

**NEW YORK STATE OFFICE FOR THE AGING**

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Andrew M. Cuomo, Governor

Greg Olsen, Acting Director

An Equal Opportunity Employer

**PROGRAM INSTRUCTION**

**Number: 12-PI-07**

**Supersedes: 11-PI-05**

**Expiration Date:**

**DATE:** July 16, 2012

**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, 2012 through March 31, 2013

**RESPONSE DUE DATE:** July 20, 2012; October 22, 2012; January 22, 2013 and April 22, 2013

**PURPOSE:** To transmit revisions to the client file specifications, coding and on-line CAARS web pages.

**BACKGROUND:** The attached files include revisions to NYSOFA's reporting requirements for the program year April 1, 2012 through March 31, 2013. These revisions have been developed to respond to questions and suggestions raised both internally at NYSOFA and by the AAAs. They have been previously sent to the software vendors and those counties who utilize locally developed systems and were sent to the AAAs via e-mail on 2/27/2012, subject Reporting Change April 2012.

Many of these revisions\additions will require steps to be taken by both the vendor and the Area Agency.

Please review the Reporting Guide CAARS and Client Data 2012. This document provides instructions for reporting, tips on how to complete certain sections, and a glossary of terms used.

## **Key Changes**

### **CAARS Report**

No changes

### **Client Data Files**

Files must use the required names in order to be processed. For the client files, the names are: Clients.txt, Services.txt, ADLIADL.txt, Caregivers.txt, Characteristics.txt, Healthevents.txt and Careplans.txt

File names must not include any additional information such as county code eg.Clients\_14.txt or Clients\_52 6.30.11.txt. Do not submit zip files or any additional files such as summary or with the extension .log.

### **Services.txt**

Do not include service data prior to April 2009, (200904). Complete data is required, not just for one (1) quarter.

### **ADLIADL.txt**

**ADL/IADL Status** - modified statuses, the assessment document should be revised to reflect these:

- 1=Totally Able
- 2=Requires intermittent supervision and/or minimal assistance.
- 3=Requires continual help with all or most of this task
- 4=Person does not participate; another person performs all aspects of this task.

**Required Fields** - for those clients whose ADL/IADL status is Totally Able, we will not require responses for Is Need Met Currently, Met with Formal or Informal Supports. These fields should be filled with a space.

## **Attachment A - Client Data Specifications**

### **Added Fields:**

**Does Client Participate in the following Programs** - (Community Living Partnership, Chronic Disease Self Management Program, Integrated Systems Grant Part A and Other). What we are looking for here is to have a way to count clients who are enrolled

under any one of these programs but whose services are being funded under another program. For example the services received by a Community Living Partnership client are funded under other programs such as EISEP.

**Client Receiving Eligible Meals Who Are Otherwise Non-Eligible - (Under 60 Spouses of eligible seniors, Disabled Persons living in senior housing, USDA eligible volunteers under 60 and Disabled Persons living at home w\eligible person).** Generally these meal recipients do not need to have an assessment done in order to receive a meal. Their meals can be reported using one of the allowable anonymous record keys. What has happened though is that when enough information is entered about them into the system to create a unique client ID our system reviews these clients looking for age and other information required for cluster 1 or cluster 2 clients. By coding these clients our system will know not to apply the data rules for registered clients. We will also be able to count for the first time how many meals are provided, for example, to disabled persons living in senior housing.

## **Attachment B - Coding Structure**

### **E. CLIENT TYPES/FUNDING SOURCES**

- added program code 31 for services funded under the Veterans Directed program.
- added program code 33 to record those services delivered as an informal support.

**F. CHARACTERISTICS INFORMATION** - Under Chronic Illness, two additional categories have been added; 200 - High Cholesterol and 201 - Frequent Falls.

**G. CODING FOR USE IN IDENTIFYING NON-REGISTERED PARTICIPANTS IN CLIENT AND SERVICE FILES** - An additional anonymous record number/key, 9999999984 has been added for Public Information with each event/activity as the unit. This has been added to allow the units to be reported using the applicable function in the users software by creating an anonymous record number/key in the client file. This change was shared previously.

### **Reporting Tip**

There have been many questions regarding the reporting of clients who are non-registered and receive a cluster 3 service.

When using your client based software to report non-registered clients the total participants who are shown in the various reports provided by NYSOFA may vary. For example, if you use either the bulk or group service feature in your software to report that 100 persons received 200 units of transportation the client files submitted will show 1 person received 200 units. This is because these features in the software make use

of the 900 series codes and allow for persons to be reported anonymously and not tied to any assessment or intake information. If the 100 clients had been registered and the units reported are tied to them then 100 clients would be reported receiving 200 units. Both ways for reporting are correct.

Although this applies primarily to non-registered clients receiving a cluster 3 service, there are occasions when the 900 code using these functions can be used for clients requiring registration. For example at a summer picnic; in this example it is assumed that the meal and participants are NSIP eligible but because of the sheer numbers it would be difficult to check each participants registration.

Whichever way clients are entered that has received a cluster 3 service, you still need to maintain an estimate of the unduplicated clients served for the CAARS report.

**Attachments Included:**

- Att. One Reporting Guide CAARS and Client Data 2012.doc - Self Explanatory
- Att. Two CAARS 2012 Forms.xls - Sample of the CAARS on-line forms
- Att. A: Client Data Specifications 2012.xls - Provides description of the allowable file layout
- Att. B: Client File Codes 2012.doc - Provides codes to be used in data reporting
- Att. C: Fields Required by Cluster 2012.xls - Provided for your information
- Att. D: Sample Congregate Services Intake Form.doc (Race\Ethnic Additions)
- Att. E: Sample Title III-E Registration Form.doc

**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:                 |   |   |  |                                 |

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



**April 2012  
Date Last Revised: 7/12/2012**

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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
- Attachment F - Title III-E Program Frequently Asked Questions
- Attachment G - Title III-E Reporting Scenarios
- Attachment H - Definitions of Caregiver, Counseling and Assistance under Title III-E
- Attachment I - Title III-E Coding Examples
- Attachment J - Client Status
- Attachment K - CAARS\Client Reports 2012

**New York State Office for the Aging  
2 Empire State Plaza, Albany, NY 12223-1251**

**Web Site: <http://aaarin.ofa.state.ny.us/>  
E-mail: [caarsreports@ofa.state.ny.us](mailto:caarsreports@ofa.state.ny.us)  
[clientdata@ofa.state.ny.us](mailto:clientdata@ofa.state.ny.us)**

**Contact Information: Bob Miller  
Coordinator Reporting Unit  
(518) 473-1947**

## CAARS Data Entry Tool Instructions

Accessing the tool requires the following equipment and software:

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

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

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

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

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

### General Instructions for Submission\Revision

#### 1. Login and Select the Quarter

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

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

#### 2. Enter Data and Navigate through the Pages

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

#### 3. Submit Forms

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

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

#### 4. Print Forms

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

#### 5. Revisions\Corrections

Once your forms are submitted, your data is locked from editing. To unlock the forms, send an e-mail to CAARS, [caarsreports@ofa.state.ny.us](mailto: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, 2012	July 27, 2012	Aug. 3, 2012
July – September	Oct. 22, 2012	Oct. 27, 2012	Nov. 5, 2012
October – December	Jan. 22, 2013	Jan. 28, 2013	Feb. 4, 2013
January – March	Apr. 22, 2013	Apr. 29, 2013	May 6, 2013

#### 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, Senior Accountant or 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.**

#### View Reports

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

## Section I - Area Agency Quarterly Report - NYSOFA #358

### Overview

- These instructions incorporate all of the CAARS reporting requirements effective April 1, 2012.
- Periods Covered: April 1, 2012 – June 30, 2012; July 1, 2012 – September 30, 2012; October 1, 2012 – December 31, 2012 and January 1, 2013 - March 31, 2013 (The CAARS system accumulates data covering the State Fiscal Year).
- Cumulative data requested is from April 1, 2012.
- 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 31<sup>st</sup>).
- Comments may be sent as an e-mail attachment to the CAARS e-mail address, [caarsreports@ofa.state.ny.us](mailto:caarsreports@ofa.state.ny.us) Comments must be labeled with AAA name, period covered, and contact person, if applicable.
- Contact Information:

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

Bob Miller (518) 473-1947  
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By e-mail at: [caarsreports@ofa.state.ny.us](mailto:caarsreports@ofa.state.ny.us) or [clientdata@ofa.state.ny.us](mailto:clientdata@ofa.state.ny.us)

## Part I - General

### A. Period Covered:

Information requested is completed by system.

