

NEW YORK STATE OFFICE FOR THE AGING

2 Empire State Plaza, Albany, NY 12223-1251

David A. Paterson, Governor

Michael Burgess, Director

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PROGRAM INSTRUCTION	Number	10-PI-04
	Supersedes	07-PI-07
	Expiration Date	

DATE: May 19, 2010

TO: Area Agency on Aging Directors

SUBJECT: Revised Client\CAARS Forms and Instructions

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ACTION REQUESTED: CAARS\Client Data Reporting for the period April 1, 2010 through March 31, 2011

RESPONSE DUE DATES: July 20, 2010, October 20, 2010, January 20, 2011 and April 20, 2011

PURPOSE: To transmit revisions to the client file specifications and coding.

BACKGROUND: The attached files include revisions to NYSOFA's reporting requirements for the program year April 1, 2010 through March 31, 2011. These revisions were previously sent via e-mail on 2/26/2010 and have been provided to the software vendors.

The CAARS forms remain unchanged from the 2009 – 2010 program years.

The primary structural change is to the file specifications to include a separate file for caregivers serving the elderly and grandparents serving children. Separating out the caregiver and grandparent information from the client file will allow multiple relationships to be reported. This revision appears in the file specifications as Table 7, Caregivers.

As a result of this change there will now be four files required for submission and three that are optional.

The required files to be submitted are: CLIENTS.TXT
SERVICES.TXT
ADLIADL.TXT
CAREGIVERS.TXT

The optional files remain: CHARACTERISTICS.TXT
HEALTHEVENTS.TXT
CAREPLANS.TXT

Note these file names must be used in order for NYSOFA's system to upload them.

Additionally several coding changes have been made. These can be found in ATTACHMENT B, September 2010, Coding Structure and provide additional service and funding codes. Under Section D-Services, Code 403 which had been added last year for ineligible meals has been split into two with code 403 to be used for congregate meals and code 404 for home delivered meals.

In Section E-Client Types/Funding Sources a code 29 has been added to report services funded under the Long Term Home Health Care Program, LTHHCP. This relates to the meals reported on page 2, Section E of the CAARS report. Note these meals are ineligible and should use the service code of 403 or 404 as appropriate. A code 30 has also been added for those services provided for which the AAA receives Medicaid funding for non LTHHCP program services.

Since the codes used for processing the data are not always visible to the end user you may need to contact your vendor to see what if any additional steps are needed.

NYSOFA has set up an FTP site to allow the Area Agencies to submit their files. This will allow files of any size to be submitted using the Windows "click and drag" method. Using this method, files should not be compressed using a utility such as WinZip. The URL for this site is: <https://reporting.ofa.state.ny.us/>. Instructions for using this are in the attached Guide. This method for transmitting files will begin with the April – June 2010 report due July 20th. At that time we will no longer accept zipped files.

Attachments: <i>Only those attachments that have been revised are included, other attachments referred to are available on the AAARIN web site.</i>	
Reporting Guide CAARS and Client Data 2010.doc	Contains information on reporting including Glossary, tips, etc.
CAARS 2010 Forms.xls	Excel spreadsheet copy of the on-line CAARS web pages.

Attachment A Client Data Specifications 2010.xls	File layout, annotated to show required fields & response codes
Attachment B Client File Codes 2010.doc	List of all allowable codes & record keys available for some service recipients.
For a complete list of all downloadable files related to reporting please visit the AAARIN site at http://aaarin.ofa.state.ny.us/ and select Reporting.	

If you have any questions please contact Bob Miller at (518) 473-1947 or by e-mail at bob.miller@ofa.state.ny.us.

PROGRAMS AFFECTED:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Title III-B | <input checked="" type="checkbox"/> Title III-C-1 | <input checked="" type="checkbox"/> Title III-C-2 |
| <input checked="" type="checkbox"/> Title III-D | <input checked="" type="checkbox"/> Title III-E | <input checked="" type="checkbox"/> CSE |
| <input checked="" type="checkbox"/> SNAP | <input type="checkbox"/> Energy | |
| <input checked="" type="checkbox"/> EISEP | <input checked="" type="checkbox"/> NSIP | <input type="checkbox"/> Title V |
| | <input type="checkbox"/> HIICAP | <input type="checkbox"/> LTCOP |
| <input type="checkbox"/> Other: | | |

CONTACT PERSON: Bob Miller

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



Date Last Revised: 5/19/2010

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Attachments are available for download at AAARIN site under Reporting.

- Attachment A - Client Data Specification
- Attachment B – Coding Structure
- Attachment C - Fields Required by Cluster
- Attachment D - Instructions for Comprehensive Assessment for Aging Network
Community-Based Long Term Care Services
- Attachment E - COMPASS

Title III-E caregiver information is now collected in the client files not CAARS

- 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

**New York State Office for the Aging
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Web Site: <http://aaarin.ofa.state.ny.us/>
E-mail: caarsreports@ofa.state.ny.us
clientdata@ofa.state.ny.us

CAARS Data Entry Tool Instructions

Accessing the tool requires the following equipment and software:

- A computer with access to the Internet
- Internet Explorer 7.0 or later
- Mozilla Firefox

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, open an Internet browser such as Internet Explorer or Firefox. 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.
- Select your county and period.
- 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
- 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

Once your forms are submitted to OSSD, your data is locked from editing. To unlock the forms, send an e-mail to CAARS, caarsreports@ofa.state.ny.us. 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.

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

Quarter Reported	Reports Due	First Late Notice sent Via E-mail	Letter sent to AAA Dir. & County Exec.
April – June	July 20, 2010	July 27, 2010	Aug. 3, 2010
July – September	Oct. 20, 2010	Oct. 27, 2010	Nov. 3, 2010
October – December	Jan. 20, 2011	Jan. 27, 2011	Feb. 3, 2011
January – March	Apr. 20, 2011	Apr. 27, 2011	May 4, 2011

Due Dates

See Schedule above.

Late Notices

Late notices will be sent via e-mail according to the above schedule. These reminders 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, Grants Management Budget Specialist 2 and the Deputy Director of Finance and Administration. **Note: this will result in NYSOFA withholding funding reimbursements until the CAARS data is received in the prescribed format. 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.**

Preliminary Reports

Will be run and posted on the AAARIN site according to the above schedule. Area agencies that did not submit the quarterly report on time will receive reports with missing data. The missing data will not be available to you until the next quarter when preliminary reports are run.

Section I - Area Agency Quarterly Report - NYSOFA #358

Overview

- These instructions incorporate all of the CAARS reporting requirements effective April 1, 2009.
- The standard CAARS forms no longer collect data on persons served and units provided. The only exception to this is question Part II. B, which asks for an estimate of persons receiving non-registered services. Information on the number of clients served by funding stream and the units provided for all programs and clusters will now be reported using your client based software. Instructions for client level reporting are included in this document and the attachments.
- Periods Covered: April 1, 2010 – June 30, 2010; July 1, 2010 – September 30, 2010; October 1, 2010 – December 31, 2010 and January 1, 2011 - March 31, 2011 (The CAARS system accumulates data covering the State Fiscal Year).
- Cumulative data requested is from April 1, 2010.
- 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:

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

NYS Office for the Aging
2 Empire State Plaza
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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, 2009 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, 2009. 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 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.

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.

*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. 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.

B. Non Registered Services (Cluster 3)

For cluster 3 (non-registered) services, **enter the estimated number of persons served to date.** Note this is an estimate and does not require demographic information to be collected.

C. 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.

D. 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.)

E. 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.

F. 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 eleven 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, 05-PI-01.
- 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 27.a. 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 27.a. 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

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 **October 1, 2007** or subsequently added as a new client. Clients inactive as of September 30, 2007 do not need to be included. 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)

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
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 and Cluster 2 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 October 1, 2007 forward. NYSOFA may require this information at a future date.
10. NYSOFA will also be reviewing 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

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 **October 1, 2007** 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.

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. The unit of service field will allow fractions of units to be reported. These fractions however must be in quarter hour increments and should be reported as 15 minutes = .25; 30 minutes = .50; 45 minutes = .75. Records which do not conform to this will be rejected. Refer to page 16, Sec. E for unit of service measurements.
7. All files are in standard ASCII (text) format with fixed length records.
8. 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 21 in this guide.
9. Data files no longer are to be submitted using a file compression utility such as WinZip. Only submit files in the required "text" format.
10. 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.

