

June 6, 2016

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ACUU Pre-Conference AAA Training

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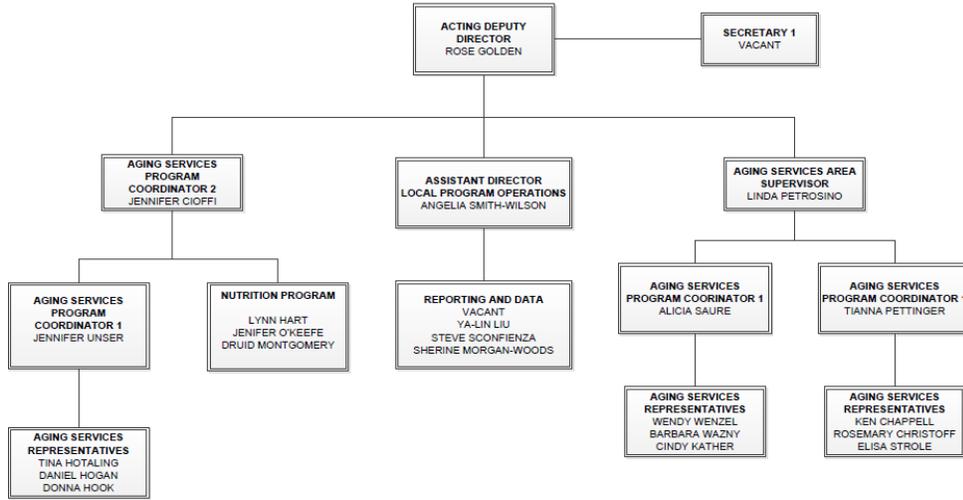
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Agenda:

- Welcome
- Fiscal Assessment Trends
- 2016-17 AE
- 2017-18 Annual Update
- Q&A



NEW YORK STATE OFFICE FOR THE AGING
DIVISION OF LOCAL PROGRAM OPERATIONS
MAY 24, 2016



2015-2019
New York State
Plan on Aging
www.aging.ny.gov



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WHAT IS MONITORING?

- Monitoring is the systematic and routine collection of information from projects and programs for five main purposes:
 - To learn from experiences to improve practices and activities in the future;
 - To ensure compliance with legal and programmatic requirements;
 - To have internal and external accountability of the resources used and the results obtained;
 - To make informed decisions on the future of the initiative;
 - To promote empowerment of beneficiaries of the initiative.
- Monitoring is a periodically recurring task already beginning in the planning stage of a project or program. Monitoring allows results, processes and experiences to be documented and used as a basis to steer decision-making and learning processes. Monitoring is checking progress against plans. The data acquired through monitoring is used for evaluation.

*http://www.sportanddev.org/en/about_this_platform/



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**New York State
Office for the Aging**

Reporting System

Planning - Budgeting - Monitoring

Annual Evaluation Main Menu

[Back to Reporting Main Menu](#) | [Logout](#)

CURRENT SESSION: Cattaraugus | 2016 | External Area Agency Server

Reference Material

Note: If you experience difficulties with any of these documents, please contact [Alicia Saure](#)

View/print a copy of the:

[Tip](#) for completing the Web Based Pages.

[File selection process and Eligibility Requirements.](#)

[Reference materials](#) for the Annual Evaluation.

[Social Adult Day Service Program Standards and Monitoring Tools.](#)

[2015-2019 New York State Plan on Aging](#)

Law sections regarding:

- [Monitoring](#)
- [Targeted Population](#)
- [Social Adult Day Care](#)
- [Nutrition Programs](#)
- [Nutrition Programs - Area Agency Responsibilities](#)
- [Information and Referral](#)
- [Assessment Requirements, Ancillary Services, Inhome Services, Case Management, Cost sharing](#)

Data Entry

Select a section below to edit:

- General Information
- AAA Admin. & Operations: Issues
- AAA Admin. & Operations: Changes
- Monitoring Part 1
- Monitoring Part 2
- Directly Provided Services
- Contracted Services
- Reporting Requirements
- Nutrition

(Please note that within these forms, all items marked with a "+" are compliance issues.)

If the agency's organizational structure changed since last year's annual evaluation, please submit a new organization chart to your ASR.

Tools

Check for Errors:

[Run Error Report](#)

Click on the button below to finalize and issue the Annual Evaluation. An error check will be performed first.

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Monitoring

- Requirements
 - NYSOFA requires all AAAs to maintain and establish ongoing systems for monitoring directly provided and contracted services on an annual basis to ensure that Federal and State standards are fully met at the point of service delivery. (99-PI-20 and 99-TAM-05)



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Monitoring- Directly Provided

- All directly provided services must be monitored at least once a year.



Monitoring- Contracted Services

- Contracts for \$25,000 or less
 - A system of formal on-site program monitoring once every TWO years may be adopted for contracts or grants meeting the following criteria:
 - The contract or grant is for \$25,000 or less,
 - The funded services carry a low risk of health and safety problems, and
 - The program has received at least one prior formal on-site monitoring visit.



