



**U.S. Department of Health and Human Services
Administration on Aging**



Compendium of Active Grants Fiscal Year 2003

**Under Title IV of the
Older Americans Act**

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Aging and Disability

90-AM-2334 Safe at Home

Rebuilding Together, Inc.
Program Department
1536 16th Street, NW
Washington, DC 20036

Ms. Lee Berkley Shaw (202) 483-9083
Jun 01, 2000 to Jul 31, 2004

FY 2000	\$322,756	FY 2001	
FY 2002	\$493,500	FY 2003	\$392,234

Rebuilding Together, Inc. will strengthen its foundation as a national resource for volunteer-based home modifications services for the elderly. The goal of this program is to provide technical assistance to the Rebuilding Together affiliate chapters to build and strengthen collaborating partnerships with State and Area Agencies nationwide. The objectives of this technical assistance effort are: 1) to improve and expand the training of volunteers in safe and appropriate home modifications for older home-owners; 2) to increase safety features such as the appropriate installation of grab-bars, wheelchair ramps, widening of doors, and other modifications which enhance continued independence in the home; 3) to increase outreach to senior home-owners; 4) to modify approximately 75 low-income elderly homes during this project period; 5) to raise national awareness about the importance for advanced planning about how to meet long-term care needs; 6) to encourage home modification and repair as a wise investment and preventive measure; and 7) to attract and sustain approximately 250,000 volunteers nationwide. The anticipated outcomes are: greater awareness about the value and the kind of home building and remodeling features that enhance continued independence; increased number of volunteers; improved TA to Rebuilding Together partners; increase the number of trained volunteers; increased the number of elderly helped with home repairs and modifications; and increase awareness of and improve home safety for frail and disabled seniors. The products of this project are: a final report about the number of partnerships established, training activities and materials, increased numbers of partners and volunteers who understand the basic concepts of home modification for Aging-in-Place.

90-AM-2753 Aging and Disability Resource Center

Louisiana Office of Elderly Affairs
Governor's Office of Elderly Affairs
412 North 4th Street
3rd Floor
Baton Rouge, LA 70802

Ms. Mary Tonore (225) 342-0171
Sep 30, 2003 to Sep 30, 2006

FY 2003 \$375,999

Louisiana will establish a pilot Aging and Adult Disability Resource Center at the Cajun Area Agency on Aging (CAAA) in 8 satellite sites in parishes (counties) in CAAA's planning and service area. This pilot will test the design of the Resource Center in urban and rural areas. The Center will have an interactive consumer-focused website; nationwide toll-free phone #; and a single comprehensive assessment, eligibility determination, & care planning process to empower individuals to make informed choices and to streamline access to long-term care support. Based on lessons learned from the pilot Resource Center, Louisiana will issue an RFP to establish Aging and Adult Disability Resource Centers across the state.

Target Population: -Year One - Persons 60 and older -Year Two & Three - Persons 60 and older and individuals with physical disabilities ages 21 and older

Anticipated Outcomes: -Awareness of Resource Center services and functions among consumers, families, major referral sources and service providers through a public awareness campaign. -Trust in the objectivity, reliability, cultural competence, and comprehensiveness of Resource Center information and assistance by separating care management functions from service provision and cross training & certifying Center staff. -A convenient, accessible one-stop source of information, assistance, and access to services by providing a central location with satellite offices; comprehensive in-home assessments; and "1-800" telephone and Internet access to Resource Center information and functions. -An opportunity for consumers to self-divert from institutional care and receive appropriate services in the least restrictive community setting of their choosing. -Reduced # of intake, screening, and eligibility determination processes consumers must experience to receive services.

Aging and Disability

90-AM-2754 WV Aging and Disability Resource Center

West Virginia Bureau of Senior Services
Program Unit
1900 Kanawha Boulevard, East
Building 10
Charleston, WV 25305

William Lytton (304) 558-3317
Sep 30, 2003 to Sep 30, 2006
FY 2003 \$375,518

Project's Overall Design:

West Virginia will establish two comprehensive pilot Resource Centers, one in an urban area and one in a rural area of the state, which will be implemented by local senior programs. The Centers will integrate access to all long-term care programs - both public and private pay - and develop uniform and standardized processes to determine level of need, eligibility and care plans. Programs integrated into the Resource Centers include the WV SHINE (a health and wellness program), family caregiver support, and Alzheimer's disease caregiver support services as well as the traditional long-term care services. The Bureau of Senior Services will partner with the West Virginia University Center on Aging to evaluate the effectiveness of the two pilots to inform expansion to a statewide network of Resource Centers.

Target Population:

- Year One - Persons 60 and older and adults over age 18 with physical disabilities
- Year Two & Three - Persons 60 and older and adults over age 18 with physical disabilities

Anticipated Outcomes:

- Public understanding of the existence and functions of Resource Centers
- Responsiveness to the unique needs of individuals
- Assure individual choice in coordination with eligibility for publicly funded programs, ability to pay privately, and availability of community resources.
- Inform state policy to promote a more balanced system of long-term care based on consumer choice.
- Promote quality aging and healthy lifestyles for seniors and adults with disabilities.
- Assure protection for vulnerable individuals identified through the Resource Center

90-AM-2755 Aging and Disability Resource Center for Maryland

Maryland Department of Aging
301 West Preston Street
Suite 1007
Baltimore, MD 21201

Ilene Rosenthal (410) 767-1265
Sep 30, 2003 to Sep 30, 2006
FY 2003 \$376,000

Project's Overall Design: The MD Dept. of Aging (MDoA) will develop pilot Resource Centers in 1 urban/suburban county and 1 rural county to serve the elderly and people with physical disabilities. Two primary goals are: enhance existing infrastructure by creating a local, single point of entry to coordinate access to long term supports; and streamline Medicaid financial and program eligibility determination for consumers. Several key assumptions of project development include: successful systems reform is predicated on meaningful collaboration among system partners; change processes require extensive education, follow-up & re-education through evidence-based data and skill building; MIS linkages and redesigns must be cost-effective and adhere to HIPAA; state level policy changes will be required to effect local change. MDoA believes introducing state level systems reform, and establishing county Resource Centers will create a foundation and groundswell for achieving successful systems change statewide. A contractor will work with MDoA to develop evaluation design and methodology under guidance of a performance evaluations sub-committee. IT consultants will assist evaluating existing MIS systems and investigate software for client tracking, functional assessment screening and care planning.

Target Population: Year one- Persons 50 and older - Year Two & Three - Persons 50+ and Adults with physical disabilities

Anticipated Outcomes: · Interagency advisory structure at the state and local levels · A MD model for "single point of entry" ADRC'S - visible, trustworthy, responsive, efficient, cost effective · Consumers empowered to exercise choice · Standard forms and training materials for user agencies · A streamlined Medicaid financial and program eligibility determination process · A "fast track" financial eligibility screening process · Improved eligibility determination, expanding & coordinating systems for case identification, intake, screening, and assessment.

Aging and Disability

90-AM-2756 SC Access Plus

South Carolina Department of Health and Human Services
Bureau of Senior Services
PO Box 8206
Columbia, SC 29202 8206

Barbara Kelley (803) 734-9899
Sep 30, 2003 to Sep 30, 2006
FY 2003 \$376,000

Project's Overall Design: S. Carolina will pilot the Resource Center program by establishing centers in 2 counties- Aiken and Barnwell - in the Lower Savannah Area Agency on Aging service area. Through these centers, consumers will receive information, assistance and counseling, assessment and short-term case management, eligibility screening and determination, and the ability to apply for long term support services. All services will be co-located. Eligibility determination and application processes will be streamlined thru an electronic data sharing method that will be developed in the pilot area. Building on an existing web-based information and assistance system, SC Access, the management information system will link the resource center case management system with existing databases, inc. the Medicaid Waiver Case Management system and the Bureau of Senior Services Family Caregiver system. Consumers will be able to apply for services on-line. Project staff will work with the University of South Carolina Research Foundation to conduct a program evaluation.

Target Population: ·Year One - Persons 60 and older First Quarter of Year Two & Year Three - Persons 60 and older and Individuals with physical disabilities

Anticipated Outcomes: ·Resource Centers in at least two locations will be providing information, counseling, eligibility screening and coordination with eligibility determination and will be fully functional by September, 2006 ·A consumer tracking/case management system will be developed ·On-line service application process will be developed ·Information management system to track referrals, utilization and costs will be implemented ·Performance goals to be measured include: program visibility; trust in the resource center's provision of objective, reliable and comprehensive information and assistance; ease of access to information, assistance & services; resource centers responsiveness to consumer needs, preferences and unique circumstances; reduced intake, screening, and eligibility determination processes for consumers.

90-AM-2757 Minnesota Board on Aging

Minnesota Board on Aging
444 Lafayette Road North
St. Paul, MN 55155 3843

Mary Chilvers (651) 215-0187
Sep 30, 2003 to Sep 30, 2006
FY 2003 \$347,394

Project's Overall Design:

Minnesota will develop strong linkages between county Long Term Care (LTC) consultants and information, referral & assistance services. MN will give consumers, their families, caregivers and professionals access to more effective, consumer-friendly, Internet tools for LTC planning and decision-making; provide standardized statewide professional screening, assessment and eligibility using data sharing protocols; and establish 4 accessible Hennepin County (including Minneapolis) resource centers for personalized awareness and information, assistance and access. MN plans to replicate the Resource Center program in MN after the 3 year project. An evaluation consultant will be retained to work with project management and the advisory board to develop and implement an effective measure of project impact on the quality of life of participant consumers.

Target Population:

- End of Year One - Persons 60 and older
- Year Two & Three - Persons 60 and older and individuals with disabilities of all types

Anticipated Outcomes:

- Consumers will choose services tailored to their needs through tools connecting them to streamlined assessment
- Consumers will experience less confusion and enhanced choice and will give information only once
- LTC system services will be managed through a single, coordinated method of intake, assessment and eligibility with quality monitored through centralized data collection and evaluation
- Professionals will access single, coordinated intake, assessment and eligibility integrated through a robust database
- State and local government will improve consumer connections to public and private services and supports.

Aging and Disability

90-AM-2758 Aging and Disability Resource Center

Pennsylvania Dept. on Aging
555 Walnut Street
5th Floor - Forum Place
Harrisburg, PA 17101 1919

Elaine Smith (717) 346-9713
Sep 30, 2003 to Sep 30, 2006
FY 2003 \$359,080

Project's Overall Design:

Pennsylvania will plan and operate four demonstration Resource Centers located in diverse areas of the state to assist all consumers and family members who need information, counseling, assessment and assistance in applying for long-term care services. In two of the Centers, personnel from all relevant service agencies will be co-located at the Centers. In the remaining two Centers, relevant agencies will be connected via the internet to each other and the co-located Centers to provide uniform delivery of information, assistance and access services. A single application for services will be developed, the eligibility process will be streamlined and a common assessment tool will be developed and utilized by all of the Centers. By the end of the project period, a plan will be established to expand the Resource Centers statewide, based on a comprehensive evaluation.

Target Population:

- Year One - All populations with disabilities
- Year Two & Three - All populations with disabilities

Anticipated Outcomes:

- Simplify and streamline access to long-term care and ensure that each individual's need for services is determined and addressed promptly.
- Maximize consumer choice and provide services in a consumer friendly manner, respecting and ensuring dignity of all served.
- Create a more balanced system of long-term care to include more home and community-based services.

90-AM-2759 NJ EASE Aging & Disability Resource Center

New Jersey Department of Health & Senior Services
Division of Aging & Community Services
PO Box 807
Trenton, NJ 08625 0807

Nancy Day (609) 943-3429
Sep 30, 2003 to Sep 30, 2006
FY 2003 \$375,079

Project's Overall Design:

New Jersey will establish two Aging & Disability Resource Centers at the county level to test the development and implementation of models that will integrate information and assistance, assessment, eligibility determination, and access processes and staff across programs. New Jersey will build on its extensive information, assistance and referral system (NJ EASE) to provide information and assistance 24 hours a day, 7 days a week, and 365 days a year through its toll-free number and a new interactive website. A new management information system that supports client tracking, needs assessment, care plans, and utilization will be linked to a computerized universal application for services.

Target Population:

- Year One - Persons 60 and older
- Year Two & Three - Persons 60 and older and individuals with physical disabilities
- A special focus will be on hard-to-serve and underserved populations

Anticipated Outcomes:

- The Resource Center will be a visible, responsive, and trusted sole source for home and community-based services and available 24/7/365 by building on NJ EASE.
- The Resource Center will be a gateway that connects consumers to a full array of public and private supportive services to assist them in tailoring a care program that best meets their needs through a seamless process.
- The Resource Center will provide automated mechanisms for accurately tracking consumer utilization and service costs, providing a comprehensive resource library, aiding in the development of needs assessments and care plans, providing related eligibility and financial documents, and real-time in-process performance indicators.

Aging and Disability

90-AM-2760 The Northeast Massachusetts Aging and Disability Resource Center Project

Massachusetts Executive Office of Elder Affairs
Policy and Program Development
One Ashburton Place
Room 517
Boston, MA 02108

Heather Johnson-Lamarche (802) 879-1338
Sep 30, 2003 to Sep 30, 2006
FY 2003 \$352,500

Project's Overall Design:

Massachusetts' Aging and Disability Resource Collaborative will be established in the Northeast Region of the state. In the first year, a uniform intake process will be developed and utilized by a team of intake workers from community partners who will provide comprehensive and coordinated information, referral and case management. Community service partners will be cross-trained to ensure timely and appropriate transfer of information and resources. In years two and three, the Collaborative will expand to the rest of the Northeast region and will target hard-to-serve or underserved populations. Medicaid enrollment staff will be co-located at the Resource Center by year 3. A toll-free telephone number, interactive website of intake, referral and evaluation will provide the foundation for the Collaborative's functions. The uniform screening and assessment tool and process developed under a Real Choice Systems Change grant will be launched through the Collaborative.

Target Population:

- Year One - Persons 60 and older and individuals with disabilities of all types[p
- Year Two & Three - Persons 60 and older and individuals with disabilities of all types
- A special focus will be on hard-to-serve and underserved populations

Anticipated Outcomes:

- A visible, trusted and accessible entry point into long-term care for consumers, including those from diverse populations.
- Increased community communication and collaboration in the delivery of home and community-based services.
- Coordinated provision of long-term care services through an integrated case management function.

90-AM-2761 Rhode Island One Stop

Rhode Island Department of Elderly Affairs
John O. Pastore Center
35 Howard Avenue
Benjamin Rush Building #55
Cranston, RI 02920

Kathy McKeon (401) 462-0560
Sep 29, 2003 to Sep 30, 2006
FY 2003 \$352,030

Project Overall Design: The RI Department of Elderly Affairs (DEA) will create Elder and Adult Disabled Resource Centers to provide services to the elderly and individuals with physical disabilities. DEA will develop a Resource Center in Cranston RI, near Providence. Older Americans Act, Medicaid and state funded programs will be co-located at the Resource Center. Up to 3 satellite mini-centers will be established through an RFP process in other locations in the state. The Resource Center will include a toll-free line, a Web-based resource directory & benefits screening tool thru a Real Choice Systems Change grant, and an integrated information management system. To facilitate systems coordination & collaboration, written agreements will be established with key partners. By Order of the Governor, a Long Term Care (LTC) Cabinet will be established to ensure a coordinated, consumer focused, cost effective system of LTC. RI is currently consolidating services funded with state funds, Medicaid, and other federal programs into a new LTC Support Program. The DEA project director for RI Performance Outcomes Measurement Project will work with a contractor to conduct a project evaluation.

Target Population: -Year One - Three Persons 60 and older and people with physical disabilities

Anticipated Outcomes: -Establish a highly visible Resource Center for elderly, & adults with physical disability -High level of public trust in the objectivity, reliability and comprehensiveness of information and assistance -Reduced time and level of frustration/confusion associated with accessing long term support -Consumers satisfied that their needs, preferences, unique circumstances and feedback have been accommodated - RI's long term support system rebalanced for more appropriate, less costly support based on individual preference and in a manner promoting "money following the person."

Aging and Disability

90-AM-2762 One-Stop Aging/Disability Resource Center

Montana Senior Long Term Care Division
MT DPHHS Senior Long Term Care Division
PO Box 4210
Helena, MT 59604

Doug Blakely (406) 444-7787
Sep 29, 2003 to Sep 30, 2006
FY 2003 \$328,663

Project's Overall Design:

Montana will establish a One-Stop Aging/Disability Resource Center in Yellowstone County. The Center, operated by the Area Agency on Aging, will be open 362 days a year with four counselors who will assist consumers in determining their eligibility for long-term care services, benefits and employment counseling and will provide referrals to federal, state, local and private agencies. A web-based eligibility and application process and a management information system that tracks client intake, needs assessment, care plan, utilization and costs will provide the infrastructure for the Resource Center functions.

Target Population:

- Year One - Persons 60 and older
- Year Two & Three - Persons 60 and older and individuals with physical disabilities

Anticipated Outcomes:

- Consumers will be informed, effective and empowered members of Yellowstone County's continuum of care.
- Consumers will recognize and utilize the Center to resolve questions or problems with the full array of long-term care services.
- Long-term care services will be effectively managed through a system that tracks client intake, needs assessments, care plans, utilization and costs across programs.

90-AM-2763 Aging and Disability Resource

Maine DHS Bureau of Elder & Adult Svc.
11 State House Station
Augusta, ME 04333

John Baillargeon (207) 287-9208
Sep 30, 2003 to Sep 30, 2006
FY 2003 \$360,586

Project Overall Design: Building on Maine's current statewide pre-admission assessment program, & recommendations of ME's Olmstead Workgroup for Community-based Living, the Bureau of Elder & Adult Services will: work with 3 community coalitions to test methods to streamline consumer access to long term supports; establish within the long term support assessment process for all age adults, means to improve person-centered service planning for targeted populations; facilitate State automated Medicaid financial and medical eligibility systems to reduce service delivery delays; implement referral and follow-up protocols to improve service coordination and access; use data on unmet long term support needs to redesign programs to accommodate more consumers using current resources; evaluate Resource Center results on the process of merging the two state departments responsible for organizing and delivering long term support services; and replicate the process statewide. Resource Center funds will be used to enhance existing automated Medicaid eligibility tools and assess the feasibility of a web-based Medicaid application process to improve "real time" interface.

Target Population: ·Year 1 - Persons 60+ (Maine intends to serve all populations by the end of year one) · Year 2 - 3: persons 60+ & adults with mental health and addiction disorders, brain injury, dev. disabilities, and cognitive impairments.

Anticipated Outcomes: ·Cohesive local & state resource networks effectively assisting adults of all ages and incomes seeking long term support ·Management info. systems & Medicaid level of care and financial application procedures: more timely and user-friendly ·Pre-admission assessment tool revised to develop comp. service plans based on informed consumer choice & preference ·State and local coordination and linkage protocols supporting ongoing service coordination for target populations ·Establishment of a governance and evaluation structure

Aging and Disability

90-AM-2764 Aging and Disability Resource Center Project

University of New Hampshire
Office of Sponsored Research
Service Building, 51 College Road
Durham, NH 03824 3585

Amy Philbrick (603) 862-5099
Sep 30, 2003 to Sep 30, 2006
FY 2003 \$376,000

Project Design: The goal of the NH Resource Center project is to integrate current information & assistance (Service Link) program with NH's Assessment and Counseling program, and eligibility determination and ongoing care plan authorization processes for nursing facility level of care and Home and Community Based Services waiver program for the elderly and disabled persons. Resource Centers will establish a coordinated system with Medicaid financial eligibility determination processes. Daily planning, implementation & management will be a NH Division of Elderly and Adult Services' (DEAS) and NH Institute for Health Policy and Practice joint responsibility. 4 pilot resource centers will be developed initially to serve elderly and all target populations of people with disabilities. The project hopes to establish Resource Centers statewide by the end of year 3, through existing ServiceLink sites. The advisory committee will guide the U. of New Hampshire in the design and development of evaluation activities. The attainment of project goals will be evaluated for each pilot center and results will guide Resource Center program modifications. An advisory work group sub-committee will guide DEAS consultants in selecting and implementing an automated information management system.

Target Population: -End of Year One - Persons 60+ and people with disabilities at four sites
-End of Year Three - Persons 60+ and people with disabilities statewide

Anticipated Outcomes: Consumer/caregiver awareness of Resource Centers -Consumer/caregiver easy access to comprehensive information on long term support options -Consumer support & assistance to make informed choices -Uniform clinical eligibility assessment of nursing home applicants -Resource Centers ensure effective coordination between state agencies and programs serving target populations -Information, referral, counseling, & assessment efficiently coordinated to eliminate duplication -Resource Centers ensure periodic review and reporting of service gaps to policymakers

Aging Population Characteristics/Needs

90-AM-2518 Reynolds Center on Aging Programs for Rural Arkansas

University of Arkansas Medical Center
4301 West Markham , Slot 812
Little Rock, AR 72205

Mr. Victor Henderson M.D. (501) 526-5741
Sep 01, 2001 to Aug 31, 2004
FY 2001 \$888,235

This is a three year demonstration project that focuses on the rural health of African-Americans. The goal of this rural health project is to assess the health status of rural and urban older Arkansans and improve their quality of life. The approach includes raising functional and cognitive performance levels, through (e.g) senior exercise programs (functional) and measurement of cognitive abilities through mental testing. The RH project objectives are: 1) to conduct a population-based survey (assessment) 2) to conduct long-term follow-up studies on risk factors for cognitive and functional decline 3) to conduct pilot studies of targeted interventions 4) to assess the effectiveness of the seven Rural Centers of Excellence in Geriatrics. The expected outcomes of this RH project are: a survey; longitudinal studies; pilot studies; data collection tools and materials. The products of this RH program are: health status studies; a training manual; a survey; data collection; evaluation instruments. These products will be disseminated to local participating agencies and health care researchers. The collaborators include: the University of Arkansas for Medical Sciences, Veterans Medical Center, six senior centers, North Little Rock Women's City Club, the Heritage House and the Willow House (HUD Housing Facilities), and others.

Aging Population Characteristics/Needs

90-AM-2612 Naturally Occurring Retirement Communities

Jewish Federation of St. Louis
12 Millstone Campus Drive
St. Louis, MO 63146 5776

Mr. Barry Rosenberg (314) 432-0020
Aug 01, 2002 to Jul 31, 2005

FY 2002 \$1,263,360

The Naturally Occurring Retirement Community (NORC) Initiative is a multi-site project administered by the U.S. Administration on Aging (AoA) since August 2002. The Initiative focuses on developing and testing strategies to support older adults as they age in place in naturally occurring retirement communities. These communities are predominantly comprised of long-term residents age 60 and older that wish to age in place as they experience limitations in their activities of daily living.

This is the St. Louis NORC model. It is a 12 month demonstration project. The grantee, the Jewish Federation (JF) of St. Louis (MO), administers this project and will partner with the Center for Aging of Washington University of St. Louis. The goal of this NORC project is to create a public-private partnership model to improve the quality of life of older residents within a geographically based NORC by developing a coordinated care and supportive service delivery network. The objectives are: 1) to complete an assessment of NORC resident characteristics related to service needs and utilizations, 2) to determine the types, levels, mixtures, and patterns of informal and formal care and supportive services; 3) to determine the services required by residents to live independently, 4) to develop key project partnerships, 5) to pilot intervention implementation and evaluation, 6) to create a five-year plan for coordinated service delivery. Outcomes are: consumer satisfaction; new knowledge; coordinated/targeted service delivery; improved health status and; better quality of life. The products of this effort are: a final report; service needs assessment; a service map; an inter-agency service delivery plan.

Alzheimer's Disease

90-AM-2465 Integrating Care Management into Dementia Specific Primary Care

Florida Atlantic University
College of Nursing
777 Glades Road
Boca Raton, FL 33431

Dr. Ruth Tappen (561) 297-3188
Aug 15, 2001 to Aug 14, 2004

FY 2001 \$421,449 FY 2002 \$987,000

The grantee, Florida Atlantic University, supports this three year Dementia Disease demonstration (DD) project in collaboration with the Alzheimer disease (AD) and related Dementias groups. The goal of the project is to provide comprehensive, coordinated care to individuals with memory concerns and to their caregivers. The approach is to expand the services and to integrate the bio-psycho-social aspects of care. The objectives are: 1) to provide dementia specific care, i.e. care management fully integrated into the services provided; 2) to train staff, students and volunteers; 3) to implement the system infrastructure to support services to individuals with early stage dementia and to their caregivers; 4) to develop linkages with community agencies; 5) to expand the assessment and intervention services; 6) to evaluate the impact of the added services; 7) to disseminate project information. The expected outcomes of this DDD project are: have patients maintain as high a level of mental function and physical function (Yoga) as possible; help their caregivers cope with the changes; and, evaluate the patients before and after the project. The products from this project are: a final report; an evaluation; a website; articles for publication; data collection in driver assessment and in-home cognitive retraining; abstracts for national conferences.

Alzheimer's Disease

90-AM-2552 **Caring for Alzheimer's Patients and their Caregivers in the Diverse Community**

Aging in New York, Inc.
2 Lafayette Street
New York, NY 10007

Miss Robin Fenley (212) 442-3086
Sep 30, 2001 to May 31, 2004

FY 2001 \$3,637,095 FY 2002 \$3,637,095

This grantee, the Aging in New York Fund/Department for the Aging (ANYF/DFTA), manages this two year demonstration Alzheimer's Disease (AD) project in collaboration with the Zachary and Elizabeth M. Fisher (ZEF) Foundation and the ZEF Center for AD Research Foundation at Rockefeller University and the ZEF Education and Resources Program at NYU. The goal of the project is to provide the opportunity to further assess the role of ethnicity in the use of caregiver support options and the degree of caregiver burden through expanded knowledge base of the disease course and service options. The objectives of this AD project are: 1) to improve awareness of AD process and increase service utilization for AD patients and their caregivers, 2) to improve service delivery, 3) to do research links between the use of caregiver supports and reported burden by ethnicity, 4) to develop improved anti-agitation compounds for the AD patients, 5) to improve patient mobility and management, 6) to broaden the dissemination of AD information, services and linkages. The expected outcomes of this AD program are: reduce reported burdens; on-going AD education; increased mobility through exercise; reduced agitation in AD patients; increased awareness of AD and caregiver options. The products of this AD project are: a final report; dissemination of AD findings; the documentary and publicity campaign; AD project resources.

90-AM-2616 **Demonstrating the Benefits of Physical Therapy and Tai Chi for People with Alzheimer's Disease in an Adult Day Care Setting**

Alzheimer's Family Day Center
Board of Directors
2036 Westmoreland Street
Fairfax, VA 22043

Miss Janet Schmidt (703) 532-8899
Aug 01, 2002 to Nov 30, 2004

FY 2002 \$246,750

This is a two year Alzheimer Disease (AD) demonstration project. The grantee partners with the AD Association, Public Policy Office and the Medicare Advocacy Project, the American Physical Therapy Association and the Virginia Adult Day Service Association. The goal of this AD project is to demonstrate the benefits of Physical Therapy (PT) and Tai Chi for people with AD in an Adult Day Care setting. The objectives of the AD program are: 1) to upgrade the staff, the Center and the technology, 2) to implement PT and Tai Chi interventions, 3) to analyze the data and discover the outcomes, 4) to disseminate the findings. The anticipated outcomes of this AD program are: the average length of enrollment in AFDC will increase; the PT interventions will show to be less expensive than Nursing Home Care; the ability to get in and out of a car will improve after the PT and Tai Chi intervention; the ability to stand and bear weight will improve; the ability to rise from the chair will improve. The products of this AD project are: a final report; an evaluation; a program guide; manuscripts; and study data.

Alzheimer's Disease

90-AM-2618 **Innovative Music/Neurologic Approaches to Improve Quality and Effectiveness in Stroke and Dementia Care**

Institute for Music and Neurologic Function
612 Allerton Avenue
Bronx, NY 10467

Ms. Concetta Tomaino (212) 442-1100
Aug 01, 2002 to Oct 31, 2003
FY 2002 \$493,500

The grantee, the Institute for Music and Neurologic Function, will manage this Dementia project entitled Innovative Music/Neurologic Approaches to Improve Quality and Effectiveness in Stroke and Dementia Care. The goal of this project is to formalize innovative treatment and protocols for stroke and dementia. The objectives are: 1) to expand knowledge; 2) to train healthcare professionals in these techniques; 3) and to disseminate findings. The anticipated outcomes are: new knowledge about dementia; positive effects of music on patients with dementia and stroke; training staff and healthcare professionals on new treatment approaches; development of innovative treatment; development of protocols for stroke and dementia; dissemination of treatment and protocols for stroke and dementia to allied organizations and aging network. The products of this project are: a final report; training materials; findings of music/neurologic approaches to improve quality and effectiveness in stroke and dementia.

90-AM-2638 **Music Therapy Model Demonstration Program for Adult Day Healthcare**

Adult Day Care of Northern Shenandoah Valley, Inc.
115 Wolfe Street
Winchester, VA 22601

Ms. Jane Bauknecht (540) 722-2273
Jul 01, 2002 to Jan 31, 2004
FY 2002 \$148,050

The Adult Care Center of Northern Shenandoah Valley, Inc. will establish a music therapy (MT) demonstration model for persons with probable Alzheimer's disease and related disorders (ADRD). The goal of this MT project is to demonstrate the use of music therapy and to study the impact of music therapy on patients with ADRD. The objectives are: 1) to establish protocol for music therapy in an adult care health center; 2) to conduct both quantitative and qualitative assessments in relation to each function of music therapy; 3) to apply ongoing data derived from behavioral observations and physiological measures and also to incorporate this in determining the best use of music therapy. This MT project will be interdisciplinary; i.e., psychology, physical therapy, occupational therapy and nursing will be represented in the project design. The anticipated outcomes of this MT project are: an examination of music therapy on ADRD patients; protocols for MT; assessments; dissemination. The products of this MT project are: a final report; assessment; music therapy studies and reports; protocols for MT.

Alzheimer's Disease

90-AZ-2244 **Michigan Moves Forward in Dementia Care: Towards Statewide Capacity, Quality Service Programs and Improved Delivery of Primary Care**

Michigan Department of Community Health
Mental Health & Substance Abuse Services
320 South Walnut
6th Floor Lewis Cass Building
Lansing, MI 48913

Ms. Patricia Degnan (517) 373-2845
Jul 01, 1999 to Sep 30, 2004
FY 1999 \$428,776 FY 2000
FY 2001 \$44,007

This project is designed to integrate various systems to improve care for persons with dementia. Project goals are to: test models of support services; focus on care coordination between physicians, families, and voluntary health organizations; improve education, training and access to resources and information; and enhance the efficiency of statewide voluntary health organizations for Alzheimer's, Huntington's, and Parkinson's diseases.

90-AZ-2356 **Consumer Directed Services for Families of Persons with Alzheimer's Disease**

Nebraska Department of Health and Human Services
Division of Aging and Disability Services
PO Box 95044
Lincoln, NE 68509 5044

Ms. Janice Price (402) 471-2309
Jul 01, 2000 to Jun 30, 2003
FY 2000 \$265,980 FY 2001 \$268,957

This project will test a consumer-directed approach to serving persons with mild to moderate forms of Alzheimer's disease and related disorders (ADRD), and their families. The goal of the project is to use consumer-directed services, in combination with care management services provided through an Area Agency on Aging (AAA), to enable consumers to make effective decisions about care for themselves, their family members, and their relatives. The objectives of this ALz project are: 1) to assign the consumers randomly to a group that will use consumer-directed services or to a group that will use traditional service delivery; 2) to provide that consumer-directed group with vouchers that may be used to pay for services in the care plan not usually available in the traditional system; 3) to see that persons assigned to the traditional services group will have access to the full range of services available in the community, but will not have access to vouchers to pay for non-traditional services; 4) to provide care management services to both groups. The anticipated outcomes are: the AAA will increase the number of seniors with ADRD being provided consumer-directed services in combination with care management services; increase the number of consumers who can make effective decisions about care for themselves and their family members and their relatives; increase the use of vouchers. The products include: a final report; findings of ADRD study group.

Alzheimer's Disease

90-AZ-2357 New Mexico Alzheimer's Program

New Mexico State Agency on Aging
1410 San Pedro N.E.
Albuquerque, NM 87110

Ms. Barbara Price (505) 255-0971
Jul 01, 2000 to Jun 30, 2004

<i>FY 2000</i>	<i>\$350,000</i>	<i>FY 2001</i>	<i>\$350,000</i>
<i>FY 2002</i>	<i>\$375,000</i>	<i>FY 2003</i>	<i>\$350,000</i>

This Alzheimer Disease (AD) demonstration project goal is to expand personal care, adult day care, and in-home respite services in a culturally appropriate way, addressing the needs of Hispanic and Native American populations. It will also develop a culturally competent telemedicine approach for use in rural areas of the state. The targeted populations are Hispanic and Native American. The objectives of this AD project are: 1) to provide services to Native Americans and Hispanics, such as respite care, education, medical outreach; 2) to develop a caregiver education program; 3) to produce and test respite music video for Hispanic and Native American; 4) to establish telemedicine sites; 5) to produce instructions in Spanish; 6) to produce an Adult Day Care Conference; 7) to launch a web site with county resources on web page; 8) to expand physician outreach. The anticipated outcomes are: an evaluation of this AD project; two telemedicine sites; expanded (three) Native American Adult Day Care sites; increased awareness of day care as an option among Native Americans; Native American in-home respite program; increased rural and minority respite care; caregiver education; Alzheimer/dementia training for respite workers; outreach materials for Native Americans and Hispanics. The products of this AD project are: a final report; two telemedicine sites; AD/dementia training materials.

90-AZ-2358 Models of Assistance for Nevada's Underserved Population with Dementia

Nevada Division for Aging Services
Division for Aging Services
3100 W. Sahara, Suite 103
Las Vegas, NV 89102

Mr. Bruce McAnnay (702) 486-3545
Jul 01, 2000 to Jun 30, 2004

<i>FY 2000</i>	<i>\$350,000</i>	<i>FY 2001</i>	<i>\$350,000</i>
<i>FY 2002</i>	<i>\$350,000</i>	<i>FY 2003</i>	<i>\$350,000</i>

The goal of this Dementia demonstration project is to target and serve the underserved Native Americans and Hispanic who suffer dementia, through the intervention of telemedicine, outreach, and caregiver and professional training, and a respite care voucher program. The objectives of this demonstration project are: 1) to provide consumer directed care for persons in the early stages of AD and for those under age 65 who do not qualify for other forms of assistance; 2) to establish local community networks; 3) to create and implement a Respite Care Voucher Program (RCVP) for 260 seniors; 4) to develop a Rural Caregiver's Training Project (RCTP); 5) to open a new AD Diagnostic and Treatment Center in Elko; 6) to test telemedicine (Telmed) opportunities for rural neurologists; 7) to develop a driver safety and education program; and 8) to establish more clinics to provide neurological services. The anticipated outcomes are: increased number of Native American, Hispanic and rural populations who suffer dementia will be served through telemed., outreach, and caregiver and professional training; increased use of consumer directed care for persons in the early stages of AD; increased use of new local community networks; 260 seniors served with RCVP; a new computerized Program on AD behavioral issues for use by physicians; development of a Telmed. Program to link rural AD families and rural neurologists with other specialists statewide; RCTP; and new tests and safety protocols for Driver Safety Program. The products include: a final report; a Rural Telmed. Program; a RCTP; an AD Diagnostic and Treatment Center in Elko; a driver safety and education program.

Alzheimer's Disease

90-AZ-2359 Integrating Dementia Services with Maine's Long Term and Managed Care Systems

Maine Department of Human Services
Bureau of Elder and Adult Services
35 Anthony Avenue - 11 State House Station
Augusta, ME 04333 0011

Ms. Romaine Turyn (207) 287-9214
Jul 01, 2000 to Jun 30, 2004

FY 2000	\$255,000	FY 2001	\$255,000
FY 2002	\$280,000	FY 2003	\$255,000

The goal of this project is to integrate the coordination of dementia-specific services for persons with Alzheimer's disease and their caregivers, and state mental health services, into the long-term care system. The objectives of this AD demonstration project are: 1) to develop models which will serve people with dementia who are enrolled in a rural Medicaid program coordinated/managed care demonstration program, while incorporating mental health services for people with dementia; 2) to identify undiagnosed persons with early on-set dementia; 3) to meet with doctors in the pilot sites to improve the identification and assessment of individuals with dementia; 4) to support the LTC needs of rural, low-income seniors; 5) to meet with providers and organizations of AD, mental health and aging services; 6) to present Hands On Care Training sessions for 83 caregivers at 6 sites. The anticipated outcomes include: respite care provided for 260 families; care management and support provided to 113 families; meet with Muskie school to monitor use and referral patterns of AD seniors; an early caregiver self-identification and educational intervention program; identification of caregivers with AD patients; Management Guidelines and training to physicians; in-depth cross training on mental health, dementia and aging. The products are: a final report; caregiver materials; dementia materials; physician training materials; cross training materials.

90-AZ-2360 Dementia Care: Building the Capacity in Vermont

Vermont Department of aging and Disabilities
Division of Advocacy and Independent Living
103 South Main Street
Waterbury, VT 05671 2301

Ms. Lorri Welch (802) 241-2400
Jul 01, 2000 to Jun 30, 2004

FY 2000	\$350,000	FY 2001	\$350,000
FY 2002	\$375,001	FY 2003	\$350,001

The goal of this Dementia project is to improve the capacity of Vermont's adult day centers to deliver dementia-specific care. The objectives of this project are: 1) to develop support services for individuals with early-stage dementia; 2) to increase early detection of dementia; 3) to have a special focus on developing services in rural areas and for low-income individuals; 4) to develop public education and screening tools; 5) to develop state-wide public education; 6) to provide workshops for executives and managers, direct service providers, and nurses; 7) to make consumer-directed dementia respite grants to 274 caregivers; 8) to provide train-the-trainer programs for nursing home staff; 9) to use 7 Minute Screen taught to medical students, 16 Eldercare Clinicians, and nurses. The anticipated outcomes are: increased dementia-specific care; increased support services for individuals with early-stage dementia; increased early detection of dementia through education and screening tool; a project evaluation by U. of Vermont; increased use of the Memory Clinic; special workshops for dementia specialist in the field; train-the-trainer programs for nurses. The products are: a final report; Dementia and Adult Day Services workshops and training materials.

Alzheimer's Disease

90-AZ-2361 Alzheimer's Community Outreach, Education and Capacity Building Project

Minnesota Board on Aging
444 Lafayette Road
St. Paul, MN 55155 3843

Ms. Donna Walberg (320) 230-3040
Jul 01, 2000 to Jun 30, 2004

FY 2000	\$270,061	FY 2001	\$270,061
FY 2002	\$295,061	FY 2003	\$270,061

The goal of this Alzheimer (AD) project is to develop model community-based service projects that specifically respond to the needs of ethnic minority families facing Alzheimer's disease. The objectives of this AD project are: 1) to develop five projects that are targeted to the needs of Native American, Hispanic, Hmong, and African Americans; 2) to train home and community-based agency managers and direct care workers in culturally appropriate approaches to dementia care; 3) to develop a community advocate resource point of contact in every county of Minnesota; 4) to develop culturally specific information, including a web site, for hard to reach AD populations; 5) to build assistance capacity of communities; 6) to develop a range of respite care models; 7) to develop a statewide Awareness and Support campaign; 8) and to expand day care and other home and community based services in Native American communities. The anticipated outcomes are: fact sheets on Native Americans, African Americans, and Alzheimer's Disease; a Native American (Fond du Lac Tribe) mobile Respite Care Project; trained state ombudsmen staff regarding dementia; expanded project to three new communities; AD materials for Hispanic and Hmong populations; a web-based long distance caregiver education program; video training on "Keys to Dementia Capable Care"; an evaluation. The products of this AD project are: a final report; ethnic model projects; video training

90-AZ-2362 Alaska Alzheimer's Demonstration Project

Alaska Commission on Aging
Dept. of Administration
PO Box 110209
Juneau, AK 99811 0209

Ms. Paula Recchia (907) 465-4793
Jul 01, 2000 to Jun 30, 2004

FY 2000	\$222,973	FY 2001	\$298,556
FY 2002	\$375,000	FY 2003	\$350,000

The goal of this four year Alzheimer's Demonstration (AD) project is to address local, regional and state needs of persons with Alzheimer's disease (AD), and caregivers living in isolated communities with high concentrations of low-income and Alaskan Native families. The objective is to develop flexible, culturally sensitive models of adult day care and group respite effective in minority and highly rural communities. The State Unit on Aging (SUA), ACOA, has as its anticipated outcomes the following: a Memory Loss Clinic in four communities; an Adult Day Care Center; the design and implementation of wrap-around services to 18 senior natives and their families; provision of services-personal care, respite, chore, Adult Day Care, nursing, companionship, transportation, and long-term respite; designed a dementia workshop; an expanded Care Coordination; use of Medicaid eligibility and service coverage for ADRD Native Alaskans; flexible models of individuals in-home respite for ADRDs; flexible, culturally sensitive model of adult day services/group respite care to meet ADRD needs; a primary care initiative to enhance ADRD identification, assessment, and health care services; assessment of gaps in information and training needed by primary care staff for earlier identification of ADRD; dementia protocols for care coordinators. The products of this AD project are: a final report ; a rural Native Alaskan dementia model(ADRD); an Adult Day Care with Dementia workshop.

Alzheimer's Disease

90-AZ-2363 Community Alzheimer's Resources and Education (C.A.R.E.)

The Texas Department of Human Services
701 West 51st Street-Mail Code W-519
PO BOX 149030
Austin, TX 78714 9030

Mr. Marc Gold (512) 438-3174
Jul 01, 2000 to Jun 30, 2004

FY 2000	\$349,860	FY 2001	\$302,783
FY 2002	\$273,292	FY 2003	\$265,532

This four year Alzheimer's Disease (AD) demonstration project will develop a culturally and linguistically appropriate assessment process and system of care for Hispanic families who are facing Alzheimer's disease (AD) and who live in the San Antonio and Rio Grande Valley areas of Texas. The AD project is based on the state's Community Alzheimer Resource and Education project, which emphasizes education, case management, and establishment of community resource and coordination groups. Direct care service gaps will be identified and addressed through the development of culturally competent respite and adult day care services. The objective is to coordinate with the larger Texas Dept. of Human Services AD program. The anticipated outcomes of this AD project are: a database; a handbook; an English and Spanish AD website; a Spanish caregiver guide; expanded Hispanic Helplines on AD; a Caregiver fair; delivery of direct home and community based services to 1000 Hispanic families; statewide project replication; 4 new communities for targeting of partnership-building; physicians trained on dementia and telemedicine; a telemedicine project for rural hispanic AD families; and an updated Care Program Handbook. The products are: a final report; a database (website) ; a Handbook; a Spanish Caregiver Guide; an AD Hispanic Helpline; a Caregiver Fair (Hispanic); a cadre of trained physicians; replicable project models.

90-AZ-2364 Partner's in Care: Alternative Models of Community Based Care for Alzheimer's Families

Rhode Island Department of Elderly Affairs
John O. Pastore Center
160 Pine Street
Providence, RI 02903

Ms. Kathleen McKeon (401) 462-0560
Jul 01, 2000 to Jun 30, 2004

FY 2000	\$231,000	FY 2001	\$303,000
FY 2002	\$308,000	FY 2003	\$283,000

The goal of this Alzheimer's Disease (AD) project is to develop a model of consumer directed respite care, with a focus on care provided by and for minority elders; to demonstrate a model of workforce development; and to develop an acuity-based assessment process for Alzheimer's-affected families. The objectives are to: 1) provide services for in-home respite care; 2) produce a policy and procedures manual; 3) provide minorities with home assessments, safety reviews, assessment of caregiver capacity, and information on services; 4) have 50 Certified Nursing Assistants (CNA) complete an Alzheimer's curriculum; 5) interview 30 families in the Partners in Care Program; 6) provide Alzheimer and dementia trainings. The anticipated outcomes are: a model of consumer-directed minority respite care; policies and procedures for Respite Program focused on rural areas; two semesters of training for CNAs in AD; dementia training for licensure requirements. The products of this AD project are: a final report; a model of consumer directed respite care for minorities; a model of acuity-based assessment process for AD affected families.

Alzheimer's Disease

90-AZ-2365 Asian and Pacific Islander Dementia Care Networks

State of California -Department of Aging
Long Term and Aging Services - Division
1600 K Street
Sacramento, CA 95814

Ms. Sharron Watts (916) 327-0575
Jul 01, 2000 to Jun 30, 2004

FY 2000	\$350,000	FY 2001	\$350,000
FY 2002	\$350,000	FY 2003	\$350,000

The goal of this project is to develop a system of dementia (D) care for Asian and Pacific Islanders in the Los Angeles and San Francisco Bay area. The objectives of this Dementia Project are: 1) to develop and provide culturally and linguistically competent educational, social, and supportive services for dementia-affected persons and their families; 2) to develop a collaborative model of assistance for Asian and Pacific Islander communities; 3) to promote access to home and community based long-term care; 4) to develop training in culturally competent dementia care. The anticipated outcomes are: a consolidated care network system for Asian and Pacific Islanders; dementia and cultural sensitivity training; translated and tested Chinese materials; a new day care center in N. CA for Asian and Pacific Islander families; a Legal/respite Day Care Orientation Concept; a symposia on minorities concerning AD/Dementia; expanded use of statewide respite services; support groups for Chinese and Japanese speaking and Madarin and Vietnamese groups; dementia care training. The products are: a final report; statewide system of dementia care materials; minorities dementia training materials; a new day care center for minorities.

90-AZ-2366 Building a Seamless Dementia Specific Service Delivery System for Rural Aged

Iowa Department of Elder Affairs
Clemens Building, 3rd Floor
200 10TH Street
Des Moines, IA 50309 3609

Ms. Mary Anne Young (515) 242-3312
Jul 01, 2000 to Jun 30, 2004

FY 2000	\$349,009	FY 2001	\$349,009
FY 2002	\$376,000	FY 2003	\$351,000

The Iowa Dementia project goal is to increase access to and use of community-based support services, using a nurse care managed (NCM) delivery system for persons with Alzheimer's disease and related dementias (ADRD). The objectives of this rural ADRD project are: 1) to improve the service delivery system; 2) to make the community-based long term care system more "dementia friendly "; 3) to develop a statewide dementia training for case management; to pilot a 'Memory Loss Nurse Specialist' position; 4) to validate an instrument for guidance on when it is no longer safe to "live alone" ; and 5) to develop an Early Hospice Referral Project for late stage dementia. The anticipated outcomes are:a rural ADRD in 8 counties; an evaluation; a modified nurse care management (NCM) for dementia senior rural clients; training on dementia recognition and early intervention; a community development dementia guide; a dementia training manual; local expert nurse case managers statewide serving as dementia resource persons; an instrument for dementia placement and intervention. The products are: a final report; dementia plans in 8 rural counties; a NCM; dementia training manual and materials; a community development guide.

Alzheimer's Disease

90-AZ-2367 The Virginia Alzheimer Disease Response Project: collaboration, service models, and education

Commonwealth of Virginia
Virginia Department for the Aging
1600 Forest Avenue, Suite 102
Richmond, VA 23229

Ms. Janet Honeycutt (804) 662-9341
Jul 01, 2000 to Jun 28, 2005

<i>FY 2000</i>	<i>\$350,000</i>	<i>FY 2001</i>	<i>\$350,000</i>
<i>FY 2002</i>	<i>\$375,000</i>	<i>FY 2003</i>	<i>\$350,000</i>

The goal of this rural demonstration project is to develop new, holistic models of care for persons with Alzheimer's disease. These holistic demonstration models will address the service and health care needs of persons with Alzheimer's disease (AD), as well as their emotional and spiritual needs. The objective of this rural AD demonstration project is to provide education and training in effective methods of dementia care to certified nursing assistants (CNAs). The partners are Catholic Charities, St. Mary's Bon Secours Parish Nurse Program, AD Association, Virginia Department of Human Resource Management, Virginia Hospital Association, Senior Companion Program, Public Service Groups--fire departments, rescue squads, EMS, etc. The expected outcomes of this rural AD demonstration project are: a statewide AD Response Task Force; 13 subgrants to demonstrate a holistic approach to AD; a CNA dementia training program, manuals and mechanisms; dementia education for communities of faith; a curriculum to train parish nurses about AD, dementia, and Virginia's LTC system; an Older Adult Ministry Rural Workshop for Clergy; published article for physicians; an AD curriculum for physicians; educated emergency room staff on AD. The products of this rural AD project are: a final report; new holistic rural AD models; education and training materials for CNAs.

90-AZ-2368 Alzheimer's Disease Demonstration Grants to States Project

New Hampshire Department of Health and Human Services
Bureau of Elderly and Adult Services
Brown Building
129 Pleasant Street
Concord, NH 03301 3857

Mr. James Bretz (603) 271-4687
Jul 01, 2000 to Jun 30, 2004

<i>FY 2000</i>	<i>\$250,315</i>	<i>FY 2001</i>	<i>\$250,315</i>
<i>FY 2002</i>	<i>\$250,315</i>	<i>FY 2003</i>	<i>\$250,315</i>

The goal of this rural Alzheimer's Disease (AD) demonstration project is to expand and improve Dementia-capable adult day and respite care services in rural communities. The objectives of this rural AD project are: 1) to improve access to services for rural, minority populations, and developmentally disabled (DD) through the development of culturally and linguistically competent services; 2) to expand the existing home and community based care system; 3) to improve access to and use of community based services by persons with dementia. The community based organizations (CBO's) involved include: Easter Seals of New Hampshire; Life Coping, Inc; DD Council; local group homes; North County Alzheimer Partnership Program; community based aging organizations, Manadnock Developmental Services, local community-based DD organizations. The expected outcomes are: a survey of needs of rural individuals and families; a Train the Trainer program to doctors and others; a program of prearranged "held beds" for ADRD patients; expansion of AD's Adult Day Programming and Respite Services; a comprehensive AD assessment clinic for minorities; family promotional and educational activities; alternative support programs; assessment team for in-home care for elders with DD; education materials on ADRD; rural Adult Day Respite.

Alzheimer's Disease

90-AZ-2369 Demonstrating a Wisconsin Dementia Services Network

Wisconsin Department of Health and Family Services
Bureau of Aging and Long Term Care Resources
1 West Wilson
PO Box 7851, Room 450
Madison, WI 53707 7851

Ms. Janice Smith (608) 266-7872
Jul 01, 2000 to Jun 30, 2004

FY 2000	\$350,000	FY 2001	\$350,000
FY 2002	\$350,000	FY 2003	\$350,000

The project's goal is to create a Dementia Service Network to improve access to diagnosis, treatment and services for minority and underserved families facing Dementia. The objectives of this Dementia demonstration are: 1) to expand a service credit bank for the provision of adult day care, respite, and other community based long-term care services; 2) to address abuse of persons with Dementia through the development of Crisis Response Teams. The participating Community Based Organizations (CBO) include: AAAs, Housing Authority, St. Michael Hospital, AARP, Veteran Administration, University of Wisconsin Extension, St. Ann Center for Intergenerational Care, Milwaukee Community Service Bank, Wisconsin Alliance for Family Caregiving, and Alzheimer groups. The expected outcomes of this AD and Dementia demonstration project are: identification of early warning signs of AD and referral to memory assessment clinics; needed services to 115 individuals; outreach efforts to medical offices, pharmacies and churches; a caregiving curriculum for eight individuals; a Dementia and Aggressive/Abusive Behavior Summit; identification of Dementia specific outcomes and quality indicators; six Case Management for AD domains for use in home settings; a new caregiving model entitled "Changing Our Minds: From Parent to Caregiver" for adult family home providers; protocols and training curriculum for the early treatment of AD; introduce Veterans Administration System to Dementia services; expand service delivery to underserved SE Wisc. residents with AD; train assisted living providers to identify people with Dementia; pilot Dementia Response Teams.

90-AZ-2370 Alzheimer's Disease Demonstration Grant

Arkansas Department of Human Services
Division of Aging and Adult Services
PO Box 1437, Slot 1412
7th and Main Streets
Little Rock, AR 72203 1437

Ms. Sandra Barrett (501) 682-8531
Jul 01, 2000 to Jun 30, 2004

FY 2000	\$368,025	FY 2001	\$357,975
FY 2002	\$302,875	FY 2003	\$302,875

This is a three year rural demonstration Alzheimer Disease (AD) project that will develop models of assistance for persons with Alzheimer's and their caregivers who live in rural areas of Arkansas. The objectives of the project are: 1) to develop facility-based respite; 2) to provide dementia training for adult day care staff; 3) to increase the number of people who access adult day and respite services. The CBOs involved in this rural project include: AAAs, Department of Health, University of Arkansas, local hospitals, adult day care centers, and AD groups. The anticipated outcomes are: training for respite care providers; train the trainer program; serve 138 clients (adult day care); overnight respite services; dementia care training (DCT); dementia training to NF aides. The products of this rural AD project are: a final report; rural models of AD assistance; dementia training materials; family brochures; a curriculum; dementia care training manuals.

Alzheimer's Disease

90-AZ-2372 Caregivers are Really Extraordinary Program

Arizona Department of Economic Security
Division of Aging and Community Services
1789 West Jefferson - 950A
Phoenix, AZ 85007 3202

Mr. Chris Andrews (602) 542-6431
Jul 01, 2000 to Jun 30, 2004

FY 2000	\$300,001	FY 2001	\$300,000
FY 2002	\$300,000	FY 2003	\$300,000

This is an Arizona three year demonstration Alzheimer Disease (AD) project whose goal is to design and increase the availability and utilization of respite care, especially among the Native American, Hispanic, and rural populations. A complementary goal is to expand and develop culturally sensitive and linguistically appropriate programs and materials for caregivers of persons with dementia. The objectives of this rural project are: 1) to enroll 34 families in the CARE program, "Camino de Amistad"; 2) to train adult day care staff and in-home care workers on Dementia issues; 3) to use a new Training Curriculum and Resources Handbook on Dementia; 4) to develop three new service positions as a part of the Camino de Amistad model; 5) to create an Evaluation Scoring Committee; 6) to appoint minority and community members to the Committee to assess competent dementia care services; 7) to do a needs assessment. The CBOs involved in this project include: AAAs, Sun Health, Grupo N, Az Telemedicine Program, Emergency Shelter for Wanderers Workgroup, American Indian tribes, local senior and community centers and Alzheimer groups. The anticipated outcomes are: enroll 34 families in the CARE Program; train 240 adult day staff and in-home care workers; 3 new service positions in the Camino de Amistad model; replication of the Camino de Amistad in the off-reservation Native American population. The products are: a final report; a needs assessment; interview questionnaires; Dementia materials in Spanish.

90-AZ-2451 Alzheimer's Respite Services Demonstration: Replication through Training, TA, and Consultation

Tennessee Commission on Aging and Disability
Planning
Andrew Jackson Building, 9th Floor
500 Deaderick St.
Nashville, TN 37243 0860

Mr. Mason Rowe (615) 741-2056
Jul 01, 2001 to Jun 30, 2004

FY 2001	\$350,000	FY 2002	\$375,000
FY 2003	\$350,000		

This three year project will serve African American, rural, and low income seniors and its goal is to provide assistance to minority and low income AD patients and their caregivers. The objectives are: 1) to explore Internet uses in assisting AD families; 2) to adapt the experience of this demonstration and to replicate it throughout Tennessee; 3) to expand the use of the Senior Companion program (SCP); 4) to provide trained SCs as providers of in-home services (IHS). The CBOs involved in this AD rural project are: AAA, NASUA, individual physicians, ADRD groups, Mental Health Association, Corporation for National Service-Senior Companion Program, local home and community based providers of home care and companion care services. The expected outcomes are: internet assistance for AD families; trained SCs providers of in-home respite (IHR), personal care, companion care; a replicable AD model; workshops on screening and assessment and rural service development; I & A system for ADRD community; survey of caregivers' needs; survey of medical professionals regarding incidence of ADRD. The products are: a final report; ADRD internet; mental health screening tools; ADRD workshop materials; survey of caregivers' needs; and survey of medical professionals.

