

**NEW YORK STATE OFFICE FOR THE AGING**

2 Empire State Plaza, Albany, NY 12223-1251  
George E. Pataki, Governor                      Walter G. Hoefer, Director  
An Equal Opportunity Employer

**TECHNICAL ASSISTANCE MEMORANDUM      Number 99-TAM-05**

**DATE:**            November 23, 1999

**TO:**              Area Agency on Aging Directors

**SUBJECT:**      Program/Fiscal Monitoring

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**PURPOSE:**

This Technical Assistance Memorandum (TAM) is to provide information and sample monitoring documents to assist area agencies on aging (AAAs) in complying with requirements for monitoring programs which receive funding through the New York State Office for the Aging (NYSOFA).

**A.      Frequency of Program Monitoring**

Monitoring is a continuous process and includes:

- monthly or quarterly analysis of service data about projected versus actual units of service provided, numbers of elderly served and expenditures;
- regular meetings with staff managing programs or providing services to review their progress toward meeting program goals;
- observation of activities and service delivery; and,
- interviews with program managers, service provider staff, advisory council members, service recipients, caregivers and other interested parties.

On-site monitoring of programs should be conducted according to the schedule described in 99-PI-20. That is, programmatic monitoring would generally occur at least once per year and fiscal monitoring would be done at least once every two years.

In creating a manageable schedule for on-site monitoring of subcontracted and directly provided services, it will be necessary for AAAs to “stagger” monitoring activities. Ideally, on-site monitoring should occur early enough in the contract or grant period so that any deficiencies in the services can be addressed in a timely fashion.

For programs where the health and safety of clients is a factor and/or programs which receive more extensive funding from the AAA (nutrition, in-home services, etc.), strong consideration should be given to conducting on-site monitoring more frequently than once per year.

**B. Frequency of Program Monitoring for Programs with Contracts or Grants of \$25,000 or Less.**

Recognizing that it may be difficult for AAAs to complete on-site monitoring for all subcontracted and directly provided programs annually, a system of on-site program monitoring *once every two years* may be adopted for subcontracts or grants meeting the following:

1. the subcontract or grant includes \$25,000 or less in federal or state monies administered through NYSOFA,
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.

Examples of low risk services would include information and assistance, public information, outreach, and recreation. As noted in 99-PI-20, contracts for homemaking/personal care, housekeeper/chore, home health aide, home delivered meals, adult day and congregate meal services **must** receive an on-site review annually, regardless of the size of the contract or grant.

If an AAA does opt to conduct on-site reviews every two years for programs meeting the criteria noted above, the AAA must be able to document that the programs have been monitored using other means during the “off-cycle” year. This can be done in a variety of ways including:

- a self-examination by the subcontractor or program manager (for example, the contractor or program manager might complete a checklist of key items from the regular monitoring form) with a subsequent in-office review of the information by the AAA;

- the preparation of special reports by the subcontractor or program manager (for example, a brief six and twelve month narrative report on program activities that would supplement the information gathered through regular program and fiscal reports) and an analysis of these reports by the AAA;
- an analysis of client satisfaction questionnaires completed by service participants to identify areas of program operations that are working effectively as well as those that may need improvement, with a subsequent review of this analysis by the AAA; and
- conducting phone interviews or focus groups with a sample group of program participants to determine client satisfaction with services.

As with on-site reviews, if areas of non-compliance or areas needing improvement are identified through these “off-cycle” reviews, the service program or provider must be informed in writing of these findings and asked to develop a corrective action plan.

### C. Scope of the Review

Since monitoring must be documented and standardized, AAAs must develop instruments/tools to be used during on-site monitoring visits. These tools will enable the monitor to make observations about service delivery, test the accuracy of information reported for Consolidated Area Agency Reporting and other purposes, examine compliance with contract provisions and federal and state regulations, measure progress in fulfilling contract or program objectives and comment on the quality of services. (A sample monitoring tool is attached to this TAM to assist AAAs in developing or refining standardized monitoring instruments and documentation. See Attachment A.)

Please note that AAAs have considerable flexibility in how monitoring tools are used and how monitoring visits are scheduled. For example, to reduce the amount of time needed for on-site work, AAA staff may ask program directors to fill out the forms in advance as a “self-evaluation” and then verify the information and documentation for the questions when the AAA staff are on-site.

It is also possible to collect certain standard documentation from subcontractors or program directors at the start of a contract or grant period and to review these as time permits prior to conducting the on-site reviews. Information that might be

collected in this way would include: program flyers, copies of MOUs or agreements with other organizations, staffing profiles, resumés or documentation of certification for registered dietitians or case managers, training plans, Affirmative Action plans, etc. By collecting and reviewing information in advance of the on-site visit, it is possible to complete some of the questions which are part of the standardized monitoring instrument and reduce the amount of material to be reviewed on-site.

Another strategy that may be used to accommodate busy schedules is to complete the monitoring over the course of two or more visits (for example, completing several sections of the monitoring guide on July 20, 1999 and completing the remaining sections of the guide on July 27, 1999). While care should be taken not to “drag out” the process and generate a final report months after the initial monitoring visit, splitting up monitoring visits may be easier than trying to complete the entire guide in one visit, especially when AAA or subcontractor personnel are more likely to have time available in one or two hour blocks rather than full days.

**Programmatic Monitoring** – The instrument for the formal on-site programmatic review must include the items outlined in 99-PI-20.

**Fiscal Monitoring** – Since much of NYSOFA’s funding is federal Older Americans Act funding, the Office has adopted federal fiscal monitoring requirements for all programs. As 97-PI-32 advised and directed, fiscal and compliance audits shall be compliant with the recently revised OMB Circular A-133.

99-PI-20 indicated that to be in compliance with the OMB Circular, a subcontractor or subgrantee of an AAA receiving more than \$300,000 in federal funds in a given fiscal year must engage a Certified Public Accountant (CPA) to perform an A-133 audit for that period. For a contractor or subgrantee of an AAA receiving less than \$300,000 in federal funds in a given fiscal year, the AAA will be responsible for monitoring this contractor or subgrantee in accordance with OMB Circular A-133 and the compliance supplement to the Circular.

