# **Reporting Requirements For Title III and VII**

Of the Older Americans Act (Not including LTC Ombudsman Program) For FY '10 and Subsequent Years

Title III and VII State Program Report Data Elements
State Program Report Transmittal Requirements
State Program Report Definitions

### **DRAFT**

Please note this is an extension with no changes of a currently approved collection.

Administration for Community Living U.S. Department of Health and Human Services

August 1, 2016 (Estimated Date)

#### Overview of Title III and VII State Performance Reporting Requirements

In the 2000 reauthorization of the Older Americans Act, the Administration on Aging (AoA) was instructed to use, to the maximum extent possible, the data collected by State agencies, area agencies on aging, and service providers through the National Aging Program Information System (NAPIS) and other applicable sources of information in the development of performance measures, and in compliance with the Government Performance and Results Act of 1993.

The Assistant Secretary for Aging was also instructed to annually report to the President and to the Congress on the activities carried out under the Older Americans Act. This report includes (section 207 (3)) statistical data and an analysis of information regarding the effectiveness of the State agency and area agencies on aging in targeting services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals, older individuals residing in rural areas, low-income individuals, and frail individuals (including individuals with any physical or mental functional impairments).

This document summarizes the requirements for the State Program Performance Report (SPR) for Titles III and VII for fiscal year 2010 (FY10) and subsequent years by all State units on aging. The sections of the SPR include:

#### Section I. Elderly Clients and Caregivers

- **A.** Elderly Client Counts
- B. General Characteristics of Elderly Clients Receiving Registered Services and those Receiving Cluster 2 Registered Services
- **C.** Detailed ADL Characteristics of Elderly Clients Receiving Cluster 1 Services
- **D.** Detailed IADL Characteristics of Elderly Clients Receiving Cluster 1 Services
- E. Summary Characteristics of Caregivers Serving Elderly Individuals (National Family Caregiver Support Program Title III-E)
- F. Summary Characteristics of Grandparents and Other Elderly Caregivers Serving Children (National Family Caregiver Support Program Title III-E)

#### Section II. Utilization and Expenditure Profiles

- A. Title III Utilization, Expenditure, and Program Income Profile (except Title III-E)
- B. Title III-E Utilization, Expenditure, and Program Income Profile For Caregivers Serving Elderly Individuals
- C. Title III-E Utilization, Expenditure, and Program Income Profile For Grandparents and Other Elderly Caregivers Serving Children
- **D.** Title VII Expenditures by Chapter (Except Chapter 2. Ombudsman)
- **E.** Other Services Profile

#### Section III. Network Profiles

- **A.** State Unit on Aging Staffing Profile
- **B.** Area Agency on Aging Staffing Profile
- **C.** Provider Profile (excluding AAAs providing direct services)
- **D.** Profile of Community Focal Points and Senior Centers

#### Section IV. Developmental Accomplishments

- **A.** For Home and Community Based Programs
- **B.** For A System of Elder Rights

On the following pages, the SPR format is exhibited through a series of data tables corresponding with the sections of the SPR listed above. The tables are for presentation purposes only. AoA will continue to require electronic transmittal of the annual SPR data.

## **SECTION I. Elderly Clients and Caregivers A. Elderly Client Counts**

| A. Elucity   | Chefft Coul |
|--------------|-------------|
| State ID:    |             |
| Fiscal Year: |             |

|   | Total |
|---|-------|
| Unduplicated Count of Persons Served For<br>Registered Services Supported by the OAA<br>Title III |       |
| (Number does not include caregivers served)   |       |
| Estimated* Unduplicated Count of Persons  |       |
| Served For Unregistered Services Supported  |       |
| by the OAA Title III  |       |
| (Number does not include caregivers served)   |       |
| Total Estimated Unduplicated Count of   |       |
| Persons Served Through Services Supported   |       |
| by OAA Title III  |       |
| (Number does not include caregivers served)   |       |

<sup>\*</sup> There is no prescribed method for developing this estimate.

| SECTION I. Elderly Clients                                  |
|---|
| B. General Characteristics of Elderly Clients Receiving Reg |
| G . ID . D' 117   |

|   | Elderly Clients Receiving ear: | Registered Services and Those Receiv | ing Cluster 2 Registered Services |
|---|--------------------------------|--------------------------------------|-----------------------------------|
| Total Registered Clients<br>(Cluster 1 and Cluster 2) | Congregate Meals               | Nutrition Counseling Ass             | isted Transportation              |
|   | Clients Recei                  | ving Registered Services*            |                                   |

|   | Total* | With Income<br>Below | Age of Client                         | Age of Client | Age of Client |
|---|--------|----------------------|---------------------------------------|---------------|---------------|
|   |        | Poverty              | 60-74                                 | 75-84         | 85+           |
| Total Clients                                     |        |                      |                                       |               |               |
| Total with Age Reported                           |        |                      |                                       |               |               |
| Age Missing                                       |        |                      |                                       |               |               |
| Female  |        |                      |                                       |               |               |
| Male  |        |                      |                                       |               |               |
| Gender Missing                                    |        |                      |                                       |               |               |
| Rural Clients                                     |        |                      |                                       |               |               |
| Rural Missing                                     |        |                      |                                       |               |               |
| Poverty Missing                                   |        |                      |                                       |               |               |
| Live Alone  |        |                      |                                       |               |               |
| Live Alone Missing                                |        |                      |                                       |               |               |
| Clients By Ethnicity                              |        |                      |                                       |               |               |
| Hispanic or Latino                                |        |                      |                                       |               |               |
| Not Hispanic or Latino                            |        |                      |                                       |               |               |
| Ethnicity Missing                                 |        |                      |                                       |               |               |
| Clients By Race or Ethnicity                      |        |                      |                                       |               |               |
| White (Alone) ** - Non-Hispanic                   |        |                      |                                       |               |               |
| Total Minorities ***                              |        |                      |                                       |               |               |
| White (Alone) - Hispanic                          |        |                      |                                       |               |               |
| American Indian or Alaska Native (Alone)          |        |                      |                                       |               |               |
| Asian (Alone)                                     |        |                      |                                       |               |               |
| Black or African American (Alone)                 |        |                      |                                       |               |               |
| Native Hawaiian or Other Pacific Islander (Alone) |        |                      |                                       |               |               |
| Persons Reporting Some Other Race                 |        |                      |                                       |               |               |
| Persons Reporting 2 or More Races                 |        |                      |                                       |               |               |
| Race Missing                                      |        |                      | · · · · · · · · · · · · · · · · · · · |               |               |

