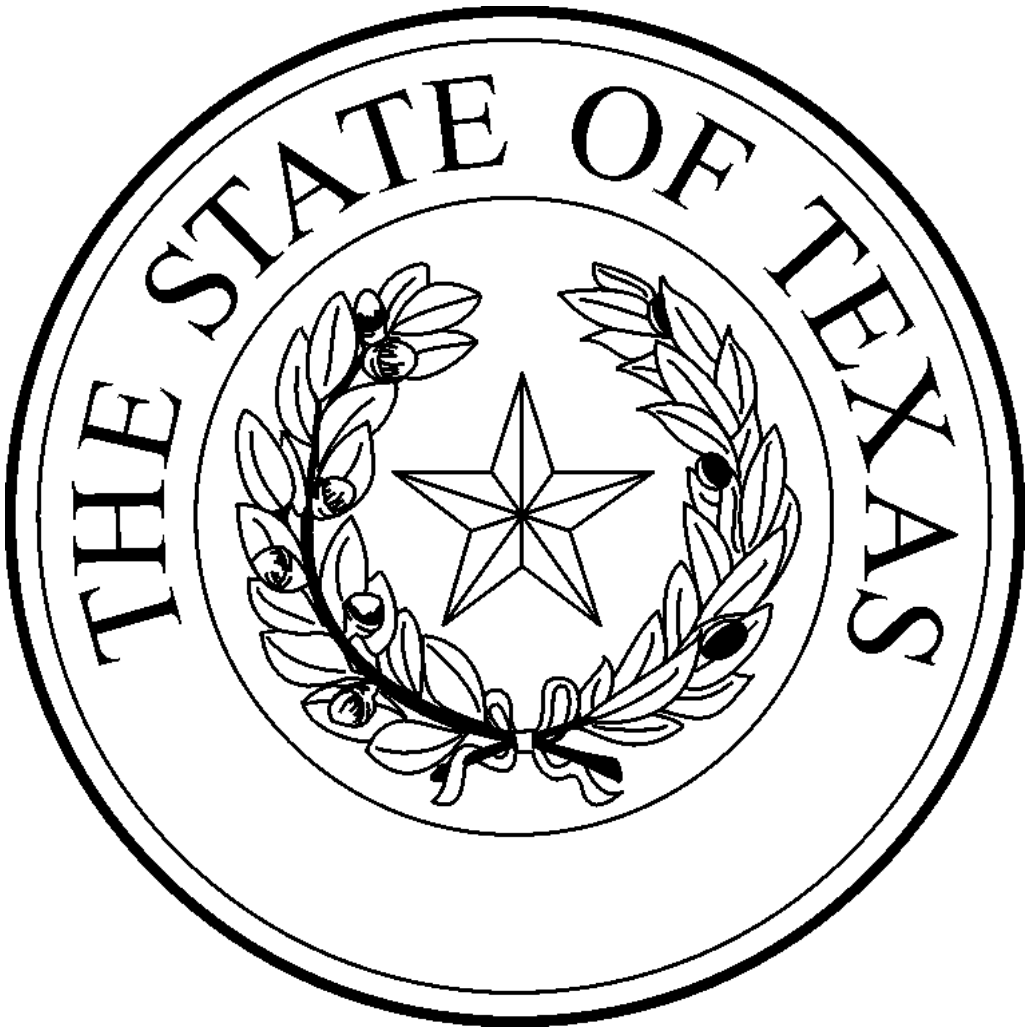
Legislative Committee on Aging

Interim Report
to the
84th Texas Legislature



January 2015

JOINT LEGISLATIVE COMMITTEE ON AGING
INTERIM REPORT 2014

A REPORT TO THE
84TH TEXAS LEGISLATURE

SENATOR JOAN HUFFMAN
CHAIR

COMMITTEE CLERK
ERIN HORNADAY

Legislative Committee on Aging

January 28, 2015

Senator Joan Huffman
Chair

P.O. Box 12068
Austin, Texas 78711-2068

The Honorable Dan Patrick
Lieutenant Governor of Texas
Members of the Texas Senate
Texas State Capitol
Austin, Texas 78701

Dear Lieutenant Governor Patrick and Fellow Members:

The Legislative Committee on Aging of the Eighty-third Legislature hereby submits its interim report including recommendations for consideration by the Eighty-fourth Legislature.

Respectfully submitted,

Senator Joan Huffman, Chair

Representative Susan King

Senator Eddie Lucio, Jr.

Representative Elliott Naishtat

Dr. Ben Dickerson, Public Member

Betty Streckfuss, Public Member

CC: The Honorable Greg Abbott, Governor
The Honorable Dan Patrick, Lt. Governor
The Honorable Joe Straus, Speaker of the House
The Honorable Charles Schwertner, Chair, Senate Health and Human Services Committee
The Honorable Richard Raymond, Chair, House Human Services Committee

Members: [Senator Eddie Lucio Jr., Representative Elliot Naishtat, Representative Susan King, Betty Streckfuss, Dr. Ben Dickerson]

The Texas Silver-Haired Legislature

Betty Streckfuss RN, Speaker Pro Tem

January 22, 2015

Senator Joan Huffman, Chair, Joint Legislative Committee on Aging
To: The Committee

It has been an extraordinary experience working so closely with many members of the Texas Legislature as important work continues to identify and seek solutions to the concerns, issues and needs of the Senior and Disabled Citizens of Texas. The creation of this committee by the 81st Texas Legislature and signed by Governor Perry, June 19, 2009, was in response to Resolution 20 by the Texas Silver-Haired Legislature.