### B. Identification:

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

### C. Staffing

**Area Agency Staffing:** Develop the staffing profile of your agency as of June 30, 2012 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, 2011. For personnel classifications definitions, refer to Section VII, Glossary of Terms.

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

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

### D. Provider Profile (*Submit with January 1<sup>st</sup> - March 31<sup>st</sup> 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 1<sup>st</sup> - March 31<sup>st</sup> 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. EISEP Other Services (April 1 to date)

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

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

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

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

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

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

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

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

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

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

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

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

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

## C. Non-Registered Services (Cluster 3)

For cluster 3 (non-registered) services, **enter the estimated unduplicated count of persons served to date.** Estimates should reflect a reasonable estimate of actual persons served. Note: this is an estimate and does not require demographic information to be collected.

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

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

**F. Long Term Home Health Care Meals:** Enter the number of home delivered meals sold to the Medicaid Long Term Home Health Care program during the quarter. Please include the funds expended on these meals on page 3, Part III, "Other" column, line 4. These meals cannot earn NSIP funding from NYSOFA. **Note the clients and services files submitted should reflect the meal counts reported here.**

## G. Title V Expenditures:

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

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

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

### **Amount of Funds Spent on an Accrual Basis This Quarter**

- This column is divided into 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, 11-PI-03.
- All expenditure data must be rounded and reported to the nearest full dollar.
- For each funding source, the Total (line 23) must equal the sum of funding (lines 24, 25, 26 and 27), except for the "Other" column. It must also equal the sum of lines 1-22.
- Title III-E column(s)
  - All Funds - includes data for all expenditures for services provided under this program for all recipients.
  - Grandparents Only - Enter only Title III-E Grandparent services expenditures.
- On line 25 enter the total NSIP/Commodity Food expenditures utilized for that program.
- The minimum matching requirements for Titles III-B, III-C-1, III-C-2, III-D and III-E must be satisfied each quarter. Use the following method to calculate the minimum required Non-Federal share:

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

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

## Section II, General Requirements/Information for Client Specific Data

### DATA REQUIREMENTS

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

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

Clients.txt	Basic client identifying data, Nutrition Profile & NSI, Informal Supports, Financial Information, and Benefits/Entitlements (1 record per client)
Services.txt	Monthly units of service delivered (1 record per month per service per fund per client)
ADLIADL.txt	Client ADL/IADL needs (1 record per client)
Caregivers.txt	Caregiver type and relationship (1 record per client)
Characteristics.txt	Client Characteristics (1 record per characteristic per client)
Healthevents.txt	Health Events in Last 6 months (1 record per event per client)
Careplans.txt	Care Plan Services (1 record per service 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, Consumer Directed In-Home Services

Cluster 2 services: Congregate Meals, Assisted Transportation\Escort, and Nutrition Counseling

Cluster 3 services:	Transportation, Legal Assistance, Nutrition Education, Information & Assistance, Outreach, In-Home Contact & Support, Sr. Center/Rec Education, Health Promotion, PERS, Caregiver Services, Other/Local
Caregiver\Grandparent	Counseling/Support Groups/Training, Respite, Supplemental, Information, Access Assistance

6. Some files and/or data elements will be required for all Cluster 1, Cluster 2 and Caregiver service recipients; other files and/or data elements will be requested for clients receiving specific services. A Summary Table is provided in Attachment C - Fields Required by Cluster, showing which files are needed for each cluster. For example, data on ADL and IADL limitations will be required for Cluster 1 clients, but not for other clients.
7. Within specific files, some data elements will be required for all clients in the file and other data elements will be required only for those clients receiving services. For example, date of birth is required for all clients in the CLIENTS file. However, type of housing is required only for clients receiving Cluster 1 services.
8. Information on the number of participants at high nutritional risk is collected for all clients receiving Home Delivered Meals, Congregate Meals, Nutrition Counseling and Case Management using the NSI screen during the registration process or thereafter.
9. For both files and data elements, the following designations are used in Attachment A, File Specifications to note whether the information is required:
  - R Required for either NAPIS reporting or NYSOFA management/advocacy
  - M Information valuable to NYSOFA for ongoing monitoring, management and advocacy activities. If the data is available, NYSOFA would like to receive it from all AAAs from **April 1, 2009** forward. NYSOFA may require this information at a future date.
10. NYSOFA has begun 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 **April 2009** or subsequently added as a new client. Each quarter AAAs should generate data using these same criteria. This will allow both new information and

any changes entered during the latest quarter to be captured using the same process. NYSOFA will delete the AAA information on its centralized database and replace it with the new data files.

2. Each record on the CLIENT file will be used to establish a client record in the consolidated database. Each client receiving Cluster 1 and/or Cluster 2 and/or Caregiver/Grandparent services must be included on this file. Non-registered clients receiving only Cluster 3 services may be included on this file if they are part of the database.
3. Each client must have an assigned Record Number/KEY which is unique. This Record Number/KEY must be used consistently in all tables to link all data for the same client. The scheme used for this number is up to the AAA to determine.
4. Where data is coded, AAA data must be translated into the equivalent codes provided. For example, if a local data base contains a field 'marital status' with a code of 4 for 'widowed', it must be changed to a code of 2 to correspond to the appropriate coding scheme being used in NYSOFA's consolidated database.
5. Numeric fields should be right-justified and zero-filled. For example, a monthly income of \$455 should appear in the 5-character field as 00455.
6. All files are in standard ASCII (text) format with fixed length records.
7. Files are to be submitted using NYSOFA's FTP web site, <https://reporting.ofa.state.ny.us/>. This site uses the same username and password for access as you are currently using for the AAARIN website. Also, when going to this site you may be prompted to install a Java script. This is required as Java is used by the application. You may need IT support to do this install. Additionally you may see the prompt Continue to this website (not recommended). It is safe to go to this site. There is a Certificate Error but it is procedural and does not affect the safety of the site. Further instructions can be found on page 23 in this guide.
8. Data files no longer are to be submitted using a file compression utility such as WinZip. Only submit files in the required "text" format.
9. At this time it is not required that data be encrypted; however, AAAs wishing to do so should coordinate this effort with NYSOFA to insure that the data can be decrypted when received.

**Section III - Title III-E Service Matrix**

<p><b>TITLE III-E SERVICE COMPONENTS</b> with NAPIS Codes that <b><u>a caregiver receives</u></b> when receiving a Title III-E funded service.</p>	<p><b>CORRESPONDING NYSOFA STANDARD SERVICES</b> that the <b><u>caregiver or care receiver is provided</u></b> in order to show the Title III-E component services and to provide a linkage to the CAARS expenditures.</p>
<p>Counseling, Support Groups &amp; 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 602)</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 603)</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 604)</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> <p>Title III-E Other have been separated so they are tagged to the specific services.</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 are designed to 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.