Note: States are not required to report Unduplicated Client Counts By Characteristic for Unregistered Services. States are required to report unduplicated client counts by characteristic for all registered services. Registered services include: Personal Care, Homemaker, Chore, Home Delivered Meals, Adult Day Care/Health, Case Management, Assisted Transportation, Congregate Meals, and Nutrition Counseling.

<sup>\*</sup> Total clients include OAA specified eligible meal participants under age 60.

<sup>\*\*&</sup>quot;(Alone)" – when appended to a racial category - means that the individual designated only one race category.

<sup>\*\*\*</sup>For this and subsequent tables, Total Minorities will be calculated by AoA sponsored State Reporting Tool software – will exclude White (alone) – Non—Hispanic and race/ethnicity missing.

## **SECTION I. Elderly Clients**

| C. Detailed ADL Characteristics of Elderly Clients Receiv | ing Cluster 1 Services        |                       |
|---|-------------------------------|-----------------------|
| (Report information for all Cluster 1 services combined   | and each service separately.) |                       |
| Total Cluster 1 Clients                                   | Personal Care                 | Homemaker             |
| Chore   | Home Delivered Meals          | Adult Day Care/Health |
| Case Management   |                               |                       |

| ADL SUMMARY FOR                              | ΔΙΙ   | AII  | All | All | All | Age    | Age   | Age   | Age   | Age   | Age   | Age   | Age   | Age   | Age   | Age   | Age | Age | Age | Age |
|--|-------|------|-----|-----|-----|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|-----|-----|-----|
| ADE SCHWART FOR                              |       | Ages |     |     |     | 60-74  | 60-74 | 60-74 | 60-74 | 60-74 | 75-8/ | 75-84 | 75-8/ | 75-84 | 75-8/ | 25±   | 85+ | 85+ | 85+ | 85+ |
|  | Ages  | 0    | 1   | 2   | 3+  | 00-7-4 | 0     | 1     | 2     | 3+    | 75-04 | 0     | 1     | 2     | 3+    | 05+   | 0   | 1   | 2   | 3+  |
|  | Total | ADL  | _   | ADL |     | Total  | _     | ADL   | ADL   |       | Total | ~     | ADL   | ADL   |       | Total |     | ADL | ADL | ADL |
| Total Clients                                |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| Clients with Age Data                        |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| Age Missing                                  |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| ADLs Missing                                 |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| Female                                       |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| Male   |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| Gender Missing                               |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| Rural  |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| Rural Missing                                |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| Income below Poverty Level                   |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| Poverty Missing                              |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| Live Alone                                   |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| Live Alone Missing                           |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| Clients by Ethnicity                         |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| Hispanic / Latino                            |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| Not Hispanic or Latino                       |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| Ethnicity Missing                            |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| Clients by Race or Ethnicity                 |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| White (Alone) - Non-Hispanic                 |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| Total Minorities                             |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| White (Alone) - Hispanic                     |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| American Indian or Alaskan<br>Native (Alone) |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| Asian (Alone)                                |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| Black / African American<br>(Alone)          |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| Native Hawaiian or Pacific Islander (Alone)  |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| Persons Reporting Some Other Race            |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| Persons Reporting 2 or More Races            |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     |     |
| Race Missing                                 |       |      |     |     |     |        |       |       |       |       |       |       |       |       |       |       |     |     |     | ĺ   |

<sup>\*</sup> Total includes OAA specified eligible meal participants under age 60.

## **SECTION I. Elderly Clients**

| D. Detailed IADL Characteristics of Elderly Clients Receiving | Cluster 1 Services            |                       |
|---|-------------------------------|-----------------------|
| (Report information for all Cluster 1 services combined       | and each service separately.) |                       |
| Total Cluster 1 Clients                                       | Personal Care                 | Homemaker             |
| Chore   | Home Delivered Meals          | Adult Day Care/Health |
| Case Management   |                               | •                     |

| IADL SUMMARY FOR                               | AII   | AII | All  | All | All | Age   | Age | Age  | Age  | Age |
|--|-------|-----|------|-----|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|------|------|-----|
|  |       |     |      |     |     | 60-74 | 60-74 | 60-74 | 60-74 | 60-74 | 75-84 | 75-84 | 75-84 | 75-84 | 75-84 | 85±   | 85+ | 85+  |      | 85+ |
|  | Ages  | 0   | 1    | 2   | 3+  | 00 74 | 0     | 1     | 2     | 3+    | 70 04 | 0     | 1     | 2     | 3+    | 001   | 0   | 1    | 2    | 3+  |
|  | Total | _   | IADL |     |     | Total | _     | -     |       |       | Total | ~     | IADL  |       |       | Total | _   | IADL | IADL |     |
| Total Clients                                  |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| Clients with Age Data                          |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| Age Missing                                    |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| IADLs Missing                                  |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| Female   |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| Male   |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| Gender Missing                                 |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| Rural  |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| Rural Missing                                  |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| Income below Poverty Level                     |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| Poverty Missing                                |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| Live Alone                                     |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| Live Alone Missing                             |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| Clients by Ethnicity                           |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| Hispanic / Latino                              |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| Not Hispanic or Latino                         |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| Ethnicity Missing                              |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| Clients by Race or Ethnicity                   |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| White (Alone) – Non-Hispanic                   |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| Total Minorities                               |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| White (Alone) - Hispanic                       |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| American Indian or Alaskan<br>Native (Alone)   |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| Asian (Alone)                                  |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| Black / African American<br>(Alone)            |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| Native Hawaiian or Pacific<br>Islander (Alone) |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| Persons Reporting Some Other Race              |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| Persons Reporting 2 or More Races              |       |     |      |     |     |       |       |       |       |       |       |       |       |       |       |       |     |      |      |     |
| Race Missing                                   | _     | _   |      |     |     |       |       |       |       |       |       | _     |       |       |       |       | _   |      |      |     |