In 2009 when I received one of the two public member appointments to the committee from Governor Perry I hoped to become more informed but also valued as a Senior Advocate. As we met under the direction of Senator Eddie Lucio, my hopes soared to find that we had a committee room filled with members of many organizations and departments of state agencies who were also there to listen and learn. Indeed, from the first meeting forward the testimonies were filled with information and suggestions from public and private sectors on actions planned or in progress to bring better life styles to older Texans. The reports so ably prepared give a full history of those presentations.

My hope is that Governor Abbott, Lt. Governor Patrick and Speaker Straus will appoint members to continue the work of this committee. 2015 is the year of the next White House Conference on Aging and the information from the conference can be instrumental in guiding the committee in further agendas. As an appointee to the 2005 White House Conference on Aging I learned much about the attitudes and approaches to the Seniors in other states and hope to see a continued sharing of information. Geriatric health was a leading issue then, as it is now. As a health care professional I would like to be able to continue both as a committee member and also be an appointee to the 2015 WHCOA.

I am most appreciative to the legislative members of this committee and to their staff from whom I received direction and support. Each member is a credit to their constituents; to Senator Eddie Lucio, Senator Joan Huffman, Representative Elliott Naishtat and Representative Susan King and to my fellow public members, the late Homer Lear and Dr. Ben Dickerson I offer my lasting thanks.

I stand ready to continue service to Texas seniors.

Respectfully,

Betty L. Streckfuss, RN

Betty Streckfuss, RN

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INTRODUCTION

The Legislative Committee on Aging was established by H.B. 610, 81st Legislature, Regular session, and is tasked with studying issues relating to the aging population of Texas, including health care, income, transportation, housing, education, and employment needs. Additionally, the committee must make recommendations to address those issues.[1]

In 2005, the State Demographer of Texas estimated that the number of Texans 65 years or older would increase from 2.1 million to 6.3 million between 2000 and 2040. Given these numbers the 81st Legislature found it important to establish a legislative committee in statute to ensure the state is ready to meet the ever growing needs of this population.

Currently, Texas has the third-largest population of older adults (60%) in the United States and it is estimated to increase by 67% between 2015 and 2030. Additionally, the population of those between the ages of 70-79 is expected to increase by 104% while those over the age of 85 is expected to increase by 71% by the year 2030.[2] These numbers suggest that more Texans are living longer and have increasingly complex needs.

The Legislative Committee on Aging is comprised of two members of the Senate appointed by the Lieutenant Governor, two members of the House of Representatives appointed by the Speaker of the House, and two public members appointed by the Governor. The presiding officer, appointed by the Lieutenant Governor and Speaker of the House on an alternating basis, serves a two-year term, expiring February 1 of each odd-numbered year.

LEGISLATIVE COMMITTEE ON AGING

HEARINGS

The committee held two hearings in Austin, Texas on May 16, 2014 and October 2, 2014. Invited testimony was received from commissioners of the state agencies that have jurisdiction and oversight of programs serving the aging population, experts in the field, and advocacy and professional groups. These individuals provided testimony to the Committee which produces the findings and information within this interim report. Although the opportunity was provided, the Committee received no public testimony at either hearing.

Hearing #1: Agency, Provider and Consumer Updates
May 16, 2014, Room 2E.20 (Betty King Committee Room)

The Legislative Committee on Aging held the first public hearing of the 83rd Legislative Interim on May 16, 2014 in which they received testimony from state agencies and interested parties regarding the aging population in Texas.

The Committee heard invited testimony from the following:

- Jon Weizenbaum, Commissioner, Department of Aging and Disability Services (DADS)
- Chris Traylor, Chief Deputy Commissioner, Health and Human Services Commission (HHSC)
- Dr. Peggy Russell, Texas Medical Association (TMA)
- Amanda Fredriksen, American Association of Retired Persons (AARP)
- Ms. Chris Kyker, Texas Silver Haired Legislature (TSHL)

The Committee received no public testimony.

Audio/Video recordings, minutes, witness lists and presentations for the above referenced hearing may be found online.

Hearing #2: Alzheimer's and Related Disorders and Aging Initiatives at the Local Level
Thursday, October 2, 2014, Room 2E.20 (Betty King Committee Room)

A second hearing was held on October 2, 2014 to explore how the State is addressing the growing population of adults with Alzheimer's and related disorders. The Committee also discussed initiatives that local Area Agencies on Aging are implementing.

The Committee heard invited testimony from the following:

- Debbie Hanna, Chairwoman, Texas Council on Alzheimer's Disease and Related Disorders
- Commissioner Jon Weizenbaum, Department of Aging and Disability Services (DADS)
- Patty Ducayet, State Long-Term Care Ombudsman
- Dr. Ronald DeVere, Alzheimer's Association, Capital of Texas Chapter
- Maurice Pitts, Past President, Texas Association of Regional Councils
- Yvette Lugo, President, Texas Association of Area Agencies on Aging (T4A) & Director, Rio Grande Area Agency on Aging
- Deborah Moore, Director and Bureau Chief, Harris County Area Agency on Aging

The Committee received no public testimony.

Audio/Video recordings, minutes, witness lists and presentations for the above referenced hearing may be found online.

AGENCY, PROVIDER AND CONSUMER UPDATES
MAY 16, 2014

Statewide Initiatives and Resources Related to Aging

Several initiatives exist at Department of Aging and Disability (DADS) that have been implemented on a state-wide level which address the growing aging population in Texas. These services are in place to provide assistance to both aging adults and their caregivers.