Alzheimer's Disease

90-AZ-2452 Project Care (Caregiver Alternatives to Running on Empty)

NC Department of Health and Human Services
2101 Mail Services Center
Raleigh, NC 27699 2101

Ms. Karisa Derence (919) 733-0440
Jul 01, 2001 to Jun 30, 2004

FY 2001 \$350,000 FY 2002 \$350,000
FY 2003 \$350,000

This three year ADRD demonstration project's goal is to serve rural African Americans by implementing a family consultant service to: 1) improve access, choice, use and quality of respite services and 2) to identify gaps and barriers in the existing North Carolina home and community-based care system. The objectives are: 1) to assess 166 client families; 2) to counsel and educate them on community based services (CBS) and Alzheimer's disease; 3) to serve 132 families with respite services; 4) to extend to 27 families telephone consultations and support; 5) to provide two community and caregiver trainings on rural ADRD; 6) to provide training at the state Information and Assistance Conference (I&A); 7) to provide services to rural families; to develop ANGER TIP sheets for caregivers; 8) to conduct surveys. The anticipated outcomes are: assessment of ADRD client families; respite services for 132 families; telephone 27 African American families; caregiver trainings on Alzheimer's Disease; training at state Information and Assistance Conference; respite and case management services to rural African American families; increased number of respite providers; train all I&A providers. The products are: a final report; new Anger Tip sheets for caregivers; consumer satisfaction surveys.

90-AZ-2453 Alzheimer's Disease Intervention Program

Alabama Department of Senior Services
State Unit On Aging
770 Washington Avenue, Suite 470
Montgomery, AL 36104 3816

Ms. Caprice Chattom (334) 242-5743
Jul 01, 2001 to Jun 30, 2004

FY 2001 \$350,000 FY 2002 \$350,000
FY 2003 \$350,000

This three year Alzheimer Disease (AD) demonstration project's goal is to design to develop a system of care for persons with AD, including providing training to long term care (LTC) providers, public education and community-based services. The project's objectives are: 1) to develop a Leadership Institute - LILTC; 2) to develop volunteer care teams; 3) to expand affordable and accessible home and community based (HCB) dementia care services (respite, adult day care, home health care, and personal care); 4) to conduct dementia trainings statewide for staff and caregivers; 5) to have a toll free hotline provide TA and information to AAA staff and caregivers; 6) to develop a media awareness campaign; 7) to develop support groups for families and care teams; 8) to develop Care Teams with 45 volunteers serving 12 families. The anticipated outcomes are: expand HCB dementia care services; 35 dementia trainings statewide for 1,084 direct care staff and caregivers; develop ongoing media awareness campaign; AAA initiated support groups for families in the region and three care teams; AAA developed 8 Care Teams with 45 volunteers serving 12 families; 16 CTN Discovery Events to recruit volunteers for Care Teams; and 2 CTN trainings for 33 individuals; AAA provided HCB program information and assistance to 2,191 individuals. The products are: a final report; dementia trainings materials; a toll free hotline.

Alzheimer's Disease

90-AZ-2454 Support through Alzheimer's Relief System (STARS)

Florida Department of Elder Affairs
Division of Statewide Community Based Services
404 Esplanade Way
Tallahassee, FL 32399 7000

Ms. Dorothy Myles (850) 414-2171
Jul 01, 2001 to Jun 30, 2004

FY 2001	\$350,000	FY 2002	\$350,000
FY 2003	\$350,000		

This three year Alzheimer Disease (AD) demonstration project's goal is to design and develop the Support Through Alzheimer's Relief Systems (STARS) program . The objectives of this AD project are: 1) to coordinate the STARS program with partners; 2) to develop resources; 3) to target culturally under-served and rural Alzheimer's patients and caregivers; 4) to conduct a culturally appropriate awareness campaign through faith-based institutions; 5) to develop a multi-cultural Alzheimer's volunteer resource network; 6) to establish a regional caregiver counseling hotline. The under- served population are the rural, African Americans, and Hispanics. The expected outcomes are: improve the current AD service delivery system; direct services to target ADRD patients and caregivers; outreach for rural ADRD; partner with faith-based institutions (FBIs); volunteers from local churches; a caregiver counseling helpline; inter-agency agreements; promote AD's awareness; develop a volunteer resource network; Volunteer Recognition Day; increase the use of rural respite care and direct services; project replication. The products are: a final report; AD Spanish brochures, AD film, a caregiver self-help video; a caregiver counseling hotline; My Friend Initiative; an in-home ADRD assistance model.

90-AZ-2455 Illinois Rural and LEP Alzheimer's Disease Demonstration Project

Illinois Department of Public Health
535 West Jefferson Street
Second Floor
Springfield, IL 62761 0001

Ms. Jane Kessler (217) 782-3300
Jul 01, 2001 to Jun 30, 2004

FY 2001	\$325,231	FY 2002	\$329,972
FY 2003	\$330,349		

This is a three year Alzheimer Disease (AD) demonstration project whose goal is to target rural and limited English proficiency (LEP) elderly populations in order to expand and build on existing systems and coordinate and integrate services for persons with Alzheimer's Disease (AD) and their families. The objectives are: 1) to expand and coordinate outreach and service delivery efforts to individuals with AD and their caregivers; 2) to recruit 2 Korean physicians for the LEP elderly, and physicians in Russian and Hispanic communities, and meet with the President of the Polish American Medical Society; 3) to conduct caregiver trainings; 4) to conduct a support group leader training; 5) to conduct caregiver trainings in rural areas. The Illinois Department of Public Health will partner with State funded regional AD assistance centers (ADAC), the Coalition of Limited English Speaking (LEP) Elderly, and an Alzheimer Association chapter to collaborate on the project. The anticipated outcomes are: Southern Illinois University web-based continuing medical education project; referral of memory problems and memory loss clients to physicians, ADAC, and Primary Provider Network; outreach training; trainings on dementia and AD; translation of guide for LEP; support groups for LEP; meetings for RURAL and LEP teams; assistance for Koreans, Russian, Polish and Hispanic communities. The products are: a final report; materials in Korean, Russian, Polish and Spanish; AD/Dementia Caregiver training materials; caregiver resource guide; brochures.

Alzheimer's Disease

90-AZ-2456 Maryland Alzheimer's Disease Demonstration Project

Maryland Department of Aging
301 West Preston Street
Suite 1007
Baltimore, MD 21201

Ms. Susan Vaeth (410) 767-1108
Jul 01, 2001 to Jun 30, 2004

FY 2001	\$266,943	FY 2002	\$270,000
FY 2003	\$214,699		

This is a three year rural Alzheimer Disease (AD) demonstration project whose goal is to address long term care (LTC) workforce shortages in Maryland (MD) by expanding the number of rural providers of dementia-competent care through developing microenterprises, or small businesses owned by low-income entrepreneurs. The objectives are: 1) to implement a consumer-directed respite care model; 2) to improve the responsiveness, efficiency and quality of care for people with dementia and their families. The Community Based Organizations (CBO's) involved include: AAAs, MD Respite Coalition, Caregiver Support Coordinating Council, AD Association, Women Entrepreneurs of Baltimore, MD Capital Enterprises, Lifestyles, Inc.. The expected outcomes are: train 25 potential micro-enterprise providers; 6 training sessions on micro-enterprises; 12 dementia training sessions; 31 AAA case managers trained; develop, train, and launch 25 micro-enterprise service providers; home and community based services to 60 AD families; train a total of 100 entrepreneurs on dementia care. Products are: a final report; manuals; survey of LTC workforce shortages; dementia training materials; respite service program materials; consumer Handbook on Dementia Care Services.

90-AZ-2457 Springfield's Multicultural Alzheimer's Services Project: Partnering outreach, education and services

Massachusetts Executive Office of Elder Affairs
Policy and Program Development
One Ashburton Place, Room 517
Boston, MA 02108

Ms. Eliza Lake (617) 222-7481
Jul 01, 2001 to Jun 30, 2005

FY 2001	\$350,000	FY 2002	\$350,000
FY 2003	\$350,000		

The goal of this 3 year Alzheimer Disease (AD) demonstration project is to provide access to appropriate information and services for Springfield's Latinos and African Americans with AD and their families and caregivers through multiple community and faith-based organizations. The objectives of this AD project are: 1) to develop an outreach to Latinos and African Americans with AD; 2) to create a partnership between the Alzheimer Association (AA), the local AAA/ASAP, the local Visiting Nurses Association (VNA), and community organizations that will remove service barriers for those who are currently underserved; 3) to provide direct services through the Massachusetts Respite Care Program (MRCP); 4) to create new programs for Latinos and African Americans; 5) to provide education, training, support and respite to client families/caregivers; 6) to provide cultural competency training to all providers; 7) to perform a project evaluation. The anticipated outcomes are: outreach to target populations; access for underserved; expanded respite and support AD services to Latinos and African Americans; direct services via MRCP and VNA; creation of new programs; cultural competency training; an evaluation; remove service barriers. The products of this AD project are: a final report; AD Spanish materials.

Alzheimer's Disease

90-AZ-2458 Missouri Coalition Demonstration Project

Missouri Department of Social Services
Division of Senior Services
P.O. Box 570, 615 Howerton Court
Jefferson City, MO 65102 0570

Ms. Sandy Gifford (573) 526-8559
Jul 01, 2001 to Jun 30, 2004

FY 2001	\$350,000	FY 2002	\$350,000
FY 2003	\$350,000		

The goal of this three year Alzheimer's Disease (AD) rural demonstration project is to deliver direct services to persons challenged by Alzheimer's Disease and Related Disorders (ADRD). The objectives of this ADRD project are: 1) to create and refine communication routes to extend services to diverse families; 2) to develop breakfast clubs and other family education and support services; 3) to conduct outreach to rural communities; 4) to develop service providers in rural communities; 5) to develop materials and resources for the Hispanic and Bosnian communities in Missouri. The partnership will involve the following community based organizations: MO Dept of Mental Health, AAAs, University of Washinton at St. Louis, local community colleges, AD Assoc., local DD group workshops, respite and adult day care providers, and multi-ethnic and multi-faith aging advocacy organizations. The expected outcomes are: an In-home Respite Initiative; a public education campaign; a Train the Trainer program; developed Early Onset Diagnosis Program; Breakfast Club support groups for Hispanics; a clearinghouse; a first and second annual AD summit; a training on Early On-Set Diagnosis of ADRD; a caregiver respite via A Day Out Program; home modification mini-grants; volunteer training via faith-based community groups; multi-cultural outreach via a bilingual website; a multi-cultural resource center; ADRD training. The products are: a final report; Spanish and Bosnian ADRD brochures; an ADRD curricula.

90-AZ-2459 Indiana Alzheimer's Disease Demonstration Grants to States

Indiana Division of Disability, Aging and Rehab
Bureau of Aging and In Home Services
402 West Washington St.
PO Box 7083
Indianapolis, IN 46207 7083

Ms. Carol Warner (317) 232-7900
Jul 01, 2001 to Jun 30, 2004

FY 2001	\$300,000	FY 2002	\$300,000
FY 2003	\$300,000		

The goal of this three year Alzheimer's Disease (AD) rural demonstration project is to enhance attendance, provide educational resources and training for staff and program materials for consumers, especially the rural, low-income, and minority persons at Adult Day Services. The objectives of this AD project are: 1) to develop a voluntary electronic respite service; 2) to use in-home-video-monitoring of persons with Alzheimer Disease; 3) to assist the rural and low-income populations; 4) to develop culturally sensitive educational materials for consumers. The partners involved include the following community based organizations: Southwestern Indiana Regional Council on Aging, Inc.; Indiana Assoc. of AAAs; Governor's Task Force on ADRD; Vincennes University; Generations; AD Assoc.; Mental Health Assoc.. The expected outcomes are: increase attendance of AD patients at adult day services centers; outreach educational sessions; in-home video monitoring of AD patients; persons educated on symptoms, diagnosis, and treatment of AD, and on services available; data collection; a dissemination plan; professionals trained for dementia/AD care; evaluation on in-home video; Pieces of the Puzzle caregiver training seminars; First Annual Conference on AD. The products are: a final report; training materials.

Alzheimer's Disease

90-AZ-2572 Alzheimer's Arts, Education and Caregiver Initiative - A Kansas Strength Based Respite Model

Kansas Department on Aging
Program and Policy Commission
503 S Kansas Avenue
Topeka, KS 66603 3404

Ms. Cindy Miller (785) 296-0841
Jul 01, 2002 to Jun 30, 2005

FY 2002 \$225,000 FY 2003 \$225,000

This is a three year Alzheimer Disease (AD) demonstration project whose goal is to develop a model day program to provide art and care for persons with AD in an effort to nurture their remaining strengths. The objectives are: 1) to create an environment that offers art and creativity through the development of an Arts and Inspiration Center; 2) to increase access through respite mini-grants program, a consumer-directed respite grant program which will target rural and Hispanic elders; 3) to develop a statewide education and information campaign, including Breakfast Clubs, a generally effective model of caregiver support groups in rural areas; 4) to educate and support family caregivers in venues where caregivers naturally congregate; 5) to pilot this program in several communities; 6) to evaluate this program; and 7) to replicate it statewide. The partners include; Kansas Dept. on Aging; Kansas Assoc. for AAAs; Health Care Assoc.; AD Assn. Chapters; Kansas Assn. of Homes and Services for the Aging. The anticipated outcomes are: Hispanic respite mini-grants; the Hispanic Arts and Inspiration Center; an AD Hispanic model day program; a Hispanic breakfast club model; arts-based respite opportunities for families coping with AD; availability and access to respite services for rural and low income elders and their caregivers; consumer directed respite care for rural Kansans; Hispanic support groups; AD information and education. The products are: a final report and a replication manual.

90-AZ-2573 Pennsylvania Memory Loss Screening Program

Pennsylvania Department of Aging
Pennsylvania Council on Aging
555 Walnut Street, 5th Floor
Harrisburg, PA 17101 1919

Mr. Greg Darr (717) 783-6360
Jul 01, 2002 to Jun 30, 2005

FY 2002 \$349,012 FY 2003 \$349,012

This is a three year Dementia (D) demonstration project, whose goal is to develop the Pennsylvania Memory Loss Screening (MLS) Program. The MLS program is designed to create dementia screening (DS) and service delivery focusing on serving Latino/Hispanic American, Asian-American, African American and rural Pennsylvanians. The objectives of this MLS project are: 1) to develop models of community based service delivery; 2) to target the integration of medical and social support services; 3) to provide facility based, in-home and overnight respite and adult day care; 4) to serve people with early on-set dementia (before the age of 60) regardless of race; 5) to provide direct services, e.g., facility based, in-home and overnight respite and adult day care. The Community Based Organizations involved in this MLS program include: AAAs, PA Dept. of Health, PA Dept. of Public Welfare, Univ. of PA Health System (Memory Disorders Clinic), PA Intra-governmental Council on LTC, Hahnemann University, Alz. Assn chapters of PA (AAC). The anticipated outcomes are: a cadre of volunteers; a dementia screening service for AD minorities and rural elders; improved client health; improved responsiveness of all agencies; greater access to services and c-b supports; improved referrals, screenings, education forums; partnership with corporate and private foundations. The products are: a final report; an MLS model of c-b service delivery to minorities; a replication manual; multi-language materials.

Alzheimer's Disease

90-AZ-2574 **Implementing Changes to Improve Dementia Care in Home, Community and Health Service Organizations**

Michigan Department of Community Health
Bureau of Mental Health and Substance Abuse Services
320 South Walnut Street
Lansing, MI 48913

Ms. Patricia Degnan (517) 373-2845
Jul 01, 2002 to Jun 30, 2005

FY 2002 \$282,373 FY 2003 \$272,355

This is a three year demonstration project that will focus on rural populations and will help the State of Michigan to take a systems integration approach to improving care for Alzheimer (AD) families. The four goals of this AD project are: 1) to replicate a model program of assistance designed to improve access and coordination of care between physicians, people with dementing illnesses, their families, and voluntary health organizations (VHO); 2) to implement two models of assistance in home and community-based service organizations that improve their responsiveness to the needs of people with dementing illnesses and their families; 3) to implement the current statewide capacity of VHOs for Alzheimer, Huntington and Parkinson diseases to follow-up on inquiry calls, provide care consultation and link callers with other supportive services ; 4) to identify components of each model of assistance that have potential for replication or integration by other similar organizations and disseminate key results, lessons, protocols and service methodologies to units of state government, AAAs, VHOs and interested health care providers. The anticipated results of this AD program are: a state model; better understanding of Alzheimer patients' illness; increased level of knowledge and confidence in caring for the patients; use of new protocols. A product of this AD program: a final report.

90-AZ-2575 **Coordinated Care Alzheimer Demonstration Project**

New York State Office for the Aging
Division of Local Program Operations
2 Empire State Plaza
Albany, NY 12223 1251

Mr. Ed Kramer (518) 474-5478
Jul 01, 2002 to Jun 30, 2005

FY 2002 \$305,000 FY 2003 \$266,883

This three year Developmental Disabilities (DD) and Alzheimer Disease (AD) project goal is to develop direct services to persons with DD/AD in rural areas and to low income. It is designed to help them remain in family homes and group homes in their communities. The community-based organizations (CBOs) involved are: the State Office on Aging; Health Dept., Office on Mental Retardation & DD; AAAs, Alz Assn Chapters; chapters of the Assn. of Retarded Citizens (ARC), Univ. of NY at Albany and local DD service providers. The objectives of this DD/AD project are: 1) to find and identify individuals with DD/AD; 2) to provide current information, education, training; 3) to develop support group services to family caregivers; 4) to develop comprehensive professional training programs; 5) to create an DD/AD competent workforce for DD service providers, AAAs and chapters of the Alz Assn.; 6) to disseminate the models of services and training to other regions in NY state; 7) to plan for long-term funding development. The anticipated outcomes are: identify and serve 40 persons with DD/AD; support groups in 10 group homes and 3 regions in year one, and 15 groups in year two; training of 150 home care staff and family caregivers; review of Medicaid waivers and other funding mechanisms to help with DD/AD persons. The products are: a final report; a family resource directory; training materials.

Alzheimer's Disease

90-AZ-2576 West Virginia Alzheimer's Disease Demonstration Project

West Virginia Bureau of Senior Services
Program Unit-OAA
1900 Kanawha Blvd. East, Bldg. 10
Charleston, WV 25305

Ms. Jan Bowen (304) 558-3317
Jul 01, 2002 to Jun 30, 2005

FY 2002 \$250,000 FY 2003 \$250,000

This is a 3 year Alzheimer Disease (AD) demonstration project whose goal is to identify and address needs of rural and low-income West Virginia Appalachian and other WV families struggling with AD. The Community Based Organizations (CBO) involved are: AD Association; Office of Health Facilities Licensure and Certification; local scouts; 4-H programs and faith-based youth groups; local senior centers. The objectives are: 1) to issue start-up grants to senior centers that will work with community coalitions; 2) to establish or enhance local adult day care centers/facilities; 3) to issue grants to county senior centers and local service organizations to provide in-home respite care; 4) to develop a consumer directed respite care approach by issuing respite care grants directly to families; 5) to create a statewide toll-free help- line; 6) to update the CNA training curriculums to include dementia training; 7) to change CNA licensure requirements to require education and experience in assisting persons with dementia; 8) to develop merit badges in AD, dementia and the aging process in collaboration with local civic, community and faith-based groups. The anticipated outcomes are: a sustainable collaborative process to help rural AD persons; increased access to and availability of rural respite care and rural adult day care services; 24 CNA training programs state-wide and reduction in CNA turnover in LTC settings; dementia training for licensure; an AD Merit Badge program; a statewide centralized toll-free help line.

90-AZ-2577 Helping Rural Colorado Families Access Supportive Services for Alzheimer Disease

State Board of Agriculture
Colorado State University - Sponsored Programs
202 Johnson Hall
Fort Collins, CO 80523 2002

Mr. Paul Bell (970) 491-7215
Jul 01, 2002 to Jun 30, 2005

FY 2002 \$350,000 FY 2003 \$350,000

The goal of this 3 year Alzheimer Disease (AD) rural and Hispanic demonstration project is to increase the availability of home health care, companion services, personal care, respite care, adult day care, support groups, and related services to individuals and families with dementia and their families in rural Colorado. The objectives of this AD project are: 1) to demonstrate various models of respite care provided by faith-based groups, civic organizations; 2) to develop a cadre of volunteers as respite providers; 3) to develop and provide family and professional training in the Savvy Caregiver Program; 4) to recruit and coordinate with the Cooperative Extension Service (CES) Gerontology team, AAAs, AD Association, and service providers; 5) to create a Coordination Task Force that will assimilate feedback from the project, and monitor the project's progress. The anticipated outcomes are: trained 500+ families to use supportive services to prevent caregiver burnout; expansion of a 24/7 English/Spanish AD Helpline; elimination of stigma of AD's in rural areas; developed private sector funding of support services; developed caregiver screening tools; reduced caregiver burden; developed a community coalition; improved access to home and community based care services.

Alzheimer's Disease

90-AZ-2578 Oklahoma Alzheimer Coalition Project

Oklahoma Department of Human Services
Aging Services Division
102 N.E. 7th Street
Wagoner, OK 74467

Ms. Sue Holloway (918) 485-4543
Jul 01, 2002 to Jun 30, 2005

FY 2002 \$338,363 FY 2003 \$338,363

This three year Alzheimer Disease (AD) demonstration project goal is to develop an in-home respite and companion visitation recruitment and support program using mentors and volunteers, working in teams, to provide direct home and community based (HCB) services targeted to African American, Native American and rurally isolated populations. The Community Based Organizations involved in this project are: the Methodist Church, the Presbyterian Church; Tulsa AAA; Osage County Nutritional sites and Day Care and home health; and others. The objectives are: 1) to train students to deliver specialized dementia care; 2) to support their on-the-job training program; 3) to prepare ten mentors and on-site front line workers (nurses, aides, etc.) for adult day care (ADC) and respite programs; 4) to replicate the program in faith-based and community/civic groups. The anticipated outcomes are: a multi-level health profession career ladder for front-line community based care staff; increased staff retention; increased access to direct services for African American and Native American AD persons; increased supply of LTC home and community based care workers; increased supply of volunteer workers; replication volunteer model. The product is a final report.

90-AZ-2579 The Alzheimer Disease Project of Mississippi

Mississippi Department of Mental Health
Division of Alzheimer's Disease and other Dementia
239 N. Lamar Street
Jackson, MS 39201

Ms. Jennie Hillman (601) 359-1288
Jul 01, 2002 to Jun 30, 2005

FY 2002 \$252,000 FY 2003 \$239,223

This is a 3 year Alzheimer Disease (AD) African American demonstration project. The goal is to develop volunteer-staffed day respite programs with targeted outreach and service delivery to African Americans. The involved CBOs include: MS Dept of Mental Health, AD Assn., AAA, Baptist Health System, RSVP, First Friends Adult Day Care Center, MS Senior Companion program, and others. The objectives are: 1) to expand the capacities of existing in-home and group respite, homemakers, and personal care services; 2) to improve the long-term care workforce by providing educational training programs; 3) to develop and improve the use of Senior Companions Program; 4) to improve the retention of the workforce through training programs for direct care workers (CNAs, home health aides, sitters, companions); 5) special training for staff on ways to work with and support the independence of AD clients who live alone; 6) to strengthen a volunteer program. The anticipated outcomes are: expanded service availability for AD persons; an increased volunteer workforce; an increased capacity of the care system; increased AD /Dementia trainings; integration of mental health and aging network services. The products are: a final report and AD brochures.

Alzheimer's Disease

90-AZ-2692 Consumer Directed Services for Families of Persons with Alzheimer's Disease

Nebraska Department of Health and Human Services
Division of Aging & Disability Services
PO Box 95044
Lincoln, NE 68509 5044

Janice Price (402) 471-2309
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$326,000

This project will use a consumer-directed approach (CDA) to serve persons with mild to moderate forms of Alzheimer's Disease (AD), and their caregivers. The first goal of the project will be to enable consumers to make effective decisions about care for their relatives and allow them to remain at home as long as possible. The second goal of this project is to offer caregivers a mentor who will provide information and support, mental health support if needed and expanded education/training opportunities. Partnerships will be formed with existing community services and religious and rural coalitions to coordinate and enhance services for caregivers and to reach the currently under-served population of caregivers in five county area. The anticipated outcomes are: consumer-directed approach for AD patients; caregivers for AD patients; family and relative integration; increased support for stay at home and in their community for AD persons; a mentor assigned for each AD person; mental health support for each AD person. The product is a final report.

90-AZ-2693 Dementia Outreach Lexington: Diagnosis/Treatment and Services for African-Americans

Kentucky Cabinet for Health Services
Office on Aging Services
275 West Main Street, 5 C-D
Frankfort, KY 40621

Phyllis Culp (502) 564-6930
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$212,970

Kentucky's Office of Aging Services, in collaboration with the Sanders Brown Center on Aging and the Greater Kentucky and Southern Indiana Chapter of the Alzheimer Association, will conduct a three-year program to increase awareness of dementia and utilization of dementia care services by the African-American community. The objectives of the project are: (1) to increase awareness of dementia in the Lexington/Fayette County African-American population; (2) to provide dementia diagnostic services for African-Americans in their community setting; and (3) to offer two separate services through churches, e.g., support groups and a Best Friends care program - to complement programs already in place. Expected outcomes are increased use of diagnostic and treatment services already in place in an African-American neighborhood, and an increase a sense of satisfaction with caregiving efforts. Products are: a final report; informational materials on dementia and available services; training materials for coaching caregivers and patients; evaluation tools; manuscripts for publication.

Alzheimer's Disease

90-AZ-2694 Rural Respite Program - Group Socialization and In-Home Respite

State of Utah Department of Human Services
Division of Aging and Adult Services
120 N. 200 W
Salt Lake City, UT 84103

Sonnie Yudell (801) 538-3926
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$300,000

This project plans to expand the access to community-based respite services and to develop a system of in-home respite care that is volunteer driven for persons with Alzheimer's disease and related dementias and their caregivers within rural areas of the state and/or minority communities where no such program exists. The goal is to develop relationships with diverse organizations and faith based programs to mobilize and train volunteer respite companions. Culturally sensitive volunteer training materials will be developed to reach a wide range of volunteers and clients. The objectives are: 1) to train volunteer companions who will provide respite care supplemented by home health care; 2) to prepare professionals to teach basic dementia care to participating families; 3) to develop a model for a two-pronged program with parallel development of a plan for community awareness and educational presentations and a program for recruiting and training volunteers and clients; 4) to provide respite for caregivers while providing care and socialization for their family member with Alzheimers. The expected outcomes are: increased access to c-b and in-home respite services; increased use of volunteers for AD persons; increased rural caregivers; trainings for AD volunteers and caregivers; dementia care for families with AD persons. The product is a final report.

90-AZ-2695 Early Intervention and Continuous Supportive Services Project

Idaho Commission on Aging
PO Box 83720
Boise, ID 83720 0007

Lois Bauer (208) 334-3833
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$320,348

Idaho's Alzheimer (AD) Project creates a collaborative model, the "Stand By You Program". The goal is to provide a network of services and a single point of entry for people with Alzheimer Disease (AD) and their families. The objectives are: 1) to offer through a family advisor an array of community services; 2) to offer monthly orientations to Alzheimer Disease and nine-week in-depth training courses; 3) to offer individual, couple and family counseling; 4) to offer access to responsive paid and informal respite and companion services. The anticipated outcomes are: the network of providers and a peer group receive dementia specific training; shared best practices; explore quality improvement processes; sustainability and capacity building methods; a professional, community Advisory Group will help articulate the purpose and values of the "Stand By You Program" to the professional communities they represent. The products are: a final report; training materials on AD.

Alzheimer's Disease

90-AZ-2696 **Home and Community Based Support Services for Hispanic Cultured Persons with Alzheimer's Disease and their Caregivers**

Puerto Rico Governor's Office for Elderly Affairs
Education And Training Division
P.O. Box 50063
Old San Juan Station
San Juan, PR 00902

Rossana Lopez Leon (787) 721-4560
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$300,000

The Office for Elderly Affairs for the Commonwealth of Puerto Rico will conduct a 3-year demonstration project with two primary goals: 2) to develop and provide a comprehensive home-based support model for Hispanic Persons with Alzheimer Disease (AD) and their Caregivers, and 2) to improve receptiveness of existing Senior Centers and the Long Term Care (LTC) service networks toward persons with AD and dementia related disorders (ADDRD. The objectives are: 1) to provide a variety of respite services, home health care, companionship, homemaker services and case management; 2) to provide information and training to strengthen their skills and well being; 3) to provide both community service networks with "know-how" information and training, which will result in increased knowledge, sensitivity and receptiveness of persons with AD; 4) to incorporate community organizations and government agencies as part of its Advisory Council, which will play an active role in planning, implementation and evaluation activities. The expected outcomes are: increased family home support for Hispanics with AD in Puerto Rico; increased sensitivity towards Hispanics with ADDR. The products are: a final report; AD Hispanic training materials.

90-AZ-2722 **Comprehensive Alzheimer's Care Program**

Louisiana Governor's Office of Elderly Affairs
Governor's Office Elderly Affairs
412 North 4th Street
Baton Rouge, LA 70802

Mary Tonore (225) 342-0171
Jul 01, 2003 to Jun 30, 2004
FY 2003 \$210,000

The Louisiana's Governor's Office of Elderly Affairs, in collaboration with Our Lady of Lake Regional Medical Center's Division of Elderly Services and the Alzheimer's Services of the Capital Area, proposes a Comprehensive Alzheimer's Care Program to provide adult care services to person's with Alzheimer's Disease and related dementia. The program will be comprehensive in nature, providing a safe stimulating environment for an individual with Alzheimer's Disease or related dementias. This program will provide an option for caregivers who must work evenings during the week, but do not wish to place their loved ones in a nursing facility. The program will expand current respite services to include the hours of 6pm-7am, M-F, thus offering respite care for overnight stays. Services will include social interaction, exercise, meals, recreational activities, and caregiver support groups.

Alzheimer's Disease

90-AZ-2723 Reaching and Empowering Alzheimer's Clients Together (REACT)

Connecticut Department of Social Services
Division of Social Work and Prevention Services
25 Sigourney Street
Hartford, CT 06106

Sylvia Gafford-Alexander (860) 424-5058
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$250,000

The CDSS is developing this Alzheimer Disease (AD) project, a 3 year partnership with the Conn AD Assn., AAA, and Capitol Region Conference of Churches. The goal of this AD project is to conduct community outreach, awareness, and clinical supportive services for AD persons and their families. The objectives are: 1) to provide community based and in-home clinical assessment/counseling/treatment; 2) to develop materials and treatment strategies; 3) to conduct outreach and increase participation of underserved populations; 4) to conduct program and service integration; 5) to expand current services/support systems. The projected outcomes are: increased participation of underserved seniors; create and disseminate outreach and educational materials; access and availability to families about resources and services; expanded service/care/support network; increased services and treatments; fewer barriers in accessing care and services; connected to services for isolated self-neglecting AD persons. The program products are web accessible and include: final report; brochures; evaluation/assessment tools; training manuals; treatment manual.

90-AZ-2766 Alzheimer's National Call Center

Alzheimer's Disease and Related Disorders Association, Inc.
Contract Center Department
225 N. Michigan Avenue, Suite 1700
Chicago, IL 60601

Cathy Sewell (312) 335-5191
Sep 30, 2003 to Sep 29, 2004
FY 2003 \$993,500

The Alzheimer's Association will enter a cooperative agreement with the Administration on Aging to operate an Alzheimer's National Call Center to individuals with Alzheimer's disease and their families, delivering personalized timely information, care consultation, crisis intervention, and referral to local services, 24 hours a day, 7 days a week. A single 1-800 line, web site, and email address will link callers seamlessly to information experts and care consultants in local Association chapters nationwide, with default to the national Center when local responders are unavailable. All national and local Center personnel will receive uniform training and retraining and utilize a common computer-based repository of information, care protocols, and materials. The Center's goal is to improve the quality of life of persons with Alzheimer's and their caregivers. Callers will have an increased understanding of and ability to deal with Alzheimer's and success in finding local services. Center performance will exceed industry standards. The Center will expand its reach to consumers, particularly in minority and limited English-speaking populations.

Caregiving

90-AM-2462 Caregivers of Senior Resources, Education, Services and Training (REST) Project

St. Petersburg College
Health Education Center
PO Box 13489
Saint Petersburg, FL 33733 3489

Dr. Carl Kuttler Jr. (800) 963-5337
Sep 01, 2001 to Aug 31, 2004
FY 2001 \$874,482

This is a three year Caregiver demonstration project that designed and evaluated a comprehensive assessment and referral system of family caregiver resources. The project will create a best practice model for a caregiver support program over a three year period. There will be a partnership between the St. Petersburg Junior College and the Area Agency on Aging (AAA). The goal is to develop a comprehensive system of supporting caregivers. The objectives are: 1) to develop a pilot project for assessments; 2) to expand program staff both at the college and at the AAA; 3) to utilize volunteers with the resource centers; 4) to establish focus groups; 5) to disseminate project materials; 6) to develop a care management system; 7) to establish caregivers resource centers; 8) to serve a mix of minorities. The expected outcomes are: improved quality of life for care recipients and their families; a comprehensive assessment; a referral system of family caregiver resources; a best practice model for a caregiver support program; assistance with the diverse needs of caregivers; less caregiver stress. The products of this caregivers project are: a final report; a website; an assessment and referral guide; project directory; an evaluation; focus groups materials.

90-AM-2634 Caring for the Caregivers

Area Agency on Aging of Southwest Arkansas, Inc.
600 Columbia 11 East
PO Box 1863
Magnolia, AR 71754 1863

Mr. David Sneed (870) 234-7410
Sep 01, 2002 to Aug 31, 2003
FY 2002 \$209,899

This Area Agency on Aging (AAA), the grantee, administers this one year caregiving demonstration project entitled "Caring for the Caregivers". The approach of this Caregiver program is to demonstrate that the resources can be used through consumer direction of services and direct grants and may be employed for respite care according to the consumers' choice. The goal of this Caregivers project to to locate and encourage family caregivers to extend their caregiving with limited support and respite services. The objectives of this Caregivers project are: 1) to locate family caregivers and care recipients, who meet eligibility criteria. 2) to develop and implement individual plans of care. 3) to evaluate the impact of the project by numbers of caregivers and care recipients supported, consumer satisfaction, and cost. The expected outcomes of this Caregivers program are : 1) all appropriated funds will be committed directly to consumer services. 2) consumer choice and self-directed care will be increased. 3) consumer satisfaction will be positive. The products of this Caregivers project include: project final report with findings; monthly service plans; a report on in-home services aides; a consumer satisfaction report; the agency's new website.

Caregiving

90-AM-2726 Seniors Parenting Again Program

Metropolitan Family Services
Prevention and Education
14 E. Jackson Blvd., Suite 1400
Chicago, IL 60604

..
Sep 01, 2003 to Aug 31, 2004
FY 2003 \$220,631

Metropolitan Family Services proposes a one-year community-based program for low to moderate income seniors who are primary caregivers for children and adolescents. This office and home-based program will be located on the south side of Chicago, Illinois and target older adult residents of the Roseland, Pullman, West Pullman, Washington Heights, Morgan Park and Riverdale communities. The goal of the Seniors Parenting Again Program is to increase the capacity of senior caregivers to cope with their "parenting again" responsibilities. Program objectives are to 1) reduce stress, depression, and anxiety, and 2) increase general well being of caregivers raising children and adolescents. Products will include family stabilization plans for senior parenting families, a senior parenting resource guide tailored to the specific communities in which families live, assessment tools, and evaluation tools. Products will be disseminated to the State, service providers, and seniors in the community.

90-AM-2729 Indianapolis Caregiver Resource Center - Fountain Square

University of Indianapolis
Center for Aging and Community
1400 East Hanna Avenue
Indianapolis, IN 46227

Connie Beran (317) 788-4910
Sep 01, 2003 to Aug 31, 2004
FY 2003 \$196,117

Caring for a loved one who is suffering from dementia, Alzheimer's, or any number of debilitating conditions or diseases is a labor of love.

The Center for Aging & Community at the University of Indianapolis will create the Indianapolis Caregivers Resource Center-Fountain Square (ICRC-FS). ICRC-FS will provide holistic resources and support services to individuals and families assuming a caregiver roles. Partnering with other community organizations in the southeast-side Indianapolis urban neighborhood of Fountain Square, ICRC-FS will identify caregivers in need of support and provide services to meet those needs. The overall objective of this ongoing program is to provide needed tools of intervention for caregivers in Fountain Square by involving and engaging multiple community organizations. Outcomes include increased knowledge of care and community resources, coping skills, the importance of self-care, and avoiding burnout; and decreased self-reported incidences of caregiver burnout and elderly mistreatment (self-neglect, abuse, and exploitation).

Caregiving

90-AM-2805 Research on Young Caregivers

National Alliance for Caregiving
4720 Montgomery Lane, 5th Floor
Bethesda, MD 20814

Gail Gibson Hunt (301) 718-8444
Sep 30, 2003 to Sep 29, 2004
FY 2003 \$124,970

The National Alliance for Caregiving (NAC), in collaboration with the United Hospital Fund (UHF), will conduct research to: 1) determine the nationwide prevalence of children ages 8-18 who are caregivers. 2) learn what role children play in giving care and 3) learn how the caregiving role impacts the life of a child. Nearly all studies of U.S. caregivers have focused on adults who provide care; very little is known about the prevalence of children serving as caregivers in this country. This research will be a starting point for determining the impact of caregiving on young people toward developing policy solutions to meet their needs. After collecting the data, the project partners will prepare a report that will be released at a conference in Washington, DC. for professionals with an interest in family caregiving, members of the press, and Congressional staff. The final report will also be disseminated to NAC members, UHF's mailing lists, AoA's aging network, and Congressional offices. The report will also be made available on the NAC, UH, and AoA web sites. The anticipated outcome of this project will be to increase awareness of the issues facing young caregivers, with the goal of adapting or creating services to accommodate their special needs.

90-CG-2509 Taking Care of Each Other in the Blackfeet Community.

Blackfeet Tribal Business Council
Blackfeet Eagle Shield Senior Citizen Center
P.O. Box 76
Browning, MT 59417

Ms. Connie Bremner (406) 338-7257
Sep 30, 2001 to Sep 29, 2004
FY 2001 \$100,000 FY 2002 \$100,000
FY 2003 \$100,000

The Blackfeet Nation was awarded a Native American Caregiver Support Program (NACSP) demonstration grant to focus on building networks and assisting grandparents caring for grandchildren. Core values to be used in developing the Blackfeet Nation NACSP will include: 1) restoring the Blackfeet traditional family values; 2) rebuilding the Blackfeet tradition of respect, love, and honor; and 3) taking care of each other in the Blackfeet community. A cornerstone of the program will be the development of a network of community service providers to: 1) share expertise across the network; 2) support family caregivers, including grandparents taking care of grandchildren; and 3) provide assistance to caregivers to improve the quality of care for elders. A Caregiver Training Manual and a Grandparents Raising Grandchildren Support Group training Manual, incorporating Blackfeet Traditional and Cultural values, will be developed and used to train both family caregivers and grandparents caring for their grandchildren. Each manual will contain training sessions, activities for each session, and an evaluation form.

Caregiving

90-CG-2524 Promoting Systemic Development of State Family Caregiver Support Program

National Association State Units on Aging
Center for the Advancement of State Community Service Programs
1225 I Street, NW, Suite 725
Washington, DC 20005

Mr. Dan Quirk (202) 898-2578
Sep 30, 2001 to Mar 31, 2003
FY 2001 \$199,998

NASUA, the grantee, is managing this State Family Caregiver Support Program (SFCSP), a one year cooperative agreement. The goal of this project is to assist SUAs with the implementation of the National Family Caregiver Support Program (NFCSP) and to integrate these services into the existing aging and home and community-based service system. The objectives are: 1) to focus on five components integral to the NFCSP, i.e. service package, coordination, continuity, quality and effectiveness. 2) to provide TA to the SUAs via: system development guides, executive summaries, state experience reports, power point presentations, fact sheets, teleconferences and symposia. The expected outcomes are: a cadre of experts; an advisory committee; national teleconferences for SUA directors and staff; hold symposia on the NFCSP; training materials; TA to states; collect information via a survey; prepare a monograph for the Aging Network. The products of this project are: a final report and all outcome products mentioned above.

90-CG-2525 Enhancing State and Local Development of Supports for Caregivers of Persons with Developmental Disabilities

The ARC of the United States
1010 Wayne Avenue, Suite 650
Silver Spring, MD 20910

Sharon Davis (301) 565-5456
Sep 30, 2001 to Dec 29, 2002
FY 2001 \$199,975

There is currently no abstract.

Caregiving

90-CG-2529 **A Collaboration between Businesses for Profit and Non-profit that Addresses Workplace Caregivers Issues**

St. Andrews Resources for Seniors
St. Andrews At Home Services
6633 Delmar Blvd.
St. Louis, MO 63130

Ms. Mary Alice Ryan (314) 726-0111
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$178,800	FY 2002	\$178,800
FY 2003	\$178,800		

The grantee manages this three year National Family Caregivers Support Program (NFCSP) entitled A Collaboration Between Businesses for Profit and Non-Profit that Addresses Workplace Caregivers Issues. The target population are the caregivers and their employers. The goal is to address the challenges that employed caregivers and their employers face and to create a cost-effective model to allow caregivers to provide quality care while remaining productive on the job. The objectives of the project are: 1) to identify employer's awareness of the issues and barriers to their participation; 2) to quantify the costs of employee caregiving; 3) to collaborate with organizations to design cost-effective eldercare management approaches; 4) to improve access to services and support; 5) to educate employers on caregiver burden issues and its impact on them. The outcomes are: employer/caregiver surveys and analyzed data; 1000 employed caregivers will have access to a menu of approaches to comprehensive workplace-delivered eldercare management services; employers will be more aware of and receptive to workplace eldercare management programs; a model/pilot program for employers of all sizes called The Caring Workplace; cost-effective eldercare management approaches; a business advisory council; a general business education campaign; a more employer-friendly workplace. The products of this project are: a final report; a pilot project with 10 employers.

90-CG-2530 **Supporting Older African American Caregivers: Assessing Needs, Building Skills, and Maintaining Health**

Philadelphia Corporation for Aging (PCA)
Family Caregiver Support Program
624 N. Broad Street
Philadelphia, PA 19130 3409

Ms. Joan Klein (215) 765-9000
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$141,097	FY 2002	\$153,087
FY 2003	\$120,439		

This is a three year demonstration project managed by PCA. The goal of this Caregiver project (FCSP) is to demonstrate an innovative model of supplemental services and interventions directed for older African American female caregivers 65 years and older that are caring for a spouse. The objectives of the project are: 1) to improve the caregiver's physical health, functional, and emotional health; 2) to disseminate information; 3) to develop an evaluation; 4) to decrease caregiver stress; 5) to implement a telemedicine program. The anticipated outcomes are: maintain and improve caregiver health; enhance performance of caregiving tasks, decrease caregiver stress; increase quality of life; a telemedicine intervention using in-home telecommunication technology; a demonstration with a short-term nursing intervention; a racial/ethnic flexible protocol; an outcome evaluation; prevention of premature institutionalization; training on "Cultural Implications of Assessment"; and 200 caregivers served by year three; an evaluation. The products of this Older African American Caregiver project are: a final report; and "Supporting Older African American Caregivers."

Caregiving

90-CG-2531 Caregiver Resource Center for Deaf and Late Deafened Elders: A Demonstration Project

Commonwealth of Massachusetts
Executive Office of Elder Affairs
One Ashburton Place
Boston, MA 02108

Ms. Lillian Glickman (617) 727-7750
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$157,604	FY 2002	\$157,604
FY 2003	\$157,604		

The State Unit on Aging (SUA), i.e., the Executive Office of Elder Affairs, will manage the three year demonstration National Family Caregiver Support Program (NFCSP) project. The goal of the Caregivers for the Deaf project is to train caregivers in serving the Deaf and Late-Deafened Elders (DALDE), and Hard of Hearing Elders (HOHE). The objectives are: 1) to establish a Caregiver Resource Center for Deaf and Late Deafened Elders (CRC-DLDE); 2) to implement this project in Pilot Site #1; 3) to develop a public information plan; 4) to conduct a survey; and 5) to replicate the project in two other sites. The anticipated outcomes are: outreach; contracts between state and community partners; training programs (curricula) that reduce family and caregiver stress; a CRC Daycare Program; a project web site; program evaluation; data collection tools; annual report on the findings of pilot site; an ADC-DLDE. The products are: a final report; a CRC for DALDE; an evaluation; articles; brochure; press releases; and training resources.

90-CG-2532 Kinship Care Resource Network (KCRN)

Catholic Charities of the Diocese of Rochester (CCDR)
Elder Services Department
25 Franklin Street
Rochester, NY 14604 1002

Ms. Carolyn Portanova (585) 262-7154
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$200,000	FY 2002	\$200,000
FY 2003	\$200,000		

The Catholic Family Center of CCDR is managing the three year KCRN demonstration project. The goal of this project is to create an accessible, comprehensive continuum of services to Kinship Care Families (KCF). The objectives are: 1) to improve access to information and services; 2) to extend and coordinate case management services; 3) to improve knowledge and skills of kinship caregivers; 4) to improve knowledge and skills of the professionals who work with the kinship caregivers and their families. The anticipated outcomes are: a single entry point; the Provider Resource Network; increased use of case management services; free legal clinic and legal consultations; support groups; seminars and workshops; to serve Kinship caregivers; increased knowledge as kinship caregivers; professionals work with KCRN; professionals have increased knowledge; improved family stability; collaboration with the Salvation Army; and an Intergenerational Kinship Care Camp. The products are: a final report; Kinship Care conference materials; a new computer system; training materials for elder law attorneys; and fact Sheets.

Caregiving

90-CG-2533 Maine Primary Partners in Caregiving Family Support Program

Eastern Area Agency on Aging
450 Essex Street
Bangor, ME 04401

Ms. Roberta Downey (207) 941-2865
Sep 30, 2001 to Sep 29, 2004

<i>FY 2001</i>	<i>\$200,000</i>	<i>FY 2002</i>	<i>\$200,000</i>
<i>FY 2003</i>	<i>\$200,000</i>		

The Eastern AAA, the grantee, directs and manages this 3 year Caregiving demonstration project. The goal of this Partners Caregiver project (PCP) is to demonstrate that primary health care can develop an effective and efficient caregiver intervention in a rural setting. The objectives are: 1) to demonstrate the effectiveness of a rural PCP as a point of early intervention; 2) to show that caregivers will accept and utilize MPPC interventions; 3) to demonstrate that MPPC interventions will be successful in ameliorating multiple risks of caregiving; 4) to show that MPPC community service partnership was established and sustainable; 5) to identify caregivers and refer them to NFCSP for services. The outcomes of the Rural Partners Caregiver project are: data collection; interviews; model curricula; 15 primary care practices; 883 caregivers assessed in physician practices; increase in Physician referrals from 7 to 137; high level of satisfaction; training and education sessions on Penobscot Nation and Pleasant Point reservations; assistance to other AAAs; an evaluation. The products of the Rural project are: a final report; data collection; interviews; model curricula; caregiver handbook; tip sheets; caregiver workshop curriculum materials; training materials; a Rural Caregiver Best Practice Manual; a rural hotline; brochures; and posters.

90-CG-2534 Cuidando con Confianza (Caring with Confidence)

PIMA Council on Aging
5055 East Broadway Blvd., Suite C104
Tucson, AZ 85711

Ms. Donna Wagner (520) 790-7262
Sep 30, 2001 to Sep 29, 2004

<i>FY 2001</i>	<i>\$170,540</i>	<i>FY 2002</i>	<i>\$170,540</i>
<i>FY 2003</i>	<i>\$170,540</i>		

This is a three year National Family Caregiver Support Program (NFCSP). The project partners include the residents and the City of South Tucson and COPE Behavioral Services, Inc.. The goal of this Caregiver project is to develop, test and implement an effective, culturally appropriate, and acceptable model of family caregiver support (FCS) designed by caregivers in South Tucson, AZ. The objectives of the project are: 1) to identify the demographic characteristics of Mexican-American caregivers and elders in South Tucson 2) to reduce the stress of primary family caregivers, and 3) to create a replicable model employed by community caregivers to establish a culturally and linguistically appropriate, sustainable model of caregiver support services. The anticipated outcomes are: establish cooperative agreements with Safe Havens, police, and fire departments; training personnel; establish community focus groups; develop project materials; outreach programs; establish Safe Havens; recruit caregivers; behavioral health workshops; referral services and support groups; data collection; dissemination of results; an evaluation. The products are: a final report; a tested family caregiver support model; methods to alleviate the stress and burden experienced by primary caregivers; literature on the characteristics of Hispanic caregivers; and a replication manual.

Caregiving

90-CG-2535 **Serving Senior Caregivers and Their Adult Children with Developmental Disabilities**

Illinois Department on Aging
Office of The Director
421 East Capitol Avenue #100
Springfield, IL 62701 1789

Ms. Jean Blaser (217) 785-3393
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$174,684	FY 2002	\$197,226
FY 2003	\$197,226		

The three year National Family Caregiver Support Project (NFCSP) will work with elderly family caregivers of adult children with developmental disabilities (DD). The goal of this National Caregiver project is to provide services and support to frail elderly caregivers and their adult children with DD to maximize independence. The objectives of the Caregiver project are: 1) to identify currently needed services and referrals for both the caregiver (s) and the individual with DD. 2) to work with DHS to improve coordination between the service programs for the aged and for DD. 3) to assist caregivers in planning for the future needs of the family member with DD. 4) to expand this project to one area and then to another area in Northern Illinois and in Central Illinois. The anticipated outcomes are: outreach to 50 families (DD); identification of needed services and referrals; support group; service coordination; identify barriers to caregiving ; assistance to caregivers(DD); workshops; improved policy, practice, theory and research; evaluation; and dissemination. The products of this Family Caregiver project are: a final report; data collection; workshop materials; newsletters; and conference materials.

90-CG-2536 **Elder Caregivers of Adults with Disabilities**

Pennsylvania Department of Aging
Bureau of Home and Community Based Services
555 Walnut Street, 5th Floor
Harrisburg, PA 17101 1919

Ms. Joan S. Dougherty (717) 783-6207
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$200,000	FY 2002	\$200,000
FY 2003	\$200,000		

The three year Innovation Grants (total 28 grants) Program of the National Family Caregiver Support Project (NFCSP) is managed by the grantee, PDOA, the State Unit on Aging. The target population is elderly primary caregivers of adult children with MR/DD, especially those who are isolated and who struggle in silence without community resources. PDA will partner with two AAAs and local MR/DD advocacy agencies. The goal of the project is to reduce caregiver stress and burden, and to reimburse consumers for expenditures out of pocket related to caregiving, and to provide resources for all caregiving needs. The objectives of this Caregiver project are: 1) to establish an MR/DD service program tailored to individual needs; 2) to allow the consumer to decide how to use the reimbursement; 3) to develop a comprehensive intake form; 4) to produce an assessment form; 5) to disseminate project information. The outcomes of this Caregiver project are: AAAs participation; MR/DD referrals; identify the needs and resources of the MR/DD community; trainings for AAAs and MR/DD staff; evaluation protocols; and reimbursement to caregivers families. The products of the project are: a final report; fact sheets; a comprehensive referral form.

Caregiving

90-CG-2537 Lifelong Learning and Wellness Program at Asian Community Center

Asian Community Center
7801 Rush River Drive
Sacramento, CA 95831

Dr. Donna L. Yee (916) 393-9026
Sep 30, 2001 to Sep 29, 2004

FY 2001 \$163,767 FY 2002 \$163,767
FY 2003 \$163,767

This is a three year National Family Caregivers Support Program (NFCSP) for elderly Hmong, Mien, Lao and Korean Families. The goal of this Asian Caregivers Project is to address particular rather than generic, cultural, language, and service system challenges. The three objectives are: 1) to build capacity in a multi-cultural community through multi-faceted small group interventions and community level events that foster involvement in service oriented activities; 2) to support Asian American and Pacific Islanders (AAPI) caregivers to develop culturally appropriate caregiver support resources (products and activities); and 3) to incorporate feedback mechanisms. The anticipated outcomes are: programs and services that support the efforts of family caregivers (older adults); an exercise/Nutrition wellness program; self-help products and activities; concerted assistance to improve the accessibility and linkage of services that sustain and provide for caregiver respite; bi-annual identification and assessment of targeted community caregiver needs; a survey of 5000 households and findings; recruit a small group of caregivers (intervention); an AAPI corp of instructors and advisors. The products are: a final report; an AAPI Cookbook; and Health Education and Information Presentation (s) with materials.

90-CG-2538 Aging Caregivers and the Exceptional Child - ACE Project

United Cerebral Palsey of Southern Arizona
3941 East 29th Street, Suite 603
Tucson, AZ 85411

Dr. Ellen Ward (520) 795-3108
Sep 30, 2001 to Sep 29, 2004

FY 2001 \$136,537 FY 2002 \$136,537
FY 2003 \$136,537

This is a three year National Family Caregiver Support Program (NFCSP). The goal of this ACE project is to build a multi-faceted Family Caregiver Program that will increase services to grandparents and aging primary caregivers who are raising children with Mental Retardation and/or Developmental Disabilities (MR/DD). The objectives of this ACE project are : 1) to establish the ACE administrative structure; 2) to identify barriers to access and utilization of support services by aging caregivers; 3) to design and implement a replicable, six-stage social marketing plan; 4) to establish a pilot voucher system; 5) to implement an evaluation component that will monitor project outcomes. The anticipated outcomes are: findings related to caregivers of children with MR/DD; a consumer-determined replicable model of access to services; increased awareness level and attitudinal shift in OAR/DD in the home; increase the body of knowledge regarding aging caregivers and children with MR/DD; provision of replicable printed materials for MR/DD; national dissemination; focus group's results. The products of this ACE program are: a final report; Spanish project materials; printed materials.

Caregiving

90-CG-2539 **Establishing Community Caregiving Networks (CARE-NET) and Developing a Community Caregiving Capacity Index**

Georgia Southwestern State University
Rosalynn Carter Institute for Human Development
800 Wheatley Street
Americus, GA 31709

Ms. Ronda Talley (404) 657-5258
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$150,000	FY 2002	\$150,000
FY 2003	\$150,000		

The goal of this Community Caregiving Networks Project is to support community caregiving leaders who will develop more coordinated, integrated systems of care in local and regional communities. The objectives of this Caregiver project are: 1) to focus on establishing a network of caregiving communities (CARE-NET) within and among 6 Georgia AAA districts; 2) to develop a new metric, i.e., the Community Caregiving Capacity Index (CCCI), which will allow communities to assess their caregiving strengths and needs; 3) to develop action plans for a coordinated, community-wide response to improve caregiving services. The anticipated outcomes of this Caregiver program are: a Community Caregiving Program; Community Caregiving Leaders; a caregiving network; 6 active Georgia AAA districts; a new metric CCCI; and, improved caregiving services. The products of this caregiving program are; a final report; a CARE-NET Start up and implementation guide; an instrument to assess community caregiving capacity; and a community action planning guide.

90-CG-2540 **NJ Ease for Caregivers: Building a Multi-Faceted Caregiver Support System**

New Jersey Department of Health and Senior Services
Division of Senior Affairs
P.O. Box 807
Trenton, NJ 08625 0807

Ms. Barbara Fuller (609) 943-3345
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$250,000	FY 2002	\$250,000
FY 2003	\$250,000		

The goal of this project, NJ Ease for Caregivers: Building a Multi-Faceted Caregiver Support System, is to develop a multifaceted support system concerned with the needs of caregivers, broadening the focus of the existing NJ EASE single entry system for senior services. The objectives of this Caregiver project are: 1) to develop and implement a uniform caregiver assessment; 2) to develop care planning tools; 3) to pilot a staff caregiver training; 4) to modify and create state policies to integrate federal and state funded caregiver services; 5) to develop critical pathways for caregiver decision making; 6) to develop service coordination protocols to guide worker action; 7) to set caregiver service standards. The anticipated outcomes of this caregivers program are: a single entry system for caregiver senior services; a multifaceted caregiver support system; a uniform caregiver assessment; care planning tools; caregiver training; state caregiver policies; caregiver protocols; and caregiver service standards. The products of this caregiver program are: a final report; caregiver planning tools; caregiver training materials; caregivers protocols; and caregiver standards.