<sup>\*</sup> Total includes OAA specified eligible meal participants under age 60.

### **Section I. Caregivers**

E. Summary Characteristics of Caregivers Serving Elderly Individuals (National Family Caregiver Support Program - Title III-E)

Note: Data is for Title III-E Group 1 Services only – See Section II-B for specifics.

| State ID: | Fiscal Year: |
|-----------|--------------|

| Caregiver Characteristics                         | All<br>Caregivers | Age of the<br>Caregiver<br>Under 60 | Age of the<br>Caregiver<br>Age 60-74 | Age of the<br>Caregiver<br>Age 75-84 | Age of the<br>Caregiver<br>Age 85 + |
|---|-------------------|-------------------------------------|--------------------------------------|--------------------------------------|-------------------------------------|
| Total Caregivers                                  |                   |                                     |                                      |                                      |                                     |
| Caregivers with Age Data                          |                   |                                     |                                      |                                      |                                     |
| Age Missing                                       |                   |                                     |                                      |                                      |                                     |
| Female  |                   |                                     |                                      |                                      |                                     |
| Male  |                   |                                     |                                      |                                      |                                     |
| Gender Missing                                    |                   |                                     |                                      |                                      |                                     |
| Rural   |                   |                                     |                                      |                                      |                                     |
| Rural Missing                                     |                   |                                     |                                      |                                      |                                     |
| Caregivers by Ethnicity                           |                   |                                     |                                      |                                      |                                     |
| Hispanic or Latino                                |                   |                                     |                                      |                                      |                                     |
| Not Hispanic or Latino                            |                   |                                     |                                      |                                      |                                     |
| Ethnicity Missing                                 |                   |                                     |                                      |                                      |                                     |
| Caregivers by Race or Ethnicity                   |                   |                                     |                                      |                                      |                                     |
| White (Alone) - Non-Hispanic                      |                   |                                     |                                      |                                      |                                     |
| Total Minorities                                  |                   |                                     |                                      |                                      |                                     |
| White (Alone) -Hispanic                           |                   |                                     |                                      |                                      |                                     |
| Am. Ind./Alaska Native (Alone)                    |                   |                                     |                                      |                                      |                                     |
| Asian (Alone)                                     |                   |                                     |                                      |                                      |                                     |
| Black or African American (alone)                 |                   |                                     |                                      |                                      |                                     |
| Native Hawaiian or Other Pacific Islander (Alone) |                   |                                     |                                      |                                      |                                     |
| Persons Reporting Some Other Race                 |                   |                                     |                                      |                                      |                                     |
| Persons Reporting 2 or More Races                 |                   |                                     |                                      |                                      |                                     |
| Race Missing                                      |                   |                                     |                                      |                                      |                                     |
| Caregivers by Relationship                        |                   |                                     |                                      |                                      |                                     |
| Husband   |                   |                                     |                                      |                                      |                                     |
| Wife  |                   |                                     |                                      |                                      |                                     |
| Son/Son-in-Law                                    |                   |                                     |                                      |                                      |                                     |
| Daughter/Daughter-in-law                          |                   |                                     |                                      |                                      |                                     |
| Other Relative                                    |                   |                                     |                                      |                                      |                                     |
| Non-Relative                                      |                   |                                     |                                      |                                      |                                     |
| Relationship Missing                              |                   |                                     |                                      |                                      |                                     |

## **SECTION I.** Caregivers

F. Summary Characteristics of Grandparents and Other Elderly Caregivers Serving Children (National Family Caregiver Support Program - Title III-E)

Note: Data is for Title III-E Group 1 Services only – See Section II-C for specifics.

| Grandparent/Relative Caregiver Characteristics | All<br>Caregivers | Age of the<br>Caregiver<br>55-74 | Age of the<br>Caregiver<br>75-84 | Age of the<br>Caregiver<br>85+ |
|--|-------------------|----------------------------------|----------------------------------|--------------------------------|
| Total Caregivers                               |                   |                                  |                                  |                                |
| Caregivers with Age                            |                   |                                  |                                  |                                |
| Age Missing                                    |                   |                                  |                                  |                                |
| Female   |                   |                                  |                                  |                                |
| Male   |                   |                                  |                                  |                                |
| Gender Missing                                 |                   |                                  |                                  |                                |
| Rural  |                   |                                  |                                  |                                |
| Rural Missing                                  |                   |                                  |                                  |                                |
| Caregivers by Ethnicity                        |                   |                                  |                                  |                                |
| Hispanic or Latino                             |                   |                                  |                                  |                                |
| Not Hispanic or Latino                         |                   |                                  |                                  |                                |
| Ethnicity Missing                              |                   |                                  |                                  |                                |
| Caregivers by Race or Ethnicity:               |                   |                                  |                                  |                                |
| White (Alone) - Non-Hispanic                   |                   |                                  |                                  |                                |
| Total Minorities                               |                   |                                  |                                  |                                |
| White (Alone) - Hispanic                       |                   |                                  |                                  |                                |
| American Indian/Alaska Native (Alone)          |                   |                                  |                                  |                                |
| Asian (Alone)                                  |                   |                                  |                                  |                                |
| Black or African American (Alone)              |                   |                                  |                                  |                                |
| Native Hawaiian or Other Pacific Islander      |                   |                                  |                                  |                                |
| (Alone)  |                   |                                  |                                  |                                |
| Persons Reporting Some Other Race              |                   |                                  |                                  |                                |
| Persons Reporting Two or More Races            |                   |                                  |                                  |                                |
| Race Missing                                   |                   |                                  |                                  |                                |
| Caregivers By Relationship                     |                   |                                  |                                  |                                |
| Grandparents                                   |                   |                                  |                                  |                                |
| Other Elderly Relative                         |                   |                                  |                                  |                                |
| Other Elderly Non-Relative                     |                   |                                  |                                  |                                |
| Relationship Missing                           |                   |                                  |                                  |                                |
| Total Children 18 or younger receiving care    |                   |                                  |                                  |                                |
| Total persons with disabilities                |                   |                                  |                                  |                                |
| 19 – 59 years old receiving care               |                   |                                  |                                  |                                |

