

AAA: _____
Original Date Submitted: _____
Date Revised: _____
Date Last Saved: _____ Last Saved By: _____

OFA No. 32 (rev.5/13)

**ANNUAL IMPLEMENTATION PLAN
APRIL 1, 2014 MARCH 31, 2015
FOR OLDER AMERICANS ACT,
NEW YORK STATE EXPANDED IN-HOME SERVICES FOR THE ELDERLY PROGRAM,
COMMUNITY SERVICES FOR THE ELDERLY PROGRAM,
CONGREGATE SERVICES INITIATIVE,
WELLNESS IN NUTRITION,
STATE TRANSPORTATION PROGRAM,
CAREGIVER RESOURCE CENTER,
HEALTH INSURANCE INFORMATION COUNSELING AND ASSISTANCE PROGRAM, and
SENIOR MEDICARE PATROL**

This document, including applications and attachments, fulfills the "Area Plan" requirement under the Older Americans Act, as amended, and the "County Plan" requirement under Section 214 of the New York State Elder Law.

Area Agency on Aging (AAA): _____ County Code: _____
Director's Name: _____ Title: _____
Address: _____
City: _____, New York Zip Code _____
Phone Area Code: _____ Number: _____

For County/City of New York/Native American Organization

Name of the Chief Executive Officer: _____ Title: _____
Address: _____
City: _____, New York Zip Code _____
Phone Area Code: _____ Number: _____

OR

If other than County/City of New York/Native American Organization

Name of the Sponsoring Organization _____
Name of the Chief Officer of the Governing Body of the Sponsoring Organization: _____
Title: _____
Address: _____
City: _____, New York Zip Code _____
Phone Area Code: _____ Number: _____

Official Authorized to Receive Payments on behalf of the AAA

Name: _____ Title: _____
Address: _____
City: _____, New York Zip Code _____
Phone Area Code: _____ Number: _____

**Submit To:
New York State Office for the Aging
Division of Finance and Administration
2 Empire State Plaza, 3rdFloor
Albany, NY 12223-1251**

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GOALS

Please check below the status of the goals/objectives that were listed in the AAA’s 2012-16 Four Year Plan or subsequent Plans.

<input type="checkbox"/> There is no change in the AAA’s goals and objectives.
<input type="checkbox"/> The following goal(s) and objective(s) have been changed or added. Please list:
<input type="checkbox"/> The following goal(s) and objective(s) has/have been met and has/have been deleted. Please list:

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Demographic Data and Targeting Objectives

	A. Most Current Census*	B. Total Number: Registered Clients	C. Number Registered Clients to be Served**
1. Total number of persons aged 60+ in the PSA (Planning and Service Area):			
2. Total number of persons projected to be served under this plan during the period 4/1/2014-3/31/2015:			
3. ** Please provide a breakdown for the total on line 2 as follows:			
a) Aged 75-84			
b) Aged 85+			
c) Live Alone			
Clients by Ethnicity			
d) Hispanic			
Clients by Race			
e) Native American/Alaskan Native			
f) Asian			
g) Black			
h) White Hispanic			
i) White not Hispanic			
j) Native Hawaiian/Pacific Islander			
k) Other Race			
l) 2 or More Races			
These fields use percent based on the 2000 Census.			
m) Frail/Disabled			
n) Low Income (below 150% of poverty)			
o) Low Income Minority (below 150% of poverty)			
p) Limited English Proficiency***			
q) Rural***			

* The pre-printed census figures (Column A) and Client data (Column B) are only provided on the web-based version of this form. Registered clients are those receiving a Cluster 1 or Cluster 2 service.

**Targeted groups include those unserved and underserved older adults in greatest social or economic need, particularly those who are low income, low income minorities, rural residents, older adults with limited English proficiency, Native Americans, and frail/persons with disabilities (e.g., blind, deaf, visually and/or hearing impaired, etc.).

*** Please see *Guide for Completion (Guide)* for definitions of *Rural* and *Limited English Proficiency*.

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4. a. Specify the planned targeting activities for the 2014-15 period that are designed to increase participation of unserved and underserved older adults in greatest social or economic need, particularly those older adults who are, low income, low income minorities, rural residents, older adults with limited English proficiency, Native Americans, those at risk of institutionalization, and frail older adults/ persons with disabilities (e.g., blind, deaf, visually and/or hearing impaired, etc.).