Section III - Title III-E Service Matrix

<p>TITLE III-E SERVICE COMPONENTS with NAPIS Codes that a caregiver receives when receiving a Title III-E funded service.</p>	<p>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.</p>
<p>Counseling, Support Groups & Training (Code 902)</p>	<p>Caregiver Services (Code 527)</p>
<p>Respite (Code 903)</p>	<p>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 nursing home or adult home placement (Code 601)</p>
<p>Supplemental Services (Code 904)</p>	<p>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) Nutrition Education (Code 501) Personal Emergency Response Systems (Code 509) Other--for those services not separately defined, e.g., home modifications, etc. (Code 601)</p>
<p>Assistance (Code 905)</p>	<p>Case Management (Code 505) Information and Assistance (Code 103)</p>
<p>Information (Code 906)</p>	<p>Outreach (Code 102) Other Services, i.e., Public Information (Code 601)</p>
<p>The CLIENT TYPES/FUNDING SOURCES codes for Title III-E services are 16 – III-E Caregiver and 20 – III-E Grandparent.</p> <p>Title III-E expenditures are reported on page 3 of the CAARS online form following the above crosswalk.</p>	

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 meet the requirements of the NYS Compass form, make sure you are using the most recent version of those forms.

For required financial information there are three options; provide (1) Total Monthly Income, (2) Total Annual Income or 100% and 150% of the poverty level. If you provide either total monthly or total annual you must complete the number in household question.

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.

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 is not counted, only the unit. Another time that same person may call 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 are reported.

Attachment A, Client Data Specifications 2010

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 is clients.txt, adliadl.txt, services.txt, healthevents.txt, characteristics.txt, careplan.txt and caregiver.txt.

Attachment B CODING STRUCTURE

B. STATUS / SUBSTATUS Codes

As we move to better track and review the status of clients using our services it is becoming more important that software users complete the **Status and Sub Status fields**. Contact your vendor or developer to ensure that the software allows the user to enter this information.

Section B. provides 24 codes for showing the sub status of a client. An active client without any Substatus information noted would show Status Code of 1 and a Sub Status code of 20. A Terminated client would show a Status code of 2 and for example a Sub Status of 02 where the client was moved to a nursing facility.

One situation we've attempted to address by adding a new code is the case where a client receives an assessment, but does not become a case managed client. In this case we are now including a Sub Status Code of 35 for Non-Case Managed.

For example 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. This presents a problem for NYSOFA in that we use the received service unit to determine the client's service status.

This is why we added the Sub Status code of 35 for Non Case Managed clients. It is our plan to use this code as part of a query to filter out these clients when developing a total of case managed clients.

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 Sub Status code of 35 for Non Case Managed clients would be used.

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 (05-PI-01)

D – SERVICES

The format for field number of units provided is 10 places in total, 7 places, decimal point and 2 decimals, for example (9999999.99). This field allows fractions of units to be reported. These fractions however must be in quarter hour increments and should be reported as 15 minutes = .25; 30 minutes = .50; 45 minutes = .75. Unit counts are to follow the Standard Definitions. For example Information and Assistance (103) is each contact.

The service code that was added last year for ineligible meals has been split so that 403 are for Ineligible Congregate and 404 are for Ineligible Home Delivered Meals. These are to be used 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, a municipality for example 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.

Another change to keep in mind as a result of the movement of units of service from CAARS to the Client file is the way other services provided are coded.

For example Information & Assistance, Outreach and Other were services that when provided under HIICAP and/or LTCIEOP could be reported in CAARS on the appropriate service line with funds entered under the "Other" column. With the changes beginning April 1, a HIICAP funded unit of information & assistance could be reported using the service code of 103, funding type code of 21 and would use Record Key 9999999993.

Information & assistance provided under POE would use the service code of 103, e 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 congregare meal or 404 for an ineligible home delivered meal, a funding type code of 05 and would use Record Key 9999999991.

AAA 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.

Other programs would be reported using the appropriate record key, service and funding type codes.

E. CLIENT TYPES/FUNDING SOURCES

Allowable Service Expenditures by Fund

We have found when reviewing the services file, services being coded with an incorrect funding type. The following table shows by service the allowable funds. Software settings should ensure that AAAs are not able to select incorrect funding type for services. Note page 3 of the CAARS online, provides a review of allowable costs by shading out those that are not allowable.

Services		Allowable Funds
PC Level II (H/PC)	One Hour	Title IIIB, Title IIIE, EISEP, CSE, Other
PC Level I (H/Chore)	One Hour	Title IIIB, Title IIIE, EISEP, CSE, Other
Home Health Aide	One Hour	Title IIIB, Title IIIE, CSE, Other
Home Delivered Meals	One Meal	Title IIIC-2, Title IIIE, CSE, SNAP, Other, ARRA
Adult Day Services	One Hour	Title IIIB, Title IIIE, EISEP, CSE, Other
Case Management	One Hour	Title IIIB, Title IIID, Title IIIE, EISEP, CSE, SNAP, Other
Congregate Meals	One Meal	Title IIIC-1, Title IIIE, CSE, SNAP, Other, ARRA
Nutrition Counseling	One Hour	Title IIIC-1, Title IIIC-2, Title IIID, Title IIIE, CSE, CSI, SNAP, Other
Assisted Trans./Escort	One Way	Title IIIB, Title IIIC-1, Title IIIE, CSE, CSI, SNAP, Other
Transportation	One Way	Title IIIB, Title IIIC-1, Title IIIE, CSE, CSI, SNAP, Other
Legal Assistance	One Hour	Title IIIB, Title IIIE, CSE, Other
Nutrition Education	Group Session	Title IIIC-1, Title IIIC-2, Title IIID, Title IIIE, CSE, CSI, SNAP, Other
Info & Assistance	Each Contact	Title IIIB, Title IIIC-1, Title IIIC-2, Title IIID, Title IIIE, Title V, CSE, CSI, SNAP, HIICAP , LTCIEOP , POE , Other, HEAP, WRAP
Outreach	Each Contact	Title IIIB, Title IIIC-1, Title IIIC-2, Title IIIE, CSE, CSI, SNAP, HIICAP , LTCIEOP ,Other
In-Home Cont. & Sup.	Each Contact	Title IIIB, Title IIIC-1, Title IIIC-2, Title IIIE, EISEP, CSE, SNAP, Other
Sr. Center/Rec & Educ.	Group Session	Title IIIB, Title IIIC 1, Title IIID, CSE, CSI, SNAP, Other
Health Promotion	Group Session	Title IIIB, Title IIID, Title IIIE, CSE, Other
Per. Emerg. Response	One Unit	Title IIIB, Title IIIE, EISEP, CSE, Other
Caregiver Services	Group Session	Title IIIB, Title IIID, Title IIIE, CSE, CSI, Other
LTC Ombudsman		Title IIIB, Other
Other Services		Title IIIB, Title IIIC-1, Title IIIC-2, Title IIID, Title IIIE, Title V, EISEP, CSE, CSI, SNAP, HIICAP , LTCIEOP , POE , Other, HEAP, WRAP

F. CHARACTERISTICS INFORMATION

An additional code 000 has been added and is noted on the top of page 4 of the Attachment B, Coding Structure. The instruction on the page says that "Where there is none please use 000". What this means is that where there is no characteristic that will relate to one of the provided codes, use 000. Previously, we would see a client in the adl/iadl file but may not see that same client in the characteristic file. We were unable to determine if this was in error. With the use of the 000 code, all clients who have been assessed should be entered in this file as well.

G. CODING FOR USE IN IDENTIFYING NON-REGISTERED PARTICIPANTS IN CLIENT AND SERVICE FILES

Another change beginning April 1 will be the way Cluster 3, non-registered clients are reported. Previously page 2, column A of the CAARS report asked for the unduplicated persons served, April 1 to date. Beginning April 1, AAAs will report an estimate by service of the persons served. In addition they will need to report an estimate total of all persons receiving a Cluster 3, non-registered service. These services include; Transportation, Legal Services, Nutrition Education, Information & Assistance, Outreach, In-Home Contact & Support, Sr. Center Recreation/Education, Health Promotion, PERS and Caregiver Services.