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

### **Information and Assistance**

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

### **Attachment A, Client Data Specifications**

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

### **Attachment B CODING STRUCTURE**

#### **B. STATUS / SUBSTATUS Codes**

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

A client in the program who is receiving services should be tagged as being an active client (1) and have a sub status code of either 20 = Case Managed or 35= Non Case Managed.

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

A client who receives short term home delivered meals, for example a person released from the hospital who receives a discharge plan that calls for a home delivered meal for two weeks. The plan is that the person will return to their daily routine after that time and no longer need the meal nor the required assessment. The client in this example would not be a case managed client and would be tagged as a Non Case Managed client.

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

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

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

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

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

## D – SERVICES

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

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 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 NYConnects 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 congregate 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.

Anonymous record number/keys have been added for use when reporting other under Title III-E and for the general other category.

These are:

Other Services III E Supplemental (603)	9999999981 as the record number/key
Other Services III E Respite (602)	9999999982 as the record number/key
Other Services General (601)	9999999983 as the record number/key
Other Services III E Information (604)	9999999984 as the record number/key

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

## E. CLIENT TYPES/FUNDING SOURCES

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

### Allowable Service Expenditures by Fund\*

The following table shows by service the allowable funds. Software settings should ensure that AAAs do not select incorrect funding type for services. 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
<b>CD In-home Services</b>	<b>One Hour</b>	<b>EISEP, CSE, Other</b>
Home Health Aide	One Hour	Title IIIB, Title IIIE, CSE, Other
Home Delivered Meals	One Meal	Title IIIC-2, Title IIIE, <b>EISEP</b> , 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, <b>EISEP</b> , CSE, SNAP, Other, ARRA
Nutrition Counseling	One Hour	Title IIIC-1, Title IIIC-2, Title IIID, Title IIIE, <b>EISEP</b> , CSE, CSI, SNAP, Other
Assisted Trans.	One Way	Title IIIB, Title IIIC-1, Title IIIE, <b>EISEP</b> , CSE, CSI, SNAP, Other
Transportation	One Way	Title IIIB, Title IIIC-1, Title IIIE, <b>EISEP</b> , CSE, CSI, SNAP, Other
Legal Assistance	One Hour	Title IIIB, Title IIIE, CSE, Other
Nutrition Education	Each Participant**	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, MIPPA
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	Each Participant	Title IIIB, Title IIID, Title IIIE, <b>EISEP</b> , CSE, CSI, MIPPA, Other
Per. Emerg. Response	One Unit	Title IIIB, Title IIIE, EISEP, CSE, Other
Caregiver Services	Each Participant	Title IIIB, Title IIID, Title IIIE, CSE, CSI, Other
LTC Ombudsman		Title IIIB, Other
Other Services	<b>As Applicable</b>	Title IIIB, Title IIIC-1, Title IIIC-2, Title IIID, Title IIIE, Title V, EISEP, CSE, CSI, SNAP, HIICAP, LTCIEOP, POE, Other, HEAP, WRAP, MIPPA

\* For Title III-E services Refer to Standard Definitions of Service 2011

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

## 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. Under Chronic Illness, two additional categories have been added; 200 - High Cholesterol and 201 - Frequent Falls.

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

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

For the client based reporting using the client.txt\ services.txt files, recipients of 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 2011, CODING STRUCTURE. These codes need to be associated with the appropriate service to meet reporting requirements.

Included in this list also are 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. These codes are necessary when reporting Cluster 3 service information, anonymous congregate meals and for reporting ineligible meals now reported in CAARS. Contact your vendor or developer to ensure that the software allows the user to enter this information.

• Other Services III E Supplemental	9999999981 as the record number/key
• Other Services III E Respite	9999999982 as the record number/key
• Other Services General	9999999983 as the record number/key
• Other Services III E Information	9999999984 as the record number/key
• In-Home Contact & Support	9999999985 as the record number/key
• Sr. Center Recreation/Education	9999999986 as the record number/key
• Health Promotion	9999999987 as the record number/key
• Personal Emergency Response (PERS)	9999999988 as the record number/key
• Caregiver Services	9999999989 as the record number/key
• USDA eligible seniors, spouses, disabled persons living in Senior Housing	9999999990 as the record number/key
• Guests/staff under 60	9999999991 as the record number/key
• USDA eligible volunteers under 60	9999999992 as the record number/key
• Information & Assistance (I&A) clients	9999999993 as the record number/key
• Food handlers	9999999994 as the record number/key
• Transportation	9999999995 as the record number/key
• Legal	9999999996 as the record number/key
• Outreach	9999999997 as the record number/key
• Nutrition Education	9999999998 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 coding 9999999991 in the client file as a Guest or Staff under 60 and appear in the services file with that code and with the service code of 402.

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

The data collected in this file 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.

## I. Caregiver File

The caregiver file allows AAAs to report multiple caregivers and care receivers. Data fields in this file tag the client as being caregivers of older people who are 60 and over; caregivers of individuals of any age with Alzheimer's disease or related disorders; and, grandparents/older relatives who are at least 55 and caring for children. It also includes information showing the relationship to the care receiver. Note, that although multiple caregivers can be reported, reporting is not about the number of people that serve one person; it's about the number of people who are actually receiving respite services.

## J. ADL/IADL File

The statuses to be used for ADL/IADLs have been revised to read:

### ADL IADL

#### Status

1= Totally Able

2=Requires intermittent supervision and/or minimal assistance.

3=Requires continual help with all or most of this task

4=Person does not participate; another person performs all aspects of this task.

**Totally Able** – based on discussions with the client during the evaluation it is determined that the client is total able to perform the appropriate task with or without equipment.

**Requires intermittent supervision and/or minimal assistance** – client will occasionally need assistance performing a task. For example: clearing debris from an access ramp, assistance following a medical procedure or to have someone providing cueing/reminders to complete task.

**Requires continual help with all or most of this task** – client always needs assistance with this task. For example: cutting up food, adjusting equipment, etc.

**Person does not participate; another person performs all aspects of this task** – client is unable to perform this task. This may be due to culturally reasons such as housekeeping, laundry, etc. was

always done by client's wife, client's cognitive or language difficulties make it impossible to do the task.

For further assistance please refer to the AAARIN website, look under Programs and by topic.

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

Section 102: (A)(i) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision;

*or (B) due to a cognitive, or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.*

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

### **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 Record Key.
- 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 Record Key.
- Spouses of the older people (under age 60) use 9999999990 code to enter service information.
- Disabled individuals (under age 60) use 9999999990 code to enter service information.
- Eligible Volunteers, regardless of age, use 9999999992 code to enter service information.

One point that makes the use of the 999999999x code Record Keys important is that, for example, a spouse who is eligible but under the age of 60 is entered and assigned a standard unique Record Key, NYSOFA’s 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 Record Key and use Service Code 904.

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

## **Reporting Websites**

Users can go to the various Reporting and Budgeting pages using links found on the AAARIN site, <http://www.aaarin.ofa.state.ny.us/index.cfm>. If you do not have username and password and need it, a request can be made by the AAA Director through their ASR. User IDs and passwords are sent via US mail.

### **NYSOFA Budgeting and Reporting Systems**

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

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

### **NYSOFA Data Exchange**

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

### **NYSOFA Report Viewer**

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

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

## Section VI - County Codes

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

## Section VII - Glossary of Terms

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

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

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

**Caregiver** – 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.

**Case Managed Client** – is a person who has accepted their care plan and for EISEP clients, has signed the Financial Information & Client Agreement.