#### **SECTION II. Utilization and Expenditure Profiles**

A. Title III Utilization, Expenditure Profile (Except Title III-E) State ID Fiscal Year:

#### A. Title III Utilization, Expenditure, and Program Income Received Profile (Except Title III-E) Cluster 1: Registered Services - Requiring Detailed Client Profile Undup-Service Total OAA OAA Number of # of # of Title III **Program** OAA OAA Persons Units Expenditure Service For **Providers** AAAs licated Income Title III Title III Title III Title III Received **Selected Services Direct Persons** Served at **Expenditure** Expen-Expen-Expen-Expen-High ditures ditures ditures ditures Services Served Provision Nutrition (\$) (\$) (\$) (\$) Risk Part B Part C1 Part C2 Part D 1. Personal Care 2. Homemaker 3. Chore 4. Home Delivered Meals 4a. NSIP Home **Delivered Meals\*** 5. Adult Day Care/Health 6. Case Management Cluster 2: Registered Services - Requiring Summary Client Profile Number of # of Undup-# of Service Title III Total OAA OAA OAA OAA **Program Expenditure** Service For **Providers AAAs** licated Persons Units Income Title III Title III Title III Title III Direct **Selected Services** Persons Served at **Expenditure** Received Expen-Expen-Expen-Expen-**Services** High ditures ditures ditures ditures Served Nutrition **Provision** (\$) (\$) (\$) (\$) Part C1 Part B Part C2 Part D Risk 7. Assisted Transportation 8. Congregate Meals 8a. NSIP Congregate Meals\* 9. Nutrition Counseling Cluster 3: Non-Registered Services - No Client Profile Required Undup-# of Service Title III Total OAA OAA OAA OAA Number of # of **Program Providers AAAs** licated Persons Units Expenditure Service Income Title III Title III Title III Title III For **Selected Services** Direct **Persons** Served at Expenditure Received Expen-Expen-Expen-Expen-High ditures ditures ditures ditures Services Served **Provision Nutrition** (\$) (\$) (\$) (\$) Risk Part B Part C1 Part C2 Part D 10. Transportation 11. Legal Assistance 12. Nutrition Education 13. Information and Assistance

| 14. Outreach                                |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| 15. Other Services                          |  |  |  |  |  |  |
| 16. Health Promotion and Disease Prevention |  |  |  |  |  |  |
| 17. Self-Directed Care*                     |  |  |  |  |  |  |
| Total (Unduplicated)                        |  |  |  |  |  |  |

Note: States are to report Title III-E in the next two tables: Section II. B & Section II. C-Title III-E Caregiver Utilization and Expenditure Profile. States should report separate NSIP meal counts (items 4a and 8a) if different from the regular SPR numbers.

<sup>\*</sup>formerly Cash and Counseling

## **Section II. Utilization and Expenditure Profiles**

## B. Title III-E Utilization, Expenditure, and Program Income Received Profile for Caregivers Serving Elderly Individuals

| Caregiver Support Categories:                   | Title III-E<br>Expenditures<br>(Federal \$) | Total Service<br>Expenditures<br>(All Sources) | Program<br>Income<br>Received | # Caregivers Served                | Units of Service | # of Providers<br>(unduplicated) |
|---|---|--|-------------------------------|------------------------------------|------------------|----------------------------------|
| Group 1   |   |  |                               | Unduplicated number of caregivers: |                  |                                  |
| 1. Counseling/Support Groups Caregiver Training |   |  |                               |                                    |                  |                                  |
| 2. Respite Care                                 |   |  |                               |                                    |                  |                                  |
| 3. Supplemental Services                        |   |  |                               |                                    |                  |                                  |
| 4. Self-Directed Care*                          |   |  |                               |                                    |                  |                                  |

| Caregiver Support Categories: | Title III-E<br>Expenditures<br>(Federal \$) | Total Service<br>Expenditures<br>(All Sources) | Program<br>Income<br>Received | # Caregivers Served                          | Units of Service | # of Providers<br>(unduplicated) |
|-------------------------------|---|--|-------------------------------|--|------------------|----------------------------------|
| Group 2                       |   |  |                               | Estimated unduplicated number of caregivers: |                  |                                  |
| 5. Access Assistance          |   |  |                               |  |                  |                                  |
|                               |   |  |                               | Estimated Audience size:                     | # Activities:    |                                  |
| 6. Information Services       |   |  |                               |  |                  |                                  |

| Caregiver Support Categories: | Title III-E<br>Expenditures<br>(Federal \$) | Total Service<br>Expenditures<br>(All Sources) | Program<br>Income<br>Received | # Caregivers Served | Units of Service | # of Providers<br>(unduplicated) |
|-------------------------------|---|--|-------------------------------|---------------------|------------------|----------------------------------|
| Totals (unduplicated)         |   |  |                               |                     |                  |                                  |

