

Area Agency Quarterly Report

Area Agency: _____

NYSOFA #358 Rev. (04/2014) New York State Office for the Aging

Part I - Operations

A. Period Covered -

Report is: Original
 Quarter Reported:

Revision
 1st: 2nd: 3rd: 4th:

Date Submitted:
 4th:

B. Identification

1. Area Agency: _____
2. Code: _____
3. Completed by: _____
4. Title: _____
5. Area Code & Phone: _____
6. Email Address: _____
7. Director Review

C. Staffing

(Submit with quarter ending June 30th)

AAA Staffing: Develop the following staffing profile of the AAA as of June 30th for filled positions only.

For personnel classifications definitions, refer to Section VII, Glossary of Terms.

AAA Personnel Categories	Full Time Equivalent(s)	
	No. of FTEs	No. of Minority FTEs
1. Exec./Man. Staff		
2. Other Paid Professional Staff (By Functional Responsibility)		
a) Planning		
b) Development		
c) Administration		
d) Service Delivery		
e) Access/Care Coord.		
f) Other		
3. Clerical/Support Staff		
4. AAA - Volunteers		
5. Subcontractor - Volunteers		
6. Total		

D. Provider Profile:

(Submit with quarter ending March 31st)

- a. Total Number of Subcontractors: _____
- b. Total Number of Rural Subcontractors: _____
- c. Total Number of Min. Subcontractors: _____

E. Focal Points/Senior Centers:

(Submit with quarter ending March 31st only)

1. Total number of Senior Centers in planning & service area:	
2. How many centers received Title III funds during the past state fiscal year?	
3. How many centers are designated as focal points?	
4. Total number of focal points operating in the county during the past fiscal year:	

Part II - Program Information

A. EISEP Other Services (April 1 to date)

Please breakdown the total Other Services shown under the EISEP column on page 3 line 21. Complete the requested information for each service category in which the AAA provided services or goods during the period being reported. Include the number of persons served, the units/items provided and expenditures for the goods and/or services.

Goods and Services	Persons Served	Units	Expenditures
1. Home Modifications			
2. Home Maintenance\Repair			
3. Assistive Devices/Equipment			
4. Household Appliances			
5. Misc. Personal Items			
6. Other Describe			

Area Agency: _____ Report is: [] Original [] Revision Date Submitted:
 Quarter Reported: [] 1st: [] 2nd: [] 3rd: [] 4th:

Part II - Program Information Continued (Complete Each Quarter)

B. Cumulative amount of Cost Sharing funds accrued from EISEP/CSE clients

April 1 to date:

1. CSE Cost Sharing _____ 2. EISEP Cost Sharing _____
 3. EISEP Cost Sharing Transferred to CSE _____

C. Non Registered Services

a. For the following services excluding Title III E, enter the estimated unduplicated count of persons served to date

1. Transportation		7. Sr. Center Rec./Ed.	
2. Legal Services		8. Health Promotion	
3. Nutrition Education		9. PERS	
4. Information & Assistance		10. Caregiver Services	
5. Outreach		11. Other	
6. In-Home Contact & Support		12. Total Non-Registered Persons Served	

b. For the following Title III E funded services, enter the estimated audience size

1. Information		2. Assistance	
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D. Title VII Expenditures (Indicate Federal funds only spent this quarter on the accrual basis.)

(Round expenditures to the nearest dollar.)

Amount of Title VII funds spent on LTCOP Ombudsman activities this quarter: _____

(Do not include State LTCOP expenditures here.)

E. State Transportation Information

Enter the units of transportation service, State Funds, Program Income and Local Funds expended this quarter under the State Transportation program (Total funds will be caclulated). Report expenditures in whole dollars only. (Refer to 06-PI-14 for additional information.)

A. Units Provided	B. Total Expend.	C. State Funds Expended	D. Program Income	E. Local Funds Expended

F. Long Term Home Health Care Program Meals:

Enter the number of home delivered meals sold to the Medicaid Long Term Home Health Care program during the quarter: _____

Please include the funds expended on these meals on page 3, Part III, "Other" column, line 4. These meals can not earn NSIP funding from NYSOFA.

G. Title V Expenditures (Do not include programs administered through national sponsors)

Indicate funds spent this quarter on the accrual basis under the AAA's directly operated/subcontracted NYSOFA funded Title V Program. **Report expenditures in whole dollars only.**

Budget Category	A. Total	B. Administration	C. Enrollee Wages & Fringe Benefits	D. Other Enrollee Costs
1. Total Expenditures	0			
2. Federal Share Expended	0			
3. Non-Federal Matching Funds Expended	0			

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 Quarter Report 1st: 2nd: 3rd: 4th:

Part III - Program Services Expenditure Breakdown - Federal/State Programs

Amount of Funds Spent on an ACCRUAL Basis this Quarter (Whole Dollars Only)

Service Categories	Grand Total	Title III-B ¹	III-C-1 ^{2,3}	III-C-2 ^{2,3}	III-D	III-E ⁵ (All Funds)	III-E ⁹ (Grand-parent Only)	EISEP ^{4,5}	CSE	CSI	WIN ⁶	Other ⁶
1 a. PC Level II (H/PC)												
b. PC Level I (H/Chore)												
2 CD In-home Services												
3 Home Health Aide												
4 Home Delivered Meals												
5 Adult Day Services												
6 Case Management												
7 Congregate Meals												
8 Nutrition Counseling												
9 Assisted Trans./Escort												
10 Transportation												
11 Legal Assistance												
12 Nutrition Education												
13 Info & Assistance												
14 Outreach												
15 In-Home Cont. & Sup. ²												
16 Sr. Center/Rec & Educ.												
17 Health Promotion												
18 Per. Emerg. Response												
19 Caregiver Services												
20 LTC Ombudsman ¹												
21 Other Services ⁷												
22 Area Plan Admin/Plan Implmentation/Admin												
23 TOTAL	0	0	0	0	0	0	0	0	0	0	0	0
24 Program Income												
25 NSIP/Commodity Food												
26 Federal Share												
27 Non Federal Share												
a. from Program Income												
b. Other Sources												

1. IIIB column, line 20 does not include Title VII. Include Title VII in "Other" column and show on page 2, Part II, E.
2. Only III-C contributions may be used to pay for the cost of supportive and access services.
3. Title IIIC-1 & IIIC-2 column, line 15 can only be used for Shopping Assistance.
4. EISEP column, line 5, is for Non-Institutional Respite only.
5. WIN column, line 15, Shopping Assistance only. EISEP column, line 15, is for Supervision Level-Non Institutional Respite only.
6. Other column includes Foster Grandparents, HEAP, WRAP, Title V, Title VII, State LTCOP, CRC, Grants-in Aid, RSVP, HIICAP, Title XIX/XX, other locally funded programs etc.
7. EISEP column, line 21 includes all allowable ancillary services not listed on Lines 4,7,8,9,10,17 & 18.
8. Include all Title III E expenditures including Grandparent services. Other Services includes all other services.
9. Enter only Title III E Grandparent services expenditures.