**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. individuals with disabilities who reside at home with older individuals.

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

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

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

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

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

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

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

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

For further information refer to Attachment H.

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

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

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

**Impairment in Instrumental Activities of Daily Living (IADL)** - The inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, or stand-by assistance, supervision or cues: Housework/cleaning, Shopping, Laundry, Use transportation, Prepare & cook meals, Handle Personal business/finances, Use telephone and self-administration of medications.

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

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

**Low Income/Poverty** - An income level at or below 150% of the poverty threshold for Community Services for the Elderly Program, Expanded In-home Services for the Elderly Program recipients and Supplemental Nutrition Assistance Program recipients, and 100% of the poverty threshold for Title III recipients as established by the Bureau of the Census.

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

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

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

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

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

**Race/Ethnicity** – 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 Hispanic - People who identify their origin as Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.
- 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.

**Registered Client** – A registered client is an individual who received at least one unit of the following specified services within the reported fiscal year. The services include: congregate meals, nutrition counseling, assisted transportation, personal care level I, personal care level II, home delivered meals, adult day care, case management, and/or consumer directed in-home.

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

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

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

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

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

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

**Supporting Document List**

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

# Area Agency Quarterly Report

Area Agency: \_\_\_\_\_

NYSOFA #358 Rev. (04/2012) New York State Office for the Aging

## Part I - Operations

### A. Period Covered -

Report is:  Original  
 Quarter Reported:

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

Date Submitted:  
 4th:

### B. Identification

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

### C. Staffing

(Submit with quarter ending June 30th)

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

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

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

### D. Provider Profile:

(Submit with quarter ending March 31<sup>st</sup>)

- 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 31<sup>st</sup> only)

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

## Part II - Program Information

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

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

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

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

**Part II - Program Information Continued (Complete Each Quarter)**

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

April 1 to date:

1. CSE Cost Sharing \_\_\_\_\_ 2. EISEP Cost Sharing \_\_\_\_\_  
 3. EISEP Cost Sharing Transferred to CSE \_\_\_\_\_

**C. Non Registered Services**

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

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

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

1. Information		2. Assistance	
----------------	--	---------------	--

**D. Title VII Expenditures (Indicate Federal funds only spent this quarter on the accrual basis.)**

(Round expenditures to the nearest dollar.)

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

(Do not include State LTCOP expenditures here.)

**E. State Transportation Information**

Enter the units of transportation service, State Funds, Program Income and Local Funds expended this quarter under the State Transportation program (Total funds will be 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

**F. Long Term Home Health Care Program Meals:**

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

Please include the funds expended on these meals on page 3, Part III, "Other" column, line 4.

These meals can not earn NSIP funding from NYSOFA. **These meals are to be included in your client files, units of service data as anonymous ineligible meals funded under LTHHCP.**

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

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

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

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 <sup>1</sup>	III-C-1 <sup>2/3</sup>	III-C-2 <sup>2/3</sup>	III-D	III-E <sup>5</sup> (All Funds)	III-E <sup>9</sup> (Grandparent Only)	EISEP <sup>4/5</sup>	CSE	CSI	SNAP <sup>6</sup>	Other <sup>6</sup>
1 a. PC Level II (H/PC)												
b. PC Level I (H/Chore)												
2 CD In-home Services												
3 Home Health Aide												
4 Home Delivered Meals												
5 Adult Day Services												
6 Case Management												
7 Congregate Meals												
8 Nutrition Counseling												
9 Assisted Trans./Escort												
10 Transportation												
11 Legal Assistance												
12 Nutrition Education												
13 Info & Assistance												
14 Outreach												
15 In-Home Cont. & Sup. <sup>2</sup>												
16 Sr. Center/Rec & Educ.												
17 Health Promotion												
18 Per. Emerg. Response												
19 Caregiver Services												
20 LTC Ombudsman <sup>1</sup>												
21 Other Services <sup>7</sup>												
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 all allowable ancillary services not listed on Lines 4,7,8,9,10,17 & 18.
8. Include all Title III E expenditures including Grandparent services. Other Services includes all other services.
9. Enter only Title III E Grandparent services expenditures.

## ATTACHMENT A

### SUMMARY TABLE

April 1, 2012

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	YES**			
5	HEALTHEVENTS.TXT	Health Events in Last 6 months	1 record per event per client	YES**			
6	CAREPLANS.TXT	Care Plan Services	1 record per service per client	YES**			
7	CAREGIVERS.TXT	Caregiver types & relationships	1 record per service per relationship				YES
CLUSTER 1:		Personal Care Level 2 (H/PC), Personal Care Level 1 (H/Chore) , Case Management, Consumer Directed In-Home, Home Health Aide, Adult Day Care Services and Home Delivered Meals					
CLUSTER 2:		Congregate Meals, Assisted Transport, 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.

\*\* All files are required for submission however individual fields may not be required but remain important as the information is valuable to NYSOFA for ongoing monitoring, management and advocacy activities.

# ATTACHMENT A - CLIENT DATA SPECIFICATIONS - April 2012

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 (Alone) 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	Limited English Proficiency	1	31	31	Y or T or 1; N or F or 2; blank = Unknown		
R	R	M	R	Sex	1	32	32	M or 1; F or 2		
R	R	M		Veteran Status	1	33	33	Y or T or 1; N or F or 2; blank = Unknown		
R	R	M		Living Status	1	34	34	1=Alone 2=With Spouse Only 3=With relatives 4=With non-relatives 5=With Spouse and others		

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				Number in Household	2	35	36	
R	R	M				Marital Status	1	37	37	1=Married 2=Widowed  4=Divorced 5=Single/Never Married 6=Separated
R	R	M				Frail/Disabled Indicator	1	38	38	Y or T or 1; N or F or 2; blank = Unknown
R	R	M				Activation/Registration Date(mm/dd/yyyy)**	10	39	48	
R	R	R	R			Status Code	1	49	49	1=Active; 2=Inactive or Terminated
R	R	R	R			Sub-status Code	2	50	51	See Att. B Sec. B
R	R	R	R			Date of Current Status (mm/dd/yyyy)***	10	52	61	
R						Assessment Date (mm/dd/yyyy)*	10	62	71	
M						Type of Housing	3	72	74	001 or 108 = Single Family 102 or 107 = Multi-Family
M						Housing Ownership	1	75	75	1=Rent; 2=Own; 3=Other
M						Disabled Veteran Status	1	76	76	Y or T or 1; N or F or 2; blank = Unknown
<b>FINANCIAL INFORMATION:</b>										
R	R	M				Total Monthly Income OR	5	77	81	Dollars only See Note B
R	R	M				Total Annual Income OR	5	82	86	Dollars only See Note B
R	R	M				Poverty Status				
						Below 100% Poverty Level	1	87	87	Y or T or 1; N or F or 2; blank = Unknown See Note B
						Below 150% Poverty Level	1	88	88	Y or T or 1; N or F or 2; blank = Unknown See Note B
<b>COST SHARE STATUS</b>										
R						Overall cost share % (000 thru 100)	3	89	91	See Note C
M						Total Monthly Housing Expenses	5	92	96	Dollars only See Note C
<b>NUTRITIONAL RISK STATUS:</b>										
R	R					Client has illness/condition that changes kind/amount of food eaten	1	97	97	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

