

**Reporting Guide
Consolidated Area Agency Reporting System (CAARS)
and
Client Data Systems**



April 2014

Date Last Revised: 2/5/2014

CAARS Data Entry Tool Instructions.....	2
Section I, Area Agency Quarterly Report.....	5
Section II, General Requirements/Information for Client Specific Data.....	11
Section III, Title III-E Service Matrix.....	14
Section IV, Minimum Match Determination Worksheet.....	15
Section V, Reporting Tips.....	16
Section VI, County Codes.....	24
Section VII, Glossary of Terms.....	25

Attachments are available for download at AAARIN site under Reporting.

- Attachment A - Client Data Specification
- Attachment B - Client File Codes
- Attachment C - Fields Required by Cluster
- Attachment D - Instructions for Comprehensive Assessment for Aging Network
Community-Based Long Term Care Services (COMPASS)
- Attachment E - COMPASS Form 2014
- Attachment F - Title III-E Program Frequently Asked Questions
- Attachment G - Title III-E Reporting Scenarios
- Attachment H - Definitions of Caregiver, Counseling and Assistance under Title III-E
- Attachment I - Title III-E Coding Examples
- Attachment J - Client Status
- Attachment K - CAARS\Client Reports
- Attachment L - Examples of Case Managed and Non-Case Managed Clients
- Attachment M - Six-Month Contact for Non-Case Managed HDM Clients**
- Attachment N - Quarterly Data Quality Review**

**New York State Office for the Aging
2 Empire State Plaza, Albany, NY 12223-1251
Web Site: <http://aaarin.ofa.state.ny.us/>**

**E-mail: caarsreports@ofa.state.ny.us or clientdata@ofa.state.ny.us
Contact Information: Bob Miller, Coordinator Reporting Unit
518.473.1947**

CAARS Data Entry Tool Instructions

Accessing the tool requires the following equipment and software:

- A computer with access to the Internet
- Internet Explorer 9.0 or later

Multiple users – The system was designed so that more than one person from an AAA can login and input data at the same time.

However, multiple users should NOT work on the same page at the same time. Doing so will likely lead to lost data and create re-work for your agency.

Every time the page is saved by one user, it will overwrite the changes made by others working on the same page.

To avoid this potential problem, coordinate with others in your AAA working on the quarterly report forms. There is no conflict if multiple users are working on different pages. The tool treats each page as a separate document and will only save changes to that page.

General Instructions for Submission\Revision

1. Login and Select the Quarter

To access the tool, we recommend using Internet Explorer ver. 7 or greater. Go to <http://reporting.aging.ny.gov>. This site uses a User Name and Password like that used for the AAARIN web site. If you do not have a User Name and password your Director can request one through your ASR.

- Once on the NYSOFA Budgeting and Reporting Systems Main Menu, you can select CAARS Quarterly on the left.
- Once you've made your selection a dialog window will appear in the center of the screen.
- The CAARS Quarterly Main Menu page will open.
- From this page you have three choices: review Reference Material, do Data Entry or use the Tools section to check for errors:

2. Enter Data and Navigate through the Pages

- From the Main Menu, select a page to begin.
- Fill in the data fields on each page, note you need to open and save each page even if no data was entered.
- SAVE CHANGES FREQUENTLY.
- If you enter data and save, but do not see the data you entered, click on View and Refresh or View and Reload.
- Navigate to other pages and the Main Menu using the links at the top of the page.

3. Submit Forms

From the Main Menu, you can check for errors by individual page or for all pages.

- Clicking on the "Submit" button will show a notification on the screen that your report has been submitted.
- An e-mail will be sent to the e-mail address entered on page one of the report saying that the report has been submitted.

4. Print Forms

Click on "Print This Page" (a selection on the toolbar). A separate window (a PDF file) of the page will open. Users can save or print this PDF file. Once you close out of the PDF file, the original screen will still be up.

5. Revisions\Correction\Extensions

A. CAARS

Once your forms are submitted, your data is locked from editing. To unlock the forms, send an e-mail to CAARS, caarsreports@ofa.state.ny.us. The e-mail will respond to the same address noted on the submitted CAARS form. If another person needs to be notified, just add their e-mail address to the request.

You will receive an e-mail reply notifying you when the forms have been unlocked. When the forms are unlocked, you can make your correction(s) and submit the forms again. If you are revising several quarters, it is important to do the revisions in sequence. For example, submit 1st quarter, then 2nd, etc.

Reports/Revisions are due according to the schedule below. Note that when the due date falls on a weekend or holiday, the due date is moved to the next working day.

B. Client Files

Client data is updated with each submission so corrections are made to the following quarter.

C. Extensions

If the AAA is unable to meet the reporting due date, an extension can be requested. To make a request send an e-mail for CAARS Reporting to caarsdata@ofa.state.ny.us and for client files to clientdata@ofa.state.ny.us. The subject should say **Extension Request**. In the body of the e-mail explain why the request is being made, for example a key staff person is temporarily unavailable and when the report will be submitted. If the request extends beyond one week you will need to send an update each week describing progress being made in being able to submit.

Quarter Reported	Reports Due	First Late Notice sent Via E-mail	Letter sent to AAA Dir. & County Exec.
April – June	July 21, 2014	July 28, 2014	Aug. 4, 2014
July – September	Oct. 20, 2014	Oct. 27, 2014	Nov. 4, 2014
October – December	Jan. 20, 2015	Jan. 27, 2015	Feb. 3, 2015
January – March	Apr. 20, 2015	Apr. 27, 2015	May 5, 2015

Due Dates

See Schedule above.

Reminders/Late Notices

Reminders/Late Notices will be sent via e-mail according to the above schedule. The reminder e-mails will be followed by a letter sent 10 business days following the due date with copies sent to Chief Executive Officer or Chairman of the Governing Board, Aging Services Representative, Aging Services Area Supervisor, Senior Accountant or Grants Management Budget Specialist 2 and the Deputy Director Aging Network Operations. The letter will inform the AAA that **NYSOFA will be withholding funding reimbursements because of two possible deficiencies.**

The CAARS\Client data has not been received in the prescribed format.

Client data does not meet the data quality rules as set forth in Section C. Quarterly Data Quality Review.

If you have reasons that would mitigate or explain why your AAA is unable to meet this deadline, please advise us via e-mail. If you receive an E-mail late notice in error, please reply to the e-mail immediately so that reporting staff can follow-up. This ensures that you will not receive a late letter in error.

View Reports

The standard CAARS reports can be viewed by going to <http://www.boedmz.ofa.state.ny.us/infoviewapp/logon.aspx>. This system uses the same username and password as noted above. A list of CAARS\Client reports can be found in Attachment K.

Section I - Area Agency Quarterly Report - NYSOFA #358

Overview

- These instructions incorporate all of the CAARS reporting requirements effective April 1, 2014.
- Periods Covered: April 1, 2014 – June 30, 2014; July 1, 2014 – September 30, 2014; October 1, 2014 – December 31, 2014 and January 1, 2015 - March 31, 2015 (The CAARS system accumulates data covering the State Fiscal Year).
- Cumulative data requested is from April 1, 2014.
- These instructions have been designed to follow the layout of the reporting forms.
- Complete all appropriate questions. Use estimates until final data is available.
- For all financial questions, **round to the nearest dollar. (Round up all Non-Federal, Non-State Share and Match amounts).**
- Complete Parts I A, B; II, and III each quarter. For Part I, question C. Staffing is only reported for the first quarter. Questions D. Provider Profile and E. Focal Points/Senior occurs just once a year with the final SFY quarterly report (i.e., the report ending March 31st).
- Comments may be sent as an e-mail attachment to the CAARS e-mail address, caarsreports@ofa.state.ny.us Comments must be labeled with AAA name, period covered, and contact person, if applicable.
- Contact Information:

NYS Office for the Aging
2 Empire State Plaza
Albany, NY 12223-1251

Bob Miller
Fax

(518) 473-1947
(518) 473-5177

By e-mail at: caarsreports@ofa.state.ny.us or clientdata@ofa.state.ny.us

Part I - General

A. Period Covered:

Information requested is completed by system.