Caregiving

90-CG-2541 Self-directed Care Voucher Project

Georgia Department of Human Resources
Division of Aging Services
Two Peachtree Street, NW Suite 36.385
Atlanta, GA 30303 3142

Mr. Cliff Burt (404) 657-5258
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$228,499	FY 2002	\$228,499
FY 2003	\$228,499		

This project is being administered by the Georgia Department of Human Resources. The goal of this project, Self-Directed Care Voucher (SDCV) project, is to demonstrate a self directed care model for family caregivers of elderly people. The objectives of this SDCV caregiver project are: 1) to increase service options by developing 5 self-directed voucher projects in rural areas that can be replicated in other states; 2) to evaluate the effects of self-directed care; 2) to adapt and administer a Caregiver Support and Satisfaction Survey to caregivers participating in voucher programs. The expected outcomes of this SDCV Caregiver program are: a self-directed care voucher; a self directed care model; increased services; 5 rural SDCV projects; replication of SDCV model; an evaluation; and, a SDCV survey. The products of this SDCV Caregiver program include: a final report; a replication manual; a professional evaluation of caregiver support and satisfaction.

90-CG-2542 Caregiver Marketing and Information Campaign

Ten County Aging Board
South Central Kansas AAA
P.O. Box 1122
Arkansas, KS 67005

Mr. Stacey Boothe (620) 442-0268
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$200,000	FY 2002	\$200,000
FY 2003	\$200,000		

The goal of this Caregiver project is to develop a marketing and information campaign for Caregivers. The objectives of this Caregiver project are: 1) to increase public awareness of caregiving; and 2) to generate referrals to caregiver supportive services. The approach consists of a statewide paid media campaign, providing caregiver tips and resources utilizing TV, radio, and billboards. A 1-800 Caregiver line is available. Print media are accessed through monthly statewide press releases. The outcomes of this Caregiver campaign are: increased earlier self-identification by caregivers; greater utilization of caregiver resources; an increase in public awareness of caregiving. The products of this Caregiver Campaign include: a final report; videos of the caregiver shows; reports on effective marketing tools to reach caregivers; and copies of the caregiver shows for other states to broadcast.

Caregiving

90-CG-2543 Healthcare Consortium of Illinois

Healthcare Consortium of Illinois
1350 E. Sibley Blvd.
Dolton, IL 60419

Mr. Salim Al Nurridin (708) 383-0258
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$249,435	FY 2002	\$249,435
FY 2003	\$249,435		

The goal of this project, Healthcare Consortium of Illinois, is to establish a Caregivers Assistance Registry and Enhanced Support System (CARESS). The objectives of this Caregiver project are: 1) to expand the support system for caregivers; 2) to enhance coordination and collaboration among service providers; 3) to service 4 predominantly African American communities on Chicago's south side; 4) to train case managers on how to assist caregivers; 5) to recruit a volunteer respite corps through local area churches. The expected outcomes of this caregiver program are: a Healthcare consortium; trained case managers; a Caregivers Assistance registry; an expanded caregivers support system; coordination and collaboration of service providers; services to 4 African American communities; trained case managers; a cadre of respite corps volunteers; and involvement of local area churches. The products of this Caregiver program are: a final report; a consortium; a Caregivers Assistance Registry; caregiver training materials.

90-CG-2544 Care Team Model: A Project Offering Caregiver-Focused Services That Will Include Caregiver Training, Respite and Resource Counseling

Normandale Ministry for Healing and Wholeness
6100 Normandale Way
Edina, MN 55436

Ms. Jean Sigford (651) 296-2770
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$77,000	FY 2002	\$77,000
FY 2003	\$77,000		

The goal of the project, Care Team Model: A Project Offering Caregiver-Focused Services, managed by the grantee, Normandale Ministry for Healing and Wholeness is to offer caregiver focused services. The objectives of the Caregiver program are: 1) to conduct caregiver training, respite and resource counseling; 2) to match each caregiver with a care team of volunteers; 3) to offer one on one counseling designed to assist caregivers in navigating the system of resources; 4) to arrange for community services; 5) to provide training for 30 caregivers as provided through the Red Cross; 6) to seek partnership with government; 7) to seek replication of the model in the greater metropolitan communities of St. Paul and Minneapolis. The expected outcomes of the Caregiver program are: increased caregiver services; caregiver training; respite training; resource counseling; match up a caregiver with a volunteer; one on one counseling; collaborate with the Red Cross; and replication of model. The products of this Caregiver program include: a final report; new assessment protocols; measurement of caregiver stress; Care Team Model Manual; Caregiver resource and education materials; and videotapes.

Caregiving

90-CG-2545 **Strengthening the Caregiving Process: A Care-Receiver Efficacy Intervention**

University of Denver (Colorado Seminary)
Graduate School of Social Work
2199 So. University Blvd.
Denver, CO 80208

Mr. Enid Cox (303) 866-2800
Sep 30, 2001 to Sep 29, 2004

FY 2001 \$138,666 FY 2002 \$138,666
FY 2003 \$138,666

The goal of this project is to examine the knowledge, attitudes, and behaviors of care receivers. The objectives of this Caregiver project are: 1) to apply what both medical and social science research have affirmed that the importance of a sense of efficacy and assumption of an active role by patients/clients in their care can be applied to positive health and mental health outcomes; 2) to establish that the Caregiver research targeting eldercare has noted the central importance of caregiver/carereceiver relationship in the care process. However limited focus has been given to interventions that assist older individuals in defining and developing competencies in their care receiving role; 3) to demonstrate an empowerment -oriented intervention that increases the efficacy of older care receivers in self-care, use of services and support networks, communication skills, and other aspects of care receiving; 4) to assists their caregivers and improve the quality of the overall care process. The expected intervention outcomes include: increased competency of elders; reduced caregiver stress. The deliverable products of this Caregiver program include; a final report;an intervention manual; a training outline for intervention workers;a comprehensive program evaluation report.

90-CG-2546 **Integrating Caregiving Actions, Resources, and Education**

Mather Lifeways
Mather Institute on Aging
1603 Orrington Avenue, Suite 1080
Evanston, IL 60201

Mr. David Lindeman (847) 524-8800
Sep 30, 2001 to Sep 29, 2004

FY 2001 \$199,904 FY 2002 \$199,904
FY 2003 \$199,904

The goal of this Caregiver project is to implement and evaluate a regional family caregiver education project (RFCEP). The objectives of the project entitled Integrating Caregiving Actions, Resources and Education "I -Care" ; are: 1) to improve career outcomes ; 2) to develop a cadre of experienced trainers; 3) to use a "train the trainer"(TTT) approach to prepare 120 class trainers and 20 master trainers over 3 years; 4) to reach 2,490 Illinois caregivers with an emphasis on reaching underserved, minority caregivers across a broad service area including community based and residential settings; 5) to place the evaluation of the caregiver education program and teaching effectiveness of trainers under the direction of 2 experienced researchers; 6) to employ comprehensive dissemination strategies including web based resources, professional and community presentations, and publications. The anticipated outcomes of this caregiver program are: a new RFCEP-(I-Care); improved careers; a cadre of trainers; train the trainer (TTT) program; 120 classes for TTT; 20 master trainers; outreach to 2,490 caregivers; an evaluation; and a dissemination plan. The products of the caregiver program are: a final report; TTT materials.

Caregiving

90-CG-2547 Outreach and Support for Male Caregivers

Commonwealth of Virginia
Department for the Aging
1600 Forest Avenue, Suite 102
Richmond, VA 23229

Mr. Bill Peterson (804) 662-9333
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$200,000	FY 2002	\$100,000
FY 2003	\$200,000		

The goal of this Caregivers project is to demonstrate the results of using special caregiver ombudsmen to reach out to and initiate one-on-one contact with male caregivers in 3 regions of Virginia, and to develop outreach strategies targeted to male caregivers. This grant is focused on male caregivers, particularly retired military personnel and men living in rural farming communities. The objectives of this caregiver project are: 1) to have the ombudsmen work with male caregivers to help them share their concerns about their role as a care provider; 2) to utilize services that will help them to continue in their role as an effective caregiver; 3) to disseminate an evaluation report to AAAs in Virginia; 4) to make national dissemination through the N4A and NASUA; 5) to make a special effort to have the report available to veterans organizations and farm groups. The expected outcomes of this male caregiver program include: outreach strategies; a trained caregiver ombudsmen for male caregivers; one-on-one contacts; 3 regions of Virginia; outreach strategies to serve male caregivers; caregiver services; retired military males; trainings for the male roles as caregivers. The products of this male caregiver program are: a final report; a cadre of male care providers; an evaluation report.

90-CG-2548 End Of Life Planning For MultiEthnic Caregivers

University of Hawaii at Manoa
Center on Aging, John A. Burns School of Medicine
2530 Dole Street, SAG D200
Honolulu, HI 96822 2319

Ms. Kathryn Braun (808) 586-0100
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$128,246	FY 2002	\$128,246
FY 2003	\$128,246		

The goal of this project, administered by UHM entitled End of Life (EOL) Planning for Multiethnic Caregiver, is to explore the impact of group targeted messages and individually tailored support on EOL planning by multi-ethnic caregivers receiving Long Term Care services. The objectives of this Caregiver End of Life program are; 1) to identify the caregiving "stage" of participants; 2) to provide 600 caregivers with appropriate message booklets and their choice of supplemental support; 3) to track changes in End Of Life knowledge, attitudes, and behaviors (KAB); 4) to document culturally linked barriers to End Of Life planning and strategies to address them; 5) to compare the costs of each approach; 6) to disseminate information to State Units on Aging (SUA). The anticipated outcomes of the program include: support and information to multiethnic caregivers; caregiving "stages" of EOL caregivers; assistance to 600 caregivers; changes in EOL KABs; known culture barriers to EOL planning; strategies to overcome identified cultural barriers. The products of the project include: a final report; booklets on death and dying; description of the intervention.

Caregiving

90-CG-2549 Telephone Support Groups For Caregivers

Senior Service Centers of the Albany Area, Inc.
Community Care Services Division
25 Delaware Avenue
Albany, NY 12210

Ms. Ann DiSarro (518) 474-5731
Sep 30, 2001 to Sep 29, 2004

FY 2001 \$193,381 FY 2002 \$199,277
FY 2003 \$199,277

The goal of this project entitled Telephone Support Groups for Caregivers is to assess the effectiveness of telephone support groups (TSG) for caregivers of frail elderly care recipients. The grantee, Senior Service centers of the Albany Area, Inc., will administer this grant. The objectives of this TSG program are: 1) to establish a multi-component group program that includes emotion-focused coping strategies and support; 2) to implement eight weekly, one and a half-hour telephone group sessions; 3) to assess Caregivers about: health status; emotional wellbeing; social support burden; pressing problems associated with caregiving; knowledge and use of community resources for caregiving. The anticipated outcomes of this TSG project are: Telephone Support Groups; a cadre of caregivers for frail elderly care recipients; emotion-focused coping strategies; 8 weekly one and a half-hour TSG sessions; a caregiver assessment; dissemination of this model. The products include: a final report; a manual; an assessment.

90-CG-2550 An Outcome Based System For Enhancing the Quality Of Caregiver Support Services

Ohio Department of Aging
Planning, Development, & Evaluation (PDE)
50 West Broad Street, 9TH Floor
Columbus, OH 43215 5928

Mr. Richard Leblanc (614) 466-5500
Sep 30, 2001 to Sep 29, 2004

FY 2001 \$198,173 FY 2002 \$198,173
FY 2003 \$198,173

The Ohio Department of Aging (SUA) is charged with the administration of the " Outcome Based System for Enhancing the Quality of Caregiver Support Services " (CS). The goal of this CS project is to design and test an outcome-focused quality monitoring system for the range of OAA services that benefit caregivers. The objectives of this CS project are: 1) to develop a quality monitoring system (QMS) with input from caregivers, older consumers, the aging network, and service providers; 2) to design it with primary emphasis on caregiver needs; 3) to base the principles and standards for quality of service on outcomes identified by all the stakeholders; 4) to evaluate a quality assessment system for effectiveness and feasibility; 5) to develop recommendations based on caregiver and stakeholder input and the results of the evaluation; 6) to use these recommendations to develop a guide for states, area agencies, and providers interested in improving the quality of caregiver support services delivered through the aging network. The expected outcomes include: an outcome-focused quality monitoring system(QMS); outcomes identified by the stakeholders; an evaluation; recommendations; a State, AAA's. The products of this CS program are: a final report; an evaluation; an assessment; and a guide.

Caregiving

90-CG-2557 **Adult Day Services PLUS: A Model For Care Management With Family Caregivers Using Adult Day Service**

Mid County Senior Services
Adult Day Services
22 Media Line Road
Newton Square, PA 19073

Ms. Karen Reeve (717) 783-1550
Sep 30, 2001 to Sep 29, 2004

FY 2001 \$109,935 FY 2002 \$109,935
FY 2003 \$109,935

This project entitled Adult Day Services Plus: A Model for Care Management with Family Caregivers is administered by Mid County Senior Services. The goal of this Caregivers project is to evaluate the addition of caregiver care to adult day services. The objectives of this project are: 1) to develop and test care management tools that facilitate targeting where caregiver support is needed; 2) to design plans of care for the caregiver that are integrated with the care plan of the care receiver; 3) to deliver support in ways to which the caregiver is receptive; 4) to produce a replication manual; 5) to help disseminate the model through professional presentations at conferences and articles in journals and newsletters. The expected outcomes of this Caregiver program are: an Adult Day Services-Plus Caregiver model; a program evaluation; care management tools; caregiver and care receiver plans; a replication manual; dissemination of the Caregiver model; conferences materials; articles in journals and newsletters. The products of this caregiver project are: a final report; care management tools; a replication manual; conference materials.

90-CG-2560 **Transforming the Caregiver Experience at the End of Life: the National Train-the-Trainer Program**

The Hospice Institute of Florida Suncoast
The Institute
300 East Bay Drive
Largo, FL 33770

Ms. Kathleen Eagan (850) 414-2000
Sep 30, 2001 to Sep 29, 2004

FY 2001 \$199,998 FY 2002 \$199,965
FY 2003 \$197,545

The goal of this Train the Trainer (TTT) Caregiver project is to provide specialized training for family caregivers providing care for persons at the end of life (EOL). The objectives of this TTT Caregiver project are: 1) to assess family caregiver needs; 2) to design the Caregiver program; 3) to implement this Caregiver program; 4) to evaluate the program; 5) to provide in-depth training so that hospice and palliative care professionals and family caregivers nationwide can have the necessary information regarding caregiving issues particularly at the end of life; 6) to produce a toolkit for all participants in the train the trainer program; 7) to provide the training directly to 210 hospice and palliative care professionals and reach approximately 10,000 family caregivers. The expected outcomes of this Caregiver program are: a TTT program: specialized training for family caregivers who serve EOL persons; trained 210 professionals and 10,000 family caregivers. The products include: a final report; train-the-trainer materials; an assessment; an evaluation; and a toolkit.

Caregiving

90-CG-2563 National Family Caregiver Support Program

Alliance for Aging
9500 S. Dadeland Boulevard, Suite 400
Miami, FL 33156

Mr. Michael Weston (305) 670-6500
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$190,000	FY 2002	\$190,000
FY 2003	\$190,000		

The National Family Caregiver Support Program (NFCSP) is administered by the Alliance for Aging, of Miami Florida. The goal of this project is to demonstrate a 24 hour crisis respite and referral program for caregivers of elders and disabled adults in Miami-Dade County, Florida. The objectives of the National Family Caregiver Support program are: 1) to establish a demonstration Caregiver model program; 2) to provide 24 hour crisis, respite services and referral services for caregivers; 3) to provide training for caregivers of elders and disabled adults; 4) to provide access to unscheduled crisis respite services; 5) to conduct an evaluation. The expected outcomes of this NFCSP project are: a 24 hour crisis respite and referral program for caregivers; training for caregivers. The major products of this NFCSP program include: a replicable model for unscheduled crisis, for respite services; for training materials; caregiver policies; and Caregiver procedures; and an evaluation; a caregiver model; a guide. The evaluation component will produce data regarding system effectiveness and the degree to which the model program meets stated goals and objectives.

90-CG-2564 Providing Assistance to Caregivers in Transition (PACT)

Contra Costa County Employment and Human Services
Aging and Adult Services Bureau
49 Douglas Drive
Martinez, CA 94553

Mr. Robert Sessler (925) 335-8700
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$203,409	FY 2002	\$203,409
FY 2003	\$203,409		

This project, entitled Providing Assistance to Caregivers in Transition (PACT), is administered by the grantee, Contra Costa County Employment and Human Services. The goal of this Caregiver project is to support, educate, and empower family caregivers who have family members aged 60+, who have recently been placed in a skilled nursing facility (SNF). The objectives are: 1) to provide various levels of care coordination for caregivers whose care recipient chooses to transition back to the community, as well as to those who remain in the SNF; 2) to evaluate the PACT program; 3) to distribute the Evaluation report to the aging network. The anticipated outcomes of this program are: empowered family caregivers; educated family caregivers to serve family members recently placed in an SNF; care coordination for caregivers whose care recipient chooses to transition back to the community and for those who remain in the SNF; an evaluation; dissemination of reports to the aging network. The products of this PACT program are: a final report; a program evaluation report; training materials.

Caregiving

90-CG-2565 A Multi-State Family Caregiver Mediation Project

The Center for Social Gerontology, Inc.
2307 Shelby Avenue
Ann Arbor, MI 48103

Ms. Penelope Hommel (517) 373-8230
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$215,664	FY 2002	\$215,664
FY 2003	\$215,664		

The goal of this project is to manage this project entitled A Multi-State Family Caregiver Mediation. The objectives of this Multi-State Family Caregiver project are: 1) to use mediation to assist frail older persons and their family caregivers; 2) to address and resolve problems and disputes which all too frequently arise when families face physical, emotional, and financial demands of providing long term care to an older family member; 3) to develop a replication manual; 4) to develop and disseminate the model during year three; 5) to provide technical assistance and training to state (SUA) and area agencies (AAAs) in other states on how to replicate the caregiver mediation projects; 6) to replicate this caregiver mediation model; 7) and to evaluate this model program. The expected outcomes of this Family Caregiver program are: mediation as an effective caregiver tool that will assist frail elderly and their family caregivers; resolution of family problems and disputes; a replication manual; a Family Caregiver Mediation model; technical assistance and trainings to SUAs and AAAs. The products of this program are: a final report; caregiver mediation as a planning tool; a replication manual; a mediation model; an evaluation report; technical assistance and training materials.

90-CG-2566 Early Diagnosis of Dementia: Dyadic Counseling for Family Caregivers and Parents

The Pennsylvania State University
Gerontology Center
110 Technology Center Building
University Park, PA 16802

Mr. Steve Zarit (717) 783-1550
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$150,000	FY 2002	\$181,000
FY 2003	\$181,000		

The goal of the Pennsylvania State University Dementia project is to provide a structured, time-limited program of dyadic counseling to family caregivers and care recipients who are in the early stages of dementia. The objectives of this Dementia project are: 1) to develop positive communication patterns between the care giver and the care recipient; 2) to increase knowledge and understanding about available services, preferences for care, care values; 3) to increase the care recipients active participation in his/her care plan; 4) to disseminate the products to direct service organizations and the AAAs. The expected outcomes of this program are: a structured time-limited Dyadic Counseling; assistance to caregivers who work with Dementia cases; positive communications between the caregiver and the Dementia patient; care for those in the early stages of dementia; increased knowledge; and the increased participation in their care plan. The products include: a final report: the EDDI treatment manual; care preferences assessment tools; the evaluation tools; manuscripts for publication in appropriate journals; and web page information of the results.

Caregiving

90-CG-2626 Promoting Systemic Development of State Family Caregiver Support Programs

National Association of State Units on Aging (NASUA)
Center for the Advancement of State Community Service Programs
1201 15th Street, NW, Suite 350
Washington, DC 20005

Ms. Virginia Dize (202) 898-2578
Sep 30, 2002 to Sep 29, 2004

FY 2002 \$185,000 FY 2003 \$185,000

This 3 year cooperative agreement SFCSP project will assist State Units on Aging (SUA) in the systemic development of their Family Caregiver Support Programs (FCSP). The goal of this project is to develop a step-by-step method designed to bring the system components-service package, coordination, continuity, quality and effectiveness-into a coherent whole. The objectives of this project are: 1) to integrate the state FCSP with home and community based services programs; 2) to provide caregivers with customized services and supports; 3) to use a knowledge development process involving experts representing policy, research, administration and advocacy. The anticipated outcomes are: a cadre of experts; a Project Advisory committee (PAC). The products of this project are: a final report; TA materials; a guide; State Experience Reports; power point presentations; fact sheets; symposia materials; executive summaries; a self-assessment tool; research briefs.

90-CG-2627 Caregiver Coalitions Research Project

AARP Foundation
601 E Street NW
Washington, DC 20049

Ms. Elinor Ginzler (202) 434-2787
Sep 30, 2002 to Sep 29, 2004

FY 2002 \$150,000 FY 2003 \$150,000

The grantee, the AARP Foundation, is managing this 2 year cooperative agreement entitled Caregiver Coalitions Research Project (CCRP). The goal of this CCRP project is to support the implementation of the National Family Caregiver Support Program (NFCSP) by fostering the development of caregiver coalitions at the state and community levels. The objectives of this project are: 1) to research the benefits of caregiver coalitions; 2) to promote expansion of the program; 3) to conduct outreach; 4) to perform an evaluation of caregiver services; 5) to collaborate with AoA; 6) to present trainings at local, state, regional and national aging conferences; 7) to develop and disseminate publications and technical assistance tools. The expected outcomes of this AARP project are: a literature review; research; caregiving coalitions; an inventory of program materials; six focus groups; a TA Log; an expanded website. The products of this project are: a final report; results of research; a compendium; an inventory of program materials; training materials; a guide, and conferences materials.

Caregiving

90-CG-2628 Caregiver Adaptations To Reduce Environmental Stress (CARES)

University of Southern California
Andrus Gerontology Center
Department of Contracts and Grants
University Park, Mail Code 1147
Los Angeles, CA 90089

Mr. Jon Pynoos (213) 740-6062
Sep 30, 2002 to Sep 30, 2004
FY 2002 \$150,000 FY 2003 \$148,991

The two-year cooperative agreement between AoA and USC provides for substantial involvement and collaboration with AoA. The goal of this Caregivers project is to create and stimulate improved systems of supportive services that increase caregiver utilization of environmental coping strategies (ECS) to reduce physical burden and strain. The objectives of this project are: 1) to assess caregiver awareness as well as aging network knowledge, strategies and activities designed to assist caregivers in utilizing ECS in their own homes or in the homes of care recipients; 2) to educate aging network service providers on how to effect systems change in delivering special services; 3) to stimulate aging network activities that address physical caregiver burdens and stresses, including collaborating with other key entities such as Centers for Independent Living; and 4) to test and evaluate strategies by service providers to enhance caregiver ECS for dissemination and replication by others. The expected outcomes are: 4 focus groups of caregivers; new knowledge to AAAs; caregiver workshops; on-line training; reduced caregivers burden and strain; ECS To Caregivers; fact sheets. The products of this project are: a final report; all relevant products and documents on website; workshop materials; fact sheets and a "Best Practices" booklet; teleconference materials; a literature review.

90-CG-2629 Educating, Training and Supporting Informal Caregivers in Their Homes.

Council on Aging of Southwestern Ohio
644 Linn Street Suite 1100
Cincinnati, OH 45203

Ms. Arlene de Silva (513) 345-8611
Sep 30, 2002 to Sep 29, 2004
FY 2002 \$150,000 FY 2003 \$150,000

This is a two-year cooperative agreement between AoA and the Council on Aging of Southwestern Ohio (COA). The AAA No.7 is a subcontractor to the grantee, the COA. A second sub-contract is with Scripps Gerontology Center at Miami University who will do the evaluation. The goal of the project is to reduce caregiver stress, burden, and injuries, and increase caregiver knowledge of appropriate care strategies, thereby allowing caregivers to continue in the role and to improve the quality of the care they provide. The target group for this program will be the referrals from discharge planning social workers at hospitals and nursing homes, adult day centers, senior centers and social service agencies. The objectives of this Caregivers project are: 1) to support the NFCSP; 2) to design programs for family caregivers; 3) to implement programs for family caregivers; 4) to evaluate an in-home training program for family caregivers; 5) to conduct trainings at aging conferences; 6) to provide skills to family caregivers. The expected outcomes are: identification of caregivers at community sites; 150 caregivers trained in their home; evaluation on the reduction of stress, depression and reduced injuries; an increase in knowledge, skills and confidence (KSC) in their caregiving skills; all relevant products and documents on website. The products of this project are: a final report; training materials; and an evaluation; a caregiver training manual; a TA log.

Caregiving

90-CG-2630 Caregiver Awareness through Resources and Education for Professionals

American Society on Aging
833 Market St, Suite 511
San Francisco, CA 94103

Mr. Jim Emerman (415) 974-9628
Sep 30, 2002 to Sep 29, 2004

FY 2002 \$184,846 FY 2003 \$234,346

The cooperative agreement between AoA and the American Society on Aging (ASA) is a three-year project. The goal is to increase the ability of healthcare professionals, specifically social workers, occupational therapists and nurses, to identify the needs of family caregivers they encounter in daily practice; and to link these family caregivers to needed services, including those provided through the NFCSP program and the aging network. The objectives of this Caregiver project are: 1) to develop and disseminate a CD-ROM and web-based self study program; 2) to provide training at national and regional conferences; 3) to provide training through 12 phone/Web live e-seminars; 4) to survey social workers, nurses and OTs to assess awareness of NFCSP and family caregiving issues. The expected outcomes of this project are: 10,000 professionals trained; assess the training needs of nurses, social workers and OTs; survey data; 7 Module curriculum on family caregiving; training materials; continuing education credits (CEC) for nurses and others; series of 3-5 e-learning programs on website; TA Log; all relevant products and documents on website; Family Caregivers will be recognized as a group with distinct needs; Continuing Education Credits; an evaluation. The products of this project are: a final report; 16,000 copies of the CD-ROM program; dissemination; training workshops materials; CECs; a 7 Module curriculum; and 3-5 e-learning programs on website.

90-CG-2631 The State of the States in Family Caregiver Support

Family Caregiver Alliance
National Center on Caregiving
690 Market Street, Suite 600
San Francisco, CA 94104

Ms. Lynn F. Feinberg (415) 434-3388
Sep 30, 2002 to Sep 29, 2004

FY 2002 \$191,400 FY 2003 \$191,400

This project, entitled The State of the States in Family Caregiver Support, is a three-year cooperative agreement between AoA and the Family Caregiver Alliance (FCA). The goal of this FCA Caregiver project is to stimulate development of public policies and programs that support family and informal caregivers of the elderly and persons with disabilities. The objectives of the project are: 1) to increase understanding of the range and scope of federal and state funded caregivers support programs in each of the 50 states; 2) to assist the aging network in program development and identification of best practices; 3) to collect data on caregiver services under the NFCSP, Medicaid waivers, State General Funds, System Change grants, and other State funding streams. The anticipated outcomes are: a three year state legislative trend analysis; a state-specific database; an updated FCA website; an FCA TA Log; all relevant products and documents on its website. The products of this project are: a final report; 50 State survey; and briefing materials.

Caregiving

90-CG-2632 **Communicating Effectively with Healthcare Professionals Project**

National Family Caregivers Association
Caregivers Association of America
10400 Connecticut Avenue, Suite 500
Kensington, MD 20895

Mr. John P Marosy (301) 942-6430
Sep 30, 2002 to Sep 29, 2004

FY 2002 \$150,000 FY 2003 \$150,000

The goal of this two-year Caregiver project is to train family caregivers to advocate on behalf of their loved ones with health care professionals, and to deliver a continuity of care and access to the health care resources needed by both the caregiver and the care recipient. The objectives of this project are: 1) to provide caregivers with specific communication skills; 2) to allow family caregivers to function as a member of the health care team; 3) to conduct regional train-the-trainer (TTT) workshops; 4) to establish a national cadre of experts who can train caregivers. The expected outcomes of this project are: a trained network of 500 workshop leaders; 250 persons trained each year; trainers to train 15,000 family caregivers in two years; one workshop leader training conference in each of AoA's 10 regions; feedback from trainers and caregivers; trainer and caregiver evaluations; quarterly AoA project teleconference calls; an updated website. The products of this Caregiver project are: a final report; a national cadre of experts; a curriculum; training materials; a TA Log.

90-CG-2633 **National Center on Grandparents and Other Relatives Raising Children**

Generations United
122 C Street, NW, Suite 820
Washington, DC 20001

Ms. Ana Beltran (202) 638-0259
Sep 30, 2002 to Sep 29, 2004

FY 2002 \$185,000 FY 2003 \$185,000

The goal of this three-year cooperative agreement between AoA and the grantee is to implement the National Family Caregivers Support Program (NFCSP) by establishing a National Center on Grandparent and other Relatives Raising Children. The objectives of this project are: 1) to recruit a national network of experts; 2) to provide training and technical assistance to the aging network; 3) to collaborate with AoA; 4) to present trainings at local, state, regional and national aging conferences; 5) to develop and disseminate publications and TA Tools; 6) to provide skills to the aging network to more appropriately respond to the needs of these caregivers. The expected outcomes of this project are: a survey; increased network of expert trainers; provision of TA to 350 individuals request by year two; disseminate fact sheets; updated website. The products of this Caregiver project are: a final report; a technical assistance log; conferences materials; training materials; publications; TA tools; a literature review; fact sheets; a manual; a tool kit; and products and documents on website.

Caregiving

90-CG-2648 Applying the NFCSP to Caregivers of Persons with Developmental Disabilities (DD)

The Arc of the United States
1010 Wayne Ave.
Suite 650
Silver Spring, MD 20910

Ms. Sharon Davis (301) 565-5478
Sep 30, 2002 to Sep 30, 2004

FY 2002 \$184,997 FY 2003 \$184,997

The goals of this three-year cooperative agreement, a DD Caregiver project, are to assist the State Units on Aging (SUA) with the implementation of the NFCSP project and to integrate these services into the existing aging and home and community-based service system. This project will enhance awareness and abilities of SUAs, AAAs, and local provider agencies to provide these services to grandparents and related caregivers of children and adults with DD. The objectives of this DD Caregiver project are: 1) to provide a collaborative training program for the aging network; 2) to provide TA to SUAs, AAAs and service provider organizations; 3) to work for the adoption of culturally and ethnically sensitive outreach and service delivery; 4) to identify best practice approaches to service delivery for family caregivers; 5) to disseminate project resource materials to additional audiences. The expected outcomes are: TA and training; training workshops at 2-3 national meetings; Internet materials and resources; an aging family caregiver model; state's best practices; an updated ARC website. The products of this Caregiver project are: a final report; training materials; TA materials; best practices in service delivery to Caregivers.

90-CG-2649 Transportation Solutions for Caregivers

Easter Seals, Inc.
Headquarters Office
230 West Monroe Street, Suite 1800
Chicago, IL 60606

Mr. Donald Jackson (312) 551-7174
Sep 30, 2002 to Sep 29, 2004

FY 2002 \$184,997 FY 2003 \$199,983

This is a three-year Caregiver cooperative agreement whose goal is to enhance the aging network's capacity to address transportation issues of caregivers and their loved ones. The objectives of this project are: 1) to provide specialized services that address the fears of elders and their caregivers; 2) to plan for transportation alternatives; 3) to provide community planning to serve transportation-dependent individuals; 4) to provide volunteer-based, low-fare services; 5) to provide education for caregivers on mobility alternatives; 6) to enhance the networks expertise through tools, training and technical assistance; 7) to recommend policy changes that encourage coordination and flexibility. The expected outcomes include: 15 national partners in the National Advisory Council; five train-the-trainer workshops; trainings for 200 Faith-in-Action organizations; TA and Peer Mentoring for all Trainers; workshops at four national conferences. The products of this Caregiver project are: a final report; a Transportation Tool Kit for Caregivers in Spanish; a Transportation Solutions package for Practitioners; Train-the-Trainer Workshop materials; TA and Peer Mentoring materials.

Caregiving

90-CG-2650 **Making the Link: Connecting Caregivers with Services through Physicians**

National Association of Area Agencies on Aging
927 15th Street, NW, 6th Floor
Washington, DC 20005

Ms. Adrienne Dern (202) 296-8130
Sep 30, 2002 to Sep 29, 2004

FY 2002 \$149,950 FY 2003 \$149,950

The goal of this Caregiver two-year cooperative agreement between the AoA and NAAAA is to strengthen the ability of Area Agencies on Aging (AAAs) and Title VI's (OAA) Native American aging programs to serve family caregivers via a campaign to involve physicians in identifying caregivers and referring them to NFSCSP services. The objectives of this project are 1) to create the strategies and tools AAA and Title VI (OAA) need to collaborate with local physicians; 2) to promote within the medical community the concept that caregiving is a public health issue; 3) to increase awareness among physicians of the important health care role of family caregivers; 3) to enhance the ability of physicians to connect caregivers with NFSCSP services. The expected outcomes are: linkages between AAA and Title VI programs and local physicians; linkages between physicians and family caregivers to connect caregivers with services; an Advisory Board; a team of 120 AAAs and Title VI programs. The products are: a final report; TA materials; training materials; Caregiver Resource Packets for Physicians; a questionnaire; a strategy kit; and conference materials.

Consumer Participation in Home and Community

90-AM-2253 **Educational Program for Seniors to Prevent and Report Medicare Fraud and Waste**

Utah Legal Services
Senior Lawyer Vol. Project
254 West 400 South, 2nd Floor
Salt Lake, UT 84101

Ms. Amy Boettger (801) 328-0618
Jul 01, 1999 to Jun 30, 2003

FY 1999 \$110,000 FY 2000 \$150,000
FY 2001 \$120,844

A collaborative effort with the Senior Lawyer Project, local, state, and federal agencies and private groups.

Consumer Participation in Home and Community

90-AM-2256 Idaho Medicare Watch Partnership

Idaho Commission on Aging
P.O. Box 83720
Boise, ID 83720 0007

Mr. Ken Wilkes (208) 334-2219
Jul 01, 1999 to Jun 30, 2003
FY 1999 \$154,972 FY 2000 \$194,972
FY 2001 \$155,000

A collaborative effort with Idaho's six Area Agencies on Aging, the Senior Health Insurance Benefits Advisors, and the RSVP.

90-AM-2257 Project SNAG - (Senior Nevada Advocates on Guard)

Nevada Division for Aging Services
340 North 11th Street, Suite 302
Las Vegas, NV 89101

Ms. Deborah Cormier (702) 486-3545
Jul 01, 1999 to Jun 30, 2003
FY 1999 \$170,000 FY 2000 \$210,000
FY 2001 \$193,000

A collaborative effort with the Division of Aging Services, the Nevada Office of the Attorney General and AARP.

Consumer Participation in Home and Community

90-AM-2258 **Med\$ave- Medicare and Medicaid Dollars Saved by Advocates and Volunteer Educators Project**

Western Reserve Area Agency on Aging
925 Euclid Avenue, Suite 600
Cleveland, OH 44115

Ms. Cyndi Rossi (216) 621-8010
Jul 01, 1999 to Dec 31, 2002

<i>FY 1999</i>	<i>\$155,000</i>	<i>FY 2000</i>	<i>\$195,000</i>
<i>FY 2001</i>	<i>\$178,000</i>	<i>FY 2002</i>	<i>\$30,000</i>

A collaborative effort with five departments on aging in Cuyahoga, Geauga, Lake, Lorain, and Medina Counties.

90-AM-2259 **Montana Medicare Waste Project**

MISSOULA AGING SERVICES
227 WEST FRONT STREET
MISSOULA, MT 59802

Ms. Kathy Ray-Smith (660) 747-3107
Jul 01, 1999 to Jun 30, 2003

<i>FY 1999</i>	<i>\$170,000</i>	<i>FY 2000</i>	<i>\$210,000</i>
<i>FY 2001</i>	<i>\$193,000</i>		

A collaborative effort with three other Area Agencies on Aging as well as various public and private organizations.

Consumer Participation in Home and Community

90-AM-2264 Preventing and Combating Health Care Fraud, Waste and Abuse

Indiana Division of Disability, Aging and Rehabilitative Services
Bureau of Aging and In-Home Services
402 W. Washington Street
P.O. BOX 7083
Indianapolis, IN 46207 7083

Mr. Robert Hornyak (317) 232-1734
Jul 01, 1999 to Jun 30, 2003

<i>FY 1999</i>	<i>\$155,000</i>	<i>FY 2000</i>	<i>\$155,000</i>
<i>FY 2001</i>	<i>\$49,458</i>	<i>FY 2002</i>	<i>\$0</i>

A collaborative effort with the Medicare contractor, the Indiana Attorney General's Office, the Indiana Commission on Aging, the Indiana Division of Medicaid Policy and Planning, Area Agencies on Aging, and other community-based entities.

90-AM-2266 Senior Medicare Waste Patrol Projects

Connecticut Department of Social Services
Elderly Services Division
25 Sigourney Street
Hartford, CT 06106

Ms. Mimi Peck-Llewellyn (860) 424-5244
Jul 01, 1999 to Dec 31, 2002

<i>FY 1999</i>	<i>\$155,000</i>	<i>FY 2000</i>	<i>\$194,980</i>
<i>FY 2001</i>	<i>\$178,000</i>		

A collaborative effort with five Area Agencies on Aging, the Office of the State Long Term Care Ombudsman, the Connecticut Beneficiary Outreach Coalition, the Medicaid Fraud Control Unit, the Senior Volunteer Assistance Program, the Center for Medicare Advocacy, legal services programs, and other entities.

Consumer Participation in Home and Community

90-AM-2267 SENIOR MEDICARE PATROL PROJECT

SENIOR AND DISABLED SERVICES DIVISION
ABUSE PREVENTION UNIT
P.O. BOX 14750
SALEM, OR 97309

Mr. William Fritz (503) 945-5812
Jul 01, 1999 to Jun 30, 2003
FY 1999 \$170,000 FY 2000 \$210,000
FY 2001 \$193,000

A collaborative effort between the State of Oregon, the Department of Human Resources, the Senior and Disabled Services Division, and Elders in Action.

90-AM-2275 Oklahoma Fraud Awareness Consortium (OFAC)

State of Oklahoma Insurance Department
Oklahoma Insurance Department
P.O. Box 53048 3814 N. Santa Fe
Oklahoma, OK 73152 3408

Ms. Kelli Woodson (405) 521-2746
Jul 01, 1999 to Apr 30, 2003
FY 1999 \$170,000 FY 2000 \$210,000
FY 2001 \$140,477

this project is for an SMP grant to Oklahoma that expired in 2002-Lisa Thierl

Consumer Participation in Home and Community

90-AM-2279 Delaware Medicare Patrol Project

Delaware Department of Health and Social Services
Division of Services for Aging and Adults with Physical Disabilities
1901 N. Dupont Highway
New Castle, DE 19720

Ms. Eleanor Cain (302) 577-4791
Jul 01, 1999 to Dec 31, 2002
FY 1999 \$160,000 FY 2000 \$200,000
FY 2001 \$175,000

A collaborative effort with the State Attorney General's Office, the U.S. Attorney's Office, the Medicare Part B Carrier (Trailblazer), the RSVP, and senior centers.

Consumer Participation, Education, and Protection

90-AM-2336 Senior Counselors Against Medicare Swindlers (SCAMS)

California Health Advocates
California HICAP Association
1971 E. Fourth Street, Suite 200
Santa Ana, CA 92705

Ms. Julie R. Schoen (714) 560-0309
Jul 01, 2000 to Jun 30, 2003
FY 2000 \$280,000 FY 2001 \$263,000
FY 2002 \$285,000

A collaborative effort with the California ombudsman programs and the California area agencies on aging.

Consumer Participation, Education, and Protection

90-AM-2337 STATEWIDE EXPANSION OF SENIORS ORGANIZED TO RESTORE TRUST (SORT) PROGRAM

DISTRICT III AAA- dba CARE CONNECTION FOR AGING SERVICES
106 WEST YOUNG
PO BOX 1078
WARRENSBURG, MO 64093

Ms. Kathy Ray-Smith (660) 747-3107
Jul 01, 2000 to Jun 30, 2003
FY 2000 \$213,488 FY 2001 \$188,499
FY 2002 \$194,659

A collaborative effort with CLAIM and the AARP (MO).

90-AM-2338 Senior Medicare Patrol Project

North Carolina Division On Aging
2101 Mail Service Center
Raleigh, NC 27699 2101

Mr. Denis Streets (919) 733-3983
Jul 01, 2000 to Dec 31, 2003
FY 2000 \$220,000 FY 2001 \$203,000
FY 2002 \$180,000

This is a three-year cooperative agreement entitled Senior Medicare Patrol (SMP) Project. It is a collaborative effort with the Seniors' Health Insurance Information Program, the state AAAs, the Community Advisory Committees, the Retired Senior Volunteer Program (RSVP), the Seniors Plus Program, and the CARE-LINE in the NC Office of Citizen Services. The target population are the Medicare beneficiaries. The goal of this project is to develop and strengthen the SMP which will combat waste, error and abuse, and fraud in the Medicare and Medicaid (MMF) programs. The objective of the project is to recruit and train retired seniors to serve as volunteer community experts and resources in combating health care fraud, waste and abuse. The expected outcomes are: newly found resources; increased awareness of MMF issues; lowered costs in MMF program; and increased fraud cases solved. The products of this project are: a final report: and training materials.

Consumer Participation, Education, and Protection

90-AM-2340 EMPOWERING CONSUMERS OF HEALTH ORGANIZATIONS (ECHO)

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES Ms. Cindy Kadavy (402) 471-2307
Division of Aging and Disability Services Jul 01, 2000 to Jun 30, 2003
PO BOX 95044
LINCOLN, NE 68509 5044

FY 2000 \$201,464 FY 2001 \$184,464
FY 2002 \$161,464

A collaborative effort with the Division of Aging and Disability Services, the state AAAs, Long-Term Care Ombudsman Programs, and the Office of the US Attorney.

90-AM-2341 Sage Watch - A Collaboration Educating Hawaii's Seniors To Reduce Medicare Fraud And Abuse

Hawaii Executive Office On Aging
250 South Hotel Street, Suite 109
Honolulu, HI 96813

Ms. Deborah Hanson (808) 948-6545
Jul 01, 2000 to Nov 30, 2003
FY 2000 \$193,046 FY 2001 \$153,048
FY 2002 \$153,046

This project entitled SageWatch is a collaboration Educating Hawaii Seniors To Reduce Medicare Fraud (MMF) and Abuse. This is a collaborative three year cooperative agreement effort with AARP, AAAs, health care provider associations, Medicare contractors, senior health care organizations, law enforcement, immigrant and Native Hawaiian organizations, consumer advocates, SAGE PLUS, and the Long-Term Care Ombudsman (LTCO). The goal of this project is to bring awareness to Hawaiians about Medicare/Medicaid (MMF) Fraud, waste, error and abuse (FWEA). The objective of this project is to improve the quality of healthcare for seniors by addressing MMF and other health insurance discrepancies not limited to waste, fraud and abuse. The expected outcomes are: improved healthcare of Hawaiian seniors; more awareness of fraud; increased reported cases of FWEA; trained senior Hawaiian volunteers; identified fraud cases. The products of the MMF project are: a final report; MMF education materials; training materials.

Consumer Participation, Education, and Protection

90-AM-2342 SENIOR MEDICARE PATROL PROJECT

SUBURBAN AREA AGENCY ON AGING
1146 WESTGATE, SUITE 200
OAK PARK, IL 60301

Mr. Jonathan Lavin () -
Jul 01, 2000 to Jun 30, 2003
FY 2000 \$220,000 FY 2001 \$203,000
FY 2002 \$225,000

A collaborative effort with the Northeastern Illinois Area Agency on Aging and the Chicago Department on Aging.

90-AM-2343 The Health Care Fraud Education Project for Pennsylvania

Center for Advocacy for the Rights and Interests of the Elderly
CARIE
1315 Walnut Street, Suite 1000
Philadelphia, PA 19107

Ms. Jennifer Haugen (215) 545-5728
Jul 01, 2000 to Jun 30, 2003
FY 2000 \$288,000 FY 2001 \$271,000
FY 2002 \$293,000

A collaborative effort with the Albert Einstein Medical Center, the Philadelphia Corporation for Aging and its long-term care ombudsman program, the Mayor's Commission, and the Executive Service Corps.

Consumer Participation, Education, and Protection

90-AM-2344 MINNESOTA MEDICAL CARE AND ANTI-FRAUD DEMONSTRATION PROJECT

MINNESOTA BOARD ON AGING
444 LAFAYETTE ROAD
ST. PAUL, MN 55155 3843

Ms. Mary Freeberg (651) 296-4608
Jul 01, 2000 to Jun 30, 2003

FY 2000 \$219,688 FY 2001 \$202,831
FY 2002 \$224,831

A collaborative effort with the Minnesota Attorney General's Office and the Arrowhead and Southwest District Area Agencies on Aging.

90-AM-2345 HEALTH CARE WASTE, FRAUD AND ABUSE SENIOR MEDICARE PATROL PROJECT

NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Elderly and Adult Services
STATE OFFICE PARK SOUTH
129 PLEASANT STREET
CONCORD, NH 03301

Mr. Lloyd Farnham (603) 271-3944
Jul 01, 2000 to Nov 30, 2003

FY 2000 \$248,416 FY 2001 \$231,416
FY 2002 \$250,416

A collaborative effort with the Community Services Council of New Hampshire, the New Hampshire Association of Senior Centers, and the University of New Hampshire Cooperative Extension Service.

Consumer Participation, Education, and Protection

90-AM-2346 Curb Abuse in Medicare and Medicaid Project (CAMM)

Maryland Department of Aging
Client and Community Services Unit
301 West Preston Street, Suite 1007
Baltimore, MD 21201

Ms. Stephanie Garrity (410) 767-1074

Jul 01, 2000 to Jun 30, 2003

FY 2000	\$265,000	FY 2001	\$248,000
FY 2002	\$225,000		

A collaborative effort with the Maryland Association of Area Agencies on Aging, the Maryland Association of Senior Centers, and the Delmarva Foundation.

90-AM-2347 Health Care Anti-Fraud, Waste And Abuse Senior Volunteer Education Project

Aging 2000
One Richmond Square
Providence, RI 02906

Ms. Mary Cimini (401) 521-7930

Jul 01, 2000 to Oct 01, 2003

FY 2000	\$220,000	FY 2001	\$203,000
FY 2002	\$193,652		

The grantee, Aging 2000, sponsors this three-year cooperative agreement Senior Medicare patrol (SMP) project in a collaborative effort with the Rhode Island Attorney General's Office and the RI Department of Elder Affairs, the RI Long-Term Care Ombudsman Program, and the RI Senior Health Insurance Program. The target population are the Medicare/Medicaid beneficiaries. The goal of this RI SMP project is to develop a Medicare/Medicaid Fraud (MMF) project and strengthen the SMP who will combat MM Fraud (MMF), waste, error and abuse (FWEA). The objective of the SMP project is to recruit and train retired RI senior volunteers to serve as volunteer community experts and develop resources in combating health care FWEA. The expected outcomes are: improved healthcare for seniors; increased cadre of volunteers trained; a new SMP project; satisfied and educated M/M insurance beneficiaries; increased awareness of FWEA; increased number of reported cases of FWEA. The products of this SMP project are: a final report; training materials.

Consumer Participation, Education, and Protection

90-AM-2348 Collaborative Statewide Volunteer Training, Support, Public Education and Referral for Medicare/Medicaid Fraud

Coalition of Wisconsin Aging Groups, Inc.
Elder Law Center
2850 Dairy Drive, Suite 100
Madison, WI 53718

Ms. Betsy Abramson (608) 224-0660
Jun 30, 2000 to Jun 30, 2003

FY 2000 \$220,000 FY 2001 \$203,000
FY 2002 \$222,000

A collaborative effort with the Wisconsin Attorney General's Office and Bureau of Aging and Long-Term Care Resources, the WI Association of Senior Centers, AARP (WI), and the WI Retired Educators Association.

90-AM-2349 For Senior Medicare Volunteer Recruitment /Training Patrol Project

New York State Office For The Aging
Long Term Care Ombudsman Unit
2 Empire State Plaza
Albany, NY 12223 1251

Ms. Wanda Troche (518) 474-8407
Jul 01, 2000 to Jun 30, 2004

FY 2000 \$290,000 FY 2001 \$273,000
FY 2002 \$295,000

The three-year cooperative agreement entitled For Senior Medicare Volunteer Recruitment/Training Patrol (SMP) Project is a collaborative effort between the grantee, the New York State Office for the Aging and the New York State Attorney General's Office, 11 metropolitan area agencies on aging (AAA), and the New York State Association of Senior Centers. The target population is Medicare beneficiaries. The goal of this SMP project is to develop and strengthen the Senior Medicare Patrol (SMP) who will combat Medicare/Medicaid (MMF) program fraud, waste, error and abuse (FWEA). The objective of the project is to recruit and train retired senior Medicare volunteers to serve as volunteer community experts and resources in combating health care FWEA. The expected outcomes are: improved healthcare for seniors; increased cadre of volunteers trained; a new SMP project; satisfied Medicare beneficiaries; increased awareness of FWEA; increased number of reported cases of FWEA. In the six month reporting period ending December 31, 2003, 13 training sessions were held which were attended by 306 beneficiaries and information assistants. The product is a final report.

Consumer Participation, Education, and Protection

90-AM-2350 Senior Medicare Waste Patrol

State of Iowa
Iowa Department of Elder Affairs
Clemens Building, third floor
200 10th Street
Des Moines, IA 50309 3609

Ms. Angela Lange (515) 242-3320
Jul 01, 2000 to Jun 30, 2003
FY 2000 \$281,045 FY 2001 \$327,473
FY 2002 \$312,473

A collaborative effort with the Iowa Senior Center Coalition and the Hawkeye Valley and Heritage Area Agencies on Aging.

90-AM-2351 Senior Medicare Patrol Project

SC Department of Health and Human Services
Bureau of Senior Health and Long Term Care Services
PO Box 8206
1801 Main Street
Columbia, SC 29202 8206

Miss Gloria McDonald (803) 898-2850
Jul 01, 2000 to Jun 30, 2003
FY 2000 \$151,638 FY 2001 \$174,638
FY 2002 \$7,319

A collaborative effort with the Division of Elder Rights, the Palmetto Government Benefits Administration, the SC Attorney General's Office, the Department of Insurance, the Insurance Counseling Assistance and Referral for Elders Program, and the state AAAs and Long-Term Care Ombudsman Programs.

Consumer Participation, Education, and Protection

90-AM-2352 WYOMING SENIOR PATROL PROJECT

WYOMING DIVISION ON AGING
6101 YELLOWSTONE ROAD, 259B
CHEYENNE, WY 82002

Ms. Edna Vajda (307) 777-7986
Jul 01, 2000 to Jun 30, 2003

FY 2000 \$147,500 FY 2001 \$141,000
FY 2002 \$148,000

A collaborative effort with Wyoming Senior Citizens, Inc., the Long-Term Care Ombudsman Program, the Senior Health Information Program, the Wyoming Office of the Attorney General, and the Wyoming Department of Insurance.

90-AM-2354 South Dakota Anti-fraud Education Project

East River Legal Services Corporation
Senior Health Information and Insurance Education Program
335 North Main Avenue, #300
Sioux Falls, SD 57104

Ms. Candise Gregory (605) 336-2475
Jul 01, 2000 to Jun 30, 2003

FY 2000 \$60,774 FY 2001 \$60,774
FY 2002 \$58,442

A collaborative effort with the Senior Health Information and Insurance Program, AARP South Dakota, the Public Utilities Commission, TRIAD Board of Directors, the South Dakota State University Cooperative Extension Service, the Department of Commerce, the Regulation Division of the Insurance Fraud Unit, the US Attorney's Office, and the SD Attorney General.

Consumer Participation, Education, and Protection

90-AM-2355 Mississippi Medicare Assistance Patrol Project (MsMAPP)

Mississippi Department of Human services
Division of Aging and Adult Services
750 North State Street
Jackson, MS 39202

Dr. Betty Green (601) 359-9663
Jul 01, 2000 to Jun 30, 2003

<i>FY 2000</i>	<i>\$220,000</i>	<i>FY 2001</i>	<i>\$203,000</i>
<i>FY 2002</i>	<i>\$180,000</i>		

Mississippi Department of Human Services, Division of Aging and Adult services will work in a collaborative effort with the Central Mississippi, South Delta, and Southern Mississippi AAAs and the North Mississippi Rural Legal Services to assist in combating health care waste, fraud, and abuse. The goals of the Mississippi Senior Medicare Patrol Program are to recruit, train, and retain volunteers to serve as Medicare Patrol Volunteers who will educate older persons to take control of their own health care; develop a Medicare-user population that is knowledgeable and discerning of inappropriate health care expenditures; and partner and collaborate with exiting programs and organizations.

90-AM-2377 Elder Consumer Resource Center

Governor's Office of Elderly Affairs
Special Programs Unit
PO Box 50063, Old San Juan Station
San Juan, PR 00902

Ms. Rossana Lopez Leon (787) 721-5710
Aug 01, 2000 to Jul 31, 2003

<i>FY 2000</i>	<i>\$75,000</i>	<i>FY 2001</i>	<i>\$70,000</i>
<i>FY 2002</i>	<i>\$70,000</i>		

The grantee, the Governor Office of Elderly Affairs, was funded by the Administration on Aging (AoA) to establish this center, one of four "National Consumer Protection Technical Assistance Resource Centers (NCPTARC)". The goal of this Center is to give advice, guidance and technical assistance (TA) to Senior Medicare Projects Nationwide and raise consumer awareness about Medicare/Medicaid Fraud (MMF), waste and abuse. The objectives are: 1) to support these four Centers regarding MMF issues; 2) to disseminate educational materials; 3) to replicate best practice strategies for promoting consumer awareness regarding MMF ; 4) to provide outreach to minority and non-english speaking individuals; 5) to educate rural and isolated non-English-speaking individuals; 6) to disseminate the resulting information on best practice strategies and materials into the work of the Florida and Virginia resource centers and to disseminate nationwide. The anticipated outcomes of this MMF program are: increased awareness of beneficiaries regarding the detection and reporting of MMF, error and abuse; advice, guidance and TA to elderly consumers; a Consumer Protection Resource Center. The products are: a final report; MMF materials; best practice strategies.

Consumer Participation, Education, and Protection

90-AM-2446 West Virginia Senior Medicare Patrol Project

West Virginia University Corporation on Behalf of Seniors
West Virginia Center on Aging
886 Chestnut Ridge Road
PO Box 68445
Morgantown, WV 26506 6845

Ms. Wanda Cox (304) 293-7436
Jul 01, 2001 to Jun 30, 2004

FY 2001 \$180,000 FY 2002 \$179,467

This three-year cooperative agreement entitled Senior Medicare Patrol (SMP) project is managed by the grantee, West Virginia University Corporation, in collaboration with the WV University Research Corporation. The target population are the WV Medicare beneficiaries. The goal of this project is to develop and strengthen the Senior Medicare Patrol which will combat waste, fraud, error and abuse in the Medicaid and Medicare programs. The objective of the project is to recruit and train retired senior persons to serve as volunteer community experts and resources in combating health care fraud, waste and abuse. The expected outcomes of this project are: a cadre of volunteers; newly found resources; increase in awareness of Medicare fraud issues; lower costs in fraud, waste and abuse programs; increase in fraud cases solved. The products of this project are: a final report; training materials. At the request of this grantee, the grant was terminated as of July 31, 2003.

90-AM-2447 Senior Medicare Patrol Project

Jewish Family and Vocational Service of Middlesex County, Inc.
JFVS
515 Plainfield Avenue
Suite 201
Edison, NJ 08817

Mr. Robert Cabnet (732) 777-1940
Jul 01, 2001 to Jun 30, 2004

FY 2001 \$180,000 FY 2002 \$180,000
FY 2003 \$202,000

The Senior Medicare Patrol, NJ Healthcare Advocacy Volunteer Effort (NJHAVE), is a three year cooperative agreement project administered by the Jewish Family and Vocational Service of Middlesex County, Inc. The goal of NJHAVE is to improve the quality of health care for senior citizens provided in New Jersey by addressing Medicare, Medicaid and other health insurance discrepancies, including but not limited to waste, fraud and abuse, through the use of trained retired persons as volunteers. The objectives of this project are: 1) to continue and expand working relationships with local aging and community service agencies; 2) train new Training Associate Agencies; 3) recruit and train volunteers; 4) increase awareness of Medicare and Medicaid beneficiaries and their caregivers through community and media events; 5) identify and report new potential cases of health insurance discrepancies; 6) evaluate effectiveness of the project; and 7) work in collaboration with the NJ State Health Insurance Assistance Program (NJ SHIP) on Medicare issues. To achieve the objectives of this project, NJHAVE will collaborate with NJ SHIP, Retired Senior Volunteer Programs, NJ Triad Association, NJ Association of Area Agencies on Aging, NJ Housing and Mortgage Finance Agency and Empire Medicare Services. The target populations of the project are Medicare and Medicaid beneficiaries, with special outreach to the visually and hearing impaired senior populations. The expected outcomes are: increase awareness of fraud; and an increase of reported cases and continued increase of informed health care consumers throughout the state. The major products of the project are new and/or revised educational and training materials and outreach and educational materials available in various languages, Braille and large print for the visually impaired.