RV	CLUST	GENERAL CLIENT INFORMATION			Length	Start Pos.	End Pos.	Codes or See Att. B	
1	2	3	CG	Field Name					
R	R			Eats fewer than 2 meals/day	1	98	98	Y or T or 1; N or F or 2; blank = Unknown	
R	R			Eats few fruits or vegetables, or milk products.	1	99	99	Y or T or 1; N or F or 2; blank = Unknown	
				BLANK	1	100	100		
				BLANK	1	101	101		
R	R			Has 3+ drinks of beer/wine/liquor almost every day	1	102	102	Y or T or 1; N or F or 2; blank = Unknown	
R	R			Has tooth/mouth problems making it hard to eat	1	103	103	Y or T or 1; N or F or 2; blank = Unknown	
				Does not always have enough money to buy food					
				needed	1	104	104	Y or T or 1; N or F or 2; blank = Unknown	
R	R			Eats alone most of the time	1	105	105	Y or T or 1; N or F or 2; blank = Unknown	
R	R			Takes 3+ prescribed/over-the-counter drugs/day	1	106	106	Y or T or 1; N or F or 2; blank = Unknown	
R	R			Lost or gained 10 pounds in last 6 months	1	107	107	Y or T or 1; N or F or 2; blank = Unknown	
				Not always able to physically shop, cook and/or					
				feed self	1	108	108	Y or T or 1; N or F or 2; blank = Unknown	
R				Body Mass Index (format is 99.9) OR	4	109	112		See Note E
R				Height (inches) AND	3	113	115		See Note E
R				Weight (lbs)	3	116	118		See Note E
				<b>INFORMAL SUPPORTS - Up to two supports</b>					See Note F
				For Primary Informal Support, if one exists:					
R				a. Relationship of Informal Support	2	119	120	See Att. B Sec. C	
M				b. Factors that might limit caregiver involvement:					
M				Job	1	121	121	Y or T or 1; N or F or 2; blank = Unknown	
M				Finances	1	122	122	Y or T or 1; N or F or 2; blank = Unknown	
M				Family Responsibilities	1	123	123	Y or T or 1; N or F or 2; blank = Unknown	
M				Physical Burden	1	124	124	Y or T or 1; N or F or 2; blank = Unknown	
M				Emotional Burden	1	125	125	Y or T or 1; N or F or 2; blank = Unknown	
M				Health Problems	1	126	126	Y or T or 1; N or F or 2; blank = Unknown	
M				Reliability	1	127	127	Y or T or 1; N or F or 2; blank = Unknown	
M				Other	1	128	128	Y or T or 1; N or F or 2; blank = Unknown	
M				c. Is Caregiver relief needed?	1	129	129	Y or T or 1; N or F or 2; blank = Unknown	
M				If yes, when?	2	130	131	11-Morning 12-Afternoon 13-Evening 14-Overnight	

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

RVIC	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:				15-Weekend 16-Other
M				a. Relationship of Informal Support	2	132	133	See Att. B Sec. C
M				b. Factors that might limit caregiver involvement:				
M				Job	1	134	134	Y or T or 1; N or F or 2; blank = Unknown
M				Finances	1	135	135	Y or T or 1; N or F or 2; blank = Unknown
M				Family Responsibilities	1	136	136	Y or T or 1; N or F or 2; blank = Unknown
M				Physical Burden	1	137	137	Y or T or 1; N or F or 2; blank = Unknown
M				Emotional Burden	1	138	138	Y or T or 1; N or F or 2; blank = Unknown
M				Health Problems	1	139	139	Y or T or 1; N or F or 2; blank = Unknown
M				Reliability	1	140	140	Y or T or 1; N or F or 2; blank = Unknown
M				Other	1	141	141	Y or T or 1; N or F or 2; blank = Unknown
M				c. Is Caregiver relief needed?	1	142	142	Y or T or 1; N or F or 2; blank = Unknown
M				If yes, when?	2	143	144	11-Morning 12-Afternoon 13-Evening 14-Overnight 15-Weekend 16-Other
M				Overall Evaluation of Informal Support System	1	145	145	1-Adequate, Can Expand if needed 2-Adequate, Could not expand 3-Inadequate/Limited 4-Temporarily Unavailable 5-Other
				<b>CLIENT RECEIVE/HAVE FOLLOWING BENEFITS/ENTITLEMENTS?</b>				
M				EPIC	1	146	146	Y or T or 1; N or F or 2; blank = Unknown
M				Food Stamps	1	147	147	Y or T or 1; N or F or 2; blank = Unknown
M				Health Insurance	1	148	148	Y or T or 1; N or F or 2; blank = Unknown
M				HEAP	1	149	149	Y or T or 1; N or F or 2; blank = Unknown
M				IT-214	1	150	150	Y or T or 1; N or F or 2; blank = Unknown
M				Lifeline/PERS	1	151	151	Y or T or 1; N or F or 2; blank = Unknown
M				Long Term Care Insurance	1	152	152	Y or T or 1; N or F or 2; blank = Unknown
M				Medicaid	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		Length	Start Pos.	End Pos.	Codes or See Att. B
1	2	3	CG	Field Name					
M				Medicare	1	154	154	Y or T or 1; N or F or 2; blank = Unknown	
M				Medigap Insurance/HMO	1	155	155	Y or T or 1; N or F or 2; blank = Unknown	
M				Private Health Insurance	1	156	156	Y or T or 1; N or F or 2; blank = Unknown	
M				Public Assistance	1	157	157	Y or T or 1; N or F or 2; blank = Unknown	
M				QMB	1	158	158	Y or T or 1; N or F or 2; blank = Unknown	
M				Railroad Retirement	1	159	159	Y or T or 1; N or F or 2; blank = Unknown	
M				Real Property Tax Exemption	1	160	160	Y or T or 1; N or F or 2; blank = Unknown	
M				Reverse Mortgage	1	161	161	Y or T or 1; N or F or 2; blank = Unknown	
M				Section 8 Housing	1	162	162	Y or T or 1; N or F or 2; blank = Unknown	
M				SLIMB	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

RVICE CLUST				GENERAL CLIENT INFORMATION		Start	End	
1	2	3	CG	Field Name	Length	Pos.	Pos.	Codes or See Att. B
M				Social Security	1	164	164	Y or T or 1; N or F or 2; blank = Unknown
M				SSD	1	165	165	Y or T or 1; N or F or 2; blank = Unknown
M				SSI	1	166	166	Y or T or 1; N or F or 2; blank = Unknown
M				VA Benefits	1	167	167	Y or T or 1; N or F or 2; blank = Unknown
M				Veteran Tax Exemption	1	168	168	Y or T or 1; N or F or 2; blank = Unknown
M				WRAP	1	169	169	Y or T or 1; N or F or 2; blank = Unknown

**Does Client Participate in the following Program(s):**

R	R			Community Living Program	1	170	170	Y or T or 1; N or F or 2; blank = Unknown
R	R			Chronic Disease Self Management Program	1	171	171	Y or T or 1; N or F or 2; blank = Unknown
R	R			Integrated Systems Grant Part A	1	172	172	Y or T or 1; N or F or 2; blank = Unknown
R	R			Other Programs as Defined by NYSOFA	1	173	173	Y or T or 1; N or F or 2; blank = Unknown

**Client Receiving Eligible Meals Who Are Otherwise Non-Eligible**

R	R			Under 60 Spouses of eligible seniors	1	174	174	Y or T or 1; N or F or 2; blank = Unknown
R	R			Disabled Persons living in senior housing	1	175	175	Y or T or 1; N or F or 2; blank = Unknown
R	R			USDA eligible volunteers under 60	1	176	176	Y or T or 1; N or F or 2; blank = Unknown
R	R			Disabled Persons living at home w\eligible person	1	177	177	Y or T or 1; N or F or 2; blank = Unknown

**UNIQUE CLIENT IDENTIFIER**

See Note G

R	R	R	R	First letter of First Name	1	178	178	
R	R	R	R	First three letters of Last Name	3	179	181	
R	R	R	R	Last 4 digits of phone number	4	182	185	

Total 185

\* Most recent assessment date must be used for all appropriate files. The assessment date in this file is used for generated reports.  
 \*\* Activation/Registration Date - This is the date that the AAA begins interacting with the client, either through conducting an assessment or registering him/her for a service or providing a service. This date corresponds to when the client becomes "Active." It is not for a specific service.