<sup>\*</sup>formerly Cash and Counseling

## **Section II. Utilization and Expenditure Profiles**

## C. Title III-E Utilization, Expenditure, and Program Income Received Profile For Grandparents and Other Elderly Caregivers Serving Children

| Caregiver Support Categories:                    | Title III-E<br>Expenditures<br>(Federal \$) | Total Service<br>Expenditures<br>(All Sources) | Program<br>Income<br>Received | # Caregivers Served                | Units of Service | # of Providers (unduplicated) |
|--|---|--|-------------------------------|------------------------------------|------------------|-------------------------------|
| Group 1  |   |  |                               | Unduplicated number of caregivers: |                  |                               |
| Counseling/Support Groups     Caregiver Training |   |  |                               |                                    |                  |                               |
| 2. Respite Care                                  |   |  |                               |                                    |                  |                               |
| 3. Supplemental Services                         |   |  |                               |                                    |                  |                               |
| 4. Self-Directed Care*                           |   |  |                               |                                    |                  |                               |

| Caregiver Support Categories: | Title III-E<br>Expenditures<br>(Federal \$) | Total Service<br>Expenditures<br>(All Sources) | Program<br>Income<br>Received | # Caregivers Served                          | Units of Service | # of Providers<br>(unduplicated) |
|-------------------------------|---|--|-------------------------------|--|------------------|----------------------------------|
| Group 2                       |   |  |                               | Estimated unduplicated number of caregivers: |                  |                                  |
| 5. Access Assistance          |   |  |                               |  |                  |                                  |
|                               |   |  |                               | Estimated Audience size:                     | # Activities:    |                                  |
| 6. Information Services       |   |  |                               |  |                  |                                  |

| Caregiver Support Categories: | Title III-E<br>Expenditures<br>(Federal \$) | Total Service<br>Expenditures<br>(All Sources) | Program<br>Income<br>Received | # Caregivers Served | Units of Service | # of Providers<br>(unduplicated) |
|-------------------------------|---|--|-------------------------------|---------------------|------------------|----------------------------------|
| Totals (unduplicated)         |   |  |                               |                     |                  |                                  |

<sup>\*</sup>formerly Cash and Counseling

## **SECTION II. Utilization and Expenditure Profiles**

## D. Title VII Expenditures by Chapter

| C. Title VII Expenditures By Chapter | Title VII Expenditure | Total Service Expenditure |
|--------------------------------------|-----------------------|---------------------------|
| Chapter 3: Elder Abuse Prevention    |                       |                           |
| Chapter 4: Legal Assistance          |                       |                           |
| Development                          |                       |                           |

Note: OAA Title VII, Chapter 2, Ombudsman expenditures are reported separately in the National Ombudsman Reporting System (NORS).

### **SECTION II. Utilization and Expenditures Profiles**

### E. Other Services Profile

| State ID: | Fiscal | Year: |  |
|-----------|--------|-------|--|
|           |        |       |  |

| Service Name<br>(Up to 30 Characters) | Service<br>Unit Name<br>(Up to 15<br>characters) | Mission/<br>Purpose<br>Category | OAA<br>Service<br>Expenditure<br>Amount | Total Service<br>Expenditure<br>Amount | Estimated<br>Unduplicated<br>Persons<br>Served | Estimated<br>Service Units |
|---------------------------------------|--|---------------------------------|---|--|--|----------------------------|
| 1.                                    |  |                                 |   |  |  |                            |
| 2.                                    |  |                                 |   |  |  |                            |
| 3.                                    |  |                                 |   |  |  |                            |
| 4.                                    |  |                                 |   |  |  |                            |
| 5.                                    |  |                                 |   |  |  |                            |
| 6.                                    |  |                                 |   |  |  |                            |
| 7.                                    |  |                                 |   |  |  |                            |
| 8.                                    |  |                                 |   |  |  |                            |
| 9.                                    |  |                                 |   |  |  |                            |
| 10.                                   |  |                                 |   |  |  |                            |
| 11.                                   |  |                                 |   |  |  |                            |
| 12.                                   |  |                                 |   |  |  |                            |
| 13.                                   |  |                                 |   |  |  |                            |
| 14.                                   |  |                                 |   |  |  |                            |
| 15.                                   |  |                                 |   |  |  |                            |
| 16.                                   |  |                                 |   |  |  |                            |
| 17.                                   |  |                                 |   |  |  |                            |
| 18.                                   |  |                                 |   |  |  |                            |
| 19.                                   |  |                                 |   |  |  |                            |
| 20.                                   |  |                                 |   |  |  |                            |
| 21.                                   | _  |                                 |   |  |  |                            |
| 22.                                   |  |                                 |   |  |  |                            |
| 23.                                   |  |                                 |   |  |  |                            |
| 24.                                   |  |                                 |   |  |  |                            |
| 25.                                   |  |                                 |   |  |  |                            |

| Mission/Purpose Codes:                                |
|---|
| A. Services which address functional limitations      |
| B. Services which maintain health                     |
| C. Services which protect elder rights                |
| D. Services which promote socialization/participation |
| E. Services which assure access and coordination      |
| F. Services which support other goals/outcomes        |
|   |

There are no restrictions on the number of "other" services that may be reported.

For each "other" service being reported, please provide all the data elements—name, unit name, mission code, expenditure data, persons served, and service units.