To assist AAAs in meeting the OMB requirements, a questionnaire based on the fourteen general compliance items from Circular A-133 is attached. This questionnaire is the result of an interdepartmental task force convened by the New York State Division of the Budget. The task force was assigned the responsibility of developing tools and guidance for monitoring subrecipients of federal funds passed through New York State agencies. Although the task force’s product is still in draft form, NYSOFA has received permission to share a copy of the draft tool with AAAs. (Please see Attachment B.)

It is recommended that all subrecipients or contractors receiving less than \$300,000 in federal funds in a given fiscal year be subject to ongoing monitoring through documentation submitted with monthly invoices and other fiscal reporting information. Additionally, once every two years a field visit must be conducted where the contractor's fiscal systems and source documents for costs incurred will be reviewed. This site visit must include a cost verification component and a review of the A-133 compliance items contained in the above-referenced questionnaire. Although the questionnaire may be completed by the area agency staff conducting the visit, the recommended approach is to have the contractor fill out the questionnaire and provide it to area agency staff prior to or during the site visit, complete with a signed representation letter. The latter approach will help insure that the contractor completes the internal control action of a periodic staff and management review of the fiscal procedures in regard to these compliance items.

#### D. Findings

Findings from on-site monitoring visits must be shared with service providers or program managers in two ways:

- First, at the conclusion of the on-site visit, the reviewer must speak with the director of the program and/or other relevant personnel and share major findings from the visit. These would include enumeration of the strengths and weaknesses of the project, any areas of non-compliance with contract provisions or federal and state regulations, and any areas requiring follow-up or corrective actions.
- Secondly, a report summarizing the findings must be prepared for each monitoring visit. The report may include a completed copy of the monitoring tool and summary of recommendations or it may be primarily a narrative piece highlighting the provider's performance and identifying activities inconsistent or non-compliant with the terms and conditions of the contract or program requirements. Favorable findings and innovative accomplishments should also be included.

If no compliance issues are identified in the course of the monitoring visit, the report should state that no response from the provider is required. If compliance issues are identified, the AAA should follow the requirements identified in 99-PI-20.

To assist area agencies, a sample corrective action plan form is attached to this TAM (see Attachment C). AAAs may feel free to use this and share it with subcontractors or program directors when corrective action plans are requested.

## E. Follow-Up Activities

AAAs must have procedures to assure that any planned corrective actions for subcontracted or directly provided programs occur in a timely fashion. Follow-up procedures should include close monitoring and documentation of the provider's progress in implementing corrective actions. This may be done through follow-up phone calls or through additional on-site work. If circumstances do not permit the provider to complete corrective actions by the date originally agreed upon, the AAA must ask the service provider to submit a report to the AAA indicating progress in meeting recommendations and revised timeframes for completion.

The procedures should also insure that whenever the next cycle of routine on-site monitoring occurs, a review of the areas of non-compliance noted in the prior cycle and the corrective actions to address these areas are examined. For example, if 1998 on-site monitoring identified problems with giving due recognition to the AAA, NYSOFA and the Administration on Aging, this must be reviewed again when monitoring occurs in 1999. As noted in 99-PI-20, if the deficiency or areas of non-compliance that were identified affect client or worker health and safety or are of another very serious nature, a follow-up site visit must be scheduled sooner than the next regularly scheduled routine monitoring.

Where appropriate, follow-up activities may also include the AAA's provision of technical assistance or training to help the service provider carry out the corrective actions that were identified. (Please note, if training activities are identified as a specific need, and the need cannot be met locally, the AAA should bring these areas to the attention of the New York State Association of Area Agencies on Aging and NYSOFA.)

## F. Documentation

Although 90-PI-47 briefly discussed guidelines for documenting monitoring activities, the audit conducted by Office of the State Comptroller in 1997 determined that this is an area which requires further clarification. In particular, OSC personnel found that the AAAs which were part of the audit were not able to fully document follow-up reports on visits, the receipt of corrective action plans from programs, and follow-up reviews. 99-PI-20 lays out the required documentation for monitoring and follow-up activities. As noted in the 1999 program instruction, good documentation involves noting "yes" or "no" answers to questions that are posed in the monitoring instrument and adding comments and fully identifying the title and date of any documents that were reviewed to verify answers. For example, if the reviewer examined transportation logs to test whether reported units of service could be supported, (s)he would note

“reviewed weekly route sheets for July, 1999 that were maintained by Dover Senior Center.” This assures that an auditor, AAA staff person or program manager would be able to go back to the same documents used by the reviewer, based upon her/his description, and find what (s)he found. If documents that have been reviewed are carefully noted, it usually is unnecessary to attach copies of these records to the monitoring instrument and subsequent monitoring report.

#### G. Monitoring of Directly Provided Services

Monitoring of directly provided service programs often presents a challenge for AAAs. Among the difficult questions to answer is who should do the monitoring and in what ways should this monitoring differ from that which is done for subcontracted programs.

Who Does the Monitoring – In addressing the “who” question, consideration should be given to identifying a person or persons who possess appropriate experience and who work outside the unit, bureau or division from which the direct service is provided. Individuals who are familiar with the programmatic and fiscal requirements of the service are obviously a good choice. Members of the AAA’s advisory council have sometimes been involved in this kind of monitoring. However, the reality of small AAAs with small numbers of staff is that few individuals, other than the director, may be available to carry out monitoring.

Secondly, it is important that the responsibilities of and expectations for the individual(s) in reviewing the program be clearly communicated to all parties--the reviewer, the program manager and other AAA staff members. Of the thornier issues that may be helpful to include in the discussion with staff is that of objectivity. Since it may be difficult to achieve an unbiased review when the reviewer and the program manager are known to each other or when there is uncertainty about how the information from a review might be used by others, prior consideration of these concerns will be beneficial. For example, objectivity may be enhanced by having a neutral, third party sit in on the review. This third party might be a member of the AAA’s advisory council or someone with experience in providing or evaluating aging services. Further, concerns about how the results of the review will be handled can be dealt with in advance to insure that information is made known only to appropriate persons.