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	
1	2	3	CG	Field Name	Length	Pos.	Pos.	Codes or See Att. B

\*\*\* Date of Current Status - This is the date of the client's most current status. If the client is active, it would be the same date as the activation/registration date. If the client is terminated, it would be the date terminated. If s/he were reactivated, it would be the date the client was reactivated.

**NOTES**

- \* Client's Record Number/KEY must remain the same each submission.
- A Provide both the client's Zip Code and 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 #8 in the Reporting Guide Consolidated Area Agency Reporting System (CAARS) and Client Data Systems.
- 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 2012

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				Start	End	Codes or See Att. B		
1	2	3	CG	Pos.	Pos.			
	Field Name	Length						
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	<b>Format: 7 places,decimal point,2 decimals numbers(9999999.99)</b>
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 2012

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 Length	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
<b>IADL Type</b>			
01=Housework/cleaning			
ADL Status	1	13 13	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
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 Status	1	17 17	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
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 Status	1	21 21	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
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

## CLIENT DATA SPECIFICATIONS - April 2012

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
b. Met with InFormal Supports?	1	24	24	Y or T or 1; N or F or 2; blank = Unknown
04=Use transportation				
ADL Status	1	25	25	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
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:				
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 Status	1	29	29	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
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 Status	1	33	33	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
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 Status	1	37	37	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance

## CLIENT DATA SPECIFICATIONS - April 2012

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
Is Need Met Currently (at time of Assessment)?	1	38	38	3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task 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 Status	1	41	41	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
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
ADL Type				
09=Bathing				
IADL Status	1	45	45	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
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				
IADL Status	1	49	49	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
Is Need Met Currently (at time of Assessment)?	1	50	50	Y or T or 1; N or F or 2; blank = Unknown

## CLIENT DATA SPECIFICATIONS - April 2012

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	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				
IADL Status	1	53	53	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
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				
IADL Status	1	57	57	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
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				
IADL Status	1	61	61	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
Is Need Met Currently (at time of Assessment)?	1	62	62	Y or T or 1; N or F or 2; blank = Unknown
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

## CLIENT DATA SPECIFICATIONS - April 2012

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
14=Toileting IADL Status	1	65	65	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
Is Need Met Currently (at time of Assessment)? If yes:	1	66	66	Y or T or 1; N or F or 2; blank = Unknown
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 IADL Status	1	69	69	1=Totally Able 2=Requires intermittent supervision and/or minimal assistance 3=Requires continual help with all or most of this task 4=Person does not participate; another person performs all aspects of this task
Is Need Met Currently (at time of Assessment)? If yes:	1	70	70	Y or T or 1; N or F or 2; blank = Unknown
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.

\*\* Most recent assessment date must be used for all appropriate files.

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

## CLIENT DATA SPECIFICATIONS - April 2012

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	Codes or See Att. B
	Length	Pos.	

Field Name	Start	End	Codes or See Att. B
<b>IADL</b>			<b>ADL</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 2012

Table #: 4

File Content CLIENT CHARACTERISTICS

Format: One record per characteristic per client

File Name: CHARACTERISTICS.TXT

STATUS: REQUIRED FOR CLUSTER 1 CLIENTS ONLY

### SERVICE CLUSTER

1	2	3	CG	Field Name	Length	Start Pos.	End Pos.	Codes or See Att. B
R				County Code	2	1	2	See Att. B Sec. A
R				Record Number/KEY*	10	3	12	Locally assigned
R				Characteristic Code	3	13	15	See Att. B Sec. F
R				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.

\*\* Most recent assessment date must be used for all appropriate files.

## CLIENT DATA SPECIFICATIONS - April 2012

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

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

\*\* Most recent assessment date must be used for all appropriate files.

## CLIENT DATA SPECIFICATIONS - April 2012

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					
R				County Code	2	1	2	See Att. B Sec. A
R				Record Number/KEY*	10	3	12	Locally assigned
R				Service code	3	13	15	See Att. B Sec. D
R				Number of Units of Service	3	16	18	
R				Frequency Period	1	19	19	W or 2 = Weekly; M or 3 = Monthly O or 4 = Other
R				Has client been placed on waiting list for this service?	1	20	20	Y or T or 1; N or F or 2; blank = Unknown
R				Assessment Date (mm/dd/yyyy)**	10	21	30	
				Total	30			

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

\*\* Most recent assessment date must be used for all appropriate files.

\*\*\* Use most current care plan.

## CLIENT DATA SPECIFICATIONS - April 2012

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	County Code	2	1	2 See Att. B Sec. A
			R	Record Number/KEY*	10	3	12 Locally Assigned
			R	Type	1	13	13 C=Caregiver G=Grandparent
			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
							For <u>G</u> randparent use: 0=Unknown\Missing 1=Grandparents 2=Other Elderly Relative 3=Other Elderly Non-Relative
				Total		14	

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

**ATTACHMENT B**  
**April 2012**  
**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	60
Oneida	30	Seneca Nation of Indians	62
		St. Regis-Mohawk	63

## B. STATUS / SUB-STATUS

**Status:** 1- Active  
2- Inactive or Terminated

**Sub-status:**

**if Status =1**, use Sub-status Code 20 or 35

20 = Case Managed

35= Non Case Managed

**if Status =2**, use the following Sub-status Codes

For clients changing status from active to terminated/inactive.\*

Use the following sub-status codes to record primary reason for terminating services or becoming inactive.

01 - None (Reason Unknown)

02 - Nursing Facility/Assisting Living

05 - Moved

06 - Died

07 - Other (Reason not listed)

14 - Client refuse service, assessment or reassessment (Includes 15 - Refused assessment and 16 - Refused reassessment).

**17 - Medicaid Home Care eligible,**

23 - Unable to serve due to appropriateness issue (client changes in behavior, mental, cognitive, or physical status - no longer appropriate for receiving aging network services, but still live in community).

24 - Unable to serve due to accessibility issue - Note: accessibility issues include for example, workers or services are not able to reach the client or the client is not able to access the services, e.g., no transportation. (This category includes: 12 - No response, 18 - Not in service area, 19 - No contact, 21-worker safety, and 22-transportation unavailable).

25 - Unable to serve due to eligibility issue (This category includes: 11 - age, and 34 - other eligibility issues).

33 - Client no longer needs service - Client improved.

36 - Services are substituted by other helping resources (formal/informal) in the community and not due to appropriate, accessibility, or eligibility issue.

Following codes have been eliminated; 03 - Non-Payment, 04 - Service Complete, 31 - Requested by Client, 32 – Refused to apply for Medicaid.