Select one or more codes as appropriate for each service

#### **SECTION III. Network Profiles**

#### A. State Unit on Aging Staffing Profile

| State ID: | Fiscal Year: |  |
|-----------|--------------|--|
|           |              |  |

| SUA Personnel Categories           | Total FTEs | Minority FTEs |
|------------------------------------|------------|---------------|
| Agency Executive/ Management Staff |            |               |
| 2. Other Paid Professional Staff   |            |               |
| (By Functional Responsibility)     |            |               |
| A. Planning                        |            |               |
| B. Development                     |            |               |
| C. Administration                  |            |               |
| D. Service Delivery                |            |               |
| E. Access/Care Coordination        |            |               |
| F. Other                           |            |               |
| 3. Clerical/Support Staff          |            |               |
| 4. Total SUA Staff                 |            |               |

#### **Functional Responsibilities:**

- A. Planning—Includes needs assessment, plan development, budgeting/resource analysis, service inventories, standards development and policy analysis.
- B. Development—Includes public education, resource development, training and education, research and development and legislative activities.
- C. Administration—Includes bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring and quality assurance.
- D. Service Delivery—Includes those activities associated with the direct provision of a service which meets the needs of an individual older person and/or caregiver.
- E. Access/Care Coordination—Include outreach, screening, assessment, case management and I&R.

#### **SECTION III. Network Profiles**

#### B. Area Agency on Aging Staffing Profile

| State ID: | Fiscal Year: | Total # of AAA's |
|-----------|--------------|------------------|
|           |              |                  |

| AAA Personnel Categories           | Total FTEs | Minority FTEs |
|------------------------------------|------------|---------------|
| Agency Executive/ Management Staff |            |               |
| 2. Other Paid Professional Staff   |            |               |
| (By Functional Responsibility)     |            |               |
| A. Planning                        |            |               |
| B. Development                     |            |               |
| C. Administration                  |            |               |
| D. Service Delivery                |            |               |
| E. Access/Care Coordination        |            |               |
| F. Other                           |            |               |
| 3. Clerical/Support Staff          |            |               |
| 4. Volunteers                      |            |               |
| 5. Total AAA Staff                 |            |               |

#### **Functional Responsibilities:**

- A. Planning—Includes needs assessment, plan development, budgeting/resource analysis, service inventories, standards development and policy analysis.
- B. Development—Includes public education, resource development, training and education, research and development and legislative activities.
- C. Administration—Includes bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring and quality assurance.
- D. Service Delivery—Includes those activities associated with the direct provision of a service which meets the needs of an individual older person and/or caregiver.
- E. Access/Care Coordination—Include outreach, screening, assessment, case management and I&R.

### **Section III. Network Profiles**

C. Provider Profile (Excluding Area Agencies on Aging providing direct services)

|          | Total # of Providers |
|----------|----------------------|
| Total    |                      |
| Minority |                      |
| Rural    |                      |

## **SECTION III Network Profiles**

## **D.** Profile of Community Focal Points and Senior Centers

State ID: \_\_\_\_ Fiscal Year: \_\_\_

|  | Number |
|--|--------|
| 1. Total Number of Focal Points Designated Under Section 306(a)(3) of the Act in Operation in the Past Year. |        |
| 2. Of the Total Number of Focal Points in Item 1., the Number That Were Senior Centers.                      |        |
| 3. Total Number of Senior Centers in the State in the Past Fiscal Year.                                      |        |
| 4. Total Number of Senior Centers in Item 3. That Received OAA Funds During the Past Fiscal Year.            |        |

## SECTION IV. DEVELOPMENTAL ACCOMPLISHMENTS A. FOR HOME AND COMMUNITY BASED PROGRAMS\*

| State ID: Fiscal               | Year:   |                            |          |
|--------------------------------|---|----------------------------|----------|
|                                | Identification Of Three T   | op Accomplishments         |          |
| 1.                             |   |                            |          |
|                                |   |                            |          |
|                                |   |                            |          |
|                                |   |                            |          |
|                                |   |                            |          |
| Type of Development            | TYPE_CODE Enter Code(s)   |                            |          |
| 2.                             |   |                            |          |
|                                |   |                            |          |
|                                |   |                            |          |
|                                |   |                            |          |
|                                |   |                            |          |
| Type of Development            | Enter Code(s)   |                            |          |
| 3.                             |   |                            |          |
|                                |   |                            |          |
|                                |   |                            |          |
|                                |   |                            |          |
|                                |   |                            |          |
| Type of Development            | Enter Code(s)   |                            |          |
| <b>Development Type Codes:</b> |   |                            |          |
| 1. Public education/awareness  | Training/advection  | 5 Dolian davolonment       | 7. Other |
| 2. Resource development        | <ul><li>3. Training/education</li><li>4. Research and development</li></ul> | 5. Policy development      | 7. Other |
| 2. Resource development        | 4. Kesearch and development   | 6. Legislative development |          |

Select one or more codes as appropriate for each accomplishment

<sup>\*</sup> includes Title III-E NFCSP

## SECTION IV. DEVELOPMENTAL ACCOMPLISHMENTS B. FOR A SYSTEM OF ELDER RIGHTS

| State ID: Fisca                | ıı rear:              |             |                            |          |
|--------------------------------|-----------------------|-------------|----------------------------|----------|
|                                | Identification        | Of Three To | p Accomplishments          |          |
| 1.                             |                       |             |                            |          |
|                                |                       |             |                            |          |
|                                |                       |             |                            |          |
| Type of Development            | TYPE_CODE             | Enter Cod   | le(s)                      |          |
| 2.                             |                       |             |                            |          |
| Type of Development            |                       | Enter Cod   | lo(s)                      |          |
| 3.                             |                       | Enter Coc   | ic(s)                      |          |
| 3.                             |                       |             |                            |          |
| Type of Development            |                       |             | <b>Enter Code(s)</b>       |          |
|                                |                       |             |                            |          |
| <b>Development Type Codes:</b> |                       |             |                            |          |
| 1. Public education/awareness  | 3. Training/education |             | 5. Policy development      | 7. Other |
| 2. Resource development        | 4. Research and dev   | elopment    | 6. Legislative development |          |

Select one or more codes as appropriate for each accomplishment

### **Appendix -- Definitions**

#### The following definitions should be used when completing the SPR:

**Registered Client** – A registered client is an individual who received at least one unit of the following specified services within the reported fiscal year. The services include: congregate meals, nutrition counseling, assisted transportation, personal care, homemaker, chore, home delivered meals, adult day care/health, or case management. The count of registered clients does not include caregivers.

