



Health and Human Services

[Aging Texas Well Advisory Committee](#)

May 6, 2026

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.

Members (*the list was taken from the website but appears it contains some errors*)

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 Hortonn

Representing: Providers of Residential
Setting

Region 4, Mesquite

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

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

Crystal Stark - Ex Officio

Representing: Texas Workforce
Commission

Region 7, Austin

Lynda Taylor - Ex Officio

Representing: Department of State
Health Services

Region 7, Austin

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

2. Consideration of February 4, 2026, draft meeting minutes. The minutes were approved as drafted.



3. Special topic presentations – Texas No Wrong Door System (NWD).

Sara Damiano – Sara.Damiano@hhs.Texas.gov ;

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

Summary HHSC presenters (Sarah Damiano, Director, Office of Aging Services Coordination; and Chelsea Couch, Aging in Texas Well Coordinator) provided an update on Texas’ No Wrong Door work, noting multi-year progress and accelerating momentum. NWD was defined as a coordinated, collaborative state-and-community system to access long-term services and supports (LTSS) using a person-centered approach.

LTSS was described broadly as personal, medical, and social supports that help people remain independent/age in place due to aging, chronic illness, or disability. Core NWD components were highlighted included person-centered support, one-stop access with warm handoffs/closed-loop referrals, a clear and standardized process, inclusion of public and private/community programs, and objective/neutral assistance.

Populations commonly served include older adults, people with disabilities, veterans, and people with mental/behavioral health needs, while also noting 2-1-1 serves all Texans.

Primary access points were discussed and included 2-1-1 (call center and online directory), ADRCs, Your Texas Benefits and Community Partner Program, Area Agencies on Aging and Community Care Services Eligibility, local IDD authorities and Centers for Independent Living, and local mental/behavioral health and substance use authorities.

Grants, findings, and current investments The timeline overview noted an ACL grant beginning in 2022, followed by a second ACL grant currently underway (with expectation of at least another year of activity). The 2022–2024 grant was described as investigative (not implementation-focused), aimed at identifying, assessing, and enhancing the NWD system and understanding whether people can find, understand, and move through services without getting stuck. Methods used in the initial grant included an environmental scan across primary access points, five regional listening sessions plus one virtual session (older adults/caregivers, people with disabilities/caregivers, veterans/caregivers, and service providers), and a statewide survey. The survey exceeded target participation (750 needed; 4,600+ completed), indicating strong interest in sharing experiences. Key themes/findings included unclear/abstract eligibility rules

(even for providers), people getting stuck in referral “loops,” and overall system confusion even after contacting an entry point.

Current grant projects include launching an information management system (IMS) for ADRCs, conducting an IT system gap analysis across access points (barriers, gaps, interoperability options), and a closed-loop referral pilot between a 2-1-1 Area Information Center and a local ADRC. The IT gap analysis approach includes system-level technology assessment (data sharing/interoperability), person-centered end-to-end process mapping, “secret shopper” exercises via Inform USA, and a final system requirements and options matrix to support phased interoperability.

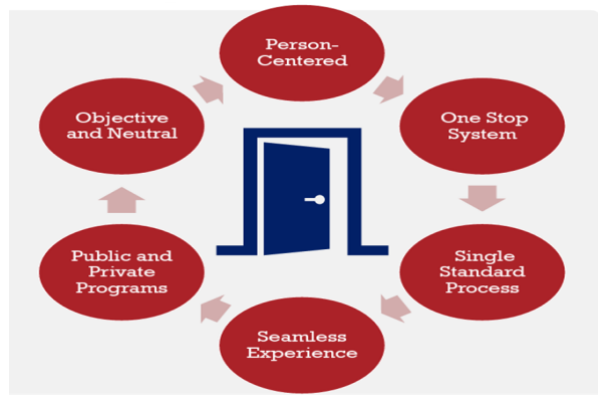
Presenters requested advisory input on concerns to consider as technology improves, how to define success for the NWD system, and what the committee would like reported back in future updates.