B. Identification:

1. System will complete.
2. System will complete.
3. Enter name of person to be contacted for corrections (contact person).
4. Title of person (contact person) completing this report.
5. Area code, telephone number and e-mail address of contact person named above.
6. Area Agency on Aging director's review checkbox (*must be checked*).

C. Staffing

Area Agency Staffing: Develop the staffing profile of your agency as of June 30, 2014 for filled positions only. Enter the total number of full time equivalents (FTEs) and the total number of minority FTEs. Line 5, Total AAA Staff includes both paid staff and volunteers. The numbers reported should be consistent with those reported for June 30, 2013. For personnel classifications definitions, refer to Section VII, Glossary of Terms.

Note: *Full time equivalents (FTEs) should be based on local definition of what constitutes a full time employee. As an additional point of clarification, information systems activities should be included under "administration."*

When entering data on the Volunteer line(s), please do not enter the total number of volunteers. Enter the number of FTEs that would result when volunteer hours are aggregated. An estimate may be made by supervisors familiar with volunteer work activity for the year. AAAs are not expected to implement additional work requirements or record keeping to estimate volunteer FTEs. For Subcontractor volunteers, if possible provide your best estimate of the FTEs used by the subcontractor in providing the contracted services.

D. Provider Profile (Submit with January 1st - March 31st quarter.)

- a. Total number of Subcontractors providing services under a formal contractual agreement with the AAA.
- b. Total number of Subcontractors providing services to clients who live in rural areas.
- c. Total number of Minority Subcontractors providing services.

E. Focal Points/Senior Centers* (Submit with January 1st - March 31st quarter)

- a. On line 1, enter number of senior centers in the planning and service area.
- b. Of the total on line 1, enter on line 2 how many received Title III funds during the fiscal year.
- c. Of the total on line 1, enter on line 3 how many are designated as Focal Points. **
- d. On line 4, enter the total number of Focal Points operating in the planning and service area.

*Name & address of Centers/Focal Points are included in the Plan Roster.

**Focal Points: A place or mobile unit in a community or neighborhood designated by the area agency for the collocation and coordination of services.

Part II - Program Information (Complete Each Quarter)

A. EISEP Other Services (*April 1 to date*)

Please breakdown the total Other Services shown under the EISEP column on page 3, line 21 using the service categories provided. 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 provided and expenditures for the goods and/or services.

1. Home Modification(s) is a change to a particular location that fosters independence, safety or allows the person to carry out their daily tasks more easily (includes both or either materials and/or labor) – examples of this include but are not limited to installation of grab bar, widening door frame, building a ramp, lowering a counter, raising an electrical socket, installing a lighted door bell, replacing doorknobs with levers, accessible bath tub;

Unit – each modification includes all the materials and labor for each modification if the AAA provides both aspects of the modification, if the AAA only provides one component still count each component – materials for one modification or labor for one modification.

2. Home Maintenance/Repair intended to keep the person's home habitable and in good working order (includes both or either materials and/or labor) – examples of this include but are not limited to installing storm windows/screens, snow removal, lawn mowing, replace faucet, secure a loosened hand railing, and replace a step to the porch.

Unit – each maintenance or repair includes all the materials and labor for each maintenance job or repair if the AAA provides both aspects of the modification. If the AAA only provides one component, count each component – materials for each maintenance/repair job or labor for each maintenance/repair job.

3. Assistive Devices/Equipment, also referred to as assistive technology, that is intended to increase, maintain or improve functional capabilities of a person with limitations and thereby fosters a person's independence, safety and quality of life (includes the item and its installation, if required, and if the AAA includes both aspects) – examples of this include but is not limited to tub seat, lift vests, modified telephone (e.g., headset, large buttons, speakerphone), medication dispenser, chair lift, and/or stair glide.

Unit – each item, including installation, if required, and provided by the AAA.

4. Household Appliance is a household item that is needed to maintain the person in his/her home safely or will foster the person's independence and ability to carry out daily tasks more easily (include item and installation if required and provided by the AAA) – examples of this include but is not limited to stackable washer and dryer, air conditioner, microwave oven, toaster oven.

5. Miscellaneous Personal Items includes adaptive clothing, protective undergarments (for incontinence), adult diapers, cooking utensils, bedding, and/or adaptive silverware.

Unit/Item – each category/grouping provided to a client (e.g., adaptive silverware is one unit).

6. Other – anything that does not fit into one of the above categories and was included under "other services".

B. Cumulative Amount of Cost Sharing Accrued from EISEP/CSE Clients

1. - 2. (Before any transfers) enter the total amount of cost sharing collected or expected to be collected for services April 1 to date, regardless of when the cost share is actually received (i.e., on an accrual basis).
3. Enter the amount, if any, of EISEP cost sharing transferred to CSE.
Note: In subsequent quarters it will be necessary to adjust amounts in a, b, or c, for any accrued cost sharing previously reported which the AAA was not able to collect.

C. Non Registered Services (Cluster 3)

For cluster 3 (non-registered) services, **enter the estimated unduplicated count of persons served to date.** Estimates should reflect a reasonable estimate of actual persons served. **Service recipients reported should be age 60+.** Exceptions to this exist for I & A and caregivers services funded by Title III-E and NYConnects. Question a. 12, Total Non-Registered Persons Served on page 2 of the CAARS quarterly must **only include persons age 60+.** Note this is an estimate and does not require demographic information to be collected.

D. Title VII Expenditures: Indicate **Federal funds only** spent this quarter on the accrual basis. Round expenditures to the nearest dollar. Remember to also include this amount on Page 3 Expenditures line 20 in the Other column. The amount reported on Page 3, line 20 in the Other column may exceed Title VII expenditures due to funding from other sources but it may not be less than Title VII expenditure.

E. State Transportation Information: Enter the units of transportations service, the total expenditures and program income provided this quarter under the State Transportation Program. (Refer to 06-PI-14 for additional information.)

F. Long Term Home Health Care 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 cannot earn NSIP funding from NYSOFA. **Note the clients and services files submitted should reflect the meal counts reported here.**

G. Title V Expenditures:

- All data requested is for the quarter being reported.
- Do not include programs administered through National Sponsors for employment programs, e.g., N.C.O.A., Green Thumb, etc.
- Round all expenditures up to the nearest dollar and report whole dollars only. Non-Federal Matching Funds one cent or greater must be rounded up to the next dollar.
- Column A. Total accrued expenditures for the quarter being reported. The federal funds may not exceed 90% (rounded up) of the total expenditures.
- Column B, C, and D reflect appropriate breakdowns of the accrued expenditures reported in Column A.

Part III - Program, Services and Expenditure Breakdown - Federal\State Programs:

- The order of services is the same as the Service Delivery Objectives and Resource Allocation Plan page of the current Four Year and Annual Implementation Plans.
- Complete the lines for all services provided by the area agency and its subcontractors during the quarter.
- Expenditures for comprehensive assessments and reassessments conducted for non-case managed home delivered meals (HDMs) recipients and assessments for short term HDM recipients (Refer to 98-PI-25 for further information) may be reported on the case management line under SNAP on Page 3 as well as other programs as appropriate.