4b. If the AAA did not achieve targeting objectives set forth in its 2013-14 Plan, specifically describe how the AAA will modify its targeting activities in 2014-15 to improve its efforts to reach older adult cohort (as described above) for which the goal was not achieved.. (In determining whether past targeting objectives were achieved, see QUARTERLY STATUS REPORT - Demographic Information (36A). For information on NYSOFA’s Equal Access to Services and Targeting policies, refer to Program Instruction 12-PI-08.

5a. Specify how the AAA plans to provide outreach and language accessibility to persons with limited English proficiency who may seek services (e.g., contracted interpreter/translator, community organization links for translation, interpretation services, language interpretation phone line, etc.) as required by 12-PI-08 (See *Guide* for further information.)

5b. Include the name and contact information for the telephonic interpretation service that the AAA has established as required by 12-PI-08

Name	Contact Number

5c. Provide the amount that the AAA is projecting to spend on language accessibility services in the box below. If the AAA has access to free language access services, please describe the arrangement for free services under 5a. above and enter 0 in the box below. The amount entered in the box below must equal the total of the amounts entered on each of the individual program budgets, **SUPPORTING BUDGET SCHEDULES**, Section 6. ‘Other Expenses’, line F. ‘Language Access Services’.

Projected Costs for Language Accessibility Services	
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PROJECTED RESOURCE INVENTORY

List all resources (from outside entities) projected to be secured primarily through the efforts of the Area Agency to enhance community based services to older adults in the PSA.

Please indicate the name of the Agency/Organization, the service(s) provided which benefit the older adults in the PSA, check if there is a current contract with this provider for the provision of services and provide an estimated dollar value of these services.

If there is an existing contract with this outside entity show only the 'Services Provided' and the 'Estimated Dollar Value' of those services which are not already contracted. Show only the added value leveraged by the AAA above and beyond the contract.

RESOURCE INVENTORY

Agency/Organization	Services Provided	Estimated Dollar Value	Current Contractor	
			Yes	No

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LEGAL ASSISTANCE

1. Please indicate below whether there are any changes to the legal assistance program case priorities that were listed in the AAA's 2012-16 Four Year Plan and/or those described in a previous annual implementation plan.

There is **no** change in the AAA's legal assistance case priorities for the 2014-15 Plan.

The legal assistance program case priorities for the 2014-15 Plan have changed as follows:

2. If there are changes to the scope of the program through amendment, additions, or deletions to the case priorities provide a brief explanation of the reason(s) for the change(s).

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PUBLIC HEARINGS/AREA AGENCY ON AGING ADVISORY COUNCIL

1a. Provide the following information on Public Hearing(s) held for the SFY 2014-15 planning period.

Location	Date	Number Attending

b. Was the notice of at least one Public Hearing published in a local newspaper of general circulation at least twenty one (21) days before that hearing? [9 NYCRR 6653.2]
 YES _____ *NO _____

Date of notice publication: _____

c. Was the proposed Plan or abstract containing program goals, objectives, action steps, and proposed budgets with categorical breakdowns made available to the public within a reasonable time prior to the hearing?
 YES _____ *NO _____

d. Was a minimum of one Public Hearing held at least 30 days prior to the submission of this plan?
 YES _____ *NO _____

e. **NEW YORK CITY ONLY:** Was at least one Public Hearing as described herein held in each borough?
 YES _____ *NO _____

If *NO to any of the above please explain:

2. Briefly describe the efforts used in seeking input from those unserved and underserved older adults in greatest social or economic need, particularly those who are:

- low income;
- low income minorities (*includes Hispanics, Alaskan Natives, Asians, Blacks and Native Hawaiians/Pacific Islanders*);
- frail/persons with disabilities (e.g., blind, deaf, visually and/or hearing impaired, etc.)
- rural residents;
- limited English proficiency;
- Native Americans;
- institutionalized/at risk of institutionalization;
- homebound; or
- lesbian, gay, bisexual, and transgender (LGBT).