For the client based reporting using the client.txt\ services.txt files, recipients of non-registered 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, September 2008, CODING STRUCTURE. These codes need to be associated with the appropriate service to meet reporting requirements.

Included in this list are also the codes to be used for some meal recipients.

The document, Attachment B, Coding Structure has been in place and in use since 2001. The codes for USDA eligible seniors, spouses, disabled persons living in Senior Housing, Guests/staff under 60 and Food handlers have been in place for that long as well. The code for USDA eligible volunteers under 60 is new.

All systems should have these codes available. We have found these codes to be under used in reported data. As part of the April revisions, these codes will become 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.

- In-Home Contact & Support 999999985 as the record number/key
- Sr. Center Recreation/Education 999999986 as the record number/key
- Health Promotion 999999987 as the record number/key
- Personal Emergency Response (PERS) 999999988 as the record number/key
- Caregiver Services 999999989 as the record number/key
- USDA eligible seniors, spouses disabled persons living in Senior Housing 999999990 as the record number/key
- Guests/staff under 60 999999991 as the record number/key
- USDA eligible volunteers under 60 999999992 as the record number/key
- Information & Assistance (I&A) clients 999999993 as the record number/key
- Food handlers 999999994 as the record number/key
- Transportation 999999995 as the record number/key
- Legal 999999996 as the record number/key
- Outreach 999999997 as the record number/key
- Nutrition Education 999999998 as the record number/key

Examples for congregate meals codes:

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

If I'm doing a visit of an AAA and have lunch at their congregate meal site, I should be coded 9999999991 in the client file as a Guests/staff under 60 and appear in the services file with that code and with the service code of 402.

Or 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.

H. Health Events File

Although this file is not required, the data it collects has been useful in programmatic discussions with AoA. The primary field in this report is the Health Events Category. Possible responses for this field have been expanded to include in addition to Hospital Visit and Emergency Room; completion of PRI and DMS-1 forms, visits to a Physician or Clinic or Other. Also in order to see that no response is correct we have included the code 00 for No Event.

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.

- Non elderly 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 IIIC-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

General Reporting Tips:

Uses of “Service Code” and “Recordkey-999999999x code”:

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 recordkey.
- Spouses of the older people (under age 60) 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 recordkey

- 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

One point that makes the use of the 999999999x code Recordkeys important is that say a spouse who is eligible but under the age of 60 is entered and assigned a standard unique record key, our system will filter that person out and not count them because of their age.

Reporting Ineligible Meals:

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

- People under 60 (non-caregivers) 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 IIIIE should have their own recordkey and use Service Code 904.

If a caregiver is a spouse of care receiver and receives meals funded under IIIIE, the meal is NSIP eligible.

- The Caregiver should have their own recordkey and use Service Code 904.
- The Caregiver's NSIP meal count needs to be reported by using 9999999990 as recordkey, 401 or 402 (service code) and funded under IIIC1 or IIIC2.

FTP Site Instructions

Web site: <https://reporting.ofa.state.ny.us/>

You may see the message “Continue to this website (not recommended)”
select it to proceed to the website,

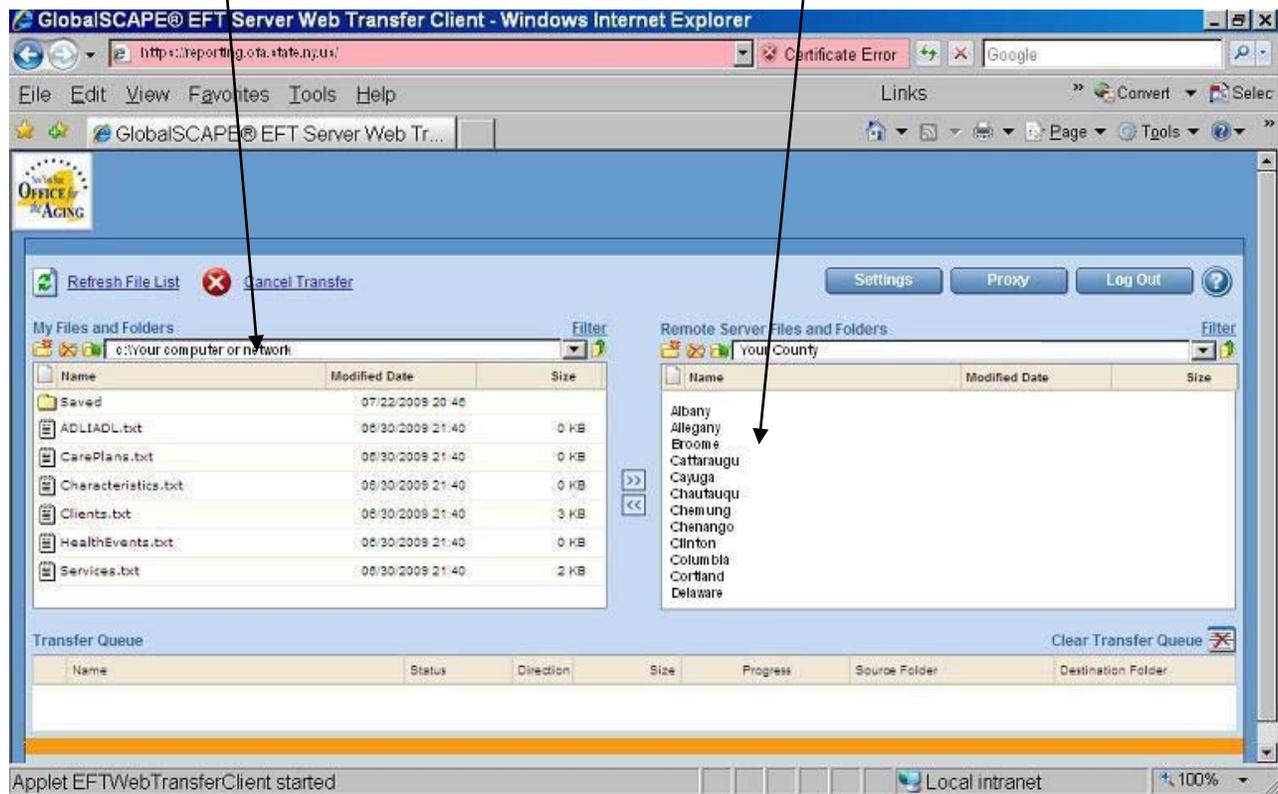
There may be several prompts to accept Certificates, say yes

Ignore messages for Certificate Error

Remember you can click and drag only one file at a time, not a folder.

Your computer, path will show your local machine.

NYSOFA Server (Scroll to your county & click on it.)



Note: File names must match these. Do not use zip files.

CLIENTS.TXT (required)	CHARACTERISTICS.TXT (optional)
SERVICES.TXT (required)	HEALTHEVENTS.TXT (optional)
ADLIADL.TXT (required)	CAREPLANS.TXT (optional)
CAREGIVERS.TXT (required)	

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 – An adult family member or another individual, who is an “informal” provider of in-home care to an older individual. “Informal” means that the care is not provided as part of a public or private formal service program. For further information refer to Attachment H.

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.

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.

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).

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 an 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.

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.

Low Income - 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.

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.

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. (I) of the Older Americans Act of 1965 as Amended In 2006 (Public Law 109-365).

Race/Ethnicity – Those individuals belonging to one of the following groups: American Indian/Alaskan Native, Asian, Black or African American, Hispanic or Latino, 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.
- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
- White – A person having origins in any of the peoples of Europe, the Middle East or North Africa.

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.

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.

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.

Senior Center - This refers to a community facility through which broad ranges of services for older people are provided.

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.

Area Agency Quarterly Report

Area Agency: _____

NYSOFA #358 Rev. (04/2010) New York State Office for the Aging

Part I - Operations

A. Period Covered -

Report is: Original Revision Date Submitted:
 Quarter Reported: 1st: 2nd: 3rd: 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. Volunteers		
5. 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:	

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

Part II - Program Information (Complete Each Quarter)

A. 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 _____

B. Non Registered Services

a. For the following services excluding Title III E, enter the estimated number 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	
----------------	--	---------------	--

C. 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.)

D. 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 calculated). 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

E. 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.

F. 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			

Area Agency: _____ Report is: [] Original [] Revision Date Submitted: _____
 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 ⁸ (All Funds)	III-E ⁹ (Grandparent Only)	EISEP ^{4/5}	CSE	CSI	SNAP ⁶	Other ⁸
1 PC Level II (H/PC)												
2 PC Level I (H/Chore)												
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 Implementation/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. SNAP 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 ancillary, Non-PERS only.
8. Include all Title III E expenditures including Grandparent services.
9. Enter only Title III E Grandparent services expenditures.