Amount of Funds Spent on an Accrual Basis This Quarter

- This column is divided into twelve sub-columns representing various funding sources provided by the area agency.
- Title VII data is included in the Other column, line 20 and on page 2, Part II. E.
- Shaded areas show where funds may not be used. See Technical Assistance Memo 82-TAM-III-B-6 (C-6) dated August 12, 1982 for further information on the use of III-C contributions to pay for the cost of supportive and access services.
- Expenditure data is reported on the accrual basis. **That is, expenditures are recorded when incurred and for the period for which benefit is received regardless of when the bill is received and/or payment is made.** When actual expenditures are not known in time to meet reporting deadlines, the area agency must provide estimated data on its Quarterly report. When estimates are needed for subcontractor expenses, the subcontractor should provide the estimates to the area agency.
- For Definitions of Services Units of Service see Standard Definitions for Service and Units of Service, 2014.
- All expenditure data must be rounded and reported to the nearest full dollar.
- For each funding source, the Total (line 23) must equal the sum of funding (lines 24, 25, 26 and 27), except for the "Other" column. It must also equal the sum of lines 1-22.
- Title III-E column(s)
 - All Funds - includes data for all expenditures for services provided under this program for all recipients.
 - Grandparents Only - Enter only Title III E Grandparent services expenditures.
- On line 25 enter the total NSIP/Commodity Food expenditures utilized for that program.
- The minimum matching requirements for Titles III-B, III-C-1, III-C-2, III-D and III-E must be satisfied each quarter. Use the following method to calculate the minimum required Non-Federal share:

Take the amount of the Area Plan Administration costs (line 22) and multiply by 25% and round up to the nearest dollar. From the Total amount (line 23), subtract the total Area Plan Administration costs (line 22); also subtract Program Income (line 24), if any, since income can be used only to expand services. The resulting figure is the portion that must be matched on a 90%/10% basis and round up to the nearest dollar. Multiply this amount by 10% and round up to the nearest dollar and then add the result to the figure calculated from 25% of administrative costs. This gives you the minimum required Non-Federal Share for the Title III programs. See Worksheet, Section IV of these instructions, to determine minimum match requirements. Your Agency may provide more than the minimum required local match. In this case, refer to the approved budgets for the appropriate matching percentages. For Title III-D, this calculation is simplified because the funds cannot be used for Area Plan Administration.

- The minimum matching requirement for Title III-E must be satisfied each quarter. Take Total amount (line 23) subtract Program Income (line 24) and multiply the result by 25%. Round this amount up to the next dollar to get the minimum required local share.
- For Title III Programs, page 2, do not report any Program Income amounts on line 27a - Non-Federal Share (From Program Income). The Administration on Aging (AoA) has determined this to be ineligible as a source of match.
- Also, the amount reported on lines 24 and 27a. should equal the actual amount of program income collected during the reporting quarter. For the Community Services for the Elderly and Expanded In-home Services for the Elderly Programs, the breakdown of the Total Costs (line 23) on lines 24, 25 and 26 should be based on the following:
 - CSE/EISEP Planning/Implementation Costs (line 22) are 100% State Aid funded.
 - The sum of lines 24 and 27a. should equal the total amount of CSE/CSI/EISEP program income (contributions and accrued cost sharing) expended during the quarter. Please note, program income used as match under line 26a is limited to contributions only; CSE and EISEP cost sharing income may not be used as match. Accrued cost sharing under EISEP that is transferred to CSE should be reported in the CSE column on Line 24. Note that in subsequent quarters it will be necessary to adjust Line 27 for any accrued cost sharing previously reported that the AAA was not able to collect.
 - The Net Services Costs (line 23 minus line 22 minus line 24) are funded at 75% / 25%.
 - When calculating minimum required local match amounts, **always** round up to the next dollar. That is, Non Federal/State Share one cent or greater must be rounded up to the next dollar. If Non Federal/State Share is increased (rounded up), the Federal/State dollars must be decreased (rounded down).

Section II, General Requirements/Information for Client Specific Data

A. DATA REQUIREMENTS

1. AAAs are required to transmit client data for any Cluster 1, Cluster 2, Cluster 3 and Caregiver Clients (Title III-E) active as of **April 1, 2009** or subsequently added as a new client. Each quarter AAAs should generate data using these same criteria. This will allow new information entered during the latest quarter and any changes to existing data entered during the latest quarter to be captured using the same process. The data contained in these files provides information NYSOFA uses to meet both Federal and State reporting requirements as well as to perform necessary monitoring and assessment activities. The data in these files replaces the client and unit information previously collected as part of the CAARS quarterly system.

2. The following files are required for submission and must use the listed file names:

Clients.txt	Basic client identifying data, Nutrition Profile & NSI, Informal Supports, Financial Information, and Benefits/Entitlements (1 record per client)
Services.txt	Monthly units of service delivered (1 record per month per service per fund per client)
ADLIADL.txt	Client ADL/IADL needs (1 record per client)
Caregivers.txt	Caregiver type and relationship (1 record per client)
Characteristics.txt	Client Characteristics (1 record per characteristic per client)
Healthevents.txt	Hospital, emergency, physician visits, etc. (1 record per event per client)
Careplans.txt	Care Plan Services (1 record per service per client)
Elderabuse.txt	A record is required for each report of abuse.

3. Data must be sent to NYSOFA quarterly following the CAARS submission schedule.

4. NYSOFA will not require or store client names or Social Security Numbers in its centralized database. Therefore, these specifications do not include these fields as part of the AAA data submission to NYSOFA.

5. Reporting requirements are tied to the NAPIS cluster designations for services. Clusters are defined as follows:

Cluster 1 services:	Personal Care Levels I & II, Home Health Aide, Home Delivered Meals, Adult Day Care Services and Case Management, Consumer Directed In-Home Services
Cluster 2 services:	Congregate Meals, Assisted Transportation\Escort, and Nutrition Counseling
Cluster 3 services:	Transportation, Legal Assistance, Nutrition Education, Information & Assistance, Outreach, In-Home Contact & Support, Sr. Center/Rec Education, Health Promotion, PERS, Caregiver Services, Other/Local
Caregiver/Grandparent	Counseling/Support Groups/Training, Respite, Supplemental, Information, Access Assistance

6. Some files and/or data elements will be required for all Cluster 1, Cluster 2 and Caregiver service recipients; other files and/or data elements will be requested for clients receiving specific services. A Summary Table is provided in Attachment C - Fields Required by Cluster, showing which files are needed for each cluster. For example, data on ADL and IADL limitations will be required for Cluster 1 clients, but not for other clients.
7. Within specific files, some data elements will be required for all clients in the file and other data elements will be required only for those clients receiving services. For example, date of birth is required for all clients in the CLIENTS file. However, type of housing is required only for clients receiving Cluster 1 services.
8. Information on the number of participants at high nutritional risk is collected for all clients receiving Home Delivered Meals, Congregate Meals, Nutrition Counseling and Case Management using the NSI screen during the registration process or thereafter.
9. For both files and data elements, the following designations are used in Attachment A, File Specifications to note whether the information is required:
 - R Required for either NAPIS reporting or NYSOFA management/advocacy
 - M Information valuable to NYSOFA for ongoing monitoring, management and advocacy activities. If the data is available, NYSOFA would like to receive it from all AAAs from **April 1, 2009** forward. NYSOFA may require this information at a future date.
10. NYSOFA continues to review its longer term data needs and may require additional data by client in the future in such areas as:
 - Client Care Plan Outcome Statements
 - Compliance with the Government Performance Results Act (GPRA)
 - Medications taken by client
 - Presenting problems
 - Nutrition related profile information such as use of nutritional supplements and ability to open containers
 - Frequency and occurrence of significant client events such as reassessments,
 - Historical/prior information to allow analysis of changes over time in such areas as:
 - Client characteristics
 - IADL/ADL needs
 - Nutritional status
 - Financial information
 - Benefits/Entitlements information

B. Technical Considerations

1. AAAs will be required to transmit cumulative client data for any Cluster 1, Cluster 2 and Caregiver /Grandparent clients active as of **April 2009** or subsequently added as a new client. Each quarter AAAs should generate data using these same criteria. This will allow both new information and any changes entered during the latest quarter to be captured using the same process. NYSOFA will delete the AAA information on its centralized database and replace it with the new data files.
2. Each record on the CLIENT file will be used to establish a client record in the consolidated database. Each client receiving Cluster 1 and/or Cluster 2 and/or Caregiver/Grandparent services must be included on this file. Non-registered clients receiving only Cluster 3 services may be included on this file if they are part of the database. Clients receiving non registered services who are not registered will be reflected in the client file using the appropriate 9999..... anonymous record key.