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3. How were interested parties in the PSA notified of the public hearing(s) and provided the opportunity to testify?

4 . Briefly summarize major issues discussed or raised at the public hearings.

5. List the major changes in the Plan resulting from input by attendees at the hearings.

_____ Not applicable, no major change(s)

Major changes in the Plan:

6. Provide the date the Plan was presented to the Area Agency Advisory Council as required for its review, before it was transmitted to NYSOFA. [9 NYCRR 6653.2 (f)] **Date:** _____

Summarize the comments of the Advisory Council:

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AREA AGENCY PROGRAMS AND SERVICES INFORMATION

NUTRITION SERVICES (Refer to the *Guide for Completion* and 92-TAM-3, 2/26/92 for additional information.)

1. Nutrition services funded under Title III-C, III-E, WIN, CSE, EISEP, other:

a. Are any operational changes in nutrition sites (INCLUDING RESTAURANTS USED IN A RESTAURANT VOUCHER PROGRAM) or food preparation sites (kitchens, caterers) planned or projected for SFY 2014-15?

*YES [] NO []

If *YES, please list the site(s) that are proposed to be changed, the type of change and when the change is projected to take place. List one site per line.

NAME OF SITE/LOCATION	TYPE OF CHANGE <i>Opened, Closed, Altered</i>	DATE OF CHANGE 1 st quarter SFY 2 nd quarter SFY 3 rd quarter SFY 4 th quarter SFY

If *YES, indicate if the proposed change (for each site) will effect one or more home delivered meal routes. This could include food preparation, meal packaging and the actual number of routes used.

*YES [] NO []

If *YES, explain:

b. Total number of Registered Dietitian (RD) service hours per week planned or projected for SFY 2014-15 _____

c. Of the above total: _____ hours of RD services are provided by RD who is on staff or is a consultant to the AAA. (Do not include hours of the RD who is employed by a nutrition or meal program provider.)

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d. Are there long-term (3 months or more) vacancies in the following positions?

***YES** **NO**

	*YES	NO
Full time oversight staff person		
Registered Dietitian/Certified Dietitian Nutritionist		

If ***YES**, describe your plan for filling the position(s), including estimated (anticipated) completion date.

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HEALTH PROMOTION SERVICES

Beginning with federal fiscal year 2012, federal appropriation language requires that Title III-D funding be expended for evidence-based programs/interventions only.

1. For each documented evidenced-based nutrition or health promotion program the AAA operates (or plans to implement), please provide the requested information. Each evidence-based program/intervention must meet the criteria for one of three levels (minimal, intermediate or highest-level) established by the Administration on Aging/Administration for Community Living (AoA/ACL).

http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID/index.aspx

Local Program Name	Evidence-based model used	Date begun or planned to begin	Partners	Target population	Number of participants

2. Health Promotion Services funded under **Title III-D (Evidence Based Programs) only.**

- | | |
|--|--|
| <input type="checkbox"/> Routine Health Screening
<input type="checkbox"/> Medication Management
<input type="checkbox"/> Home Injury Control
<input type="checkbox"/> Preventive Nutrition Services
<input type="checkbox"/> Other (briefly describe) _____ | <input type="checkbox"/> Physical Fitness Programs
<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Medicare Preventive Services |
|--|--|

3. Health Promotion Services funded under **Title III-B, Title III-E, EISEP, CSE, CSI or other funding:**

- | | |
|---|--|
| <input type="checkbox"/> Evidence Based
<input type="checkbox"/> Routine Health Screening
<input type="checkbox"/> Medication Management
<input type="checkbox"/> Home Injury Control
<input type="checkbox"/> Preventive Nutrition Services
<input type="checkbox"/> Other (briefly describe) _____ | <input type="checkbox"/> Physical Fitness Programs
<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Medicare Preventive Services |
|---|--|

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CAREGIVER SERVICES

TITLE III-E: NEW YORK ELDER CAREGIVER SUPPORT PROGRAM (Refer to the *Guide for Completion* and the Standard Assurances.)