Consumer Participation, Education, and Protection

90-AM-2448 Kentucky Association Of Senior Service Corps Senior Medicare Patrol Project

Kentucky Association of Senior Service Corps
617 N. Mulberry #4
Elizabethtown, KY 42701

Ms. Jennifer Fahey (502) 574-1157
Jul 01, 2001 to Jun 30, 2004

FY 2001 \$187,176 FY 2002 \$164,176
FY 2003 \$186,176

This is a three-year cooperative agreement Senior Medicare Patrol (SMP) project managed by the grantee. The Kentucky Association of Senior Service Corps collaborated with the local AAAs, State Medicaid Fraud Unit, LTC Ombudsman and the Project Advisory Councils. The target population of this SMP project is the Kentucky seniors in 40 counties. The goal of this project is to develop and strengthen the S M P program by making seniors aware of Medicare/Medicaid (MMF) waste, fraud, error and abuse and to educate seniors on how to detect and report instances of fraud and abuse relative to the Medicare statement and services received. The objective of the program is to establish a state SMP through the existing RSVP. The expected outcomes of this MMF program are: a SMP Plan; RSVP Programs; an RSVP evaluation. The products of this project are: a final report; training materials.

90-AM-2449 Senior Medicare Patrol Project

Upper Cumberland Development District-AAA
Area Agency on Aging
1225 South Willow Avenue
Cookeville, TN 38506

Ms. LaNelle Godsey (931) 432-4111
Jul 01, 2001 to Jun 30, 2004

FY 2001 \$201,000 FY 2002 \$180,000
FY 2003 \$202,000

The Senior Medicare Patrol (SMP) Project is a three-year cooperative agreement managed by the grantee, the Upper Cumberland Development District/AAA. The collaborators of this SMP project are the Area Agency on Aging (AAA), the AAA Senior Centers, AARP, Tennessee (TN) Aging and Disability Network, CIGNA, and LTC Ombudsman. The target population is the senior centers individuals. The goal of this project is to develop and support an SMP which will prepare and make seniors aware of the Medicare/Medicaid (MMF) waste, fraud, error and abuse. The objective of this program is to recruit and train retired persons who will serve as volunteer community experts and develop resources in combating health care fraud, waste and abuse. The anticipated outcomes of this project are: a cadre of volunteers; volunteer recruitment; educational workshops; Agricultural Extension Services workshops; FBI (TBI) as trainers. The products of this project are: a final report; educational materials; training materials.

Consumer Participation, Education, and Protection

90-AM-2582 Collaborative SW OH Volunteer Training and Support for Public Education, Counseling & Referral for Medicare/Medicaid Fraud

Pro Seniors, Inc.
7162 Reading Road
Suite 1150
Cincinnati, OH 45237 3838

Ms. Anne Fredrickson (513) 458-5522
Jul 01, 2002 to Jun 30, 2005
FY 2002 \$124,863 FY 2003 \$124,863

This is a three year co-operative-agreement Senior Medicare Patrol Project (SMP) supported by the grantee, Pro Seniors, Inc. in collaboration with the National Council for the Prevention of Elder Abuse, Council on Aging of Southwestern Ohio, Adult Protective Services, Office of the Attorney General, Coalition for Nursing Home Reform and many others. The target population are eligible Medicare/Medicaid (M/M) persons in SW Ohio. The goal of this SMP project is to develop and strengthen the Senior Medicare Error Patrol who will make seniors aware of and educate them on combatting M/M waste, fraud, error and abuse. The objective of this SMP program is to train and educate senior volunteers for M/M fraud. The expected and major outcomes of this SMP program are: establish a SMPP; develop project forms; data collection; train 30 volunteers to help others; reach 5000 individuals through outreach. The products of this project are: a final report; training materials; project forms; data bank of fraud cases.

90-AM-2709 New York State Operation Restore Trust

New York State Office For The Aging
Long Term Care Ombudsman Unit
2 Empire State Plaza
Albany, NY 12223 1251

Ms. Wanda Troche (518) 474-8407
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$197,000

General Statement: This is a three year demonstration project to recruit and train retired professional volunteers to educate groups of Medicare beneficiaries and their families about the importance of recognizing and reporting Medicare and Medicaid fraud, error and abuse. Beneficiaries caregivers and information assistants will be trained to detect payment errors and how to report suspected fraud in order to recoup improper payments.
TARGET POPULATION: minorities, women, low income, non-English speaking and handicapped.
COLLABORATORS: CMS, Hands on The Hudson Valley, Lifespan Ombudsman program, NY Commission for the Mentally Disabled.
ACTIVITIES/OUTCOMES: · Training modules for diverse trainees and Internet training · An informed and energized public fighting against health care fraud · Strengthen local community and state coalitions working to protect health care for seniors. · Maintain Medicare statewide data base for complaints.

Consumer Participation, Education, and Protection

90-AP-2374 Minority and Non-English Speaking Participants Resource Center

The Florida Department of Elder Affairs
Division of Self Care and Community Volunteer
4040 Esplanade Way
Tallahassee, FL 32399 7000

Mr. Tom Reimer (850) 414-2000
Aug 01, 2000 to Jul 31, 2003

FY 2000	\$135,000	FY 2001	\$155,000
FY 2002	\$81,973		

The grantee, The Florida Department of Elder Affairs, was funded by the Administration on Aging (AoA) as one of four "National Consumer Protection Technical Assistance Resource Centers". The goal of this project entitled "Minority and Non-English Speaking Participants Resource Center" is to give advice, guidance and technical assistance (TA) to Senior Medicare Projects (SMP) Nationwide and raise consumer awareness about Medicare/Medicaid Fraud (MMF), waste and abuse. The objectives of this MMF project are: 1) to support these four "National Consumer Protection Technical Assistance Resource Centers" regarding MMF issues; 2) to disseminate educational materials; 3) to replicate best practice strategies for promoting consumer awareness regarding waste, fraud, and abuse in Medicare and Medicaid (MMF); 4) to provide outreach to minority and non-English speaking individuals; 5) to provide education to minority and non-English-speaking individuals. The anticipated outcomes of this MMF programs are: increased awareness of beneficiaries regarding the detection and reporting of MMF, error and abuse; advice, guidance and TA to elderly consumers; a consumer resource center. The products of this MMF program are: a final report; a consumer protection resource center; SMP materials; MMF materials; educational materials; and, best practice strategies.

90-AP-2375 Consumer Protection Technical Assistance Resource Center

New York State Office For The Aging
Long Term Care Ombudsman Unit
2 Empire State Plaza
Albany, NY 12223 1251

Ms. Wanda Troche (518) 474-8407
Aug 01, 2000 to Jul 31, 2004

FY 2000	\$159,000	FY 2001	\$155,000
FY 2002	\$135,000		

This is one of four "National Consumer Protection Technical Assistance Resource Centers" (NCPTARC). This center will focus on partnership strategies to involve health care provider, family caregivers, and state and local government agencies in outreach and education activities related to Medicare and Medicaid fraud (MMF), waste and abuse. The goal is to give advice, guidance and technical assistance (TA) to Senior Medicare Projects (SMP) Nationwide and to raise consumer awareness about Medicare/Medicaid Fraud (MMF), waste and abuse. The objectives are: 1) to support these four NCPTARC projects regarding MMF issues; 2) to disseminate educational materials; 3) to replicate best practice strategies for promoting consumer awareness regarding waste, fraud, and abuse in Medicare and Medicaid (MMF); 4) to provide outreach to minority and non-English speaking individuals (MNESI); 5) to provide education to MNESI. The anticipated outcomes of this MMF program are: increased awareness of beneficiaries regarding the detection and reporting of MMF, error, and abuse; advice, guidance and TA to elderly consumers; a Consumer Protection Resource Center (CPRC); partnership strategies. The products of this MMF project are: a final report; a CPRC; SMP and MMF materials; educational materials and a national SMP conference call to discuss the partnership training manual.

Consumer Participation, Education, and Protection

90-AP-2376 RESOURCE CENTER FOR RURAL AND ISOLATED VIRGINIANS

COMMONWEALTH OF VIRGINIA
Department for the Aging
1600 FOREST AVENUE, SUTE 102
RICHMOND, VA 23229

Mr. Bill Peterson (804) 662-9325
Aug 01, 2000 to Jul 31, 2003

FY 2000	\$130,000	FY 2001	\$110,000
FY 2002	\$110,000		

The grantee, the Virginia Department for the Aging, was funded by the Administration on Aging (AoA) to establish this center. This center was one of four "National Consumer Protection Technical Assistance Resource Centers known as the Resource Center for Rural and Isolated Virginians.

Goal: To raise consumer awareness about Medicare/Medicaid Fraud, waste and abuse. To provide guidance and technical assistance to the Senior Medicare Patrol projects nationwide.

Objective: to support the National Resource Centers regarding Medicare and Medicaid issues; to disseminate educational materials; to replicate best practices strategies for promoting consumer awareness regarding waste, fraud and abuse in Medicare and Medicaid; to provide outreach to minority and non-English speaking individuals.

This center's focus was on outreach and education to the rural and geographically isolated individuals.

Outcome: Increased awareness by the beneficiaries regarding the detection and reporting of Medicaid and Medicare fraud, error and abuse; guidance and technical assistance to elderly consumers; a Consumer Protection Resource library.

Products: A final report; a Consumer Protection Resource Center; Senior Medicare Patrol materials; Medicare and Medicaid materials; educational materials; best practice strategies .

Continuing Education and Training for Professionals and/or Paraprofessionals

90-AM-2381 Native Elder Health Care Resource Center

University Of Colorado Health Science Center
Grants and Contracts, Room W1126
Fitzsimons Building., 500 F-428
P.O. Box 6508
Aurora, CO 80045

Dr. Spero Manson Ph.D. (303) 724-0090
Sep 29, 2000 to Sep 28, 2003

FY 2000	\$327,364	FY 2001	\$350,000
FY 2002	\$350,000		

The goal of the University of Colorado's Native Health Care Resource Center (RC) is to increase access to health care and to determine the health status and conditions affecting the elderly, including long-term care and home health care services. The objectives of this project are: 1) to expand training and technical assistance (TA) workshops on health care related topics consistent with the concerns in Indian country; 2) to collaborate with the Tribal Colleges and Universities to offer these workshops; 3) to evaluate the process, structure, and outcomes; 4) to develop a series of educational modules addressing some of the most prevalent and disabling illnesses which afflict Indian elders; 5) to emphasize the social and cultural context related to the epidemiology, etiology, assessment, treatment, and prevention (EEATP) of a specific health problem. The anticipated outcomes are: developed modules on depression and alcohol abuse and dependency; an evaluation; tribal colleges workshop materials; EEATP findings and materials. The products of this project are: a final report; health health care, TA and Training, and long term care materials; educational modules on diabetes and cancer.

Continuing Education and Training for Professionals and/or Paraprofessionals

90-AM-2551 Health Care Provider Training Program

San Luis Obispo County Medical Society
3165 Broad Street, #110
San Luis Obispo, CA 93401

Kay Mickelson (805) 544-3020
Sep 30, 2001 to Mar 29, 2003
FY 2001 \$83,000

This project will design, conduct and assess a training program for health care providers and caregivers which will enable them to assist seniors with appropriate medication usage. The program will also give the participants access to and understanding of specific disease state management programs which utilize a multi-disciplinary team approach to the treatment of older adults.

Development of Academic Institutions/Faculty/Curricula

90-AM-2493 Technology Learning Center For Seniors

Ivy Tech State College
590 Ivy Tech Drive
MADISON, IN 47250

Dr. James Helms (765) 759-1121
Sep 30, 2001 to Dec 31, 2003
FY 2001 \$708,560

The goal of the Ivy Tech State College (ITSC) is to develop technology learning centers (TLC) for seniors in two campuses across the State of Indiana. The objectives of this TLC project are: 1) to increase the number of older persons taking computer and Internet training courses; 2) to develop a curriculum which will consists of at least 12 courses; 3) to offer workshops at each campus to accommodate those wishing basic computer skills, as well as advanced study; 4) to offer computer and Internet courses at senior centers in the local community. The expected outcomes of this TLC project are: seniors experienced with technology; seniors trained at 2 campuses; increased number of seniors trained in computer and use of Internet; expanded offerings at ITSC; special curriculum offered to community seniors. The products of this TLC project are: a final report; a curriculum; workshops; two TLCs for seniors; basic computer courses.

Disaster Assistance

90-DA-2481 Tribal Disaster Assistance

Crow Tribe
Crow Tribe Elders Program
PO BOX 159
Crow Agency, MT 20000

Mr. Carl Venne (406) 638-4449
Sep 01, 2001 to Sep 30, 2003
FY 2001 \$20,000

Disaster Assistance fund were awarded to the Crow Tribe in Montana to reimburse the Crow Tribe's Elders for services, gap-filling services following a severe snow and ice storm. Approximately 500 elders received services which included temporary shelter, food and home repairs.

90-DA-2567 Disaster Assistance Relief

New York State Office for the Aging
Finance and Administration
2 Empire State Plaza
Albany, NY 12223

Ms. Pat Pine
Sep 30, 2001 to Feb 28, 2003
FY 2001 \$1,275,000

Following the World Trade Center tragedy, the New York City Department for the Aging (DFTA) requested and received emergency funding through the New York State Department of Aging to cope with massive needs seniors living near the area or affected by the terrorist attack. DFTA needed massive assistance in getting urgent services to homebound and frail seniors. This included telecommunication equipment, cell phones and walkie talkies, computer equipment, emergency transportation and food services and equipment and medical supplies to provide urgent care for thousands of seniors who needed immediate assistance for survival. This included numerous outreach and case management personnel, in-home assistance workers, emergency medical supplies and equipment resulting from power failures, relocation to emergency shelters, removal of spoiled food, broken glass, protection from hazzardess and contaminated material, and intensive mental health and grief counseling. Many days of shelf stable and emergency meals and water supplies were urgently needed. The total disruption of required services for seniors in their daily lifes continued for many months after the tragedy and the assistance required many, many hours intensive staff assistance and extensive expenditures for restoration of daily lives.

Disaster Assistance

90-DA-2569 Disaster Assistance - Tornadoes

Alabama Department of Senior Services
State Unit on Aging
770 Washington Avenue, Suite 470
Montgomery, AL 36130 1851

Ms. Melissa Galvin (334) 242-5743
Feb 01, 2002 to Jan 31, 2003
FY 2002 \$3,000

On November 24, 2001, strong tornadoes ripped through 19 counties in Alabama and these counties were declared as national disaster areas by the President. Over 50 older persons had to be evacuated from their homes and local officials requested assistance for meal services for frail older persons and for extensive outreach and case management to assist seniors in need. Some low-income seniors needed home and roof repairs, chore services, home clean-up and lost medical supplies.

90-DA-2570 Disaster Assistance

Commonwealth of Virginia
Department for the Aging
1600 Forest Avenue - Suite 102
Richmond, VA 23229

Ms. Janet L. Honeycutt (804) 662-9341
Jun 01, 2002 to May 31, 2003
FY 2002 \$150,000

The Virginia Department of Aging's award was to assist affected seniors living in the City of Norton and the nine counties hit by the first serious flooding and for a second major disaster flooding declared on July 2002. The flooding affected some very low-income areas with few local resources. Nine hundred people were evacuated and over 100 homes were destroyed with some 150 homes suffering major damages. The funds were used to: assist low income seniors in the flooded areas; with evacuation in the low lying areas; assist seniors in finding a suitable living arrangement when their homes were destroyed, damaged or needing repairs; to help restore daily living to a safe comfortable level; and to assist seniors in working with emergency teams and resources available from the Red Cross, F.E.M.A. and other sources. The aging staff provided assistance outreach, case management and help to those needing help in fill our applications for assistance along with emergency assistance with food and medicine.

Disaster Assistance

90-DA-2646 Disaster Emergency Assistance Funding

Colorado Department of Human Services
Aging and Adult Services Division, CDHS
1575 Sherman Street
Denver, CO 80203

Ms. Jeanette L. Hensley (303) 866-2800
Sep 01, 2002 to Aug 31, 2003
FY 2002 \$47,920

Following a Presidential declaration of much of Colorado as a disaster area, AoA disaster assistance funds were awarded to the Colorado State Agency on Aging. These funds were to help with expenses resulting from 1,430 wildfires which occurred over a period of weeks. Seniors living in both rural and urban areas were impacted as a result of smoke inhalation, property loss and many were evacuated during the catastrophe. The Area Agencies on Aging spent countless hours locating and assisting at-risk older persons, providing information and assistance and reassurance. This disaster created increased need for medical testing, doctor's office visits, prescription drugs and increased demand for assistive devices and equipment. The Area Agencies provided many extra congregate and home delivered meals, and extra transportation, personal assistance and supportive services. Many hours were devoted to providing reassurance of personal safety, clean up activities and restoration of the home environment.

90-DA-2647 Regions 1 and 2 Disaster Recovery

Minnesota Board on Aging
444 Lafayette Road North
St. Paul, MN 55155

Mr. James Varpness () -
Sep 01, 2002 to Dec 31, 2003
FY 2002 \$74,000

On June 14, 2002 the President declared four counties as disaster areas resulting from flooding of the Roseau and Wild Rice Rivers. Later, five other counties were added to the designation. The goal of this Disaster Assistance (DA) award was to provide services and referrals to the 3,080 seniors living in the areas affected. The objectives were: 1) to help defray the cost of gap-filling services; 2) to evacuate a significant number of seniors from their homes; and 3) to provide as needed individualized assistance. The expected outcomes of this award were the funding of essential services, including gap-filling services, home evacuation and emergency shelter and assistance in the restoration of daily life for 3,080 seniors.

Disaster Assistance

90-DA-2676 Disaster Assistance - Fort Apache Indian Reservatioin

White Mountain Apache Tribe
Title VI Program - Elderly Services Program
PO Box 1179
Whiteriver, AZ 85941

Mr. Dallas Massey Sr. (602) 542-4446
Sep 30, 2002 to Sep 29, 2003
FY 2002 \$40,964

The White Mountain Apache Tribe in Arizona received Disaster funds to reimburse the Tribal for costs incurred following the Rodeo-Chediski Fire that began on June 18, 2002. Assistance was provided to seniors to assist displaced elders who had to be evacuated from their home as a result of catastrophic forest fires and subsequent flooding that occurred on the reservation. These funds were used to reimburse the Tribe for costs associated with the: 1) evacuation of elders and finding suitable living arrangements; 2) helping elderly residents cope with the problems created by the floods and mud slides that occurred following the fires; 3) providing emergency aid for smoke inhalation; 4) providing elders with medications; and the 5) extensive coordination by the Title VI Tribal organization in working with the local Emergency Response Commission, nursing staff, the Red Cross and FEMA. These funds assisted older Native Americans with medical services; transportation; restoration of living conditions; coordination of activities; emergency shelter; hot meals; clothing; and more.

90-DA-2682 Disaster Relief Assistance

Texas Department on Aging
State Agency
PO Box 12786
Austin, TX 78711

Ms. Mary Sapp (512) 424-6841
Sep 30, 2002 to Sep 29, 2003
FY 2002 \$150,000

Due to the severity of the impact of the storms and flooding in Texas in 2002, a disaster assistance grant was awarded to the Texas Department of Aging to help areas affected by severe storms and flooding that began on June 29, 2002. The objectives of this award were: 1) to assist 34 counties via the local AAAs to negotiate and complete the forms required by F.E.M.A. and the American Red Cross; 2) to repair damages to homes and to evacuate seniors; 3) to assist elderly with temporary housing and relocation. Twenty percent of the funds were used to reimburse AAAs for many extra service hours, and for services and the remaining eighty percent for gap-filling services. The gap-filling services included: clean-up; debris removal; on-going assistance in the repair and restoration of homes; repair/replacement of appliances, furniture and other essential items; support of volunteer efforts; and replacement of prescriptions and health related items.

Disaster Assistance

90-DA-2683 Disaster Assistance

Kentucky Cabinet for Health Services
Office of Aging Services
275 E. Main Street, 5W-D
Frankfort, KY 40621

Mr. . . (502) 564-6930
Sep 30, 2002 to Sep 29, 2003
FY 2002 \$20,000

Twenty-Four counties in Kentucky were designated by the President as national disaster areas because of severe storms and flooding of March 2002. On May 10, an additional 20 counties were added as a result of tornadoes, severe storms and more flooding. This Disaster Assistance Award (DA) helped to improve living conditions for seniors in these affected counties. Funds were used for outreach and advocacy services including home assessments, crisis intervention, case management and coordination of emergency assistance efforts. These funds also supported gap-filling services, such as chore and handy-man assistance, transportation, extra meals and other similar services.

90-DA-2687 Disaster Relief - Tornadoes

Alabama Department of Senior Services
State Unit on Aging
770 Washington Avenue, Suite 470
Montgomery, AL 36130 1851

Ms. Melissa Mauser Galvin (334) 242-5743
Mar 01, 2003 to Feb 28, 2004
FY 2003 \$4,405

The Alabama Department of Senior Services received \$4,405 dollars disaster assistance for (DA) as five Area Agencies on Aging (AAA) were affected by strong storms and tornadoes. This DA award assisted the five AAAs covering the 19 Alabama counties affected on November 2002. These funds were used to assist the thirty-four seniors displaced from their homes due to the storms. The AAAs provided gap-filling services, including meals for displaced seniors and volunteers who assisted in repairing their homes, and special outreach and referral services to community based resources. In addition, one AAA was able to assist seniors replace lost vital medications through its Drug Assist program.

Disaster Assistance

90-DA-2688 Disaster Assistance - Tornadoes

Tennessee Commission on Aging & Disability
Andrew Jackson Bldg. 9th Floor
500 Deaderick Street
Nashville, TN 37243

Mr. James Whaley (615) 741-2056
Mar 31, 2003 to Mar 30, 2004
FY 2003 \$30,000

Tennessee Commission on Aging & Disability received \$30,000 in Disaster assistance funding to assist seniors affected by a tornado. The President declared 13 counties as national disaster areas following the tornadoes that hit in several areas of the state November 9 to 11, 2002. The most serious damage was in Morgan County in East Tennessee. The individuals assisted are age 60 to 100 and they sustained property damage ranging from minor to a total loss. Supportive services were provided in all the 13 counties affected, but the most serious need was in rural areas. Power outages required emergency food supplies and a number of evacuations. Chain saws and massive food supplies were in great need. Families and friends provided emergency shelter along with the schools and churches. Case manager provided extensive counseling and assistance to help these elderly get their lives and homes restored. Other gap filling services such as chore services, legal services, transportation and handyman services are still in great demand.

90-DA-2689 Disaster Assistance -Severe Storms, Flooding and Tornadoes

Texas Department on Aging
PO Box 12786
Austin, TX 78711

Ms. Mary Sapp (512) 424-6840
Mar 01, 2003 to Feb 28, 2004
FY 2003 \$70,000

The Texas Department on Aging was awarded a Disaster assistance grant for \$70,000 to reimburse six counties in the Coastal Bend Region of Texas that were hardest hit by Tropical Storm Fay last September. The storm caused severe storms, flooding and tornadoes and resulted in extensive damage to hundreds of older residents; many were evacuated from their homes.

The Texas Department on Aging will use the AoA funds for gap-filling services that were provided, such as: helping clients with chore services, ongoing clean-up and debris removal; assisting with minor home repair; providing relief for relocation expenses, obtaining temporary housing and lodging reimbursement; and helping with transportation and meals.

AoA funds will also help fund advocacy service that was provided to older storm victims in the affected area. This includes assessing individual needs of older persons to match with available resources; providing help and support with returning to normalcy; and assisting victims register with FEMA and the Red Cross.

Disaster Assistance

90-DA-2691 Disaster Assistance Relief

Florida Department of Elder Affairs
State Unit on Aging, Office of the Secretary
4040 Esplanade Way
Tallahassee, FL 32399 7000

Terry F. White (850) 414-2000
Jul 01, 2003 to Jun 30, 2004
FY 2003 \$30,000

An award of \$30,000 of AoA Disaster Assistance funds was made to the Florida Department of Elder Affairs. The President declared parts of South Florida as a disaster area on April 25, 2003 following six different tornados on March 27. The Miami-Dade County area was the predominant area affected. Additional funds were used to reimburse the Area Agency for many expenses incurred in the aftermath.

Outreach identified more than 425 elderly in need of some kind of assistance. The AAA did not previously serve many of these individuals and they received ongoing recovery assistance to clean up and repair their homes, for transportation, food replacement and legal assistance with protection from fraud. Many of these individuals needed case management and help in resolving problems associated with rebuilding their lives. The award of these funds assisted with the ongoing case management, counseling, in-home services and other gap-filling services.

90-DA-2725 Disaster Assistance

Kansas Department on Aging
Office of the Secretary
503 S. Kansas Avenue
Topeka, KS 66603

Sheli Sweeney (785) 296-1299
Aug 01, 2003 to Jul 31, 2004
FY 2003 \$65,000

Kansas Department on Aging received an award of \$65,000 of AoA Disaster Assistance funds. The President declared parts of Kansas as a disaster area on May 6, 2003 as an aftermath of tornados and flooding. The Kansas Department on Aging is requested a grant to provide advocacy, outreach and gap-filling services for over 100 elderly persons in the adversely affected counties of Wyandotte, Seward and Leavenworth. Assistance was provided for general home cleaning, trash removal, chore services, home repair, case management, outreach and nutrition services not covered through other resources. Some of the damage was structural damage to roofs, siding and windows and assistance was provided to some of the elderly who did not have insurance to cover minor home repair and restoration of the living environment.

Disaster Assistance

90-DA-2767 Disaster Relief

Texas Department on Aging
Office of AAA Support and Operations
4900 North Lamar
Austin, TX 78751

Gurry Jessee (512) 424-6857
Sep 01, 2003 to Aug 31, 2004
FY 2003 \$10,000

AoA awarded \$10,000 of disaster assistance funds to the Texas Department on Aging to reimburse the Area Agency on Aging (AAA) of the Golden Crescent region of Texas. The five counties affected by the disaster were Calhoun, Dewitt, Goliad., Jackson, and Victoria which had been declared a disaster by Presidential declaration on July 17, 2003.

Hurricane Claudette swept through the Golden Crescent region of Texas with tremendous winds. Among the most severe impact to the elderly served by the Golden Crescent AAA was the loss of electric power, which lasted for several days. As a result, many older persons could not cook and the senior centers could not open to prepare home-delivered meals. The \$10,000 disaster assistance monies will be used to reimburse the Golden Crescent AAA for the cost of meals provided immediately after the hurricane and will be used for repairs to structures in Goliad and Dewitt Counties.

90-DA-2771 Disaster Assistance

Missouri Department of Health and Senior Services
920 Wildwood Drive
PO Box 570
Jefferson City, MO 65102 0570

David S. Durbin (573) 522-1252
Sep 01, 2003 to Aug 31, 2004
FY 2003 \$50,000

The Administration on Aging awarded \$50,000 to the Missouri Department of Health and Senior Services to reimburse local Area Agencies on Aging costs related to case management debris and tree removal, home repairs. And other necessities of daily life following severe storm damage from tornados and flooding last spring. President Bush declared much of Missouri as a disaster area on May 6, 2003.

Many older persons were severely impacted by storm, but seniors were especially hard hit in the city of Stockton in Cedar County where 80 percent of the homes were either damaged or completely destroyed. The Stockton Senior Center was especially hard hit by the severe storm, which included tornados and floods. The AoA disaster relief funds are needed to provide critical gap-filling services such as case management and advocacy, chore services, legal services, transportation, handyman and other assistance to meet individual needs of elderly persons affected by the severe storms. The Missouri Department of Health and Senior Services continues its work with the three local Area Agencies on Aging (AAA) that submitted requests for funding to AoA. The three area agencies are District 111 in Stockton: Mid-East: and Southwest.

Dissemination Projects

90-CG-2510 Native American Caregiver Support Program - Discretionary Grant

Oneida Tribe Of Indians Of Wisconsin
P.O. Box 365
Oneida, WI 54155

Ms. Tina Pospychala (920) 869-2448
Sep 30, 2001 to Sep 29, 2004

FY 2001 \$100,000 FY 2002 \$100,000
FY 2003 \$100,000

This project envisions a team approach for creating an alliance with all twelve Tribes in Wisconsin. This alliance will develop a better understanding of caregiver needs in order to work together to leverage additional funding at the Tribal, county, state and Federal levels to better serve American Indian caregivers throughout Wisconsin. The goals of this project include: 1) creating a solid caregiver network of American Indian aging services professionals, organizations, and programs, 2) coordinating and creating an American Indian specific resource manual to include Tribal, non-Tribal, local, county, and state resources; 3) reducing barriers to caregivers by providing appropriate information on access to resources; and 4) advocating and leveraging funding for Tribal communities. To achieve these goals the program will: 1) develop a resource manual and video to target the tribal population; 2) develop a website and LISTSERV for caregivers to get information and access resources and services; 3) review and support a training curriculum on caregiving; and 4) determine future needs of family caregivers and ideas to help smaller Tribes meet the needs today and prepare for the future.

90-CG-2512 Native American Caregiver Support Program

Confederated Salish & Kootenai Tribes
P.O. Box 278
Pablo, MT 59855

Ms. Arlene Templer (406) 675-2700
Sep 30, 2001 to Sep 29, 2004

FY 2001 \$100,000 FY 2002 \$100,000
FY 2003 \$100,000

The goal of this project is to develop a comprehensive, consumer friendly delivery system to provide services for caregivers. The program will provide culturally sensitive services and systems to sustain the efforts of family and other informal caregivers. The program has the following goals: 1) bring together all existing in-home service providers to brainstorm how they can work together; 2) plan ways to work together as a team; 3) revise current services to meet the needs of the caregiver; 4) develop a one-stop service delivery system; and 5) develop policies and procedures and a Home Care Attendant Handbook Manual to share with others.

Dissemination Projects

90-CG-2513 Chehalis And Nisqually Tribal Caregiver Support Program

South Puget Intertribal Planning Agency
2970 SE Old Olympic Hwy
Shelton, WA 98584

Ms. Carmen Kalama (360) 426-3990
Sep 30, 2001 to Sep 29, 2004

FY 2001 \$100,000 FY 2002 \$100,000
FY 2003 \$100,000

This is a Caregivers coalition which includes the Confederated Tribes of the Chehalis Reservation, and the Nisqually Indian Tribe, working with the South Puget Intertribal Planning Agency. The goal of this project is to increase the level of coordination and leverage of resources for caregiver support services for the tribal elderly population within the tribal service areas of Thurston, Pierce, and Grays Harbor counties in southwest Washington State. The objectives are: 1) to assess the current status of caregiver support within the area, both through tribal and non-tribal programs; 2) to identify barriers to accessing these resources, including cultural, financial and geographical barriers; 3) to develop an inventory of resources that are currently available to provide caregiver support; 4) to develop and demonstrate a program model for maximizing the coordination and leveraging of caregiver support resources; 5) to address the unique needs, circumstances and cultural values of the tribal elders within the area in need of care; and 6) to disseminate the project model and findings to other tribal groups and organizations facing similar challenges.

90-CG-2514 Caregivers Support Program - Discretionary Funds

Alu Like, Inc.
Kuma Kahi Department
567 South King Street
Honolulu, HI 96813

Ms. Liana Pang-Tamura (808) 535-6705
Sep 30, 2001 to Sep 29, 2004

FY 2001 \$100,000 FY 2002 \$100,000
FY 2003 \$100,000

Alu Like, Inc. of Honolulu, HI, plans to develop quality standards and mechanisms of accountability. The goal of this Caregiver project is to establish a multifaceted Native American Caregiver Support Pilot Program consisting of a workshop, user friendly/culturally appropriate manuals, direct services, satisfaction survey and utilization surveys. The objectives of this Caregiver project are: 1) to examine the effects of direct services; 2) to provide direct services to support family caregivers; and 3) to provide financial incentives and compensation in the form of compensations for respite care; 4) to conduct pre and post surveys; 5) to conduct periodic surveys to determine the extent of implementation in the homes; and 6) to conduct assessment of the effectiveness and levels of satisfaction. The expected outcomes of this caregiver project are: caregiver quality standards and mechanisms of accountability; a caregiver pilot program; educational workshop; caregiver direct services; respite care; assessment.

Dissemination Projects

90-CG-2515 Rosebud Sioux Tribe Multi-Faceted Native American Caregiver Support Program

Rosebud Sioux Tribe
PO Box 430
Rosebud, SD 57570

Ms. Sharon Swift (605) 747-2960
Sep 30, 2001 to Sep 29, 2004

FY 2001 \$100,000 FY 2002 \$100,000
FY 2003 \$100,000

The goal of this Rosebud Sioux Tribe's American Caregivers Support Services Program (FCSSP) project is to provide access to services for caregivers to include: counseling services, support groups, caregiver training, information, transportation and respite care. The objectives of the FCSSP are: 1) to provide assistance to the caregiver in making decisions and problem solving relative to their caregiver roles; 2) to develop an effective and efficient data collection system to measure outcomes; 3) to develop a uniform reservation-wide assessment and information system to ensure quality of care and policy to support and strengthen family caregiving; 4) to provide four hundred and five (405) caregiver assessments; and 5) to have an individual Management By Objectives (MBO) annual plan of action steps summary.

90-CG-2516 Kapuna Caregiver Support Program

Hana Community Health Center, Inc.
P.O. Box 807
Hana, HI 96713

Ms. Cheryl Vasconcellos (808) 248-7515
Sep 30, 2001 to Sep 29, 2004

FY 2001 \$100,000 FY 2002 \$99,918
FY 2003 \$100,000

The goal of this project is to increase access to available support services and develop additional support services needed by the caregivers. This will be done by: 1) supporting and enhancing the capability of caregivers to meet the functional and health care needs of elders by developing caregiver skills; 2) providing periods of respite for family members caring for frail elders; 3) improving the health and quality of life for caregivers; and 4) enabling elders to safely remain in their homes and community for the duration of their lives by caring for the caregiver. The Kupuna Caregiver Support Program will develop an intensive training curriculum for family caregivers. To participate in the training, family caregivers will have to make a commitment to the program by participating in 40 hours of training; attend monthly support group meetings; complete evaluations and other surveys; provide care to family members and request assistance from the program as needed. The Program in turn will offer hands-on training experience; monthly support group meetings; case management services; assistance to support family caregivers and a monthly stipend to assist family caregivers in their role as caregivers.

Elder Abuse

90-AM-2302 Elder Abuse Cross System Linkage Project

Pennsylvania Department Of Aging
555 Walnut Street , 5TH Floor
Harrisburg, PA 17101 1919

Mr. Glen Dunbar (717) 783-1550
Sep 01, 1999 to Jun 30, 2004
FY 1999 \$740,250 FY 2000
FY 2001 \$310,641

This project, entitled Elder Abuse Cross System Linkage Project, is managed by Pennsylvania Department of Aging. Its goal is to help identify and prevent elder abuse in nursing facilities in Pennsylvania. The objectives of this Elder Abuse project are: (1) to link electronically the databases of the three Pennsylvania Departments responsible for either the licensing and regulation on nursing home facilities or the resolution of complaints about nursing home care, (2) to train department staff on using the linked databases and resulting information to better identify persistent quality of care problems; 3) to more aggressively investigate and resolve complaints; and 4) to more effectively safeguard the safety and well-being of nursing home residents. The expected outcomes are: to have worked with nursing facilities to identify and prevent elder abuse; developed linkages with databases on quality of care problems; resolved nursing home complaints; and trained staff on using of linked databases. The products of this Elder Abuse project are a final report, and a report on number of elder abuse complaints resolved.

90-AM-2477 Therapeutic Recreation Project

Walk The Walk, Inc.
Mary's House
25-09 38th Avenue
Long Island, NY 11101

Mr. Coleman Costello (718) 433-0800
Sep 01, 2001 to Aug 31, 2004
FY 2001 \$167,790

The goal of the Therapeutic Recreation project is to provide residents of the Mary's House elder abuse shelter a safe haven in which to regain trust and increase self-esteem through participation in organized therapeutic recreation activities. The objectives of the program are: 1) to provide activities that will foster the joy of living each day; 2) to provide an exercise program, art therapy, drama therapy, food preparation, intellectual stimulation, music programs, and pet-facilitated therapy; and 3) to conduct a resident survey. The anticipated outcome is a multi-dimensional recreation therapy program that results in residents exhibiting new adaptive behaviors and positive interactions with others, while maintaining contact with supportive family members and friends.

Elder Abuse

90-AM-2620 Elder Abuse Education Program

DuPage County Department of Human Resources
DuPage County Human Services, Senior Citizen Services
421 N. County Farm Road
Wheaton, IL 60187

Ms. Mary L. Tomsa (630) 682-6924
Sep 01, 2002 to Dec 31, 2004
FY 2002 \$98,700

This demonstration will develop an Elder Abuse Education (EAE) program and deliver it to local professionals. This EAE program will include information on the indicators of elder abuse, the stresses associated with caregiving, the dynamics of "elder domestic violence", and how to report abuse and get help to those at risk. The goal of this project is to provide educational sessions to law enforcement, health care, and senior service professionals to increase their knowledge of indicators of elder abuse, neglect, and exploitation, and awareness of intervention options. The major objectives are: 1) to hire and train a qualified Case Manager Coordinator; 2) to develop an education program and materials; 3) to provide 35 educational sessions; 4) to analyze evaluation survey results to measure the effectiveness of the educational program. The expected outcomes are: trained professionals will show a 70% increased awareness of elder abuse indicators and interventions; a program evaluation: and dissemination. The products of this project are: a final report; a presentation; evaluation tools; training materials and handouts; a survey; and a curriculum.

90-AM-2792 National Center on Elder Abuse

National Association of State Units on Aging
1201 15th Street N.W., Suite 350
Washington, DC 20005

Sara Aravanis (202) 898-2578
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$815,250

The National Association of State Units on Aging, in partnership with an alliance of four nationally recognized and respected collaborating organizations representing the many disciplines in elder abuse prevention, will execute a 3-year program to continue the work of the National Center on Elder Abuse. The continuing goal is to provide information, training, and technical assistance in a variety of formats to all segments of the population about elder abuse trends, policy and legislative developments, research that impacts on prevention, promising practices, and key issues for the field. The expected outcomes are: 1) Timely, high quality information to support state and local capacity building and innovation, 2) Increased professionalization of adult protection and elder abuse service networks, and 3) Increased knowledge of the extent and causes of elder abuse and skills and practices for prevention. Products include a comprehensive web site, monthly newsletter, listserv for professional dialogue and exchange, a web-based clearinghouse, a searchable database of promising practices, a training lending library, specialized workshops and best practice exchange, state statutory analysis, issue briefs on local and state network development and outreach to rural and minority communities, a brochure and PowerPoint module for faith-based communities, and other support materials.

Elder Abuse

90-AP-2144 National Center On Elder Abuse

National Association Of State Units On Aging
1225 I Street, NW, Suite 725
Washington, DC 20005

Ms. Sara Aravanis (202) 898-2578
Aug 01, 1998 to Sep 29, 2003

FY 1998	\$250,000	FY 1999	\$500,000
FY 2000	\$815,250	FY 2001	\$815,000
FY 2002	\$815,000		

The grantee operates this project in partnership with the National Committee for the Prevention on Elder Abuse, the National Association of Adult Protective Services Administrators, the American Bar Association's Commission on Legal Problems of the Elderly, the University of Delaware's Department of Consumer Studies, and the Goldman Institute on Aging. The goal of the National Center on Elder Abuse is to perform a range of activities related to the operation of state and local elder abuse prevention and intervention programs. The objectives are: 1) to provide information to individuals, service providers and agencies about service programs; 2) to conduct elder abuse prevention and intervention activities; 3) to produce training materials; 4) to analyze state and federal legislation; 5) to provide technical assistance in developing and improving programs and activities; 6) to provide training related to developing and improving programs and activities; 7) to conduct short-term research activities; 8) to provide information via a newsletter, web site, an electronic list serve, and a clearinghouse data base of information. The anticipated outcomes are: state and case law analyses, specialized bibliographies, a "train the trainers" workshop on ethics in delivery of services; a national conference, and leadership training sessions. The products are: a final report, fact sheets, state data reports, manuals, and teleconferences materials.

Eldercare Locator

90-AM-2159 The Eldercare Locator And A National Information Referral Support Center

National Association Of Area Agencies On Aging
927 15th Street, NW
6th Floor
Washington, DC 20036

Ms. Sandy Markwook (202) 296-8130
Sep 30, 1998 to Sep 29, 2003

FY 1998	\$790,000	FY 1999	\$1,090,000
FY 2000	\$2,991,000	FY 2001	\$849,856
FY 2002	\$826,626		

The National Eldercare Locator, a collaboration of the National Association of Area Agencies on Aging, the National Association of State Units on Aging, and Biospherics, Inc., is a national telephone access system designed to provide information about home and community-based services in any community in the country. With access to that information, anyone concerned about the well-being of distant older family members can more effectively assist their parents, grandparents, and siblings in getting the care that might make the difference between their remaining at home or being placed in an institutional setting. An adjunct National I&R Support Center provides training, technical assistance, and consultation to the information and referral/assistance staff, based primarily in Area Agencies on Aging, who direct persons using the Locator to available and appropriate services. The expected outcomes are: a new access to needed information for seniors and families; a useful National I&R Support Center. The products are: a final report; a telephone access system for immediate use for seniors and families.

Eldercare Locator

90-AM-2746 **The Eldercare Locator Program and the National Aging Information and Referral Support Center A Premier National Access System for Senior Services**

National Association of Area Agencies on Aging
1730 Rhode Island Avenue, NW
Suite 1200
Washington, DC 20036

Ms. Helen Eltzeroth (202) 872-0888
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$1,174,979

The National Association of Area Agencies on Aging, in partnership with the National Association of State Units on Aging will execute a five-year program to provide an evergrowing and increasingly diverse population of older persons and their caregivers access to a premier national information and referral/assistance system capable of providing the information, assistance, decision-supports and advocacy needed to secure services. To achieve this goal, the Eldercare Locator and the National Aging I&R/A Support Center will: Provide ongoing premier quality operation of the national Call Center; Increase public awareness of the service through strategic partnerships; Implement a media/ marketing campaign emphasizing special target populations; Promote continued enhancement of state I&R/A systems; Facilitate ongoing quality improvements in I&R/A service delivery; and Provide ongoing training and technical assistance. Products will include: Call Center Procedural Operations Manual; New Promotional Materials; Bi-Annual Media/Marketing Campaigns; I&R Resource Room; and I&R Best Practices Profiles.

Employment/Income Security

90-AM-2645 **Assessing and Delivering Multicultural Services to Senior Citizens in Wayne County**

County of Wayne
Division of Senior Citizens Services
30712 Michigan Avenue
Westland, MI 48186

Ms. Suzanne Wisler (734) 727-7373
Sep 01, 2002 to May 31, 2004
FY 2002 \$781,229

Wayne County is Michigan's most ethnically diverse county. The Detroit Area Agency on Aging (AAA 1-A) serves 70% of Michigan's elderly. The goal of this project is to provide ACCESS to services to a diverse Middle East immigrant senior population and to overcome language and cultural barriers. This project proposes a two-pronged approach. The first phase is a needs assessment strategy to assess the services the County's elderly need. The second phase is to improve access and the quality of mental health and health support services. The objectives of this project are: 1) to improve the nutritional and health care status of underserved populations; 2) to ensure that services are of high quality and more responsive to the needs of underserved populations; and 3) to reduce caregiver stress. The expected outcomes of this program are: an evaluation; results from the service enhancements; dissemination to both AAAs and their service networks; a publication; information to the Wayne County Health Department, advocacy groups, community leaders, the social work departments/schools of participating universities, and appropriate media outlets; senior services. The product of this program is a final report; brochures; needs assessment; and a caregiver stress report.

Employment/Income Security

90-AM-2652 Older Refugee Program

La Crosse Area Hmong Mutual Assistance Association, Inc.
2613 George Street
La Crosse, WI 54603

Mr. Thai Vue (608) 781-5744
Sep 30, 2002 to Sep 29, 2003
FY 2002 \$125,349

The goal of the La Crosse Area Hmong Mutual Assistance Association (LHMAA) is to assist refugees to adjust to life in the United States, and to bridge access to services, promote optimum health for older refugees and provide resource and support to caregivers. The LHMAA is collaborating with the Eau Claire Area Hmong Mutual Assistance Association, Inc. and the Hmong American Community Association in implementing this project. The objectives of this Hmong project are: 1) to serve older and former refugees in the La Crosse, Eau Claire, Chippewa and Dunn Counties; 2) to provide information in their own language to these four counties, the home to an estimated 8,430 Hmong and other Southeast Asian populations. The four major program components include: service access, community service, caregiver service and Senior Economic Initiative. The expected outcomes of this Hmong project are: access to services and programs; health care for Hmong tribes; resources and support to caregivers; community assistance; and assistance from Senior Economic Initiative. The products of this Hmong program are: a final report; Hmong reports from the four counties; materials in Hmong language.

90-AP-2161 Center To Educate Women About Retirement Security

Women's Institute For A Secure Retirement
1201 Pennsylvania Avenue, NW
Suite 619
Washington, DC 20004

Ms. Cindy Hounsell (202) 393-5452
Sep 30, 1998 to Sep 29, 2003
FY 1998 \$250,000 FY 1999 \$250,000
FY 2000 \$250,000 FY 2001 \$250,000
FY 2002 \$250,000

The POWER (Program on Women's Education for Retirement) Center is a joint project of the Women's Institute for a Secure Retirement and the National Center on Women and Aging at Brandeis University, in partnership with the Administration on Aging. The Center's goal was to provide women, especially low income women and women of color, with information that could increase their potential for retirement income and assist them in retirement planning. The Center worked to level the playing field for average and low income women, providing information that would enable them to exert control over their financial lives and aim for better-paying, secure jobs with benefits and growth potential. The Center served as a clearinghouse; conducted training sessions nationwide; identified and provided access to, financial planning resources; operated a toll free number and a web site linked to the AoA home page. During the first 24 months, over 23 workshops on basic financial security issues for women were conducted with 13 national, state and local organizations; national print and media coverage was garnered; and several hundred thousand packets of printed materials were disseminated. The web site received 2,856 new visits between June and October of 2000. Alliances were developed with national, regional and local women's groups, including the U.S. Department of Labor Women's Bureau, to provide information on retirement and pensions and, with the FDIC, to mount Power 2000, a series of workshops that provided training in financial literacy. Workshops were pilot tested in New York State and after refinement were available nationwide. During year 3, a national conference was conducted in New Mexico and 2 regional conferences were conducted, in Atlanta and Pittsburgh, to evaluate the effectiveness of the train-the-trainer format used in workshops.

Family/Informal Caregiving

90-AM-2397 Senior Care

Metropolitan Family Services
Prevention and Education
14 East Jackson Blvd., Suite 1400
Chicago, IL 60604

Ms. Colleen Jones (312) 986-4135
Sep 30, 2000 to Mar 31, 2004

FY 2000 \$250,000 FY 2001 \$455,007

The goal of the Metropolitan Family Services project is to demonstrate a "SeniorCare" program that is modeled after AoA's National Family Caregiver Support Program. SeniorCare has five objectives: 1) to provide individualized information on available resources; 2) to provide assistance in locating services; 3) to provide caregiver counseling, training, and peer support; 4) to provide needed respite care; and, 5) to provide limited supplemental services to fill gaps. The expected outcomes include: increased access to individualized information on resources to support caregivers; support for families providing care resulting in better quality of life for care providers; increased public awareness of the challenges of caregiving as well as relevant resources; increased integration of community based providers to support the needs of caregiving families; expansion of the model Health Education Program; increased understanding in the field of the ethno-cultural impact of the caregiving experience and how to provide culturally sensitive support; a SeniorCare program; a model Health Education program; a culturally sensitive program. The products of this Senior Care projects are: a final report; caregiver training.

Health Care/Services

90-AM-2380 National Resource Center on Native American Aging - University of North Dakota

University of North Dakota
Center for Rural Health - NRCNAA
P.O. Box 9037
Grand Forks, ND 58202 7090

Mr. Alan Allery (701) 777-3859
Sep 01, 2000 to Jan 31, 2004

FY 2000 \$327,365 FY 2001 \$346,471
FY 2002 \$346,471

The goal of the University of North Dakota's National Resource Center (NRC) on Native American Aging project is to focus on health issues of Native American elders, including long-term care and in-home care, access to services and elder abuse. The objectives of this NRC project are: 1) to assist in the development and utilization of community resources to assist Native elders with living life to the fullest extent possible; 2) to develop programs and activities for Native Americans; 3) to conduct "Survey of Elders" needs assessments; 4) to study and analyze the impact of "Motor Vehicle Crashes" on Native elders; 5) to conduct "Geriatric Leadership Seminars"; 6) to develop and distribute several curricula materials; 7) to hold trainings for Community Health Representatives to better identify and intervene appropriately in health problems for the elderly; and 8) to support health promotions through screenings, education, and activities via satellite network videos. The anticipated outcomes of this project are: a stronger NRC; expanded knowledge of this Native American Aging project; increased use of community resources; updated elderly needs assessment; senior leadership seminars; new curricula materials; training materials; health promotion materials. The products of this project are: a final report; papers on long-term care; in-home care materials; elder abuse materials/data; an elderly survey; a motor vehicle crashes report; seminar materials.

Health Care/Services

90-AM-2464 **SPECIALIZED CARE AND OUTREACH FOR PARKINSON'S DISEASE PATIENTS**

NORTHWEST PARKINSON'S FOUNDATION
1206 123RD AVENUE SE
BELLEVUE, WA 98005 3844

Mr. Bill Bell (425) 746-5556
Aug 15, 2001 to Apr 15, 2003
FY 2001 \$339,000

The grantee Northwest Parkinson's Foundation will develop this one year demonstration Parkinson Disease (PD) project. The goal of the PD project is to increase access to appropriate and comprehensive treatment and care for persons with PD and similar movement disorders throughout the State of Washington. The Objectives are: 1) to increase the capability of the Booth Gardner Parkinson Care Center to support patients and their families through the Center's resource library, educational and support services, and community educational forums; 2) to increase access to information and support services about the PD; 3) to design and develop a training/certification program; 4) to disseminate training/certification program and materials to specific groups and individuals. The outcomes of this PD project are: a change agent, i.e., how PD patients see themselves and what's possible for their life, how they are treated and cared for, and it changes communities. The products of this PD project are: a final report; an education/training/certification/curriculum program for health professionals, care providers and lay caregivers; community education materials on PD; and a newsletter.

90-AM-2508 **Academic Nursing And Health Care Partnership For Best Practices Development, Implementation, And Evaluation In Urinary Incontinence And End-Of-Life Care**

The University Of Akron College Of Nursing
College Of Nursing
302 East Buchtel Mall
Akron, OH 44325 2101

Dr. Victoria Schirm Ph.D. (330) 972-7371
Sep 30, 2001 to Oct 31, 2003
FY 2001 \$503,370

This is a two year demonstration of a Urinary Incontinence (UI) and End-of- Life Care (EOLC) project. The goal of this project is to improve health care and quality of life for elders in the areas of urinary incontinence and anticipatory (a template and pre-conceived) guidance for EOLC. This project will create an academic nursing and health care partnership to develop and carry out best practices for care for older adults through nursing education and nursing research. This EOLC project objectives are: 1) to establish an academic nursing and health care setting partnership to develop and test best practice models; 2) to develop best practice models for urinary incontinence and end-of-life care for immediate application by nursing personnel for care of older adults; 3) to provide delivery of best practice models for urinary incontinence and end-of-life care to health care settings in northern Ohio; 4) to evaluate project activities and outcomes, and the impact on nursing personnel and the older adults who receive care. The expected outcomes of this demonstration project are: an online learning environment for education and training of nursing personnel; access to the most recent best practice information for urinary incontinence and EOLC ; collaboration and networking between academic and practice settings. The products are: a final report; manuals, videotapes, a CD-ROM; a published monograph of Conference Proceedings.

Health Care/Services

90-AM-2690 National Long Term Care Ombudsman Resource Center

National Citizens' Coalition for Nursing Home Reform
1424 16th Street, NW, Suite 202
Washington, DC 20036

Ms. Alice Hedt (202) 332-2275
Jun 01, 2003 to May 31, 2006
FY 2003 \$550,000

This is a three year cooperative agreement between AoA and the National Citizens' Coalition for Nursing Home Reform. The project goal is to equip the long-term care ombudsmen to carry out their responsibilities under the Older Americans Act as the ombudsman. Responsibilities are to: 1) address the problems and complaints of residents of long-term care facilities; and 2) represent residents needs and interests. To attain these goals, the Center will provide support, training and technical assistance to the ombudsman network that daily responds to requests for assistance from facility residents, their families and the public. The five objectives are: 1) to direct training and training materials to enhance ombudsman skills; 2) to develop specific products and dialogue forums; 3) to conduct daily technical assistance, information and referral services on program management, program promotion, training and pertinent national and state long-term care issues; 4) to promote the ombudsman program; 5) to collaborate efforts to strengthen ombudsman involvement in state and national initiatives. The anticipated outcomes include: transmittal of current and accurate information to ombudsmen and state aging on aging directors to improve their state training, management, program promotion and advocacy functions and full utilization of the Center's technical assistance and products. Products include a final report; training materials; data base enhancements; conference materials.

90-AM-2697 Maryland Curb Abuse in Medicare and Medicaid (CAMM)

Maryland Department of Aging
Client and Community Services Division
301 West Preston Street, Suite 1007
Baltimore, MD 21201 2374

Ms. Michelle Holzer (410) 767-1109
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$197,000

The Maryland Department of Aging's "Senior Medicare Patrol Project", known as the CAMM (Curb Abuse in Medicare and Medicaid) Project will achieve the following objectives: 1) maintain a volunteer corps of at least 50 individuals (During the reporting period, a monthly average of 94 volunteers were registered) who will provide education to their communities about Medicare and Medicaid fraud, waste, and abuse; During the reporting period ending December 31, 2003, 1,483 one on one sessions with clients occurred. 2) increase public awareness about the problem of fraud and abuse, (3,816 seniors were reached this way during the reporting period) and 3) determine the project's effectiveness through measurable outputs. Program outcomes will be to target volunteer recruitment, outreach, assistance and community education to vulnerable populations, and to develop a strong partnership between service agencies, advocacy groups, and enforcement and regulatory agencies. The Maryland Department of Aging will heighten public awareness of Medicare and Medicaid fraud, waste, and abuse through the use of media and public presentations, conducted throughout the grant service area, by a corps of well-trained, retired volunteers, working in concert with thirteen Area Agencies on Aging.

Health Care/Services

90-AM-2698 Senior Medicare Patrol Project

North Carolina Department of Insurance
Senior's Health Insurance Information Program
111 Seaboard Avenue
Raleigh, NC 27604

Ms. Erika Lawson (919) 919-3983
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$175,000

North Carolina Department of Insurance (DOI) through their Seniors' Health Insurance Information Program (SHIIP) will begin its Senior Medicare Patrol Project ("Medicare Lookout"). The goal is to enable Medicare beneficiaries to understand the Medicare system better, to understand their Medicare notices, and to report problems to the appropriate project partner. Our statewide focus will build upon the North Carolina Division of Aging (DOA) Senior Medicare Patrol Project. We will use core Specialists (community-based organizations, senior volunteers) to form 6-12 regional core Medicare Lookout initiatives. These Specialists will recruit exemplary SHIIP volunteers to overcome the barriers to reaching Medicare beneficiaries identified by DOA's project and by those of other states. We will build upon DOA's successes by expanding the innovative presentations using skits and plays throughout the state, targeting special populations, and concentrating outreach through a dedicated core of volunteers. DOA will assist in our start-up and will continue to support the project through its duration. Our Medicare mission and vast network make us a logical home for this project. By the middle of the 3rd project year, we will have in place a plan and structure to continue the effort without AoA funds.