3. Each client must have an assigned Record Number/KEY which is unique. This Record Number/KEY must be used consistently in all tables to link all data for the same client. The scheme used for this number is up to the AAA to determine.
4. Where data is coded, AAA data must be translated into the equivalent codes provided. For example, if a local data base contains a field 'marital status' with a code of 4 for 'widowed', it must be changed to a code of 2 to correspond to the appropriate coding scheme being used in NYSOFA's consolidated database.
5. Numeric fields should be right-justified and zero-filled. For example, a monthly income of \$455 should appear in the 5-character field as 00455.
6. All files are in standard ASCII (text) format with fixed length records.
7. Files are to be submitted using NYSOFA's FTP web site, <https://reporting.ofa.state.ny.us/>. This site uses the same username and password for access as you are currently using for the AAARIN website. Also, when going to this site you may be prompted to install a Java script. This is required as Java is used by the application. You may need IT support to do this install. Additionally you may see the prompt Continue to this website (not recommended). It is safe to go to this site. There is a Certificate Error but it is procedural and does not affect the safety of the site. Further instructions can be found on page 24 in this guide.
8. Data files no longer are to be submitted using a file compression utility such as WinZip. Only submit files in the required "text" format.
9. At this time it is not required that data be encrypted; however, AAAs wishing to do so should coordinate this effort with NYSOFA to insure that the data can be decrypted when received.
10. **All files must conform to the Attachment A File Specifications for field length, characters used and file length.**

C. Quarterly Data Quality Review

To help with identifying critical data completeness issues, NYSOFA will develop a report to show the reporting status for missing service records, missing ADL/IADL Count, and missing Nutrition Risk Score. This report will be shared with the AAAs on a quarterly basis. The following are the criteria used to determine data completeness: See Att. N. for more information.

- **Missing Service Records: Two or more Cluster 1 services (Personal Care Services, Case Management, Home Delivered Meals, Adult Day Services) with more than 50% service records not reported as compared to the number of clients reported through the verification report.**
- **Missing Functional Status (ADL/IADL): More than 50% of Case Management missing functional status counts.**
- **Missing Nutrition Risk Score: More than 50% of Home Delivered Meals or Congregate Meals clients missing nutrition risk score.**

Note AAAs not meeting these criteria will result in a letter being sent to the AAA director, County's Chief Executive Officer or Chairperson of the Governing Board advising that NYSOFA will withhold funding reimbursements until required data are received or a work plan acceptable to NYSOFA to address the issues with reasonable timelines.

Section III - Title III-E Service Matrix (Crosswalk)

TITLE III-E SERVICE COMPONENTS with NAPIS Codes that a caregiver receives when receiving a Title III-E funded service.	CORRESPONDING NYSOFA STANDARD SERVICES that the caregiver or care receiver is provided in order to show the Title III-E component services and to provide a linkage to the CAARS expenditures.
Counseling, Support Groups & Training* (Code 902)	Caregiver Services (Code 527)
Respite (Code 903)	CD In-home Services (206) PC Level II (Code 202) PC Level I (Code 205) Home Health Aide (Code 201) Adult Day Services--social adult day or adult day health (Code 510) In-home Contact and Support--when in-home supervision and monitoring will be provided (Code 526) Other--for those services not separately defined, e.g., overnight respite, which may be provided at a nursing home, adult home, or other appropriate facility (Code 602)
Supplemental Services (Code 904)	Home Delivered Meals (Code 401) Congregate Meals (Code 402) Nutrition Counseling (Code 502) Assisted Trans./Escort (Code 504) Transportation (Code 101) Legal Assistance (Code 301) Health Promotion (Code 512) Nutrition Education (Code 501) Personal Emergency Response Systems (Code 509) Other--for those services not separately defined, e.g., home modifications, etc. (Code 603)
Assistance (Code 905)	Case Management (Code 505) Information and Assistance (Code 103)
Information (Code 906)	Outreach (Code 102) Other Services, i.e., Public Information (Code 604)
* Training events that do not require preregistration and are open to the public should be reported as Information.	
The CLIENT TYPES/FUNDING SOURCES codes for Title III-E services are 16 – III–E Caregiver and 20 – III–E Grandparent. Title III-E expenditures are reported on page 3 of the CAARS online form following the above crosswalk. Title III-E Other has been separated so they are tagged to the specific services.	

Section IV - Minimum Match Determination Worksheet

Instructions to Determine Minimum Match Requirements - The minimum match requirements must be reported **each quarter**. The following formula must be followed and is designed to assist your determination of the **MINIMUM** amount required for Non-Federal Share under Titles III-B, III-C-1, III-C-2, and III-D(*):

(*): Please note for III-D, Area Plan Administration is not an allowable expense and should not be included in the calculation.

Step 1) Line #22 Area Plan Admin.					
	x .25 (25%)	=			
			Figure 1		
Step 2) Line #23 Total					
Minus Line #22 Area Plan Admin.		-			
Minus Line #25 Program Income		-			
	Subtotal =				
	x .10 (10%)	=			
			Figure 2		
Step 3) Figure 1					
Figure 2	+				
	MINIMUM REQUIRED MATCH	=			
Step 4) Round this amount up, even if it is only one cent over the dollar. The Minimum Required Match must equal the Total of Lines 27a.-27b. Your reported match may be higher.					

For CSE and EISEP the formula to determine **MINIMUM** Non-State Share is:

Step 1) Line #23 Total					
Minus Line #22 Plan/Impl.		-			
Minus Line #24 Program Inc.		-			
	Subtotal =				
	x .25 (25%)				
	MINIMUM REQUIRED MATCH	=			
Step 2) Same as Step 4 in Title III formula.					

Section V, Reporting Tips

General Notes

If you use purchased software, **always be sure you are using the most recent version** of it and any additional tools that may be provided. In addition if your vendor provides intake forms such as those that are designed to meet the requirements of the NYS Compass form, make sure you are using the most recent version of those forms.

Information and Assistance

The reporting of persons served and services provided under Information and Assistance is certainly different than other services. Under I & A, a person may call and simply request information as to where a service is provided or where to go to find adult day services. In that case the person need not be counted and the anonymous code 9999999993 can be used; the unit of service is one hour so in this case .25 is counted. The same person may call a different time and ask more detailed information about Adult Day Service. During that call the worker asks more information about the caller and the reason for the call. Using information received from the caller, the worker describes in detail the service and sets up a referral to a case manager. In this case the individual and the unit which may extend beyond an hour may be reported.

Client's Age

If an older person declares they are age 60 or older but does not provide a date of birth, you may enter a date 60 years back.

Attachment A, Client Data Specifications

The file specifications outline the format to be used for each field. Failure to conform to the required format will result in errors and data not being processed. One example of this is the services file, which requires the count of units provided to be limited to ten spaces, 0000000.00. If this format is not followed we are unable to process that data. Additionally each of the files lists the county code as the first two spaces. AAAs are required to show only their county code. Incorrect County codes cannot be processed. Also the file names used must match the names used in the file specifications that are clients.txt, adliadl.txt, services.txt, healthevents.txt, characteristics.txt, careplan.txt, caregiver.txt and elderabuse.txt.

Note when entering Overall cost share, this is to be entered as a percent and should not exceed 100 %.

2014 Revisions:

a. Client File

For clients who are **Only** receiving a home delivered meal a date field has been added for the Six Month Contact. Refer to 97-PI-20, Subject: Program and Policy Changes Related to Implementation of MDS: (A) Home Delivered Meals; (B) EISEP and CSE EISEP-Like Services; and (C) All Six Community-Based Long Term Care Services dated July 10, 1997 and Attachment M - Areas to Be Covered During the Six-Month Contact for Non-Case Managed Home Delivered Meals Clients.

Under Financial Information the requirement has been changed to request the total monthly income for both the individual being assessed and the household income be reported for cluster 1 clients. The poverty status, being at 100% and 150% is required for both clusters 1 & 2.