Aging Texas Well (ATW)
The Aging Texas Well initiative was created by executive order in 2005 to prepare both state and local governments for the growing aging population in Texas[3]. The order created the eight member ATW Advisory Committee, that advises DADS and provides recommendations to state leaders regarding implementation of the ATW Initiative.[4] Key elements of the initiative include:

- *Biennial ATW Plan:* Created by DADS as part of the 2005 executive order, the plan helps to identify and discuss aging policy issues, guide state government readiness, and promote increased community preparedness for an aging Texas.[5]
- *Statewide ATW Indicators Survey*: Conducted every four years by DADS, approximately 3,000 adults over the age of 60 are asked about their daily life. Topics included in the survey range from participants' mental and physical health and access to healthcare, to volunteer activities, and caregiving duties.[6]
- *Age Well Live Well Communities*: Public, private, and nonprofit organizations collaborate together to educate and provide programs to the aging population within their communities.[7]
- *Texercise*: Provides a structured curriculum to interested organizations for exercise targeted to seniors.[8]

Caregiver and Respite Resources
Family caregivers are a critical component in aiding individuals with age-related disabilities to remain in their homes and communities. Texas ranks second in the nation of total amount of caregivers providing services to their loved ones at any given time.[9] There are 3.4 million caregivers in the state who provide over 3 billion hours of care which is valued at approximately $34 billion dollars per year.[10] It can be assumed that without this service, the cost to Texas' healthcare and long-term care systems would be colossal.

In order for these individuals to continue to provide in-home care for their loved ones, it is important that they have the opportunity to create a plan of care for themselves; something a caregiver often overlooks. Several respite and caregiver services are available to help assist family and friends who are providing direct care in the home. Respite services are available through all DADS Medicaid 1915(c) waivers and STAR+PLUS.[11]

Take Time Texas is the first statewide clearinghouse of information for caregivers and providers of respite services in Texas. The website was launched in May 2012 and includes an inventory of more than 1,000 respite care providers.[12] The inventory makes it easier for caregivers to find respite by allowing them to search for providers by name, county, type of respite provided, age

group served, or type of provider. The Texas Lifespan Respite Care Program was established by the 81st Legislature in order to support respite care for persons caring for individuals who do not qualify for other publicly funded respite programs. Funds for this program are distributed as competitive grants and provide resources to nearly 1,800 caregivers.[13]

DADS coordinates several types of additional outreach to individuals with quarterly mailings to approximately 700 caregivers with information regarding available respite services. DADS also partners with healthcare associations to give information to their members, and provides online and in-person education and networking opportunities for caregivers. [14]

Initiatives Funded by the Balancing Incentive Program

The federal Balancing Incentive Program (BIP) authorizes $3 billion for states through September 30, 2015 to increase access to community-based long term services and supports (community LTSS). In October 2012, the State began receiving BIP funds and was able to expand the Aging and Disability Resource Centers (ADRCs).[15] The goal of these centers is to provide statewide, streamlined access to information regarding long-term care programs, opportunities, and resources. Until recently, 14 ADRCs provided services to 71 counties in Texas.[16] In September 2014, with the BIP funds, the state expanded to 22 ADRCs, which now provide full coverage for the state.

Additionally, the Legislature appropriated a total of $88.8 million General Revenue and $216.4million All Funds in the 83rd Legislative Session to allow for a base pay increase for direct service workers in community-based programs. With this appropriation, workers saw an increase in their base pay to $7.50 per hour for Fiscal Year 2014 and $7.86 per hour for Fiscal Year 2015.[17]

Promoting Independence Initiative

Texas' Promoting Independence Initiative helps to provide individuals with disabilities the opportunity to live in the most appropriate care setting available. This statewide initiative began in 1999 when then Governor George W. Bush affirmed the value of community-based alternatives for persons with disabilities in Executive Order GWB-13.

As part of the initiative, DADS assists individuals in finding affordable housing through the Texas Department of Housing and Community Affairs.[18] The individual is then able to receive necessary supports and services to ease the transition from institutional to community living while continuing to receive necessary medical services.[19]

If an individual is a Medicaid recipient in a Texas nursing facility, he or she can request services in his or her own community under the "Money Follows the Person" Program.[20] To access Money Follows the Person, the individual must be a resident of a Medicaid nursing facility, be Medicaid eligible for community services and approved for waiver services. If these criteria are not met, the name of an individual can be placed on an interest list to receive community services.

More than 6,250 former nursing facility residents have been able to receive services in a community-based setting through funds made available by the Money Follows the Person Program.[21]

Small Home Nursing Facility Model Incentives

The 82nd Legislative Interim Committee on Aging report provided in depth information regarding small home nursing facility models. These small home models typically have 10-12 rooms situated around a common living area and have staff who help with cooking, housekeeping, laundry and resident enrichment.[22]

In an attempt to shift the concept of nursing facilities to become more homelike and person centered, DADS adopted new rules in April of 2014 to incentivize the construction of these small home nursing facilities.[23] Under normal circumstances, in order for DADS to grant Medicaid beds, the nursing facility builder must show there is an unmet need in the community. The new rules grant an exemption in which a builder who is constructing a small home facility does not need to prove an unmet need in the community, therefore allowing DADS to allocate Medicaid beds to these builders.

Previously there were four small-house model nursing facilities operated in Longview, Tyler, San Angelo and Sulphur Springs, Texas. After the adoption of these rules, there are now 35 small-house model applications in 15 counties across Texas which will provide housing arrangements for more than 2,700 Medicaid residents.