**The Scope of the Monitoring**—In addressing the question of how monitoring of directly provided services differs from monitoring of subcontracted programs, it is useful to remember that the required level of compliance with program requirements is the same whether the service is provided by the AAA or under subcontract. Thus, the review should be neither more nor less critical than that for subcontracted services. The scope of the review (as discussed in Section C above) would be the same, with two possible exceptions:

- Although it is required that the program manager and staff maintain documentation that supports reported units of service on-site, they may not maintain the documentation that supports expenditures reported to NYSOFA. This documentation may be maintained by the AAA's fiscal office and, thus, reviewers may need to modify the examination of the tie-in between accounting records and expenditures reported on vouchers accordingly.
- The provider's timeliness in submitting vouchers to the AAA would be similarly affected. If the direct service unit is required to submit timesheets or other information used in preparing vouchers, the timeliness of these submissions may be appropriate for the reviewer to evaluate. However, if all other information is handled by the AAA's fiscal unit, this area of examination may be omitted from the review.

As with reviews of subcontracted programs, a written report should be completed for each monitoring of a directly provided service, there must be follow-up on areas of non-compliance and the reviews must be fully documented.

### **Sample Documents**

To assist AAAs in developing and/or enhancing their monitoring systems, sample monitoring documents are attached. Use of these documents is **not** mandated, and AAA staff should feel free to continue to use locally developed forms provided these currently address, or can be enhanced to address, the required areas of review set forth in PI-99-20, Requirements, C. Scope of Review. If an AAA chooses to use the sample documents, it should note that certain questions in the sample document may not be appropriate for all subcontractors. For example, questions about targeting compliance would be inappropriate for an EISEP home care agency that provides services to clients whose eligibility for services is determined by the AAA case manager. In this instance, the AAA would assume the responsibility for assuring that targeted individuals have access to the EISEP in-home services.

## Best Practices

Attachment D describes in-house monitoring activities utilized by the Herkimer County Office for the Aging that other AAAs may wish to consider.

**PROGRAMS AFFECTED:**       Title III-B       Title III-C-1       Title III-C-2  
 Title III-D       Title III-F       CSE       SNAP       Energy  
 EISEP       Cash-in-Lieu       Title V       HIICAP       LTCOP  
 Other:

**CONTACT PERSON:** Aging Services Representative  
**TELEPHONE:** (518) 474-4576 or 474-4577

# *PROGRAMMATIC MONITORING Report*

Program/Service Provider  
Name and Address:

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Amount of  
Contract: \_\_\_\_\_

Services: \_\_\_\_\_

Contract  
Period: \_\_\_\_\_

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Date of Site Visit: \_\_\_/\_\_\_/\_\_\_

Area Agency on Aging Monitor: \_\_\_\_\_

Program Director: \_\_\_\_\_

Others participating in monitoring:

\_\_\_\_\_  
Name/title/agency

\_\_\_\_\_  
Name/title/agency

\_\_\_\_\_  
Name/title/agency

\_\_\_\_\_  
Name/title/agency

## I. PAST PERFORMANCE/PREVIOUS RECOMMENDATIONS

### 1. Review Findings

Review findings from prior or current year monitoring and corrective actions taken to address areas of non-compliance. Were all findings from the AAA's previous monitoring efforts satisfactorily addressed?

Yes     No

If no, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## II. SERVICE ACTIVITY REVIEW

### 1. Units of Service

Service	Projected Units	YTD Units	Percent of Projection	Percent of Year Elapsed

1a. Describe reason(s) for any variances: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 2. Projected Clients

Service	Projected Clients	YTD Clients	Percent of Projection	Percent of Year Elapsed

2a. Describe reason (s) for any variances: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. Expenditures**

Service	Projected Expenditures	YTD Expenditures	Percent of Projection	Percent of Year Elapsed

3a. Describe reason(s) for any variances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3b. Are unexpended funds sufficient to carry out services for the remainder of the program period?  
 Yes    No

**4. Actual Cost Per Client**

Actual cost per client (for applicable activities such as in-home, case management and meal services)

Service	YTD Clients	YTD Expenditures	Cost Per Client

4a. Do costs per client appear reasonable?  
 Yes    No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Verification of Reported Units and Clients**

(The person monitoring the service program will randomly select a report submitted by the program to the AAA and will verify the documentation supporting the reported units of service and reported clients.)

*5a. Units of Service*

Service	Number of Units Reported to AAA	Documented Units

*Note any discrepancies and apparent reasons:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*5b. Clients Served*

Service	Number of Clients Reported to AAA	Documented Clients

*Note any discrepancies and apparent reasons:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*5c. Which quarterly/monthly report was reviewed in verifying the accuracy of reported units/clients (number of the reporting form, reporting period and/or date of the report)?*

Report No.	Date:	Other Identifying Information

**6. Timeliness of Reporting**

Due Date for Reports in this Contract/Project Period	Actual Dates When Reports Were Received by AAA

6a. Were reports received in a timely fashion?

Yes  No

*If no, please describe reasons for lateness and any actions being taken by the program/service provider to improve the timeliness of reporting:*

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**III. TARGETING COMPLIANCE**

**1. Minority Elderly Served**

Service	Percentage of Minority Elderly In Elderly Population In Catchment Area	Total Clients Served YTD	Total Minority Clients Served YTD	Percentage of Minority Elderly Among Total Clients Served YTD

1a. *Is the program/service provider meeting its goals of providing services to minority elders at least in proportion to their representation in the total elderly population within the service provider's catchment area?*

Yes  No

*If no, please describe reasons for any variances as well as any actions being taken by the program/service provider to increase participation by minority elderly:*

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**2. Elderly with the Greatest Economic Need**

Service	Percentage of Low Income Elderly In Elderly Population In Catchment Area	Total Clients Served YTD	Total Low Income Clients Served YTD	Percentage of Low Income Elderly Among Total Clients Served YTD

2a. *Is the program/service provider meeting its goals of providing services to the elderly with the greatest economic need at least in proportion to their representation in the total elderly population within the service provider's catchment area?*

Yes  No

*If no, please describe apparent reasons for the discrepancies as well as any actions being taken by the program/service provider to improve participation by low income individuals.*

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**3. Elderly with Greatest Social Need**