Presentation

What is NWD?: The Texas No Wrong Door (NWD) system coordinates access to long-term services and supports (LTSS) offered by state and local organizations. This empowers people and caregivers to make informed decisions about their long-term care needs through a person-centered approach.

What are Long-Term Services and Supports (LTSS) Are a broad range of medical and personal care services for people who are unable to complete one or more self-care tasks because of aging, chronic illness or disability.

Texas NWD: Key Components



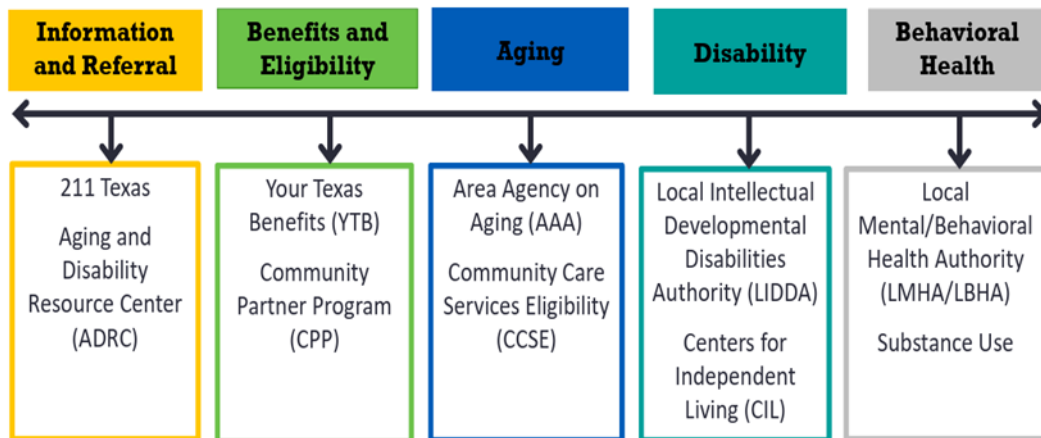
Long-term Services and Supports. LTSS are a broad range of medical and personal care services for people who are unable to complete one or more self-care tasks because of aging, chronic illness or disability

Transportation Accessible rides for appointments, errands, and activities.	Personal Attendant Help with daily tasks ensuring a better quality of life.	Daily Activities Assistance with tasks like cooking, cleaning, home delivered meals, and shopping.
Home Health Skilled nursing care provided in the comfort of home.	Caregiver Support Resources and respite available for dedicated caregivers.	Residential Services Housing and care in assisted living or nursing facilities.

NWD System Users

Older Adults Needing meals delivered or home help	People with Disabilities Requiring transportation services for mobility.	Veterans Needing assistance with daily tasks.
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NWD Primary Access Points NWD primary access points are entities that use person-centered approaches and serve as an entry point for community members to learn about and access LTSS.



Texas NWD: Timeline



Texas NWD: Timeline Explanation

- 2022-2024 Assessment & Foundation - Initial ACL grant: assessment and recommendations.
- August 2024 Transition Phase - Evaluation to Implementation with the HHSC Implementation Plan submitted to ACL.
- December 2024 Governance Established - Tiered governance with Executive Team, Project Team and Stakeholder Workgroup.
- January 2025 Prioritization Planning - Evaluation of recommendations for improvement into prioritization matrix.
- May 2025 2nd ACL Grant Awarded - HHSC awarded 2nd NWD grant to focus on implementation of three projects.
- Ongoing System Improvements - Continuous system improvements both grant funded and non-grant funded.