Data shows the instances for hospital stays of residents living in small-home models are much lower than traditional nursing facility models, therefore accruing cost savings to the Medicaid and Medicare programs.[24] With this in mind, SB 7 from the 83rd Legislative Session required HHSC to share acute care saving with nursing facilities in order to implement quality payment incentives.[25]

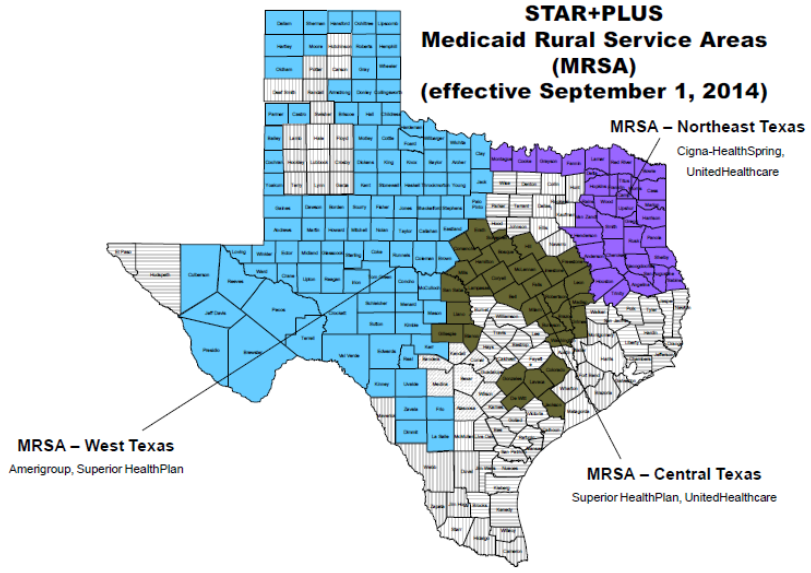
HHSC has worked with DADS to develop a set of quality indicators that will incentivize managed care organizations (MCOs) to ensure a high level of quality of care, leveraging existing DADS processes to the greatest extent possible. HHSC shared the draft measures with the STAR+PLUS Quality Council, MCOs, key nursing facility stakeholders, and the Quality-based Payment Advisory Committee in March 2014, and made changes based on feedback received.[26]

STAR+PLUS Expansion

Medicaid Rural Service Areas

Implemented in 1998, the STAR+PLUS program is a Medicaid managed care program which provides basic health services (acute care), pharmacy services, and long-term services and supports to individuals with disabilities and those over the age of 65 years.[27] These services are coordinated and provided through a credentialed provider network contracted with MCOs.[28] Individuals who receive both Medicaid and Medicare services (dual eligible) receive their basic health services through Medicare and their long-term services and supports through STAR+PLUS. STAR+PLUS initially operated in the Bexar, Dallas, El Paso, Harris, Hidalgo,

Jefferson, Lubbock, Nueces, Tarrant, and Travis services areas.[29] On September 1, 2014, STAR+PLUS expanded statewide to the Medicaid Rural Service Areas adding an estimated 80,000 members.[30]



Source: Texas Health and Human Services Commission

Nursing Facility Inclusion

Beginning on March 1, 2015, between 50,000-60,000 individuals across the state who live in nursing facilities and on Medicaid will receive their acute care and long-term services and supports (including nursing facility services) through STAR+PLUS.[31] [32] This transition is intended to not only improve the quality of care for individuals, but promote that care in the least restrictive, most appropriate setting.[33] All nursing facility residents enrolled in STAR+PLUS will have a managed care organization (MCO) service coordinator to support and coordinate care planning.

Dual Eligibility

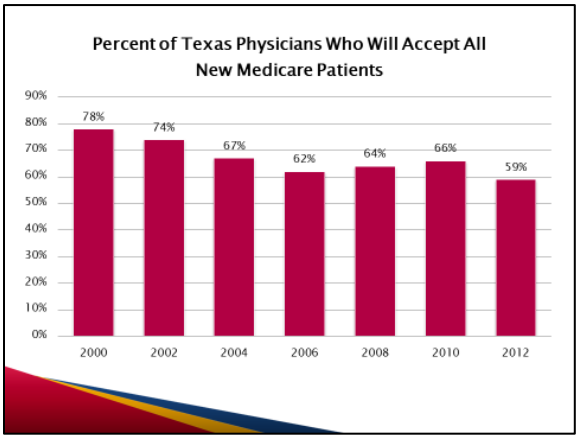
Individuals who are eligible for both Medicare benefits and Medicaid are known as dual eligible. In order to better coordinate the care for these individuals HHSC will implement the Dual Eligible Integrated Care Demonstration Project in six counties across the state.[34] Scheduled to begin March 1, 2015, the plan involves a three-party contract between Medicare-Medicaid plans (MMPs), the State and the federal Centers for Medicare and Medicaid Services (CMS). [35] The goal of this project is to not only integrate care for these individuals, but to improve the quality and individual experience in accessing care while promoting independence in the community.[36]

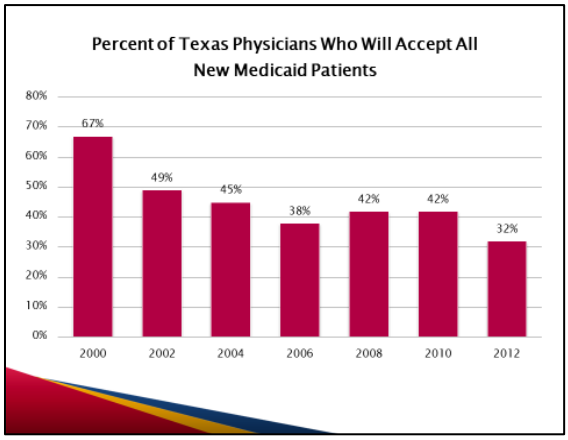
Some believe there could be potential for confusion for dual eligible individuals who are enrolled in Medicare Advantage plans; however, HHSC will exclude individuals enrolled in a Medicare Advantage plan not operated by the same parent organization that operates an MMP from passive enrollment. In Texas, the MMPs will include those plans that are contracted Medicaid

STAR+PLUS plans. Concern has been raised that dual eligible individuals might be confused by passive enrollment and may not appreciate that it could result in changing their doctor, prescriptions or pharmacy to get coverage for their Medicare benefits. To alleviate these concerns, individuals enrolled in the dual demonstration will receive continuity of care with current providers and services for up to 90 days for acute services and up to six months for long-term services and supports upon enrollment in the demonstration and can opt out at any time. HHSC and the enrollment broker developed a robust communication and outreach effort to ensure dual eligible individuals receive unbiased information regarding their choice to participate in the demonstration.[37]