Under Informal Supports for both the primary and secondary a field has been added for where the informal support has been identified as being a defined care giver, specific services can be checked if they will have the dual purpose of providing respite to the care giver.

A question has been added for local use if additional information is requested on care givers services.

The section, Client Receiving Eligible Meals Who Are Otherwise Non-Eligible has been reworded to be Client Receiving Eligible Meals. This has been done to broaden the questions use. Two categories have been added:

- Clients Receiving HDM for 10 consecutive days or less – this allows meals provided under circumstances to be reported for NSIP reimbursement without an assessment being done. For example a person who will only need meals for two weeks after being discharged from a hospital.
- Title III-E Caregivers Age 60+ receiving HDM who have not been assessed – this allows meals provided to a care giver who is 60 and older who has not been assessed to receive an NSIP eligible meal. The provision of this meal would be in the best interest of the care receiver.

g. Elder Abuse File

A category of elder abuse has been added for None Reported

Attachment B - CLIENT FILE CODES

B. STATUS / SUBSTATUS Codes

Status and sub status codes are used to show clients who are active and receiving services or who have become inactive or terminated.

A client in the program who is receiving services should be tagged as being an active client (1) and have a sub status code of either 20 = Case Managed or 35= NONCASE Managed. See Att. L for examples of Case Managed/Noncase Managed recipients.

One example of this would apply to SNAP clients as the time spent doing the required assessment can be reported as a case managed service. Again, unless the case management service meets the Standard Definition of Service for Case Management, the client is not a case managed client so the client would be tagged as a Noncase Managed client.

A client who receives short term home delivered meals for example a person released from the hospital who receives a discharge plan that calls for a home delivered meal for two weeks. The plan is that the person will return to their daily routine after that time and no longer need the meal or the required assessment. The client in this example would not be a case managed client and would be tagged as a Noncase Managed client.

An additional example would be where an AAA provides a “shelf ready” emergency meal. If the person receiving the meal is not a registered home delivered meal client but would otherwise be program eligible, the meal would be counted as a NSIP eligible and the clients in this example would not be a case managed client and would be tagged as a Noncase Managed clients.

Another example is where an EISEP case manager may do an assessment for a potential client but for some reason that client does not become case managed. The AAA is allowed to count the time spent in doing the assessment as units of case management.

It is important to **correctly** utilize the case managed (20) and noncase managed (35) codes. Starting in SFY 2014-15, NYSOFA system will filter out noncase managed clients when we conduct NAPIS Data Review (Case Management). We understand that some clients receiving case management units may not have complete assessment data. Excluding these cases in the NAPIS Data Review (Case Management table) may help to reduce missing rate.

This is also helpful for the ASRs' assessment date review. For example, clients receiving EISEP case managed units but not becoming 'case managed' will be filter out from the EISEP Assessment Date report.

We hope that this change is a way to reduce staff time in investigating why some 'case management' clients do not have complete assessment data and/or do not have reassessment (every year).

The following is a brief synopsis of what is required for case management.

For a client to be reported as a case management client, he/she must be receiving or expected to receive all the components of Case Management as found in the standard definition. Case management consists of assessment and reassessment, care planning, arranging for services, follow up and monitoring and discharge. These activities must be provided by or under the direction of the designated case manager or case manager supervisor. Standard Definitions (11-PI-03).

If a client has become inactive or terminated, please select from one of the sub status codes that best describes the reason why. You may need to contact your software vendor to learn how these selections are to be implemented.

D – SERVICES

Coding for use in identifying nonregistered participants in client and service

Nonregistered clients receiving only cluster 3 services are on page 2 of the online CAARS reporting web page and in the electronic client files.

For the client based reporting using the client.txt/ services.txt files, recipients of nonregistered services who receive a Cluster 1 or Cluster 2 service can still be entered into the system using their unique identifying record key. AAAs will also have the option of using one of the 10 digit anonymous record keys provided in ATTACHMENT B, CLIENT FILE CODES. These codes need to be associated with the appropriate service to meet reporting requirements.

• Elder Abuse	Each contact	9999999980 as the record number/key
• III-E Assistance	Each event/activity	9999999982 as the record number/key
• Other Services General (601)	Each event/activity	9999999983 as the record number/key
• Other Services III-E Information (604)	Each event/activity	9999999984 as the record number/key
• In-Home Contact & Support	Each contact	9999999985 as the record number/key
• Sr. Center Recreation/Education	One group session	9999999986 as the record number/key
• Health Promotion	Each Participant	9999999987 as the record number/key
• Personal Emergency Response (PERS)	One unit	9999999988 as the record number/key
• Caregiver Services	Each Participant	9999999989 as the record number/key
• USDA eligible seniors, spouses, disabled persons living in Senior Housing	Each meal	9999999990 as the record number/key
• Guests/staff under 60 & other ineligible	Each meal	9999999991 as the record number/key
• USDA eligible volunteers	Each meal	9999999992 as the record number/key
• Information & Assistance	One hour	9999999993 as the record number/key
• Food handlers	Each meal	9999999994 as the record number/key
• Transportation	One Way Trip	9999999995 as the record number/key

- | | | |
|------------------------------|------------------|-------------------------------------|
| • Legal | One hour | 9999999996 as the record number/key |
| • Outreach (Including III-E) | Each contact | 9999999997 as the record number/key |
| • Nutrition Education | Each Participant | 9999999998 as the record number/key |

Examples:

HIICAP provided Information & Assistance, Outreach and Other reported in CAARS on the appropriate service line with funds entered under the “Other” column. For Client data HIICAP funded units of Information & Assistance would be reported using the service code of 103, funding type code of 21 and would use Record Key 9999999993, Outreach would be reported using the service code of 102, funding type code of 21 and would use Record Key 9999999997 and Other would be reported using the service code of 601, funding type code of 21 and would use Record Key 99999999983.

NYConnects provided Information & Assistance would use the service code of 103, funding type code of 24 and would use Record Key 9999999993.

Long Term Home Health Care Program Meals which are not eligible for NSIP funding would be coded as 403 for an ineligible congregate meal or 404 for an ineligible home delivered meal, a funding type code of 05 and would use Record Key 9999999991.

State Transportation Program units would be reported using a code as 101 with a funding type code of 05 and may also use Record Key 9999999995.

Congregate Meals:

Service codes are available for ineligible meals so that 403 are for Ineligible Congregate and 404 are for Ineligible Home Delivered Meals. One use is to code meals that are ineligible and for consumers who are otherwise eligible. One example of seniors who are otherwise eligible is where a third party, such as a municipality pays a flat rate and seniors are **charged** for the meal. The seniors attending that center are 60+ and would be eligible but the meals are not USDA eligible because there is a charge.

If you serve a USDA eligible senior at say a picnic, and know the meal is eligible but do not have any identifying information about the senior except to know they’re eligible, or serve a spouse of an eligible senior or a disabled person living in Senior Housing, then you can use the client file record key, 9999999990 representing that person and that same record key in the services file with the service code of 402.

If while doing a visit to a meal site and have lunch, you should be coding 9999999991 in the client file as a Guest or Staff under 60 and appear in the services file with that code and with the service code of 402.

A food handler working in the kitchen should be coded 9999999994 in the client file, and appear in the services file with that code and the service code of 402.

Note: All systems should have these codes available. We have found these codes to be under used in reported data. These codes are necessary when reporting Cluster 3 service information, anonymous congregate meals and for reporting ineligible meals now reported in CAARS. Contact your vendor or developer to ensure that the software allows the user to enter this information.

E. CLIENT TYPES/FUNDING SOURCES

In addition to the programs listed below, services provided may also be reported as being provided informally when necessary an informal support.

Allowable Service Expenditures by Fund

The following table shows by service the allowable funds. Software settings should ensure that AAAs do not select incorrect funding type for services.

