



Health and Human Services

Aging Texas Well Advisory Committee

December 9, 2025

This summary contains supplemental information from reliable sources where that information provides clarity to the issues being discussed. Power Point tables used in the presentations may also be used in this summary. Names of individuals may be misspelled but every attempt has been made to ensure accuracy. Tables and Text have been used from executive and legislative agencies and departments' presentations and publications.





[Aging Texas Well Advisory Committee](#) advises HHSC and makes recommendations to state leadership on implementing the Aging Texas Well Initiative.

Texas Gov. Rick Perry issued an [executive order \(PDF\)](#) in April 2005 creating the Aging Texas Well Advisory Committee. The order formalizes the ATW initiative and charges the department to continue its work identifying and discussing aging policy issues, guiding state government readiness, and promoting increased community preparedness for Texas' older adult population.

Under the executive order, the advisory committee shall advise the Texas Health and Human Services Commission and make recommendations to state leadership on implementation of the ATW initiative. A comprehensive, strategic, master plan is developed by HHSC to carry out the orders mandates and guide aging policies and priorities.

HHSC also leads a planning effort to ensure the readiness of all Texas state agencies to serve an aging population by identifying issues, current initiatives, and future needs.

Members:

Ramsey Longbotham, Chair

Representing: People who are age 50 or older

Region 8, Victoria

Shakita Johnson, Vice Chair

Representing: Area Agencies on Aging
Region 3, Fort Worth

Mallory Freitag Hejja

Representing: Aging and Disability
Resource Centers

Region 6, Houston

Demetress Harrell

Representing: Caregivers of older adults
50+ (nonprofessional or family
caregivers)

Region 5, Lufkin

Konette Horton

Representing: Providers of Residential
Setting

Region 4, Mesquite

Dr. Michael Poku

Representing: Aging services delivery
network; Providers from a community
setting

Region 7, Plano

Dr. June Sadowsky

Representing: Older adults; Aging
services delivery network

Region 6, Houston

Charles Scoma

Representing: Advocates of people over
50 (organization)

Region 3, North Richland Hills

Michael Zendejas

Representing: Caregivers of older adults
50+ (professional)

Region 8, San Antonio

Angela Medina – Ex Officio

Representing: Department of Family and
Protective Services

Region 7, Austin



Gladys Maestre

Representing: Academic Community
Region 11, Rancho Viejo

Natalee Oliver

Representing: Caregivers of a person
who is age 50 or older (non-professional
or family caregiver)
Region 7, Fort Worth

Crystal Stark – Ex Officio

Representing: Texas Workforce
Commission
Region 7, Austin

Lynda Taylor - Ex Officio

Representing: Department of State
Health Services
Region 7, Austin

[**Aging Texas Well | Texas Health and Human Services**](#)

1. Welcome, opening remarks, and roll call. The meeting was convened by Ramsey Longbotham, Chair. A quorum was present.

2. Consideration of August 6, 2025, draft meeting minutes. The minutes were approved as drafted.

3. Special topic presentations (2).

a. Vision Loss in Older Adults Workgroup

In summary. Claire Irwin (HHSC), Ron Luce (Governor’s Committee on People with Disabilities), and Heather Patrick (Prevent Blindness Texas) presented on vision loss in older adults. They presented some key statistics: 7.3% of Texans 65+ have a visual impairment; population expected to increase by 118% by 2050.

They provided an overview of support programs: Blindness Education Screening and Treatment, OIB program (Texas Workforce Commission), Talking Book Program, Prevent Blindness Texas, Lighthouses for the Blind, and Centers for Independent Living.

Senate Bill 1693 (2017) required a study; Senate Bill 1917 (2021) led to a public outreach campaign.

The formation and work of the Vision Loss in Older Adults Work Group, was discussed and its operation until October 2024. The supporting resources, an awareness



campaign, and the Aging and Vision Loss Summit (July 2024 in Austin) were all discussed.