Monitoring- Contracted Services

- These services **MUST** receive formal on-site monitoring annually regardless of the size of the contract or grant.



- The maintenance of health and safety standards in these programs is essential to assuring the well-being of clients who are typically frail and vulnerable.



Monitoring- Contracted Services

- “off-cycle” monitoring
 - AAA must be able to document that the program(s) have been monitored using other means. This can be done in a variety of ways:
 - Self-examination by contractor/program manager
 - Report regarding activities throughout the year
 - Analysis of client satisfaction questionnaires, phone interviews and/or focus groups with some clients



Monitoring

- Resources:
 - AAARIN: Module 2: Program Monitoring
 - <http://www.aaarin.ofa.state.ny.us/index.cfm>
 - Issuances
 - 99-PI-20
 - 99-TAM-05
 - 95-TAM-05: SADS
 - 91-TAM-01: EISEP Monitoring Guide
 - 90-PI-26: Nutrition Standards
 - NYSOFA Report Viewer (Infoview)
 - ASR
 - Annual Evaluation Guide



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Reporting- We Need Data

- Meet Federal and State reporting requirements – essential for continued funding
- Provide data for program monitoring, program advocacy, program management and planning
 - Ensure services are provided effectively
 - Ensure our programs are serving those most in need

It is crucial to have timely and accurate data.



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Reporting: CAARS/Client Data

- Service Data
 - People Served
 - Units
 - Expenditures
- Client Profile
 - Demographic characteristics
 - Income/poverty status
 - Functional status
 - Health characteristic (e.g., chronic illness, cognitive condition)



Resources

- Resources
 - AAARIN
 - Module 1: Data and Reporting Requirements
 - <http://www.aaarin.ofa.state.ny.us/index.cfm>
 - Reporting Documents 2016
- Need Assistance
 - For any reporting questions, please send us e-mail at CAARSReports@aging.ny.gov & c.c. your ASR
 - Data submission questions such as CAARS Quarterly Report extension requests, unlock reports, FTP: contact Sherine Morgan-Woods directly at 518-486-6008.



Targeting

- Targeted Populations
 - Low income
 - Low income minorities
 - Individuals with limited English proficiency
 - Rural Residents
 - Native Americans
 - Institutionalized/at risk of institutionalization
 - Individuals with Alzheimer's and related disorders
 - Individuals with disabilities
 - Caregivers of individuals with Alzheimer's/related disorders and individuals with disabilities
 - Minorities
 - Frail
 - Vulnerable
 - LGBT
 - Homebound



AE Questions- Targeting Objectives

√ 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?
- B. *If no, was the AAA able to demonstrate success with targeting requirements when demographic data collected from Cluster III services was included?
- C. *If no, does AAA meet numeric objectives of persons served with targeting adjustment allowance?



AE Questions- Targeting Efforts

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

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

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?



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Targeting Efforts Documentation

- Agendas/Minutes
 - Advisory Council
 - Long Term Care Councils
 - Aging and Disability Collaborative
- Outreach Calendars
- Materials in other languages, large print etc.
- Event Flyers



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NYSOFA hears you!

- Inclusion of Cluster 3
- Implementation of adjustment allowance
- Technical assistance
 - Trainings
 - Me!

AAA not meeting a population



I research the service area and offer possible connections



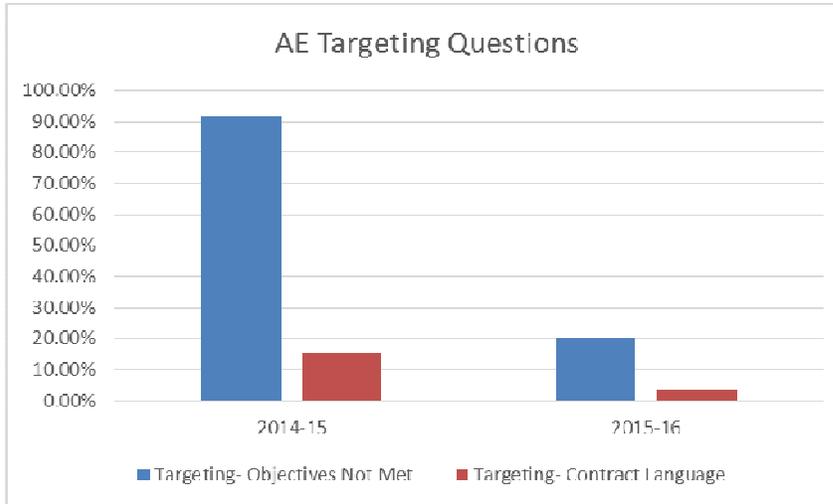
AAA uses those ideas as a springboard



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YOUR Successes!