90-AM-2699 Statewide Medicare/Medicaid Fraud Project Utilizing WY SHIIP Staff and Volunteers

Wyoming Department of Health
Aging Division
6101 Yellowstone Road, Room 259B
Cheyenne, WY 82002

Ms. Marcia Harvey (307) 777-7986
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$175,000

The Wyoming Department of Health, Aging Division (AD), a single state planning and service area, has collaborated and subcontracted with Wyoming Senior Citizens, Inc. (WSCI), a statewide nonprofit agency, for the past three years implementing and administering the Wyoming Senior Medicare/Medicaid Error Patrol Project. The Aging Division and WSCI propose to continue and expand this statewide project through this grant. Wyoming's vastly rural demographics, coupled with the fact that Wyoming has the 7th fastest growing aging population per capita in the nation, has presented numerous challenges in combating Medicare/Medicaid error, fraud and abuse. The Aging Division and WSCI have implemented a systematic four-part project that educates and provides a referral network on Medicare/Medicaid error, fraud and abuse to Wyoming's 39,000 Medicare and 3,700 Medicaid recipients. The Aging Division and WSCI will continue and expand on the four-part project during the next three year funding period. The four-part project will focus on information and technology; training; referral and direct services; and public information.

Health Care/Services

90-AM-2700 Mississippi Medicare Assistance Patrol Project

Mississippi Department of Human Resources
Division Of Aging And Adult Services
750 N State Street
Jackson, MS 39202

Ms. Betty Green (601) 359-4925
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$175,000

The Governor of Mississippi designated the Mississippi Department of Human Services (MDHS), Division of Aging and Adult Services (DAAS), as the unit of state government to work with the Administration on Aging (AoA) through the Older Americans Act, to direct services to the age 60 and older population and other Medicare beneficiaries. As the State Unit on Aging, the DAAS provides oversight and coordination for services to Mississippi's older population through a system of area agencies on aging (AAA). Consistent with the mission of the DAAS, the Mississippi Medicare Assistance Patrol Project (MsMAPP) design will establish a network of trained persons to serve in their communities as volunteer experts to assist in combating health care error, fraud, and abuse. The MsMAPP organizational structure will be led by the MsMAPP program coordinator for the project. The MDHS State Office staff oversees the implementation and reporting needs of the grant. The project will incorporate partnerships with three AAAs (Central Mississippi, South Delta, and Southern Mississippi) and a legal services provider (North Mississippi Rural Legal Services). Coordination of this grant will occur with the State Health Insurance Program which is referred to as Mississippi Insurance Counseling and Assistance Program (MICAP) in this state. This coordination between the MsMAPP and the MICAP program is an important link in rural Mississippi. Each AAA in Mississippi has an existing MICAP program and the three AAAs identified in this grant have a broad program base. The staff person employed by the NMRLS is a consulting professional for Medicare and Medicaid issues and will provide services in five AAAs in North Mississippi. Functionally, the MsMAPP will recruit, train, and retain a cadre of retired persons who will serve as experts and educators for older persons in their local communities. The project will maintain a system of tracking error, fraud, and abuse referrals to appropriate agencies.

90-AM-2701 Minnesota Medical Care and Anti-Fraud Demonstration Project

Minnesota Board on Aging
Consumer Information Assistance and Advocacy Team
444 Lafayette Road
St. Paul, MN 55155 3843

Ms. Krista Boston (651) 296-0378
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$197,000

Goals, Objectives and Outcomes: Since 1997, the Minnesota Board on Aging (MBA) has been a partner in the effort to decrease fraud, errors, and abuse in the Medicare system. The Senior Medicare Patrol in Minnesota is known as Medicare FYI and has been fully integrated into the statewide Minnesota State Health Insurance Assistance Program (SHIP). In the previous project period, staff of the Minnesota Medicare FYI project spent much time researching effective strategies to expand the project to combat Medicaid in Minnesota and recover dollars to the Medicaid program. The evolution of Minnesota's Senior Medicare Patrol Project to include an additional focus on Medicaid resulted in some new collaborations in the project, including initial collaborative activities with the Surveillance Integrity Review (SIRS) Unit of the Minnesota Department of Human Services (DHS) as well as continued collaboration with the Minnesota Home Care Association. As a result the MBA intends to build upon these collaborations and continue its efforts to decrease the incidence of Medicare Fraud with a renewed effort at raising awareness of Medicaid fraud errors and abuse. The MBA will focus on educating consumers about Medicaid fraud, errors and abuse by partnering with the SIRS Unit of DHS. Many consumers in Minnesota are receiving Medicaid services and don't receive any explanation of the services rendered, or do receive an explanation of benefits, but don't understand it. Educating consumers about how to keep track of their services may save significant Medicaid dollars. The MBA also plans to continue to focus Medicare FYI efforts on (1) building upon the existing network of volunteers and expand developed activities, including the expansion of the use of technology to educate seniors, caregivers and professionals; (2) identifying and emphasizing the importance of reporting both Medicare and Medicaid fraud; (3) distributing outreach and informational materials to consumers through multiple communication methods; (4) utilizing the dramatic changes occurring in Minnesota's long-term care system to educate seniors, their caregivers, county staff and legislators about Medicare and Medicaid fraud, errors and abuse; and (5) focusing our information distribution on the points of entry to information including pharmacies, physicians and clinics.

Health Care/Services

90-AM-2702 Senior Medicare Patrol

Great Lakes Inter-Tribal Council
Elders Program
2932 Hey 47 N
P O Box 9
Lac du Flambeau, WI 54538

Mr. Wendell Holt (715) 588-3324
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$100,000

Great Lakes Inter-Tribal Council (GLITC) is a consortium of federally recognized Indian tribes in Wisconsin and Upper Michigan. Started in 1963 as a Community Action Agency under the auspices of the federal Office for Economic Opportunity, it was a vehicle for delivery of services and programs to its member reservations and the rural Indian communities of Wisconsin. With the development of local tribal government capacity and the ever increasing push for self-determination, the member tribes have assumed the responsibility of more administration of services to their own communities. The role of GLITC has therefore changed from one of delivering services directly to the reservation community residents, to one of assisting the member tribes in a delivery system of services and programs to back up and supplement the tribes' own service capacity.

The objectives of this project are to: 1. Enroll volunteers to educate their peers in the prevention of error, fraud, abuse, and waste, of Medicare/ Medicaid and other health care assistance programs; 2. Educate the general public in the prevention of error, fraud, abuse, and waste of Medicare/ Medicaid and other health care assistance programs; 3. Refer Medicare/ Medicaid and other health care assistance program error, fraud, abuse, and waste to the appropriate organization(s).

Tools needed to enroll, train, and educate participants in the program will be developed by the staff of Great Lakes Inter-Tribal Council, (GLITC) in cooperation with Indian Health Service Programs, Wisconsin Judicare, Tribal Benefit Specialists and the member tribes. Once these objectives have been addressed at the sites, we expect that 90% of Elders and other consumers at these various sites will be educated and aware to identify error, fraud, abuse, and waste of Medicare/ Medicaid and other health care assistance programs. Data will be collected on an ongoing basis through contact with site volunteers. Appropriate reports will be completed as mandated.

90-AM-2703 Utah Medicare Education Team

Utah Legal Services, Inc.
Senior Lawyer Volunteer Project
205 North 400 West
Salt Lake City, UT 84103 1125

Ms. Sallie Richardson (801) 328-8891
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$184,000

Utah Legal Services, Inc. proposes to continue its Utah Medicare Education Team (UMET) project to educate seniors about Medicare and Medicaid. The Project will use the services of retired professionals, who volunteer statewide, to help Medicare beneficiaries read and understand Medicare billing statements and identify possible errors or problems. The Project will build on its productive network of collaborative partners to expand its outreach, especially to those age 85 years and older, women living alone, minorities, and those with language, cultural, illiteracy, or other barriers. The Project will seek volunteer recruits who are non-English speakers and persons in rural areas. Retention of volunteers is critical to the continued success of the Project. Along with ongoing recruitment and training, major efforts will be taken to recognize, honor, and actively involve volunteers. The Project plans to strengthen ties with federal and state agencies and organizations concerned about Medicare benefits in an effort to maximize resources and minimize duplication. The Project will also increase its visibility by participation in high profile media activities. Products of the renewed Project will include training materials, UMET website, administrative forms, and brochures.

Health Care/Services

90-AM-2704 South Dakota Anti-Fraud Education Project

East River Legal Services Corporation
Senior Fraud Patrol
335 N Main Avenue
Suite 300
Sioux Falls, Minnehaha, SD 57104 6038

Ms. Candise Gregory (605) 336-2475
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$175,000

East River Legal Services Corporation (ERLS) has received Senior Medicare Patrol Projects since 2000. ERLS provides public education and one-on-one peer counseling on Medicare and Medicaid fraud throughout South Dakota to ensure consumer awareness of the problem, and provide knowledge on evaluating and reporting suspected fraud. To accomplish this goal of public education, we are utilizing our established network of partners, an advanced media campaign, and an established pool of very capable, well trained retired senior volunteers, many of whom have over five years of Medicare counseling experience. Our objectives are: 1) Individual consumer counseling; evaluation of suspected fraud; and referral for further investigation of appropriate cases. 2) Development of community partnerships with small local businesses in rural communities across South Dakota. 3) Ongoing training for established volunteers, recruitment of additional volunteers as needed. 4) Dissemination of fraud educational materials to the public statewide. 5) Fraud education on Reservation lands in South Dakota. 6) Special outreach to rural areas 7) Increase client contacts and dissemination of fraud information. 8) Careful tracking of measurable outcomes. ERLS/Senior Fraud Patrol Program provides a myriad of tools to assist partners and volunteers with project objectives. These products include: 2 day training for new volunteers; training manual and resource materials for volunteer counselors; annual update training for existing volunteers; Personal Health Care Journal; "How to Read your Medicare Summary Notice" brochure; fraud booklet "Avoiding Scams and Fraud"; 5 Part Anti-Fraud Video Series; sponsorship and participation in major fraud events throughout the year. New products to be developed include: quarterly newsletter; television and radio ads for media campaign; customized fraud program brochure; client intake form; fraud referral form; event specific surveys; video packet to accompany 5 part Anti-Fraud Video Series.

90-AM-2705 Louisiana Medicare Abuse Patrol Program

Vernon Parish Council on Aging, Inc.
200 North third Street
Leesville, LA 71446

Mr. Marvis L. Chance (337) 239-4361
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$122,280

Since March 1, 2002, the Louisiana Medicare Abuse Patrol Program has been administered by the Vernon Parish Council on Aging (VPCOA). This partnership has been built upon the support of such organizations and agencies as the Governor's Office of Elderly Affairs, Parish Councils on Aging, (TRIAD), the Vernon Parish Sheriff's Department, and numerous other agencies that work on behalf of the senior citizens of Louisiana.

This project has recruited and trained professional volunteers from fourteen (14) parishes in the western and central sections of Louisiana. These retired professionals have participated in informative training sessions that have educated them to the perils faced by the Medicare Program due to fraud, waste and abuse. These volunteers also provide one-on-one counseling, as needed to their peers. This project, when funded for another three (3) years, will be able to move into additional parishes, thus bringing this valuable resource to others across the state.

The Louisiana Medicare Abuse Patrol Program (LAMAPP) staff has been trained to respond to callers using the agency's toll free number 1-8771239-0275. Calls related to possible fraud are immediately documented and referred to trained LAMAPP staff members, who then refer the inquires to their respective Councils of Aging, and insure that these cases are worked until they are resolved.

The Advisory Council assists the project director in developing training and outreach materials for use by both staff members and LAMAPP volunteers, and also in compiling data to measure the program's success. Consultants will assist the project director in developing and presenting the training and outreach curriculum, assisting in the grant writing process and helping to develop data collection instruments for accurate analysis and reporting of program results.

Health Care/Services

90-AM-2706 Senior Medicare Patrol

SC Department of Health & Human Services
Bureau of Senior Services
1801 Main Street
Columbia, SC 29202

Ms. Gloria McDonald (803) 898-2850
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$175,000

The SC Dept. of Health & Human Services (DHHS)-Bureau of Senior Services is a state government entity whose mission is to provide statewide services that address needs of older people, including assisting Medicare/Medicaid beneficiaries to identify waste, fraud, and abuse on Medicare Summary Notices (MSN). This is accomplished through a statewide aging network with Area Agencies on Aging and Councils on Aging in each county. The SMPP is managed in the Lt. Governor's Office, Div. of Aging Services. This unit is committed to meeting beneficiary needs and ensuring this service is delivered to appropriate clients. Palmetto Government Benefits Administration (PGBA), Medicare Fraud Unit, is a private agency under contract with the federal government to monitor the Medicare program and ascertain that federal funds are being appropriately utilized. PGBA is also partnering with DHHS to provide training and technical assistance to volunteers. The Medicaid Fraud Unit of DHHS and PGBA have agreed to accept referrals from SMPP for incidents of suspected fraud for investigation, prosecution and recovery. The Division of Aging Services will be the lead entity with identified partners, inc. the American Association of Retired Persons, implementing the activities of the project. This project will bring together agencies whose goal is to stop Medicare fraud and abuse by using knowledge and expertise to develop a comprehensive volunteer based fraud detection system. The Division of Aging Services will use current Insurance Counseling Assistance Referral for Elders (I-CARE/SHIP) volunteer insurance counselors to promote awareness, and to detect/report findings of fraud. A Medicare/Medicaid fraud & abuse manual has been developed and will be expanded to include current fraudulent practices. Volunteers will be trained to review Medicare Summary Notices (MSN), to empower beneficiaries to screen MSNs for inappropriate charges and services. The training will include a comprehensive module on Medicare and Medicaid fraud. Following training, a test will measure volunteer comprehension. Regional coordinators will identify fraud and submit to the Fraud Project Specialist, who will forward aggregate reports to AoA. In addition to counseling contact forms, information brochures and manual material, a computerized data collection system will be developed to track outcomes.

90-AM-2707 Via Christi Senior Medicare Patrol

Via Christi Regional Medical Center
2622 West Central
Wichita, KS 67203

Ms. Tanya Merritt (316) 946-5043
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$78,293

The Via Christi Senior Medicare Patrol Project will train retired registered nurses (RNs) participating in the Congregational Health Ministry Network (Parish Nursing) of Via Christi to serve as expert resources and educators in the detection of health care errors, fraud and abuse. RNs will provide information, assistance and support to Medicare and/or Medicaid beneficiaries that will result in (1) increasing knowledge of scope of benefits and services and (2) increasing knowledge of appropriate utilization by the beneficiary and subsequent accurate charges made by health providers to these programs.

During the first phase of the project (year 1), the Via Christi Regional Medical Center (VCR IC), in collaboration with the Kansas Department on Aging, will establish and convene a steering committee representative of organizations, agencies, educational institutions and service providers committed to improving beneficiary abilities to detect and stop health care error, fraud and abuse. This project will complement the existing Senior Health Insurance Counseling for Kansas (SNICK) program and fraud prevention hotline services.

During the second phase of the project (year 2), curriculum will be prepared, at least 50 parish nurses will receive training, and selection of the project service area (counties) completed. The third phase of the project (year 2 and year 3) will result in trained parish nurses directly providing community-based information activities and support services to beneficiaries in at least 15 counties of the state; with at least 10 counties located in rural areas of the state and at least three (3) counties possessing a recognized percentage (5% or more) of residents of minority/ethnic heritage. It is projected at least 1,500 beneficiaries will receive information through a minimum of 30 sessions conducted by retired parish nurses by project conclusion.

Health Care/Services

90-AM-2708 Indiana Senior Medicare Patrol Project

IAAAA Education Institute, Inc
2506 Willowbrook Pkwy, Suite 250
Indianapolis, IN 46205

Ms. Carolyn Hiatt (317) 202-0500
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$184,000

Indiana Senior Medicare Patrol Project

The IAAAA Education Institute (IAAAA), proposes an innovative project that will build upon its success as contractor to the state of Indiana for the current project. IAAAA will collaborate with many statewide organizations to recruit, train and support beneficiary volunteers and others to educate and inform Indiana residents about Medicare errors, fraud and abuse. We will use past success, best practices, and tools from the Technical Assistance Resource Centers to refine and develop training and outreach materials. The project will target homebound seniors, low-income seniors, rural seniors and low literacy seniors for intense education and outreach.

We will develop and use tools to measure success and evaluate our progress toward our desired outcomes.

As a result of our efforts we will achieve the following outcomes: 1) A 33% increase in the number of complaints filed over the life of the project and, 2) A 10% increase in knowledge about Medicare errors, fraud and abuse by project volunteers.

90-AM-2710 Health Care Waste, Fraud and Abuse, Senior Medicare Patrol Project

NH Department of Health and Human Services
Division of Elderly and Adult Services
129 Pleasant Street
Concord, NH 03001

Ms. Karol Dermon (603) 271-4925
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$197,000

New Hampshire's Division of Elderly and Adults Services (DEAS), in partnership with Community Services Council of New Hampshire (CSCNH), has successfully administered the Senior Medicare Patrol Project (SMPP) since 1997. As one of the first twelve local demonstration projects in the country, New Hampshire developed a unique model by combining SMPP with the State's Health Insurance Assistance Program (SHIP). As such, New Hampshire has operated an effective practice model for its seniors and people with disabilities. Funding requested in this proposal will help the on-going need to increase program awareness and strengthen the volunteer network throughout the state. The following objectives are planned for the period of July 1, 2003 to June 30, 2004:

1. Increase the number of formal and informal sites for assistance, education and outreach. New and traditional information and counseling sites will be established in rural hospitals, low-income clinics, senior centers and local community centers where senior attend social programs and workshops. Informal outreach will also be extended to NH legislative representatives.
2. Expand volunteer recruitment to rural and low-income areas in northern and western regions of the state, where some of the most vulnerable and isolated population resides.
3. Expand education on Medicaid and other assistance programs for SMPP volunteers. New training material, Medical Assistance Resource Guide, Prescription Drug Options, and NH Health Records, and Fraud Tips will be produced.
4. Enhance and monitor program effectiveness by developing new partnerships and coalitions with state /local/federal agencies and professional retiree organizations, conducting pre-and post tests surveys, reviewing and revising training components, and holding program evaluation meetings with contractor and grantee.

Health Care/Services

90-AM-2711 Seniors Organized to Restore Trust (SORT)

Area Agency on Aging dba Care Connection for Aging Services
106 W. Young
P O Box 1078
Warrensburg, MO 64093

Ms. Diana Hoemann (660) 747-3107
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$193,442

Seniors Organized to Restore Trust (SORT): The Third Phase is a project that builds upon a strong organizational base and well-trained volunteers already in place, to expand the number of seniors throughout the State of Missouri that detect, report and combat Medicare and Medicaid error, fraud and abuse by adding a new component to an already successful program.

The objectives of the project are to: train staff representatives from each of the ten area agencies on aging to serve as SORT Coordinators in their respective areas; to maintain and expand the current pool of SORT Specialists to a total of 372 Specialists working one-on-one with Medicare beneficiaries; to establish a statewide speaker's bureau to assist with Medicare and Medicaid beneficiary training; to continue statewide outreach efforts with a particular emphasis on rural and minority; to update all AAA web sites in the state, as well as the Elder Services Program web site to include fraud and abuse information; and to expand the SORT Steering Committee.

The approach includes working with the Missouri Alliance of Area Agencies on Aging and their 298 senior centers, and the Missouri Attorney General's Office and Secretary of State's office, to develop a comprehensive approach to fraud affecting seniors, including identity theft, elder abuse and neglect, consumer fraud and health care error, fraud and abuse.

Major products resulting from SORT: The Third Phase include: improved training materials that will appeal to retired professional volunteers; a project that is systematically evaluated for effectiveness; and a project that demonstrates the effective use of integrating health care error, fraud and abuse education with other forms of senior fraud.

90-AM-2712 Empowering Consumers of Healthcare Organizations (ECHO)

NE Department of Health and Human Services
Division Of Aging & Disability Service/State Unit on Aging
P O Box 95044
Lincoln, NE 68509 5044

Ms. Cindy Kadavy (402) 471-2230
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$175,000

The Senior Medicare Patrol Project's overall goal is to substantially increase the involvement of older persons and the Aging Network in efforts to curb losses within the Medicare and Medicaid programs - losses due to error, waste or fraud. Nebraska's ECHO Project plans to continue working toward the following:

- 1) Be Aware, Be Informed - Combat health care error, fraud and waste in Nebraska, through awareness campaigns and promotions, educational presentations and distribution of informational material, direct technical assistance and support of Medicare and Medicaid beneficiaries throughout the state.
- 2) Be Involved - Continue the recruitment of retired professionals, who will serve in their communities as volunteer resources, peer educators and beneficiary advocates. Provide the training, coordination, support and recognition necessary to maintain their efforts and keep them involved as an integral part of the ECI 10 Project in the effort to curb health care fraud and waste in Nebraska. Reach out to special populations, and provide additional outreach to the most vulnerable of Nebraska's beneficiaries, nursing home residents, through the intervention of trained and certified volunteer Ombudsman Advocates. The nursing home population contains the most frail, elderly and disabled of citizens, and those who are least likely to be able to advocate on their own behalf. This population is also one of the largest groups of consumers of health care services.
- 3) Build Coalitions - Continue to develop and expand collaborations between local, regional and state organizations and agencies; build and strengthen community coalitions of older Americans and service providers; and create partnerships working toward the same goal of combating error, fraud and waste within the Medicare and Medicaid systems.

Health Care/Services

90-AM-2713 **Sagewatch**

Executive Office on Aging
Hawaii Executive Office on Aging
250 South Hotel Street
Suite 109
Honolulu, HI 96813 2831

Ms. Deborah Hanson (808) 586-7281
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$196,910

The State of Hawaii's Executive Office on Aging (EOA) SageWatch Program has been fortunate to have been awarded a Harkin Grant by the Administration on Aging (AoA) in 1997 and again in 2000. Since 1997, SageWatch has grown to be a recognized statewide organization responsible for training several hundred dedicated, dynamic, and highly motivated individuals to be certified SageWatch volunteers who donate hundreds of hours each year to make the SageWatch Program.

Currently, the activities of the SageWatch Program are guided by an advisory council composed of representatives of health care provider associations, Medicare contractors, Medicaid investigators, senior health care organizations, Area Agencies on Aging, immigrant and native Hawaiian organizations, and consumer advocates. In addition, EOA's SAGEPLUS (SHIP) and the Long Term Care Ombudsman Programs work closely with the SageWatch Program.

The five goals of SageWatch are 1) to recruit, train and retain culturally diverse retired professionals as volunteer presenters; 2) to provide outreach to special population groups, ie. non-English speaking and ethnic groups, low income, minority, women, disabled, rural, frail, underserved; 3) to conduct a public awareness campaign; 4) to demonstrate collaboration among concerned agencies; 5) increase use of website for disseminating information, recruiting volunteers, receiving reports of fraud and abuse, receiving requests for presentations.

90-AM-2715 **Vermont Medicare Partnership Project**

Community of Vermont Elders
POBox 1276
Montpelier, VT 05602

Ms. Anita J. Hoy (802) 229-4731
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$175,000

The project will (1) develop or identify "best practice" programming for recruiting, training and maintaining retired seniors and other professionals in Vermont's elder network for work in this project; (2) increase elders' ability to be active partners in health care decisions and raise beneficiary awareness of Medicare program benefits and operations, including understanding health care statements and keeping track of medical services; and, (3) build further collaborations with health care providers to actively engage in planning and supporting this project and to make information given to elders understandable and useful.

The objectives will be met by (1) developing and implementing a statewide program with central coordination out of the Community of Vermont Elders (COVE) and regional program operations performed by the five Area Agencies on Aging (AAAs) in the state; (2) gathering information and materials from other statewide SMPP's, particularly those focused on rural populations, and working with technical assistance providers to identify "best practices" and modify programs to meet Vermont's reality and culture; and (3) creating a program advisory group including seniors, advocates and providers to increase ownership of the program by involving stakeholders in its design and evaluation. As a result of these efforts, the project will use national best practices and the expertise of local seniors, advocates and providers to increase beneficiary ability to actively participate in health care decision making including a greater understanding of the Medicare program. A direct corollary of this outcome is a reduction in Medicare billing errors and greater ability to detect and act on potential Medicare fraud and abuse. The major products that will result from the project include a training curricula, public information materials (including a cable broadcast television program) and evaluation tools.

Health Care/Services

90-AM-2716 The Senior Medicare Patrol Project

Coalition of Wisconsin Aging Groups
Elder Law Center
2850 Dairy Drive
Suite 100
Madison, WI 53718 6751

Ms. Elizabeth Conrad (608) 224-0660
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$197,000

The Coalition of Wisconsin Aging Groups (CWAG) proposes to continue building on its successful six-year Senior Medicare Error Patrol Project. The project has been a highly collaborative effort with the cooperation and assistance of many statewide partners. In the last year of the current grant cycle, a volunteer coordinator was added to the team. We will continue to train volunteers who will be organized into regions aligned with the nine district boundaries of the Coalition's membership areas. The addition of the Volunteer Coordinator will allow us to place more emphasis on the retention of already trained volunteers and maximize their utilization in presentations statewide. In addition, new volunteers will be trained, organized and integrated into the new district system. Training will include an overview of Medicare/Medicaid laws, how to identify and report Medicare/Medicaid fraud, waste and abuse, how to read a Medicare Summary Notice, and the basics of public speaking. The targeted audience will be low-income, limited literacy, rural, minority and inner city elders. Volunteers will serve as local resources available to give presentations, answer questions and advocate for peers. Partners (Medicare contractors, U.S. Attorneys' Offices, etc.) will assist with training. All referrals will be received and screened via a toll-free number. Products will be a monthly Fraud Alert newsletters, standardized PowerPoint presentations, a volunteer manual, press releases, training materials and new brochures on additional subjects.

The new grant cycle has two additional new features: 1) an emphasis on working with caregiver support groups and education forums and 2) an expansion of the marketing and media campaign started in the last grant cycle. Thus the new name - "The Medicare Integrity Project" - and the tag line - "Helping to Keep the Promise" - on all of our materials.

90-AM-2717 Senior Medicare Error Patrol Project - Operation Restore Trust Iowa

State of Iowa
Iowa Department of Elder Affairs
Clemens Bldg., 3rd. Floor
200 Tenth Street
Des Moines, IA 50309 3609

Ms. Shirley Merner (319) 272-2244
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$197,000

Iowa's objective for the Operation Restore Trust project is to recruit, train and maintain retired volunteers of diverse cultural, ethnic and socioeconomic backgrounds. Volunteers are instructed to effectively provide education through public events and group sessions in their communities. The volunteer's role is to be an expert resource, assisting older persons in becoming educated about their health care expenditures under Medicare and Medicaid, utilizing strategies to detect errors, fraud and abuse, and report their concerns. ORT approaches our objectives through collaborative ventures, guided by a State Advisory Committee, contracts with Area Agencies on Aging for local recruitment and supervision of volunteers, and partners with Senior Health Insurance Information Program for the provision of one-on-one counseling. Critical to the accomplishment of these goals is collaboration with other government and private agencies. The outcome of the successful completion of the aforementioned objectives is to increase the ability of Iowans to identify errors, fraud, and waste in the Medicare/Medicaid programs. This outcome creates responsible consumers of the health care benefits of these programs. ORT will expand the Public Awareness Campaign to include major products such as: caregiver information kits, pamphlets, video news releases, and media rolodex cards. ORT's web site is a key piece of promotion and coordination as we encourage beneficiaries to question, learn and take an active role in protecting their health care benefits. The website will be expanded to include: provider education, a press room kit and links to Medicare resources. A major product of this effort is the administration of a standardized assessment tool to measure the effectiveness of the beneficiary education provided by Senior Medicare Waste Patrol Project volunteers nationwide.

Health Care/Services

90-AM-2718 Health Care Fraud, Waste and Abuse Senior Volunteer Education Project

Aging 2000, Inc.
One Richmond Square
Providence, RI 02906

Ms. Lisa Purcell (401) 521-7930
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$197,000

Priority Area: Senior Medicare Patrol Project

Objectives: Continue collaboration among state, federal and advocacy organizations to address the problem of health care fraud, waste, and abuse; expand consumer education about how to recognize fraud, waste and abuse; what to do when it is detected; and increase reporting of suspected problems. Approaches: Update training programs to meet the needs of the volunteer cohorts, Senior Health Insurance program counselor "expert resources", Eldercare Information Specialists, Residential Service Coordinators, Elderly Nutrition Agencies, Community Action Programs, Long Term Care Ombudsmen and workshop leaders. Develop a multi-cultural public education component featuring a Senior Medicare Patrol Project workshop, media events and promotional items. Promote an in-state, toll free hotline as the vehicle to report fraud cases, protocols developed to report cases to appropriate agencies and a database established to track complaints and outcomes.

Outcomes: Extend consumer, caregiver and provider education to non-English speaking and other vulnerable populations about how to identify and report health care fraud, waste and abuse. Complaints will be reviewed, screened and referred to the appropriate investigatory agency. The volume and quality of cases reported and investigated will increase, thereby ensuring the continued success of Operation Restore Trust.

Products: A training manual, module and workshop curriculum; volunteer recruitment plan; an updated, bilingual brochure and promotional items; an expanded media campaign including a 30-second television and radio commercial; a website; an in-state toll free hotline; complaint reporting protocols and database tracking system.

90-AM-2719 CARIE

Center for Advocacy for the Rights and Interests of the Elderly
100 North 17th Street
Suite 600
Philadelphia, PA 19103

Ms. Jennifer Hogan (215) 545-5728
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$175,000

Since 1997, the PHCFEP has focused on detecting, raising public awareness and reporting health care fraud and abuse in PA. During the past 3 years, the PHCFEP has expanded and maintained its project across the State. During the next 3 years the project will expand to additional locations in PA. With sixty-seven counties, PA represents diversity in ethnicity, geography, and the nature of its healthcare and social services infrastructure. As the project moves into new communities, it requires distinct planning for community's particular needs and interests in partnering with the project.

The PHCFEP has successfully trained 267 retired persons who have educated 85,000 older adults on health care fraud prevention. Seventy-five volunteers are currently active. The project will continue to educate thousands of people through a public service announcement, a fraud prevention telethon, print materials, news releases, seminars, complaint handling and referral. The project has broadened its community support and cooperation by involving consumers, providers, and law enforcement. In addition, the project has successfully targeted minority and non-English speaking beneficiaries, caregivers, community leaders and volunteers through health fairs, and translated materials/articles in newspapers. The project seeks to increase reporting of potential fraud, resulting in thousands of dollars returned to the Medicare and Medicaid programs.

Key to the project's success is recruitment of committed volunteers and their training. The volunteers complete 16 hours of training, receive an exhaustive manual, continuing education and bi-monthly newsletters. Staff have trained professionals at conferences, and provide a two-hour training program for providers, social workers, and caregivers of beneficiaries. Written evaluations are used to provide feedback and improve upon the quality of the presentations and volunteer training.

Health Care/Services

90-AM-2720 SCAMS, Senior Counselors Against Medicare Swindlers

California Health Advocates
Special Projects
5380 Elvas Avenue, #104
Sacramento, CA 95819

Ms. Julie R. Schoen (714) 560-0309
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$197,000

Since its inception six years ago, the purpose of the SCAMS (Senior Counselors Against Medicare Swindlers) project of California Health Advocates (CHA) has been to recruit and train senior volunteers, and to involve them in educating the CA community to prevent, detect and report Medicare fraud, waste and abuse. The next level of achievement will be to:

- Develop and utilize an Outcomes Measurement Tool to evaluate the efforts of our volunteers.
- Build upon our solid foundation of statewide Health Insurance Counseling Advocacy Programs (HICAPs) to include adult protective services, financial abuse strategists and others in the community throughout California in working together to protect Medicare and its beneficiaries from waste, fraud and abuse.

The Goals of SCAMS: ·Initiate a survey tool to measure education outcomes. " Implement a new fraud education outreach methods, i.e. web based trainings ·Prepare an outreach campaign for disabled Medicare beneficiaries ·Continue to recruit, train and retain retired professional volunteer educators & counselors, emphasizing a culturally competent training and outreach curriculum.

Major Annual Outcomes-Observable End Results: ·Baseline surveys (50 surveys/mo.) designed to reflect program impact on participant's observable behavior. Web-based trainings by a minimum of 4 collaborative agencies - Offices on Aging, Latino Health Access, LTC Ombudsman Program, Financial Abuse Specialist Teams.

Major Annual Outputs: ·10 regional "train the trainer" sessions per year ·300 new senior volunteers per year who will provide over 300 educational forums ·Education for 12,000 participants per year including Latino and Asian populations.

90-AM-2721 Illinois Senior Medicare Patrol

Suburban Area Agency on Aging
1048 W. Lake Street
Suite 300
Oak Park, IL 60301

Ms. Terri Gendel (708) 383-0258
Jul 01, 2003 to Jun 30, 2006
FY 2003 \$297,000

The ISMP program is a collaborative effort lead by the Suburban Area Agency in partnership with the Northeastern Illinois Area Agency, Chicago Department on Aging and the Southern Illinois Collegiate Common Market. We will build upon the solid success of the program, having been one of the original demonstration projects, to reach new audiences with important messages that can help to preserve the integrity of our healthcare system. The objectives of the project are to increase awareness among Medicare consumers participating in the SMP program about how to prevent, detect, and report suspected errors and fraud; and to improve the knowledge of volunteer trainers regarding Medicare benefits and services, local options, provider concerns, and how to read and understand MSNs, EOBs and ABNs. We will use the following approaches: recruit and train retired professionals to volunteer as SMP expert resources; work with eight partner agencies to conduct the program throughout Illinois; develop, adapt and disseminate materials to improve the knowledge of trainers, volunteers and Medicare beneficiaries regarding how to prevent, identify and report suspected errors and fraud; and to inform and educate diverse Medicare beneficiary communities through presentations and outreach events. A special emphasis will be placed on reaching out to rural, low functionally literate, and limited and non-English speaking beneficiaries utilizing partnerships with community based organizations and innovative and grass roots methods. The major products from this project will be a "Train the Trainer" manual, a Press Kit with sample media messages, Fraud Alert publications in English, Spanish and possibly other languages, and a Training Video for new volunteers including sample SMP presentations.

Health Care/Services

90-AM-2724 West Virginia Senior Medicare Information and Error Patrol Project (SMIEPP)

AARP Foundation
AARP West Virginia State Office
601 E Street, NW
Washington, DC 20049

Mr. Scott Adkins (304) 340-4604
Jul 01, 2003 to Jun 30, 2004
FY 2003 \$175,000

AARP assumed responsibility as the new SMPP grantee in W. Virginia effective 7/31/03. AARP WV is a member of the SMPP Advisory Committee, ensuring a smooth transition and continued development of the project in the state. West Virginians are especially dependent on Medicare & Medicaid programs, and incidences of billing errors, waste, fraud, or abuse reduce access & availability. The WV SMIEPP proposes to address these issues as follows: The goal of the WV SMPP is to establish systems and mechanisms that educate Medicare and Medicaid beneficiaries to identify and resolve billing errors and report possible fraud and abuse, thus reducing the incidence of waste, fraud and abuse in these vital programs & services. Proposed objectives include: 1. Strengthen development of infrastructure to detect/combat health care billing charge errors, fraud, waste, and abuse in the Medicare and Medicaid programs. 2. Recruit & train Volunteer Educators to inform/educate Medicare/Medicaid Beneficiaries 3. Expand partnerships through linkages with public and private agencies. 4. Conduct Outreach and Develop Promotional Materials 5. Establish Intake, Reporting, Referral and Follow-up System. These objectives will be accomplished using the following approaches & interventions: · Continue existing consortia of agencies, organizations, community groups, and individuals who have demonstrated commitment to combating insufficient knowledge among Medicare & Medicaid consumers, & elimination of healthcare billing errors, waste, fraud, & abuse. · Continue training individuals to serve as SMIEPP Educators; · Conduct consumer education, including at least one Medicare Update Seminar. · Develop a system for complaint intake, investigation, mediation, and resolution. Further, the WV SMIEPP will build into the project reporting mechanisms that identify problems and suggested improvements in Medicare. The proposed outcome is to inform and educate Medicare/Medicaid beneficiaries and the public on preventing and/or detecting and reporting suspected error, fraud, or abuse. Major products include manuals; data collection and evaluation instruments; training packages and audio visuals for public and health care provider education on preventing potential Medicare and Medicaid error and fraud.

90-AM-2727 Development of a National Data Collection System for Improving at the End of Life

The Carolinas Center for Hospice and End of Life Care, INC.
Non Profit Corporation
2400 Weston parkway
Cary, NC 27513

Larry Smith (919) 677-4115
Sep 01, 2003 to Aug 31, 2004
FY 2003 \$245,146

The Carolinas Center for Hospice and End of Life Care will conduct a 3-year project to gather and report data on the experience of death and dying. The goal is to develop an accessible database of measures that provides actionable information for healthcare providers, community service providers, health services researchers, and state policy makers. Data elements that currently exist in several databases will be obtained for the new dataset and we will partner with state centers for health statistics and/or academic research centers to collect new measures via ongoing data collection efforts. The primary outcome will be an accessible dataset hosted on the Internet by The National Hospice and Palliative Care Organization. Products will include complete data for North and South Carolina and a procedure manual for other states to collect and contribute data to the dataset. The products will be disseminated via newsletters, journal articles, professional conferences, and the Internet.

Health Care/Services

90-AM-2728 **Creating a Seamless System of Care for Iowa's Aging Population**

Des Moines University
Geriatric Education Center
3200 Grand Avenue
Des Moines, IA 50312

Alice M. Breemer (515) 271-1657
Sep 01, 2003 to Aug 31, 2004
FY 2003 \$481,078

The two primary purposes for this grant are: 1) to support the development of a comprehensive repository of information about Iowa's aging population, and 2) a web-based educational program for caregivers who provide daily services to Iowa's aging population. The curriculum of this training will be based on the needs profiled from the data repository. The two products resulting from this project will include: 1) a data warehouse in which numerous data bases containing information on the health care needs of older Iowans are stored and integrated, and 2) a web-based training program, for caregivers providing daily services for older Iowans. The availability of these products will be disseminated to all organizations participating in the project and to interested organizations outside of Iowa.

90-AM-2730 **Senior Center Healthcare Coordinator Program**

City of St. Louis
St. Louis Area Agency on Aging
634 Grand Blvd.
St. Louis, MO 63103

Mr. David Sykora (314) 612-5944
Sep 01, 2003 to Aug 31, 2004
FY 2003 \$147,088

The St. Louis Area Agency on Aging (AAA) will develop and implement a Senior Center Healthcare Coordinator Program that will create an organized system of health, wellness and nutrition programs as well as medical and information services to improve the quality of life for seniors living in the City of St. Louis. The program's objectives are: 1) to increase the knowledge and understanding of healthcare issues by senior citizens; 2) to enhance the community services provided by senior centers; 3) to develop a supportive referral network; 4) and, to provide community healthcare related education programs. The anticipated outcomes include: increased wellness of seniors, increased usage of healthcare providers; and improved ability of seniors to manage their own healthcare. The program will incorporate recommended care plan, resource data bank. Upon completion of the 12-month project, information will be disseminated to partners, universities, community organizations and Area Agencies on Aging. The products are: a final report; evaluation tools; assessment tools; manuscripts.

Health Care/Services

90-AM-2731 Life Long Learning and Sharing Program

Hickman County Senior Citizens, Inc.
Hickman County Senior Citizens Board
212 East North Street
Clinton, KY 42031

Ms. Mitzi Spraggs (270) 653-4314
Sep 01, 2003 to Aug 31, 2004
FY 2003 \$6,000

The goal of the Hickman County Senior Citizens "Life Long Learning and Sharing" (LLLS) Program is to increase the awareness in seniors of their need to assume responsibility for their own longevity and productivity. The LLLS Program proposes to accomplish this through a computer training program designed to promote seniors' intellectual stimulation, social interaction, job skills development, and community volunteerism. Twenty-four senior citizens will participate in the LLLS Program. Expected outcomes include: increased seniors' knowledge of computer usage; increased number of seniors who come to the Senior Center to use the computer lab; increased number of seniors who take their newly acquired computer skills into the work force; and, increased number of seniors who take their newly acquired computer skills and use them in a volunteer capacity in the community. A survey of participants and a final report including the results of this survey will be developed and shared with the Purchase Area Agency on Aging's eight-county Aging Committee at the conclusion of the LLLS Program.

90-AM-2732 ExperienceSeniorPower: Bridging the Digital Divide

Society of St. Vincent de Paul
2929 East Grand Boulevard
Detroit, MI 48202

Tony Fama (248) 398-6438
Sep 01, 2003 to Aug 31, 2004
FY 2003 \$117,670

Summary

For one year, the Society of St. Vincent de Paul will utilize ExperienceSeniorPower intergenerational computer programming. ExperienceSeniorPower teams disadvantaged senior citizens with at-risk children, teaching both computer skills. While studies indicate a lack of computer knowledge among poor senior citizens and children, ExperienceSeniorPower fills the "digital gap" for each group, assuring by working together, both will enter the technology age. Project goals include teaching young and old computer skills, simultaneously. Children gain technological skill, leading to improved educational performance and greater economic opportunity, while learning from positive role models. For seniors, many of whom live in isolation, the computer becomes a gateway to the world, as they reach out to friends and family. Seniors self-esteem improves through learning a new skill and filling adoptive grandparent roles. The Society of St. Vincent de Paul in collaboration with the Detroit Archdiocese and MariaMadeline Project, Inc., will provide ExperienceSeniorPower programming in 10 church-based community centers. Recognizing children and seniors living in economic duress rarely have access to transportation, we will provide these services in their neighborhoods. Products include a comprehensive, 170-page workbook in large print, a web site designed for senior citizens insuring easy, senior-friendly on line lessons, assessment and evaluation tools that will be disseminated to participants.

Abstract

Computers are increasingly conditioning the kind of country in which we live. Digital Divide shines a light on the role computers can play in widening social gaps throughout our society, particularly among young people.

Health Care/Services

90-AM-2733 **Successful Aging in Community: Purposeful Relationships & Active Engagement**

Generations of Hope
1530 Rantoul
Champaign, IL 61866

Brenda Krause Eheart Ph.D. (217) 893-4673
Sep 01, 2003 to Aug 31, 2004
FY 2003 \$490,292

The proposed one-year project will be implemented in Hope Meadows which is a planned neighborhood of older adults and foster/adoptive families. It will utilize housing on a former military base. The target population, approximately 65 older adult residents will receive programmatic supports and training. The program will provide opportunities for seniors to engage in daily formal and informal volunteer activities with their neighbors - the parents, children and staff of Hope Meadows. While the senior volunteer program is evolving, it will be systematically codified. Defining and further developing this program in precise and quantifiable terms will help prepare it to become a national model. The program evaluation process will articulate the underlying program theory as fully as possible, specify indicators for outcomes and processes, and develop a plan for acquisition and analysis of data. This project promises significant benefits not only for the older adult volunteers at Hope Meadows, but also for policymakers aspiring to marshal older adults as community resources to address difficult social problems.

90-AM-2734 **Meals On Wheels/Home Services**

Southcare Nursing Center Inc.
Southcare Home Services
PO Box 967
Glenside, PA 19038

David Dobson (215) 205-1754
Sep 01, 2003 to Aug 31, 2004
FY 2003 \$490,292

Southcare Home Service (SHS) will demonstrate an innovative model of home-based care for the elderly focused on enhancing health, safety and quality of life for frail, isolated seniors, while lowering the cost and facilitating consumer-directed care. The project will emphasize highly targeted nutritional and home safety interventions that will significantly reduce the risk of nursing home placement and costly hospital stays. SHS will provide an integrated "umbrella" program including: 1) home delivered meals and nutritional counseling and support focused on reducing obesity and diabetic problems; 2) non-medical homemaker and companion services as well as respite for caregivers; 3) handyman services for minor home repairs, safety modifications, and general life safety maintenance of owner occupied housing; and 4) transportation to aid in the prevention of medical and nutritional problems. The project is expected to demonstrate an innovative model of service delivery which will reduce the cost of services. In addition, it also will demonstrate opportunities for senior employment, volunteerism, and activity to improve the quality of life.

Health Care/Services

90-AM-2735 NORC Demonstration -- Chicago

Jewish Federation of Metropolitan Chicago
One South Franklin Street
Chicago, IL 60606

Steven Nasatir (312) 444-2811
Sep 01, 2003 to Jan 31, 2005
FY 2003 \$245,146

The initiative of Jewish Federation of Metropolitan Chicago (JFMC), partnering with Council for Jewish Elderly, responds to the growth of older adults aging in place, who are needing assistance to continue independent living in their homes. Development of innovative community-based alternatives to hi-cost institutional care, averaging \$37,000 per year, per resident, is paramount in addressing elder needs. Such alternatives may mitigate the long-term financial effects of the rapidly increasing number of seniors, on our national health and social service systems. With more than ten million Americans living in "Naturally Occurring Retirement Communities (NORCs)", strategies are needed to bring services and resources to these buildings.

JFMC will launch the NORC service model in 4 to 6 buildings in 3 diverse communities around Chicago. The overall goal is to enhance seniors' capacity for independent community living, through increased access to needed support services. An estimated 600 older adults will benefit from on-site NORC service components, including direct services, education, and linkage to community resources, (including volunteer opportunities). Specific outcome objectives include: 80% of NORC residents surveyed will indicate an increased awareness of and ability to access services and programs; 80% of NORC residents will indicate increased knowledge of aging issues; 70% of NORC residents will indicate a perceived opportunity for expanded involvement in their building community, and community at large.

JFMC is one of 15 grantees receiving NORC demonstration grants since FY '02 when NORC demos commenced. As part of this larger effort, the project will be evaluated and results disseminated through various methods. In addition to providing critical support services to the elderly, it is expected that both cost effectiveness and service effectiveness will be improved by coordinating services at each NORC site and, where appropriate, integrating services at the facility itself.

90-AM-2736 Supportive Programs for Residents of NORC in South Florida

Greater Miami Jewish Federation
4200 Biscayne Blvd.
Miami, FL 33137

Bruce Yudewitz (305) 576-4000
Sep 01, 2003 to Aug 31, 2004
FY 2003 \$490,292

This project is intended to provide an innovative and flexible approach to provide a variety of social and supportive services to enable elderly residents to continue to function and safely live in their homes.

Our approach will involve four sites in South Florida, high rise and gated communities in which the population is almost exclusively elderly individuals or couples who are living independently, but as they are aging face various degrees of limitations to live fully independent lives.

The project will involve a neighborhood worker (ombudsman) in each site. This individual will identify common needs of the residents, develop a plan, and broker for services that would address these common needs by brokering for available social services from existing providers for a group of residents to more efficiently use these services. The worker would also organize volunteers from the neighborhood to provide some services like simple home repairs, friendly visits, or organize social outings.

The Greater Miami Jewish Federation will be working with the Jewish Federations of Broward County, South Palm Beach County and Palm Beach along with their network of affiliated agencies providing services to the elderly.

A regional committee consisting of the primary social service agencies and community volunteers from the Federations will provide oversight for the project, evaluate and make recommendations for programmatic adjustments and help advocate within the Federation social service system for assistance and additional resources for the project.

Health Care/Services

90-AM-2737 New Mexico NORC Project

Jewish Federation of Greater Albuquerque
Jewish Federation of Greater Albuquerque
5520 Wyoming Blvd. NE
Albuquerque, NM 87109

Andrew Lipman (505) 348-4458
Sep 01, 2003 to Dec 31, 2003
FY 2003 \$0

Jewish Federation of Greater Albuquerque will develop and assess innovative service delivery models to enable seniors to avoid premature institutionalization through supportive inhome services. In implementing a biopsychosocial model for service delivery, services will include case management; fitness/exercise training; in-home counseling; transportation; home delivered meals; financial management; healthcare; and homemakers. Community support for these efforts will include: Jewish Family Service (prime sub-contractor); New Mexico State Agency on Aging (project evaluation); Albuquerque Department of Senior Affairs (transportation/meals); building owners and management; University of New Mexico College of Nursing/Department of Geriatrics, United Way, and other community providers of services to seniors. These services will increase, maintain, and support the physical and emotional capabilities necessary for successful independent living of participants. Broad community support will minimize service duplication and identify service gaps. Due to New Mexico's high poverty rate for seniors, three of the four identified NORC sites are subsidized housing projects.

90-AM-2738 Las Vegas Senior Lifeline

Jewish Federation of Las Vegas
2317 Renaissance Drive
Las Vegas, NV 89119

Beth Miller (702) 732-0556
Sep 01, 2003 to Aug 31, 2004
FY 2003 \$637,380

The Jewish Federation of Las Vegas will conduct a one year program to create and deliver multi-tiered levels of services to seniors in the Las Vegas area. The services will provide seniors the necessary tools and support systems to continue living an independent lifestyle in their own homes, as they age in place. Las Vegas Senior Lifeline will include these service components: multifaceted senior center; congregate and delivered meals; medical prescription and supplies; transportation; environmental home improvement; homemaker services; innovative home technology demonstration project. Significant partnerships will include our sister local agencies, UNLV, and national industry leaders. Our expected outcome is to fill many of the service gaps for our targeted senior population, so they may enjoy a greater quality of life and continued independent living. Products will include assessment and evaluation tools, a final report to be disseminated to appropriate agencies, and web page information.

Health Care/Services

90-AM-2739 Supportive Communities

Jewish Federation of Metropolitan Detroit
Commission On Jewish Eldercare Services
6735 Telegraph Road
Bloomfield Hills, MI 48301

Linda Blumberg (248) 203-1468
Sep 01, 2003 to Jan 31, 2005
FY 2003 \$441,263

Commission on Jewish Eldercare Services will assist Oak Park/Southfield seniors (high older adult concentration), "age in place" by developing replicable Supportive Communities. Communities will create environments and provide services to promote physical & emotional well-being in older adults. Goals are to enable older adults to remain in their home, and be involved in community as long as possible. The 17 month program will involve the wider community thru intergenerational volunteer and social activities. To this end, the program will partner with home-owners, businesses, congregations, building associations, organizations and local municipalities. Program effectiveness and "lessons learned" will be evaluated, and results disseminated locally & nationally.

We will work with older adults and community groups (e.g. home & building owners, local municipalities, churches, service providers, businesses, etc.) in a 10 mile Greenfield/ Lincoln corridor in OakPark/Southfield, Oakland Co., to create Supportive Communities. Goals: 1) coordinate social work, recreation, volunteer & other services so older adults can age in place at home, and enhance physical & emotional well being; 2) collaborate efforts with community partners and residents of all ages to involve seniors and strengthen community. The program serves/connects older adults regardless of religion, race or national origin, to each other & the neighborhood. Strategies include: 1) resident councils, & an advisory council of neighborhood partners; 2) resident outreach in apts. and single family homes; 3) social work services to aid planning/ connecting residents to services and resources; 4) recreation & other programs in specific buildings; program enhancement at activity hubs 5) transportation; 6) community programs & volunteer opportunities to bring residents of all ages & back grounds together. Outcomes: older adults in the community better able to continue living in their homes; non-senior community residents more involved, providing more supports for older residents; the latter group more involved & contributing to the community. The plan is to create a replicable model, conduct formal evaluation with AoA and NORC grantees & disseminate results to community groups seeking ways to support older adults to remain in the community.

90-AM-2740 Atlanta NORC Demonstration Projects

Jewish Federation of Greater Atlanta, Inc.
Department of Planning and Fund Distribution
1440 Spring Street, NW
Atlanta, GA 30309

Faye Dresner (404) 870-1874
Sep 01, 2003 to Aug 31, 2004
FY 2003 \$98,058

The Jewish Federation of Greater Atlanta (JFGA), together with a coalition of community, state, and county partners will plan and implement projects to maximize service delivery to consumers where they reside. The overarching goal of both projects will be to build the capacity of older adults to age in place, and the community's capacity to support them in this process. Two sites in Atlanta have been identified for NORC project development, one with a disproportionately high percentage of older adults over the age of 85, and a second with a high percentage of older adults living below the poverty line.

The NORC coalition will be a part of a larger community initiative overseen by the Atlanta Regional Commission (ARC), an Area Agency on Aging, entitled Aging Atlanta. Aging Atlanta is one of 13 Robert Wood Johnson Foundation projects addressing long term care. Each NORC site will be designed based on three major objectives: 1. building individual capacity to age at home through addressing service provision and environmental issues.; 2. building neighborhood capacity to support aging at home through informal support networks and a neighborhood advisory council; and 3. building a more "elder friendly" community through working with organizations, businesses and religious institutions to more effectively serve older adults.

Each NORC program or service will be used as an opportunity to informally gather information from participants and assess unmet needs. At least 50 residents per site will be engaged in some program or service. Expected outcomes include: older adults will experience improved physical and mental health status; older adult residents will participate in and experience an increased sense of control over program and service delivery; older residents will have increased knowledge and use of existing programs and services; neighborhood businesses, institutions, and service providers will have increased understanding of how to serve older adults; and older adults will have increased accessibility at home and in their surrounding physical environments.

Health Care/Services

90-AM-2741 Pittsburgh NORC Demonstration Project

United Jewish Federation of Greater Pittsburg (UJF)
234 Mckee Place
Pittsburg, PA 15213

Sharon Stern (412) 992-5229
Aug 01, 2003 to Jul 31, 2004
FY 2003 \$245,146

In year two, UJF Greater Pittsburgh will be the "lead agency", but operational responsibility will remain with 3 faith-based agencies serving seniors - the JAA, JCC, and JFCS. Partners will continue moving from a broad collection of programs, toward a continuum of community services more strongly linking programs of collaborating agencies and govt. agencies. Learning from the past year, the new "care teams" model will be expanded by increasing clientele at least 50% (30 new seniors assessed) and continuing relationships established with 2002-2003 clientele thru professional care management. Preliminary analysis of current year experience indicates a higher than anticipated level of professional care management may be needed in the early post-assessment period to help clients complete individualized care plans. Project leadership, with input from agency Exec's and full work group, will determine form and degree of this professional care management.

In the coming year, aggregate findings of service needs, access barriers, and service gaps will be used to begin finding or creating appropriate mechanisms for meeting clients' and community needs. Important areas to be examined will include difficulties that may have arisen in providing a seamless continuum of agencies' services to enable seniors to age safely in place, as long as possible. To enhance this examination, community planning capabilities of UJF will be utilized.

"Grab bars", which enhance in-home safety, were a clearly identified need in 2003 assessments (esp. in bathrooms), and will be addressed the coming year. We will continue to engage families/support networks in client care management, and work to ensure awareness of, and access to, services that support safe aging in place. External communication will increase thru (a) Intensified community outreach; (b) quarterly public education sessions; (c) education programs for professional elderservice providers. Further efforts: more training and development of care teams, & continued work with Unicentric to enhance the database & system reporting capabilities.

90-AM-2742 Comprehensive Approach to Aging in Place (CAP)

Jewish Federation of Greater Washington
Planning & Allocations Department
6101 Montrose Road
Rockville, MD 20852 4816

Ron Halber (301) 230-7207
Sep 01, 2003 to Jan 31, 2005
FY 2003 \$1,176,701

The participating agencies have identified two neighborhoods in which the CAP project will be piloted for 17 months. This comprehensive approach has been piloted & utilized in Israel for twenty years with great success. To our knowledge, there has been no replication in the U.S. to date. Both Montgomery County neighborhoods, Montrose (Rockville) and Kemp Mill (Silver Spring), were chosen for their high concentration of older adults aging in place and because they host a variety of community organizations which can serve as hubs for dissemination of services. We estimate that the program will reach 1,000-1,200 older adults. We intend to test the viability of obtaining fees for services from both the Seniors, as well as management companies/landlords, in exchange for inclusion in the NORC service delivery area. Landlord support is critical to creating an environment that encourages and allows seniors to age in place in their own homes, thereby stabilizing neighborhoods. This support also minimizes resident's premature relocation to assisted living or nursing homes.

The goal of CAP is to provide a basket of services anchored by a community liaison, who ensures that seniors can access services they need. This service intervention will make it possible for some elderly people to postpone/eliminate the need to move to homes for the aged as their functioning declines. This comprehensive model, designed so that people are able to remain in their own homes, surrounded by friends and neighbors, will allow the participants to receive necessary services through their contact with the "community liaison" and other elements of the supportive community program.