The Summit generated recommendations in three main areas: training, access, and outreach.

- Training: Leverage existing programs, centralize info on training, enhance agency collaboration, allocate funding for assistive apps (like AIRA), develop Train-the-Trainer conferences, create accessible videos.
- Access: Fast-track procurement of assistive devices, explore Medicaid/Medicare coverage gaps, address provider recruitment/retention, invest in covering O&M training for Medicaid, streamline contracts.
- Outreach: Plan conferences with aging/vision loss tracks, systematically add vision health assessments, develop broad partnerships, expand outreach campaigns, and sustain investments to match demographic growth.

Committee members discussed the need for legislative clarity, cost estimates for Medicaid coverage, the role of technology, and leveraging existing health programs for better outreach.

Presentation.

[Disability Prevalence by State in the United States | Northeast ADA Center](#)

- 5.9% of people age 65 and older in the U.S. had a visual impairment.
- 7.3% of Texans ages 65 and older had a visual impairment.

[Texas-Big-Data-FINAL-NonGraphic.pdf](#). 59 % of older Texans with vision impairment reported fair to poor health. The population of older adults with visual impairment is expected to increase by 118 % by 2050.

Example Supportive Services

- [Blindness Education, Screening and Treatment \(BEST\) Program | Texas Health and Human Services](#)
- [Older Individuals Who are Blind Program - Texas Workforce Commission](#)
- tsl.texas.gov/tbp/index.html
- [Vibrant Works – Empowering People With Vision Loss](#)
- [Texas Centers for Independent Living Directory | Resources](#)



Texas Senate Bill 1693 passed during the 85th Texas Legislature Regular Session in 2017 and required the Aging Texas Well Advisory Committee to conduct a one-time study of older adults with vision loss. The study was completed and submitted in 2018, recommending increased awareness, enhanced training, an online portal and an awareness campaign.

The Vision Loss in Older Adult Workgroup was created to address the recommendations in the study and was made up of internal and external partners that serve older adults with vision loss. The workgroup was facilitated by the Office of Aging Services Coordination and supported the creation of resources, an awareness campaign and a summit.

Campaign and Resources.

- [Vision Loss in Older Adults | Texas Health and Human Services](#)
- [22d0603-resource-sheet-older-adults-caregivers.pdf \(SECURED\)](#)
- [22d0601-working-with-older-adults-tip-sheet.pdf \(SECURED\)](#)
- [resource-sheet-professionals-working-with-older-adults.pdf \(SECURED\)](#)

Contact: Claire.Irwin@hhs.Texas.gov

Workgroup Recommendations *(Notice The slides were prepared by members of the Vision Loss in Older Adults Workgroup. The opinions and recommendations expressed in the presentation are the members' own and do not reflect the views of Texas Health and Human Services Commission Office of Aging Services Coordination or Texas Health and Human Services Commission).*

Enhancing Training Enhance training by

- Actively leveraging existing programs, such as Senior Planet, Cyber Seniors, the Assistive Technology Industry Association (ATIA), and BridgingApps.
- Creating a centralized repository hosted by a state agency that collects comprehensive information about training programs, services, and providers throughout the state.
- Enhancing collaboration with HHSC and TWC to support training and creating a centralized repository.
- Modeling training plan using a modern approach to reach a broader audience. (For example: Future in Sight's Tech Videos.)



Enhancing training by:

- Allocating funding for Aira or similar mobile apps to ensure OIB customers can successfully achieve their IL skills goals. If possible, allow consumer choice for which app should be considered.
- Developing and conducting an annual “train the trainer” conference, where experts from OIB and the lighthouses can train other practitioners in IL skills training.
- Increasing coordination efforts between and among OIB, the Centers for Independent Living, the lighthouses for the blind, the low vision medical and nursing communities, vision health organizations, and individual contractors and service providers.

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Download Aira Explorer or Aira ASL below, or [contact us](#) today to partner with Aira.

