

**New York State Office for the Aging
Service Delivery and Resource Allocation Plan--Federal Programs**

AIP Period: 4/1/14 to 3/31/15 *

Original Date Prepared:

Date Revised:

Date Last Saved:

Last Saved By:

Area Agency: _____

Service Categories	Dir	Con	Number of Individuals to be Served	Grand Total Units (All sources (Pages 1&2)	Grand Total Funding \$ (All sources (Pages 1&2)	Title III-B		Title III-C-1		Title III-C-2		Title III-D		Title III-E ^(e)	
						Units	Funding \$	Units	Funding \$	Units	Funding \$	Units	Funding \$	Units	Funding \$
1. Personal Care Services															
a. Personal Care Level II (c)															
b. Personal Care Level I (c)															
2. Consumer Directed In-home Services(c)															
3. Home Health Aide (c)															
4. Home Delivered Meals															
5. Adult Day Services															
6. Case Management (a)															
7. Congregate Meals (Total)															
a. NSIP Ineligible Meals **															
b. NSIP Eligible Meals															
8. Nutrition Counseling															
9. Assisted Transportation									(d)						
10. Transportation (a)									(d)						
11. Legal Assistance (b)															
12. Nutrition Education															
13. Information & Assistance (a)									(d)		(d)				
14. Outreach (a)									(d)		(d)				
15. In-home Contact & Support (c)									(d)		(d)				
16. Sen. Center/Rec. & Education									(d)						
17. Health Promotion															
18. Personal Emergency Response															
19. Caregiver Services (c)															
20. LTC Ombudsman															
21. Other Services															
22. Area Plan Administration															
TOTAL															

(a) These services constitute Access services under Title III-B for the purpose of meeting the priority services requirement of 20%.

(b) These services constitute Legal Services under Title III-B for the purpose of meeting the priority services requirement of 7%.

(c) These services constitute In-Home Services under Title III-B for the purpose of meeting the priority services requirement of 2.5%.

(d) See Guide for Completion for limitations on expenditures for Supportive and Access services, (lines 9,10, 13-16) under Title III-C. Line 15, In-Home Contact & Support may only include Shopping Assistance under Titles III-C-1 and III-C-2.

(e) Refer to the Guide for Completion for listing of services included in each of the five Title III-E Service Categories. Supplemental Services are limited to 20% of the total Title III-E budget.

* AIP Period will not correspond with most Federal program periods.

** NSIP - Nutrition Services Incentive Program (formerly Cash-in-Lieu of Commodity Foods)

**New York State Office for the Aging
Service Delivery and Resource Allocation Plan-State & All Other Programs**

AIP Period: 4/1/14 to 3/31/15

Original Date Prepared:

Date Revised:

Date Last Saved:

Last Saved By:

Area Agency: _____

Service Categories	EISEP		CSE		CSI		WIN		ALL OTHER PROGRAMS		
	Units	Funding \$	Units	Funding Amount	Funding Source*						
1. Personal Care Services											
a. Personal Care Level II		(a)									
b. Personal Care Level I		(a)									
2. Consumer Directed In-home Services		(a)									
3. Home Health Aide											
4. Home Delivered Meals		(a&b)							(c)		
5. Adult Day Services		(a&b&d)									
6. Case Management											
7. Congregate Meals		(a&b)									
a. NSIP Ineligible Meals											
b. NSIP Eligible Meals											
8. Nutrition Counseling		(a&b)									
9. Assisted Transportation		(a&b)									
10. Transportation		(a&b)									
11. Legal Assistance											
12. Nutrition Education											
13. Information & Assistance											
14. Outreach											
15. In-home Contact & Support		(a&b&e)									
16. Sen. Center/Rec. & Education											
17. Health Promotion		(a&b)									
18. Personal Emergency Response		(a&b)									
19. Caregiver Services											
20. LTC Ombudsman											
21. Other Services		(a&b)									(f)
22. Planning/Implementation/Admin.											
TOTAL											

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(a) See Guide for Completion for limitations on services provided under EISEP.

(b) See Guide for Completion for information regarding these EISEP services.

(c) Enter the number of LTHHCP (or other non-NSIP eligible) meals _____

(d) Enter the amount of Adult Day Services provided as: Non-Institutional Respite: \$ _____ Ancillary Services: \$ _____

(e) Enter the amount of In-home Contact & Support Services provided as: Non-Institutional Respite: \$ _____ Ancillary Services: \$ _____

(f) See **Other NYSOFA Funding and Services and Other Services pages**

- | | | | | | | |
|--------------------------|------------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| * Funding' Source Codes: | 1) Title VII | 5) CSI | 9) State Respite Program | 13) County Funds | 17) Other, specify _____ | 21) Other, specify _____ |
| | 2) Title V | 6) State Caregivers (CRC) | 10) HIICAP | 14) MIPPA | 18) Other, specify _____ | 22) Other, specify _____ |
| | 3) Systems Integration Grant | 7) State LTCOP | 11) NY Connects/ADRC | 15) Other, specify _____ | 19) Other, specify _____ | 23) Other, specify _____ |
| | 4) N/A (III-D) | 8) RSVP | 12) Transportation | 16) Other, specify _____ | 20) Other, specify _____ | 24) Other, specify _____ |