Race/Ethnicity Status – The following reflects the requirements of the Office of Management and Budget (OMB) for obtaining information from individuals regarding race and ethnicity. It constitutes what OMB classifies as the "two-question format." When questions on race and ethnicity are administered, respondents are to be asked about their ethnicity and race as two separate questions. Respondents should ideally be given the opportunity for self-identification, and are to be allowed to designate all categories that apply to them. Consistent with OMB requirements, the following are the race and ethnicity categories to be used for information collection purposes:

#### Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

#### Race:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

American Indian or Alaskan Native—A person having origins in any of the original peoples of North America (including Central America), and who maintains tribal affiliation or community attachment.

Asian—A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

Black or African American—A person having origins in any of the black racial groups of Africa.

Hispanic or Latino—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Native Hawaiian or Other Pacific Islander—A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White—A person having origins in any of the peoples of Europe, the Middle East, or North Africa.

"(Alone)"—When appended to a racial category (e.g., "White (Alone)" means that the individual only designated one race category.

Impairment in Activities of Daily Living (ADL) -- The inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking.

Impairment in Instrumental Activities of Daily Living (IADL) -- The inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability (transportation ability refers to the individual's ability to make use of available transportation without assistance).

**Poverty**—Persons considered to be in poverty are those whose income is below the official poverty guideline (as defined each year by the Office of Management and Budget, and adjusted by the Secretary, DHHS) in accordance with subsection 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)). The annual HHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes.

**Living alone**—A one person household (using the Census definition of household) where the householder lives by his or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities, assisted living units and group homes.

#### A. Characteristics of Individuals Associated with the National Family Caregiver Support Program (Title III-E. NFCSP)

Child—An individual who is not more than 18 years of age or an individual 19 - 59 years of age who has a disability. The term relates to a grandparent or other older relative who is a caregiver of a child.

Caregiver—An adult family member or another individual, who is an "informal" provider of in-home and community care to an older individual. "Informal" means that the care is not provided as part of a public or private formal service program.

Grandparent or other older relative caregiver of a child –A grandparent, step grandparent or other relative of a child by blood or marriage, who is 55 years of age or older and—

- (A) lives with the child;
- (B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
- (C) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.

Elderly Client - An eligible (60 years of age or older or who is less than 60 and has a diagnosis of early onset dementia) elderly individual who receives OAA services.

#### B. Standardized names, definitions and service units are provided for the services that are singled out in the SPR for reporting

Personal Care (1 Hour) -- Personal assistance, stand-by assistance, supervision or cues.

Homemaker (1 Hour) -- Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.

Chore (1 Hour) -- Assistance such as heavy housework, yard work or sidewalk maintenance for a person.

Home-Delivered Meal (1 Meal)— A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by SUAs and/or AAAs and meets all of the requirements of the Older Americans Act and State/Local laws. As noted in Section IIA, meals provided to individuals through means-tested programs such as Medicaid Title XIX waiver meals or other programs such as state-funded means-tested programs are excluded from the NSIP meals figure in line 4a; they are included in the meal total reported on line 4 of Section IIA. Certain Title III-E funded home delivered meals may also be included — see the definition of NSIP meals below.

Adult Day Care/Adult Day Health (1 hour) – Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance and home health aide services for adult day health.

Case Management (1 Hour) -- Assistance either in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required.

Congregate Meal (1 Meal) – A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and State/Local laws. As noted in Section IIA, meals provided to individuals through means-tested programs such as Medicaid Title XIX waiver meals or other programs such as state-funded means-tested programs are excluded from the NSIP meals figure in line 8a; they are included in the meal total reported on line 8 of Section IIA.

**Nutrition Education** (1 session per participant) -- A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise.

**Nutrition Counseling** (1 session per participant) -- Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status.

**High Nutritional Risk** (persons) – An individual who scores six (6) or higher on the DETERMINE Your Nutritional Risk checklist published by the Nutrition Screening Initiative.

NSIP Meals (1 meal) -- A Nutrition Services Incentive Program (NSIP) Meal is a meal served in compliance with all the requirements of the OAA, which means at a minimum that: 1) it has been served to a participant who is eligible under the OAA and has NOT been means-tested for participation; 2) it is compliant with the nutrition requirements; 3) it is served by an eligible agency; and 4) it is served to an individual who has an opportunity to contribute. Meal counts in 4, 4a, 8, 8a, include all OAA eligible meals including those served to persons under age 60 where authorized by the OAA. NSIP Meals also include home delivered meals provided as Supplemental Services under the National Family Caregiver Support Program (Title III-E) to persons aged 60 and over who are either care recipients (as well as their spouses of any age) or caregivers.

**Assisted Transportation** (1 One Way Trip) -- Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.

Transportation (1 One Way Trip) – Transportation from one location to another. Does not include any other activity.

Legal Assistance (1 hour) -- Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.

Information and Assistance (1 Contact) -- A service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site "hits" are to be counted only if information is requested and supplied.

**Outreach** (1 Contact) – Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their care givers) and encouraging their use of existing services and benefits.

Note: The service units for information and assistance and for outreach are individual, one-on-one contacts between a service provider and an elderly client or caregiver. An activity that involves contact with multiple current or potential clients or caregivers (e.g., publications, publicity campaigns, and other mass media activities) should not be counted as a unit of service. Such services might be termed public information and reported on the public information category. They may also be reported in "Section II.E. – Utilization and Expenditures Profiles, Other Services Profile."