Steps to Support Training

- Step 1: Create a state workgroup that includes HHSC independent living services.
- Step 2: Develop and curate a short-term list of technology programs.
- Step 3: Turn Content of OIB’s Guide to Independent Living into training videos.
- Step 4: Create intentional collaboration between TWC and HHSC and create an annual joint agency goal related to increase the number of trainings/presentations about Vision Loss on Older Adults.

Improve access to mobility, technology and services by:

- Developing a fast-track procurement process for assistive technology devices.
- Adding assistive technology as a medical device or prescription that doctors or OTs can authorize.
- Investigating Medicaid coverage of low vision aids.



- Educating medical providers to accurately document if an individual has transportation insecurity.
- Investigating the potential of utilizing Medicaid funding to cover orientation and mobility training.
- Addressing recruitment and retention challenges. The Older Individuals who are Blind Program should increase pay rates for orientation and mobility instructors.
- Requesting that the Medicaid policy unit assess both recommendation- and describe what it would take to make this possible.

Steps to Improve Access

- Step 1 - Work with Medicaid policy team to review all healthcare related recommendations in the report to determine what steps can be taken for better reimbursement for low vision devices and coverage.
- Step 2 - Share with providers the resources available through the vision loss continuum.

Create opportunities for outreach expansion by:

- planning conferences that include track on aging services for older Texans experiencing vision loss.
- Training service providers on serving older adults with vision loss and available services.
- Collaborating with different partners and providers to systematically add vision health assessments to core services and develop training/infrastructure to implement in a thoughtful manner.

Steps to Expand Outreach

- Step 1: Read the entire summit recommendation report and take recommendations in totality to make the largest difference.
- Step 2: Sustain investment in programs and services serving people with vision loss.
- Step 3: Make vision loss related recommendations to increase support for the increasing number of older adults experiencing vision loss.
- Step 4: Improve coordination between HHSC and other state agencies to work across vision loss and aging programs to leverage impact.



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Discussion.

What is the access point for the report? The speaker stated it is at Gov.Texas.Gov.

Is there a list of needs to send to the legislature? The speakers stated funding, making a general revenue investment. It's not enough to have a small program. Vision services should be baked into every program. There are states across the country that are doing this. The CPT codes are available from these states. The summit report was a good start but more has to be done.

Have they looked at a device to warn people that they can wear. The speakers stated that there is hope through artificial intelligence. At this point it can recognize cues but can't tell you that it is safe to cross the street.

Low vision is a risk factor for so many things (increased fall risk). Can we leverage other outreach efforts of other programs? The speakers answered in the affirmative. Outreach and collaboration are key to this. We can do this and we should. We need a systematic approach to address this population

b. [Aging Texas Well Strategic Plan](#), Texas' Multisector Plan on Aging.

In summary: Sarah Damiano and Chelsea Couch (HHSC) updated on the Aging Texas Well multi-sector strategic plan. The Texas' plan is a six-year blueprint, with two-year progress updates, involving sectors like transportation, housing, and healthcare. Benefits include cross-sector partnerships, raising awareness, and coordination for age-friendly ecosystems.

Comparison of related plans were made: Aging Texas Well (multi-sector), Interagency Aging Services Coordinating Council, State Plan on Aging. The 2026-2027 strategic plan update has been submitted and is pending public posting; includes subcommittee recommendations.

Planning for 2028-2029 is beginning early, with stakeholder engagement, data compilation, surveys, and listening sessions.

Key domains to be addressed include: access to services, healthy aging, age-friendly communities, caregiver support, and partnership development.

Emphasis will be placed on local community engagement and should involve the inclusion of people with lived experience, universities/researchers, and diverse stakeholders.