Core service elements: "One-stop shopping" for Information and Referral ·Emergency Call System ·Community Liaison on -call" 24 hours to coordinate the program ·Social Activities appropriate to participant interests ·General Assistan e.g. medical appointment, shopping, personal care escorts ·Local transportation ·Enhanced on-site wellness services

Health Care/Services

90-AM-2743 Older Communities in Transition

Jewish Family Services of Los Angeles (JFSLA)
West Hollywood Comprehensive Service Center
6505 Wilshire Blvd., Suite 500
Los Angeles, CA 90048

Paul Castro (323) 761-8800
Sep 01, 2003 to Aug 31, 2004
FY 2003 \$490,292

Jewish Family Service of Los Angeles (JFSLA) programs are based on collaborative partnerships and coalition building. This coordinated approach maximizes existing resources within the Los Angeles community, and helps to create new programs and services of greatest benefit to the target populations we serve.

Our approach to serving seniors is exemplified by the many programs at our senior centers, and the diverse population of older adults that are the recipients of our services. We work effectively with older adults to maintain their health, independence and to achieve their highest level of functioning. Our efforts allow our senior clients to grow and age in place, avoid pre-mature institutionalization, and remain active, viable participants in the community.

JFSLA designated 2 unique sites in Los Angeles to implement our Naturally Occurring Retirement Community (NORC) project, Older Communities in Transition. We propose to coordinate direct supportive services and evaluate our innovative service methodologies to assist seniors living independently in the W.Hollywood and MidWilshire districts of LA County. Each site has a high density of people over 65, but are dissimilar in geographic structure. Differing geography will allow for a contrast of the two NORCs. This project will provide outreach to 6,500 adults 65+, and bring coordinated support services to approximately 400 of those seniors representing various ages, income levels, ethnicities and sexual orientation. Older Communities in Transition will provide opportunity to collaborate with West Hollywood, Park La Brea Management, Cedars Sinai Medical Center and Area Agencies on Aging to: 1) conduct a needs assessment to identify gaps in existing services for senior adults, 2) create innovative services in response to needs of Seniors and their family/caregivers. Services may include case management, health & recreation programs, mental health counseling, education, socialization, and other direct services to enable them to function in the least restrictive environment. Targeted outcomes: decreased isolation, increased home safety, increased access to healthcare, and creation of more integrated service delivery systems.

90-AM-2744 St. Louis Park: A Nurturing Community for Seniors

Jewish Family and Children's Services of Minneapolis
Older Adult Services
13100 Wayzata Blvd., Suite 400
Minneapolis, MN 55305

Mari Forbush (952) 542-4812
Sep 01, 2003 to Jan 31, 2005
FY 2003 \$833,497

Jewish Family and Children's Service will work with the Shalom Community Alliance and the city of St. Louis Park to coordinate and develop activities, services and environmental improvements for seniors who live in the city. The project's goal is to create an environment in St. Louis Park that nurtures healthy aging for its residents, and promotes residents of all ages to work toward this goal. Expected outcomes are: seniors will live safely and healthily at home as long as possible; seniors will be aware of resources that promote health and reduce isolation; seniors will have easy access to activities and services; intergenerational volunteering will be significantly increased; and the project will be guided by seniors. Products will include a website, a resource directory, a newsletter and a distance learning program. The partners will involve a wide variety of additional stakeholders including faith communities, healthcare providers, businesses and civic groups.

Health Care/Services

90-AM-2745 **Project New Start**

St. Mark Professional Medical Center, LTD
Social Service Referral
14618 S. Lincoln Avenue
Harvey, IL 60426

Ms. Kathi Jackson (708) 333-7040
Sep 01, 2003 to Aug 31, 2004
FY 2003 \$98,058

St. Mark Professional Medical Center will operate a 12-month program of senior health promotion, disease prevention services and social resource referral to assist senior adults and their caregivers. The goals are: 1) to aid access and receipt of health and social services to existing senior support initiatives; 2) to facilitate participants' improved capacity to make more informed decisions about care; 3) and to establish new health education forum. Two hundred recipients will benefit from the project. The anticipated outcomes are: development of improved self-awareness skills for more involvement; increased competency for determination and communication of their own health and social needs; caregivers will gain support, skills and tools to master care giving decisions; increased participants' access and usage of related services; and participants' ability to identify and develop long-term goal and action plans for care. The products will include: a final report; a health provider and social resource guide; and quarterly newsletters to participants.

90-AM-2747 **Technology Supported Health Promotions for Community Based Seniors: Healthy Town**

Visiting Nurse Association Healthcare Partners of Ohio
VNA Care Plus
2500 East 22nd Street
Cleveland, OH 44115 3204

Sheila Niles (216) 694-4283
Sep 30, 2003 to Sep 29, 2004
FY 2003 \$490,221

The Visiting Nurse Association Healthcare Partners of Ohio, in collaboration with the University of Akron and three Ohio Area Agencies on Aging, will conduct a 17-month community-based program for older adults. The goal of the project is to deliver health promotion/disease prevention interventions to 800 older adults who reside in a 13-county target area in Ohio. Outreach workers will conduct interventions using innovative software on laptop computers. Participants will be screened for adherence to disease prevention guidelines and risks related to mental health, falls, nutrition and injury. Expected outcomes include improved prevention behaviors by individual participants, comprehensive prevention health planning for the regional target age group, and the development of a standardized intervention. Evaluation will include a follow-up survey conducted by University of Akron researchers. The intervention software, final report, manuscripts for publication and web page information will be made available to direct service organizations and Area Agencies on Aging.

Health Care/Services

90-AM-2748 Quality of Care Demonstration Project

St. Luke Lutheran Community
220 Applegrove Street, NE
North Canton, OH 44720

Jeannie Williams (330) 499-8341
Sep 30, 2003 to Sep 29, 2004
FY 2003 \$245,146

Problem- Stroke and its complications produce significant morbidity and mortality in the elderly, result in marked decline in quality of life, present a major challenge for caregiving staff, and consume extensive healthcare resources. Proposed Intervention- Nursing care for all residents within the St. Luke Lutheran Home with a diagnosis of stroke and dementia will be managed utilizing the tools of an integrated system of care, and a CQI Process for continuous staff performance improvement. Evaluation- For each resident, care will be documented, and data collected and analyzed by individual resident. Resident episodes of care will be analyzed in total and in 4 sub- groups- 1) primary diagnosis of stroke alone, 2) primary diagnosis of dementia with associated stroke, 3) primary surgical diagnosis (ex- Hip Fracture) with associated stroke, and 4) primary medical diagnosis (ex- CHF) with associated stroke. Clinical outcomes to be measured include: Utilization, Clinical Outcomes, Care Variation. MDS Quality Indicators, & Disease Management.

Outcomes to be measured and demonstrated: 1) decreased return to hospital, together with increased discharge to the community; 2) improved clinical outcomes; 3) decreased complications of stroke; 4) decreased variation in care processes; 5) improved disease management.

Dissemination - Results will be demonstrated by 1) a system of care that will be adopted by St Luke Lutheran Home; 2) presentations to other nursing homes, and at regional, state and national long term care meetings; 3) publication in peer- reviewed journals and trade Industry magazines; 4) presented to our sponsor- Congressman Ralph Regula, Canton. Ohio

Audiences- Key audiences benefiting from the results include: 1) Residents/ families of LTC facilities; 2) Nursing staffs; 3) LTC facilities; 4) Payors such as Medicare and Medicaid.

90-AM-2749 Senior Wellness

Champions For Change
19100 Kedzie Avenue
P.O. Box 427
Flossmoor, IL 60422

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Sep 01, 2003 to Aug 31, 2004
FY 2003 \$98,058

CHAMPIONS FOR CHANGE will initiate a Senior Wellness Program in fall 2003 for seniors residing in south suburban Chicago communities. The program will be housed in a new multipurpose complex in Olympia Fields, Illinois.

Several programs highlighting wellness will be offered for 50-60 seniors in collaboration with Governor's State University (University Park, Illinois) Department of Health Services.

The primary goal of the program is to enhance social service options for seniors in south Cook County. Activities will include recreation, social outings, health/safety seminars, physical fitness, mentoring programs for youth, nutrition planning, health screenings and monitoring. Seniors will also participate in a community theater group and will be responsible for an annual drama production. Another feature of the program will be the Grammie Buddy Bear Club, which will involve daily interactions between seniors and preschoolers at a childcare center, which will be housed in the same facility.

Health Care/Services

90-AM-2750 Florida's Minority Elders: An Assessment of Physical and Mental Health Service Needs

University of South Florida
Florida Policy Exchange Center on Aging
Division of Research Grants
4202 E. Fowler Avenue, FAO 126
Tampa, FL 33670 7900

Jennifer Salmon (813) 974-3468
Sep 30, 2003 to Sep 29, 2004
FY 2003 \$392,234

Disparities in the health and service utilization patterns of ethnic minority groups are evident in the research literature. Policymakers lack, however, data on the key indicators of physical and mental health needs and the barriers to services faced by these elders. The current project will address this problem by collecting such data through a survey of a representative sample of older African Americans, Cubans, other Hispanics, and Caucasians. A carefully designed, culturally appropriated instrument will be used to conduct telephone interviews (in English and Spanish) with a sample of 2600 respondents (650 of each group). Data collected from the participants will be used to identify differences between ethnic groups and subgroups, physical and mental health disparities, and service needs and barriers to services. The results will be disseminated to government agencies, organizations, academics, and the public through reports. The findings will be used to develop policies and practices that reduce gaps between health and long-term care needs and services, which will begin to ameliorate disparities of health status among elderly in different ethnic minority populations. As the first step in the development of a minority aging program involving five Florida universities (USF, FSU, UF, FM, and FMU), this project will be used to create an agenda for the program including additional research, policy analyses, and development of public education initiatives to be conducted in the coming years.

90-AM-2751 National Resource Center on Native American Aging - University of North Dakota

University of North Dakota
Center for Rural Health - NRCNAA
P. O. Box 9037
Grand Forks, ND 58202 7090

Mr. Alan Allery (701) 777-3859
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$345,000

NRCNAA has been of service to Native Americans and AoA since 1994. Our goal is to raise American Indian elder life quality to the highest level thru research, technical assistance & training. Objectives include continued: 1) monitoring of Native elders needs through tribal and national assessment; 2) translating research into practice, promoting vitality for Native elders thru health promotion training & technical assistance; 3) communication thru newsletters, fact sheets, & electronic media; and 4) a health literacy project with published results.

NRCNAA has been a leader in research and needs assessment with American Indians, Tribes, and older Americans for almost 10 years, and will continue the next 3 years of the proposed cooperative agreement. The Center provides an array of training & technical assistance to various groups regionally and nationally. The Center collaborates with Title III and Title VI providers and will continue by connecting with AoA Regional Offices to assist regional & national training and technical assistance. The Center will continue collaborating with federal and state recognized tribes; Alaskan Native corporations & villages, Native Hawaiians, urban Indian organizations, National Indian Council on Aging, and other prominent aging groups

NRCNAA has the only national data base on American Indian elder needs and may be the only source for trend data on functional limitations, chronic disease, and health risks data for Native elders: 9,296 + elders at 88 sites represent 132 tribes in 22 states & 11 Indian Health Service areas. NRCNAA will help: 1) seniors access integrated array of health & ltc services; 2) elders stay active, healthy; 3) support families care for loved ones in home & community; 4) promote effective, responsive management/best practices. Efforts will include short-term applied research, technical assistance in health and long term care, & short term education/ training to develop and maintain best practices. Information will be disseminated to Native elders & Councils, & providers via e-mail, fact sheets, web, newsletter, articles, 800 # and direct inquiry.

Health Care/Services

90-AM-2752 **National Resource Center for American Indians, Alaska Natives and Native Hawaiians**

University of Alaska Anchorage
College of Health and Social Welfare
3211 Providence Drive
Anchorage, AK 99508

Mr. George Charles (907) 786-6597
Sep 30, 2003 to Sep 29, 2004
FY 2003 \$344,155

The National Resource Center for American Indians, Alaska Natives and Native Hawaiians Elders at the University of Alaska Anchorage will report to an advisory board of Native leaders on three goals: 1) empowering Native communities to incorporate traditional ways of treating Elders within community care systems, in keeping with community heritages; 2) providing technical information, to promote culturally sensitive and appropriate services to maintain social well being within a spiritual Elder-focused environment; and 3) increasing national visibility of Native Elder-care issues. Outcomes will include: 1) defined Native Elder values to better understand appropriate Native Elder-care standards; 2) defined clinical and behavioral needs; 3) assistance to Native communities in conducting assessments of Elder's desires for their own care; and 4) identification and research of "best or promising practices" of the current incorporation of culture-based Native Elder-care services.

90-AM-2769 **Center for Gerontological Studies at Northern Michigan University**

Northern Michigan University
Sociology/Social Work Department
1401 Presque Isle Avenue
Marquette, MI 49855

Patricia K. Cianciolo (906) 227-1116
Sep 30, 2003 to Sep 29, 2004
FY 2003 \$196,117

Northern Michigan University will establish a Center for Gerontological Studies. The goal is to combine research, educational programming, and collaboration with community service providers as a means to benefit older adults in the rural Upper Peninsula. The Center's objectives are: 1) to promote interest in careers in aging; 2) to stimulate faculty research on rural aging; 3) to provide opportunities for education and collaboration with community service providers and professionals; and 4) to inform public policy about the needs of rural older adults. Expected outcomes are: 1) to establish the Center as a model for rural Center development; 2) to provide data from a needs assessment; 3) to partner with community providers and establish gerontology institutes to initiate joint projects for future funding; 4) to make presentations and 5) to produce publications. Products will be disseminated to service providers, elected officials, educational institutions, AoA and the gerontology field at large.

Health Care/Services

90-AM-2775 Senior Rx Program for Dale County, Alabama

Ozark-Dale County Sr. Citizen Ctr., Inc
202 Highway 123 South
Suite C
Ozark, AL 36360

Ms. Julie Jones (334) 774-6025
Sep 30, 2003 to Sep 29, 2004
FY 2003 \$39,223

The goal of this Dale County proposal is to use the program to assist Senior Citizens who live within the ten(10) municipalities in Dale County to obtain free medications or pay a lower price for their prescriptions. There are seven counties (Barbour, Coffee, Covington, Dale, Geneva, Henry and Houston) participating in this program. The objectives are: 1) to accept applications to employ 4 to 5 employees; 2) to conduct two Training Seminars in order for the employees to be qualified to process the applications for the applicants. The applicants will be given a full description of the program by radio, television, telephone, etc. The program will be managed by Julie Jones, (Clerk/Supervisor) who is employed by Dale County Commission, and also has worked with the elderly on different programs for over seventeen years. The number of clients processed daily and other Information will be kept on file. Within the seven counties results of the program will be shared quarterly at our Southern Alabama Regional Council On Aging/Area Agency Meetings. Work Plans Daily will be filled out and followed. The overall SenioRx Program is to assist low income elderly persons with their prescription drugs. The employees and Host Agency is to promote this program to the highest in order for it continue for years to come.

90-AM-2784 Performance Outcomes Measures Project

North Carolina Dept. of Health & Human Services
Division of Aging
2101 Mail Service Center
Raleigh, NC 27699 2101

Ms. Phyllis Stewart (919) 733-0440
Sep 30, 2003 to Sep 29, 2004
FY 2003 \$30,000

The North Carolina Division of Aging will pilot-test performance outcome measures in three areas: (1) a statewide telephone survey of approximately 350 caregivers served by the Family Caregiver Support Program (FCSP), including a third year follow-up of a small sample of caregivers in this program initially interviewed in summer 2002; (2) a statewide telephone survey of about 389 cognitively intact recipients of home-delivered meals; and (3) selfadministered, written surveys of approximately 540 participants at senior centers and satellites in two Area Agency on Aging regions.

This project will supplement previously gathered senior center management perspectives with consumer perspectives, improve our understanding of caregivers reached by the Family Caregiver Support Program relative to caregivers of traditional service recipients, provide statewide data on outcomes for home-delivered meals clients, and model the feasibility and value of all three surveys for future use.

Project products will include supplementary training materials for senior center personnel, three sets of data submitted to the Administration on Aging, and printed and webbased reports on the findings of each survey.

Health Care/Services

90-AM-2793 Evidence-Based Prevention Programs for the Elderly

The National Council on Aging
Vital Aging Center - Health Studies
300 D Street SW, Suite 801
Washington, DC 20024

Lynn Beattie (202) 479-6698
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$600,000

The National Council on the Aging has established a National Resource Center to: support prevention demonstration grantees to successfully implement evidence-based disability and disease prevention programs; engage the aging services network (and others) in evidence-based programs and facilitate their adoption; assist AoA to further develop an evidence-based prevention program. The outcomes of this 3-year project will be replicable programs that can positively affect the health and function of older adults, and increased support for the aging network's contributions in addressing prevention needs. The Center will leverage NCOA's experience in strengthening the capacity of aging service providers to offer evidence-based programming and provide multiple types of resources and technical assistance. Bringing complementary skills and knowledge are the Center's partners - the Aging Blueprint Office, the Healthy Aging Research Network of CDC's Prevention Research Centers, UCLA's Geriatric Medicine and Gerontology Program, a leading communications and dissemination firm, and leading national aging organizations.

90-AM-2806 National Consumer Protection Technical Resource Center

American Health Quality Foundation
1140 Connecticut Avenue NW, Suite 1050
Washington, DC 20036

Ms. Jolie Crowder (202) 331-5790
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$300,000

The American Health Quality Foundation, in partnership with the Center for Medicare Education, and Health Benefits ABCs, will partner with the other Center grantee in a three-year national project to empower Medicare beneficiaries to reduce errors, fraud and abuse in Medicare and Medicaid. The National Consumer Protection Technical Resource Center is an accessible, responsive central source of information, expertise and support to maximize the effectiveness of Senior Medicare Patrols (SMPs). Project objectives are to assess SMP needs/capabilities; inform SMPs about top Medicare/Medicaid fraud and abuse issues; ensure SMPs can effectively reach special target populations; and support SMPs in addressing volunteer and program management issues. Deliverables include a written profile of SMP needs and capabilities; a written summary of top error, fraud and abuse issues; a national Online Resource Center with a Best Practices and FAQ database; project Toolkits; a seminar series; issue briefs; and translated materials.

Health Care/Services

90-AM-2807 **National Consumer Protection Technical Resource Center for Senior Medicare Patrol Projects**

Hawkeye Valley Area Agency on Aging
2101 Kimball Avenue, Suite 320
Waterloo, IA 50702

Ms. Shirley Merner (319) 272-2244
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$300,000

This is a three year technical assistance project by an Area Agency on Aging in Iowa in partnership with another Center grantee to help all Senior Medicare Patrol projects (SMPs) nationwide replicate best practices. The goals are: 1) to provide advice, guidance, and assistance which enhances SMP project's abilities to conduct outreach to beneficiaries and their caregivers - particularly those with limited English proficiency, disabilities, or who reside in rural areas - to reduce or recoup improper payments and 2) conduct nationwide outcome measurement effort. All efforts will be guided by a review board comprised of experts in law, health care, higher education and also representatives from community-based organizations. Resulting products include: 1) web-site development, 2) web-based seminars, and 3) outcome measurement kits.

90-AM-2813 **The Potential of Seniors Centers to Improve the Health and Independence of Older Adults: A National Blueprint for the Future**

National Council on the Aging
300 D Street, SW, Suite 801
Washington, DC 20024

Barbara Rayner (202) 479-1200
Sep 30, 2003 to Sep 29, 2004
FY 2003 \$125,000

Summary / Abstract

The National Council on the Aging (NCOA) and the National Institute of Senior Centers (NISC) propose to develop a national blue print for maximizing the use of the country's senior centers to deliver proven and promising innovations that increase the health, independence and continuing contributions older adults. We plan to identify 6-8 of the most promising innovations, assess the capacity of senior centers in 10 key states to implement these innovations, and develop national, state and local strategies for achieving widespread diffusion of these innovations through local and regional networks of senior centers. This 15 month-project will leverage NCOA's experience, current work and large network of national, state and local leaders and organizations to strengthen the capacity of senior centers to offer evidence-based and other promising programming in health promotion, disease and disability prevention, civic engagement, consumer direction and other community-based long-term care services. NCOA is engaging Barbara Rayner to direct this project. Barbara brings extensive experience successfully heading the Rhode Island State Unit on Aging and earlier experience directing senior centers and collaborating with NCOA in establishing and developing the National Institute of Senior Centers.

Health Disparities

90-AM-2378 Aging Research And Training Project

Texas Tech University Health Sciences Center
School of Medicine
3601 4th Street
Lubbock, TX 79430

Dr. Barbara Rohland M.D. (806) 743-6982
Aug 01, 2000 to Aug 31, 2004
FY 2000 \$1,857,786 FY 2001 \$948,507
FY 2002 \$987,000

The goal is to research the elderly and to provide training through the use of an interdisciplinary baseline survey about Memory Disorders and diabetes and heart disease. The project's objectives are: 1) to conduct an interdisciplinary baseline survey of 5000 elderly residents of the 108-county West Texas region served by the Texas Tech University Health Sciences Center; 2) to establish a Balanced Assessment Laboratory and a Memory Disorders Clinic; 3) to demonstrate the capacity of a community network of 20 pharmacies to effectively identify and screen elderly and Hispanic West Texans at risk of diabetes and cardiovascular disease; 4) to conduct a study of health literacy and the risk of medication misuse among the elderly; 5) to perform research on the prevalence of depression, anxiety, functional impairment, cognitive impairment, physical illness, and the utilization/misutilization of alcohol and prescription/over-the-counter drugs; 6) to develop a model project to maintain or enhance healthy aging among elderly West Texans and their caregivers by creating a community profile of attitudes toward healthy aging in three rural underserved communities; 7) to support the geriatric educational and curriculum development activities and programs in the Schools of Medicine, Pharmacy, Allied Health, and Nursing. The anticipated outcomes are: new knowledge and new training materials on Memory Disorders, diabetes and heart disease; new research data; a 5000 elderly survey. The products of this project are: a final report; a survey; research findings.

90-AM-2384 Hispanic Life Cycle Planning Project

Asocacion Nacional Pro Personas Mayores (ANPPM)
234 E. Colorado Blvd, Suite 300
Pasadena, CA 91101

Ms. Carmela G. Lacayo (626) 564-1988
Sep 01, 2000 to May 31, 2004
FY 2000 \$150,000 FY 2001 \$150,000
FY 2002 \$150,000

ANPPM developed bilingual life/cycle and pre-retirement planning materials for Hispanic elders and their adult children, age 45 plus. A series of materials focused on basic introductions to life/cycle planning were used to educate bilingual and monolingual Hispanic adults about the importance of understanding their aging process and the economic realities of growing old in America. The materials covered preventive health, long term care needs and basic financial planning for low-income workers. Project objectives include development of: 1) a 15 minute video introduction to the basics of life cycle planning from a cultural perspective; 2) a Spanish/English workbook that provided a basic introduction to life/cycle planning for low income workers; 3) a resource manual for Hispanic CBOs to develop ongoing life/cycle training programs at the local level; 4) conduct of 10 workshops for adult children of Hispanic older persons, in 8 cities across the nation; 5) conduct of 5 workshops for Hispanic older persons age 60+ with a focus on safe money management and durable power of attorney; 6) promoting active involvement of private sector financial institutions and health care providers in the project; and 7) dissemination of a replicable pre-retirement training model for low income Hispanic workers. The outcomes included an Hispanic life/cycle plan; materials on the Hispanic cultural aging process and the impact on low income Hispanic workers. In addition to bilingual materials in print and CD formats, a final report was produced.

Health Disparities

90-AM-2386 IMPROVING THE HEALTH STATUS OF AFRICAN AMERICAN ELDERS

NATIONAL CAUCUS AND CENTER ON BLACK AGED, INC
1424 K STREET, NW, SUITE 500
WASHINGTON, DC 20005

Ms. Linda Jackson (202) 637-8400
Sep 01, 2000 to Aug 31, 2003

FY 2000 \$150,000 FY 2001 \$150,000
FY 2002 \$150,000

The intent of this demonstration was to reduce or eliminate health disparities among African American elders as compared with older white Americans. Activities focused on five of the six health priority areas identified by the Surgeon General. They are: diabetes, cancer screening and management, cardiovascular disease, adult immunization levels and HIV/AIDS rates. Sites were established in three cities, Baltimore, MD, Cleveland OH and Washington, D.C. Objectives included convening community health coalitions, conducting health improvement activities and conducting training and providing technical assistance to partners who would facilitate actions to reduce or eliminate health disparities. Results included the establishment of coalitions, at each site, committed to policies designed to reduce or eliminate health disparities; compilation and distribution of local health data and health improvement strategies; conduct of health improvement activities focused on physical activity and nutrition, health screening and immunization, management of chronic disease, and responsible sexual activity; conduct of a public awareness campaign to mobilize communities. Cooperation of national organizations and experts was enlisted for their service as resources for local health improvement coalitions. Products included reports on the status of health priority areas for senior communities at each site and a final report.

90-AM-2772 Preventing Diabetes: Healthy Living for American Indian Elders

National Indian Council on Aging, Inc.
10501 Montgomery Blvd, NE, STE 210
Albuquerque, NM 87111 3851

Mr. Gary Kodaseet (505) 292-2001
Sep 30, 2003 to Sep 29, 2006

FY 2003 \$129,155

Under AoA's priority of eliminating health disparities among elderly individuals, the National Indian Council on Aging, Inc, was funded to address preventing diabetes in American Indian elders. In partnership with American Indian Tribes and elder organizations throughout the country, this project will identify best practices and effective interventions for healthy living. New tools to prevent diabetes in American Indian/Alaska Native elders will be developed and disseminated based on the best practices identified.

Health Disparities

90-AM-2802 Health Disparities Among Minority Elderly Individuals - Technical Assistance Centers

National Caucus & Center on Black Aged, Inc.
1220 L Street N.W., Suite 800
Washington, DC 20005

Ms. Angie Boddie (202) 637-8400
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$298,050

The NCBA is conducting a 3-year faith-based community health leadership program to reduce obesity as a leading risk factor for chronic disease among African American seniors. Activities are being designed to increase knowledge about self care strategies related to overweight and obesity and include foci on cardiovascular disease, hypertension, kidney failure, and diabetes. Church-based aging and health advocacy committees are being established to disseminate health promotion information that will promote weight reduction, improved nutrition and increase physical activity. NCBA is collaborating with its network of chapters and field offices and with the National Aging Network; establishing linkages with community-based organizations; including Group Ministries of Baltimore and Group Ministries of Buffalo, NY, the Maryland Center of Bowie State University (an HBCU), the Area Agencies on Aging in Richmond, VA., Detroit, MI. and Jackson, MS, a rural site, as well as the American Kidney Fund. Project expects to reach 300 + seniors through 30 churches with six coalitions each. To date, community coalitions have developed and implemented action plans, four sites are established each with 3 to 5 churches enlisted as participants, and 2 issues of the quarterly newsletter have been published. During year 2, links will be strengthened or established with evidence based projects, e.g. AARP & RWJ, et al and a Web site will be launched. Products include an Implementation Tool Kit, an Outcome Study, and established church-based aging and health advocacy committees at each project site. These committees will engage in grassroots health initiatives, public discourse, and policy-level discussions. The tool kit will include a participant work book, facilitator's guide, personal health journal, and fact sheets and will be available to participating churches, grassroots organizations, the aging network and members of local health coalitions.

90-AM-2803 Addressing Health Disparities among Asian and Pacific Islander Elders

National Asian Pacific Center on Aging
Melbourne Building
1511 Third Avenue, Suite 914
Seattle, WA 98101

Mr. Clayton Fong (206) 624-1221
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$356,365

The NAPCA is conducting a 3 year demonstration that targets health disparities among Asian American and Pacific Islander (AAPI) elders. NAPCA is identifying health promotion materials on Cancer, Diabetes and Cardiovascular disease; analyzing their cultural relevance and translating materials to appropriate languages for dissemination to 13 major urban communities with concentrations of AAPI elders. Using its network of 1000 CBOs and Senior Community Service Employment Programs, NAPCA expects to reach target communities in California, Illinois, Massachusetts, New York, Pennsylvania, Texas, Washington, DC and Washington State. A series of interventions focused on health disparities experienced by AAPI elders will be conducted. They will range from distribution of linguistically and culturally appropriate educational materials to a healthy lifestyle program that incorporates disease specific seminars, lifestyle programs, screening for early detection and case referrals. Enactment of the Medicare Modernization Act significantly impacts low-income AAPI elders. Accordingly, the project is addressing the critical lack of useful, understandable and timely information on health promotion/disease prevention and affordable health care programs for vulnerable, underserved, multicultural AAPI elders with limited English proficiency. Ethnic-specific interventions include assessment and dissemination of linguistic and culturally appropriate materials for elders and their caregivers; strengthening effective health care advocacy efforts in AAPI communities; establishing collaborative partnerships among AAPI community based organizations, community health centers and mainstream health information and assistance resources to assure access to accurate and reliable information; and enhanced AAPI involvement in, and sustained linkages among, AAPI CBOs, CHCs and HICAPs for ongoing access to health information, assistance and advocacy resources.

Health Disparities

90-AM-2804 **Project Salud A La Vida**

Asociacion Nacional Pro Personas Mayores
234 E. Colorado Bl., STE 300
Pasadena, CA 91101

Dr. Carmela Lacayo Ph.D. (626) 564-1988
Sep 30, 2003 to Sep 29, 2006

FY 2003 \$298,050

ANPPM is designing health interventions for older Hispanic men and women that promote understanding and awareness of nutrition as it relates to prevention of Diabetes, Cardiovascular disease, Cancer and Prostate Cancer in older Hispanic men; mount a public education campaign to help older individuals understand the importance of immunizations; and assist existing MADDC outreach programs to educate older Hispanic beneficiaries about obtaining Medicare Drug Discount Cards or access the transitional assistance program. Model health interventions that demonstrate multi-language, culturally-based approaches to health education and disease prevention are being designed in the Fotonovela format. Community health providers in Tucson, Kansas City, Philadelphia, and New Orleans are collaborating on the development of the packages to assure that they provide information critical for promoting positive health practices and wellness among older Hispanic individuals. Health education modules are being designed specifically to assist older Hispanic adults to make better decisions about personal health. Modules include written materials and audio cassettes on cardiovascular disease and prostate cancer that are targeted to older persons who have literacy problems. A community health education flip chart and manual for each health topic will be developed for use by community health clinics, migrant worker health centers and other CBO's. The immunization campaign directed at Hispanic older persons includes Spanish and English 30-second radio spots and plans for establishing community-based health alliances. Local Hispanic media and traditional Hispanic business, such as panaderias (Latino bakeries) tortilla factories, etc. are being enlisted as partners to promote the immunization campaign. The target populations include monolingual older Hispanic immigrants who have recently arrived in the U.S. and migrated to areas of the country that are now seeing the arrival of large numbers of Hispanic immigrants.

Health Promotion/Health Education

90-AM-2379 **The Healthy Aging Project**

Oregon Health Sciences University
Center for Healthy Aging
3181 SW Sam Jackson Park Road - SN5N
PORTLAND, OR 97201 3098

Ms. Kathleen Potempa (503) 494-7444
Aug 01, 2000 to Jul 31, 2004

FY 2000 \$922,160 FY 2001

FY 2002 \$444,150

The goal of this eighteen (18) month research project is to demonstrate the most effective form of health services. The objectives of this project are: 1) to focus on setting individual health goals for participants; 2) to meet these goals through varied mechanisms, including nurse coaching, support for healthier behavior and coordination of the full continuum of health services; 3) to enroll 800 participants, with special emphasis on low-income and minority populations; 4) to develop a number of outcome measures including improvement in targeted outcomes established for each participant. The anticipated outcomes are: improved health promotion; personalized health goal; coordination of health services; low-income and minority elderly participation. The products of this project are: a final report; a report on a research study of 800 seniors.

Health Promotion/Health Education

90-AM-2438 Life Course Planning Resources - Active Aging Resources

Anchorage Senior Center
aka Anchorage Age Center
1300 E. 19th Avenue
Anchorage, AK 99504

Ms. Billie Lewis (907) 465-3250
Dec 01, 2000 to Nov 30, 2003

FY 2001 \$733,333 FY 2002 \$733,333
FY 2003 \$733,334

The grantee, the Anchorage Senior Center, will manage this Life Course (LC) project. The goal of this LC project is to develop a model senior center that will offer health education, health promotion, health nutrition, and life course planning in order to keep Native Tribes and others as independent and self-reliant as is possible. The objectives of this project are: 1) to provide information on life course planning for seniors; 2) to provide resources for the target population-the active aging; 3) to develop a senior center that will be responsive to the needs of the Native Tribes and others; 4) to develop local programs for seniors in a cultural setting; 5) to implement outreach to Alaskan Tribes. The anticipated outcomes of this LC project are: a model senior center; an array of programs; senior services; improved staff resources; improved health education, health promotion, health nutrition, life course planning; more older Alaskans will be independent; increased number of seniors that are self-reliant; targeted outreach to Alaskan natives; an evaluation. The products of this project are: a final report; project surveys.

90-AM-2487 Senior Fitness Program

East Providence Senior Center
Health Office
610 Waterman Avenue
East Providence, RI 02914

Mr. Robert Rock (401) 435-7800
Sep 30, 2001 to Mar 31, 2003

FY 2001 \$98,700

The East Providence Senior Center opened the first exercise equipment facility in the state of Rhode Island designed and staffed specifically for older adults. With the assistance of a facility advisory panel made up of seniors, local officials, medical personnel and an American College of Sports Medicine certified exercise instructor, a senior fitness program will be developed and implemented. The program is designed to increase seniors' awareness and knowledge of the benefits of exercise, promote attitude change and development of appropriate exercise skills, and ultimately reduce the risks associated with a sedentary lifestyle. The program evaluation results will be disseminated by East Providence Senior Center to encourage more fitness programs designed for older adults.

Health Promotion/Health Education

90-AM-2684 **Development of a Strategy and Action Plan to Raise Awareness about Osteoporosis in Post-Menopausal Women**

National Osteoporosis Foundation
1322 22nd Street, NW
Washington, DC 20037

Ms. Judith Cranford (202) 223-2226
Sep 30, 2002 to Mar 31, 2004
FY 2002 \$99,955

The goal of the National Osteoporosis Foundation (NOF) project is to raise awareness about Osteoporosis in Post-Menopausal women. The objectives of this Osteoporosis project are: 1) to review relevant literature and existing awareness programs and materials; 2) to sponsor a national survey; 3) to target and oversample for minority women and stratified by older age groups, to determine current level of awareness among the target audience; to catalog their concerns and identify the most effective messaging; and 4) to convene key stakeholder groups for a national planning meeting who will identify an action plan strategies and in which these organizations can contribute their specific expertise. The expected outcomes are: improved use of Osteoporosis education and training, and materials; increased awareness of NOF activities; new data on Osteoporosis. The products are: a final report; a survey; media materials; training materials.

90-AM-2685 **A Whole Woman Strategy and Action Plan to Raise National Awareness About Osteoporosis**

University of Maine
Office of Research & Sponsored Programs
5717 Corbett Hall
Orono, ME 04469 5717

Dr. Lenard Kaye (207) 581-3483
Sep 30, 2002 to Mar 31, 2004
FY 2002 \$100,000

The goal of this project entitled A Whole Woman Strategy and Action Plan to Raise National Awareness About Osteoporosis is to conduct an Osteoporosis Educational and Prevention project. The objectives of this Osteoporosis project are: 1) to conduct a comprehensive review of the literature to date on osteoporosis education; 2) to conduct an extensive analysis of the experiences and lessons learned by osteoporosis prevention programs delivered by governmental and non-governmental agencies; 3) to conduct a series of focus groups in four geographically dispersed locations around the country that will precisely target the full range of diversity found among post-menopausal women; 4) to conduct fact-finding site visits to existing osteoporosis education programs around the country; 5) to develop, pilot-test, and refine a strategy and action plan designed to bring about change in participant knowledge, attitude and behavior related to osteoporosis awareness and prevention. The expected outcomes of this Osteoporosis program are: awareness about Osteoporosis; an education project; a Prevention project; review of the literature; focus groups; post-menopausal study; site visits; participant's study. The products of this project are: a final report; reports; studies; assessments.

Health Promotion/Health Education

90-AM-2686 National Osteoporosis Awareness Project

Foundation for Osteoporosis Research & Education
300 27th Street
Oakland, CA 94612

Ms. Kathleen Cody (510) 832-2663
Sep 30, 2002 to Mar 31, 2004
FY 2002 \$100,000

The grantee, Foundation for Osteoporosis Research and Education (FORE), proposes convening a consensus development summit of experts, called the National Osteoporosis Council (NOC). The FORE's goal is to develop a strategy and action plan to implement a successful national osteoporosis awareness campaign. The objectives of this FORE project are: 1) to develop the NOC with representatives from statewide osteoporosis coalitions from around the country, such as the Arizona Osteoporosis Coalition, the Elder Floridian's Foundation, Michigan Osteoporosis Project, and the State of Texas; 2) to bring together groups that have already established relationships on the local level with community-based organizations; 3) to add representatives from government-based agencies, healthcare professionals, national consumer associations, and managed care organizations; 4) to form working groups at the summit around target audiences to discuss existing messages on diagnostics, prevention, and treatment; 5) to identify gaps; 6) to determine a strategy for developing a consensus on a message; 7) to develop a draft action plan; 8) to convene a second summit to get consensus on the plan prior to submitting it. The expected outcomes are: a consensus of experts for strategy and action plan; an awareness campaign; a diverse coalition; a second summit. The product is a final report.

90-AM-2773 Chronic Disease Self-Management with African-American Urban Elders

Philadelphia Corporation for Aging
Program Management
642 N. Broad Street
Philadelphia, PA 19130

Bethea Eichwald (215) 765-9000
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$180,000

Philadelphia Corporation for Aging, Center in the Park, Albert Einstein Healthcare Network, and the Community and Homecare Research Division, Jefferson College of Health Professions, will demonstrate an evidence-based disease prevention program (the Chronic Disease Self-Management Program, developed by Stanford Patient Education Research Center), with a target population of African American urban elders. Five hundred elders will participate over three years. The goal is to enable participants to assume a major role in managing their chronic health conditions. The objectives are to increase lifestyle skills that assist in managing chronic conditions; to increase knowledge of personal risk factors associated with chronic disease; and to increase personal responsibility in the management of chronic disease. Expected outcomes are: improved health status, behavioral change, improved self-efficacy, and reduced health care utilization. A team approach to chronic disease self management that can be replicated within the aging network will be demonstrated. Results will be disseminated.

Health Promotion/Health Education

90-AM-2774 Preventive Nutrition Cardiovascular Disease Program

Little Havana Activities & Nutrition Centers of Dade Co.
700 SW 8th Street
Miami, FL 33130

Rosa Carranza (305) 858-0887
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$200,000

Little Havana Activities & Nutrition Centers of Dade County, Inc. ("LHANC") is proposing an evidence-based nutrition and cardiovascular health program targeting the 1,800+ elderly Hispanic participants of the agency's 14 senior centers, located throughout Miami-Dade County, Florida.

The goals of this project are to increase knowledge of nutrition among Hispanic elders who are at risk for cardiovascular disease and obesity. A second goal is to foster behavior change through group sessions and interactive activities. Lastly, to test whether the American Heart Association guidelines and materials can be utilized in a dietitian led model targeted to Hispanic elders. Nutrition education sessions will be offered to seniors attending Little Havana senior centers. Participants will be screened for cholesterol and weight, and 100 to 125 seniors at risk for cardiovascular disease will be included in an intensive nutrition education and counseling program.

The target population is Hispanic elders, a group at high risk for cardiovascular disease and obesity. Specifically, this program will target the Hispanic elderly participants of the LHANC senior centers (14) with approximately 1,800 elderly.

Anticipated Outcomes:

1. Reduce dietary fat consumption, saturated fat and cholesterol, using the American Heart Association Eating Plan for Healthy Americans; 2. Reduce body weight by 5% and/or BMI to 27 or less; 3. Lower total cholesterol by 6%.

90-AM-2776 NCI-Activity Centers for Seniors - Evidence Based Prevention

Neighborhood Centers Inc.
Senior Services
P.O. Box 271389
Houston, TX 77277 1389

Chris Pollet (713) 669-5260
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$200,000

Neighborhood Centers inc. (NCI) will demonstrate the efficacy of evidenced-based preventive physical activity interventions within Senior Centers among elderly residents of low-income neighborhoods in Houston, Texas. The intervention selected for replication in Houston represents an integration of individual, group and community-wide participation. NCI's goal is to demonstrate, within impoverished, urban settings, that the Aging Services Network can efficiently improve the quality, effectiveness, availability, and convenience of evidence-based disability and disease prevention programs for the elderly, focusing on physical activity.

Health Promotion/Health Education

90-AM-2777 **AoA-03-07C Evidence-Based Prevention Program For Bexar County: Nutrition**

Alamo Area Council of Governments
Council of Governments
8700 Tesoro Drive
Suite 700
San Antonio, TX 78217

Debbie Billa (210) 362-5268
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$200,000

The Bexar Area Agency on Aging, in partnership with the City of San Antonio Department of Community Initiatives, the Texas Diabetes Institute, Our Lady of the Lake University and OASIS proposes to provide culturally sensitive low glycemic meals and nutrition education, diabetes health screening and education, and physical activity education to 500 low-income, poorly educated Hispanic seniors in the Title III C1 congregate meals program in churches and senior centers in the 78207 zip code of San Antonio. The goal of this program is to prevent or delay the onset of type 2 diabetes among Hispanic elders. Participants will attempt to achieve a 7 percent weight loss and at least 150 minutes of physical activity per week during the first year and maintain these changes for 2 additional years. Outcomes will include an increase in participant knowledge of the relationship between nutrition, exercise and diabetes management, and increased adherence to lifestyle modifications that reduce risk factors of diabetes. Products will include a Spanish television documentary and a "Tex-mex" cookbook of taste-test approved low-glycemic recipes and menus.

90-AM-2778 **A Community-based Medications Management Intervention**

Partners in Care Foundation, Inc
101 S. First Street STE 1000
Los Angeles, CA 91502

June Simmons (818) 256-1780
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$200,000

Partners In Care Foundation will conduct a 3-year medication management project for seniors receiving a continuum of community-based social service programs in Los Angeles. The goal of the evidence-based Medication Management Intervention is to identify, prevent, and resolve medication errors among seniors identified at high-risk. The objectives are to implement the intervention in at least 3 Senior Centers and at least 2 Medicaid-waiver programs; to evaluate the outcomes of the intervention that includes assessment and recommendations and follow-up by a pharmacist; and to disseminate findings and lessons learned through a medication management website and other strategies. Products include a software screening tool, a comprehensive web-based Toolkit, evaluation tools, a final report, and manuscripts for publication. These products will be disseminated to direct service organizations and Area Agencies on Aging.

Health Promotion/Health Education

90-AM-2779 Increasing Physical Activity Among Sedentary Older Adults in Los Angeles

City of Los Angeles Department of Aging
City of Los Angeles Department of Aging
3580 Wilshire Boulevard, Suite 300
Los Angeles, CA 90010

Laura Trejo (213) 252-4023
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$125,000

The City of Los Angeles Department of Aging will implement a project to increase physical activity among sedentary older adults over three years. The project will recruit older adults in the West Adams/West Wilshire area of Los Angeles through OASIS centers, Jewish Family Services and Delta Sigma Theta Center for Life Development nutrition centers, and Tenet California's Brotman and Centinela Medical Centers. Health classes and activities will encourage them to incorporate physical activity into their lives. Expected outcomes include: the number of older adults indicating an intention to increase physical activity in order to help control and/or manage existing chronic health conditions will increase, older adults participating in exercise classes will experience increased fitness levels, older adults will improve their attitudes toward physical activity, and older adults will increase the minutes spent weekly engaged in physical activity. Products will include recruitment materials through a community-wide public awareness campaign, a refined project curriculum, evaluation tools and methodologies for practical application, web page information, manuscripts for publication and professional conference presentations. These products will be made available throughout the aging services network.

90-AM-2780 AOA 03-07 C: Evidence-Based Prevention Model, Fall Prevention A Matter of Balance

Southern Maine Agency on Aging
136 U.S. Route 1
Scarborough, MA 04074

Peggy Haynes (207) 775-1095
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$125,000

Southern Maine Agency on Aging (SMAA) and its partners propose to address the issue of fall prevention using "A Matter of Balance" (MOB), the evidence-based intervention for fear of falling. SMAA and its collaborators propose translating the intervention, which currently uses health care professionals as facilitators, into a lay leader model, facilitated by community based volunteers (MOBNLL). This will reduce the cost of the intervention, allowing MOBNLL to be offered more frequently, in a variety of settings, reaching a significantly higher number of older adults than would otherwise be possible. This proposal will: develop quality control mechanisms for the translation, monitor the consistency of this adaptation, measure the outcomes among participants, standardize the cost of establishing and offering the MOBNLL intervention, and detail the challenges and successes of disseminating this model to diverse socio-economic populations, diverse geographic areas, and in a variety of community settings. The outcome of the MOBNLL intervention will be reduced fear of falling, increased falls self efficacy, and increased activity in community dwelling older adults. The MOBNLL will be disseminated throughout the aging network.

Health Promotion/Health Education

90-AM-2781 **Women Take PRIDE in Managing Heart Disease**

Senior Service Centers of the Albany Area, Inc.
Senior Services of Albany
25 Delaware Avenue
Albany, NY 12210

Ms. Tianna Pettinger (518) 465-3322
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$192,000

Senior Services of the Albany Area, Inc., (dba Senior Services of Albany) will implement a research-based, self-management heart disease education program with four collaborating organizations. The "Women Take PRIDE" (WTP) intervention was developed and tested by researchers at the University of Michigan School of Public Health. The WTP targets women 60 years of age or older who have been diagnosed with heart disease. The project seeks to demonstrate the effectiveness of providing the intervention and recruiting participants in a community setting as well as from health care providers. WTP is a four-week education program focused on (1) improving functional status, both physical and social, (2) improving the symptom experience and general health outcomes, and (3) improving the knowledge of and access to community resources. An extensive process evaluation will be conducted throughout the implementation period in order to evaluate the outcome measures and document lessons learned in the program implementation.

90-AM-2782 **Evidence-Based Fall Prevention Services in Senior Centers**

North Central Area Agency on Aging, Inc
Planning and Grants
2 Hartford Square West, Suite 101
Hartford, CT 06106 5129

Robin Harper-Gulley (860) 724-6443
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$220,000

The goal of this 3-year project is to embed a sustainable evidence-based fall prevention strategy within greater Hartford senior centers by enhancing fall prevention-related knowledge and behavior and building or enhancing relationships between senior centers and relevant community and health care organizations. Project objectives are to develop, implement, evaluate, and disseminate a fall prevention program, based on Yale FICSIT and other RCTs, targeting balance, gait and vision impairments; postural hypotension; multiple medication use; and home hazards. The partners include North Central Area Agency on Aging (NCAAA), Connecticut Hospital Association/Connecticut Association for Home Care (CHA/CAHC), Hartford area senior centers, and Center on Aging, University of Connecticut Health Center. Primary outcomes include reduced falls in senior center clients and increased fall prevention knowledge and behaviors in center staff and clients. Products include a replicable model of community-based fall prevention, print and web-based procedure manuals, peer-reviewed publications, and multidisciplinary expertise available to other community-based providers.

Health Promotion/Health Education

90-AM-2809 **Increasing Seniors' Access to Disease Self-management and Disability Prevention Services.**

Senior Services of Seattle/King County
Senior Wellness Project
2208 First Avenue, Suite 100
Seattle, WA 98121

Ms. Susan Snyder (206) 727-6297
Sep 30, 2003 to Sep 29, 2004
FY 2003 \$100,000

Senior Services of Seattle/King County proposes to offer a disease self-management and disability prevention program, the Health Enhancement Program, for a three-year period, to 2,037 older adults with chronic health conditions. Primary project objectives are to increase participation at existing and new sites by seniors in King County, Washington. This will be done by working closely with a health care system to generate referrals and by increasing the number and type of program sites, especially those that have a track record of serving seniors of color or those who are limited English speaking. Project partners include a university, an area agency on aging, a staff model health maintenance organization, a public hospital, and a county health department. New partnerships with revenue generating potential will also be established in order to increase the likelihood that this model program will be adopted on a national basis in the future. The participant outcome is that 80% of those enrolled for at least six months will improve or maintain at least one of the following: physical activity, depression, falls, and hospitalizations.

90-AM-2810 **Improving Self Management of Chronic Disease in the Elderly: A Partnership between Managed health Care Providers and the Aging Network.**

Area Agency on Aging of Western Michigan
1279 Cedar NE
Grand Rapids, MI 49503

Nora Barkey (616) 456-5692
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$150,000

The Area Agency on Aging of Western Michigan, partnering with a managed care plan, four community aging services providers, and a university evaluator will conduct a 3-year program using the Chronic Disease Self-Management Program (CDSMP) and enhanced outreach. The project seeks to show how the aging network in partnership with health care plan can improve the health outcomes for older adults. Six hundred adults, 60 and older, with one of four common chronic conditions, will be randomly assigned to receive standard care from managed care or aging services providers, or to receive the CDSMP and enhanced outreach intervention, 200 per group. Measures of health outcomes will be taken at 3 time intervals. Expected outcomes are: positive intersystem collaboration; increase chronic disease self management knowledge and skills for the CASP workers; positive health behaviors, self-efficacy, and health outcomes for participants compared to non-participants, and demonstrated cost and service benefits for older adults. Products will include the final report, manuscripts for publication, and presentations to both aging and health care audiences.

Health Promotion/Health Education

90-AM-2811 **Healthy Changes: A Community-Based Diabetes Education and Support Program**

Elders in Action
501 SW Washington Street
Portland, OR 97204

Vicki Henderson (503) 823-5373
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$150,000

Elders in Action, a community-based non-profit and Providence Health System's Center on Aging will conduct a 3-year education and support program for older adults with diabetes. The goal is to increase the ability of program participants to self-manage, on a day-to-day basis, diet and physical activity aspects of their diabetes. Program elements include: weekly classes and support meetings held in a total of 16 community sites, community outreach and presentations provided by trained volunteer community educators, and one-to-one advocacy and problem solving assistance provided by trained volunteer Ombudsmen. Seniors age 55+ with diabetes will be served with services specially targeted to ethnically and geographically diverse, and low income seniors. Multnomah County Aging and Disability Services (AAA) will facilitate linkage of program elements with the greater senior network, and Oregon Research Institute will conduct the project evaluation. Products will include a curriculum manual, project publications and reports, evaluation tools and report, a final report, and web page information. These products will be disseminated to senior organizations, nationwide.

90-AM-2812 **Healthy Ideas: Evidenced-based disease self-management for depression.**

Sheltering Arms Senior Services
3838 Aberdeen Way
Houston, TX 77025

Jane Bavieau (713) 558-6396
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$150,000

The overall goal of this 3 year initiative is to build on the Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) program developed by a regional team of professionals in aging services, geriatric care, mental health and health services research and introduced into the Houston community in 2002. This project targets community dwelling elders, with a special focus on underserved and minority subgroups. The specific goals of this proposal are to prevent or detect depression through effective, evidence-based screening and health promotion education; to promote more effective treatment through appropriate mental health referrals; to decrease symptomatology and improve functioning in depressed elders who participate in the depression self-management program; to improve linkages between CASPs and community-based healthcare practitioners; and to prevent recurrence of the disease through regular depression screening. Expected outcomes include: more effective partnerships among community aging service providers, healthcare organizations, academic researchers and consumers; refinement of the evidence-based depression self-management intervention to increase recognition, promote effective treatment, and prevent excessive functional disability due to depression. Evaluation outcomes, intervention materials and educational products will be disseminated among CASPs, community health providers, consumer advocacy/support groups.

Home & Community-Based Care

90-AM-2388 Partners In Long Term Care Initiative

Albert Einstein Medical Center
Geriatric Administration
5501 Old York Road
Philadelphia, PA 19141

Ms. Carol Irvine (215) 951-8023
Sep 30, 2000 to Aug 30, 2004
FY 2000 \$920,000 FY 2001 \$493,500

The Albert Einstein Medical Center established a comprehensive community-based and integrated service system for frail and chronically ill elders and their caregivers by establishing linkages with aging services partners in the Southeastern Pennsylvania region. Through the project Einstein intended to enhance the quality of existing relationships and to stimulate the development of new linkages to better meet the needs of older persons. The prototype system had three components: a PACE model life Center to provide a continuum of care system of services to the frail elderly; a Personal Care Partnership Program (PCPP) for personal care home residents; and a culturally appropriate training program for Korean American caregivers. Project objectives were concentrated in the areas of planning, developing and establishing an infrastructure for this comprehensive community based system. Einstein documented planning of the system to contribute to the body of knowledge in the field. Anticipated outcomes included a system of care for elderly; a PACE model; a Korean-American training module; and an adult care facility for low income elders. Major products included a culturally appropriate training module for Korean-American caregivers, a comprehensive assessment and a final report.

90-AM-2389 RESPITE CARE TRAINING AND RESOURCE CENTER DEVELOPMENT

THE VISITING NURSE ASSOCIATION HOME HEALTH, INC.
520 N 32ND AVENUE
WAUSAU, WI 54401

Ms. Cathleen Rohling (715) 847-2969
Sep 01, 2000 to Aug 31, 2003
FY 2000 \$89,575 FY 2001 \$42,824

Visiting Nurse Assoc Home Health proposed to establish a family-focused volunteer respite care program. Community partnerships were mobilized and four objectives mounted. Major objectives included developing a standardized educational curriculum responsive to the needs of non- professional respite care providers; developing model approaches to recruiting, training and matching volunteer respite care providers with families in need; establishing a registry and referral service for trained volunteer respite care providers, and 4) establishing a pool of trainers who could offer the educational curriculum to new families and serve as in-home mentors to new volunteers. Anticipated outcomes included an expanded Respite Care Program; a family respite care program volunteer component; curricula; a cadre of respite care providers; in-home mentors; a pool of trainers who could train new families and volunteers. Products included Volunteer Respite Care Provider Training curricula and corresponding materials; a template for the developing a Volunteer Respite Care Referral Network; a train-the-trainer handbook with information on developing an in-home mentor system and a final report.

Home & Community-Based Care

90-AM-2609 Promoting Senior Independence and Safety Through Intervention Within Community NORCS

Jewish Association on Aging
200 JHF Drive
Pittsburg, PA 15217

Ms. Barbara Gottlieb (412) 521-1011
Aug 01, 2002 to Jul 31, 2004
FY 2002 \$197,400

The Naturally Occurring Retirement Community (NORC) Initiative is a multi-site project administered by the U.S. Administration on Aging (AoA) since August 2002. The Initiative focuses on developing and testing strategies to support older adults as they age in place in naturally occurring retirement communities. These communities are predominantly comprised of long-term residents age 60 and older that wish to age in place as they experience limitations in their activities of daily living.

This is the Pittsburg NORC Demonstration model, a 12 months project, and one of five NORCs funded by AoA. The grantee will administer this project, and will collaborate with UJF, JFCS, and the Jewish Community Center (JCC). The goal is that neighborhood seniors and their families are made aware of and have access to programs and services so they can remain independent and safe. The objectives are: 1) to serve 60 targeted seniors at risk with two interdisciplinary "care teams"; 2) to educate seniors and their families about services; 3) to identify each clients' family or support network members and engage them in the senior's care management. Outcomes are: seniors and families will have expressed greater comfort in living safely and independently; clients will have shown a higher level of usage of services; participants will have shown an increased knowledge; collaborating agencies will have acted as being more effective and more efficient. The products of this project are: a final report; public forums; and protocols.

90-AM-2613 Integrated Comprehensive Service Model in Six Downtown Condominiums

Jewish Family and Children's Service of Greater Philadelphia
2100 Arch Street
Philadelphia, PA 19103

Ms. Diane Cover (215) 496-9700
Aug 01, 2002 to Jul 31, 2004
FY 2002 \$196,300 FY 2003 \$245,146

The Naturally Occurring Retirement Community (NORC) Initiative is a multi-site project administered by the U.S. Administration on Aging (AoA) since August 2002. The Initiative focuses on developing and testing strategies to support older adults as they age in place in naturally occurring retirement communities. These communities are predominantly comprised of long-term residents age 60 and older that wish to age in place as they experience limitations in their activities of daily living.