Access to Care for Medicare Individuals

Approximately 3.5 million Texans are covered by Medicare, therefore it is crucial that physicians in the state are able to accommodate this population. But according to a 2012 study conducted by Texas Medical Association, the percentage of physicians who will accept new Medicare patients has decreased in the last 10 years.[38] Furthermore, fifty-six percent of Texas physicians participate in Medicaid, yet only thirty-two percent accept new Medicaid patients.[39]





Source: Texas Medical Association

The Medicare fee schedule for physicians is based on a formula called the sustainable growth rate. This formula has proven difficult to negotiate as federal legislation continually challenges the fee schedule. Because of this fluctuation, physicians have a difficult time committing to a business plan for their practice, therefore making it especially difficult to accept more Medicare and Medicaid patients.[40]

Geriatric Workforce, Medical Education, and Incentives

Texas is faced with a shortage of physicians in many areas and specialties, including medical fields focused on the geriatric population.[41] In order to produce more physicians with specific training in adult medicine or geriatrics, there is a need to maintain a more consistent funding stream to support graduate medical education (GME) programs and GME slots. Yet, it is difficult to entice graduating students to pursue careers in geriatric-specific fields due to fluctuating Medicaid pay schedules, especially when many of these students are graduating with approximately $160,000 in loans.[42]

Texas operates the Physician Education Loan Repayment Program (PELRP) which provides loan repayment funds to qualified physicians who agree to provide services in a Health Professional Shortage Area (HPSA). The 83rd Legislature appropriated enough funds for the 2014-2015 budget period which allowed the program to enroll new participants into the program for the first time since June of 2011.[43] Additionally, the 83rd Legislature passed legislation which allows physicians who are not practicing in HPSAs to receive PELRP funds if they specialize in certain fields, including geriatrics.[44]

ALZHEIMER'S AND RELATED DISORDERS AND LOCAL AGING INITIATIVES
OCTOBER 2, 2014

Alzheimer's Disease (AD) and Related Disorders in Texas

Alzheimer's Disease is an age-related, advancing and irreversible brain disease characterized by a steady decline in cognitive, behavioral, and physical abilities which are severe enough to interfere with daily life.[45] There are approximately 330,000 individuals in Texas who have been diagnosed with AD and that number is projected to grow to 490,000 by 2025. These numbers place Texas fourth in the nation for total number of individuals with the disease and second in the number of AD deaths.

As with other age-related disorders and disabilities, AD affects a large number of individuals who provide care to their loved ones with the disease. In Texas alone there are 1.3 million unpaid caregivers who provide 1.5 billion hours of care to the 330,000 individuals with AD. This translates to a cost of approximately $18.5 billion per year.[46] Fortunately, Texas has taken many steps to help combat this disease and provide the necessary support and care to both individuals diagnosed with AD and their caregivers.

Texas Council on Alzheimer's Disease and Related Disorders

Background

The Texas Council on Alzheimer's Disease and Related Disorders was established in 1987 by the 70th Legislature to serve as the State's advocate for individuals with Alzheimer's Disease (AD), their caregivers, and related professionals.[47] The council is staffed by the Alzheimer's Disease Program which is under the authority of the Department of State Health Services (DSHS), and is allocated one full time employee.[48] Members of the council are appointed by the Governor, Lieutenant Governor and Speaker of the House to act on the following:

- Make recommendations which benefit individuals with AD and related disorders and their caregivers.
- Communicate information to the medical and academic communities, caregivers, associations and the general public regarding services and related activities for individuals with AD and related disorders.
- Coordinate services provided by state agencies, associations, and other service providers
- Implement and manage statewide planning to reduce the burden of AD in Texas.
- Encourage statewide coordinated research.

Texas State Plan on Alzheimer's Disease

In order to address the growing public health concern brought by AD, the Council and DSHS worked to create the Texas State Plan on Alzheimer's Disease.[49] This plan addresses a range of issues including research, brain health and prevention, caregiver support, infrastructure needs, and disease management for those with the disease. This process involves bringing together public, private and non-profit entities such as state agencies, legislators, care providers, health professionals, researchers, and individuals with AD.

Texas Alzheimer's Research and Care Consortium (TARCC)
In 1999, the 76th Texas Legislature directed the Texas Council on Alzheimer's Disease and Related Disorders to establish and manage the Texas Alzheimer's Research and Care Consortium (the Consortium). The Consortium was originally comprised of four medical research institutions in Texas: Texas Tech Health Sciences Center in Lubbock, Baylor College of Medicine in Houston, University of Texas Southwestern Medical School in Dallas, and the University of North Texas Health Science Center in Fort Worth. Two additional institutions joined as members after the creation: The University of Texas Health Science Center in San Antonio in 2008, and Texas A&M University Health Science Center in 2013.[50]

TARCC's objective is to deliver an organized approach to the delivery of uniform clinical services and sharing of research data. The Consortium maintains a robust and rigorous patient cohort for longitudinal study which makes data available to Consortium centers, provides a resource to facilitate research projects, and delivers data on patient outcomes to appropriate state agencies and researchers. The following examples prove why TARCC has placed Texas into a place of importance in the world environment of AD research:

- Texas has assumed a national leadership role by expanding cutting-edge Alzheimer's research to Hispanic communities in Texas. Previously this population was a neglected area of AD research.
- Building strengths in biomarker and genetic research by expanding current studies into links between AD and inflammation, diabetes, body mass index, and depression.
- TARCC research is expanding research beyond "probable AD" to include individuals with early stages of the disease called Mild Cognitive Impairment (MCI). Increasing the understanding of dementia progression will aid in better diagnosing, treating and preventing Alzheimer's disease. [51]

In the current biennium, the Texas Legislature appropriated $9.23 million to the Texas Council on Alzheimer's Disease and Related Disorders for TARCC research.[52] This new level of funding will enable TARCC to significantly expand its efforts to enhance research in AD state-wide.