1. **Services for Caregivers of Adults Who Are 60 and Over and Caregivers for Individuals of Any Age with Alzheimer’s Disease or Related Disorder:** At least one service under each category must be available to caregivers. Please check the appropriate column for the funding source planned to support the service(s) the AAA intends to provide. When Title III-E funds are being used (whether the sole source or in combination with other funding sources) (√) the Title III-E box ***only and omit listing the other funding sources***. “Other” funding sources are required to be identified in the “Other” column; (√) ***only when no Title III-E funds are being used to provide the service.***

SERVICE CATEGORY	FUNDING SOURCES		
	Title III-E	Other	Identify:
Information			
Outreach			
Public Information			
Assistance			
Information and Assistance			
Case Management			
Other, specify:			
Counseling, Support Groups, Training <i>(Only one required, but may provide all three)</i>			
Counseling			
Support Groups			
Training			
Respite			
Personal Care Level I			
Personal Care Level II			
Consumer Directed			
Home Health Aide			
In-home Contact and Support <i>(supervision of care receiver or friendly visiting)</i>			
Social Adult Day Care			
Adult Day Health Care Services			
Overnight Adult Home			
Overnight Nursing Home			
Other, specify:			
Other, specify:			
Supplemental Services			
PERS			
Equipment			
Home Delivered Meals			
Transportation			
Legal Services			
Assisted Transportation			
Home Modification			
Other, specify:			

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2. Optional Components of Title III-E Caregiver Support Program:

(Check only those services to be funded by Title III-E):

Not Applicable, AAA does not plan to provide any optional components with Title III-E funds.

Services for caregiving grandparents and older relatives (to receive services, grandparents/relatives must be 55 years or older):

The AAA does plan to provide services to grandparents/relatives of children age 18 or younger (including persons with disabilities)

- Information Assistance Counseling Support Groups Training
- Respite (list types) _____
- Supplemental Services (list types) _____

The AAA does plan to provide services to grandparents/relatives who provide care to family members with disabilities between the ages of 19-59.

- Information Assistance Counseling Support Groups Training
- Respite (list types) _____
- Supplemental Services (list types) _____

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Caregiver Resource Center (CRC) [applies only to NYS's 17 State Funded Programs]

The AAA has designated a physical location(s) as the CRC YES _____ NO _____

Please check the activities that are provided through the CRC*:

- | | | | |
|--------------------------|------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Resource Library | <input type="checkbox"/> | Information & Assistance |
| <input type="checkbox"/> | Training | <input type="checkbox"/> | Public Information |
| <input type="checkbox"/> | Support Groups | <input type="checkbox"/> | Other: Specify _____ |
| <input type="checkbox"/> | Counseling | | |

Specify any special needs populations that will be served: _____

*Note: All CRC activities are to be included on **Service Delivery and Resource Allocation Plan -State & All Other Programs** – line 19, 'Caregiver Services'.

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Caregiver Services Funded by Other Sources (e.g., Title III-B, CSE, State Respite Grants)

Caregiver Services (**Do not** include Caregiver Services funded with Title III-E or CRC funds)

- Presentations to groups
- Training
- Support group meetings
- Individual counseling
- Resource library
- Other (briefly describe) _____

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EMPLOYMENT SERVICES- (Senior Community Service Employment Program [SCSEP] -TITLE V)

1. If the AAA currently does not have a Memorandum of Understanding (MOU) with the local One Stop delivery system please describe the impediments encountered in obtaining one and describe the actions the AAA has taken to address the impediments. If the AAA and One-Stop delivery system have a current MOU, please indicate the date it was signed.

2. If the AAA currently has a waiting list for participation in the SCSEP, how many individuals are on the list? _____
3. Describe the AAA's plan to reach out to minorities in the county.

4. Describe the AAA's plan for self-evaluation to ensure that the SCSEP will achieve its performance measures for the current and subsequent years.

5. Please submit an electronic copy of your Participant Handbook for review to Margaret Gerard at margaret.gerard@ofa.state.ny.us

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HEALTH INSURANCE INFORMATION COUNSELING AND ASSISTANCE PROGRAM (HIICAP)

- Clearly describe how the Program will use the HIICAP funding to provide Medicare counseling and outreach services, such as “Welcome to Medicare” and “Medicare 101” events. Also explain how your outreach efforts will target the lower-income, hard to reach and underserved populations, including those eligible for the Medicare Savings Program (MSP) and/or Low Income Subsidy (LIS).