This is the Philadelphia NORC model, a 12 month project, one of five NORC demonstration projects, and sponsored by the Jewish Family and Children's Service of Greater Philadelphia (JFCS). JFCS will partner with Albert Einstein Medical Center. The goal of this NORC project is to integrate social services, socialization groups, educational activities and preventive health services to enhance the safety, well-being, and continued independence of the residents. The objectives are: 1) to serve senior residents of six apartment buildings through the program 'Services to Apartment Residents (STAR)', 2) to do an on-site feasibility study within a Philadelphia neighborhood. Outcomes include: 1) this program will be available to 60% of the 3,500 residents in the buildings; 2) an advisory board of 12 members; 3) eight advisory board meetings; 4) weekly team meetings with an interdisciplinary team on-site; 5) monthly health screening. The products of this effort are: a final report; a needs assessment; a service plan; a brochure.

Home & Community-Based Care

90-AM-2617 Senior Outreach To Seniors (S.O.S.)

Westchester County Department of Senior Programs and Services
Nutrition and Congregate Services
9 South First Avenue, 10th Floor
Mt. Vernon, NY 10550

Ms. Sheila Belle (914) 813-6427
Aug 01, 2002 to Jul 31, 2004

FY 2002 \$19,740 FY 2003 \$49,029

Westchester County Department of Senior Programs and Services is the grantee for this 12 month demonstration project. The project, entitled Senior OutReach to Seniors (S.O.S.), has the goal of helping seniors through interventions to live independently in their apartments for a longer period. The objectives of this SOS project are: 1) to provide programs and services to the hispanic tenants, such as health, fitness, socialization, entertainment and the arts to 30 apartment buildings where seniors live, 2) to hire a part-time bi-lingual (Hispanic) social worker to assist, 3) to train Hispanic tenant leaders, 4) to train the Hispanic seniors to take charge of their health, employ nutrition and exercise. The outcomes of this SOS program are: increase the number of new S.O.S. buildings by at least 3; increase the number of seniors who receive programs and services; increase the knowledge and level of senior participants, especially Spanish speaking seniors. The products of the SOS program are: a final report; a training program for Hispanic tenant leaders; project data; an evaluation.

90-AM-2621 Integrated Health Promotion/Harm Reduction (HPRH) and Transitional Housing Project

Senior Community Centers of San Diego
928 Broadway
San Diego, CA 92101

Mr. Paul Downey (619) 235-6572
Sep 30, 2002 to Sep 29, 2003

FY 2002 \$88,830

This is a one-year demonstration project emphasizing social services and transitional housing for low-income persons, 60 years of age and older. The major partners in this Integrated Health Promotion/Harm Reduction (HPRH) project are the City of San Diego, Community Services, Sharp Healthcare Senior Health Center, Mental Health Services and others. The goal of this HPRH program is to provide integrated case management, nutrition, outreach and transitional housing services to at-risk seniors living in urban San Diego. The overall objective of this HPRH project is to provide a source of stability to, and to combat the causes of mental illness, malnutrition, homelessness, and premature institutionalization within this population. The specific objectives of this HPRH project are: 1) reduce high-risk behaviors, 2) reduce substance abuse, 3) offer preventive measures, 4) improve mental health, and, 5) prevent exacerbation of illness. The outcomes of the HPRH program are: reduce health emergencies; prevent premature institutionalization; decrease hospitalizations and emergency room visits; an evaluation; outreach strategies; service delivery. The product of the HPRH program is a final report.

Home & Community-Based Care

90-AM-2622 Iowa Seamless Project

State of Iowa
Iowa Department of Elder Affairs
Clemens Building, 3rd Floor
200 10th Street
Des Moines, IA 50309 3609

Mr. Jim Matre (515) 242-3345
Sep 01, 2002 to Aug 31, 2004
FY 2002 \$1,480,500 FY 2003 \$980,584

This is a 3 year demonstration that will improve the system of home and community based services (HCBS) in Iowa. The goal is a consumer-directed, seamless delivery system of community based long-term care options for Iowa's consumers. The crux of this grant involves planning and consensus building and the development of a unified information system. Letters of support from the state Medicaid agency and the state Health department document their commitment to work with the State Unit on Aging (SUA) toward a more unified system of services. The objectives are: 1) to design a data management and service delivery system and gain consensus from key partners; 2) to develop reasonable and fair criteria for eligibility and participation in HCBS provided, including fees where appropriate; 3) to determine rules, regulations, and laws to be revised and/or waived. Outcomes of the project are: a data management system that allows better access to programs funded and administered through 3 state departments to elders and their caregivers in Iowa; client participation criteria developed for programs funded through the 3 state departments; rules, regulations, and laws identified to be changed and/or waived to improve access and efficiencies for elders and their caregivers, service providers, and government entities; increased personal empowerment and/or family control in planning and directing care; consumer and caregiver satisfaction will increase; a reasonable and fair criteria for eligibility. The products are: a final report; an evaluation; a unified data management information system.

90-AM-2635 Helping Hands

Area Agency on Aging of Southeast Arkansas, Inc.
PO Box 8569
Pine Bluff, AR 71611

Ms. Dixie Clark (870) 543-6300
Sep 01, 2002 to Jan 31, 2004
FY 2002 \$493,500

This is an in-home and community-based services long term care (LTC) demonstration project called "Helping Hands". This 17 month LTC project will serve Black Americans and Hispanics who reside in the town of Leola and in the agricultural counties along the Mississippi River in SE Arkansas. The goal of this LTC project is to improve the quality of life for the at risk elderly by delivering in-home and community-based LTC services. The LTC project objectives include: 1) to develop a model service delivery agency; 2) to identify significant barriers to providing and/or receiving services; 3) to enhance access to home and community-based services, 4) to assess, compile, and analyze the elderly's life satisfaction. The expected LTC project outcomes are: enhanced of care and services; access to services and care; increased personal empowerment and/or family control in planning and directing care; a higher degree of life satisfaction for clients and their families; an evaluation; a trained referral nurse. The products of this LTC program are: a final report with lessons learned; an annual training plan; 14 computer work stations for reporting NAPIS data.

Housing/Living Arrangements

90-AM-2328 The National Center For Seniors Housing Research

NAHB Research Center, INC
400 Prince George's Blvd..
Upper Marlboro, MD 20774

Ms. Charlotte Wade (301) 249-4000
Mar 01, 2000 to May 31, 2005

FY 2000	\$553,285	FY 2001	\$461,883
FY 2002	\$468,816	FY 2003	\$445,113

Under this cooperative agreement, the grantee (NRC) has established a National Center for Seniors' Housing Research (NCSHR) to assist older Americans live comfortably, safely and independently in their own homes as they age, regardless of income or ability-level. The goal of this Center is to develop innovative solutions to accommodate changing housing needs for older Americans who wish to age in place. This information is available to the home building industry, particularly to remodelers, to consumers and to the Aging Network. The project activities for this Center include: web-based information about the value and application of universal design principles; available products which enhance independent living; support and analysis of the National Older Adults Housing Survey; examination of the cost and safe techniques for home modification for an aging population, with improved training for building contractors about the needs of the aging population; an annual student design competition to stimulate innovative residential design for aging in place; stimulating partnerships between the Aging Network and the home building industry to foster user friendly environments; use of assistive technology and replication of the features incorporated in the new "Life-Wise" house. .

90-AM-2624 Developing a Universal Kitchen Design System

Iowa State University of Science & Technology
Center for Industrial Research & Service
2272 Howe Hall, Suite 2620
Ames, IA 50011

Mr. Ron Cox (515) 242-3333
Sep 30, 2002 to Sep 29, 2004

FY 2002	\$197,400	FY 2003	\$294,175
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Iowa State's intended goal is to aid older persons who want to remain independent by developing a prototype universal design kitchen system of appliances and cabinets. The key evaluation question addressed was whether the refined kitchen could be manufactured at an affordable price for the mass market. It appears that the grantee successfully completed project objectives. A model cabinet system was developed. Focus groups were conducted to test the universal usability of the kitchen prototype and subjects were video taped to evaluate market appeal. Based on demographic data that indicates women have a longer life span than men, a greater likelihood exists for women to find themselves living alone as they age. Therefore, during year 1, focus groups were composed exclusively of women, age 65 plus. However, during year 2, focus groups were expanded to include both genders, persons of diverse abilities and age groups 20-29, 40-49, and 60 plus. Further, rural and urban residents participated in the project. Data collected was transcribed and analyzed. Consultations were conducted with Maytag Corporation and Bertch Cabinet Manufacturing regarding feasibility of manufacturing a prototype system; assessment of the market appeal of the prototype to consumers and providers; and evaluation of the manufacture of the prototype for a mass market. Partners included community representatives and Progress Industries Foundation. A report was prepared and findings disseminated.

Informal Caregiving

90-AM-2290 Options Of Care For Older Adults

Setting Priorities For Retirement Years Foundation-SPRY
10 G Street, N.E., Suite 600
Washington, DC 20002

Mr. Russell Morgan (202) 216-8466
Sep 01, 1999 to Apr 30, 2004

FY 1999	\$197,399	FY 2000	\$197,400
FY 2001		FY 2002	\$362,229
FY 2003	\$40,000		

This state-wide project is a model research and education initiative to demonstrate the use of the Internet in promoting caregiving for older adults. It will develop and test the effectiveness of linking WWW/Internet with state and local agencies to facilitate information access regarding health and caregiving. The Pennsylvania (PA) Department on Aging (PDA) and PA State University (PSU) are partners with SPRY Foundation in this project. The target audiences for this CaregiverPA project are caregivers and other adult consumers in PA. The goals are; 1) to develop a model state-wide communications system which provides the widest possible target audience with enhanced access to, and understanding of, care alternatives for older adults; 2) to market the CaregiverPA web site in PA; 3) to establish the web site in PA; 4) to expand and disseminate this model; and 5) to develop a national training program in how to use the Internet for caregiving. The objectives are: 1) to revise the web site; 2) to market the web site using the marketing plan; 3) to contact identified states and set up this model; 4) to work with at least four identified states to reproduce this web site; 5) to develop, test, and disseminate a training program in the role of the Internet in caregiving for both professional and lay caregivers. The outcomes are: a CaregiverPA model web site for promoting caregiving; caregiving information access; a revised website; dissemination of the model; a national training program in how to use the internet for caregiving. The products are; a final report; a CaregiverPA marketing plan, and a national conference on Caregiving and the Internet.

Intergenerational

90-AM-2610 Test Replicability of Community Options by Seeding Four (4) NORC Sites

Jewish Community Federation of Cleveland
Community Options
1750 Euclid Avenue
Cleveland, OH 44115

Mr. Joel Fox (216) 566-9200
Aug 01, 2002 to Jul 31, 2004

FY 2002 \$987,000

The Naturally Occurring Retirement Community (NORC) Initiative is a multi-site project administered by the U.S. Administration on Aging (AoA) since August 2002. The Initiative focuses on developing and testing strategies to support older adults as they age in place in naturally occurring retirement communities. These communities are predominantly comprised of long-term residents age 60 and older that wish to age in place even as they experience limitations in their activities of daily living.

This is the Cleveland NORC project, a 12 month project, and one of the five NORC demonstration projects. The Jewish Community Federation (JCF) of Cleveland is the grantee. The goal of this NORC project is to employ the concepts of community organizing and consumer direction which will empower seniors to remain healthier in their homes living full satisfying lives as long as possible. The objectives are: 1) to provide seed funding for four non-profit organizations to sponsor NORC initiatives that replicate the Community Options model; 2) to prepare an evaluation of the five NORCs; 3) to hire a consultant to develop a 3-5 year business plan; 4) to fund a research course buyout for one Ohio University faculty member who will conduct a multi-year longitudinal study of aging. Working with the Jewish Community Federation of Cleveland (JCF) will be Brandeis University. Outcomes are: increased access to supportive health services; increased satisfaction with their quality of life; increased seniors participation; increased social interaction; and increased knowledge base; an evaluation. The products of this effort are: a final report; 3-5 year business plan; and a longitudinal study of aging.

Intergenerational

90-AM-2611 Supportive Neighborhoods

Comprehensive Housing Assistance, Inc. (CHAI)
5721 Park Heights Avenue
Baltimore, MD 21215

Mr. Ken Gelula (410) 767-1100
Aug 01, 2002 to Jul 31, 2004

FY 2002 \$987,000 FY 2003 \$513,826

The Naturally Occurring Retirement Community (NORC) Initiative is a multi-site project funded by the U.S Administration on Aging (AoA) since August 2002. The Initiative focuses on developing and testing strategies to support older adults, as they age in place in naturally occurring retirement communities. These communities are predominantly comprised of long-term residents age 60 and older who wish to age in place, even as they experience limitations in their activities of daily living.

The goal of this CHAI project is to develop a network of neighborhoods that will support resident seniors, mostly Russian-Americans who have language barriers and acculturation issues, and are in need of transportation and practical information. The objectives are: 1) to perform outreach; 2) to create a Supportive Neighborhood Council, 3) to develop transportation programs, 4) to perform program enhancements; 5) to increase intergenerational opportunities for socialization through volunteer initiatives, 6) to expand Senior-Friendly Apartments programs; and 7) to compile and disseminate information. The partnerships involved with CHAI are: Jewish Community Center of Greater Baltimore (JCC); Myerberg Senior Center; and Jewish Family Services of Central Maryland (JFS). Expected outcomes are: a senior friendly apartment program; a supportive neighborhoods program and council; augmentation of existing NORC models; replication of NORCS ; volunteer opportunities.

Legal Services

90-AM-2308 Expansion of Statewide Senior Legal Hotline

West Virginia Senior Legal Aid, Inc.
1988 Listravia Avenue
Morgantown, WV 26505

Ms. Cathy McConnell (304) 296-0082
Sep 30, 1999 to Sep 01, 2003

FY 1999 \$90,000 FY 2000 \$90,000
FY 2001 \$90,000

The goal of the West Virginia Senior Legal Aid (WVSLA) project, entitled "Expansion of Statewide Senior Legal Hotline," is to expand and improve its statewide Senior Legal Advice and Referral Hotline. WVSLA is a non-profit organization dedicated to providing free civil legal services and counsel to senior West Virginians age 60 and older, with a focus on economically or socially disadvantaged, disabled, and rural seniors. The objectives of this project are: 1) to secure justice for, and to protect the legal rights of these individuals; 2) to employ attorneys to assist in furthering the purposes of the organization; 3) to engage the private bar in assisting in these efforts; and 4) to develop into a significant elderlaw resource for all of West Virginia. The anticipated outcome is an improved quality of life for West Virginia's seniors made possible by the provision of quality legal services. The products are: a statewide toll-free Senior Legal Hotline; a manual of "Legal Questions Frequently Asked by West Virginia Seniors;" quarterly publication of the "West Virginia Elderlaw Newsletter;" a website; a final report.

Legal Services

90-AM-2391 Senior Legal Hotline

Northwest Justice Project
401 Second Avenue South, Suite 407
Seattle, WA 98104

Ms. Joan Kleinberg (202) 464-1519
Sep 30, 2000 to Sep 29, 2003

FY 2000 \$99,850 FY 2001 \$102,450
FY 2002 \$102,450

The goal of the Northwest Justice Project (NJP) is to expand and improve its former hotline program. NJP expects to impact consumer law issues by pursuing the Senior Legal Hotline (SLH) objectives: 1) to administer a consumer legal needs "check-up" to all seniors; 2) to train lay advocates to identify consumer issues; 3) to focus on brief service in the consumer area; 4) to collaborate with the Attorney General's Consumer Protective Division on preventive education and trend-identification; 5) to create education/self-help brochures in the consumer area; 6) to work with volunteer lawyer programs to recruit private attorneys to assist seniors with consumer legal problems; and 7) to provide training and web-based resources to volunteer attorneys. The expected outcomes are: an improved SLH; an updated consumer legal needs check-up list; a cadre of trained lay legal advocates; preventive education plan; legal brochures; a volunteer lawyer (private attorney) program; legal trainings; web-based resources; preventive education. The products of this project are: a final report; list of consumer law issues; a legal check-up list; legal briefs for seniors; legal self-help brochures.

90-AM-2392 Legal Hotline For Older Iowans

Legal Services Corporation Of Iowa
Legal Hotline For Older Iowans
1111 9th Street, Suite 230
Des Moines, IA 50314 2527

Mr. Scott Hartsook (515) 243-2151
Sep 30, 2000 to Sep 29, 2003

FY 2000 \$100,000 FY 2001 \$100,000
FY 2002 \$100,000

The goal of Legal Service Corporation of Iowa project entitled Legal Hotline for Older Iowans (LHOI) is to expand and improve its former hotline program. The objectives for this project are: 1) to organize and implement an Outreach Demonstration Project to identify the most efficient and effective outreach methods to dramatically increase the number of Iowans who call the hotline for services; and 2) to organize and implement a Health Law Project to increase the knowledge of both Iowans and Iowa lawyers about health care programs. The anticipated outcomes of this LHOI project are: an improved and expanded senior's legal hotline; a new Outreach Demonstration Project; increased users of the hotline; a new Health Law Project; increased knowledge of health care programs; expanded outreach. The product of this LHOI project is a final report.

Legal Services

90-AM-2393 LSOI Senior Legal Hotline

Legal Service Organization Of Indiana, Inc.
151 N. Delaware Street, Suite 1640
Indianapolis, IN 46204

Ms. Catherine Stafford (813) 339-7668
Sep 30, 2000 to Sep 29, 2003

FY 2000	\$106,282	FY 2001	\$106,282
FY 2002	\$106,282		

The goal of the Legal Services Organization of Indiana (LSOI), Inc.'s project, entitled Senior Legal Hotline (SLH), is to develop a statewide senior legal hotline for Indiana. The objectives of this SLH are: 1) to leverage the expertise of its existing LSOI's (pilot) Hotline and LSOI's Senior Law Project through a collaboration with the Indiana Bureau of Aging (IBA) and In-Home Services, the Indiana State Bar Association (ISBA), and the Indiana Bar Foundation (IBF); 2) to demonstrate an innovative model for the provision of legal assistance; 3) to use a decentralized system with three call centers, state-of-art remote technology, community volunteers to conduct initial client interviews, and pro bono attorneys to provide much of the legal advice and brief service; 4) to leverage the full resources of the legal community to meet the need for legal services among Hoosiers; 5) to focus on preventive legal care, working with older Hoosiers before questions become emergencies; 6) to focus on calls involving end-of-life issues, consumer problems, housing and family law, income, and pension. The outcomes of this project are: an improved statewide SLH; improved partnership with IBA, ISBA, and IBF; an innovative legal model; improved three hotline call centers; a cadre of community volunteers and pro bono; preventive legal care. The products of this project are: a final report; statewide senior legal hotline.

90-AM-2395 Provide Legal Services To The Elderly Via A Statewide Hotline

Legal Aid Society Of Hawaii
Senior Legal Hotline
924 Bethel Street
Honolulu, HI 96813

Mr. Robert Palin (808) 527-8033
Sep 30, 2000 to Sep 29, 2003

FY 2000	\$35,000	FY 2001	\$35,000
FY 2002	\$35,000		

The goal of the Legal Aid Society of Hawaii (LASH) project entitled Provide Legal Services to the Elderly VIA a Statewide Hotline (SH) is to expand and improve its former hotline program. The objectives of this hotline project are: 1) to provide immediate and comprehensive advice to elderly residents of Hawaii; 2) to expand its services beyond simple counsel and advice and begin to provide brief services; 3) to provide services to seniors such as: mailing of detailed pro se materials for those unrepresented; enrolling senior callers in how-to legal workshops ("clinics"); providing one-on-one support at the self-help legal center; and a web site. The outcomes of this SH are: increased use of Legal Services to the Elderly increased advice and counsel to elderly; an expanded statewide legal hotline; quick and practical advice for seniors; provision of brief services; how-to workshops; one-on-one support for seniors. The products from this project are: a final report; brief services materials; pro se materials.

Legal Services

90-AM-2396 Georgia Seniors Hotline

Atlanta Legal Aid Society, Inc.
151 Spring Street, NW
Atlanta, GA 30303

Mr. Steven Gottlieb (404) 614-3990
Sep 30, 2000 to Sep 29, 2003

<i>FY 2000</i>	<i>\$110,000</i>	<i>FY 2001</i>	<i>\$110,000</i>
<i>FY 2002</i>	<i>\$110,000</i>		

The goal of the Atlanta Legal Aid Society, Inc.(ALAS) entitled Georgia Senior Hotline (GSH) is to expand and improve its hotline program. The objectives of this ALAS project are: 1) to expand three areas of unmet legal needs often unrecognized by service providers and by seniors themselves--these areas are abuse and neglect, predatory lending and eligibility for Medicaid 2) to develop a new screening protocol of affirmative questions; 3) to distribute materials; and 4) to expand private resources for these specialized cases. The expected outcomes are: the approach may be used to explore other difficult, hidden issues affecting seniors; an expanded legal hotline; expansion of three areas of unmet legal needs; expansion of abuse and neglect study; expansion of issue of predatory lending; expansion of study of Medicaid; a new screening protocol; dissemination; expansion of private resources. The products of this hotline project are: a final report; materials on abuse and neglect, predatory lending and Eligibility for Medicaid; and a screening protocol.

90-AM-2467 Technical Assistance Project For Statewide Legal Hotlines

AARP Foundation
Legal Advocacy Group
601 E Street, NW
Washington, DC 20049

Ms. Ellen Lebowitz (202) 434-2787
Aug 01, 2001 to Jul 31, 2004

<i>FY 2001</i>	<i>\$100,000</i>	<i>FY 2002</i>	<i>\$100,000</i>
<i>FY 2003</i>	<i>\$100,000</i>		

The goal of the AARP Foundation project is to provide training, capacity building and technical assistance to the Senior Legal Hotlines (SLH) network, as well as programs planning the development of legal hotlines to maintain the quality and integrity of the legal hotline service delivery model. The Foundation proposes to combine new and proven techniques to achieve its purpose. The objectives of this SLH program are: 1) to build program capacity; 2) to maintain the integrity of the legal hotline model; 3) to provide training and technical assistance (T&TA) to the newly funded grantees from their development and operation phases through their transitional phase; 4) to guarantee to become self-supporting at the conclusion of Administration on Aging funding; 5) to support existing statewide senior hotlines via site visits, on-call technical support, teleconferences, web sites, interactive web board, and newsletters; 6) to promote knowledge and support of legal hotlines through expansion of the Legal Hotline Technical Assistance Library, Web boards, newsletters, and conference presentations; 7) to promote the adoption of the American Bar Association's (ABA) proposed standards governing legal hotlines; 8) and to use these standards as a quality assurance tool. The outcomes are: a stronger SLH network; a SLH service delivery model; training and TA. The products are: a final report; website materials.

Legal Services

90-AM-2639 Legal Backup/Financial Elder Abuse Attorney Project

Coalition of Wisconsin Aging Groups
Elder Law Center
2859 Dairy Drive Suite 100
Madison, WI 53718 6751

Ms. Helen Marks Dicks (608) 224-0660
Sep 01, 2002 to Sep 29, 2004

FY 2002 \$134,232 FY 2003 \$98,058

The Elder Law Center of the Coalition of Wisconsin Aging Groups (CWAG) will support an attorney who will work half-time as a legal backup attorney to reduce existing case loads and half-time to develop an educational program on financial elder abuse. The objectives of this legal project are: 1) to employ four attorneys who provide legal backup to 75 benefit specialists (paralegals) in 65 Wisconsin counties; 2) to use Benefit Specialists to represent elderly individuals on issues of public benefits and are partially funded through the Older Americans Act; 3) to coordinate with the benefit specialists; 4) to disseminate information on financial elder abuse; 5) and to set up programs in counties to educate people on prevention and remedies for elder abuse. The anticipated outcomes of this legal program are: reduction of existing case loads; a new educational program on financial elder abuse; four attorneys for legal backup; 75 benefit specialist (paralegals) to represent the elderly; legal assistance in 65 counties; dissemination of financial elder abuse cases; prevention and remedies for elder abuse; and an educational program on financial elder abuse.

90-AM-2668 Legal Helpline for Older Kentuckians

Access to Justice Foundation
400 Old Vine Street, Suite 203
Lexington, KY 40507

Ms. Jamie Odle Hamon (859) 255-9913
Sep 30, 2002 to Sep 29, 2005

FY 2002 \$100,000 FY 2003 \$100,000

The grantee for this three-year Legal Hotlines project will target low-income seniors in remote, rural Kentucky, seniors with low-literacy levels and the disabled. The Legal Hotline project will partner with the state library system, senior center staff, nursing home ombudsman program staff and other senior services staff. The goal of this Legal Hotline project is to provide legal and non-legal advice and referral, while expanding and strengthening the existing hotline to low-income rural seniors. The objectives of this Legal Hotline project are: 1) to expand and strengthen the HelpLine's services by emphasizing the use of technology; 2) to design a Pilot Rural Outreach Project; and 3) to establish a program to assist seniors, and provide training to volunteer attorneys. The anticipated outcomes are: legal assistance provided to 13,100 seniors over three years. The Pilot Rural Outreach Project will provide statistical data. The methodology and data will be disseminated to other senior legal hotlines, the Administration on Aging, AARP, and other stakeholders in the senior hotline community. Educational materials for seniors will be provided, service providers and volunteer attorneys will consult on consumer law issues and a legal assistance hotline will be established. Helpline services will be available; a Pilot Rural Outreach Project will be conducted. The products are: a final report; dissemination materials; and training materials on predatory lending.

Legal Services

90-AM-2669 Senior Hotline Innovation Project

Legal Counsel for the Elderly
DC Law Office
601 E Street, NW
Washington, DC 20049

Mr. Jan Allen May (202) 434-2120
Sep 30, 2002 to Sep 29, 2005

FY 2002 \$110,000 FY 2003 \$110,000

This is a three year Statewide Legal Hotline Innovation Project that will serve Washington DC's ethnic and racial minority seniors, especially African Americans and persons with low-incomes. The Legal Counsel for the Elderly has opened an outreach office in a multi-service community agency serving seniors. The agency also works closely with the DC Office on Aging, the Legal Aid Society, Catholic Charities and the Washington Legal Clinic for the Homeless. The goal of this Legal Hotline project is to provide and deliver legal assistance to elderly African-Americans who want and need legal advice and referral. The objectives are: 1) to double the productivity of Hotline staff; 2) to use staff-supervised non-attorney volunteers to resolve brief services cases; and 3) to use staff-supervised non-attorney volunteers to provide legal services to African American and other minority seniors at community agencies and faith-based organizations; 4) to evaluate in-house and disseminate to legal/aging network. The anticipated outcomes are: increased productivity and decreased the cost per case of hotlines; a new way of handling brief services; develop a low-cost method of targeting hotline services for disadvantaged populations by using non-legal volunteers to assist seniors via a website; three legal innovations; a volunteer corp of non-attorneys; an evaluation. The product is a final report.

90-AM-2670 Legal Hotline for Michigan Seniors Coordinated Economic Assistance Project

Elder Law of Michigan, Inc.
221 N. Pine Street
Lansing, MI 48933

Ms. Kate White (517) 485-9164
Sep 30, 2002 to Sep 29, 2005

FY 2002 \$149,711 FY 2003 \$149,711

This three year project has close ties with local legal services providers, Area Agencies on Aging, insurance counseling programs, AARP, senior centers, law schools, veterans programs, and the state and local ombudsman programs. Targeted populations are Seniors over 60, disadvantaged elders, elders with limited English proficiency, low income and rural elders. The goal of this Legal Hotline project is to increase the number of seniors served and educated on how to protect themselves from debt and steps to resolve indebtedness. The objectives of the project are: 1) to serve seniors with an expanded traditional hotline; 2) to provide opportunities for seniors to find new resources for health care; 3) to improve their economic well being; 4) to use a new comprehensive Coordinated Economic Assistance Screening Tool; 5) to focus on Veterans benefits, unclaimed pensions, Medicare/Medicaid, state tax credits, and other benefits; 6) to provide brief services for bankruptcy and debt protections; and 7) to use retired social workers. The anticipated outcomes are: a list of seniors out of debt; increased awareness on how to protect themselves from debt and steps to reduce indebtedness; opportunities for seniors to find new resources for health care and other benefits; increased legal services to a significant number of seniors; training; trained law students, retired social workers and legislative staff. The product is a final report.

Legal Services

90-AM-2671 Maryland Senior Legal Hotline

Legal Aid Bureau, Inc.
Legal Aid Bureau, Inc.
500 East Lexington Street
Baltimore, MD 21202

Mr. W.G. Pete Stokes (410) 951-7766

Sep 30, 2002 to Sep 29, 2005

FY 2002 \$125,000 FY 2003 \$125,000

This three year well-established Maryland Senior Legal Hotline project will serve socially and economically disadvantaged seniors over age 60, with special emphasis on Asian Americans, Spanish-speaking seniors and seniors with low literacy levels. The Legal Aid Bureau will partner with various Asian American and Spanish advocacy and community groups. The goal of this Legal Hotline project is to provide accessible, high-quality legal information and assistance to seniors. The objectives of the project are: 1) to improve services to non-English seniors; 2) to provide callers at intake/access points with up-to-date legal information; 3) to educate seniors in debt collection and garnishment cases. The anticipated outcomes are: improved legal services; provision of most accurate, up-to-date elder law information; 600 seniors receiving advice on debt collection issues each year; updated law outlines; products dissemination; an evaluation; an expanded hotline. The products of this project are: a final report; a website.

90-AM-2672 Statewide Senior Legal Hotline

Legal Services for the Elderly (LSE)
P.O. Box 2723
9 Green Street
Augusta, ME 04338 2723

Ms. Jennifer Minkowitz (207) 621-0087

Sep 30, 2002 to Sep 29, 2005

FY 2002 \$110,000 FY 2003 \$110,000

This is a three year project targeted to rural, low literacy and limited English language elders, victims of elder abuse and legally challenged seniors. The Legal Services for the Elderly will work with Area Agencies on Aging and community health centers, the Elder Abuse Task force of Mid-Coast Maine, Adult Protective Services, AARP, Family Crisis Service, Volunteers of America, local law enforcement agencies, and clergy. The goal is to improve access to legal assistance. The objectives of the project are: 1) to improve client service delivery system; 2) to use an outcomes-based model; 3) to create new legal resources; 4) to expand access in rural areas; 5) to build a coalition of community and law enforcement organizations; 6) to conduct elder abuse outreach and education; 7) to implement a pilot program to reduce barriers towards uses of telephone services. The outcomes of this project are: seniors obtain positive outcomes using Hotline services; knowledgeable seniors about legal issues; identification and prevention of legal problems; local legal community resources for seniors; available community organizations; more knowledgeable caregivers; seniors for whom telephone service presents barriers have greater access to legal services; rural community health center kiosks; new legal resources; a coalition of partners; a pilot program on telephone service. The product is a final report.

Legal Services

90-AM-2673 Connecticut Legal Services Consumer Law Project for Elders

Connecticut Legal Services, Inc.
62 Washington Street
Middletown, CT 06457

Mr. Kevin Brophy (203) 756-8074
Sep 30, 2002 to Sep 29, 2005
FY 2002 \$125,000 FY 2003 \$125,000

This three year Statewide Legal Hotlines project serves seniors who have consumer law problems, with a focus on Hispanic, African American, rural elderly, and members of faith-based organizations. Partners in planning and implementing this project include Area Agencies on Aging (AAAs), sister legal services organizations and the Episcopal Diocese. The goal of this project is develop a hotline that will provide telephone access and high quality legal services to seniors who have legal consumer problems. The objectives are: 1) to make the system easy for clients to access hotline staff through direct calls or referrals; 2) to train AAAs to spot issues; 3) to make cross referral of clients; 4) to develop extensive outreach to minorities and rural elderly clients, and to faith based organizations; 5) to provide a full service response to hotline clients. The anticipated outcomes are: enhanced collaboration and synergy among senior consumer law providers; increased capacities and capabilities of AAAs and other non-legal service partners to identify consumer law issues and make appropriate referrals; improved quality and accessibility; friendly telephone access; an evaluation. The products of this project are: a final report and training materials.

90-AM-2674 Serve Our Seniors Legal Telephone Hotline

The South Carolina Centers for Equal Justice
1 Pendleton Street
Greenville, SC 29601

Mr. Thomas Trent (803) 744-9444
Sep 30, 2002 to Sep 29, 2005
FY 2002 \$104,040 FY 2003 \$104,040

This is a three year Statewide Senior Hotline project to serve seniors over 60, low-income, isolated rural poor, limited-English speaking, seniors victimized by crime, and seniors with disabilities. This grantee has a Memorandum of Partnership signed by over 50 aging service providers including Area Agencies on Aging, every Council on Aging, numerous senior centers, housing programs, Adult Protective Services programs, United Way, YWCA and other non-legal agencies. The goal of this project is to enhance access and improve the current legal services intake system. The objectives are: 1) to place the hotline in the Legal Aid Telephone Intake Service; 2) to provide counsel and advice and extended service for those senior callers with legal needs; 3) to refer callers to senior service organizations with non-legal needs; 4) to produce an employee and volunteer training manual, a senior resource guide for callers. The anticipated outcomes are: resolved senior's legal issues; 12 seniors to have called the hotline equaling 1152 per year; 875 seniors will have received counsel and advice; 277 seniors will have received extended services through Serve Our Seniors; the outreach component of the hotline will have reached 3000 seniors. The products are: a final report; a training manual; a resource guide; public relations materials.

Legal Services

90-AM-2675 Idaho Senior Legal Hotline

Idaho Legal Aid Services, Inc.
Non-profit
310 North 5th Street
Boise, ID 83702

Ms. Kelly Miller (208) 336-8980
Sep 30, 2002 to Sep 29, 2005

FY 2002 \$110,000 FY 2003 \$110,000

This is a three year statewide Legal Hotline project that will serve the rural elderly, with an emphasis on those in the greatest social and economic need, Hispanic and Native American seniors, and seniors with disabilities. The collaborators will include the six Area Agencies on Aging in the state, Idaho Hispanic Commission, Idaho State Library system, state and local nursing home ombudsmen, AARP Senior Programs, Meals on Wheels, over 100 senior centers and meal providers, senior housing and Home Health Care agencies and tribal governments. The goal of the project is to establish a Legal Hotline to include non-legal referrals for those seniors in need. The objectives of this project are: 1) to support a vigorous outreach via a Hotline Community Advisory Team; 2) to develop a legal interactive electronic website; 3) to advertise access to senior computers via local libraries; 4) to develop legal materials via a Senior Law Advisory Team; 5) to use the hotline as a feedback source. The anticipated outcomes are: increased access; outreach; results of Title III-B (OAA) costs; a combined website and hotline; double the number of senior citizens receiving legal assistance; increased collaboration via the Idaho Senior Hotline Community Advisory Committee; an evaluation. The products are: a final report; a legal hotline and joint website; an Advisory Team report; electronic brochures; surveys (3); a dissemination plan.

90-AM-2714 Medicare Fraud Senior Patrol Care Project

Legal Assistance of North Dakota, Inc.
1025 N Third Street
Bismark, ND 58501

Mr. Paul Messmer (701) 258-4270
Jul 01, 2003 to Jun 30, 2006

FY 2003 \$145,000

1) Objectives: Train staff, volunteers and Medicare beneficiaries to identify signs of Medicare error, fraud, and abuse, report suspicions to a Fraud-Fighter hotline for investigation and referral; develop and distribute educational materials to staff, volunteers, and beneficiaries; sponsor two regional conferences per year and co-sponsor elder-related conferences, presentations, and exhibits; develop media and website materials along with "Senior Surf Days" web training to educate partners and the public. 2) Approaches: LAND and its partners will accomplish all goals in a seamless way, to ensure effective use of resources; all trainings, education, presentations, materials developed and conferences will be worked into currently existing elder-related functions where possible. 3) Expected Outcomes: As a result of this project, staff, volunteers and beneficiaries will recognize signs of potential Medicare error, fraud and abuse; report suspicions promptly and without fear to appropriate agencies; reduce inaccurate or inappropriate billings; and restore faith that funds will be available for current beneficiaries and future generations. 4) Major Products: A Personal Health Care Journal for use by beneficiaries, a specialized Medicare Summary Notice (MSN) brochure, video and audio tape training materials covering Medicare error, fraud and abuse for use by staff, volunteers, beneficiaries and their caregivers; materials for the media, website, and public distribution.

Legal Services

90-AM-2794 Consumer Law Project for Seniors (CLPS)

New Hampshire Legal Assistance
1361 Elm Street, Suite 307
Manchester, NH 03101

Ms. Cheryl Driscoll (603) 644-5393
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$90,000

New Hampshire Legal Assistance (NHLA), in collaboration with key legal, community, and faith-based organizations, will develop a 3-year project, titled The Consumer Law Project for Seniors (CLPS), to improve and expand the delivery of legal services to New Hampshire seniors victimized by consumer-related abuses and financial exploitation. The project will train service providers, police, and judges; outreach to minority and rural elderly and legislators; create a pilot consumer law clinic and self-help office; and recruit and train private attorneys to handle pro bono and reduced fee consumer cases. NHLA anticipates the following outcomes: 1) increased availability of affordable legal services to seniors in consumer areas; 2) increased referrals to the Advice Line/CLPS by service providers, police, and judges; and 3) increased prevention and remediation of consumer abuses and financial exploitation of seniors in New Hampshire. NHLA target audiences will include: rural, isolated elderly; non-English speaking elderly; elder care providers; social workers; police and other law enforcement officials; district court judges; private attorneys; Health Insurance Counseling, Education Assistance Services network; and the Division of Adult and Elderly Services.

90-AM-2795 Statewide Senior Legal Hotline

Northwest Justice Project
401 Second Avenue S., Suite 407
Seattle, WA 98104

Ms. Joan Kleinberg (206) 464-1519
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$100,000

Northwest Justice Project (NJP) proposes a 3-year project to pilot an "enhanced" statewide legal service delivery system that offers broad telephonic access to legal assistance, exploring the most effective and efficient ways to act on the findings of the 2002 Hotline Outcomes study and the 2003 Senior Statewide Legal Hotlines Client Outcomes Study. NJP's test of these study recommendations will provide the legal community with information about the extent to which such measures actually improve client outcomes, and NJP will also develop tools to assist programs in implementing such an "enhanced" hotline model. NJP anticipates the following outcomes: 1) preservation of tenancy in rental housing; 2) eligibility for coverage of medical care through Medicaid or Medicare; 3) ending collection activity on alleged indebtedness; and 4) preservation of income. Target audiences include seniors of limited literacy; seniors with mental or physical disabilities; geographically isolated seniors; limited-English speaking seniors, especially Spanish- and Vietnamese-speaking; seniors of the lowest education levels; and social service providers. It is anticipated that there will be a 20% increase in the number of seniors who favorably resolve legal problems affecting housing, income and benefits preservation, safety and independence, and consumer protection.

Legal Services

90-AM-2796 Senior Legal Hotline Plus

Legal Services of Northern California
Senior Legal Hotline Plus
517 12th Street
Sacramento, CA 95814

Mr. David Mandel (916) 551-2142
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$135,000

Legal Services of Northern California proposes to expand to a statewide senior legal services program over the next 3 years. In collaboration with various legal service providers, area ombudsmen, Area Agencies on Aging, the State Bar, law schools, and local community and faith-based organizations, the Senior Legal Hotline Plus (SLH) will reach out to needy seniors throughout California, especially those who are low income, disabled, isolated, or non-English speaking. Legal Services of Northern California anticipates the following measurable outcomes as a result of statewide expansion:

- 1) an increase in the number of seniors who receive income from all sources for which they are eligible and in the number who avoid home loss, consumer rip-offs, scams, and other financial abuse;
- 2) an increase in the number of seniors able to plan their estates as they wish, including the maintenance of maximum independence;
- 3) more seniors who are raising grandchildren able to navigate the legal system; and
- 4) improved services for seniors from other legal call centers as a result of SLH activities and dissemination of information.

90-AM-2797 Predatory Lending

Southeast LA Legal Services Corp.
Southeast LA Legal Services Corp.
PO Drawer 2867
1200 Derek Drive
Hammond, LA 70404

Mr. Brian Lenard (985) 345-2130
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$95,000

Southeast Louisiana Legal Services Corp. (SLLS) proposes a three year project to prevent Louisiana seniors from losing their homes to predatory mortgage companies. The objectives are: 1) providing representation to owners of homes in foreclosure; 2) educating the elderly to the dangers that can arise in mortgaging their homes; and 3) training public interest and pro bono attorneys to challenge foreclosures. These objectives will be pursued by a consortium of programs, both governmental and community-based, and the target audiences will include rural seniors; monolingual Spanish, Vietnamese, and French-speaking seniors; and state and local attorneys. The core providers of service will be one intake paralegal and two attorneys. They will provide representation in these cases, and expertise/assistance to others throughout the state handling these cases. Expected outcomes are that 400 homes will be saved from foreclosure and, in another 100 cases some other material benefit to the client will be achieved. Products include training materials, form pleadings, annual reports, publications and outreach/educational materials addressing this critical problem. These will be distributed locally and nationally to direct service providers.

Legal Services

90-AP-2640 National Legal Resource Initiative for Financially Distressed Elders

National Consumer Law Center
77 Summer Street, 10th Floor
Boston, MA 02110 1006

Mr. Willard Ogburn (617) 542-8010
Sep 30, 2002 to Sep 29, 2005

FY 2002 \$150,000 FY 2003 \$149,025

This three year project is managed by the the National Consumer Law Center (NCLC), which will partner with private bar associations, volunteer attorneys and others. The goal of this National Legal Assistance and Elder Rights project is to help older Americans avoid or remedy economic exploitation, understand their financial options, and make reasoned, informed consumer decisions to prolong their independence. The objectives of this NLAER program are: 1) to increase the number of qualified local providers; 2) to share NCLC's consumer law expertise with legal assistance providers representing elderly clients; 3) to disseminate legal and consumer education materials (designed to empower elders) to attorneys and advocates regarding the pressing consumer law needs of older Americans; 4) to improve communication and coordination on consumer law topics; 5) to expand NCLC expertise; 6) to evaluate NCLC effectiveness in meeting the consumer law needs of older Americans. The expected outcomes are: specialized legal training; advice and co-counseling; an improvement in the quality and accessibility of legal assistance for older Americans; a decreased number of elders who fall prey to consumer scams and abuses in the marketplace; intensive substantive workshops; detailed practice manuals with legal pleadings; an evaluation; and a report on Lessons Learned. The products are: a final report, publications and brochures.

90-AP-2641 Strengthening Leadership and Quality and Accessibility of Legal Assistance and Elder Rights Activities

The Center for Social Gerontology, Inc.
2307 Shelby Avenue
Ann Arbor, MI 48103

Ms. Penelope Hommel (734) 665-1126
Sep 30, 2002 to Sep 29, 2005

FY 2002 \$150,000 FY 2003 \$149,025

The goal of this National Legal Assistance and Elder Rights Project (NLAER) project is to enhance legal assistance and elder rights advocacy programs to ensure seniors' access to essential services and benefits. The objectives are: 1) to enhance the leadership capacity of state and area agencies on aging to support elder rights activities; 2) to improve the quality and accessibility of the legal assistance provided to older people; and 3) to coordinate and collaborate with AoA, the Legal Services Corporation (LSC) and other NLAERPs and other non-legal organizations. The anticipated outcomes are: enhanced leadership of state Legal Assistance Developers; increased focus/resources by the LSC; outcome measures for legal assistance programs; critical guidance to state and local legal programs through an expanded/updated Comprehensive Guide to the Delivery of Legal Services; and enhanced coordination of legal assistance and community-based long-term care programs.

Legal Services

90-AP-2642 Legal Assistance in a Time of Change

American Bar Association Fund for Justice and Education
Commission on Legal Problems of the Elderly
740 15th Street, NW
Washington, DC 20005

Ms. Stephanie Edelstein (202) 662-8694
Sep 30, 2002 to Sep 29, 2005

FY 2002 \$150,000 FY 2003 \$149,025

The ABA Fund for Justice and Education, the grantee, supports this three year National Legal Assistance and Elder Rights (NLAER) Project. The goal is to enhance state (SUA) and area agencies on aging (AAA) capacity to support elder rights and improve the quality and accessibility of legal assistance for vulnerable elders and limited-English speakers. The objectives are: 1) to identify issues and resources and provide a forum for consultations; 2) to enhance elder rights using education and training; 3) to provide assistance on substantive legal and ethical issues; 4) to support legal assistance and elder rights advocacy systems. The anticipated outcomes of this NLAER project are: 1) state and area agencies, Title IIIB (Older American Act) attorneys, private attorneys and state bar associates will have improved their knowledge and awareness of legal issues and resources affecting older persons; 2) Legal Assistance Developers, State Long-Term Care Ombudsmen and bar section and committee chairs will have received legal publications; 3) consumers will have benefited from materials and technical assistance to advocates by retaining housing, preserving health or financial decision-making authority, receiving benefits to which they are entitled, and avoiding scams. The products of this NLAER program are: a final report, bulletins, publications, fact sheets, consumer's tool kits, brochures (Spanish), and articles.

90-AP-2643 National Legal Assistance and Elder Rights Project

AARP Foundation
Legal Advocacy Group
601 E Street, NW
Washington, DC 20049

Ms. Ellen Lebowitz (202) 434-2787
Sep 30, 2002 to Sep 29, 2005

FY 2002 \$150,000 FY 2003 \$149,025

The AARP Foundation is managing this three year National Legal Assistance and Elder Rights (NLAER) Project. The goal of the National Training Project (NTP) is to enhance the leadership capacity of state and area agencies on aging in order to support vulnerable elder rights and to improve the quality and accessibility of legal assistance and information provided to elders by offering training and materials to advocates and elders and by coordinating National Conferences on Law and Aging. The objectives are: 1) to conduct 15 trainings annually on issues of law, advocacy skills, and strategic planning; 2) to train 2,460 and 3,360 advocates during the three year grant period; 3) to conduct 2 coalition building events each year; 4) to update modules on nine areas of the law; 5) to update modules on three advocacy skills; and 6) to publish 51 state-specific planning for incapacity booklets. The anticipated outcome is an increase in the number of individuals with enhanced knowledge of elder law and advocacy issues. The products are: a final report, on-line modules, overhead presentations, enhanced website, newsletters and booklets, conferences' materials, and materials in Spanish.

Legal Services

90-AP-2644 National Support for Legal Assistance and Elder Rights

National Senior Citizens Law Center
1101 14th Street, NW - Suite 400
Washington, DC 20005

Mr. Edward C. King (202) 289-6976
Sep 01, 2002 to Aug 31, 2005

FY 2002 \$150,000 FY 2003 \$149,025

This a three year National Legal Assistance and Elder Rights Project. The goal is to increase the well-being of older persons by enhancing the quality and accessibility of legal assistance and advocacy available to them, especially to the most vulnerable, including minorities and limited-English speaking populations. The objectives are: 1) to publicize the availability of substantive assistance; 2) to provide effective case consultations; 3) produce and disseminate written information to the aging network; 4) to offer training workshops to allow advocates to break their isolation; 5) to facilitate, review, assess and work to improve this system; 6) to conduct a two-year Pilot Project in a state, convening interested parties; and 7) to produce a report of the Pilot Project. The target populations are Hispanics, Native Americans and African Americans. The project outcomes are: providing reliable information; supporting training and assistance to aging network advocates; and assessing and enhancing legal delivery systems. The products of the NLAER program are: manuals and guides, specialized mailings, enhanced website; and reports and analyses.

Life Course Planning

90-AM-2801 Center to Educate Women about Retirement Security

Womens' Institute for a Secure Retirement
1920 N Street NW STE 300
Washington, DC 20036 1622

Ms. Cindy Hounsell (202) 393-5452
Sep 30, 2003 to Sep 29, 2006

FY 2003 \$248,376

WISER, with assistance from strategic public-private coalitions, is organizing a one stop gateway to information that can provide traditionally hard to reach women (i.e. average and low income women, women of color and women with limited English proficiency), "user friendly" financial management tools. The ultimate goal of the 36 month project is to provide women with access to information that promotes their efforts to attain secure retirements. A state-of-the-art clearinghouse/lending library and satellite resource centers accessible to the Aging Network, FBOs, state and community agencies, financial institutions, business and government agencies are being established. Staff conduct training sessions and information panels nationwide; and provides access to a variety of financial planning tools, including fact sheets and other online resources. Major partnerships and coalitions have been formed with a range of private sector organizations to target low-income and minority women. Private sector organizations are as diverse as MANA, National Latina Women's Organization, Mother's Voices/Multi-Ethnic Community Retirement Project, Coalition of 100 Black Women, General Federation of Women's Clubs, Profit Sharing Council of America, MetLife, MFS Investment Management, and the Society of Actuaries. Public sector partners include FDIC, SSA, US DoL Women's Bureau, USDA Extension Service and, Comptroller General of the US. During year two plans are to continue strengthening public and private partnerships at the national and community levels; establish satellite resource centers that can be accessed by CBOs, FBOs, non-profits, finance and business to encourage inclusion of women's financial security as an integral part of the agenda; initiate 2 new programs on a) financial planning for health care in retirement and b) senior indebtedness; partner with insurance companies to develop materials about annuities for women; and continue outreach.

Low Income

90-AM-2556 **Demonstration Project On Services To Low-Moderate Income Seniors**

City Of Compton
Economic and Resource Development Department
2205 South Willowbrook Avenue
Compton, CA 90220

Ms. Arlene Williams (310) 605-5580
Sep 30, 2001 to Sep 29, 2003
FY 2001 \$419,475

This is a 14 month elderly demonstration project that will provide relief to seniors who need a variety of services. Goal 1 is to expand and enhance nutrition services available to seniors in the City of Compton. The objectives of goal one are to provide home delivery meals and to provide "heat and serve" meals for weekend consumption. Goal 2 is to enhance the overall health of seniors by offering a prescription/medication support service. The objectives of goal 2 are to coordinate with pharmacies and doctors prescription delivery service for 15-20 frail seniors, and to monitor proper prescription drug consumption, and to monitor behavior for observable differences. Goal 3 is to provide adult day care services for seniors who should not be left alone, but who don't require medical care. The objectives of goal 3 are to establish (or identify) a licensed facility where 15 working care givers can bring their senior parents, and to offer exercise and other social/recreational activities to enhance physical and social interaction for isolated seniors. The expected outcomes are: to expand the number of seniors able to receive services; an evaluation plan; examine community solutions to senior's needs during the day, but non-medical attention; expand funding. The products are: a final report; an evaluation plan.

Mental Health

90-AM-2490 **Mental Health in Later Life: Breaking Down the Barriers**

Vermont Department of Aging and Disabilities
State Government Department
103 South Main Street
Waterbury, VT 05671 2301

Elizabeth Eddy
Sep 30, 2001 to Feb 28, 2003
FY 2001 \$394,800

There is currently no abstract available.

Mental Health

90-AM-2491 The Positive Aging Project

Landmark Medical Center
Senior Health Center
176 Cass Avenue
Woonsocket, RI 02895

Ms. Charlene Mills (401) 769-4100
Sep 30, 2001 to Sep 29, 2003
FY 2001 \$922,845

The 2-year project's purpose is to establish a pilot program designed to improve mental health services for older adults in Northern RI. The goal of the Positive Aging Project (PAP) is to build upon and improve the capabilities of the existing mental health system. The objectives are: 1) to increase access to care for seniors; 2) to improve the expertise of mental health providers in addressing the specific needs of seniors; 3) to create a community-wide effort to promote the emotional well being of seniors; 4) to provide mental health screening to 20 seniors per week; 5) to operate a 24 Hour support and referral line; 5) to establish and maintain 10 partnerships with other community agencies; 6) to increase percent of elderly seen by trained providers. 7) to recruit additional specialized providers of senior mental health services. The expected outcomes are: an advisory board; a marketing plan; a new resource Center; transportation; co-location; co-operation with Travelers Aid Society of RI; a 24 hour Hot Line; 10 partnerships; Community Education Forums; CEU and CME Credits; training and skills developments; a Physician Network Development Plan; a new Senior Health Resource Center; assistance to six nursing homes with psychiatric services; prevention programs for the elderly and their caregivers. The products of this project are: a final report; a Directory of Professionals.

National Long Term Care Ombudsman Resource Center

90-AM-2139 National Long Term Care Ombudsman Resource Center

National Citizens' Coalition For Nursing Home Reform
1424 16th Street N.W., Suite 202
Washington, DC 20036

Ms. Sarah Burger (202) 332-2275
Apr 01, 1998 to May 31, 2003
FY 1998 \$290,000 FY 1999 \$500,000
FY 2000 \$550,000 FY 2001 \$550,000
FY 2002 \$550,000 FY 2003 \$111,667

This is a multi-year cooperative agreement between the Administration on Aging (AoA) and the National Citizens' Coalition for Nursing Home Reform, which agrees to establish and operate the National LTC Ombudsman Resource Center (Center). The Center's goal is to provide support, technical assistance and training to State LTC Ombudsman Programs and their state-wide network of regional (local) programs. The Center also assists the states in promoting public awareness of the work done by ombudsman programs, disseminates information and best practice materials, and alerts state and local ombudsmen to breaking developments affecting the nursing home care of older Americans. The Center's objectives are to: 1) direct training and materials to enhance ombudsman skills; 2) conduct specific products and dialogue forums that provide resources on program management and long-term care topics; 3) provide daily technical assistance to ombudsmen; 4) promote the ombudsman program; and 5) strengthen ombudsman involvement in state and national initiatives. The anticipated outcomes are a website and a strong ombudsman national program. The products are: a final report; training materials; and a variety of technical assistance papers.

National Minority Aging Organizations

90-AM-2324 **COMMUNITY BASED CAPACITY BUILDING FOR ASIAN PACIFIC ISLANDER ELDERS (PHASE 2)**

NATIONAL PACIFIC CENTER ON AGING
1511 THIRD AVENUE, SUITE 914
SEATTLE, WA 98101 1626

Mr. Clayton Fong Sr. (206) 624-1221
Feb 15, 2000 to Sep 29, 2003

FY 2000	\$260,000	FY 2001	\$358,700
FY 2002	\$358,700	FY 2003	\$71,117

The National Asian Pacific Center on Aging project is focused on reducing health care disparities between minority and majority elders by improving access to, and the availability of, health care, nutrition, and supportive services for Asian and Pacific-Island (API) elders. The project goal is to advance community-based capacity building efforts initiated in ten Asian American elder communities across the nation. Objectives include: 1) Facilitating access to affordable health care; 2) Facilitating access to nutrition and related supportive services; 3) Strengthening service information and infrastructures in Asian American/Pacific Islander (API) communities; and 4) Conducting policy briefings and information dissemination on issues of concern to API communities. To accomplish its objectives, the approach relies on a range of collaborative local partnerships that link API communities with the aging, Health Care Financing Administration and Work Force Investment Act networks. The anticipated outcomes are: lesser health care disparities; increased access to health care, nutrition, and supportive services; increased community-based capacity building; information dissemination; increased partnerships. The products of this project include: a final report; API data materials.

90-AM-2325 **Indian Health Data Bureau**

National Indian Council on Aging
10501 Montgomery NE Suite 210
Albuquerque, NM 87111

Ms. Traci McClellan (505) 292-2001
Mar 01, 2000 to Feb 28, 2004

FY 2000	\$130,000	FY 2001	\$130,000
FY 2002	\$130,000		

The project goal builds on and advances two initiatives related to the AoA priority of reducing health disparities between minority and majority elderly. The first objective under the first initiative is that the National Indian Council on Aging (NICoA) will develop culturally-relevant multi-media educational materials about Medicare and related federal benefits that better target Indian elders and put those educational materials to work at 6 demonstration sites using tribal representatives to inform elders about their eligibility for program benefits. The second objective under the second initiative is that the NICoA will equip tribal health directors with information/documents/tools to use Medicare and Medicaid data effectively for better reimbursement and better targeting of services to the elderly/disabled Indian populations. The anticipated outcomes of this project include: 1) the successful completion 2 initiatives; reduced Native American health disparities; multi-media educational materials; 6 demonstration sites developed; tribal elders better equipped to assist the elderly/disabled Indian populations; increased Medicare and Medicaid benefits.

National Minority Aging Organizations

90-AM-2385 CLOSING HEALTH DISPARITIES: OLDER LATINOS

THE NATIONAL HISPANIC COUNCIL ON AGING
2713 ONTARIO ROAD NW
WASHINGTON, DC 20009

Dr. Marta Sotomayor (202) 265-1288
Sep 01, 2000 to Aug 31, 2003

FY 2000 \$150,000 FY 2001 \$150,000
FY 2002 \$150,000

NHCoA conducted a demonstration designed to reduce or eliminate health disparities among the Latino elderly as compared with older white Americans. A consumer driven, multi-phase, multi-site health promotion and disease prevention model was used address the early screening of diabetes, breast and prostate cancer and cardiovascular disease and stroke. Coalitions were established in three states with large concentrations of Latino elderly: California, Texas and Kansas. NHCoA chapters and affiliates served as hosts to coalitions of community based organizations both Latino, non-Latino organizations and social service and health care agencies at each site. The model was based on a flexible case-management approach enhanced by the involvement of consumer services, promotores de salud or elderly peer health educators and substantive cultural and linguistic components. Translation services were provided and extended families and other support networks were mobilized on behalf of the Latino elderly. Further, an ongoing training program for peer health educators was to be designed. Anticipated results included training for 20 peer health educators, design for a public education campaign, and three, 15 member study circles per project year. Products included a final report; a disease prevention model.