Statewide Measures Related to Alzheimer's Disease and Related Disorders

Alzheimer's Certification for Nursing and Assisted Living Facilities
The Department of Aging and Disability Services regulates nursing facilities (NFs) and assisted living facilities (ALFs), surveying each for compliance with state licensure rules as well as federal certification requirements for NFs. An Alzheimer's Certification is an additional state licensure program, although it is not required in order for these facilities to serve residents with Alzheimer's disease.

There are several regulations and rules that NFs and ALFs must comply with in order to receive Alzheimer's certification. Common requirements for certification to both NFs and ALFs include additional staff training, planned and structured activity programs, and a provision of adequate security and supervision. Additionally, requirements exist that are specific to both types of facilities.

Nursing facilities that wish to obtain an Alzheimer's Certification must comply with several regulations which include minimum staffing ratios, medical diagnosis of Alzheimer's or related disorder, and specially trained staff dedicated to the Alzheimer's unit. ALFs that hold an Alzheimer's certification have less regulation. No medical diagnosis is required for residents and there is no minimum staff ratio. Although staff must receive additional specialized training, they may also work in other areas of the facility.[53]

A locked unit is a facility, or portion of a facility, that has special locking devices installed on the doors in recognition of the clinical needs of the residents. Two types of locking devices exist in NFs and ALFs: delayed egress locking devices and special locking devices. As they relate to Alzheimer's certification, NFs and ALFs may retain delayed egress devices without obtaining the additional certification. NFs do not need to obtain Alzheimer's certification in order to have special locking devices, though they would need to meet enhanced requirements if they have a locked unit. ALFs, on the other hand, must obtain Alzheimer's certification in order to have special locking devices. Additionally, if the locked unit is separate from other parts of the facility, building requirements call for specific living areas, dining areas, access to outdoor spaces, and toilet and bathing areas.[54]

Quality Monitoring Program (QMP)

The Quality Monitoring Program (QMP), established by the 77th Legislature, is comprised of registered dietitians, nurses and pharmacists who provide technical assistance to nursing facility staff with the goal of improving overall care. They do this by developing best practices, visiting NFs in the field, partnering with other agencies and organizations, and conducting rapid response team interventions.[55]

In order to provide support to facilities caring for patients with Alzheimer's and related disorders, the QMP provides educational resources specific to this population. The Texas Reducing Antipsychotics in Nursing homes, or "The TRAIN" initiative, is a joint initiative with the TMF Quality Innovation Network which trains workers on the use of antipsychotic medication in the older adult population with dementia. Additionally the QMP provides an online Alzheimer's disease tool-kit in which facilities that provide their own education and training can access to provide information on best-practices in the field.[56]

Alzheimer's Disease Caregiver Support

Unpaid caregivers face significant challenges when caring for individuals with Alzheimer's disease and related disorders. Statistics show that these individuals experience higher rates of stress than other caregivers and spend 25% more time per week providing care.[57] In order to address the needs of these individuals, DADS operates or supports several Alzheimer's-specific initiatives.

The National Family Caregiver Support Program, through the Area Agencies on Aging, provides individual counseling, organization of support groups, and caregiver training, and respite care.[58] The Texas Lifespan Respite Care Program provides caregiver training resources, in addition to respite services through programs like Resources for Enhancing Alzheimer's Caregiver Health (REACH) and StressBusting.[59]

Long-Term Care Ombudsman

In Texas, the Office of the Long-term Care Ombudsman operates in the Texas Department of Aging and Disability Services and advocates on behalf of nursing home and assisted living facility residents regarding their quality of life. The office is distinct from DADS regulatory functions and represents the interests of residents, based on contact with them in facilities. This is an important function of the program as it allows the opportunity to advocate without compromising on behalf of residents. The ombudsman contracts with the 28 Area Agencies on Aging (AAAs) to provide services.[60]

The ombudsman's office is charged with protecting the health, safety, welfare and rights of residents in NFs and ALFs. The ombudsmen assist in identifying and investigating problems affecting residents and work with family, friends, facility staff, and outside agencies to resolve problems. Another key component is the ombudsman recognizes the rights of the resident, therefore they always reach out to resident first even if they are living in a locked unit due to Alzheimer's or a related disorder.[61]

Furthermore, an ombudsman often serves as an educator and facilitator to nursing and assisted living facilities and staff. This allows them to help the residents, direct care givers, and facility management. Often residents with Alzheimer's or related disorders who are not able to verbally communicate their unmet needs do so with their actions. This may include calling out for help, disrobing in public, saying no to care, or walking out of a facility. The ombudsman's office intervenes by advising facility staff on best ways to respond to resident actions.[62]