Services		Allowable Funds
PC Level II (H/PC)	One Hour	Title IIIB, Title IIIE, EISEP, CSE, Other , Vet, Infor
PC Level I (H/Chore)	One Hour	Title IIIB, Title IIIE, EISEP, CSE, Other, Vet, Infor
CD In-home Services	One Hour	Title IIIB, Title IIIE, EISEP, CSE, Other, Vet, Infor
Home Health Aide	One Hour	Title IIIB, Title IIIE, CSE, Other, Vet
Home Delivered Meals	One Meal	Title IIIC-2, Title IIIE, EISEP, CSE, WIN, Other, Infor
Adult Day Services	One Hour	Title IIIB, Title IIIE, EISEP, CSE, Other, Vet
Case Management	One Hour	Title IIIB, Title IIID, Title IIIE, EISEP, CSE, WIN, Other, Vet
Congregate Meals	One Meal	Title IIIC-1, Title IIIE, EISEP, CSE, WIN, Other
Nutrition Counseling	One Hour	Title IIIC-1, Title IIIC-2, Title IIID, Title IIIE, EISEP, CSE, CSI, WIN, Other, Vet
Assisted Trans.	One Way	Title IIIB, Title IIIC-1, Title IIIE, EISEP, CSE, CSI, WIN, Other, Vet, Infor
Transportation	One Way	Title IIIB, Title IIIC-1, Title IIIE, EISEP, CSE, CSI, WIN, Other, Vet, Infor
Legal Assistance	One Hour	Title IIIB, Title IIIE, CSE, Other, Vet
Nutrition Education	Each Participant*	Title IIIC-1, Title IIIC-2, Title IIID, Title IIIE, CSE, CSI, WIN, Other, Vet
Info & Assistance	Each Contact	Title IIIB, Title IIIC-1, Title IIIC-2, Title IIID, Title IIIE, Title V, CSE, CSI, WIN, HIICAP , LTCIEOP , POE , Other, HEAP, WRAP, MIPPA, Vet
Outreach	Each Contact	Title IIIB, Title IIIC-1, Title IIIC-2, Title IIIE, CSE, CSI, WIN, HIICAP , LTCIEOP ,Other, Vet
In-Home Cont. & Sup.	Each Contact	Title IIIB, Title IIIC-1, Title IIIC-2, Title IIIE, EISEP, CSE, WIN, Other, Vet, Infor
Sr. Center/Rec & Educ.	Group Session	Title IIIB, Title IIIC 1, Title IIID, CSE, CSI, WIN, Other, Vet
Health Promotion	Each Participant	Title IIIB, Title IIID, Title IIIE, EISEP, CSE, CSI, MIPPA , Other, Vet
Per. Emerg. Response	One Unit	Title IIIB, Title IIIE, EISEP, CSE, Other, Vet
Caregiver Services	Each Participant	Title IIIB, Title IIID, Title IIIE, CSE, CSI, Other, Vet, Infor
LTC Ombudsman		Title IIIB, Other
Other Services	As Applicable	Title IIIB, Title IIIC-1, Title IIIC-2, Title IIID, Title V, EISEP, CSE, CSI, WIN, HIICAP , LTCIEOP , POE , Other, HEAP, WRAP, MIPPA, Vet, Infor
Counseling, Support Groups & Training	As Applicable	Title IIIE (16/20)
Respite	As Applicable	Title IIIE (16/20)
Supplemental	As Applicable	Title IIIE (16/20)
Access Assistance	As Applicable	Title IIIE (16/20)
Information Services	As Applicable	Title IIIE (16/20)
Other Services Respite	As Applicable	Title IIIE (16/20)
Other Services Supplemental	As Applicable	Title IIIE (16/20)
Other Services Information	As Applicable	Title IIIE (16/20)

*Refer to Standard Definitions of Service 2011 for unit count information on distributed materials and media usage.

F. Nutrition Services Incentive Program (NSIP) Eligibility and Reporting

NSIP Eligibility:

Claimed Meals – all meals claimed for NSIP reimbursement must meet the nutritional requirements of the program (1/3 Dietary Reference Intake (DRI)). This extends to program variations such as the Restaurant Voucher option. In addition, if participants have been charged a fee or made to pay for a meal(s), those meals may not be claimed for reimbursement.

Congregate Meals

- People 60 years of age or older, and their spouses regardless of age.
- Volunteers who assist in the meal services during meal time.
- Disabled individuals under age 60 who reside at home with an eligible congregate participant.
- Individuals under age 60 with disabilities who reside in housing facilities occupied primarily by older individuals at which congregate meals are provided.

Home Delivered Meals

- Any person age 60 or older is eligible to receive home delivered meals provided that such person:
 - (i) is incapacitated due to accident, illness or frailty;
 - (ii) lacks the support of family, friends or neighbors; and
 - (iii) is unable to prepare meals due to a lack or inadequacy of facilities, or an inability to shop, cook or prepare meals safely, or a lack of knowledge or skill.
- The spouse of such a person, regardless of age, may receive home delivered meals if, according to criteria determined by the area agency, receipt of such meals is in the best interest of the eligible elderly person.
- Nonelderly disabled persons living with an eligible person.
- Volunteers who assist in the meal services/deliver the home delivered meals can be provided a meal. The meal would be considered a NSIP eligible meal; the volunteer would not be considered a home delivered meals client.

NSIP Meals under National Family Caregiver Support Program (NFCSP)

- A caregiver who is a spouse, regardless of age, may receive a Congregate Meal/ HDM and have that meal counted for NSIP under IIC-1/ III-C2.
- A caregiver, who is not a spouse (but could be another family member) and is over 60, could receive a HDM, funded by Part E, Supplemental Services. **This meal would NOT be eligible for NSIP** (it does not meet the requirements for C-2 of the OAA and its regulations).
- A caregiver, who is not a spouse (but could be another family member) and is under 60, could receive a Congregate Meals /HDM funded by Part E, Supplemental Services. **This meal would NOT be eligible for NSIP.**
- Care receivers who receive a meal as a Supplemental service must also meet the definition of "Frail" in the Older Americans Act (see below).

Section 102: (A)(i) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or (B) due to a cognitive, or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

Source: Unofficial Compilation of the Older Americans Act as Amended in 2006

Reporting Eligible Meals:

To Report Home Delivered Meals (**Service Code = 401**) for:

- People 60 years of age or older must have their service information reported using their own Record Key.
- Spouses of the older people (under age 60) use 9999999990 code to enter service information.
- Nonelderly disabled persons living with an eligible person, use 9999999990 code to enter service information.
- Eligible Volunteers, regardless of age, use 9999999992 code to enter service information.

To Report Congregate Meals (**Service Code = 402**) for:

- People 60 years of age or older must have their service information reported using their own Record Key.
- Spouses of the older people (under age 60) use 9999999990 code to enter service information.
- Disabled individuals (under age 60) use 9999999990 code to enter service information.
- Eligible Volunteers, regardless of age, use 9999999992 code to enter service information.

Additional reporting tips:

If the spouses of the older people, nonelderly disabled persons living with an eligible person/or living in senior housing, and NSIP eligible volunteers have their own unique Record Key, NYSOFA system will filter out these cases when we conduct NAPIS Data Review (e.g., review missing rate for functional status, high nutrition risk, poverty status and/or basic demographic characteristics) and overdue assessment date review. Please provide this information by tagging these clients in your system. If you do not know where to enter this information to your system, please contact your software developer.

Starting in SFY 2014-15, we also need your help to identify HDM clients receiving meals for only a very short period of time (10 consecutive days or less) due to emergency situation. For the clients requiring immediate provision of services prior to assessments, NYSOFA Nutrition Standard allows and provides the flexibility to conduct assessments within ten days of starting service. Note: this rule only applies to the emergency situation; AAAs should not routinely enroll individuals prior to assessments.

For HDM clients receiving meals 10 consecutive days or less with their own unique Record Key, NYSOFA system will filter out these cases when we conduct NAPIS Data Review and overdue assessment date review.

This rule will also apply to - Title III-E Caregivers Age 60+ receiving HDM who have not been assessed. NYSOFA system will filter out these cases when we conduct NAPIS Data Review and overdue assessment date review.