TEXAS NWD: 2022-2024 NWD GRANT BACKGROUND

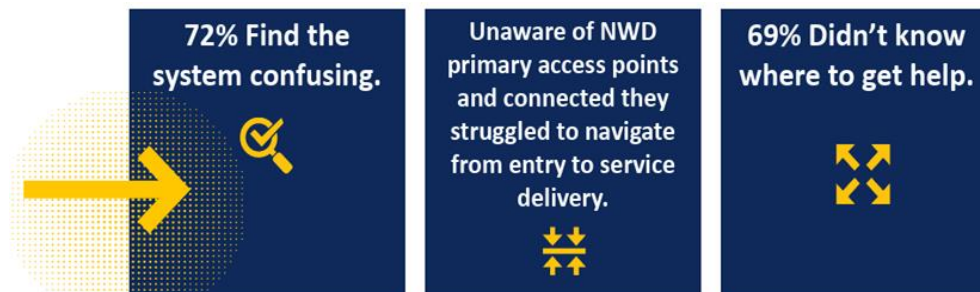
What We Set Out to Learn (2022-2024 Grant)

1. How people find and understand services.
2. Where navigation breaks down across programs and agencies.
3. What gets in the way of coordinated referrals and follow-up.

How We Gathered Input

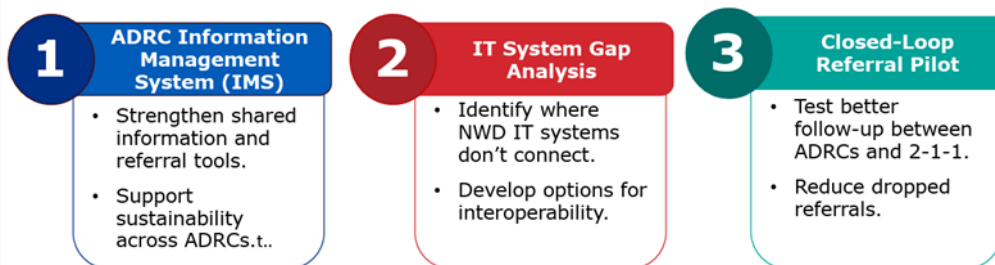


Why No Wrong Door Matters?



Texans don't know where to go, systems aren't aligned, and people end up in loops instead of in services.

What We're Building Now (2025-2027 Grant)



NWD IT Gap Analysis Project: Improving the Client Experience

We're Examining:

1. How people enter the system
2. What happens as they navigate services
3. Where technology can better support coordination

Our Goal:

- Increase interoperability of NWD IT systems
- Improve referrals
- Less burden on clients and NWD staff



NWD IT Gap Analysis Project: Methodologies



Let Us Know



- What concerns should we keep in mind as we improve technology?
- What matters most when defining success for NWD?
- What would you like us to report back on in the future?



Discussion.

Care giving and transportation percentages and family caregiver training. How can we increase training for family givers. And transportation for people in rural areas access. The speaker stated that being able to navigate to the services and figuring out how to get to those services. The rural perspective is important. We are looking at integration with the rural Texas strong. The thing that is difficult for care giving is that people are having to provide care giving longer and it is also more complicated. Training and respite are necessary. A training is coming out in August as a grand rounds training effort for caregivers. Triple As are the leaders in caregiving.

Triple A funding has been reduced. More and more people are moving back to their homes. The funding has to be there to provide the needed services to family members. We would like you to consider these as you move forward with the next grant.

Who is responsible for making sure a person who comes through the door is not lost. HHSC stated that they are looking at the primary access points to see how hand offs are made and then follow up consumer satisfaction surveys.

Central coordination is important to make no wrong door be effective. The whole picture can be seen in that way.

The Chair stated that he found he had been dealing with AI program bots. You have AI programs because they can give happy answers that are incorrect. Could the state develop an AI program and figure out what the best answer would be. HHSC stated they have been hearing about this as well and are discussing the role of AI and if it could be helpful.

Have you identified the new IT platform? Every program has a different platform and HHSC is looking how to make these interact through data sharing and interoperability. This is all still under discussion. "Pure Place" is an emerging front runner in many states. [PurePlace Review: Features, Pricing, Pros & Cons | AI Tools](#)

If this program could identify areas with long wait lists, that would be very helpful. Success would be when the customer feels like service availability is addressed. Where areas are not sufficient to address access then funding should be targeted there. HHSC



stated they could survey recipients to see how many calls they had to make and then work to reduce those.