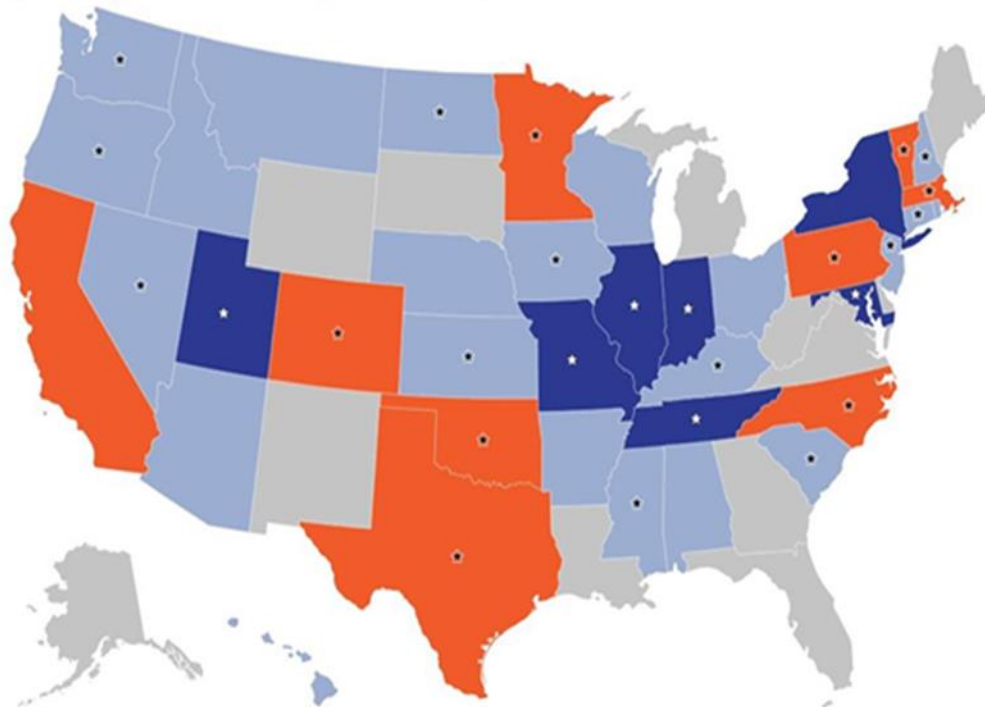
Advisory committee members were encouraged to provide input (ad hoc subcommittee) and participate in the January 2026 kickoff.

Presentation

Multisector Plans on Aging (MPAs) are state-led, cross-agency, multi-year planning documents that convene a broad range of public and private stakeholders to collaboratively address the current and future needs of the aging population, including those with disabilities.

MPA Activity Across States

★ = MPA Learning Collaborative
■ Authorization ■ Implementing or refreshing an MPA ■ Interested or actively planning ■ Not actively engaged



Benefits of an MPA



Create cross-sector partnerships



Raise awareness of aging & disability issues



Educate public about the impacts of aging



Establish statewide priorities



Facilitate collaboration



Incorporate aging lens across state priorities

The Aging Texas Well (ATW) initiative helps Texans prepare for all aspects of aging at the individual, community and state level. Formalized in 2005 by Executive Order R.P. 42, ATW identifies policy issues, guides state readiness, and promotes increase community preparedness.

Comparison of Aging Plans

Characteristics	ATW Strategic Plan (MPA)	SIASCC Strategic Plan	State Plan on Aging
Shared domains, goals and objectives	✓	✓	✓
Required (federally or legislatively)	✓	✓	✓
Stakeholder Informed	✓		✓
Data Informed	✓	✓	✓
Prescriptive in format			✓
Multi-year vision	✓	✓	
Multisector perspective	✓		
Older Americans Act focused			✓
Progress updates	✓		

ATW Strategic Plan Progress Update Timeline

Task	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Gather strategy updates												
Draft plan												
Obtain ATWAC position statement draft												
ATWAC approves draft position statement												
Route draft plan for leadership approval												
Submit to Governor, Lieutenant Governor and Legislator												
Post to ATW and HHSC Reports webpages												
Work with HHSC ACCO for ATWAC to share recommendations to Executive Council												