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

## C. RELATIONSHIP

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

## D – SERVICES

Code	Service	Code	Service
905	Access Assistance <sup>5</sup>	906	Information Services
510	Adult Day Services	301	Legal Services
504	Assisted Transport	502	Nutrition Counseling
527	Caregiver Services	501	Nutrition Education
505	Case Management	601	Other Services General
206	Consumer Directed In-Home Services	602	Other Services IIIIE Respite
403	Congregate Ineligible Meals <sup>6</sup>	603	Other Services IIIIE Supplemental
402	Congregate Meals	604	Other Services IIIIE Information
902	Counseling/Support Groups/Training <sup>5</sup>	102	Outreach
512	Health Promotion Services	509	PERS
401	Home Delivered Meals	205	Personal Care Level I <sup>3</sup>
404	Home Delivered Ineligible Meals <sup>6</sup>	202	Personal Care Level II <sup>4</sup>
201	Home Health Aide	903	Respite Care <sup>5</sup>
526	In Home Contact & Support <sup>1</sup>	519	Senior Center Rec. & Ed
103	Information & Assistance <sup>2</sup>	904	Supplemental Services <sup>5</sup>
		101	Transportation

- 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 who are otherwise eligible

## E. CLIENT TYPES/FUNDING SOURCES

05 - OTHER	13 - III-C-1	18 - Title V	23 - WRAP	31 – Veterans Program
07 - SNAP	14 - III-C-2	19 - TITLE III-B	24 – PoE*	32 - MIPPA
09 - EISEP	15 – III-D	20 - III-E Grandparent	27 - ARRA	33- Informal***
10 - CSE	16 - III-E Caregiver	21 - HIICAP	29 - LTHHCP	
12 - CSI	17 - HEAP	22 - LTCIEOP	30 - Medicaid**	

\*PoE is used for NYConnects

\*\*Informal is used when necessary, to record those services delivered as an informal support.

\*\*Medicaid-funded, non-LTHHCP “Medicaid Service Coordination” (MSC) program.

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

### Assistive Devices (1)

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

### Chronic Illness (2)

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

### Cognitive Status (3)

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

### Nutrition Problems (4)

014 - Appetite  
016 - Chewing/Swallowing  
177 - Dehydration  
017 - Dental Problems  
015 - Digestive Problems  
184 - Taste Impairment  
403 - Other  
**944 - Hoarding**

**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:

• Other Services III E Supplemental (603)	Each event/activity	9999999981 as the record number/key
• Other Services III E Respite (602)	Each event/activity	9999999982 as the record number/key
• Other Services General (601)	Each event/activity	9999999983 as the record number/key
• Other Services III E Information (604)	Each event/activity	9999999984 as the record number/key
• In-Home Contact & Support	Each contact	9999999985 as the record number/key
• Sr. Center Recreation/Education	One group session	9999999986 as the record number/key
• Health Promotion	Each Participant	9999999987 as the record number/key
• Personal Emergency Response (PERS)	One unit	9999999988 as the record number/key
• Caregiver Services	Each Participant	9999999989 as the record number/key
• USDA eligible seniors, spouses, disabled persons living in Senior Housing	Each meal	9999999990 as the record number/key
• Guests/staff under 60 & other ineligible	Each meal	9999999991 as the record number/key
• USDA eligible volunteers 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	Each Participant	9999999998 as the record number/key

9999999999 code reserved for NY Connects data use.

**\*Use for Other Services: 601, 602, 603 and 604.**

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**

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

**Client Record**

County code 75  
 Record number/key 9999999990

**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 is used for NYSOFA monitoring, management and advocacy activities.

Code	Program	Abbrev.
05	All Other Program Administered by the AAA	OTHER
07	Supplemental Nutrition Assistance Program	SNAP
09	Expanded In-home Services for the Elderly Program	EISEP
10	Community Services for the Elderly Program	CSE
12	Congregate Services Initiative	CSI
13	Title III-C-1 of the Older Americans Act of 1965 as Amended	III-C-1
14	Title III-C-2 of the Older Americans Act of 1965 as Amended	III-C-2
15	Title III-D of the Older Americans Act of 1965 as Amended	III-D
16	Title III-E of the Older Americans Act of 1965 as Amended	III-E Caregiver
17	Home Energy Assistance Program	HEAP
18	Title V of the Older Americans Act of 1965 as Amended	V
19	Title III-B of the Older Americans Act of 1965 as Amended	III-B
20	Title III-E of the Older Americans Act of 1965 as Amended	III-E Grandparent
21	Health Insurance Information Counseling Program	HIICAP
22	Long Term Care Insurance Education and Outreach Program	LTCIEOP
23	Weatherization Referral and Packaging	WRAP
24	Point of Entry (NY Connects)	POE
27	American Recovery and Reinvestment Act	ARRA
29	Long Term Home Health Care Program	LTHHCP
30	Provides financial assistance for medical expenses of individual needy citizens	Medicaid
31	Veterans Directed Services Program	Veterans
32	Medicare Improvements for Patients and Providers Act	MIPPA
33	Services delivered through an informal support process,	Informal

## Attachment C - Fields Required by Cluster - April 2012

The fields listed represent the fields required for submission in the seven required files; **Clients.txt, services.txt and adliadl.txt, characteristic.txt, careplans.txt, healthevents.txt and caregivers.txt**  
They are a subset of the fields required by the Minimum Data Set (MDS).

<b>CLUSTER 1:</b>	Personal Care Level 2, Personal Care Level 1, Case Management, Home Health Aide, Adult Day Care Services, Home Delivered Meals and CD In-home Services
<b>CLUSTER 2:</b>	Congregate Meals, Assisted Transport/Escort, Nutrition Counseling
<b>CLUSTER 3:</b>	Transportation, Legal Services, Nutrition Education, Information & Assistance, Outreach, In-Home Contact & Support, Sr. Center Recreation /Education, Health Promotion, PERS, Caregiver Services, and Other
<b>CAREGIVER:</b>	Group 1: Counseling/Support Groups/Training, Supplemental Services, Respite Care Group 2: Access Assistance, Information Services

### Clients.txt Required Fields

#### Cluster 1

County Code  
Record Number/KEY\*  
Zip Code  
Rural/Urban Designation  
Date of Birth (mm/dd/yyyy)  
Race Code  
Ethnic Code  
Limited English Proficiency  
Sex  
Veteran Status  
Living Status  
Number in Household  
Marital Status  
Frail/Disabled Indicator  
Activation/Registration Date(mm/dd/yyyy)  
Status Code  
Sub-status Code

#### Cluster 2\*

County Code  
Record Number/KEY\*  
Zip Code  
Rural/Urban Designation  
Date of Birth (mm/dd/yyyy)  
Race Code  
Ethnic Code  
Limited English Proficiency  
Sex  
Veteran Status  
Living Status  
Number in Household  
Marital Status  
Frail/Disabled Indicator  
Activation/Registration Date(mm/dd/yyyy)  
Status Code  
Sub-status Code

Date of Current Status (mm/dd/yyyy)  
Assessment Date (mm/dd/yyyy)  
Total Monthly Income OR  
Total Annual Income OR  
Poverty Status; Below 100% Poverty Level & Below 150% Poverty Level  
Overall cost share % (000 thru 100)  
Client has illness/condition that changes kind/amount of food eaten  
Eats fewer than 2 meals/day  
Eats few fruits or vegetables, or milk products.  
Has 3+ drinks of beer/wine/liquor almost every day  
Has tooth/mouth problems making it hard to eat  
Does not always have enough money to buy food needed  
Eats alone most of the time  
Takes 3+ prescribed/over-the-counter drugs/day  
Lost or gained 10 pounds in last 6 months  
Not always able to physically shop, cook and/or feed self  
Body Mass Index (format is 99.99) OR  
Height (inches) AND  
Weight (lbs)  
a. Relationship of Informal Support

Date of Current Status (mm/dd/yyyy)  
Total Monthly Income OR  
Total Annual Income  
Poverty Status; Below 100% Poverty Level & Below 150% Poverty Level  
Client has illness/condition that changes kind/amount of food eaten  
Eats fewer than 2 meals/day  
Eats few fruits or vegetables, or milk products.  
Has 3+ drinks of beer/wine/liquor almost every day  
Has tooth/mouth problems making it hard to eat  
Does not always have enough money to buy food needed  
Eats alone most of the time  
Takes 3+ prescribed/over-the-counter drugs/day  
Lost or gained 10 pounds in last 6 months  
Not always able to physically shop, cook and/or feed self

\*Nutrition Risk information is only collected for clients receiving a congregate meal or nutrition counseling.