- 12-PI-08: Equal Access to Services and Targeting Policy
- 12-IM-03: Telephonic Interpretation through New York State Office of General Services (OGS) Centralized Contracts
- 13-TAM-01: Provider Agreements and Targeting and Equal Access
- Adjustment Allowance
- Inclusion of Cluster 3



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Successes (continued)

- “office hours” at designated times at PRIDE Center
- Collaboration with Native American tribe to provide program “Powerful Tools for Caregivers”
- Development of placemat in multiple languages as an outreach strategy



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Successes (continued)

- Creation of “World Food Day” multicultural nutrition event in collaboration with Public Health
- Utilization of Neighborhood Advisor program as a liaison into targeted communities
- Partnership with United Way/Military to bring medical care to rural residents through “clinics” held at schools



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Resources

- Program/Fiscal Call on June 16th
 - Howard Shi, Asian American Federation
- ACUU sessions
 - A2, A3, C5
- OAA
- NYS Elder Law
- Issuances
 - 12-PI-08
 - 13-TAM-01
- AAARIN
- ADA and Section 504 Rehab Act



Targeting

- Contact Information
 - Colleen Scott, Advocacy Specialist
 - New York State Office for the Aging
 - 2 Empire State Plaza, 6th Floor
 - Albany, NY 12223-1251
 - (518) 549-8946
 - colleen.scott@aging.ny.gov



Nutrition

- Annual Evaluation Question Citations
 - Menus are certified by a registered dietitian that the meal(s) provide one third or two thirds of the recommended dietary allowance.
 - A nutrient analysis is available for all meals provided to participants.
 - Potentially hazardous foods are held, delivered and served at temperatures above 140 degrees F. or below 45 degrees F. Temperatures of potentially hazardous foods that are transported shall be routinely taken and recorded as follows:
 - Bulk food temperatures will be taken prior to delivery and at serving time on a daily basis.
 - HDM temperatures shall be taken before portioning and when the last meal is delivered. This must be done no less than monthly on all routes over one hour in length and quarterly on all routes under one hour.
 - There shall be AAA staff qualified and designated to monitor program operations and to provide technical assistance to providers.



Resources

- 90-PI-26
 - Nutrition Standards
- 16-IM-01
 - Food Safety and Sanitation Training 2016
- AAARIN:
 - <http://www.aaarin.ofa.state.ny.us/index.cfm>



Case File Review

- 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.
- A client receiving EISEP Ancillary Services.
- A client receiving Consumer Directed In-home Services.
- A client identified as LEP



Requirements and Timeframes

- An Assessment:
 - shall be conducted no later than 10 days after completion of the a screening process.
 - must be completed prior to providing any in-home service.
 - ancillary, non- institutional respite, (or in an emergency within 5 days) a face to face visit in the older adults usual environment in order to conduct the assessment.
 - must be completed no less frequently than every 12 months (365 days).
 - 6 month contact for non-case managed HDM Clients



Requirements and Timeframes

- A Care Plan:
 - should be developed within 6 days of the completion of the Assessment.
 - include all services and supports.
 - not separate for HDM, and other In-Home services
 - is only in effect for no longer than 12 months.



Case Notes/Follow-up Timeframes

- A contact with client/caregiver no later than the first working day after each service was scheduled to begin
- A home visit within 15 working days of service initiation
- Referrals made for services
- Case management requires every 2 month contact (60 days)
- Ongoing activities and communications with the client and others involved in the care plan (caregivers, service providers...)

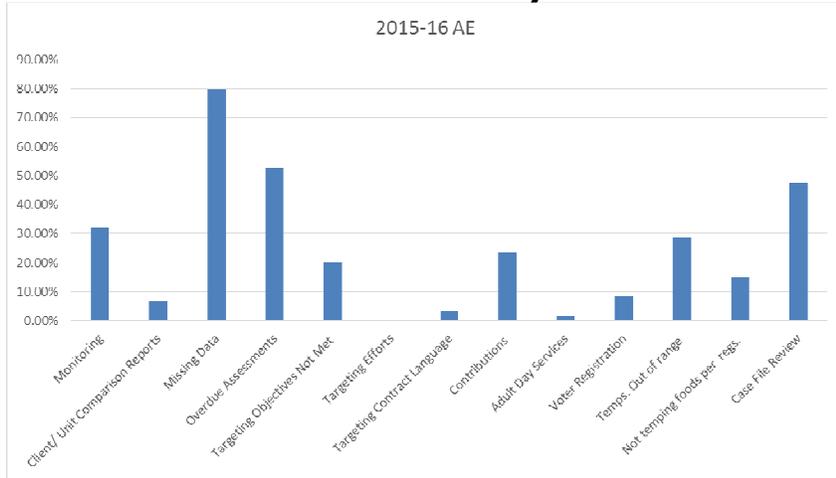


Resources

- 97-PI-01
- 97-PI-20
- 14-PI-02
- <http://www.aaarin.ofa.state.ny.us/>



AE Analysis



Questions