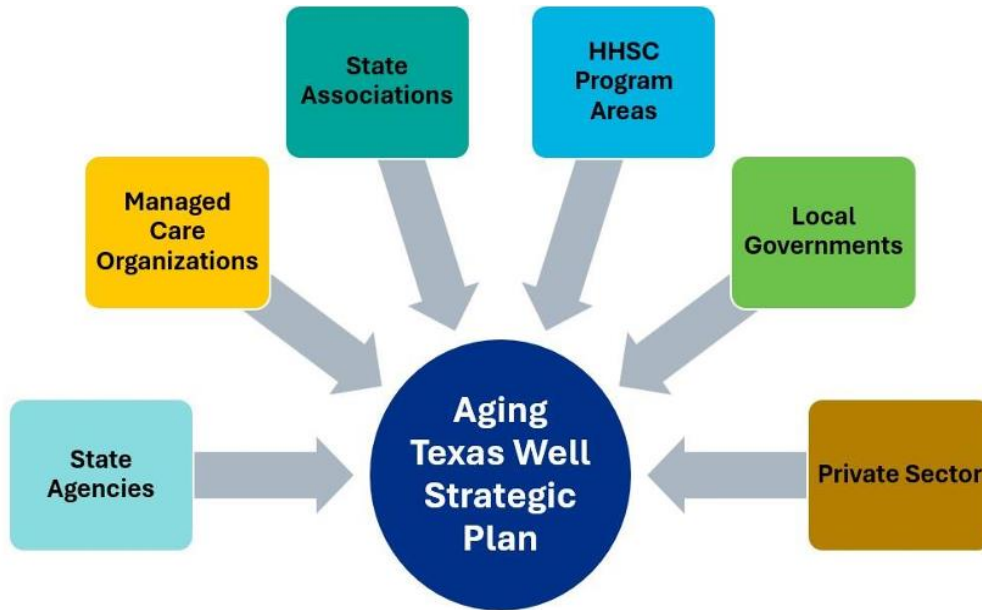
2028-2029 ATW Strategic Plan – Timeline



2028-2029 Aging Texas Well Strategic Plan – Domains



Sectors Informing the ATW Strategic Plan



Chelsea Couch – Chelsea.Couch@hhs.Texas.gov ATW – AgingTexasWell@hhs.Texas.gov

Discussion.

Suggestion. Propose an advisory committee on aging affairs in local communities. There is no voice for seniors in the cities.

What do we (the advisory committee) plan to do to be part of this strategic planning effort. The Chair stated that the members can participate in the zoom meetings. We can go to an ad hoc committee for participation. We have to be mindful of not having a committee quorum during this participation.

Lived experience is important for the initial meeting. The meeting is targeting January 21st. as the meeting date

Three town hall meetings at Triple As are being held at some locations. All triple As would be a good to involve in this effort.



4. Division updates:

Medicaid and CHIP Services—Dual Integration launches January 1. This is on track to implement the changes. CMS rules ended the dual demonstration, and a new model must implement in January. The MCOs and contracts are ready to go. Medicaid enrollment has ended and so all participants have made their choices. This is the most integrated option. There were member and provider webinars. This is the first step in integration. The next step will look to January 2027 for expansion to all STARhealth MCOs in the five counties. For those moving to a new plan, there are continuity of care requirements. MCOs are looking at their provider list, encouraging credentialing for the new plan. [Options for Medicare and Medicaid Dual Coverage | Texas Health and Human Services](#)

How do we make the program clear enough so the legislature will understand? HHSC stated the program is very complicated and they are trying to work through public education to make communication clear. We are getting help with messaging.