ATTACHMENT A

SUMMARY TABLE

April 1, 2010

TABLE #	FILE NAME	DESCRIPTION	FORMAT	TABLE REQUIRED FOR:			CAREGIVERS
				CLUSTER 1	CLUSTER 2	CLUSTER 3	
1	CLIENTS.TXT	Basic client identifying data, Nutrition Profile & NSI, Informal Supports, Financial Information, and Benefits/Entitlements	1 record per client	YES	YES	YES *	YES
2	SERVICES.TXT	Monthly units of service delivered	1 record per month/quarter per service per fund per client	YES	YES	YES *	YES
3	ADLIADL.TXT	Client ADL/IADL needs	1 record per ADL/IADL per client	YES			
4	CHARACTERISTICS.TXT	Client Characteristics	1 record per characteristic per client	M **			
5	HEALTHEVENTS.TXT	Health Events in Last 6 months	1 record per event per client	M **			
6	CAREPLANS.TXT	Care Plan Services	1 record per service per client	M **			
7	CAREGIVERS.TXT	Caregiver types & relationships	1 record per service per relationship				YES
	CLUSTER 1:	Personal Care Level 2, Personal Care Level 1, Case Management, Home Health Aide, Adult Day Care Services and Home Delivered Meals					
	CLUSTER 2:	Congregate Meals, Assisted Transport/Escort, Nutrition Counseling					
	CLUSTER 3:	Transportation, Legal Services, Nutrition Education, Information & Assistance, Outreach, In-Home Contact & Support, Sr. Center Recreation/Education, Health Promotion, PERS, Caregiver Services, and Other					
	CAREGIVER:	Access Assistance, Counseling/Support Groups/Training, Information Services, Supplemental Services, Respite Care					

* Information collected by these files allows the AAA to report units of service provided to recipients for other services.

** Information valuable to NYSOFA for ongoing monitoring, management and advocacy activities.

ATTACHMENT A - CLIENT DATA SPECIFICATIONS - April 2010

Table #: 1
 File Cont CLIENT DEMOGRAPHICS AND OTHER DATA
 Format: One record per client

File Name: CLIENTS.TXT
 STATUS: REQUIRED FOR CLUSTER 1, CLUSTER 2,
 OTHER & CAREGIVER CLIENTS

RVICE CLUST				GENERAL CLIENT INFORMATION		Length	Start Pos.	End Pos.	Codes or See Att. B	
1	2	3	CG	Field Name						
R	R	R	R	County Code	2	1	2	See Att. B Sec. A		
R	R	R	R	Record Number/KEY*	10	3	12	Locally Assigned		
R	R	M	R	Zip Code	5	13	17		See Note A	
R	R	M	R	Rural/Urban Designation	1	18	18	R or U	See Note A	
R	R	M	R	Date of Birth (mm/dd/yyyy)	10	19	28			
R	R	M	R	Race Code	1	29	29	0=Unknown\Missing 1=Amer Ind/Alaskan Native 2=Asian 3=Black or African American 4=White Hispanic 5=White not Hispanic 6=Native Hawaiian/Other Pacific Islander 7=Other Race 8=2 or More Races		
R	R	M	R	Ethnic Code	1	30	30	0=Unknown\Missing 1= Hispanic or Latino 2=Not Hispanic or Latino		
R	R	M	R	Sex	1	31	31	M or 1; F or 2		
R	R	M		Veteran Status	1	32	32	Y or T or 1; N or F or 2; blank = Unknown		
R	R	M		Living Status	1	33	33	1=Alone 2=With Spouse Only 3=With relatives 4=With non-relatives 5=With Spouse and others		
R	R	M		Number in Household	2	34	35			

Table #: 1
 File Cont CLIENT DEMOGRAPHICS AND OTHER DATA
 Format: One record per client

File Name: CLIENTS.TXT
 STATUS: REQUIRED FOR CLUSTER 1, CLUSTER 2,
 OTHER & CAREGIVER CLIENTS

RV	CLUST	1	2	3	CG	GENERAL CLIENT INFORMATION Field Name	Length	Start Pos.	End Pos.	Codes or See Att. B	
R	R	M				Marital Status	1	36	36	1=Married 2=Widowed 4=Divorced 5=Single/Never Married 6=Separated	
R	R	M				Frail/Disabled Indicator	1	37	37	Y or T or 1; N or F or 2; blank = Unknown	
R	R	M				Activation/Registration Date(mm/dd/yyyy)	10	38	47		
R	R	R	R			Status Code	1	48	48	1=Active; 2=Terminated	
R	R	R	R			Sub-status Code	2	49	50	See Att. B Sec. B	
R	R	R	R			Date of Current Status (mm/dd/yyyy)	10	51	60		
R						Assessment Date (mm/dd/yyyy)	10	61	70		
M						Type of Housing	3	71	73	001 or 108 = Single Family 102 or 107 = Multi-Family	
M						Housing Ownership	1	74	74	1=Rent; 2=Own; 3=Other	
M						Disabled Veteran Status	1	75	75	Y or T or 1; N or F or 2; blank = Unknown	
FINANCIAL INFORMATION:											
R	R	M				Total Monthly Income OR	5	76	80	Dollars only	See Note B
R	R	M				Total Annual Income OR	5	81	85	Dollars only	See Note B
R	R	M				Poverty Status					
						Below 100% Poverty Level	1	86	86	Y or T or 1; N or F or 2; blank = Unknown	See Note B
						Below 150% Poverty Level	1	87	87	Y or T or 1; N or F or 2; blank = Unknown	See Note B
COST SHARE STATUS											
R						Overall cost share % (000 thru 100)	3	88	90		See Note C
M						Total Monthly Housing Expenses	5	91	95	Dollars only	See Note C
NUTRITIONAL RISK STATUS:											
R	R					Client has illness/condition that changes kind/amount of food eaten	1	96	96	Y or T or 1; N or F or 2; blank = Unknown	
R	R					Eats fewer than 2 meals/day	1	97	97	Y or T or 1; N or F or 2; blank = Unknown	
R	R					Eats few fruits or vegetables, or milk products.	1	98	98	Y or T or 1; N or F or 2; blank = Unknown	
						BLANK	1	99	99		

Table #: 1
 File Cont CLIENT DEMOGRAPHICS AND OTHER DATA
 Format: One record per client

File Name: CLIENTS.TXT
 STATUS: REQUIRED FOR CLUSTER 1, CLUSTER 2,
 OTHER & CAREGIVER CLIENTS

RV	CLUST	GENERAL CLIENT INFORMATION			Length	Start Pos.	End Pos.	Codes or See Att. B
1	2	3	CG	Field Name				
				BLANK	1	100	100	
R	R			Has 3+ drinks of beer/wine/liquor almost every day	1	101	101	Y or T or 1; N or F or 2; blank = Unknown
R	R			Has tooth/mouth problems making it hard to eat	1	102	102	Y or T or 1; N or F or 2; blank = Unknown
R	R			Does not always have enough money to buy food needed	1	103	103	Y or T or 1; N or F or 2; blank = Unknown
R	R			Eats alone most of the time	1	104	104	Y or T or 1; N or F or 2; blank = Unknown
R	R			Takes 3+ prescribed/over-the-counter drugs/day	1	105	105	Y or T or 1; N or F or 2; blank = Unknown
R	R			Lost or gained 10 pounds in last 6 months	1	106	106	Y or T or 1; N or F or 2; blank = Unknown
R	R			Not always able to physically shop, cook and/or feed self	1	107	107	Y or T or 1; N or F or 2; blank = Unknown
R				Body Mass Index (format is 99.99) OR	4	108	111	See Note E
R				Height (inches) AND	3	112	114	See Note E
R				Weight (lbs)	3	115	117	See Note E
				INFORMAL SUPPORTS - Up to two supports				See Note F
				For Primary Informal Support, if one exists:				
R				a. Relationship of Informal Support	2	118	119	See Att. B Sec. C
M				b. Factors that might limit caregiver involvement:				
M				Job	1	120	120	Y or T or 1; N or F or 2; blank = Unknown
M				Finances	1	121	121	Y or T or 1; N or F or 2; blank = Unknown
M				Family Responsibilities	1	122	122	Y or T or 1; N or F or 2; blank = Unknown
M				Physical Burden	1	123	123	Y or T or 1; N or F or 2; blank = Unknown
M				Emotional Burden	1	124	124	Y or T or 1; N or F or 2; blank = Unknown
M				Health Problems	1	125	125	Y or T or 1; N or F or 2; blank = Unknown
M				Reliability	1	126	126	Y or T or 1; N or F or 2; blank = Unknown
M				Other	1	127	127	Y or T or 1; N or F or 2; blank = Unknown
M				c. Is Caregiver relief needed?	1	128	128	Y or T or 1; N or F or 2; blank = Unknown
M				If yes, when?	2	129	130	11-Morning 12-Afternoon 13-Evening 14-Overnight 15-Weekend 16-Other