HHSCs are working with ADRC providers to re-engage pure play.

We have people with cognitive disease, and they are trying to find solutions. Have people with cognitive disabilities been factored into these programs. HHSC that more has to be done for people with cognitive disabilities.

4. Division updates:

Medicaid and CHIP Services. No update provided

Office of Area Agencies on Aging. There is a new information management system provided through the Pure Place platform. Funding concerns would be addressed at a future meeting. Level funding has been provided into 26 and Pandemic funding has been eliminated.

Office of Aging and Disability Resource Centers. ACO is wanting to expand the ADRC program across the country. Medicaid administrative claiming is moving forward for reimbursement for several services. The discontinuation of money follows the person has resulted in the ramping down of that program.

Quality Monitoring Program. 2026 conference is scheduled and registration will open June 2nd. The 2026 Quality in Long-Term Care Conference (QLTCC) will be held at the Renaissance Austin Hotel, Aug. 25-26, 2026. This year's theme is "[Caring with Vision: Building Tomorrow's Long-Term Care Today.](#)" (PDF) The QLTCC offers presentations from nationally and internationally recognized experts. The topics include caring for people with dementia; infection prevention and control; current health care trends; and cutting-edge advances in long-term care, aging, and disabilities. Registration will open in June 2026. Stay tuned for updates!

[Email The University of Texas at Austin School of Social Work](#) for more information about this event.

QMP collaborates with UT Austin School of Nursing's Johnson-Turpin Center for Gerontological Nursing, offering online continuing education modules for nurses, nursing facility administrators, and CNAs. Webinars have focused on infection



prevention and control. The upcoming webinar is June 17 on implementing effective antibiotic stewardship programs in long-term care.

Q&A touched on the broader workforce shortage in geriatrics; Sherri Mead noted this is not in QMP's scope beyond their education collaboration, which is focused on upskilling existing long-term care staff. QMP described its role as non-regulatory, using clinicians (nurses, pharmacists, dieticians) to work collaboratively with nursing facilities on evidence-based practices rather than citing deficiencies or applying penalties.

Q: We are looking at a declining number of doctors and nurses. What are the nursing and medical schools doing to address the lack of geriatricians? A: HHSC stated that the quality monitoring center has not been involved with this issue. It is not a QMP issue.

Office of Aging Services Coordination. Texersize awards were given. [Texercise | Texas Health and Human Services](#)

5. Vice chair election. The standard election process was adopted and will be in effect for the next two years. Charles Scoma was elected Vice Chair.

6. ATWAC members updates.

Triple As priorities include dementia support through grants that provide training for community health workers and subsequently, services including screening for people to identify dementia, Depression screening training is also being provided.

Hospice in the Pines has been acquiring the ability to address veterans through a bronze, silver and gold program. They will be applying for the gold program. They now have a patient care advocate. They have been working on re-validation, strengthening Medicaid application.

The amyloid test for Alzheimer's has improved significantly. The test is proving to be specific but there is not enough data on Hispanics and non-Hispanic blacks. Getting this for use in Medicare is the present challenge. Disease modifying therapies for Alzheimer's is promising, but the treatment is very expensive and limited geographically.



Silver Haired Legislature has begun writing resolutions. Approved resolutions will go to the legislative committees and governor.

There have been developments in surveying related to Tardive Dyskinesia

The 10 Grantees of the 10 Local Dementia Support will be making presentations and there is a new media campaign on brain health messaging.

Compliance with federal rules is ongoing and development of the LAR is beginning. Elder abuse awareness month is June.

7. Public comment. No public comment was offered

8. Review of action and agenda items for next meeting.

August 5th is the next meeting

Update on the No Wrong Door grants

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

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