Elderly with the greatest social need (those who are geographically isolated, rural, living alone or limited English speaking)

Service	Percentage of Elderly Living Alone In Elderly Population In Catchment Area	Total Clients Served YTD	Total Clients Living Alone Served YTD	Percentage of Elderly Living Alone Among Total Clients Served YTD

3a. *Is the program/service provider meeting its goals of providing services to the elderly with the greatest social need at at least in proportion to their representation in the total elderly population within the service provider's catchment area?*

Yes  No

*If no, please describe reasons for any variances as well as any actions being taken by the program/service provider to increase participation by the elderly with the greatest social need:*

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**4. Frail/Disabled Elderly**

Service	Percentage of Frail/Disabled Elderly In Elderly Population In Catchment Area	Total Clients Served YTD	Total Frail/Disabled Clients Served YTD	Percentage of Frail/Disabled Elderly Among Total Clients Served YTD

4a. *Is the program/service provider meeting its goals of providing services to frail/disabled elders at least in proportion to their representation in the total elderly population within the service provider's catchment area?*

Yes  No

*If no, please describe reasons for any variances as well as any actions taken by the program/service provider to increase participation by elderly individuals who are frail/disabled:*

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**5. Low-Income Minority Elderly**

5a. *In its contract with the AAA, how did the program/service provider indicate that it would satisfy the needs of low income minority individuals in the area served?*

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5b. Describe what the program/service provider has actually done to meet these goals:

- used Census or other data to identify target neighborhoods
- translated program brochures and pamphlets into appropriate languages (where appropriate)
- conducted door-to-door outreach to low income minority individuals
- located service delivery centers/offices in target communities
- located information racks at churches and community centers
- speaking engagements to organizations that include minorities
- publicized the services through press releases, radio, television, and local publications
- used minority staff and interns in local programs or in conducting outreach

Additional activities or strategies used by the program/service provider to target services to low-income minority individuals:

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Documentation reviewed (may include bilingual program materials, outreach plans, letters to community and religious organizations, publicity & other evidence of targeting activities):

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## IV. COORDINATION

1. Has the program/service provider worked effectively with other providers and organizations to facilitate coordination and minimize possible duplication of effort?

Yes  No

1a. *Activities undertaken by the program/service provider to facilitate coordination include:*

- participating in inter-agency meetings to plan and coordinate services
- coordination of funding proposals with other human services organizations
- coordination of referrals and follow-ups with other local service providers
- MoUs or agreements with other organizations *(for example agreements on coordination of transportation routes, recreational activities or meal production)*
- development/implementation of a central assessment unit for services carried out by multiple agencies
- working with other providers to update service directories or listings of available services
- other activities: \_\_\_\_\_

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Documentation reviewed (agendas or notes from inter-agency meetings, protocols for referrals, copies of MoUs or agreements with other organizations, documentation of efforts to develop a central assessment unit or update services listings):

## V. STAFFING

1. Does the project have adequate staff to perform the activities required under its contract/agreement with the AAA?

Yes  No

*If no, please explain the impact on the program and any steps being taken to improve staffing levels.*

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2. For programs in which RDs or case managers are employed, do staff have required qualifications?

Yes  No

Documentation reviewed (staff resumes, documentation of certification or education): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. For programs which require staff to have health assessments, have physical examinations been conducted?

Yes  No

Documentation reviewed (staff files) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does the program have a training plan for service staff designed to assist staff in carrying out assigned tasks?

Yes  No

Documentation reviewed (training plans, training agendas) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Does a random check of the service provider's files verify the type of training actually provided for staff, the date, the presenter and his/her qualifications, and the material covered?

Yes  No

If yes, please note the documentation that was reviewed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Compliance with Affirmative Action and Equal Opportunity guidelines.

6a. *Do staffing patterns reflect the minority representation in the total population?*

Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6b. *Can the program/service provider document outreach efforts to recruit targeted individuals to fill vacant positions?*

Yes       No

Documentation reviewed (notices sent to minority organizations, copies of announcements sent to schools or colleges with significant target group participation, copies of letters, notices in newspapers serving minority communities, info about relevant speaking engagements):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6c. *Is an EEO sign posted in a prominent location?*

Yes       No

Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6d. *Are reasonable accommodations made for staff and volunteers with disabilities?*

Yes       No

Please describe accommodations observed or documented:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VI. ADMINISTRATION/MANAGEMENT

1. Are staff activities consistent with prohibitions against participation in partisan activities?

Yes       No

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Documentation reviewed (statements on program materials that activities are open to general public, on-site observation of the activities): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Are the facilities where client activities and services take place free from political posters and other evidence of advancing one political candidate over another?

Yes       No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are the services/activities carried out under this contract or program secular in nature (that is, provided without evidence of any religious services, counseling or religious instruction)?

Yes       No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Documentation reviewed (signs, posters or program materials announcing that services are available to all eligible individuals regardless of religious affiliation, on-site observation): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Has the program/service provider given due recognition to the Administration on Aging, SOFA and the AAA, as appropriate, in program/service brochures, flyers and other printed materials?

Yes       No

Documentation reviewed ("due credit" statements in program materials, copies of news articles citing Federal/State funding through AoA/SOFA/AAA): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Has the program/service provider made provisions for retaining all records pertinent to the program, both program and fiscal, for a period of six years?

Yes       No

Documentation reviewed (written policies and procedures covering maintenance of records): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Has the program/service provider made provisions for treating client information confidentially?  
 Yes       No

Documentation reviewed (written policies covering confidentiality, training agendas noting discussions of confidentiality, on-site observations of staff returning client materials to locked files):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Does the program/service provider maintain sufficient documentation for equipment purchased with AAA funds?  
 Yes       No

Documentation (purchase orders, invoices, receiving reports, equipment inventory): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Is the equipment purchased with AAA funds identified as such either in property records or fund codes marked on the property?  
 Yes       No

Documentation (equipment inventories, on-site observation of equipment tags): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Is the equipment purchased with AAA funds being used solely to benefit older persons (unless costs are appropriately pro-rated)?  
 Yes       No

## VII. SAFEGUARDING FUNDS & PROTECTING ASSETS

1. Are staff who handle monies (with the exception of government employees and attorneys) bonded?  
 Yes       No

Documentation (letters concerning bonding of employees, agreements, etc.): \_\_\_\_\_

\_\_\_\_\_

2. Are two individuals involved in the counting of client contributions?

Yes       No

Documentation (written policies & procedures concerning the handling of contributions, on-site observation of contributions being counted): \_\_\_\_\_

\_\_\_\_\_

3. Are individuals who are authorized to sign checks:

not involved in processing invoices?       Yes       No

different from the person who maintains payroll records?