Table #: 1
 File Cont CLIENT DEMOGRAPHICS AND OTHER DATA
 Format: One record per client

File Name: CLIENTS.TXT
 STATUS: REQUIRED FOR CLUSTER 1, CLUSTER 2,
 OTHER & CAREGIVER CLIENTS

RVICE CLUST	GENERAL CLIENT INFORMATION	Length	Start Pos.	End Pos.	Codes or See Att. B
1 2 3 CG	Field Name				
	For Second Informal Support, if one exists:				
M	a. Relationship of Informal Support	2	131	132	See Att. B Sec. C
M	b. Factors that might limit caregiver involvement:				
M	Job	1	133	133	Y or T or 1; N or F or 2; blank = Unknown
M	Finances	1	134	134	Y or T or 1; N or F or 2; blank = Unknown
M	Family Responsibilities	1	135	135	Y or T or 1; N or F or 2; blank = Unknown
M	Physical Burden	1	136	136	Y or T or 1; N or F or 2; blank = Unknown
M	Emotional Burden	1	137	137	Y or T or 1; N or F or 2; blank = Unknown
M	Health Problems	1	138	138	Y or T or 1; N or F or 2; blank = Unknown
M	Reliability	1	139	139	Y or T or 1; N or F or 2; blank = Unknown
M	Other	1	140	140	Y or T or 1; N or F or 2; blank = Unknown
M	c. Is Caregiver relief needed?	1	141	141	Y or T or 1; N or F or 2; blank = Unknown
M	If yes, when?	2	142	143	11-Morning 12-Afternoon 13-Evening 14-Overnight 15-Weekend 16-Other
M	Overall Evaluation of Informal Support System	1	144	144	1-Adequate, Can Expand if needed 2-Adequate, Could not expand 3-Inadequate/Limited 4-Temporarily Unavailable 5-Other
	CLIENT RECEIVE/HAVE FOLLOWING BENEFITS/ENTITLEMENTS?				
M	EPIC	1	145	145	Y or T or 1; N or F or 2; blank = Unknown
M	Food Stamps	1	146	146	Y or T or 1; N or F or 2; blank = Unknown
M	Health Insurance	1	147	147	Y or T or 1; N or F or 2; blank = Unknown
M	HEAP	1	148	148	Y or T or 1; N or F or 2; blank = Unknown
M	IT-214	1	149	149	Y or T or 1; N or F or 2; blank = Unknown
M	Lifeline/PERS	1	150	150	Y or T or 1; N or F or 2; blank = Unknown
M	Long Term Care Insurance	1	151	151	Y or T or 1; N or F or 2; blank = Unknown
M	Medicaid	1	152	152	Y or T or 1; N or F or 2; blank = Unknown
M	Medicare	1	153	153	Y or T or 1; N or F or 2; blank = Unknown

Table #: 1
 File Cont CLIENT DEMOGRAPHICS AND OTHER DATA
 Format: One record per client

File Name: CLIENTS.TXT
 STATUS: REQUIRED FOR CLUSTER 1, CLUSTER 2,
 OTHER & CAREGIVER CLIENTS

RVICE CLUST				GENERAL CLIENT INFORMATION		Start	End	
1	2	3	CG	Field Name	Length	Pos.	Pos.	Codes or See Att. B
M				Medigap Insurance/HMO	1	154	154	Y or T or 1; N or F or 2; blank = Unknown
M				Private Health Insurance	1	155	155	Y or T or 1; N or F or 2; blank = Unknown
M				Public Assistance	1	156	156	Y or T or 1; N or F or 2; blank = Unknown
M				QMB	1	157	157	Y or T or 1; N or F or 2; blank = Unknown
M				Railroad Retirement	1	158	158	Y or T or 1; N or F or 2; blank = Unknown
M				Real Property Tax Exemption	1	159	159	Y or T or 1; N or F or 2; blank = Unknown
M				Reverse Mortgage	1	160	160	Y or T or 1; N or F or 2; blank = Unknown
M				Section 8 Housing	1	161	161	Y or T or 1; N or F or 2; blank = Unknown
M				SLIMB	1	162	162	Y or T or 1; N or F or 2; blank = Unknown
M				Social Security	1	163	163	Y or T or 1; N or F or 2; blank = Unknown

Table #: 1
 File Cont CLIENT DEMOGRAPHICS AND OTHER DATA
 Format: One record per client

File Name: CLIENTS.TXT
 STATUS: REQUIRED FOR CLUSTER 1, CLUSTER 2,
 OTHER & CAREGIVER CLIENTS

RVICL CLUST				GENERAL CLIENT INFORMATION			Start	End	Codes or See Att. B
1	2	3	CG	Field Name	Length	Pos.	Pos.		
M				SSD	1	164	164	Y or T or 1; N or F or 2; blank = Unknown	
M				SSI	1	165	165	Y or T or 1; N or F or 2; blank = Unknown	
M				VA Benefits	1	166	166	Y or T or 1; N or F or 2; blank = Unknown	
M				Veteran Tax Exemption	1	167	167	Y or T or 1; N or F or 2; blank = Unknown	
M				WRAP	1	168	168	Y or T or 1; N or F or 2; blank = Unknown	
M	M	M	M	UNIQUE CLIENT IDENTIFIER					
				First letter of First Name	1	169	169		
				First three letters of Last Name	3	170	172		
				Last 4 digits of phone number	4	173	176		
				Total		176			

See Note G

NOTES

- * Client's Record Number/KEY must remain the same each submission.
- A Provide EITHER Zip Code OR Urban/Rural Indicator
- B Provide EITHER Monthly Income OR Annual Income OR Poverty Status for both 100% and 150% of the poverty level.
- C Required only for clients receiving EISEP or CSE services for which there is cost sharing. Leave blank otherwise.
- D Required for clients receiving Case Management, Home Delivered Meals, Nutrition Counseling and Congregate Meals. See Data Requirements item #7 in the General Requirements/Information document
- E Provide EITHER Body Mass Index OR both Height and Weight
- F Provide for UP TO two informal supports, regardless of ADL or IADL
- G This field will be used in conjunction with date of birth and gender to identify duplication between counties.

ATTACHMENT A - CLIENT DATA SPECIFICATIONS - April 2010

Table #: 2

File Name: SERVICES.TXT

File Con ACTUAL UNITS OF SERVICES PRC STATUS: REQUIRED FOR CLUSTER 1, CLUSTER 2, OTHER & CAREGIVER CLIENTS

Format: One record per service delivered per fund per client per quarter

SERVICE CLUSTER				Field Name	Length	Start Pos.	End Pos.	Codes or See Att. B
1	2	3	CG					
R	R	R	R	County Code	2	1	2	See Att. B Sec. A
R	R	R	R	Record Number/KEY*	10	3	12	Locally assigned
R	R	R	R	Period of Service (yyyymm)	6	13	18	Month & Year of service delivery **
R	R	R	R	Service Code	3	19	21	M or 3 = Monthly
R	R	R	R	Funding Source	2	22	23	See Att. B Sec. E
R	R	R	R	Number of units provided	10	24	33	Format: 7 places,decimal point,2 decimals numbers(9999999.99)
Total					33			

EXAMPLES for South County (county code 75):

1 John Jones (Client ID # 088) received 21 home delivered meals from County MOW paid for under SNAP, and 14 1/4 hours of Housekeeping/Chore from Catholic Family Services through EISEP funding during April - June, 2000

2 Mary Smith (Client ID #245) received 12 congregate meals from the South County Meals Program through Title III funding and 10 units of transportation from the ABC Bus Service funded through CSE during April-June, 2000

Data records to be submitted:

Client #1	75	088 200006 401 07 021.00
	75	088 200006 205 09 014.25
Client #2	75	245 200006 402 08 012.00
	75	245 200006 101 10 010.00

* Client's Record Number/KEY must remain the same each submission.