### Caregiver

County Code  
Record Number/KEY\*  
Zip Code  
Rural/Urban Designation  
Date of Birth (mm/dd/yyyy)  
Race Code  
Ethnic Code  
Limited English Proficiency  
Sex  
Status Code  
Sub-status Code  
Date of Current Status (mm/dd/yyyy)  
First letter of First Name  
First three letters of Last Name  
Last 4 digits of phone number

### Cluster 3

County Code

Record Number/KEY\*  
Status Code  
Sub-status Code  
Date of Current Status (mm/dd/yyyy)

**Services.txt Required Fields**  
**Required for all Clusters; 1, 2, 3, CG**

County Code  
Record Number/KEY\*  
Period of Service (yyyymm)  
Service Code  
Funding Source  
Number of units provided

**ADLIADL.txt Required Fields**  
**Required for Cluster 1 Only (All Fields)**

County Code  
Record Number/KEY\*  
ADL or IADL Type  
ADL/IADL Status  
Is Need Met Currently (at time of Assessment)?  
If yes:  
    a. Met with Formal Supports?  
    b. Met with Informal Supports?  
Assessment Date (mm/dd/yyyy)

**CHARACTERISTICS.txt Required Fields**  
**Required for Cluster 1 Only (All Fields)**

County Code  
Record Number/KEY\*  
Characteristic Code  
Assessment Date (mm/dd/yyyy)\*\*

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

**HEALTHEVENTS.txt Required Fields**  
**Required for Cluster 1 Only (All Fields)**

County Code  
Record Number/KEY\*  
Health event category  
Date of event (mm/dd/yyyy)  
Assessment Date (mm/dd/yyyy)\*\*

**CAREPLANS.txt Required Fields**  
**Required for Cluster 1 Only (All Fields)**

County Code  
Record Number/KEY\*  
Service code  
Number of Units of Service  
Frequency Period  
Has client been placed on waiting list for this service?  
Assessment Date (mm/dd/yyyy)\*\*

**Caregivers.txt Required Fields**  
**Required for CG Group 1\* Services Only**

County Code  
Record Number/KEY\*  
Type  
Relationship

\* Counseling/Support Groups/Training, Supplemental Services, Respite Care

# Sample NAPIS Client Registration Form

New York State Office for the Aging

*Use a medium black pen and keep letters and number in the boxes. Fill in circles completely and use an X instead of checkmarks. Note social security number is not required.*

<b>PROVIDER ID:</b> <input type="text"/> - <input type="text"/>		<b>Intake Date:</b> <input type="text"/> /	
<b>CLIENT INFORMATION:</b>		Gender: <input type="radio"/> Male <input type="radio"/> Female	DOB: <input type="text"/> - <input type="text"/> - <input type="text"/>
Last Name: <input type="text"/>		First Name: <input type="text"/>	Mid Init <input type="text"/>
Address: <input type="text"/>			
City: <input type="text"/>		St: <input type="text"/>	Zip + 4: <input type="text"/> - <input type="text"/> Co: <input type="text"/>
Phone: ( <input type="text"/> ) <input type="text"/> - <input type="text"/>		Living Status: <input type="checkbox"/> 1=Alone, 2=Widowed, 3=With relatives, 4=Divorced, 5=Single/Never Married, 6=Separated	
Marital Status: <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Never Married		Number in Household: <input type="text"/>	Ethnicity: <input type="radio"/> Hispanic
Race: <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> Other Race <input type="radio"/> 2 or More Races <input type="radio"/> White (Alone) <input type="radio"/> Hispanic			
Income Status: (Below Poverty Level) 100% <input type="radio"/> Yes <input type="radio"/> No 150% <input type="radio"/> Yes <input type="radio"/> No			Frail\Disabled: <input type="radio"/> Yes <input type="radio"/> No
Emergency Contact: <input type="text"/>		Phone: ( <input type="text"/> ) <input type="text"/> - <input type="text"/>	
<b>SERVICES INFORMATION:</b>		Limited English Proficiency: <input type="checkbox"/>	
<b>Cluster II Services</b> <input type="checkbox"/> Congregate Meals <input type="checkbox"/> Nutrition Counseling <input type="checkbox"/> Assisted Trans.		<b>Cluster III Services</b> <input type="checkbox"/> Info & Referral <input type="checkbox"/> Legal Services <input type="checkbox"/> Transportation <input type="checkbox"/> Nutrition Education <input type="checkbox"/> Outreach <input type="checkbox"/> Other	
<b>Determining Nutritional Health</b>			
Read the statements below. Circle the number in the "YES" column for those that apply to you or someone you know. For each answer, score that number in the box. Total your nutritional score and compare below.			
			<b>YES</b>
I have an illness/condition that made me change the kind/amount of food I eat.			2
I eat fewer than 2 meals a day.			3
I eat few fruits or vegetables, or milk products.			2
I have 3 or more drinks of beer, liquor or wine almost every day.			2
I have tooth or mouth problems that make it hard for me to eat.			2
I don't always have enough money to buy the food I need.			4
I eat alone most of the time.			1
I take 3 or more different prescribed or over-the-counter drugs a day.			1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.			2
I am not always physically able to shop, cook and/or feed myself.			2
<b>TOTAL</b>			
A score of 0-2 means Good, recheck at six months.			
A score of 3-5 means you are at moderate nutritional risk and need to see what you can do to improve eating habits and make life-style changes.			
A score of 6 or more means you are at a high nutritional risk. Take the checklist to a doctor, dietitian or qualified health or social service professional and talk to them. Ask for definite ways to improve your nutritional health.			

## Sample Title III-E Registration Form

*Dear Participant: By providing the information requested below, you will help us to demonstrate the effectiveness of the services we provide to caregivers and enable us to obtain future funding to continue to provide you with services and support. This information is strictly confidential.*

Last Name: <input style="width: 100%; height: 20px;" type="text"/>	First Name: <input style="width: 100%; height: 20px;" type="text"/>	Mid Init <input style="width: 20px; height: 20px;" type="text"/>		
Address: <input style="width: 100%; height: 20px;" type="text"/>		County <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
City: <input style="width: 100%; height: 20px;" type="text"/>	St: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Zip + 4: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
Phone: ( <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> ) <input style="width: 20px; height: 20px;" type="text"/>	Gender: <input type="radio"/> Male <input type="radio"/> Female	Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino		
DOB: <input style="width: 20px; height: 20px;" type="text"/>	Limited English Proficiency: <input checked="" type="radio"/>			
Race: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="radio"/> American Indian/ Alaskan Native  <input type="radio"/> Asian  <input type="radio"/> Black  <input type="radio"/> White Hispanic         </td> <td style="width: 50%; vertical-align: top;"> <input type="radio"/> White not Hispanic  <input type="radio"/> Native Hawaiian/Pacific Islander  <input type="radio"/> Other Race  <input type="radio"/> 2 or More Races         </td> </tr> </table>			<input type="radio"/> American Indian/ Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> White Hispanic	<input type="radio"/> White not Hispanic <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> Other Race <input type="radio"/> 2 or More Races
<input type="radio"/> American Indian/ Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> White Hispanic	<input type="radio"/> White not Hispanic <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> Other Race <input type="radio"/> 2 or More Races			