Reporting Ineligible Meals:

Home Delivered/Congregate Meals (**Service Code = 403/404**) for:

- People under 60 (noncaregivers) and not eligible for NSIP meals use 9999999991 to enter service information.
- Other NSIP ineligible meals (e.g., LTHHCP (29)).
- Use these service codes for meals that are ineligible and for consumers whose meals are ineligible but they are otherwise eligible.

Reporting Caregiver Meals:

All caregivers who receive meals as supplemental services funded under IIIE should have their own Record Key and use Service Code 904.

If a caregiver is program eligible or the spouse of care receiver and receives meals funded under IIIE, the meal is NSIP eligible provided any other applicable program rules are met.

G. Reporting Websites

The user name and password used to access the AAARIN can be used to access the following web sites. For those who do not have one and need it, a request can be made by the AAA Director through their ASR. User IDs and passwords are sent via US mail.

NYSOFA Budgeting and Reporting Systems

The CAARS Data Entry page has been revised. Area Agency staff will no longer be choosing a county and logging in with that county's password. Instead, staff will use their individual NYSOFA IDs and passwords to log in. Additionally, while the CAARS and AIP forms themselves will remain the same, the "look and feel" of the system will be changing. These changes will make the system more user-friendly, accessible, and secure. The new link for this is:

<http://www.reporting.aginq.ny.gov>.

NYSOFA Data Exchange

This site eliminates the need to use compressed (Zipped) files when submitting the associated client files to NYSOFA. Now the client data files can be submitted using a simple Windows click and drag method. This site will also be used when NYSOFA needs to transmit a file to an AAA that exceeds e-mail size limits. When copying a file from NYSOFA to your local computer you may experience "Transfer Failed" before it reaches 100%. There can be many reasons for this. Simply try it again, the software will continue the transfer at the point it failed. In the future, an e-mail will be sent to the AAA advising them that the approved AIP is in their county folder and available for download. The link for this site is: <https://reporting.ofa.state.ny.us/>.

NYSOFA Report Viewer

NYSOFA has long had a policy of providing reports using the data submitted using the CAARS, AIP, and recently the client files. Currently these reports are created after the majority of reports have been received from the AAAs and made available as a PDF file on the AAARIN site under Reporting. In the past users were able to run units of service and expenditures reports from the CAARS Data Entry pages. Using this site allows authorized users to select a report, select their county and time period and run the report. These reports can be printed or exported to a PDF file or MS Excel format. The link for this site is:

<http://www.boedmz.ofa.state.ny.us/infoviewapp/logon.aspx>

Section VI - County Codes

County	County	County
01 Albany	22 Jefferson	42 Schenectady
02 Allegany	23 Lewis	43 Schoharie
03 Broome	24 Livingston	44 Schuyler
04 Cattaraugus	25 Madison	45 Seneca
05 Cayuga	26 Monroe	46 Steuben
06 Chautauqua	27 Montgomery	47 Suffolk
07 Chemung	28 Nassau	48 Sullivan
08 Chenango	29 Niagara	49 Tioga
09 Clinton	30 Oneida	50 Tompkins
10 Columbia	31 Onondaga	51 Ulster
11 Cortland	32 Ontario	52 Warren/Hamilton
12 Delaware	33 Orange	53 Washington
13 Dutchess	34 Orleans	54 Wayne
14 Erie	35 Oswego	55 Westchester
15 Essex	36 Otsego	56 Wyoming
16 Franklin	37 Putnam	57 Yates
17 Fulton	38 Rensselaer	60 New York City
18 Genesee	39 Rockland	62 Seneca Nation
19 Greene	40 St. Lawrence	63 St Regis/Mohawk
21 Herkimer	41 Saratoga	

Section VII - Glossary of Terms

Accrual Basis - Expenditures are recorded when incurred and for the period for which benefit is received regardless of when the bill is received and/or payment is made.

Advocacy/Related Services - The monitoring, evaluating, and commenting on policies, programs, hearings, levies and community actions which affect older people. This includes conducting public hearings on the needs of older people, the representation of the interests of older people to public officials, public and private agencies and organizations, and coordinating planning with other agencies and organizations to promote new or expanded benefits and opportunities for older people.

Area Plan Administration - Costs incurred by the area agency for administering the Area Plan. This includes planning activities as well as on-going administrative and oversight efforts.

Caregiver – A caregiver is a traditional or non-traditional family member, friend or neighbor who is helping another person they are concerned about with the everyday tasks of living. The caregiver and care receiver may live together, near each other or far away from one another. For further information refer to Attachment H.

Case Managed Client – is a person who has accepted their care plan and for EISEP clients, has signed the Financial Information & Client Agreement and who receives follow-up and monitoring which provides for contact every two months.

Child – An individual who is not more than 18 years of age (Including children with disabilities) and children with disabilities between the ages of 19 and 59. This term relates to a grandparent or other relative who is a caregiver of a child.

Community Services for the Elderly/Expanded In-home Services for the Elderly Program Planning & Implementation - Costs incurred by the area agency for Plan preparation and revision; evaluation of projects conducted under the Plan, execution of interagency agreements necessary to carry out the Plan; administrative actions to consolidate or combine services or relocate separate services into one location; ongoing management supervision of all activities conducted under the Plan including: accounting, budgeting, record keeping, staff salaries, fringe benefits, consultant services, space, equipment and supplies, utilities and other related costs approved by the NYSOFA Director.

Congregate Meal - A hot or other appropriate meal which meets nutritional requirements and is served in a group setting.

Domestic Violence - Domestic violence, also known as domestic abuse, spousal abuse, battering, family violence, and intimate partner violence (IPV), is broadly defined as a pattern of abusive behaviors by one or both partners in an intimate relationship such as marriage, dating, family, or cohabitation. Domestic violence, so defined, has many forms, including physical aggression or assault (hitting, kicking, biting, shoving, restraining, slapping, throwing objects), or threats thereof; sexual abuse; emotional abuse; controlling or domineering; intimidation; stalking; passive/covert abuse (e.g., neglect); and economic deprivation.

Elder Abuse*

- **Physical abuse:** Non-accidental use of force that results in bodily injury, pain, or impairment. This includes, but is not limited to, being slapped, burned, cut, bruised or improperly physically restrained.
- **Sexual abuse:** Non-consensual sexual contact of any kind. This includes, but is not limited to, forcing sexual contact with self or forcing sexual contact with a third person.

- **Emotional abuse:** Willful infliction of anguish, pain, or distress through verbal or non-verbal acts. This includes, but is not limited to, isolating or frightening an adult.
- **Financial exploitation:** Improper use of an adult's funds, property, or resources by another individual. This includes, but is not limited to, fraud, embezzlement, forgery, falsifying records, coerced property transfers, or denial of access to assets.
- **Intentional Neglect:** Failure to meet the needs of the dependent elderly person by, for example, willfully withholding food or medications or refusing to take the elder to seek medical care.
- **Unintentional Neglect:** Neglect that involves ignorance or from genuine inability to provide care.
- **Self Neglect:** This is the adult's inability, due to physical and/or mental impairments, to perform tasks essential to caring for oneself.
- **Abandonment:** Desertion of a vulnerable elder by anyone who has assumed care or custody of that person.

* Social Services Law. § 473 and NY Codes, Rules and Regulations, 18 NYCRR § 457.1.

Eligible Meal – Eligible meals are those served to persons age 60 and older, the spouse of someone age 60 regardless of age, and disabled persons under age 60 who reside in a housing facility occupied primarily by the elderly where congregate meals are served. This includes staff age 60 and older, and all volunteers. individuals with disabilities who reside at home with older individuals.

Note: participating area agencies on aging may establish procedures that allow nutrition project administrators the option to offer a meal, on the same basis as meals provided to participating older individuals, to individuals providing volunteer services during the meal hours, and to individuals with disabilities who reside at home with older individuals eligible under this chapter, Section. 339. NUTRITION. (H) of the OAA.