** For all services, the units can be reported either on a monthly or quarterly basis. If quarterly, give LAST month of the quarter for service period.

CLIENT DATA SPECIFICATIONS - April 2010

Table #: 3
File Content: ADL/IADL Status of Clients
Format: One record per client

File Name: ADLIADL.TXT
STATUS: REQUIRED FOR CLUSTER 1 CLIENTS ONLY

Field Name	Length	Start Pos.	End Pos.	Codes or See Att. B
County Code	2	1	2	See Att. B Sec. A
Record Number/KEY	10	3	12	Locally assigned
ADL or IADL Type				
01=Housework/cleaning				
ADL/IADL Status	1	13	13	1=Totally Able 2=Needs Some Assist. 3=Needs Max Assist., 4=Unwilling to Perform
Is Need Met Currently (at time of Assessment)?	1	14	14	Y or T or 1; N or F or 2; blank = Unknown
If yes:				
a. Met with Formal Supports?	1	15	15	Y or T or 1; N or F or 2; blank = Unknown
b. Met with Informal Supports?	1	16	16	Y or T or 1; N or F or 2; blank = Unknown
02=Shopping				
ADL/IADL Status	1	17	17	1=Totally Able 2=Needs Some Assist. 3=Needs Max Assist., 4=Unwilling to Perform
Is Need Met Currently (at time of Assessment)?	1	18	18	Y or T or 1; N or F or 2; blank = Unknown
If yes:				
a. Met with Formal Supports?	1	19	19	Y or T or 1; N or F or 2; blank = Unknown
b. Met with Informal Supports?	1	20	20	Y or T or 1; N or F or 2; blank = Unknown
03=Laundry				
ADL/IADL Status	1	21	21	1=Totally Able 2=Needs Some Assist. 3=Needs Max Assist., 4=Unwilling to Perform
Is Need Met Currently (at time of Assessment)?	1	22	22	Y or T or 1; N or F or 2; blank = Unknown
If yes:				
a. Met with Formal Supports?	1	23	23	Y or T or 1; N or F or 2; blank = Unknown
b. Met with Informal Supports?	1	24	24	Y or T or 1; N or F or 2; blank = Unknown
04=Use transportation				
ADL/IADL Status	1	25	25	1=Totally Able 2=Needs Some Assist. 3=Needs Max Assist., 4=Unwilling to Perform
Is Need Met Currently (at time of Assessment)?	1	26	26	Y or T or 1; N or F or 2; blank = Unknown
If yes:				

CLIENT DATA SPECIFICATIONS - April 2010

Table #: 3
File Content: ADL/IADL Status of Clients
Format: One record per client

File Name: ADLIADL.TXT
STATUS: REQUIRED FOR CLUSTER 1 CLIENTS ONLY

Field Name	Length	Start	End	Codes or See Att. B
		Pos.	Pos.	
a. Met with Formal Supports?	1	27	27	Y or T or 1; N or F or 2; blank = Unknown
b. Met with INFormal Supports?	1	28	28	Y or T or 1; N or F or 2; blank = Unknown
05=Prepare & cook meals				
ADL/IADL Status	1	29	29	1=Totally Able 2=Needs Some Assist. 3=Needs Max Assist., 4=Unwilling to Perform
Is Need Met Currently (at time of Assessment)?	1	30	30	Y or T or 1; N or F or 2; blank = Unknown
If yes:				
a. Met with Formal Supports?	1	31	31	Y or T or 1; N or F or 2; blank = Unknown
b. Met with INFormal Supports?	1	32	32	Y or T or 1; N or F or 2; blank = Unknown
07=Handle Personal business/finances				
ADL/IADL Status	1	33	33	1=Totally Able 2=Needs Some Assist. 3=Needs Max Assist., 4=Unwilling to Perform
Is Need Met Currently (at time of Assessment)?	1	34	34	Y or T or 1; N or F or 2; blank = Unknown
If yes:				
a. Met with Formal Supports?	1	35	35	Y or T or 1; N or F or 2; blank = Unknown
b. Met with INFormal Supports?	1	36	36	Y or T or 1; N or F or 2; blank = Unknown
08=Use Telephone				
ADL/IADL Status	1	37	37	1=Totally Able 2=Needs Some Assist. 3=Needs Max Assist., 4=Unwilling to Perform
Is Need Met Currently (at time of Assessment)?	1	38	38	Y or T or 1; N or F or 2; blank = Unknown
If yes:				
a. Met with Formal Supports?	1	39	39	Y or T or 1; N or F or 2; blank = Unknown
b. Met with INFormal Supports?	1	40	40	Y or T or 1; N or F or 2; blank = Unknown
16=Self-admin of medications				
ADL/IADL Status	1	41	41	1=Totally Able 2=Needs Some Assist. 3=Needs Max Assist., 4=Unwilling to Perform
Is Need Met Currently (at time of Assessment)?	1	42	42	Y or T or 1; N or F or 2; blank = Unknown
If yes:				
a. Met with Formal Supports?	1	43	43	Y or T or 1; N or F or 2; blank = Unknown
b. Met with INFormal Supports?	1	44	44	Y or T or 1; N or F or 2; blank = Unknown

CLIENT DATA SPECIFICATIONS - April 2010

Table #: 3
 File Content: ADL/IADL Status of Clients
 Format: One record per client

File Name: ADLIADL.TXT
 STATUS: REQUIRED FOR CLUSTER 1 CLIENTS ONLY

Field Name	Length	Start Pos.	End Pos.	Codes or See Att. B
09=Bathing				
ADL/IADL Status	1	45	45	1=Totally Able 2=Needs Some Assist. 3=Needs Max Assist., 4=Unwilling to Perform
Is Need Met Currently (at time of Assessment)?	1	46	46	Y or T or 1; N or F or 2; blank = Unknown
If yes:				
a. Met with Formal Supports?	1	47	47	Y or T or 1; N or F or 2; blank = Unknown
b. Met with INFormal Supports?	1	48	48	Y or T or 1; N or F or 2; blank = Unknown
10=Personal Hygiene				
ADL/IADL Status	1	49	49	1=Totally Able 2=Needs Some Assist. 3=Needs Max Assist., 4=Unwilling to Perform
Is Need Met Currently (at time of Assessment)?	1	50	50	Y or T or 1; N or F or 2; blank = Unknown
If yes:				
a. Met with Formal Supports?	1	51	51	Y or T or 1; N or F or 2; blank = Unknown
b. Met with INFormal Supports?	1	52	52	Y or T or 1; N or F or 2; blank = Unknown
11=Dressing				
ADL/IADL Status	1	53	53	1=Totally Able 2=Needs Some Assist. 3=Needs Max Assist., 4=Unwilling to Perform
Is Need Met Currently (at time of Assessment)?	1	54	54	Y or T or 1; N or F or 2; blank = Unknown
If yes:				
a. Met with Formal Supports?	1	55	55	Y or T or 1; N or F or 2; blank = Unknown
b. Met with INFormal Supports?	1	56	56	Y or T or 1; N or F or 2; blank = Unknown
12=Mobility				
ADL/IADL Status	1	57	57	1=Totally Able 2=Needs Some Assist. 3=Needs Max Assist., 4=Unwilling to Perform
Is Need Met Currently (at time of Assessment)?	1	58	58	Y or T or 1; N or F or 2; blank = Unknown
If yes:				
a. Met with Formal Supports?	1	59	59	Y or T or 1; N or F or 2; blank = Unknown
b. Met with INFormal Supports?	1	60	60	Y or T or 1; N or F or 2; blank = Unknown
13=Transfer				
ADL/IADL Status	1	61	61	1=Totally Able 2=Needs Some Assist. 3=Needs Max Assist., 4=Unwilling to Perform
Is Need Met Currently (at time of Assessment)?	1	62	62	Y or T or 1; N or F or 2; blank = Unknown