Local Resources and Initiatives

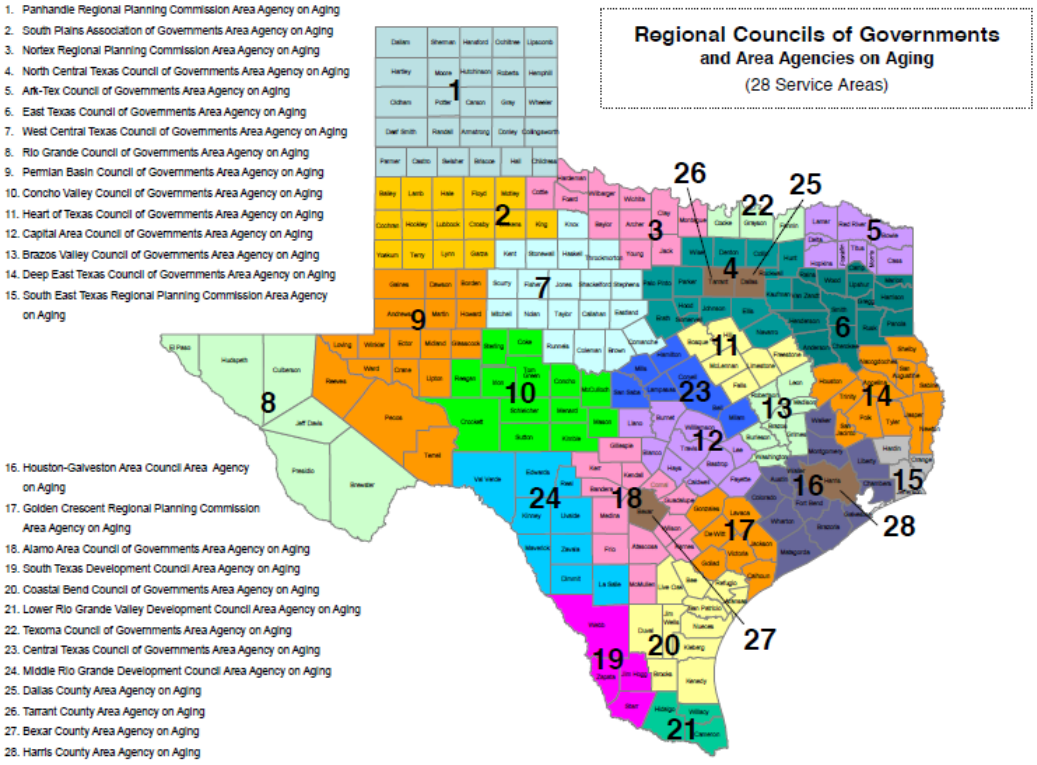
Texas' 28 Area Agencies on Aging

Established under the Older Americans Act, Texas' Area Agencies on Aging (AAAs) provide critical services, programs and resources that positively impact the health and well-being of older Texans and their caregivers. The AAAs are an established, local delivery network dedicated to the aging population. The AAAs are funded with federal, state, and local funds and promote partnerships with public, private, and non-profit organizations. Local funds are utilized to match and supplement programs resulting in organizations that have the buy-in and commitment from local elected officials and are highly responsive to the needs of the communities they serve. [63]

Services and programs offered by AAAs vary, but can include those listed below:

- Nutrition: Congregate Meals, Home-Delivered Meals and Nutrition Education
- Supportive Programs: Benefits Counseling, Care Coordination, Caregiver Support, Transportation, In-Home Services and Information Referral and Assistance
- Elder Rights: Long-Term Care Ombudsman and Assisted Living Facility Ombudsman
- Preventative Health: Fall Prevention, Chronic Disease Self-Management, Medication Management and Education about Medicare Preventive Services
- Respite & Caregiver Awareness Training[64]

The 28 AAAs across Texas strive to promote dignity, independence and quality of life for older adults in the community through education, support, and coordination. They are part of a network called the Texas Association of Area Agencies on Aging, or T4A, which is housed within the Texas Association of Regional Councils (TARC). Twenty-five of 28 AAAs are administered by a Council of Government (COG). COGs are political subdivisions formed under Texas Local Government Code, Chapter 391, allowing local governments to join together to achieve efficiencies in the delivery of services that improve the health, safety, and general welfare of their residents.[65]



Source: Texas Association of Regional Councils

Demand Response Transportation

Many seniors do not have consistent or reliable transportation options which are essential to keeping them in the community. Several AAAs provide demand response transportation through a network of transportation providers. Specifically, the Houston-Galveston AAA provides transportation in 12 counties outside of Harris County. Included in that service is the "Harris County Rides" program which was created to provide seniors, including those with the early stages of Alzheimer's and their required escorts, curb-to-curb transportation services to congregate meal sites.[66]

Aging Education

The AAAs also help facilitate regional health fairs and forums to assist in educating the public regarding all aspects of aging. These health fairs provide information regarding all aspects of aging including social and medical services and leisure activities. An example is the "All About

Alzheimer's" forum where participants learn about daily living strategies, coping skills, legal and financial information, healthy living and community resources.[67]

The AAAs also provide local benefits counseling information on eligibility criteria, requirements and procedures about access to medical programs, health/long-term care services, individuals rights, planning/protection options, housing and consumer needs. Additionally, the AAAs provide caregiver and community education programs which provide supportive services such as respite, home modification, and equipment to support the needs of caregivers.[68]

RECOMMENDATIONS

1. **Direct the Legislature to continue to support medical incentive programs like the Physician Loan Repayment Program. Additionally, the Legislature should look into ways of providing incentive for physicians to provide direct care to the geriatric population.**

2. **Define "Alzheimer's and related disorders" as it relates to the programs and regulatory functions of nursing facilities and assisted living facilities.**

   The Texas Health and Safety Code Chapters 242 and 247 create certification for institutions that care for persons with Alzheimer's disease and related disorders. Although the code addresses Alzheimer's certification requirements, it does not define or reference a definition for "Alzheimer's disease and related disorders". A definition is needed to ensure that providers and consumers have the same understanding of this population and to which facilities Alzheimer's certification applies.

   The committee recommends that the department establish in rule a definition of Alzheimer's disease and related conditions for the department's purposes in administering Chapters 242 and 247 of the Health and Safety Code.[69] The definition established in rule should be consistent with medical practice and updated as the ability to diagnose Alzheimer's progresses. A reference to a generally accepted clinical resource (e.g., the International Classification of Diseases [ICD-CM]) would satisfy the committee's recommendation.[70]

3. **Provide an Alzheimer's Certification disclosure statement to families and individuals seeking care in both nursing homes and assisted living facilities which advertise and provide care for people with Alzheimer's and related disorders.**

   Often times nursing and assisted living facilities advertise specific care for individuals with Alzheimer's disease and related disorders without obtaining the additional Alzheimer's Certification. Many times this care is administered in a locked unit within the facility.[71] Because advertising strategies vary, the committee recommends these facilities provide a disclosure statement to residents and those seeking care so that these individuals are fully informed of how advertised Alzheimer's care is administered.