Yes       No

Documentation (written policies & procedures concerning the issuance/signing of checks): \_\_\_\_\_

\_\_\_\_\_

4. If the provider is a not-for-profit organization, has it registered as a Charitable Organization with the Department of State?

Yes       No

If no, is it because the organization claims exemption from the registration (it receives less than \$25,000 in grants & contributions annually or is organized under the Religious Corporation Law, etc)?

Yes       No

Documentation (letters or other materials to/from Department of State concerning Charities registration): \_\_\_\_\_

\_\_\_\_\_

## VIII. SERVICES

1. Is a system in place to allow clients to voluntarily and confidentially contribute to the cost of services?

Yes       No

Documentation (contributions procedures, statements in letters and program brochures concerning policies, on-site observation of contribution collection practices): \_\_\_\_\_

\_\_\_\_\_

2. Does the program/service provider have a procedure which allows clients or applicants for services to present grievances on the denial of services or to make complaints about the provision methods/quality of services?

Yes       No

Documentation reviewed (grievance procedures, notices posted in service locations concerning grievances or notices included in program brochures): \_\_\_\_\_

\_\_\_\_\_

3. Are program participants provided with opportunities to comment on the quality of services?

Yes       No

Documentation (client satisfaction surveys, notices about meetings or hearings focused on the quality of services or, if possible, interviews by the monitor with a number of clients concerning their satisfaction with services being provided): \_\_\_\_\_

\_\_\_\_\_

4. Does the program/service provider have in place a procedure to ensure that only eligible clients are served in the program?

Yes       No

Documentation (screening instruments, written procedures for establishing eligibility): \_\_\_\_\_

\_\_\_\_\_

5. Does the program/service provider have in place a system for referring clients to other services when a need for such services is identified?

Yes       No

If yes, briefly describe system: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Does the program have a waiting list for services?

Yes       No

If yes, please indicate the number of clients currently awaiting services and any efforts to refer clients to other service providers.

<b>Service</b> _____	<b># of people on waiting list</b> _____
<b>Service</b> _____	<b># of people on waiting list</b> _____
<b>Referring clients to other programs/providers:</b> _____ _____ _____	

Add program specific monitoring questions (for example, questions pertaining to the nutrition program, transportation, EISEP, recreation, etc.).

*Discussion/Notes on Legal Basis for the Compliance  
Issues in the Programmatic Monitoring Report*

Section I, Past Performance, Question 1

Explanation: Compliance issues cited during previous monitoring activities that have not been fully addressed are to be noted here.

Section II, Service Activity Review, Questions 1, 2, 3, 5 & 6.

Explanation: Questions 1, 2, and 3 focus on basic terms of the area agency on aging's (AAA) contract with the service provider. The contract must include expectations for units of service to be provided, numbers of clients to be served, and expenditures. Failure to comply with the provisions of the contract is a compliance matter. In the case of a directly provided service, the expectations are detailed in the AAA's Plan or Annual Implementation Plan (area plan) as submitted to and approved by the New York State Office for Aging (NYSOFA).

Concerning Questions 5 and 6. The failure on the part of a service provider to accurately report information to the AAA would also be a compliance matter. Section 6653.3(b) of NYSOFA's regulations states that the AAA must require all service providers under the area plan "to comply with the plan [and with NYSOFA's regulations]" that apply to it. Section 6653.3(t) of these regulations requires all service providers under the area plan to "comply with reporting requirements specified by the [state] office." This section also speaks to the issue of timeliness in Question 6.

Section III, Targeting Compliance, Questions 1-5

Explanation: Targeting requirements are set out throughout the Older Americans Act (OAA), and in the federal and state regulations that implement it.

For example, Section 306(a)(1) of the OAA requires that area plans provide a "comprehensive and coordinated system, for supportive services, nutrition services . . . (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income minority individuals) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income minority individuals) residing in

such area, and the number of older individuals who are Indians residing in such area . . . ."

Section 6653.3(m) of the NYSOFA regulations requires all area agencies (and consequently, the service providers under an area plan) to "conduct outreach efforts to identify elderly people and inform them of the availability of services under the area plan, with particular attention to low-income minority individuals and with special emphasis on the rural elderly and those with greatest economic or social needs." AAAs should also refer to 92-PI-30 on targeting.

In regard to Question 5a, Section 306 (a)(5)(A)(ii) of the OAA, requires that in each agreement between an AAA and service provider for Title III services, the provider must specify how the provider intends to satisfy the service needs of low-income minority individuals in the area served by the provider.

Compliance with Question 5b is based on NYSOFA regulations at section 6653.3(m) as noted above. This regulation does not specifically list required outreach activities, but SOFA has determined that those noted in Question 5b are typical and appropriate outreach activities that demonstrate compliance with this outreach requirement.

If none or an inadequate number of the listed activities are performed, the service provider must show it carried out other outreach activities that will fulfill this regulatory requirement. (Also, note the targeting activities set out at section 6654.3 of NYSOFA's regulations.)

#### Section IV. Coordination, Question 1

The need for coordination of federally funded services is set out in section 306(a)(1) of the OAA. NYSOFA regulations at section 6653.3(i) implement this by requiring AAAs and their service providers to "coordinate planning with other agencies and organizations to promote new or expanded benefits and opportunities for elderly people. "

Also, as a part of its area plan, each AAA specifically agrees that it will comply with the Standard Assurances in the plan. At Standard Assurance No. 10, Contracts, (of the 1999-2000 plan) the AAA assures that each AAA contract with a service provider for plan services will require that "[P]roviders of services assure that the services are coordinated and do not unnecessarily duplicate services provided by other sources."

As with the targeting section noted above, NYSOFA does not require the service provider to accomplish each item listed in Section IV, Question 1. Rather, the list denotes those

activities that, in varied forms and combinations, will result in the service provider effectively achieving coordinated service activities. If the service provider does not perform any (or what appears to be an inadequate number) of the listed services activities, the service provider must clearly show that it carried out other activities in order to effectively coordinate services.

Section V., Staffing, Questions 2, 3, 4, 5, 6a, 6b, 6c, 6d.

The legal support for Question 2 is found in NYSOFA regulations, section 6654.10 (g) concerning registered dietitians and in 90-PI-26, "Revised Nutrition Program Standards". The qualifications for case managers and case management supervisors in the EISEP/CSE program are set out in section 6654.16 (y) of the NYSOFA regulations.

As to Question 3, federal regulations require that employees in the Title V program be given the opportunity to have an annual physical examination. (See 20 CFR 641.311(b)(3).) In addition, there may be local, job-specific requirements for health assessments for persons who will be working in nursing homes or other health-care settings.

Questions 4 and 5 relate to training of staff. Section 6654.2 of the NYSOFA regulations requires that "[S]ervice providers must comply with any outreach, training and coordination requirements established by the area agency. All workers delivering services must be appropriately qualified, selected, trained and supervised as specified in this Part." (Note section 6654.13 that gives AAAs guidance regarding information, referral and outreach programs, particularly to non-English speaking seniors.)

Questions 6a and 6b stem from the requirement that AAAs have an affirmative action plan with policies and procedures to ensure nondiscrimination in employment, including established goals and timetables to reflect diversity among staff including minorities, persons with disabilities and older workers. 92-PI-30 requires that the AAA shall "[E]nsure equal opportunity employment practices within the area agency and by subcontractors, to promote and increase target populations on staff and among volunteers." In addition, the AAA shall "[P]romote recruitment activities . . . with minority and bilingual persons."

Question 6c is required by the Federal Civil Rights Law of 1964, Title VII.

Concerning Question 6d, the source for these requirements is the American with Disabilities Act of 1990. (42 U.S.C. 12101 et seq.)

Section VI. Administration/Management, Questions 1 - 7 and 9

Questions 1-3 deal with prohibited activities. There are references to specific, prohibited activities in the Standard Assurances. AAAs may also refer to NYSOFA regulations at section 6652.4(g), that require "equal access for participation, services, activities and informational sessions without regard to partisan affiliation; refrain from using funds to advance any partisan candidate or effort . . . nor engage in partisan activities." Section 6652.4(g) specifically prohibits sectarian activities as well.

Question 4 on due recognition to NYSOFA stems from the requirements cited in NYSOFA regulations at section 6652.2(g) that state that all area agencies must "ensure that any program, public information materials or other printed or published materials concerning OAA, CSE, or EISEP gives due recognition to the [NYSOFA] office."

Question 5, record retention by AAAs and service providers, is addressed in the Standard Assurances, item #7.

Question 6, on confidentiality, is based on section 6653.3(q) of the NYSOFA regulations and requires that "no information about an elderly person, or obtained from an elderly person, is disclosed by the provider or AAA in a form that identifies such person without the informed consent of the person or his or her representatives, unless the disclosure is required by court order, 45 CFR 74.24, other program monitoring by authorized Federal, State or local monitoring agencies, or by actual and immediate danger to the health and welfare of the individual;..."

Questions 7 and 8 are based on citations from OMB Circulars A-100, Section .34(f) for not-for-profit organizations and A-122, Section .32(d).

Question 9 is also based on these same circulars (Section .34(c) for not-for-profit organizations and Section .32(c) for municipal governments.)

Section VII, Safeguarding Funds & Protecting Assets, Questions 1, 2 & 4

For not-for-profit organizations: Question 1 is a requirement of OMB Circular A-110, Section .21(d).

Question 2 is based on 84-PI-6. (Also, see clarification of contributions, cost sharing and fees in 90-PI-23.)

Question 4, Registration of charitable organizations, is established in NYS Executive Law Article 7-A (section 172 et seq.) and regulated by the Office of the Attorney General at 13 NYCRR Part 113.

#### Section VIII, Services, Questions 1-4

Question 1, dealing with providing seniors with an opportunity to contribute for services, is based on both Federal (45 CFR 1321.67) and state requirements (NYSOFA regulations, section 6654.5 and 84-PI-6, "Contributions." Also see the clarification of contributions and cost share in 90-PI-23. (CSE services are subject to Executive Law section 541(2)(a)(2) requiring contribution schedules and on NYSOFA regulations at section 541(4)(b)(3) that requires NYSOFA to regulate participant contributions to CSE services.)

Question 2, as to grievance procedures, is based on OAA section 306(a)(6)(G) that requires "grievance procedures be established for older individuals who are dissatisfied with or denied services under this title [Title III]." Also, NYSOFA 95-TAM-03 contains guidance on compliance with these OAA requirements. Section 6652.4 also requires AAAs to have and follow written "procedures for resolution of complaints from elderly people or service providers dissatisfied with area agency actions or decisions."

Question 3, about obtaining the views of participants in plan services, is governed by NYSOFA regulations at section 6654.8. This states that "[E]ach service provider must develop and implement procedures to obtain the views of program participants about the services they receive."

Question 4 deals with having procedures in place to ensure that AAAs and their service providers serve only clients eligible for the particular service. Eligibility criteria are set out in the OAA, in CSE and EISEP legislation at Executive Law section 541 and in NYSOFA's implementing regulations at section 6654.15 for EISEP. Also, priority for OAA, CSE and EISEP services must be provided to specific groups of seniors by NYSOFA regulations at section 6654.3(c) and services cannot be provided to persons eligible for comparable services otherwise funded, i.e. Medicaid. (See section 6654.3(d).)

The eligibility requirements for the State SNAP program have been administratively established to be the same as the requirements established for OAA Title III-C and CSE-funded nutrition services. (These latter are set out at Section 6654.10 of NYSOFA's regulations.) In addition, Sections 6652.4(a) and 6653.4(a)(1) of NYSOFA's regulations require

each AAA to have and follow written procedures for "determining which elderly persons will receive each service under the plan" These procedures as well as all contract and plan requirements are also binding upon subcontractors providing such services. (See NYSOFA regulations at 6651.2(h).)

## Attachment B

### CHECKLIST: PART I

#### STATE OF NEW YORK CRITERIA FOR REVIEWING MONITORING QUESTIONNAIRES FOR SUBRECIPIENTS WHO RECEIVE LESS THAN \$300,000 IN FEDERAL ASSISTANCE IN A GIVEN FISCAL YEAR

The following questionnaire for subrecipient monitoring in Part II was designed to assist recipients in obtaining documentation on how their subrecipients achieve compliance with the Compliance Supplement requirements published by the United States Office of Management and Budget. The questionnaire may be completed by the subrecipient or the State monitoring agency. It addresses the 14 general compliance requirements summarized below. Program specific requirements should be added by the State monitoring agency from the compliance supplement. In reviewing compliance questionnaires completed by subrecipients, the recipient should determine whether the subrecipient has satisfactorily detailed adequate procedures and internal controls to provide reasonable assurance for its compliance with applicable requirements. Obvious deficiencies should be discussed with the subrecipient and a corrective action plan proposed.

The following criteria should be used in the recipient's review of completed questionnaires in terms of the adequacy of responses to each of the applicable compliance requirements.

1. **Activities Allowed or Unallowed (determine that Federal awards are expended only for allowable activities)**
  - Federal funds are expended for allowable activities.
2. **Allowable Costs/Cost Principles**
  - a) Costs are reasonable and necessary.
  - b) Direct Costs must be allocable to a Federal award under the provisions of the appropriate OMB Circular on cost principles (A-87 for State, Municipal and Tribal Government sponsored grantees or A-122 for not-for-profit sponsored grantees).
  - c) Indirect costs applied to the grant are in accordance with indirect cost rates as described in OMB Circular A-87 or A-122.
  - d) Costs must be documented in accordance with administrative requirements and cost principles outlined in OMB Circulars (A-102 and A-87 for State, Municipal and Tribal Government sponsored grantees or A-110 and A-122 for not-for-profit sponsored grantees). The cost must be allocated to a given program proportionately with the relative benefit received.

### 3. Cash Management

(Depending upon whether the grantee receives funds via check or electronic wire transfer, different standards may apply, i.e., if a grantee can access funding electronically there should not be a significant period of time between when funds are drawn and disbursed.)

- a) If the grantee received any advance payments of Federal funds, ensure that the grantee did not have any more cash on hand than was necessary to meet its immediate cash needs.
- b) If the grantee's contractors received any advance payments of Federal funds, ensure that the contractor did not have any more cash on hand than was necessary to meet its immediate cash needs.
- c) If the grantee or contractor did have excess Federal cash at any point in time, ensure that it was kept in an interest bearing account. NFP grantees are required to remit all interest in excess of \$250 directly to the Federal Government.

### 4. Davis Bacon Act

- If a grant involves capital construction, ensure that all laborers and mechanics employed by contractors and subcontractors are paid wages that are not less than the USDOL prevailing wage rates.

### 5. Eligibility

- a) Ensure that the individuals or groups being served by either the grantee or its contractors meet the eligibility requirements under the grants, e.g. 60+ years old for most aging services, etc.
- b) Amounts provided to or on behalf of eligibles were calculated in accordance with program requirements.

### 6. Equipment and Real Property Management

- a) Ensure that property purchased with grant funding will be utilized to meet program objectives such that the program benefits are commensurate with the costs allocated.
- b) Equipment records are maintained so that there are adequate safeguards for the equipment.
- c) Equipment disposition is done in accordance with Federal requirements.

### 7. Matching, Level of Effort, Earmarking

- a) Minimum amount of matching funds are contributed by the grantee.
- b) If required, the grantee must have met any maintenance of effort level(s) for expenditures.
- c) When required, the grantee must spend above a minimum or below a maximum

level for specified purposes.

**8. Period of Availability of Federal Funds**

- The Federal funds must be obligated during their period of availability and liquidated within required time periods.

**9. Procurement and Suspension and Debarment**

- a) Local procurement policies and procedures must be followed for Local Governments and Indian Tribal Governments, not-for-profit grantees must comply with OMB Circular A-110.
- b) Suspension and Debarment - Grantees must obtain a certification from all subrecipients that the organization and none of their principals are suspended or debarred.

**10. Program Income**

- Program Income is properly collected, recorded and used in accordance with program requirements.

**11. Real Property Acquisition and Relocation Assistance**

- Entity must comply with real property acquisition, appraisal, negotiation and relocation requirements.

**12. Reporting**

- All reports required by grantor entity must include activity of the reporting period, be supported by applicable accounting records and be fairly presented in accordance with program requirements.

**13. Subrecipient Monitoring**

- a) Grantee must identify Federal award information and compliance requirements to its subrecipients.
- b) Grantee must monitor subrecipient activities to provide reasonable assurance that subrecipient administers Federal awards in compliance with Federal requirements.
- c) Required audits are performed and monitored to ensure corrective actions on audit findings.

**14. Special Tests and Provisions**

- Any special provision(s) found in the laws, rules, or regulations for a grant program, that are not covered above, must be tested for compliance.

**SAMPLE REPRESENTATION LETTER**

Monitoring Agency  
Address

Dear Sirs:

We are writing at your request to confirm our understanding of the requirements of the Single Audit Act Amendments of 1996 and the implementing regulations of OMB A-133. In connection with these requirements we confirm, to the best of our knowledge and belief, the following representations (check the applicable option):

- We have received less than \$300,000 in Federal assistance during our fiscal year ended \_\_\_\_\_. We have answered the Monitoring questionnaire accurately and honestly and that we are not aware of any nonconformance with Federal grant requirements under which we received funding, beyond that which was noted in our questionnaire response.
  
- Since we received greater than \$300,000 in Federal assistance during our fiscal year ended \_\_\_\_\_, we will file a Single Audit report as required by OMB Circular A-133.

Sincerely,



1. Explain how your organization ensures that grant funds are only expended on allowable program activities.

2. Explain how direct and indirect costs are evaluated and documented before being charged to grant program(s). Be sure to cite adherence to applicable Federal cost principles and method(s) of allocation between programs when applicable.