CLIENT DATA SPECIFICATIONS - April 2010

Table #: 3
File Content: ADL/IADL Status of Clients
Format: One record per client

File Name: ADLIADL.TXT
STATUS: REQUIRED FOR CLUSTER 1 CLIENTS ONLY

Field Name	Length	Start Pos.	End Pos.	Codes or See Att. B
If yes:				
a. Met with Formal Supports?	1	63	63	Y or T or 1; N or F or 2; blank = Unknown
b. Met with INFormal Supports?	1	64	64	Y or T or 1; N or F or 2; blank = Unknown
14=Toileting				
ADL/IADL Status	1	65	65	1=Totally Able 2=Needs Some Assist. 3=Needs Max Assist., 4=Unwilling to Perform
Is Need Met Currently (at time of Assessment)?	1	66	66	Y or T or 1; N or F or 2; blank = Unknown
If yes:				
a. Met with Formal Supports?	1	67	67	Y or T or 1; N or F or 2; blank = Unknown
b. Met with INFormal Supports?	1	68	68	Y or T or 1; N or F or 2; blank = Unknown
15=Eating				
ADL/IADL Status	1	69	69	1=Totally Able 2=Needs Some Assist. 3=Needs Max Assist., 4=Unwilling to Perform
Is Need Met Currently (at time of Assessment)?	1	70	70	Y or T or 1; N or F or 2; blank = Unknown
If yes:				
a. Met with Formal Supports?	1	71	71	Y or T or 1; N or F or 2; blank = Unknown
b. Met with Informal Supports?	1	72	72	Y or T or 1; N or F or 2; blank = Unknown
Total Number of ADL's**	1	73	73	
Total Number of IADL's**	1	74	74	
Assessment Date (mm/dd/yyyy)	10	75	84	
Total	84			

* Client's Record Number/KEY must remain the same each submission.

**The client must have a status of 2, 3, 4 to be counted.

IADL

ADL

CLIENT DATA SPECIFICATIONS - April 2010

Table #: 3

File Content: ADL/IADL Status of Clients

Format: One record per client

File Name: ADLIADL.TXT

STATUS: REQUIRED FOR CLUSTER 1 CLIENTS ONLY

Field Name	Start		End	
	Length	Pos.	Pos.	Codes or See Att. B
01=Housework/cleaning				09=Bathing
02=Shopping				10=Personal Hygiene
03=Laundry				11=Dressing
04=Use transportation				12=Mobility
05=Prepare & cook meals				13=Transfer
07=Handle Personal business/finances				14=Toileting
08=Use Telephone				15=Eating
16=Self-admin of medications				

CLIENT DATA SPECIFICATIONS - April 2010

Table #: 4

File Name: CHARACTERISTICS.TXT

File Content CLIENT CHARACTERISTICS

STATUS: REQUIRED FOR CLUSTER 1 CLIENTS ONLY

Format: One record per characteristic per client

SERVICE CLUSTER

1	2	3	CG	Field Name	Length	Start Pos.	End Pos.	Codes or See Att. B
M				County Code	2	1	2	See Att. B Sec. A
M				Record Number/KEY*	10	3	12	Locally assigned
M				Characteristic Code	3	13	15	See Att. B Sec. F
M				Assessment Date (mm/dd/yyyy)	10	16	25	
				Total	25			

EXAMPLES for South County (county code 75):

1 John Jones (Client ID # 088) uses a walker and has a hearing aid because of his serious hearing impairment; he also has high blood pressure, is significantly dehydrated and frequently suffers from depression.

Data records to be submitted for this client:

countycode clientID characteristic code assessment date

75 88 002 10/25/2001
 75 88 004 10/25/2001
 75 88 099 10/25/2001
 75 88 167 10/25/2001
 75 88 199 10/25/2001
 75 88 177 10/25/2001

* Client's Record Number/KEY must remain the same each submission.

CLIENT DATA SPECIFICATIONS - April 2010

Table #: 5
 File Content: HEALTH EVENTS IN LAST 6 MONTHS
 Format: One record per event per client

File Name: HEALTHEVENTS.TXT
 STATUS: REQUIRED FOR CLUSTER 1 CLIENTS ONLY

SERVICE CLUSTER				Length	Start Pos.	End Pos.	Codes or See Att. B	
1	2	3	CG	Field Name				
M				County Code	2	1	2	See Att. B Sec. A
M				Record Number/KEY*	10	3	12	Locally assigned
M				Health event category	2	13	14	01=Hospital visit 02=Emergency Room
M				Date of event (mm/dd/yyyy)	10	15	24	03=PRI
M				Assessment Date (mm/dd/yyyy)	10	25	34	04=DMS-1 05=Physician Visit
				Total	34			06=Clinic 09=Other 00=No Event

* Client's Record Number/KEY must remain the same each submission.

CLIENT DATA SPECIFICATIONS - April 2010

Table #: 6
 File Content: CARE PLAN SERVICES
 Format: One record per service per client

File Name: CAREPLANS.TXT
 STATUS: REQUIRED FOR CLUSTER 1 CLIENTS ONLY

SERVICE CLUSTER				Field Name	Length	Start Pos.	End Pos.	Codes or See Att. B
1	2	3	CG					
M				County Code	2	1	2	See Att. B Sec. A
M				Record Number/KEY*	10	3	12	Locally assigned
M				Service code	3	13	15	See Att. B Sec. D
M				Number of Units of Service	2	16	17	
M				Frequency Period	1	18	18	W or 2 = Weekly; M or 3 = Monthly
M				Has client been placed on waiting list for this service?	1	19	19	Y or T or 1; N or F or 2; blank = Unknown
M				Assessment Date (mm/dd/yyyy)	10	20	29	
				Total	29			

* Client's Record Number/KEY must remain the same each submission.

CLIENT DATA SPECIFICATIONS - April 2010

Table #: 7
 File Content: CAREGIVERS FOR ELDERLY AND GRANDPARENT
 Format: One record per relationship

File Name: Caregivers.txt
 STATUS: REQUIRED FOR CLUSTER 1, CLUSTER 2,
 OTHER & CAREGIVER CLIENTS

SERVICE CLUSTER			GENERAL CLIENT INFORMATION		Start	End	Codes or See Att. B
1	2	3	CG	Field Name	Length	Pos.	
R	R	R	R	County Code	2	1	2 See Att. B Sec. A
R	R	R	R	Record Number/KEY*	10	3	12 Locally Assigned
R	R	R	R	Type	1	13	13 C=Caregiver G=Grandparent
R	R	R	R	Relationship	1	14	14 For <u>C</u> aregiver use: 0=Unknown\Missing 1=Husband 2=Wife 3=Son/Son-in-law 4=Daughter/Daughter-in-law 5=Other Relative 6=Non-Relative
Total					14		For <u>G</u> randparent use: 0=Unknown\Missing 1=Grandparents 2=Other Elderly Relative 3=Other Elderly Non-Relative

* Client's Record Number/KEY must remain the same each submission.