Self-Directed Care (People Served, Title III Expenditures, Total Expenditures) An approach to providing services (including programs, benefits, supports, and technology) under this Act intended to assist an individual with activities of daily living, in which (A) such services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of such individual; (B) such individual is provided with such information and assistance as are necessary and appropriate to enable such individual to make informed decisions about the individual's care options; (C) the needs, capabilities, and preferences of such individual with respect to such services, and such individual's ability to direct and control the individual's receipt of such services, are assessed by the area agency on aging (or other agency designated by the area agency on aging involved); (D) based on the assessment made under subparagraph (C), the area agency on aging (or other agency designated by the area agency on aging) develops together with such individual and the individual's family, caregiver (as defined in paragraph (18)(B)), or legal representative – (i) a plan of services for such individual that specifies which services such individual will be responsible for directing; (ii) a determination of the role of family members (and others whose participation is sought by such individual) in providing services under such plan; and (iii) a budget for such services; and (E) the area agency on aging or State agency provides for oversight of such individual's self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act. From Section 102(46) of the Older Americans Act of 1965, as amended.

Note: In prior versions of the State Program Report Definitions, Self-Directed Care was called Cash and Counseling.

Other Services – A service provided using OAA funds that do not fall into the previously defined service categories. Expenditures on "Other Services" in Section II.A. Line 15 is required.

Health Promotion and Disease Prevention – Services that include health screenings and assessments; organized physical fitness activities; evidence-based health promotion programs; medication management; home injury control services; and/or information, education, and prevention strategies for chronic disease and other health conditions that would reduce the length or quality of life of the person 60 or older. Since service units could be so diverse they would not provide meaningful results they are not included.

Note: FY 2012 Congressional appropriations now require Title III-D funding be used only for programs and activities demonstrated to be evidence-based. For more information, see *Department of Health and Human Services Appropriations Act, 2012 (Division F, Title II of P.L. 112-74)*.

#### D. Services to Caregivers

**Counseling** --(1 session per participant) Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families).

Respite Care --(1 hour) Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: (1) In-home respite (personal care, homemaker, and other in-home respite); (2) respite provided by attendance of the care recipient at a senior center or other nonresidential program; 3) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. If the specific service units purchased via a direct payment (cash or voucher) can be tracked or estimated, report those service unit hours. If not, a unit of service in a direct payment is one payment.

**Supplemental services** –Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies.

**Information Services** (1 activity) -- A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. [**Note:** service units for information services are for activities directed to large audiences of current or potential caregivers such as disseminating publications, conducting media campaigns, and other similar activities.]

Access Assistance (1 contact) -- A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. [Note: Information and assistance to caregivers is an access service, i.e., a service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site "hits" are to be counted only if information is requested and supplied.]

#### E. Other Definitions

A variety of other terms are used in the SPR. Definitions for these terms are as follows:

**Legal Assistance Development** - Activities carried out by the state "Legal Assistance Developer" that are designed to coordinate and enhance state and local legal services and elder rights programs.

Volunteer—An uncompensated individual who provides services or support on behalf of older individuals. Only staff working under the AAA, not the AAA contractors, shall be included.

**Agency Executive/Management Staff**—Personnel such as SUA director, deputy directors of key divisions and other positions which provide overall leadership and direction for the state or area agency on aging.

Other Paid Professional Staff—Personnel who are considered professional staff who are not responsible for overall agency management or direction setting but carry out key responsibilities or tasks associated with the state or area agency the following areas:

Planning—Includes such responsibilities as needs assessment, plan development, budgeting/resource analysis, inventory, standards development and policy analysis.

Development—Includes such responsibilities as public education, resource development, training and education, research and development and legislative activities.

Administration—Includes such responsibilities as bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring, and quality assurance.

Access/Care Coordination—Includes such responsibilities as outreach, screening, assessment, case management, information and referral.

Service Delivery—Includes those activities associated with the direct provision of a service that meets the needs of an individual older person and/or caregiver.

Clerical/Support Staff—All paid personnel who provide support to the management and professional staff.

**Provider** – An organization or person which provides services to clients under a formal contractual arrangement with an AAA or SUA. Under Title III-E, in cases where direct cash payment is made to a caregiver and the ultimate provider is unknown, the number of providers may be omitted.

Minority Provider – A provider of services to clients which meets any one of the following criteria: 1) A not for profit organization with a controlling board comprised at least 51% of individuals in the racial and ethnic categories listed below. 2) A private business concern that is at least 51 percent owned by individuals in the racial and ethnic categories listed below. 3) A publicly owned business having at least 51 percent of its stock owned by one or more individuals and having its management and daily business controlled by one or more individuals in the racial and ethnic categories listed below. The applicable racial and ethnic categories include: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or Hispanic.

**Rural Provider** – Providers of services to clients who live in rural areas. Rural providers are not necessarily providers of services only to rural clients. They may also be providers of services to clients in urban areas. [See definition of rural].

Total OAA Expenditures—Outlays/payments made by the SUA and/or AAA's using OAA federal funds to provide an allowable service.

Total Service Expenditure – OAA expenditures plus all other funds administered by the SUA and/or AAA's on behalf of elderly individuals and caregivers for services meeting the definition of OAA services – both services which are means tested and those which are not. SUAs are encouraged to report expenditures in these service categories whether or not AoA funds were utilized for that purpose. This is not intended for financial accountability but for statistical purposes such as computing accurate service unit costs based on total service expenditures.

**Program Income**—Gross income received by the grantee and all sub grantees such as voluntary contributions or income earned only as a result of the grant project during the grant period.

**Rural**—A rural area is: any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants.