



NEW YORK
STATE OF
OPPORTUNITY™

**Office for
the Aging**

AREA AGENCY ON AGING

ANNUAL EVALUATION AND PROGRESS REPORT

April 1, 2016 – March 31, 2017

AREA AGENCY:

VISIT DATE(S):

DATE OF ISSUE:

AAA STAFF:

NYSOFA STAFF:

DATE(S) OF LAST EVALUATION:

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SPECIAL NOTE: ALIGNING THE ANNUAL EVALUATION WITH THE STATE PLAN ON AGING

Going forward, the Annual Evaluation will be an opportunity for NYSOFA and the AAAs to discuss together how we are working to meet the six goals of the State Plan on Aging- hence the name change to “Annual Evaluation and *Progress Report*”. For reference: www.aging.ny.gov/NYSOFA/Final_State_Plan_2015_2019.pdf)

The State Plan on Aging states six overarching goals, and every year the review process will focus on select goals. **This year we will focus on Goal #2, Goal #3, and one narrative question to begin to address Goal #4.**

Goal #2: Enable Older New Yorkers to Remain in their Homes through the provision of Home and Community Based Services.

- a. Program Reviewed: Nutrition/Home Delivered Meals
- b. Program Reviewed: Adult Day Services
- c. Program Reviewed: CSE Expanded Services

Goal #3: Empower older New Yorkers to stay active and healthy through Older Americans Act services and those offered under Medicare

- a. Program Reviewed: Disease Prevention and Health Promotion Services

Goal # 4: Embed Administration for Community Living (ACL) discretionary grants with Older Americans Act (OAA) Title III core programs

- a. Narrative Question to Address: Integration of grant components with OAA Core Programs



STATE PLAN ON AGING QUESTIONS

Questions about the State Plan on Aging Goals #2, #3, and #4 will be asked in the context of monitoring of the aforementioned programs. These questions will be in a box with the state icon as depicted here, to help guide the reviewer to understand the intent with which the question is being asked.

Reminders/Changes:

- ❖ The Administration for Community Living (ACL) has instituted a requirement to ensure that missing client-based data from states not exceed 10%. This requirement was effective on 4/1/14. NYSOFA will apply this standard to data reflecting service periods of 4/1/14 and later.
- ❖ For all assessments, reassessments, and contract/program monitoring, a "year", "last 12 months" or "annual" is defined as 365 days.
- ❖ The client files that ASRs request to review as part of the annual evaluation will be selected the day of the visit.
- ❖ Required documentation is to be furnished to ASR at the time of the visit.
- ❖ Because targeting and nondiscrimination efforts must permeate all aspects of the work of the AAA and NYSOFA, questions relating to targeting efforts are incorporated into all sections of the AE.

In addition to the documentation that the ASR confirms during the visit, the following items will be collected by the ASR during this review:

- (1) A copy of the current AAA organizational chart including entity to whom the AAA Director reports.
- (2) Copies of blank client satisfaction surveys and summary reports reviewed.

Notes:

Throughout this document, the use of a checkmark "✓" denotes a compliance question.

PART I- AAA Annual Evaluation & Progress Report

A. General Information AAA Profile

Current County Population: _____
Percentage of older adults: _____
Percentages of minority older adults/low income: _____ %
Any distinguishing characteristics about the County: _____
Total AAA budget for 2015-16: _____
Number of AAA staff: _____
Tenure of Director and key staff: _____

Number of clients served during 2015-16: _____
Clients representing total older adults within the PSA: _____ %
Information on any unmet needs or waiting lists: (including how lists are maintained/average number of clients on any active lists):



STATE PLAN ON AGING QUESTIONS: GOAL FOUR

B. Identify and describe initiatives, innovative programs, and/or program improvements that the Area Agency on Aging (AAA) has implemented during the past twelve months that integrate ACL discretionary grant components within OAA Title III core programs. These may include: Consumer-directed personal care for aging network program participants; Dementia capability, including training and other enhancements; Caregiver supports and services; Chronic Disease Self-Management Education Programs and other Evidence-Based interventions for individuals, including those with dementia, and/or caregivers; Local partnerships to support care transitions and/or other specific initiatives, programs, and/or program improvements such as Systems Integration activities or Community Living Program activities integrated into OAA core programs.

Insert Response

C. Financial/Operating Highlights- Describe strengths and challenges. Describe any new or expanded funding sources, including grant awards, MLTC contracts. Has the County added additional funding to support the AAA programs?

D. Looking Ahead- Describe anticipated strengths and challenges for the delivery of aging services within planning and service delivery area. Identify how the AAA has positioned itself to be a leader of aging services, advocating, leveraging, and coordinating resources to meet the needs of older adults and their caregivers in their service area.

1. AREA AGENCY ADMINISTRATION & OPERATIONS

A. 1.) Are there any requirements with which the AAA has not complied and that remain unresolved?

*Yes_____ No_____

*If yes, list each unresolved issue and indicate action(s) to be taken.

Unresolved issues:	Action(s) to be taken: Action date

*Explanation(s)

2.) Identify any significant or recurring problems having to do with the overall management of the Area Agency. Note any AAA actions to address these issues (e.g., late vouchers) and any follow up action or technical assistance planned.

	Problems Identified by NYSOFA		AAA strategies to address the problems or issues and any follow-up or technical assistance required
	Yes	No	
Administrative issues, e.g., funding, filling vacancies, turnover			
Plan submission/ Approval timeliness			

Timely Submission of Budget Modifications/ Vouchers (check with fiscal teams to determine if there are any problems or patterns)			
Lack of /or changes in service provider(s)			
Timely submission of quarterly data			
Other issues			
Comments:			

B. 1.) Have there been any major changes in services or organizational changes that have had, or will have, a significant impact on the AAA's service delivery system, administration, management and/or staffing since the AAA submitted their Four Year Plan, Attachment C and/or Funding Applications?

*Yes _____ No _____

*If yes, describe:

*If yes, note date Attachment C submitted to NYSOFA for approval.

Date _____

If Attachment C has not been submitted, explain:

2.) Is the AAA Director aware of any fraud, ongoing criminal investigations or other issues - including fiscal, legal or state audits that apply to the use of state or federal funds- directly related to the provision of aging services in this County?

*Yes _____ No _____

*If yes, please explain:

3.) Has the agency's organizational structure changed in the past year?
(Submit current organizational chart that includes entity to whom AAA Director reports)

*Yes _____ No _____

*If yes, please explain the change(s):

2. MONITORING

A. Directly Provided/Contracted Services

√ 1. Does the AAA have a system for monitoring directly provided services on an annual basis (365 days) to ensure that Federal and State standards are fully met?

Citations: OAA §306(a)(1), 45 CFR §1321.3 & 1321.53(a), 9 NYCRR §6652.9(e), 99-PI-20 [08/05/99], 15-PI-12 [07/29/15]

Yes _____ *No _____

*If no, explain:

Describe the AAA's system for monitoring directly provided services on an annual basis.

√ 2. Does the AAA have a system for monitoring contractors on an annual basis (365 days) to ensure that Federal and State standards are fully met?

Citations: OAA §306(a)(1), 45 CFR §1321.3 & 1321.53(a), 99-PI-20 [08/05/99], 15-PI-12 [07/29/15]

Yes _____ *No _____

*If no, explain:

Describe the AAA's system for monitoring contracted services on an annual basis, include monitoring tools utilized, methods and process for corrective action.

Note: In accordance with 99-PI-20 on Program/Fiscal Monitoring re: the frequency of monitoring contracts for \$25,000 or less, a system of formal on-site program monitoring once every two years may be adopted for subcontracts or grants meeting the following criteria:

- 1) The contract or grant is for \$25,000 or less;
- 2) The funded services carry a low risk of health and safety problems and;
- 3) The program has received at least one prior formal on-site monitoring visit.

Contracts for HM/PC, HSK/CH, home health aide, home delivered meals, adult day services and congregate meal services must receive formal on-site monitoring annually, regardless of the size of the contract or grant, since maintenance of health and safety standards in these projects is essential to assuring the well-being of clients who are typically frail and vulnerable.

As noted in 99-PI-20, programs not receiving formal on-site monitoring are not exempt from receiving annual off-cycle program monitoring. AAA should retain documentation, including completed dated reports for ASR review.

√ In the Date(s) Monitored Column, enter the date(s) when the AAA most recently monitored each directly provided (Dir) and/or contracted service (Con). Indicate if service monitoring was completed annually (within 365 days of previous monitoring, and within 365 days of Annual Evaluation visit).

				Service was Monitored Annually			Date(s) Monitored Name of Contractor
	Dir	Con	Yes	*No	NA		
Cluster I Services							
Personal Care Level II							
Personal Care Level I							
Consumer Directed In-home							
Home Health Aide							
Home Delivered Meals							
Adult Day Services							
Case Management							
Cluster II Services							
Congregate Meals							
Nutrition Counseling							
Assisted Transportation							
Cluster III Services							
Transportation							
Legal Assistance							
Information & Assistance							
Outreach							
In-Home Contact & Support							
Sr. Center/Recreation & Education							
Personal Emergency Response							

Caregiver Services						
Nutrition Education						
Health Promotion						
Other Services:						

*If no, explain. Use this space to provide additional information on monitoring of services, contractors and dates.

B. Client Satisfaction Directly Provided/Contracted Services

DIRECTLY PROVIDED SERVICES- Client Satisfaction

Select a **directly provided** Cluster I service. If none of these services is directly provided, select a Cluster II Service. If neither a Cluster I nor Cluster II service is directly provided, select a Cluster III service.

Name of Directly provided Cluster I Service Reviewed (or Cluster II or III if needed)

✓1. Indicate the method the AAA used (mailed survey, telephone survey, other) to measure client satisfaction during the past 12 months for the above named service:

Citation: OAA §306(a)(6), 9 NYCRR §6654.8

Name/Location/Site	Method	Frequency	Number of Clients or Participants Surveyed	Response Rate (# of Surveys Returned)*
a.				
b.				
c.				
d.				
Documentation: Review AAAs completed survey instruments and survey results reports. Retain copies of blank surveys and summary reports reviewed.				

Describe how the client satisfaction process is inclusive of persons in greatest social and economic need, including persons with access and functional needs:

Summarize keys finding of survey results, include positive and less than satisfactory results:

2. Are there area(s) of service that need improvement based on the survey results?

*Yes_____ No_____

√ *If yes, identify any action that the area agency on aging has taken to enhance the quality of its service delivery for each weakness identified.

Service/program improvement area	Action(s) being taken

Documentation: Follow up and processing of survey results including reports, advisory council/staff meeting agendas, focus group meetings, follow up with clients, information from public hearings or other survey summaries. Evidence of planned/actual changes in service delivery such as staff directives, new procedures, training etc. Include name(s) of source document(s) and date(s).

CONTRACTED SERVICES-Client satisfaction

Select a **contracted** Cluster I service. If none of these services is contracted, select a Cluster II Service. If neither a Cluster I nor Cluster II service is contracted, select a Cluster III service.

Name of Contracted Cluster I Service Reviewed (or Cluster II or III if needed)

√1. Indicate the method the AAA or contractor used (mailed survey, telephone survey, other) to measure client satisfaction during the past 12 months for the above named service:

Citation: OAA §306(a)(6), 9 NYCRR §6654.8

Contractor/Name/Location/Site	Method	Frequency	Number of Clients or Participants Surveyed	Response Rate (# of Surveys Returned)*
a.				
b.				
c.				

d.				
<p><i>*if response rate or number of surveys returned is very low or zero, describe alternative action steps taken to solicit client satisfaction feedback:</i></p>				
<p>Documentation: Review completed survey instruments and survey results report. Retain copies of blank surveys and summary reports reviewed.</p>				

Describe how the client satisfaction process is inclusive of persons in greatest social and economic need, including persons with access and functional needs:

Summarize keys finding of survey results, include positive and less than satisfactory results:
--

2. Are there area(s) of service that need improvement based on the survey results?

*Yes_____ No_____

*√ If yes, identify any action that the area agency on aging has taken to enhance the quality of its service delivery for each weakness identified.

Service/program improvement area	Action(s) being taken

<p>Documentation: Follow up and processing of survey results including reports, advisory council/staff meeting agendas, meetings with contractors, focus group meetings, follow up with clients, information from public hearings or other survey summaries. Evidence of planned/actual changes in service delivery such as staff or contractor directives, new procedures, training etc. Include name(s) of source document(s) and date(s).</p>



STATE PLAN ON AGING QUESTIONS: GOAL TWO

CSE- Expanded Funding

Were the unmet needs or waiting lists for any programs alleviated due to CSE funding? (2.6)

Yes _____ No _____

If Yes:

Describe how the AAA uses expanded CSE funding to address unmet needs or waiting lists. (2.6)

-Insert Response

If No:

Why not? Describe how the AAA uses expanded CSE funding.

-Insert Response

3. REPORTING

√ A. NAPIS Client/Unit Count Comparison

Compare NAPIS Client and Unit Counts for the services noted below to the verified service levels. Citations: AoA-PI-95-03; 14-PI-02

Provide an explanation for those services with percentages of 90% or less or 110% and greater.

NYSOFA assumes that the client data submitted provides an accurate count of persons served and units provided. This review provides an opportunity for the AAA to explain why the totals from the client file are not accurate and their plan for making system corrections. Differences that are greater than 10% require our attention and review. Your response will help us better understand the possible sources of discrepancies (e.g., incomplete data entry/data collection, actual service level change, or software issues).

(County Name & CC#)	People Served			Total Units		
	2014-15 Verified Count	2014-15 Client Data	% difference	2014-15 Verified Count	2014-15 Client Data	% difference
PC Level II						
Explain:						
PC Level I						
Explain:						
Home Delivered Meals						
Explain:						

NYSOFA Annual Evaluation 2016-17 AAA _____ CODE _____

Adult Day Services						
Explain:						
Case Management						
Explain:						
Congregate Meals						
Explain:						
Nutrition Counseling						
Explain:						
Assisted Transportation						
Explain:						
Consumer Directed- In Home Services						
Explain:						

B. NAPIS Data Quality

The NAPIS Missing Data Report must be reviewed with the AAA. Identify services with substantial amounts of missing data (**10% or greater are missing**). NAPIS Data Quality reports will be pulled from the 4/1/15 – 3/31/16 year and are subject to the data quality indicator of 10% or less. Describe the AAA’s plans to reduce high levels of missing data and any technical assistance needed.

NAPIS Areas with high levels of missing data and the percent of data missing for these services	List --AAA plans to reduce high levels of missing data	Technical Assistance Needed

C. Review of the III-E comparison report with the AAA Director and discussion of any discrepancies.

Comments:

√ D. Review of the NYSOFA overdue client assessment data with the AAA Director.

Comments:

4. TARGETING AND/OR NONDISCRIMINATION REQUIREMENTS

Citation: 12-PI-08 [07/17/12]

√ 1. Targeting Objectives

A. Did the AAA meet the specific minimum targeting objectives for each targeted group as set forth in the 2015-16 period for Cluster I & II services?

Yes _____ *No _____

Targeted Group	Minimum Required to be Served	Number of Individuals Served	Met Goal (Yes or No)
Clients by Ethnicity			
a. Hispanic			
Clients by Race			
b. Alaskan Native/ Native American			
c. Asian			
d. Black/African American			
e. White Non-Hispanic			
f. Native Hawaiian/ Pacific Islander			
g. Other Race			
h. Two or More Races			
Vulnerable Populations			
i. Live Alone			
j. Limited English Proficiency			
k. Rural Residents			

NYSOFA Annual Evaluation 2016-17 AAA _____ CODE _____

I. Frail and/or person with a Disability			
m. Low Income			
n. Low Income (below 150% of poverty)			
o. Low Income Minority (below 150% poverty)			

B. *If no, was the AAA able to demonstrate success with targeting requirements when demographic data collected from Cluster III services was included?

Yes _____ *No _____ NA _____

Partial Achievement _____

If no or partial achievement, please explain:

C. *If no, does AAA meet numeric objectives of persons served with targeting adjustment allowance?

Yes: _____ No: _____ NA _____

Please explain:

√ 2. Does the AAA demonstrate sufficient efforts to reach the community as a whole, including those in greatest economic and social need?

Yes: _____ No: _____

Please describe:

√ 3. Does the AAA demonstrate sufficient efforts specifically targeted to reach underserved groups (as identified by OAA)?

Yes: _____ No: _____

Please describe:

√ 4. Has the AAA implemented new and/or modified efforts specifically designed to reach populations identified as not meeting the minimum number of individuals to be served in the previous Annual Evaluation?

Yes: _____ No: _____ NA: _____

Please describe:

Documentation: Strategies may vary greatly between different areas; examples include outreach plans and calendars demonstrating efforts to reach targeted populations, translated publications, training on cultural and linguistic competency, and collaborative agreements with local organizations serving minorities or other targeted groups, meeting agendas and minutes including targeting topics, service locations accessible to underserved groups. Include name(s) of source document(s) and date(s).

If applicable, note in the box below any issues raised by the AAA regarding missing data affecting CAARS reports on the AAA achievement of targeting objectives:

5. Nondiscrimination Requirements

√ A. In its contracts/MOUs with aging service providers that were entered after the issuance of 12-PI-08 [07/17/12] and that include federal funds, does the AAA require each provider to adhere to the following laws?

Citations: OAA §306(a)(4)(A), 12-PI-08, Title VI of the Civil Rights Act of 1964 (CRA Title VI), Federal Executive Order 13166, Section 504 of the Rehabilitation Act of 1973, Titles II and III of the Americans with Disabilities Act (ADA), The New York State Human Rights Law.

Laws	Yes	*No
Title VI of the Civil Rights Act of 1964 (CRA Title VI)		
Federal Executive Order 13166		
Section 504 of the Rehabilitation Act of 1973		
Titles II and III of the Americans with Disabilities Act (ADA)		
The New York State Human Rights Law		

*If no, please explain:

√ B. Does the AAA include in its contracts/MOUs with aging services providers a provision that each provider comply with requirements for concentration of services to target populations?

Citation: 9 NYCRR §6654.3

Yes _____ *No _____

* If no, please explain:

√ C. Does the AAA's contracts/MOUs specify how the provider intends to meet specific objectives for satisfying the service needs of, and providing services to, low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas?

Citation: OAA §306(a)(4)(A)

Yes _____ * No _____

*If no, please explain:

Documentation: Contracts/MOUs with aging services providers that include federal funds, entered into after the issuance of 12-PI-08 [07/17/12]. Include name(s) of source document(s) and date(s).

5. NUTRITION

Was the nutrition review completed by the ASR?

Yes__ *No__

If *no, explain:

1. Check the methods that are used to assure that meals meet the current Dietary Reference Intake (DRI) guidelines of providing:

Citations: OAA §339(2)(A)(ii), 90-PI-26 (IV)(B)(1)(a&b) [05/17/90]

Menu	Nutrient Analysis Software	Other, identify	N/A
1 meal if served as a stand-alone meal (breakfast, lunch or dinner) (1/3 of DRI)			
2 meals per day to same individual (2/3 of DRI)			
3 meals per day to same individual (100% of DRI)			

Comments:

Documentation: Spreadsheets, computers analysis, copy of present day menu and nutrition analysis; copy of other method(s) used with explanation. Include name(s) of source document(s) and date(s).

2. Meal Temperatures

Citations: OAA §339(2)(F), 9 NYCRR §6654.10(i), 90-PI-26 (V)(B)(2) [05/17/90]

√ A. Does the AAA or its contractor monitor and record congregate meal temperatures daily, including date and time temperature is taken, at serving time, at each congregate site (including restaurants used in a restaurant voucher program)?

Yes__ *No ____

*If no, explain:

Documentation: Temperature records, logs, etc. Include name(s) of source document(s) and date(s).

NYSOFA Annual Evaluation 2016-17 AAA _____ CODE _____

√ B. Does the AAA or its contractor monitor and record HDM end route temperatures, including date and time temperature is taken, as follows:

Citation: 90-PI-26 (V)(B)(3)(b) [05/17/90]

Yes	*No	*N/A	
			Monthly if the time from completion of final food preparation (or cooking) to delivery of last home delivered meal is over one hour.
			Quarterly if the time from completion of final food preparation (or cooking) to delivery of last home delivered meal is under one hour.

*For no or N/A responses, please explain:

Documentation: Temperature records, logs, etc. Include name(s) of source document(s) and date(s).

√ C. Has the AAA uncovered any persistent problems over the past year with temperatures for any meal component not meeting requirements: hot foods were kept at temperatures of at least 140 degrees Fahrenheit and cold foods (including milk products) registered no more than 45 degrees Fahrenheit?

Citations: 9 NYCRR §6654.10(i), 90-PI-26 (V)(B)(2) [05/17/90].

*Yes ___ No ___

*If yes, explain problems and note measures taken to correct problem(s).

Documentation: Temperature records, logs, etc. Include name(s) of source document(s) and date(s).

√ D. Are food temperature records of the congregate and HDM programs reviewed by the Registered Dietitian or someone working under the direction of the Registered Dietitian?

Citations: 90-PI-26 (I)(G)(3) [5/17/90]

Yes ___ *No ___

	How Often?	Date(s) of most recent review
Congregate Meals		
Home Delivered Meals		

*If no, explain:

Documentation: Logbooks, spreadsheets, completed monitoring instruments or guides, corrective action plans, staff reports. Include most recent date(s) as appropriate. Include name(s) of source document(s) and date(s).

TO BE COMPLETED BY ALL:



STATE PLAN ON AGING QUESTIONS: GOAL TWO

How has the AAA congregate and home delivered meal program addressed the challenges specific to your region that may influence the successful administration of the program (ex: decreased volunteers, increased costs, lack of meal providers, geographic influences and more)? (2.25 & 2.26)
-Insert Response

How have the nutrition programs worked to be inclusive of older adults in greatest social and economic need and reach a diverse audience? (2.25 & 2.26)
-Insert Response

Indicate client average Nutritional Screen Initiative assessment score for the last complete reporting year:_____

Have the meal programs provided application assistance for public benefits or linkages to such assistance (such as SNAP, HEAP, Farmer’s Market Coupons, EBT)? (2.26 & 2.27). Include number of people assisted per benefit program.
-Insert Response

How, in the last year, has the AAA worked to further integrate nutrition education, physical fitness activities, as well as health and wellness services with its meal programs? Include variety and number of activities and people served. (2.31)
-Insert Response

6. DISEASE PREVENTION AND HEALTH PROMOTION SERVICES

Citation: 15-PI-18

1. Is the AAA offering one or more evidence based programs? Yes ____ No* ____

*If no, describe how the AAA will implement evidence based programs (for disease prevention and health promotion services) in order to comply with the highest-level requirement for III-D funding as of 4/1/15.

√ 2. For each highest level evidence based initiative (EBI) program funded by III-D the AAA offers or plans to offer (based on the 2015-16 AIP) describe the current status of implementation, including the number of persons served by each program (use the last complete reporting year).

Program	Number Served	Current Status	√Confirmation of Program Meeting Highest Level Criteria	√ Confirmation that person/s facilitating the program has completed and maintained requisite training and/or licensure

If unable to confirm program meets highest level, explain:

Documentation: Copy of evidence-based program license, training manual, Administration on Aging (AoA) or National Council on Aging (NCOA) lists of evidence-based programs, copy of promotional brochures, journal articles (documentation that the model used is evidence based).

3. Does the AAA plan to expand current evidence based programs?

Yes ____ No ____

Please explain:

4. Describe how disease prevention and health promotion services and outreach are inclusive of populations experiencing health disparities? (e.g., Asian, Black/African American, Hispanic, Native Alaskan/Pacific Islander, American Indian populations are disparately impacted by diabetes)

5. Describe non-evidenced based health programs and services offered by the AAA noting various funding sources. (ex: medication management services, information displays at health fairs, aerobics exercise or locally developed exercise or physical fitness programs)



STATE PLAN ON AGING QUESTIONS: GOAL THREE

EBIs. Has the AAA increased the number of participants in highest-level EBIs? Has the AAA increased the types of highest-level EBIs offered, and partnerships through which to offer EBIs (such as a non-traditional host site for the program)? (3.1 & 3.2)
-Insert Response

Chronic Disease Self-Management Education (CDSME). What CDSME programs have been implemented this year? How many participants have gone through CDSMEs this year? Have outreach and recruitment efforts been inclusive of persons with HIV/AIDS, disabilities, and diabetes? (3.4 & 3.6 & 3.7)
-Insert Response

Percentage of participants that have successfully completed each program offered in the last complete reporting year? _____

7. ADULT DAY SERVICES (ADS)

Citations: 94-PI-09 [03/22/94], 15-PI-12 [07/29/15]

1. Does the AAA fund Adult Day Services?

Yes _____ No* _____

If no*, indicate why:

Types of Adult Day Service Programs	Yes	*No	# programs
Adult Day Health Care			
Social Adult Day Services			
Adult Care Facility Day Services			

2. What are the hours of operation of the adult day services program(s) and how much are they reimbursed by the AAA?

List Programs	Days Per Week	Hours Per Day	Average number of participants	Max. Capacity of participants each day?	Contracted		Rate per hour of service
					Yes	No	

3. Are you aware of any other state agency(ies) that has authority over any of these programs (e.g. DOH, OPWDD, OMH, etc.)? If so, please indicate which program, and any of the monitoring dates and compliance issues and corrective actions conducted by these state agency(ies) or their designated agency/entity for monitoring.

Program Name:	Date of monitoring:	Compliance issues identified?	Corrective action taken?	Name of other state agency or monitoring agency/entity, if known:

√ 4. Is the AAA using NYSOFA required data elements in monitoring tools and care plans?
 Yes ___ *No ___

*If no, explain, retain copies of sample documents:



STATE PLAN ON AGING QUESTIONS: GOAL TWO

Describe how the AAA SADS program is inclusive of serving individuals who are functionally impaired due to physical, cognitive or psychosocial limitations and individuals who may have limited English proficiency? (2.38)

-Insert Response

8. BIP CAREGIVER SUPPORT PROGRAM

1. At the time of the AE visit, had the AAA developed their BIP Caregiver Support Program?

Yes___ *No___

If *no, explain, include planned start date:

2. At the time of the AE visit had the AAA begun serving Caregivers through the BIP Caregiver Support Program? *Yes_____ No_____

If yes, ASR to review the following questions with AAA:

√ 3. Is the AAA using the Required Information Form for each Caregiver/Care Receiver to document both Caregiver and Care Receiver eligibility for participation in the Program?

Yes_____ No_____

Describe:

√ 4. Is the AAA following the required verification of Medicaid status procedure as described in 15-PI-03 (revised)? Required verification for Medicaid status: (must be documented on revised Required Information Form):

- Information seen on the Eligibility Card (formerly Medicaid card);
- AAA calls the LDSS/HRA to confirm eligibility; *and*
- AAA keeps a record/documentation of the Care Receiver Eligibility Card information and the date and person at the LDSS/HRA who confirmed Medicaid eligibility.

Yes_____ *No_____

* If no, explain:

Documentation:

- Caregiver Eligibility must be documented using the BIP Caregiver Support Program Caregiver/Care Receiver Required Information Form (revised).
- Required verification for Medicaid status: (documented on revised Required Information Form):
 - Information seen on the Eligibility Card (formerly Medicaid card);
 - AAA calls the LDSS/HRA to confirm eligibility; *and*
 - AAA keeps a record/documentation of the Care Receiver Eligibility Card information and the date and person at the LDSS/HRA who confirmed Medicaid eligibility.

- Signed attestation that establishes relationship of Caregiver to identified Medicaid eligible Care Receiver (documented on revised Required Information Form).
- Medicaid ID number of Care Receiver; and
- For Supplemental and Respite Services - documentation that Care Receiver Programmatic Eligibility has been met.)

9. CLIENT ASSESSMENT/CASE FILE REVIEWS

Review the AAA’s assessment procedures for individuals seeking/receiving community based long term care services in order to answer questions A and B.

√ A. Indicate if an MDS assessment/reassessment is conducted and identify who completes it.

Citations: 97-PI-01 [1/3/97], 97-PI-20 [7/10/97]; HDM 9NYCRR §6654.10(b)(3)(i)(ii), 6654.11(b)(1); and EISEP 9NYCRR §6654.16(h).

Service	Yes	*No	N/A	Completed by Contractor(s)	Completed by AAA
Home Delivered Meals					
Case Management					
Personal Care Level I					
Personal Care Level II					
Consumer Directed In-home Services					
Home Health Aide					
Adult Day Services					

*If no, explain:

Comments:

Documentation: AAA cases file reviews, AAA forms. Written case management procedures. Include the name(s) of source document(s) and date(s). *Obtain a copy of good practice materials – related to case management assessments - for NYSOFA.*

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√ B. Based upon the review of the selected files (see attached file selection process), did the AAA [and/or its contractors] achieve compliance for the previous 12 months in the following areas:

Citations: 97-PI-01 [01/03/97], 97-PI-20 [07/16/97], 9 NYCRR §6654.10(b)(1), 9 NYCRR §6654.10(b)(3)(i)(ii), 9 NYCRR §6654.10(b)(2), 90-PI-26 [05/17/90], 90-PI-40 [07/26/90], 9 NYCRR §6654.6(a-g), 9 NYCRR §6654.15 (a-b), 9 NYCRR §6654.16(h)(1-8), 9 NYCRR §6654.16(m), 9 NYCRR §6654.16(q), 9 NYCRR §6654.16(t), 9 NYCRR §6654.17, 9 NYCRR §6654.19 (b),(h), and 9 NYCRR §6654.16 (ad)(10).

Yes	*No	NA	
			1. Conduct an initial client assessment.
			2. Conduct a client reassessment at least annually.
			3. Care plan is fully completed.
			4. For clients receiving ancillary services the care plans include the ancillary service(s).
			5. The client’s nutritional risk status determined and the score noted.
			6. The client/care recipient is eligible for services being provided based on applicable eligibility criteria.
			7. For EISEP and CSE EISEP-like services, completion of the financial information form at least annually.
			8. For clients receiving case management, bi-monthly contact is made and recorded as part of ongoing case management.
			9. EISEP and CSE EISEP-like services clients receiving an ancillary service there is documentation that it was received.
			10. For EISEP and CSE EISEP-like services ancillary services clients receiving an item or alteration that is left in their home, the file includes a signed agreement between the client and the program.
			11. For non-case managed HDM clients, a six-month contact was made.
			12. An ancillary client file describes the client who is eligible as specified in the written policies and procedures.
			13. An EISEP and CSE EISEP-like services ancillary client file has a determination that there is no other funding source available.
			14. For Title III-E Caregiver Respite and/or Supplemental Services for Caregiver of an Older Person, there is documentation that the care receiver is frail (at least two ADLs)
			15. For clients receiving Consumer Directed In-home Services under EISEP, the client file contains a signed agreement to participate and a signed Back Up Plan and Emergency Contact form.
			<i>NOTE: Question 16 is for review purposes only and to identify technical assistance needs.</i>
			16. For clients identified as limited English proficient, documentation of language access compliant service delivery as required in 12-PI-08, NYS Human Rights Law, EO 13166 and Title VI Civil Rights Law.

Documentation: Number of client files reviewed with “file identifier” from case file review worksheet(s) and services received.

PART II- CONCLUSION AND FOLLOW UP REPORT

A. Identify the compliance related, data quality improvements or other areas that require corrective actions:
B. AAA technical assistance needs identified:
C. Describe the type, or topic, of training the AAA requested, or the assessor thinks is needed. Identify possible trainer(s) and/or training sources:
D. Other follow up - What type of action? Who is responsible? When?
E. ASR recommendation(s) – if any:

File Selection

1. The Reporting Unit will provide reports to assist the ASR in the selection of client files. These reports will show the client 10 digit ID for persons whose assessments are older than 13 months and who have high rates of missing data for the required data fields. ASRs will use these reports and record any explanations provided.

1. Using a random selection process, the ASR should choose a minimum of *six client files for individuals receiving the services noted in Section IV. For Albany, Dutchess, Erie, Monroe, Nassau, Niagara, Onondaga, Orange, Rockland, Suffolk, Westchester Counties and New York City, ASRs will review a minimum of *seven client files.

*Note: * For AAAs who have not initiated Consumer Directed In-home Services under EISEP or where there are no clients in this category the number of clients files to be reviewed may be decreased by 1.*

Each client record chosen must be open for at least 12 months. At least one of these client records should be for:

- A home delivered meal client.
- A client receiving traditional home care (Personal Care Level I and/or II.)
- If the AAA funds adult day services, one of the clients should be a recipient of that service.
- A care receiver (who is an older person) who is getting a service under Title III E to provide a respite or supplemental service to their caregiver. *Note: Prioritize the selection of a file of a client receiving a community based long term care service as a respite or a supplemental service. If the AAA does not fund one of these services as a respite or supplemental service, select a file of a client receiving a non-community based long term care service as a respite or supplemental service.*
- A client receiving EISEP Ancillary Services. *Note: Prioritize the selection of a non PERS ancillary file. If the AAA does not provide a non PERS ancillary service; select a PERS file for review. If the AAA does not have an ancillary services case file that has been opened for at least 12 months, select a file that has been opened for less than 12 months.*
- A client receiving Consumer Directed In-home Services (if this service is offered). *Note: If the AAA does not have a consumer directed services case file that has been opened for at least 12 months, select a file that has been opened for less than 12 months.*
- Of the above clients selected, one must be identified as limited English proficient.

If there is more than one case manager, select files to be reviewed from multiple case managers.

If there are multiple providers of services, files from different providers should be reviewed, if possible.

NOTES ON ELIGIBILITY:

HOME DELIVERED MEALS

- At least 60 years old; and
Incapacitated due to accident or frailty; and
Lacks the support of family, friends or neighbors; and
Is unable to prepare meals.
- The spouse of a HDM recipient, regardless of age or condition, is eligible to receive HDMs when the provision of the meal is in the best interest of the recipient.
- Non-elderly disabled individuals living with an eligible person may receive meals when it is in the older person's best interest.

FOR EISEP FUNDED SERVICES, CONSUMER DIRECTED IN-HOME SERVICES, AND CSE FUNDED EISEP-LIKE SERVICES:

- At least 60 years old; and
Functionally impaired (at least one ADL or two IADLS); and
Have unmet need for such assistance; and
Be able to be maintained safely at home; and
- Not be eligible to receive the same or similar services under Title XVIII, Title XIX or Title XX of the SSA or any other government program or services provided to residents in adult residential care facilities which had been provided or are required to be provided by law; or
 - Apply for Medicaid if it appears that:
 - Older person is eligible without any spend down; or
 - Older person is eligible with a spend down and has enough qualifying expenses and available income to pay such qualifying expenses.
- For non-institutional respite, have one or more informal caregivers who provide ongoing care.
- For Consumer Directed In-home Services under EISEP, the following eligibility requirements also apply: Be capable of making choices regarding their activities of daily living and instrumental activities of daily living and the type, quality and management of his or her in-home services worker; understand the impact of these choices; and assume responsibility for the results of these choices; or has an appointed consumer representative.

ADULT DAY SERVICES:

- At least 60 years old; and
Functionally impaired (needs the assistance of another person in at least one of the following ADLs: toileting, mobility, transferring or eating, or needs supervision due to cognitive and/or psycho-social impairment).

TITLE III-E CAREGIVER RESPITE AND/OR SUPPLEMENTAL SERVICES FOR A CAREGIVER OF AN OLDER PERSON:

- Caregiver is an adult who is 18 or older caring for an older person who is 60 or older; and care receiver is frail (needs assistance of another person in at least two or more ADLs or requires substantial supervision because of Alzheimer's disease or other cognitive impairment).

BIP CAREGIVER SUPPORT PROGRAM

- Caregiver is an adult aged 18 or older caring for a care receiver of any age who is Medicaid eligible and meets the following requirements: has a cognitive impairment or other mental impairment; or is unable to perform at least two (2) Activities of Daily Living (ADLs); or is unable to perform at least two (2) Instrumental Activities of Daily Living (IADLs) for the Caregiver to be eligible for respite or supplemental services.
 - Caregiver Eligibility must be documented using the BIP Caregiver Support Program

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Caregiver/Care Receiver Required Information Form (revised).

- Required verification for Medicaid status: (documented on revised Required Information Form):
 - Information seen on the Eligibility Card (formerly Medicaid card);
 - AAA calls the LDSS/HRA to confirm eligibility; *and*
 - AAA keeps a record/documentation of the Care Receiver Eligibility Card information and the date and person at the LDSS/HRA who confirmed Medicaid eligibility.
- Signed attestation that establishes relationship of Caregiver to identified Medicaid eligible Care Receiver (documented on revised Required Information Form).
- Medicaid ID number of Care Receiver; and
- For Supplemental and Respite Services - documentation that Care Receiver Programmatic Eligibility has been met.