ATTACHMENT B
September 2010
CODING STRUCTURE
FOR USE BY AAAs IN CODING ELECTRONIC CLIENT FILES

A. COUNTY CODES

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

B. STATUS / SUBSTATUS

Status

1 – Active 2 - Terminated

Substatus

01 – None	17 - Medicaid HC
02 - Nursing Facility	18 - Not in service area
03 - Non-Payment	19 - No contact
04 - Service Complete	20 - Active
05 - Moved	21 - Worker Safety
06 – Died	22 - Transportation unavailable
07 - Other	23 – Inappropriate
11 – Age	31 - Requested by Client
12 - No response	32 – Refused to apply for Medicaid
14 - Refused service	33 – Client no longer needs service
15 - Refused assessment	34 - Ineligible
16 - Refused reassessment	35 - Non Case Managed

C. RELATIONSHIP

53 - Agency	01 - Mother
52 – Agent	24 - Mother-in-law
05 - Aunt	41 - Neighbor
03 - Brother	49 - Nephew
60 - Brother-in-law	48 - Niece
62 - CHHA	72 – None Exists
14 - Cousin	55 - Officials
50 - Daughter-in-law	13 - Other
08 - Daughter	54 - Owner
45 - Doctor	56 - Relative
69 - Domestic Partner	67 - Religious Org.
71 - Family	40 - Self
02 - Father	04 - Sister
23 - Father-in-law	61 - Sister-in-law
43 - Friend	68 - Social Service Agency
19 - Granddaughter	47 - Social Worker
09 - Grandfather	07 - Son
10 - Grandmother	16 - Stepdaughter
20 - Grandson	17 - Stepfather
65 – Hospital	18 - Stepmother
12 - Husband	15 - Stepson
51 – Son-in law	44 - Super
42 - Landlord	06 - Uncle
66 - Medicaid	46 - Visiting Nurse
	11 - Wife

D – SERVICES

BY SERVICE NAME

905 Access Assistance⁵
 510 Adult Day Services
 504 Assisted Transport/Escort
 527 Caregiver Services
 505 Case Management
 403 Congregate Ineligible Meals⁶
 402 Congregate Meals
 902 Counseling/Support Groups/Training⁵
 512 Health Promotion Services
 401 Home Delivered Meals
 404 Home Delivered Ineligible Meals⁶
 201 Home Health Aide
 526 In Home Contact & Support¹
 103 Information & Assistance²
 906 Information Services
 301 Legal Services
 502 Nutrition Counseling
 501 Nutrition Education
 601 Other Services
 102 Outreach
 509 PERS
 205 Personal Care Level I³
 202 Personal Care Level II⁴
 903 Respite Care⁵
 519 Senior Center Rec & Ed
 904 Supplemental Services⁵
 101 Transportation

BY SERVICE CODE

101 Transportation
 102 Outreach
 103 Information & Assistance²
 201 Home Health Aide
 202 Personal Care Level II⁴
 205 Personal Care Level³
 301 Legal Services
 401 Home Delivered Meals
 402 Congregate Meals
 403 Congregate Ineligible Meals⁶
 404 Home Delivered Ineligible Meals⁶
 501 Nutrition Education
 502 Nutrition Counseling
 504 Assisted Transport/Escort
 505 Case Management
 509 PERS
 510 Adult Day Services
 512 Health Promotion Services
 519 Senior Center Rec & Ed
 526 In Home Contact & Support¹
 527 Caregiver Services
 601 Other Services
 902 Counseling/Support Groups/Training⁵
 903 Respite Care⁵
 904 Supplemental Services⁵
 905 Access Assistance⁵
 906 Information Services⁵

1 Includes Friendly Visiting, Shopping Assistance, Supervision Level NIR, and Telephone Reassurance

2 Includes Case Assistance, Counseling, Health Insurance Counseling, and Housing Assistance

3 Personal Care Level I = Housekeeping/Chore

4 Personal Care Level II = Homemaking/Personal Care

5 Title III-E Caregiver Services (Caregivers serving the elderly/Grandparents serving children) only

6 Use to code meals that are ineligible and for consumers whose meals are ineligible but they are otherwise eligible.

E. CLIENT TYPES/FUNDING SOURCES**

01—AAA**	12 – CSI	17 – HEAP	22 - LTCIEOP	27 - ARRA
05 – OTHER	13 – III-C-1	18 – Title V	23- WRAP	28 – CRC*
07 – SNAP	14 – III-C-2	19 – TITLE III-B	24- POE	29 – LTHHCP
09 – EISEP	15 – III-D	20 – III-E	25- EISEP CD*	30 – Medicaid - (Non LTHHCP)
10 – CSE	16 – III-E Caregiver	Grandparent	26- CSE CD*	
		21 - HIICAP		

*CD- Consumer Directed and CRC-Caregiver Resource Center are not in use at this time.

**Note 01 AAA and 08 Title III are no longer available for use.

F. CHARACTERISTICS INFORMATION (*Where there is none please use 000*)

Assistive Devices

- | | |
|-------------------|------------------|
| 001 - Cane | 005 - Wheelchair |
| 002 - Walker | 006 - Eyeglasses |
| 003 - Dentures | 008 - Other |
| 004 - Hearing Aid | |

Chronic Illness

- | | |
|-----------------------------|-------------------------------|
| 159 - Alcoholism | 180 - Hyperglycemia |
| 010 - Alzheimer's | 943 - Hypoglycemia |
| 160 - Anemia | 406 - Incontinence |
| 174 - Anorexia | 168 - Liver disease |
| 096 - Arthritis | 181 - Low blood pressure |
| 098 - Cancer | 169 - Osteoporosis |
| 161 - Chronic constipation | 402 - Other |
| 175 - Chronic diarrhea | 102 - Parkinson's |
| 162 - Colitis | 170 - Recent fractures |
| 176 - Colostomy | 182 - Renal disease |
| 163 - Congest heart failure | 103 - Respiratory problems |
| 101 - Diabetes | 183 - Smelling impairment |
| 178 - Diverticulitis | 171 - Speech problems |
| 165 - Gall bladder disease | 104 - Stroke |
| 099 - Hearing impairment | 173 - Ulcer |
| 166 - Heart disease | 185 - Urinary Tract infection |
| 179 - Hiatal hernia | 097 - Visual impairment |
| 167 - High blood pressure | |

Cognitive Status

- | | |
|--|---------------------------------|
| 020 - Alert | 027 - Impaired decision making |
| 190 - Appears lonely | 026 - Memory deficit |
| 021 - Cooperative | 271 - Other |
| 270 - Dementia | 023 - Physical aggression |
| 199 - Depressed | 028 - Problem behavior reported |
| 030 - Diagnosed mental health problem | 187 - Sleeping problems |
| 024 - Disruptive socially | 189 - Suicidal thoughts |
| 029 - Evidence of substance abuse | 022 - Verbal disruption |
| 025 - Hallucinations | 186 - Worried or Anxious |
| 188 - History of mental health treatment | |

Nutrition Problems

- 014 - Appetite
- 016 - Chewing/Swallowing
- 177 - Dehydration
- 017 - Dental Problems
- 015 - Digestive Problems
- 184 - Taste Impairment

G. CODING FOR USE IN IDENTIFYING NON-REGISTERED PARTICIPANTS IN CLIENT AND SERVICE FILES

In the record number/key field which is 10 characters long:

- | | | |
|---|-------------------|-------------------------------------|
| • 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 | One group session | 9999999987 as the record number/key |
| • Personal Emergency Response (PERS) | One unit | 9999999988 as the record number/key |
| • Caregiver Services | One group session | 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 meals | Each meal | 9999999991 as the record number/key |
| • USDA eligible volunteers under 60 | Each meal | 9999999992 as the record number/key |
| • Information & Assistance (I&A) clients | Each contact | 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 | Each contact | 9999999997 as the record number/key |
| • Nutrition Education | One group session | 9999999998 as the record number/key |

9999999999 code reserved for NYConnects data use.

To illustrate the coding above, it may be helpful to look at an example of a July picnic funded by CSE in County 75 that included 16 senior guests. The **client record** would have the county code (75) and special record key (9999999990) and nothing else. The **service record** would show:

Service Record

Client Record

County code	75	County code	75
Record number/key	9999999990	Record number/key	9999999990
Period of service	200207		
Service code	402		
Funding source	10		
Number of units	0000016.00		

H. Health Events File

Although this file is not required, the data it collects has been useful in programmatic discussions with AoA. The primary field in this report is the Health Events Category. Possible responses for this field have been expanded to include in addition to Hospital Visit and Emergency Room; completion of PRI and DMS-1 forms, visits to a Physician or Clinic or Other. Also in order to see that no response is correct we have included the code 00 for No Event.

Allowable codes:

01=Hospital visit
02=Emergency Room
03=PRI
04=DMS-1

05=Physician Visit
06=Clinic
09=Other
00=No Event

Notes:

For data elements, the following designations are used in the 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.

NYSOFA will most likely require this information at a future date, to be determined. In the interim NYSOFA will review this information as it is received and will analyze and evaluate its usefulness for both advocacy and client profiling.