STAR Plus HCBS settings and rights corrective action plan has been completed and the service planning requirements have been specified. Health plan service coordinators have been trained. We are doing train-the-trainer for MCO coordinators and that will be completed this month. Additional training for adult foster care providers is being developed. Exceptional Item 16 was fully funded for staff resources and system updates. The staff will work in the compliance area. System changes will provide more transparency into MCO data through the on-line portal. This is a multi-year project.

State Long-Term Care Ombudsman—The annual report for the program was produced November 1. [ltco-annual-report-oct-2025.pdf](#). Staffing for the ombudsman has been reduced. They are in contract with Texas Silver Haired Legislators. In addition, they are changing the data collection system. A new system will be in place February, 2026.

Office of Area Agencies on Aging—2026-2028 state plan on aging has been approved. It is going through the final approval process and will be online shortly. The office now includes a grab and go option in the congregate meals process (expansion of the service definition). A presentation on implementation can be provided at future meetings



Office of Aging and Disability Resource Centers—The also commented on the statewide information management system for ADRCs. There are many different models and they are now presenting nationally at conferences.

Quality Monitoring Program—. Sherry Mead announced the 2026 Quality in Long-Term Care Conference, ongoing online trainings, and collaborations for infection control education.

Long-Term Care Regulation—There are several rule projects under way:

- HB5629 implementation -- Relating to the occupational licensing of military service members, military veterans, and military spouses [HB05629F.pdf](#)
- HB5129 implementation--Relating to the security of certain personal identifying information submitted to or retained by a state agency.[HB05129F.pdf](#)
- SB1818 implementation--Relating to the issuance of a license or provisional license to certain military service members, military veterans, and military spouses to engage in a business or occupation in this state. [SB01818F.pdf](#)
- SB457 implementation-- Relating to the regulation of certain nursing facilities, including licensing requirements and Medicaid participation and reimbursement requirements. [SB00457F.pdf](#)
- SB2269 implementation-- Relating to dispute resolution for and enforcement actions against certain long-term care facilities. [SB02269F.pdf](#)
- ALF rule revisions (ongoing)
- HB3595 implementation--Relating to an emergency preparedness and contingency operations plan, including temperature regulation, for assisted living facility residents during an emergency; providing penalties. [HB03595F.pdf](#)

Office of Disability Services Coordination—

Grant about a year ago Bridging aging and disabilities networks grant (BADN Grant) . The grant period ends in September 2026 having been in operation since 2024. Plans have been reviewed to ensure intentionality in goal setting. IDD and aging data collection requests have been added to the IDD survey.

Texercise has been impacted by the grant. They are looking at the incorporation of physical exercise for people with IDD. "Texercise for All"

Strategic plan work has been going on. There will be a summit open to the public and this group.



Has there been any work with FEMA for evacuation of aged people with disabilities? HHSC stated there has not been coordination at this time within this grant. There are requirements for nursing facilities for evacuation. We need more work for individuals in communities.

Office of Aging Services Coordination—No update.

5. ATWAC members updates. Members shared diverse updates including:

- Example of local caregiving challenges and systemic gaps for seniors (Ramsey Longbotham).
- Amazing Place recognized in a national caregiving resource (Mallory Freytag Haigha).
- Texas & New Mexico Hospice Organization conference and home health funding concerns (Demetris Harrell).
- United Way of Tarrant County's ALICE Summit presentation and upcoming listening sessions (Shaquita Johnson).
- Memory and Aging Center launched at UT Rio Grande Valley; involvement in \$3B Dementia Prevention Research Institute; new Alzheimer's blood test implications (Gladys Maestre).
- Ongoing research and mentorship in aging/IDD dental access (June Sadowski).
- Texas Silver Haired Legislature milestones and Alzheimer's research advocacy (Charles Skoma).

6. Public comment. No public comment was offered.

7. Review of action and agenda items for next meeting. The next meeting is February 4th 2026. An inquiry was made regarding the process for addressing continued absences from the committee. This will be addressed in the by-law revisions which will be on the next meeting agenda.

8. Adjourn. There being no further business, the meeting was adjourned



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