   For nursing facilities, the committee recommends amending Chapter 242.202 of the Health and Safety Code to include a requirement that the facility disclose whether or not it is certified by the department as a facility for care of persons with Alzheimer's disease.[72] The department should develop the disclosure statement to be used by facilities.

   This notice should be included in the statement nursing facilities are currently required to provide, which discloses the nature of the facility's care or treatment of residents with Alzheimer's disease and related disorders. This notice should be given to either an individual seeking placement as a resident with Alzheimer's or a related disorder, an individual attempting to place another individual with Alzheimer's or a related disorder, or a

person seeking information about the facility's care or treatment of residents with Alzheimer's or related disorders.

For assisted living facilities, the committee recommends amending Chapter 247.026(b)(4)(B) to require assisted living facilities to provide a disclosure notice to an individual seeking placement as a resident with Alzheimer's disease or a related disorder, an individual attempting to place another person with Alzheimer's disease or of a related disorder, or an individual seeking information about the facility's care or treatment with Alzheimer's disease or a related disorder.[73] This statement should include information disclosing whether the facility is classified or certified by the department as a facility that provides personal care services to residents who have Alzheimer's disease or related disorders. The department should develop the disclosure statement to be used by facilities.[74]

4. **Allow additional types of professional staff who have direct contact with residents and are dedicated to an Alzheimer's care unit within a facility to count towards the minimum staffing ratios required of the Alzheimer's Certification, given they too comply with requirements (i.e. training).**

In order to accomplish this recommendation, the committee advises the department clarify in rule or policy the definition of the term "direct care worker" as it pertains to staffing ratios for Alzheimer's certified nursing facilities. This clarification should allow professional and para-professional staff to count in the coverage ratio for an Alzheimer's certified unit as long as the staff member in question:

- has completed all training required under the rules governing nursing facilities and the rules governing Alzheimer's certified nursing facilities,
- is assigned job duties that are primarily focused on interaction with and observation of individuals receiving services,
- is assigned to work exclusively on the Alzheimer's unit on the day the staff member in question is counted in the coverage ratio, and
- meets any other requirement as identified by applicable law or code.[75]

ENDNOTES

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[2] Statistics presented at the May 16, 2014 Legislative Committee on Aging hearing by Department of Aging and Disability Services Commissioner Weizenbaum. Statistics updated by Deparment of Aging and Disability Services in an email to committee staff January 2016.
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[4] Aging Texas Well. About the ATW Advisory Committee. Retrieved from http://www.dads.state.tx.us/services/agingtexaswell/about/committee/index.html.
[5] Current and Previous plans available at http://www.dads.state.tx.us/services/agingtexaswell/about/atwplan/index.html.
[6] Weizenbaum, Jon. Texas Department of Aging and Disability Services. Testimony to the Legislative Committee on Aging. May 16, 2014.
[7] Retrieved from http://www.dads.state.tx.us/volunteer/agewell/.
[8] Weizenbaum, Jon. Texas Department of Aging and Disability Services. Testimony to the Legislative Committee on Aging. May 16, 2014.
[9] Written testimony submitted by AARP, Valuing the Invaluable: 2011 Update: The Economic Value of Family Caregiving in 2009.
[10] Ibid.
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[12] Take Time Texas Website may be accessed at www.taketimetexas.org
[13] Department of Aging and Disability Services, Information received via email, December 2014.
[14] Weizenbaum, Jon. Texas Department of Aging and Disability Services. Testimony to the Legislative Committee on Aging. May 16, 2014.
[15] Department of Aging and Disability Services, Information received via email, December 2014.
[16] Weizenbaum, Jon. Texas Department of Aging and Disability Services. Testimony to the Legislative Committee on Aging. May 16, 2014.
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[18] Ibid.
[19] Ibid.
[20] Department of Aging and Disability Services, Information received via email, December 2014.
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[22] Legislative Committee Interim Report to 83rd Legislature.
[23] Rules may be found at http://info.sos.state.tx.us/pls/pub/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=40&pt=1&ch=19&rl=345.
[24] Traylor, Chris. Texas Health and Human Services Commission. Testimony to the Legislative Committee on Aging. May 16, 2014.
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[26] Texas Health and Human Services Commission, Information received via email, December 2014.
[27] Texas Health and Human Services Commission. Texas Medicaid and CHIP in Perspective. January 2013.
[28] Ibid.
[29] Ibid.

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[31] Ibid.
[32] Traylor, Chris. Texas Health and Human Services Commission. Testimony to the Legislative Committee on Aging. May 16, 2014.
[33] Ibid.
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[36] Traylor, Chris. Texas Health and Human Services Commission. Testimony to the Legislative Committee on Aging. May 16, 2014.
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[40] Ibid.
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[59] Additional information regarding StressBusting can be retrieved from: http://www.caregiverstressbusters.org/.
[60] Ducayet, Patty. State Long-Term Care Ombudsman. Testimony to the Legislative Committee on Aging. October 2, 2014.
[61] Ibid.
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[63] Additional information regarding the Texas AAAs can be retrieved from http://www.t4aging.org/.
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Health and Safety Code Chapter 247 can be found at the following:
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[72] Health and Safety Code Chapter 242.202 can be found at the following:
http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.242.htm#242.202
[73] Health and Safety Code Chapter 247.026(b)(4)(B) can be found at the following:
http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.247.htm#247.026
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