3. a) Explain how your organization ensures that the balance of Federal cash on hand is not more than is needed to meet your organization's immediate cash needs.

b) If your organization advances Federal funds to your contractors, how do you ensure that it is no more than the amount necessary for your contractor's immediate cash needs?

c) Explain how Federal funds are maintained (i.e., interest/non-interest bearing account) and what your organization does with interest earned on Federal funds.

4. If a grant involves capital construction, are all laborers and mechanics employed by your organization and your vendors and contractors working on such grants, paid wages that are not less than the USDoL prevailing wage rates?

Yes     No     Not applicable

5. Explain: a) how your organization ensures that the individuals or groups being served by you or your contractors meet the eligibility requirements under the grants; and b) that amounts provided to or on behalf of eligibles were calculated in accordance with program requirements.

6. Explain how your organization ensures that equipment and property purchased with grant funding will be utilized to meet program objectives, equipment records are maintained so that there are adequate safeguards and equipment disposition is done in accordance with Federal requirements. In answering this question, please indicate the date when your last physical inventory was conducted.

7. How does your organization ensure that: a) at least the minimum amount of matching funds are contributed by your organization and your subrecipients; b) both you and your subrecipients meet any applicable maintenance of effort level(s) for expenditures; and c) your expenditures as well as your subrecipient's are above a minimum or below a maximum level for specified purposes when required.

8. Explain how your organization ensures that Federal funds are obligated during their period of availability and liquidated within required time periods.

9. a) Does your organization follow the applicable federal procurement policies (OMB Circular A-110 for Not-for-Profit entities)?

Yes  No (if "No", explain)

b) Has your organization or its principals been suspended or debarred, as noted in the compliance supplement?

Yes  No (if "Yes", explain)

c) Does your organization obtain a certification from all subrecipients that the organization and none of the principals are suspended or debarred?

Yes  No (if "No", explain)

d) Is your organization required to submit certifications regarding lobbying and/or a drug-free or tobacco-free workplace?

Yes  No

10. How does your organization ensure that program income is properly collected, recorded, safeguarded and used in accordance with program requirements?

11. If your organization acquires real property, how do you ensure compliance with real property acquisition, appraisal, negotiation and relocation requirements that apply to your grant(s)? (Note: When applicable, please also see specific program requirements in the OMB Compliance Supplement.)

12. How does your organization ensure that: a) all required reports include all activity that took place during the reporting period only; b) that activities were conducted in accordance with program requirements, fairly presented; and c) supported by appropriate records?

13. Explain how your organization: a) communicates Federal award information and compliance requirements to its subrecipients; b) monitors subrecipient activities to provide reasonable assurance that the subrecipient administers Federal awards in compliance with Federal requirements; and c) ensures that audits/monitoring activities are performed and corrective actions take place.

14. Special Tests and Provisions - explain how your organization achieves compliance with any additional requirements that have been identified to you by the Federal grantor entity or State or local government pass-through entity(ies). (Note: When applicable, please also see specific program requirements in the OMB Compliance Supplement.)

# CORRECTIVE ACTION PLAN

Name of Subcontractor/Direct Service Program: \_\_\_\_\_  
In Response to Monitoring Conducted on \_\_\_\_\_ by the County Office for the Aging

Compliance Issue:	Corrective Action Planned by the Program	Lead/ Contact Staff Person for the Planned Corrective Action	Staff Start Date:	Projected Completion Date:

**ATTACHMENT D**  
**Best Practice Information**

The Herkimer County Office for the Aging has a system for monitoring directly provided and subcontracted services that includes the development and review of a variety of reports. When combined with the annual on-site reviews, this type of in-house or desk monitoring creates a very effective mechanism for providing feedback to area agency oversight personnel on how well the program is meeting departmental expectations and federal and state requirements.

An outline of how the reports are constructed is offered below for your consideration. Please feel free to contact Director Mary Scanlon at the Herkimer COFA (315 867-1121) if you would like additional information or if you have any questions about the reports.



Each month the AAA staff person responsible for each service or program provides a written report summarizing service activity. The reports are also shared with the AAA's Advisory Council. These reports are for:

TRANSPORTATION--Information is for current month and cumulative for current year

- Total rides
- Number of new clients
- Total donations
- Average donation/ride

VOTER REGISTRATION--Current month and cumulative for current year

- Number of registrations forwarded to Board of Elections
- Number of individuals who declined
- Number of people already registered
- Number of individuals who requested & received a mail registration
- Number of forms left blank
- Number of total contacts

WRAP PROGRAM--Includes a narrative of program activity and information on the number of new clients for current year with breakdown information on disposition such as:

- Number of people referred to LDSS
- Number of people who changed their mind about receiving service
- Number of individuals who did not meet age requirement
- Number of people requesting work not covered under WRAP
- Number of pending cases

CASE WORKERS REPORT--Includes monthly information on the following:

- Job Pool - Number of requests for services
- Information & Assistance - Number of requests
- Case Assistance - Number of units provided
- Home Visits - Number of visits made for case assistance, MOWs, and companion/homemaker clients
- Companion/Homemaker
  - Number of new cases opened
  - Number of individuals on waiting list
  - Number of cases closed
  - Number of current cases
  - Total donations
  - Hours of service
  - Average donation/hour of service

#### EISEP

- Number of cases evaluated
- Number of cases opened or re-opened
- Number of individuals on waiting list
- Number of cases closed
- Number of Level I cases with number of hours of service provided
- Number of Level II cases with number of hours of services provided
- Information on monthly meeting with AAA subcontractor
- Information on funding available
- Information on monitoring when appropriate

#### LEGAL SERVICES

- Number of hours/units of service provided

PUBLIC HEALTH NURSING--Includes information on number of hours provided for home health aide services

NUTRITION REPORT--Includes information on congregate and HDMS with specific grid detail on:

- Total monthly meals
- Total monthly donations
- Average meals/day
- Average donations/meal

Additional information on home delivered meals includes:

- Number of new people on program
- Number of people who left program
- Number of active cases

- Breakdown of why people left the program

OTHER--Narrative information on other program activities