- Are there any anticipated changes to the following HIICAP components for 4/1/14 – 3/31/15?

	*YES	NO
a) Program Coordinator		
b) Program Operations		
c) Contractor		
d) Other		

If *YES, please explain:

- Please provide the estimated weekly hours that the Coordinator dedicates to the Program:

- Provide the days and hours of operation that HIICAP is available to provide Medicare beneficiaries with one-on-one counseling.

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SENIOR MEDICARE PATROL PROGRAM (SMP)

1. Briefly describe how the SMP will use fraud and abuse strategies in (1) one-to-one counseling sessions, (2) outreach events and (3) training/education programs.

2. Briefly describe AAA’s plan to use SMP funds to recruit and train new counselors.

3. Does the AAA’s SMP program currently have volunteers who solely perform SMP work (e.g., not HIICAP too)? ___*Yes ___No

If yes, please specify the number of volunteers who solely perform SMP work. _____

4. Are background checks completed for all SMP volunteers who serve in positions of trust in accordance with NYSOFA instructions? ___*Yes ___ No

If the answer is “yes”, please describe the process used for the background checks and if the answer is “no”, please describe how the AAA will implement a background check process.

5. Please describe the AAA’s process for handling SMP calls, including how the calls are routed within the AAA to ensure that all callers are assisted and Language Accessibility is provided.

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GENERAL SERVICES: Please provide the following information regarding services the area agency intends to administer during the 2014-15 Annual Implementation Plan. Please refer to 11-PI-03, 04/05/11, "Standard Definitions for Services and Units of Service." Brief narrative information regarding agency services may be added, but is not required.

1. Information and Assistance

- Information
 - Tax counseling
 - Other (briefly describe)
 - Benefits counseling
 - Case assistance
 - Referral
 - Housing assistance
-

2. In-Home Contact and Support

- Friendly visiting
 - Telephone reassurance
 - Other (briefly describe)
 - Shopping assistance
 - Supervision services
-

3. Outreach

- Face to face
- Telephone

4. Transportation

- a) Service design: Demand Fixed route
 - b) Type(s) of activities planned for 2014-15:
 - To medical appointments
 - To visit friends & relatives
 - Other (briefly describe)
 - To program sites & senior centers
 - Shopping assistance
-

5. Adult Day Services

- Service design:
- Social Adult Day Services
 - Adult Day Health Care
 - Overnight Respite
 - Other (briefly describe)

Narrative Information:

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OTHER NYSOFA FUNDING AND SERVICES: Please check the box(es) to indicate programs that your AAA administers and enter the amount of funding anticipated for the coming program period. Include the funding amount on the line indicated under the 'All Other Programs' column of the **Service Delivery and Resource Allocation Plan**.

CHECK	PROGRAM NAME	SERVICES PROVIDED	FUNDING AMOUNT	'ALL OTHER PROGRAMS' COLUMN -LINE#
	Title V	Employment Services		21
		Planning/Implementation/Admin.		22
	Title VII	Ombudsman Services		20
	State LTCOP	Ombudsman Services		20
	Foster Grandparents	Volunteer Services Program		21
	RSVP	Volunteer Services Program		21
			Other: Enter line#	—
	Grants-in-Aid	Various		Determined by AAA Enter line#
	Caregivers Resource Center (State Funded)	Information & Assistance Caregivers Services		13
	HIICAP/SMP	Health Insurance Information, Counseling and Assistance		13
	NY Connects/ADRC	Information and Assistance		13
		Public Information		21
		Planning/Implementation/Admin.		22
	MIPPA	Information and Assistance		13
		Public Information		21
	Systems Integration Grant	Information and Assistance		13
		Health Promotion		17
		Other Services		21
		Administration		22
	State Funded Transportation	Transportation		9
	Other: specify			Line#
	Other: specify			Line#
	Other: specify			Line#
	Other: specify			Line#
	Other: specify			Line#

Sub-Totals

TOTAL _____

Line 9	
Line 10	
Line 13	
Line 17	
Line 19	
Line 20	
Line 21	
Line 22	
GIA	
Other Lines	
Total \$	