Note that staff and volunteers who are program eligible should be registered so that all appropriate information may be reported. For further information on this, please refer to 90-PI-26 Revised Nutrition Program Standards.

Disabled - Any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. This includes alcoholism and drug addiction. Note, all EISEP clients are considered to be frail/disabled.

Focal Point - A place or mobile unit in a community or neighborhood designated by the area agency for the collocation and coordination of services.

Frail - A person with one or more functional deficits in the following areas:

- Physical functions
- Mental functions
 - Activities of Daily Living [ADL] (eating, bed/chair transfer, dressing, bathing, toileting and continence).
 - Instrumental Activities of Daily Living [IADL] (meal preparation, housekeeping, shopping, medications, telephone, travel and money management).

Grandparent or other older relative caregiver of a child – A grandparent, step grandparent or other relative of a child by blood, marriage, or adoption 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, such as legal custody or guardianship, or is raising the child informally.

for further information refer to Attachment H.

High Nutritional Risk – An individual who scores (6) or higher on the Nutrition Risk Checklist.

Home Delivered Meal - A hot or other appropriate meal, which meets nutritional requirements and is provided to an eligible person for home consumption.

Impairment in Activities of Daily Living (ADL) -The inability to perform one or more of the following seven activities of daily living without personal assistance, stand-by assistance, supervision or cues: Bathing, Personal Hygiene, Dressing, Mobility, Transfer, Toileting and Eating.

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: Housework/cleaning, Shopping, Laundry, Use transportation, Prepare & cook meals, Handle Personal business/finances, Use Telephone and Self-administration of medications.

Ineligible Congregate - Meals served to paid staff under age 60, guests under age 60 of provider and monitoring agencies. Include meals served to other people who do not meet the requirements for becoming a participant; i.e., who are not age 60 or older or who are not the spouse of a person 60 or older.

Limited English Proficiency - Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP."

Low Income/Poverty - An income level at or below 150% of the poverty threshold for Community Services for the Elderly Program, Expanded In-home Services for the Elderly Program recipients and Supplemental Nutrition Assistance Program recipients, and 100% of the poverty threshold for Title III recipients as established by the Bureau of the Census. The poverty level uses total household income and includes the number of persons in the family/household. The HHS Poverty Guidelines are published annually in the first quarter of the calendar year.

Note: Income Used to Compute Poverty Status (Money Income)

•Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.

•Noncash benefits (such as food stamps and housing subsidies) do not count.

•Before taxes.

•Excludes capital gains or losses.

•If a person lives with a family, add up the income of all family members. (Nonrelatives, such as house-mates, do not count.)

<http://www.census.gov/hhes/www/poverty/about/overview/measure.html>

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.

Multi-Purpose Senior Center Facility - means a community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.

Nonprofit - as applied to any agency, institution, or organization means an agency, institution, or organization which is, or is owned and operated by, one or more corporations or associations no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

Nutrition Services - will be available to older individuals and to their spouses, and may be made available to individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided, under this chapter, Section. 339. NUTRITION. (l) of the Older Americans Act of 1965 as Amended In 2006 (Public Law 109-365).

Older Individual - means an individual who is 60 years of age or older

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 - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino – Self explanatory

Race – Those individuals belonging to one of the following groups: American Indian/Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander.

- American Indian or Alaskan Native - A person having origins in any of the original peoples of North America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition.
- Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent. This area includes, 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 the original peoples of Africa.

- Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or the Pacific Islands.
- White – A person having origins in any of the peoples of Europe, the Middle East or North Africa
- White Hispanic - People who identify their origin as Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.

Personnel Categories by Functional Responsibilities

- Agency Executive/Management Staff - Personnel such as the area agency director or deputy directors of key divisions and other positions which provide overall leadership and direction to the agency.
- Other Paid 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 area agency in the areas listed below:
 - Planning - Includes needs assessment, plan development, budgeting/resource analysis, service inventories, standards development and policy analysis.
 - Development - Includes public education, resource development, training and education, research and development and legislative activities.
 - Administration - Includes bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring, information system activities and quality assurance.
 - 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.
 - Access/Care Coordination – Includes outreach, screening, assessment, case management and I & A.
- Clerical/Support Staff - All paid personnel who provide support to management and professional staff.
- Volunteer - See below.

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 level I, personal care level II, home delivered meals, adult day care, case management, consumer directed in-home.

Rural – For the purpose of reporting, 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.

Rural Subcontractor – Providers of services to clients who live in rural areas. Rural providers are not necessarily providers of service only to rural clients. They may also be providers of services to clients in urban areas.

Terminated/Inactive - clients have not used any aging network services for more than 12 consecutive months.

Veteran - A man or woman who served on active duty in the armed forces of the United States and who was discharged or released under conditions other than dishonorable.

Volunteer - A volunteer is a person who performs a service without financial compensation for an individual or community organization. A volunteer may also assist the area agency in carrying out its responsibilities either in direct service provision or any of its planning, development, administration, access/care coordination roles.

The time of the volunteer service is measurable in increments of 15 minutes, so as to be able to determine the FTEs.

Supporting Document List

86-PI-54	EISEP - County Home Care Plan for the Functionally Impaired Elderly
89-PI-03	Provision of Meals to Disabled Persons Residing with Elderly Participants
90-PI-26	Revised Nutrition Program Standards
90-PI-40	Revised Page 5 and 6 of the Nutrition Standards 90-PI-26
91-IM-72	Mandated Aging Services
91-IM-84	Personal Emergency Response Systems (PERS)
97-PI-01	Assessment Data Collection Requirements
97-PI-19	CAARS Reporting Forms & Instructions (Reporting HDM assessments as Case Management)
97-PI-20	Program and Policy Changes Related to Implementation of MDS (6 Month HDM Reassessment)
97-IM-24	Final - COMPASS
97-IM-24	Att. 1- COMPASS Intake Information
97-IM-24	Att. 2 - COMPASS Instructions
97-IM-32	Community Based Long Term Care Minimum Data Set -Questions and Answers #1
97-IM-36	Community Based Long Term Care Minimum Data Set -Questions and Answers #2
97-IM-54	Community Based Long Term Care Minimum Data Set -Questions and Answers #3
98-PI-25	Guidelines for Conducting Short Term Home Delivered Meal Assessments
97-TAM-06	Determining Meal Costs
99-PI-21	Revised Regulations for the Nutrition Program and the Expanded In-home
00-TAM-02	Services for the Elderly Program -- Final Rule Making
03-PI-05	NYSOFA Policy on Program Income
03-PI-10	FFY 2003 Title III Transfers, Carryover and Budget Modifications
06-PI-14	AAA Transportation Program
07-IM-03	Title III Intra-state Funding Formulas (IFFs)
09-PI-14	ARRA Section 1512 Reporting and Other Reporting Requirements
10-PI-05	Revised Maximum Housing Adjustment for 2010 Financial Levels for EISEP and CSE
10-PI-06	Preparing to Implement Regulatory Changes for EISEP or CSE-funded EISEP-like Ancillary Services
11-PI-02	2011 Poverty Income Guidelines
11-PI-03	Standard Definitions for Service and Units of Service
12-PI-07	Attachment C - Fields Required by Cluster
12-PI-07	Attachment J – Client Status
13-PI-07	Revised Minimum Data Set and 2013 COMPASS Forms and Instructions
13-PI-07 Att. 1	Reporting Guide CAARS and Client Data
13-PI-07 Att. 2	CAARS Quarterly Report Forms,
13-PI-07 Att. A	Attachment A - Client Data Specification
13-PI-07 Att. B	Attachment B – Coding Structure
13-PI-07 Att. 4	Attachment D - Instructions for Comprehensive Assessment for Aging Network
13-PI-07 Att. 3	Attachment E - COMPASS
13-PI-07 Att. L	Examples of Case Managed and Noncase Managed Clients
13-PI-07 Att. K	Attachment K - CAARS\Client Reports 2013
13-PI-07 Att. D	Sample Congregate Services Intake Form/Sample III-E Registration Form