Nutrition

90-AM-2390 National Policy And Resource Center On Nutrition And Aging: Nutrition 2030

Florida International University
Department of Dietetics and Nutrition
University Park, OE 200
Miami, FL 33199

Dr. Nancy Wellman (305) 348-1517
Sep 01, 2000 to Aug 31, 2004

FY 2000 \$297,400 FY 2001 \$682,017
FY 2002 \$536,400

The overall goal of this project is to support the Older Americans Act Nutrition Programs. Specific goals are: 1) to meet the challenge of reducing health disparities in older adult participants of the Elderly Nutrition Program (ENP) through improved outreach and culturally competent service provision; 2) to improve nutrition-related outcomes in ENP participants, especially minorities; 3) to increase program accountability; and 4) to modernize nutrition services. The approach will employ training and technical assistance, information dissemination, knowledge building and policy analysis, outcomes measurement, and partnership building. The objectives of this project are: 1) to provide improved access to timely practical nutrition 2) to provide aging information and resources; 3) to improve outreach; 4) to improve nutrition services; 5) to improve the measurement of outcomes through practical guidance, modeling and policy analysis. The expected outcomes are: an improved nutrition program services; reduction of health disparities in older adults; expanded outreach; improvement of cultural-nutrition; increased minority participation; improved access; improved nutrition outcomes; policy analysis. The products of this project are: a Center Website; 3 listservs; 2 issues panels; a state nutritionist meeting; nutrition intensive at 3 Aging Services Network meetings; 6 journal articles and 8 newsletter articles; 4 meeting backgrounds, proceedings, recommendations; the establishment of a Long Term Care Institute; and a final report.

Nutrition

90-AM-2615 Meals on Wheels Nutritional Enhancement Project

Garrett County Community Action Committee, Inc.
Area Agency on Aging
104 E. Center Street
Oakland, MD 21550

Miss Adina Brode (301) 334-9431
Aug 01, 2002 to Jul 31, 2003
FY 2002 \$24,675

The Garrett County, Maryland Community Action Committee, Inc.'s Area Agency on Aging, is the grantee of this one year Nutrition Demonstration Program. The goal of the project is to increase the availability of nutrition services and to improve the nutrition and health status of 50% of home delivered meal recipients. The objectives are to conduct a: 1) nutrition assessment and a well-check to 75 clients, 2) monthly written nutrition education for 125 clients, 3) a 6-month follow-up assessment for any changes to 75 clients, 4) a client satisfaction survey for 125 clients, and 5) to provide 31,000 meals for 150 clients. The Outcomes of this Nutrition Demonstration are: reduction in the incidence of premature institutionalization; increased availability of nutritious foods; improvement of overall physical health; increased mental well-being of isolated elderly; a reduction of need and/or use of local public health resources; family caregiver responsibilities will be lessened; dissemination of products. The products of the Nutrition Demonstration are: nutrition education materials; Well-Check assessment data; client satisfaction/health improvement questionnaire; and an evaluation.

90-AM-2768 AoA-03-07 H: Nutrition, Physical Activity and Aging- National Resource Center

The Florida International University Board of Trustees
11200 SW 8th Street, OE 200
Miami, FL 33199

Dr. Nancy Wellman Ph.D. (305) 348-1517
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$460,369

The goal of the National Resource Center on Nutrition, Physical Activity and Aging (Center) is to expand and strengthen the knowledge and service delivery capability of Older Americans Act (OAA) Nutrition Programs and the Aging Network in nutrition and physical activity programs for older adults. The objectives are to provide training & technical assistance to enable mini-grant awardees to implement programs and document outcomes from nutrition and physical activity programs; disseminate information through the Center's website and build knowledge through publications and presentations; and provide training & technical assistance to the Aging Network on nutrition issues.

Year 1 products include: (1.) 10 \$10000 mini-grant projects with measurable outcomes; (2.) Annual Report of Nutrition and Physical Activity Mini-Grant Projects; (3.) National Mini-Grantee Workshop, Town Hall meetings at National Association of Nutrition and Aging Services Programs, Meals on Wheels Association of America, National Association of Area Agencies on Aging (4.) Website that comprehensively covers nutrition, physical activity, aging; posting biweekly highlights to 3 Center-managed Listservs; regularly updated Older Americans Nutrition Program Toolkit, and (5.) at least 2 journal, 4 newsletter, 2 Ask the Experts articles; 1 set of meeting backgrounders, proceedings; 4 Aging Network presentations. In addition, the Center will provide technical assistance to the Aging Services Network through telephone calls, e-mails, as well as meeting consultations.

Nutrition

90-AM-2808 **Bridging the Gap Developing a Seamless Entry into Community Based Nutrition Services**

Meals on Wheels Association of America
National Office
1414 Prince Street, Suite 302
Alexandria, VA 22314

..
Sep 30, 2003 to Sep 29, 2004
FY 2003 \$145,000

The importance of senior nutrition programs' integration into the long term continuum of care cannot be understated. Delays in initiation of nutrition services following hospital discharge compromises the functional status of older adults. Meals On Wheels Association of America (MOWAA), a national organization representing both public and privately funded senior nutrition programs, is ideally positioned to facilitate such integration. By identifying best practices and barriers programs are facing, conducting a forum to identify solutions, and providing technical assistance and training, a prompt seamless entry into community-based nutrition services can be achieved.

Older Women

90-AM-2472 **Having Enough: A National Survey And Summit On Economic Security Among Older Women**

Brandeis University
Heller Graduate School
415 South Street
Waltham, MA 02454 9110

Ms. Phyllis Mutschler Ph.D. (617) 727-7750
Sep 30, 2001 to Sep 29, 2003
FY 2001 \$197,400

The project sought to stimulate public consciousness about issues that touch mid-life and older women by gathering their experiences and opinions in a nationwide survey and disseminating the findings through a national leadership summit. The survey gathered information about issues related to economic security and health including the cost of care-giving in lost wages, pensions and Social Security; financial planning and how it affects women's long term financial security; the experiences of aging women with less income and identification of resources or programs and legislation that may impact these women's efforts to improve their circumstances. The summit convened 100 women leaders who reacted to the findings of the survey, disseminated key findings and developed recommendations that could influence the policies of individual organization with foci on midlife and older women. Extensive media coverage was mounted to raise awareness, particularly around issues of financial security; a research base from which policy makers can access data was developed; and increased collaboration among women's and aging organizations was effected. NCWA mobilized a network of women's and aging organizations to form its 32 member Council of Cooperating Organizations (CCO). Member organizations included the National Council on Aging, AARP, the Older Women's League, the National Latina Health Organization, the Coalition of Labor Union Women, the National Black Women's Health Project, the YWCA, and the General Federation of Women's Clubs and represents approximately 10 million women. Products include a report of significant survey findings, a white paper with summit recommendations, publications and research information available online.

Other

90-AM-2413 Arizona Performance Outcome Measurement System

Arizona Department of Economic Security
Aging and Adult Administration
1789 W Jefferson, 950A
Phoenix, AZ 85007

Ms. Lynn Larson (602) 542-6461
Sep 30, 2000 to Jun 30, 2004
FY 2000 \$115,000

Arizona has entered into a cooperative agreement with AoA to develop and test performance outcomes measures for home-delivered meals, congregate meals, transportation, information and assistance and homemaker services.

90-AM-2463 Strategy For Preventing Decline in the Physical and Mental Health of Rural Elders through Socialization and Interconnection

Champlain Senior Center, Inc
241 North Winooski Avenue
Burlington, VT 05401

Ms. Syndi Zook (802) 658-3585
Aug 01, 2001 to Jul 31, 2004
FY 2001 \$98,700 FY 2002 \$98,700
FY 2003 \$73,543

The goal of the Vermont Champlain Senior Center (SC) is to develop a Strategy for Preventing Decline in the Physical and Mental Health of Rural Elderly. The objectives of this project are: 1) to encourage a diverse group of elders access to senior center services; 2) to install computers in six senior centers across the state of Vermont; 3) to train seniors to use computer software and to access the Internet; 4) to create a virtual senior center so that individuals will be able to access some senior center services online. The anticipated outcomes are: a practical strategy for preventing a decline in the physical and mental health of rural seniors; access to SC services; new computers for seniors to use in senior centers; increased use of six senior centers; online services for seniors; keeping rural seniors active; technology programs for rural elderly; access to the Internet for elderly; technology training program for minorities; new technology at senior centers. The products of this project are: a final report; new computer software.

Other

90-AM-2478 **St. Louis Aging Services Academy**

Saint Louis County Government
Department Of Human Services
121 S. Meramec Avenue , 3rd Floor
St. Louis, MO 63105

Ms. Rosemary Terranova (314) 612-5900
Sep 30, 2001 to Feb 28, 2005
FY 2001 \$418,950

The St. Louis County Department of Human Services conducted the pilot for an Aging Services Academy that would deliver customized training to prospective and recent retirees in the age group 50 to 59 years. The project served as a vehicle for developing curriculum that could provide at least 50 older individuals with customized training, resources and support to pursue expanded retirement opportunities. The strategy was to develop core curricula for classroom instruction in basic gerontology and basic computer skills and computer literacy thereby empowering aging individuals. Partners include the Mid-East AAA Title V Employment Program, the Information Technology, the St. Louis County Older Residents Program, and St. Louis Senior Computer Training. Training was reinforced through paid internships with eldercare organizations. Expected outcomes included a model Aging Services Academy with curricula for three core learning components (including computer training) customized classroom instructional and marketing materials; a cadre of mature workers to serve as a model for countering negative stereotypes; a limited number of paid internships; and strengthened partnerships with community and older worker programs in the area. Initially the project was scheduled to cover a 17 month period, however after successfully securing private funding, it remained active for more than 36 months. At termination of the federal project period, the project was to be operated by the State. The products for dissemination include a final report, curricula, conferences materials and a project guide.

90-AM-2489 **System to Enhance Nutrition Services for the Elderly (SENSE) Project**

Mecklenburg County Department of Social Services
Services for Adults
301 Billingsley Road
Charlotte, NC 28211 1096

Ms. Carol Baker (704) 336-3020
Sep 30, 2001 to May 31, 2003
FY 2001 \$814,590

The goal of the Mecklenburg County Department of Social Services SENSE Project is to expand nutrition service interventions to meet the nutrition needs of older adults in Mecklenburg County, and to build a foundation for a comprehensive and coordinated nutrition service system. The objectives of the grant are to: assess the need for specialized nutrition interventions; provide comprehensive assessments by dietitians and social workers; provide 2 frozen meals per day 7 days a week to meet specialized needs, particularly hypertension and diabetes; link nutrition and case management interventions; evaluate the process and outcome measures for the project; and disseminate project information. The expected individual outcomes of the project are changes in health and functional status; food security; food intake; nutrient intake; and satisfaction. The expected system outcomes of the project are development of a frozen meal system to meet special diet needs; develop a more comprehensive nutrition and social work system for the agency; and to foster increased community collaborations. The project will have the following products: background report; technical report which includes the evaluation; "How-To" Manual; and special needs survey and report. The project results will be disseminated through a website, articles for publication, and presentations at national conferences.

Other

90-AM-2519 **Medical Errors: Their Occurrence among In-patients and at Transitions between In-patient and Out-patient Care**

Deaconess Billings Clinic Foundation
Deaconess Billings Clinic
PO BOX 3566
2917 Tenth Avenue North
Billings, MT 59101

Dr. Patricia Coon M.D. (406) 238-2287
Sep 30, 2001 to Feb 28, 2004
FY 2001 \$1,381,800

This is a two year demonstration project whose goal is to study the occurrence of medical errors and factors affecting their occurrence among Medicare beneficiaries admitted as in-patients to Deaconess Hospital. The objectives of the health program are: 1) to determine the causes of and risk factors for medication errors; 2) to study the effect of computerized physician order entry system (CPOE) and bar-coding medication dispensing systems (B-CMDS); 3) to provide new information in the field. The expected outcomes are: upgrading the existing electronic medical record system; a longitudinal study of 800 older people with 500 older outpatients in a control group; training for the physicians and hospital personnel; an evaluation (to measure the impact of technology on reducing medical errors; reduction of medication errors in large rural areas); AoA will have published findings on its website; patient risk factors that may predispose elderly persons to medication errors; will have focused on errors that occur during transitions between inpatient and outpatient care; examination of specific patient risk factors (e.g., cognitive deficits and frailty) that would affect medication management in the outpatient setting; examination of both charted errors and formal reports of error; senior rural residence study. The product: a final report; articles in medical journals and aging magazines; an elderly Medicare population study.

90-AM-2520 **Camden County Senior Tech Initiative**

Camden County Division of Senior Services
700 Browning Road, Suite 11
West Collingswood, NJ 08107

Miss Jessica Breen (856) 858-2986
Sep 30, 2001 to Feb 28, 2003
FY 2001 \$181,608

The Camden County Division of Senior Services is the grantee for this one year demonstration SeniorTech Initiative. The Office of Information Technology was named as the firm to perform the work. This is a hands-on-practical approach to bring municipalities (towns/cities) and seniors together to gain first-time computer knowledge or sharpen current computer skills. The goal of project is to expand the elderly's access to computer technology. Project objectives include: 1.) surveying each town in the county to assess the extent to which the elderly have current access to, and skill in using computer technology; 2.) using the results of the survey to develop and implement a "train-the-trainer" program that addresses the technology training needs of the elderly; 3.) assisting select towns in purchasing computers for use by the elderly; and, 4.) evaluating the result of the initiative. Outcomes includes: the county's elderly having improved access to and skilled at using computer technology and other education improvement; socialization skills; creating a viable corp of computer instructors/volunteers; a listed group of towns working together to benefit eager seniors. Products are: computer users survey; train-the-trainer curriculum; use of volunteers survey and project data.

Other

90-AM-2580 Senior Medicare Patrol Project

Alabama Department of Senior Services
State Unit on Aging
770 Washington Avenue, Suite 470
Montgomery, AL 36130

Ms. Tara Shaver (334) 353-9636
Jul 01, 2002 to Jun 30, 2005
FY 2002 \$160,000 FY 2003 \$160,000

The Senior Medicare Patrol (SMP) Project is a three year cooperative agreement sponsored by the grantee, Alabama Department of Senior Services. The grantee collaborates with BCBS, NAACP, AARP, RSVP, Alabama Nursing Home Association, Association of Home Health Agencies, Medicaid Fraud Unit of the Attorney General. The goal of this SMP project is to educate seniors about detecting and reporting health care error, fraud and abuse. The objective of this SMP program is to work with all 67 counties in the state in order to train minorities, disabled and rural seniors with the support of the 13 Area Agencies on Aging (AAA) will be aware of, detect, and report cases, complaints of error, fraud and abuse in their Medicare/Medicaid billings. The major outcomes are: a regional advisory committee of three volunteers each to serve as educators; the results of peer counseling to seniors; a reporting system to collect data on program evaluation; referrals of cases to the Medicaid Fraud Unit; the results of the collaboration by the 13 AAAs; the results of the regional advisory committee; results of peer counseling to seniors. The products of this SMP project are: a final report; findings of the 67 counties; a volunteer recruitment kit; a reporting system to collect data on evaluation.

90-AM-2581 Senior Medicare Patrol Project: Volunteer Program

Central Ohio Area Agency on Aging
Community Education and Outreach
174 E Long Street
Columbus, OH 43215

Ms. Anne Fredrickson (513) 458-5522
Jul 01, 2002 to Jun 30, 2005
FY 2002 \$123,128 FY 2003 \$145,128

This Senior Medicare Error Patrol (SMP) project is a three year cooperative agreement project managed by the grantee Pro Seniors, Inc.. The collaborators are Ohio Department of Aging workgroup, the Attorney General Office (Victim Assistance, Senior Protection Initiative, and Senior Protection Initiative and Senior Pro Bono project), Council on Aging of Southwestern Ohio, Adult Protective Services, and others. The goal of this SMP project is to develop the Senior Medicare Error Patrol by enabling Medicare/Medicaid (M/M) beneficiaries to detect and report fraud, error and abuse. The objective of this SMP project is to train and support eligible M/M senior in SW Ohio. The major expected outcomes are: establish a Senior Medicare Patrol; develop data collecting and reporting forms; recruit and train 30 senior volunteers to assist M/M beneficiaries; reach 5000 seniors. The products of this SMP program are: a final report; a Senior Medicare Patrol; project data forms.

Other

90-AM-2584 **Arkansas Senior Medicare/Medicaid Fraud Patrol**

Arkansas Department of Human Services
Divison on Aging and Adult Services
1417 Donaghey Plaza South
PO Box 1437 Slot S530
Little Rock, AR 72203

Ms. Sharon Marcum (501) 682-8504
Jul 01, 2002 to Jun 30, 2005

FY 2002 \$160,000 FY 2003 \$165,000

The three year cooperative agreement Arkansas Senior Medicare/Medicaid Fraud Patrol (ASMP) project is managed by the grantee. The collaborators with the SUA are the local regional partners, including AAAs, RSVPs, and Community Action Program agencies; the UA Cooperative Extension Service; Governor's Commission on People with Disabilities; Attorney General's Medicaid Fraud Control Unit; AANHR; the Developmental Disability Council and the DDS; Arkansas Foundation for Medical Care (the QIO); the SHIP; and AARP. The goal of this SMP project is to recruit and train retired Medicare beneficiaries, who in turn educate and inform other beneficiaries and local communities about the nature and extent of errors, fraud, and abuse in the Medicare and Medicaid programs; and help identify and report suspected errors, fraud and abuse. The objectives of this project are to combat Medicare/Medicaid fraud and to educate beneficiaries, caregivers and the general community. The expected outcomes are: a statewide network of trained and active volunteers who reach out to local communities through group presentations, community education events, one-on-one counseling and mass media; an Advisory Council that will provide input and advice regarding various aspects of the project and assist the project in accomplishing its goals; target nursing home fraud via the state Ombudsmen, the nursing home Family Councils, and publication of a Consumer Handbook for Nursing Homes; operate a 24-hour toll-free hotline to receive complaints; document, verify/resolve/refer complaints; and expand statewide. The products are: interim and final reports; training curricula and materials; web page; materials for use by the volunteers in community outreach; best practices developed and published; performance measures documents and published

90-AM-2585 **Senior Medicare Error Patrol**

State of Alaska, Department of Administration
Division of Senior Services
3601 C Street, Suite 310
Anchorage, AK 99503

Ms. Theresa Clark (907) 269-3669
Jul 01, 2002 to Jun 30, 2005

FY 2002 \$149,482 FY 2003 \$149,482

This is a 3 year co-operative agreement Senior Medicare Error Patrol (SMP) project in the State of Alaska targeted for Alaskan Native Medicare beneficiaries and providers. The goal of this SMP project is to save Medicare/Medicaid (M/M) and private dollars by providing beneficiaries education programs that will assist senior Alaskan Natives to detect and report error, fraud and abuse. The collaborators with this grantee are: Alaskan Native Tribal Health Consortium, AARP, RSVP, Alaska Commission on Aging, Older Persons Action Group. The objective of the SMP project is to assist Alaskan Natives in reviewing their medical billings and to assist providers in solving difficult billings before they enter the system. The expected outcomes are: a corp of 60-75 volunteers; medical billing students will assist providers; change the behavior of seniors so they review their bills; fraud and abuse cases detected reported and solved; findings of dollars saved; numbers of Alaskan Native beneficiaries assisted; number of providers assisted. The products of this SMP program are: a final report; lessons learned; classroom curriculum.

Other

90-AM-2586 Medicare Overpayment Detectives or the MOD Squad Volunteers.

Better Business Bureau Education Foundation
MOD Squad (Medicare Overpayment Detectives)
5225 Katy Freeway
Suite 500
Houston, TX 77007

Ms. Candice Twyman (713) 341-6141
Jul 01, 2002 to Jun 30, 2005
FY 2002 \$101,165 FY 2003 \$108,665

This Texas project is a three year cooperative agreement Senior Medicare Patrol (SMP) project that is managed by the grantee, the Better Business Bureau Education Foundation (BBBEF). The collaborators in this SMP project are: TeleMundo (Spanish television), Hispanic Chamber of Commerce, Houston AAA, AARP, Asian American Family Counseling Center, Indochinese Cultural Center (Vietnamese). The goal of this SMP project is to train minority seniors to detect and report Medicare/Medicaid (M/M) fraud, error and abuse. The objective of this MMF project is to recruit and train diverse retired professional volunteers to educate groups of Medicare beneficiaries how to detect and report M/M fraud (MMF), error and abuse. The anticipated outcomes of this MMF project are: education and information to change behavior; train the trainer materials; corp of volunteers; continuing education for volunteers; develop a reporting system; a self-defense kit. The products of this MMF program are: a final report; materials in Spanish; pre and post presentation quizzes; train the trainer materials; planned presentations; a reporting system for data; a self-defense kit.

90-AM-2587 Combating Health Care Waste, Fraud and Abuse

Area Agencies on Aging Association of Michigan
Medicare Medicaid Assistance Program
6105 West St. Joseph, Suite 209
Lansing, MI 48917 4850

Ms. Mary Ablan (517) 886-1029
Jul 01, 2002 to Jun 30, 2005
FY 2002 \$202,000 FY 2003 \$160,000

The Area Agencies on Aging (AAA) Association of Michigan is the grantee for this three year cooperative agreement Senior Medicare Patrol (SMP) project in collaboration with the Centers for Medicare and Medicaid Services, the Michigan Office of Services to the Aging and the Michigan Peer Review Organization (PRO). The target populations of this project are the Medicare/Medicaid (M/M) beneficiaries and their caregivers in the state of Michigan. The goal of this SMP project is to combat Health Care Waste, Fraud (MMF) and Abuse. The objective of this SMP project is to train a statewide network of volunteers in M/M waste, fraud and abuse and receive support from volunteer coordinators. The anticipated outcomes of this MMF project are: enhanced awareness of detecting and reporting on health care waste, fraud and abuse; enhanced reporting by volunteers; increased in toll-free hotline calls; increased skills of beneficiaries in detecting and reporting. The products of this SMP project are: a final report; project data collection.

Other

90-AM-2588 Massachusetts Medicare, Outreach and Education Project

Elder Services of the Merrimack Valley, Inc.
360 Merrimack Street, Building #5
Lawrence, MA 01843 740

Ms. Carolyn Hubers (978) 683-7747
Jul 01, 2002 to Jun 30, 2005

FY 2002 \$218,152 FY 2003 \$198,152

This three year cooperative agreement Senior Medicare Patrol (SMP) project is managed by the grantee, Elder Services of the Merrimack Valley, Inc., an Area Agency on Aging (AAA). The AAA will collaborate with the Executive Office of Elder Affairs, i.e., the State Unit on Aging (SUA) and MA SHIP program, the Mystic Valley Elder Services, Minuteman Elder Services, Minuteman Home Care and Danvers Council on Aging. The goal is to build the capacity of the 12 MA SHIP programs and to educate and bring awareness to the Medicare/Medicaid fraud (MMF), error and abuse to the vulnerable Medicare beneficiaries. The objective is to recruit and train retired professional volunteers to educate groups of M/M beneficiaries about detecting and reporting M/M fraud, error and abuse. The major outcomes are: self assured and less intimidated consumers when interacting with M/M programs; a survey of consumers counseled to identify error, fraud or abuse; a mini-grant process to build the capacity of AHIP sites to provide outreach and education; media campaign; results of meetings with minority organizations; results of outreach and education; results of mini-grant process; results of survey; number of cases of error, fraud or abuse. The products are: a final report; Public Service Announcements; newsletters.

90-AM-2589 SUMMIT Medicare/Medicaid Fraud, Abuse and Waste Reduction Program

State of Oklahoma Insurance Department
Oklahoma Insurance Department
PO Box 53408
Oklahoma City, OK 73152 3408

Ms. Cindy Brown (405) 522-6632
Jul 01, 2002 to Jun 30, 2005

FY 1999 \$52,523 FY 2000
FY 2001 FY 2002 \$160,000
FY 2003 \$182,000

This three year cooperative agreement Senior Medicare Patrol (SMP) project is sponsored by the grantee, the Oklahoma Insurance Department (OID). The collaborators with the grantee are the State/Federal Fraud Investigators, AARP Oklahoma, Oklahoma Indian Council on Aging, Long-Term Care Ombudsman Program, Oklahoma Association for Senior Centers, Oklahoma Area Aging Agencies, and the Oklahoma Senior Health Insurance Counseling Program. The goal of this MMF project is to reduce Medicare/Medicaid fraud (MMF), abuse and errors for Oklahoma Hispanic, American Indians, rural and isolated senior populations. The objective of the MMF program is to recruit and train retired professionals, family caregivers, and people who work in the aging field to educate groups of Medicare beneficiaries about detecting and reporting MMF, error and abuse. The expected outcomes are: MMF information for homebound Oklahoma seniors, rural public service announcements, ads for rural newspapers, ads for professional and organizational newsletters, Oklahoma Viet Times print ad, Viva Oklahoma Hispanic news print ad, a video in Creek Nation language, a program evaluation, trained volunteers, M/M education programs, and minority participants. The products of this SMP project are a final report, MF findings by the State/Federal Fraud Investigators, rural PSAs, ads in newsletters, a video in Creek for Creek Nation Indians, and an evaluation.

Other

90-AM-2590 A Medicare Fraud Patrol Project In Rural Latino Communities

National Hispanic Council on Aging
2713 Ontario Rd. NW
Washington, DC 20009

Mr. Jose Luis Velasco (202) 429-0787
Jul 01, 2002 to Jun 30, 2005
FY 2002 \$191,497 FY 2003 \$191,497

This three year co-operative agreement is a Senior Medicare Fraud Patrol (SMP) project managed by the grantee, the National Hispanic Council on Aging (NHCoA), located in Washington, D.C. The project will be carried out in Corpus Christi, Texas through the Council's Corpus Christi chapter. The other collaborators are the local housing developer and the city's Community Service Department. The goal of this project is to develop the Senior Medicare Waste Patrol in the Latino Communities by reporting waste in the Medicare/Medicaid (M/M) health programs. The objective of the project is to recruit and train peer advocates (Voceros-Voces) toward the success of the Medicare Waste patrol project. The target population are rural persons with very low income, resources and educational level. The major outcomes of this project are: establish study circles; establish partnerships and linkages. The products of this program are: a final report; education materials for 25,000 seniors.

90-AM-2591 Colorado Anti-Fraud Education Project

Colorado Division of Insurance, DORA
Senior Health Insurance Assistance Program
1560 Broadway #850
Denver, CO 80202

Mr. Robert Pierce (303) 894-7552
Jul 01, 2002 to Jun 30, 2005
FY 2002 \$189,279 FY 2003 \$211,417

The Colorado Senior Medicare Patrol (SMP) Grant project is managed by the Colorado Division of Insurance, in collaboration with the State Long Term Care Ombudsman program, Colorado Coalition for Elder Right and Adult Protection, and the Colorado SHIP program. The goal of this project is to continue public education about Medicare and Medicaid fraud. The objective of this program is to ensure consumer awareness of Medicare and Medicaid error, fraud and abuse and how to detect and report on suspected fraud, and provide individual counseling evaluation of fraud reports. The Providers and consumers who are Spanish speaking, vulnerable or geographically isolated will be targeted for this program. The major outcomes are: a new publication to inform consumers about health billing processes and how to avoid overpaying; a video entitled "Paying your Bills Right"; to measure the understanding of Medicare fraud; measure pre and post improved understanding of what constitutes fraud; how to remove rural access barriers; to address literacy and disability access barriers; to reduce language access barriers; number of Medicare and Medicaid fraud cases; evaluation; how to remove rural access barriers. Products are: a final report; new publication; a video "Paying your Bills Right"; twelve educational presentations.

Other

90-AM-2592 **Statewide Health Insurance Benefits Advisors (SHIBA) Helpline**

Washington State Office of the Insurance Commissioner
Statewide Health Insurance Benefits Advisors
810 Third Avenue, Suite 650
Seattle, WA 98104

Ms. Joan Lewis (206) 654-1833
Jul 01, 2002 to Jun 30, 2005
FY 2002 \$205,000 FY 2003 \$182,000

This is a three year Senior Medicare Patrol (SMP) project, a cooperative agreement managed by the grantee, Washington Office on the Insurance Commissioner (WOIC). The collaboration will be with Statewide Health Insurance Benefits Advisors (SHIBA) statewide sponsors. The target population, are the non-English speaking and the minority communities. The goal of this project is to develop and support a Senior Medicare Patrol who will prepare seniors to combat Medicare/Medicaid (M/M) fraud, error and abuse. The objective of this program is to train retired senior professional volunteers to handle complex Medicare fraud cases and to report them. The major outcomes are: a data collection and retrieval system; a SHIBA Helpline in the Asian-Pacific Islander community; a fraud web page. The products are: a final report; training workshops; a data retrieval system; a Helpline; a web page.

90-AM-2593 **Senior Medicare Error Patrol Project**

New Mexico State Agency on Aging
Elder Rights
228 East Palace Avenue
La Villa Rivera Bldg.
Santa Fe, NM 87501

Ms. Buffie Saavedra (505) 827-5890
Jul 01, 2002 to Jun 30, 2005
FY 2002 \$242,000 FY 2003 \$222,000

The grantee, the New Mexico Aging & Long Term Services Department (SUA), will support this three-year cooperative agreement Senior Medicare Patrol (SMP) project in collaboration with the Medicaid Fraud Unit, New Mexico Medical Review Association (Peer Review Organization) PRO, Senior Citizens Law Office, New Mexico State Bar, Attorney General, AARP, Ombudsman, RSVP, and many other partners on the federal and state level. The target population includes Medicare and Medicaid (M/M) recipients in New Mexico and their caregivers. The goal of this project is to educate the senior and disabled M/M beneficiaries on how to detect and report M/M error, waste, fraud and abuse. The objective of this project is to recruit and train retired senior professional volunteers to assist the vulnerable senior/disabled individual on how to detect and report M/M fraud, error and abuse; and evaluation; a consortia. The major outcomes are: enhanced Consortium, empowered self-advocacy, impact on all of the six (6) Planning and Services Areas (PSAs) of New Mexico. The product is a final report.

Other

90-AM-2594 Idaho Medicare Education Partnership

Idaho Commission on Aging
Medicare Education Program
PO BOX 83720
3360 Americana Terrace Suite 120
Boise, ID 83720 0007

Ms. Donna Denney (208) 334-3833
Jul 01, 2002 to Jun 30, 2005
FY 2002 \$205,000 FY 2003 \$160,000

The Idaho Medicare Education Partnership is a three year cooperative agreement Senior Medicare Patrol (SMP) grant supported by the grantee, the Idaho Commission on Aging. The Collaborators are: four Native American Tribal Councils; Migratory Council; Cigna Senior Health Insurance Advisors, and RSVP. The goal of this project is to establish a corp of elderly volunteers who will prepare senior Medicare/Medicaid (M/M) beneficiaries to detect and report error, fraud and abuse in these health programs. The objective of the project is to produce a statewide volunteer corp of retired rural seniors to teach M/M beneficiaries to understand and analyze their billing and detect and report error, fraud and abuse. This project will target rural Idahoans who are frail and low income. Major outcomes in this SMP project are: increased outreach efforts; evaluation of program; volunteer stations in rural communities; worked with migrant councils to solicit volunteers; recruited Native American volunteers through Tribal Councils. Products of this SMP program are: a final report; a list of Native American statewide corp of retired volunteers; a report on savings from combating M/M waste; a report on number of cases of fraud and abuse, error and waste.

90-AM-2596 Senior Medicare Patrol Project

Seniors and People with Disabilities
Abuse Prevention Unit
500 Summer Street NE, E-95
Salem, OR 97301

Mr. Lee LaFontaine (503) 947-5042
Jul 01, 2002 to Jun 30, 2005
FY 2002 \$160,000 FY 2003 \$182,000

This three year cooperative agreement Senior Medicare Patrol (SMP) Project is sponsored by the grantee, in collaboration with the Oregon Association on Area Agencies on Aging; OR Department of Consumer and Business Services; AARP; Oregon Library System. The goal of this project is to recruit and train seniors to combat Medicare and Medicaid (MMF) billings errors, fraud and abuse. The objective of this MMF project is to recruit and train retired professional volunteers to educate groups of Medicare beneficiaries about the importance of recognizing and reporting M/M fraud (MMF), error and abuse. The major outcomes of this MMF project are: ensured diversity; increased outreach; publicized the toll-free telephone number for the Oregon Fraud Reporting Line; increased by 5,000 the number of seniors' awareness; 75% of seniors will have reported greater understanding of Medicare. The products of this MMF program are: a final report; a toll-free telephone; brochures, flyers, health care journals; data collection; CREEK presentation materials.

Other

90-AM-2597 Atlanta Senior Medicare Patrol Project

Atlanta Regional Commission
Aging Services Division - Area Agency on Aging
40 Courtland Street
Atlanta, GA 30303

Ms. Vicki Shannahan (404) 463-3100
Jul 01, 2002 to Jun 30, 2005

FY 2002 \$160,000 FY 2003 \$182,000

This project, entitled the Atlanta Senior Medicare Patrol (SMP) Project, is a three year cooperative agreement Senior Medicare Patrol Project sponsored by the grantee, the Atlanta Regional Commission (ARC). The Collaborators that will work with ARC are: AARP; Jewish Family and Career Services; Christian Methodist Episcopal Church; Center for Pan Asian Community Services; DeKalb County; Center for Positive Aging; Council on Aging . The goal of this project is to use volunteers to help beneficiaries of Medicare and Medicaid (MMF) identify and report error, fraud and abuse. The objective of the MMF project is to use 22 trained volunteers to help low income and minority elderly and disabled adults to identify and report error, fraud and abuse. Major outcomes of this program are: changes in behavior of M/M beneficiaries by taking responsibility to assess their Medicare bills and take action; increased confidence among the eight partner agencies; education of 31,520 persons on M/M uses; 3,250 presentations; a program manual describing the "Pass it on Campaign; Area Agencies on Aging (AAA) replication strategies. The products of this MMF program are: a final report with findings; a report on the error, fraud and abuse cases uncovered; Georgia Generations magazine; the Aging Connection; a program manual.

90-AM-2598 Senior Medicare Error Patrol Project

Legal Counsel for the Elderly, Inc.
DC Law Office
601 E Street, NW
Washington, DC 20049

Mr. Brian Bullock (202) 434-2153
Jul 01, 2002 to Jun 30, 2005

FY 2002 \$160,000 FY 2003 \$182,000

The Senior Medicare Error Patrol Project (SMEPP) is a three year cooperative agreement project administered by the Legal Counsel for the Elderly, Inc. (LCE). The goal of the SMEPP is to enhance its current model of utilizing retired persons as volunteer resources and educators of Medicare and Medicaid beneficiaries to combat health care error, fraud and abuse throughout the District of Columbia. Since 1975, LCE has been an integral partner in the District's coalition of community organizations serving the elderly and the aging network of the DC Office on Aging. LCE will build on its presence in the community and partner with the aging network, George Washington University - Health Insurance Counseling Project, the American Association of Retired Persons and other community organizations to achieve the goal of the SMEPP. The objectives of the project are: 1) recruit and train new volunteers to inform and educate beneficiaries on detecting and reporting error, fraud and abuse; 2) design and update health care fraud materials; 3) serve as liaison to the health care and aging networks to establish linkages with additional public and private agencies to address systemic issues; 4) expand outreach to beneficiaries and the aging and other service provider networks; and 5) expand and refine the current intake and reporting system. The target populations of the SMEPP are Medicare and Medicaid beneficiaries with special outreach to the non-English speaking Spanish and Chinese communities and low-income elderly. The major outcome of the project is to increase the knowledge of beneficiaries and the public to enable them to prevent and/or report health care fraud and errors; which will be evaluated through a three tier approach. The products of the project are: new and/or updated training and educational materials; bi-lingual outreach and educational materials; quarterly newsletters; and a Medicaid consumer handbook.

Other

90-AM-2599 **Ferret Out Fraud - Senior Patrol Project**

Arizona Department of Economic Security
Aging and Adult Administration
1789 W. Jefferson, 950A
Phoenix, AZ 85005

Ms. Delores Sanchez (602) 542-4446
Jul 01, 2002 to Jun 30, 2005

FY 2002 \$159,931 FY 2003 \$181,943

The grantee, the Arizona Department of Economic Security, is the State Unit on Aging that will manage this three year cooperative agreement for the Senior Medicare Patrol (SMP) Project. The collaborators are the Inter-tribal Council of Arizona, Navajo Nation, AZ Office of Attorney General, Better Business Bureau(BBB), and the AZ Department of Insurance. The goal of this MMF project is to assist Hispanic seniors to detect and report Medicare/Medicaid (MMF) fraud, error and abuse. The objective of this MMF project is to investigate and prosecute M/M fraud. The major outcomes of this MMF project are: educate M/M Hispanic beneficiaries on ways to detect and report billings fraud; list of identified complaints; increase knowledge and skills; expand the fraud coalition; work with fraud partners; identify new partners; advisory committee of beneficiaries; match volunteers with mentors; establish a large T.A. and support group; continuing education units (CEU) for beneficiaries. The products of the MMF program are: a final report; cases of fraud, error and abuse identified by this project; materials in Spanish; results of collaborators efforts; trainers program; list of the fraud coalition; list of new partners in outreach; list of new volunteers with mentors.

90-AM-2600 **Senior Medicare & Medicaid Patrol Project**

Florida Department of Elder Affairs
Division of Self Care & Volunteer Initiatives
4040 Esplanade Way, Suite 260
Tallahassee, FL 32399 7000

Mr. Don E. Holmes (850) 414-2000
Jul 01, 2002 to Jun 30, 2005

FY 2002 \$202,000 FY 2003 \$158,500

This Senior Medicare Patrol (SMP) Project is a three year cooperative agreement supported by the grantee, the Florida State Unit on Aging (SUA). The collaborators for this program are: Area Agencies on Aging (AAA) in Fort Myers, Tarpon Springs, St. Petersburg, Pinellas Park and Gulfport. The goal of this project is to develop and implement a Senior Medicare and Medicaid Fraud (MMF) Patrol project for low-income elders and minorities. The objective of the MMF project is to reduce Medicare losses due to errors, fraud and abuse using retired professionals. The major outcomes are: data collection on losses to 36,000 elderly attendees annually; recruit and train 60 retired professionals with diverse backgrounds to serve as volunteers; establish and maintain a database and tracking system for reporting; develop SMP cable television presentation; a seniors' survey; results of SMP cable T.V. The products of this MMF program are: a final report including the number of Medicare losses due to errors; findings from a group of 60 retired Hispanic professionals; results of survey of 80% of at-risk attendees; an impact survey; Multi-lingual (Hispanic) promotional materials; a database tracking system.

Other

90-AM-2601 Senior Medicare Patrol Project

GA Department of Human Resources
Division of Aging Services
Two Peachtree Street, NW, Suite 9-398
Atlanta, GA 30303

Ms. Erika Lawson (404) 657-5335
Jul 01, 2002 to Jun 30, 2005
FY 2002 \$160,000 FY 2003 \$160,000

This is a three year Senior Medicare Patrol (SMP) Project sponsored by the grantee, the Georgia Department of Elder Affairs, the State Unit on Aging (SUA). The goal of this project is to educate and inform three million elders, their families, caregivers, friends and professionals in Georgia about Medicare/Medicaid (MMF) fraud, error and abuse. The objective of the MMF project is to enhance and expand this effort throughout the state and local areas using volunteers from retired professionals groups, targeting rural populations and limited English speaking persons. The collaborators with the grantee, the Georgia Department of Elder Affairs, are: Cigna Health Care Medicare Administration; the LTC Ombudsman; the University of Georgia; and 12 Area Agencies on Aging (AAA). The major outcomes of this MMF project are: lowered costs for Medicare/Medicaid use after error, fraud and abuse cases are uncovered; project cost saved through the use of volunteers; better records on complaints of error, fraud and abuse; a corp of professional volunteers; additional models for outreach; innovative training models; a professional volunteer recruitment steering committee. The products of this MMF program are: a final report; training models; models for outreach.

90-AM-2602 Medi\$ave Program

Connecticut Department of Social Services
Elderly Services Division
25 Sigourney Street
Hartford, CT 06106

Ms. Cynthia Grant (860) 424-5244
Jul 01, 2002 to Jun 30, 2005
FY 2002 \$160,000 FY 2003 \$160,000

The vulnerable at-risk elderly will be protected through this three year cooperative agreement project that will prevent Medicare/Medicaid (MMF) fraud, waste and abuse. The goal of this MMF project is to increase the beneficiary awareness of Medicare and Medicaid fraud and abuse, including understanding health care statements(bills). The objectives of this MMF project are: 1) to expand current programming for recruiting, training and maintaining retired seniors and other professionals in the aging network; 2) to increase beneficiary awareness of M/M fraud and abuse, including understanding health care statements (bills) and the importance of keeping track of medical appointments and procedures; 3) to further educate the medical community on M/M related issues; and 4) to establish a collaboration with the medical community to reduce billing errors. The major outcomes of this MMF are: a pilot project that will train and assist medical professionals to address servicing concerns; office training for billing and front desk staff of three local physician groups will be provided; mailing of project brochures to all Medicaid coverage groups who are elderly and/or disabled; an established fraud, waste and abuse tracking system. The products of the MMF program are: a final report; project brochures; a state-wide health journal; a data tracking system.

Other

90-AM-2603 Puerto Rico Project Alert to Fraud

Governor's Office for Elderly Affairs
Education and Training Division
PO Box 50063 Old San Juan Station
San Juan, PR 00902

Ms. Rosanna Lopez Leon (787) 721-4560
Jul 01, 2002 to Jun 30, 2005
FY 2002 \$160,000 FY 2003 \$182,000

This Senior Medicare Patrol Project, known as Project Alf, is managed by the Governor's Office of Elderly Affairs in Puerto Rico, a State Unit on Aging. It is run under a cooperative agreement with the Administration on Aging for a three year period.

Goals: To develop a Senior Medicare Patrol which will combat Medicare and Medicaid fraud, error and abuse?
Objective: To recruit and train retired professional volunteers in order to educate the Hispanic population on the island about Medicaid and Medicare and how to detect and report fraud, error and abuse.

Outcomes: develop an information system; informal orientation sessions; recoup dollars lost to the Medicaid and Medicare as a result of fraud and abuse; a public education plan; recruit and train a cadre of 50 retired volunteers; implement outreach strategies; training seminars for 200 aging network staff, providers and recipients; partnership with state Medicare experts; provide prevention information to an estimate of 5,000 older persons.

Products: Final report; outreach strategy, materials for training seminars.

90-AM-2606 Montana Medicare Waste Project

Missoula Aging Services
337 Stephens Ave
Missoula, MT 59801

Ms. Julie Galstad (406) 728-7682
Jul 01, 2002 to Jun 30, 2005
FY 2002 \$200,000 FY 2003 \$222,000

This is a three year cooperative agreement Senior Medicare Patrol (SMP) project that is managed by the Missoula Area Agency on Aging (AAA). The collaborators are: State Health Insurance and Counseling Program (SHIP); the U.S. Attorney for Montana; Area Agencies on Aging (AAAs); Senior Citizen Centers; Blue Cross/Blue Shield of Montana. The goal of this Medicare/Medicaid Fraud project is to bring awareness to Medicare/Medicaid (M/M) beneficiaries and their caregivers in Montana about error, fraud and abuse in these M/M programs. The objective of this MMF project is to recruit and train 50 rural senior volunteers to equip 6000 Medicare beneficiaries to detect and report cases of error, fraud and abuse. The major outcomes of this MMF program are: an alliance of public, private, and charitable organizations; increased volunteer resources and educators; 50 newly trained rural volunteers; 6000 Medicare beneficiaries trained; strengthened community coalitions; involved AAAs; a strong collaboration effort; a strong information and assistance network. The product is a final report.

Other

90-AM-2607 Enhanced ACCESS to Bene*Fits (TM) Initiative

Council of Senior Centers and Services of New York City, Inc.
49 West 45th Street, 7th Floor
New York, NY 10036

Mr. Igal Jellinek (212) 442-1100
Jul 01, 2002 to Jun 30, 2004
FY 2002 \$74,025

The goal of this Council of Senior Centers (CSCS) ACCESS to Bene*Fits/tm Initiative is to increase access to health care, nutritious meals, prescription medications and supportive services. It puts dollars into the pockets of needy seniors and the businesses and communities where they live. It will provide community-based host sites with qualified volunteers, technical assistance, training and ongoing assistance they need to get older New Yorkers the benefits for which they may be entitled. A computerized software program will analyze seniors' eligibility for 39 public and private benefits and entitlements and then staff and trained volunteers assist seniors in applying for and obtaining them. The objectives are; 1) to screen New Yorkers age 60 and over to determine benefits and entitlements they are eligible for but are not receiving ; 2) to assist older persons in completing application process, including gathering necessary documentation; 3) to provide follow-up and advocacy to ensure applications are processed and applicants receive notification of status/begin receiving benefits in a timely fashion; 4) to increase participation at senior centers among the seniors screened through ACCESS. The expected outcomes are: an evaluation; interviews with project seniors; assistance to filling out applications; senior center as the "point of intake". The product is the final report.

90-AM-2608 Senior Medicare Patrol Project of the District of Columbia

Friendship House Association, Inc.
Friendship House Seniors Network
619 D Street SE
Washington, DC 20003

Ms. Jean Walker M.D. (202) 675-9054
Jul 01, 2002 to Jun 30, 2005
FY 2002 \$159,970 FY 2003 \$159,970

This is a three year cooperative agreement for a Senior Medicare Patrol (SMP) Project of the District of Columbia administered by the grantee, the Friendship House Association, Inc.. The collaborator with the Friendship House Association, Inc. is the Greater Washington Urban League, Inc. The goal of this Medicare/Medicaid Fraud (MMF) project is to increase the awareness of low income and limited education individuals on methods to reduce or prevent the incidence of MMF fraudulent practices. The objective of this MMF project is to educate the hard-to-serve seniors in Wards 5-8 to detect and report error, fraud and abuse in these health programs. The major outcomes of this MMF project are: a replicable model; standardized measures to evaluate program; improved knowledge on MMF; referral of fraud cases to the Medicare hotline; increase awareness of SMP program to seniors and to service providers. The products of this MMF program are: a final report; number of complaints of error, fraud, and abuse in Wards 5-8.

Other

90-AM-2614 **Nourishing the Human Spirit: Social-Therapeutic Dining a la Eden**

Motion Picture & Television Fund
23388 Mulholland Drive
Woodland Hills, CA 91364 2792

Ms. Donna Bender (818) 876-1556
Sep 01, 2002 to Jan 31, 2004
FY 2002 \$98,700

The non-profit organization Motion Picture and Television Fund is a one-year congregate dining program. The goals of this nutrition project are to 1) implement an integrated activities-congregate dining program for long-term care residents currently receiving meals via in-room tray service, and 2) enhance satisfaction, functionality and quality of life among residents participating in this new program. The objectives are to: 1) create social-therapeutic congregate dining; 2) provide stimulating and strength/mobility-building activities integrated with the dining program; 3) improve clinical observation and therapeutic practice; and 4) train restorative nurse assistants and certified nursing assistants. The expected outcomes are: a 30% reduction in resident dissatisfaction in identified food/activities problem areas; improved resident strength, flexibility and social interaction; and shared "best practices". The product is a final report; an activities tool kit; a training program; a surveys; and aide training program.

90-AM-2619 **Cyber Cafes for Senior Citizens**

INTEGRIS Health
Third Age Life Center
3366 NW Expressway, Suite 800
Oklahoma City, OK 73112

Miss Lynn Hester (405) 521-2327
Sep 30, 2002 to Sep 29, 2004
FY 2002 \$98,700

Integr Health Systems established a number of Cyber Cafes for seniors in Oklahoma City. Cafes served as centers for seniors to train seniors in basic computer skills and learn how to access the Internet. The primary purpose of the cafes was to reduce the incidence of isolation among seniors age 50 and above and; provide them access to information through the Internet. Project staff coordinated with community partners to target and recruit isolated seniors. Faculty from local technical and high schools taught more advanced classes while high school students trained seniors in basic computer operations. Project met or exceeded anticipated outcomes which included a prototype inter-generational model for instructing older adults in basic computer skills and internet access, outreach to seniors age 50 and above, reduced senior isolation and established metro and satellite computer locations. Cooperation with AAAs, the Sheriff Office and Police Dept, Daily Living Centers (assisted living center), major shopping malls, high schools' students and faculties resulted in donations of equipment and funds and establishment of additional cyber cafes. In addition to the Senior Cyber Café model, products include a final report.

Other

90-AM-2637 Older Adults Intervention Systems (OASIS)

Catholic Charities of Los Angeles, Inc.
PO Box 15095
James M. Wood Blvd.
Los Angeles, CA 90015 0095

Mr. Moeed Khan (818) 883-6015
Sep 30, 2003 to Sep 29, 2004
FY 2002 \$434,119

This is a one year Older Adults Intervention Systems (OASIS) demonstration project managed by a faith-based organization at the Guadalupe Community Center in Canoga Park, CA.. The goal of this OASIS project is to implement a multi-pronged approach that is relevant and effective in meeting the social and family needs of older adults and their caregivers, particularly those with limited English proficiency. The objectives of the OASIS demonstration project are: 1) to conduct a needs assessment study; 2) to provide the delivery of direct services; and (3) to establish and implement Faith-based outreach teams; 4) to develop a needs assessment survey of providers serving older adults to determine the use and availability of services; 5) to identify the barriers to the use of those services; and 6) to identify gaps and unmet needs in the catchment area. The anticipated outcomes of the OASIS project are: faith-based outreach teams; direct services; 500 older adults and their caregivers will be provided information and referral services; faith-based outreach teams will provide supportive assistance to about 700 older adults. The products of the OASIS program are: a final report; a needs assessment study and survey.

90-AM-2651 Creation and Support of a Living Independent For Elderly Care Center

Allegheny County Housing Authority
Allegheny County Housing Authority
341 Fourth Avenue
Pittsburgh, PA 15222

Mr. Frank Aggazio (717) 783-1550
Sep 30, 2002 to Sep 29, 2003
FY 2002 \$296,100

Allegheny County Housing Authority (ACHA) established the Homestead Life Care Center for Seniors in Pittsburgh, PA. to demonstrate the effectiveness of co-locating health and social services in a public housing setting. Their goal was to provide dually-eligible seniors with increased access to healthcare coverage and services, thus providing them the opportunity to "age in place" and avoid unnecessary placement in a nursing facility. The project was conducted in a federally-designated medically-underserved area. The target population numbered 1,600 potentially eligible seniors. Partners included the Allegheny County Housing Authority, University of Pittsburgh Medical Center Health System (UPMC), UPMC McKeesport, Presbyterian SeniorCare, Jewish Association on Aging, and the AAA. Project objectives were to: 1) provide outreach to low income, frail, elderly population in a federally-designated medically-underserved community (FDMUC); 2) provide access to medical assistance; 3) provide specialty geriatric and other medical services; 4) prevent institutionalization; 5) reduce unnecessary hospital stays and emergency room visits; 6) promote the hospice concept to provide participants with the most comfortable choices possible; and 7) develop an economical PACE model. The anticipated outcome was to have fewer seniors committed to institutions. The products include a final report and an evaluation.

Other

90-AM-2665 SOS Nutrition Project: MNT and Therapeutic Meals for Homebound Seniors with Three Chronic Diagnoses

Mecklenburg County Department of Social Services
Division of Services for Adults
301 Billingsly Road
Charlotte, NC 28211

Ms. Helen Lipman (704) 336-3020
Sep 30, 2002 to Feb 28, 2005

FY 2002 \$927,973 FY 2003 \$686,049

The grantee, the Mecklenburg County Department of Social Services supports this clinical trial of community based medical nutrition therapy in collaboration with the University of North Carolina Charlotte. Medical nutrition therapy is a benefit under Medicare that provides nutrition counseling for specific diseases, diabetes and renal disease. There is interest from Congress and the medical profession to also cover cardiovascular disease, specifically hypertension and dyslipidemia. The goal of grant is to test two different community interventions associated with medical nutrition therapy. Project A is a controlled, randomized clinical trial with the goal of determining the efficacy/cost-effectiveness of medical nutrition therapy and therapeutic meals for homebound seniors with hypertension and dyslipidemia. Project B is a feasibility/demonstration project for the provision of Medicare reimbursed medical nutrition therapy and therapeutic meals to homebound seniors diagnosed with pre-end stage renal disease and/or diabetes. Project B will demonstrate how public social service agencies can establish and manage this Medicare funded service and demonstrate the ability of the aging network to integrate social and medical services. The evaluation of Project A will be an analysis of change in serum cholesterol and blood pressure, changes in food and nutrient intake, and cost-effectiveness. The evaluation of Project B will be a process evaluation for the implementation of medical nutrition therapy and therapeutic meals in the community. The expected outcomes of the two projects are improved community based nutrition service interventions for older adults. Products are: a final report; an evaluation for Projects A & B; presentations at conferences, publications in peer-reviewed journals a "How-To" manual for the aging network.

90-AM-2666 Systems-Building in State Family Caregiver Support and Health Promotion Programs

National Association of State Units on Aging
Center for the Advancement of State Community Service Programs
1201 15th Street, NW, Suite 350
Washington, DC 20005

Mr. Robert Hornyak (202) 898-2578
Sep 30, 2002 to Sep 29, 2004

FY 2002 \$250,000 FY 2003 \$400,000

The goal of this two year Caregiver demonstration project is to build state capacity in collaboration with AoA. The second goal of the project is to assist the State Agencies on Aging (AAAs) to compile and disseminate information about the Older Americans Act and other programs which they administer. The purpose of this activity is to ease the burden on the states as they develop new capabilities to report on the caregiver programs. The third goal of this Caregiver activity is that it builds upon and extends past NASUA and AoA efforts to collaborate with the Association of State and Territorial Chronic Disease Program Directors and the Centers for Disease Control. The objectives of this program are: 1) to develop a software application for use by AAAs to facilitate state transmission of state program reports; 2) to provide T & TA when the application is made available to the states; 3) to foster closer relations between AAAs and state health departments; and 4) to fund five state mini-grants for innovative activities involving both AAAs and health agencies. The expected outcomes of the program include: ease the transmission of information; provision of T & TA and caregiver information; develop more collaboration; award five state mini-grants. The product of the program is: a final report.

Other

90-AM-2818 New Mexico NORC Project

Jewish Family Service of New Mexico
5520 Wyoming Blvd., NE, Suite 200
Albuquerque, NM 87109

Mr. Arthur Fine (505) 291-1818
Sep 01, 2003 to Aug 31, 2004
FY 2003 \$220,631

Jewish and Family Service of Greater Albuquerque will develop and assess innovative service delivery models to enable seniors to avoid premature institutionalization through supportive in-home services. In implementing a bio/psycho/social model for service delivery, these services will include: case management; fitness/exercise training; in-home counseling; transportation; home-delivered meals; financial management, healthcare and homemakers services. These services will increase, maintain and support the physical and emotional capabilities of participants necessary for successful independent living. Broad community support will minimize service duplication and identify service gaps. Due to New Mexico's high poverty rate for seniors, three of the four identified NORC sites are subsidized housing projects.

Anticipated outcomes for the project are that participants will experience: 1) improved nutrition through nutritional counseling, 2) a reduction in hospitalizations due to falls through participation in senior fitness and conditioning program, 3) improved access to health care, 4) greater mobility and socialization through enhanced transportation service, 5) greater financial stability through financial management assistance, 6) improved mental health through in-home therapeutic interventions, and 7) access to existing services through case management services.

90-CG-2511 Alaska

Central Council Tlingit and Haida Indian Tribes
320 W. Willoughby Suite 300
Juneau, AK 99801 9983

Ms. Francine Jones (907) 586-1432
Sep 30, 2001 to Sep 29, 2004
FY 2001 \$100,000 FY 2002 \$100,000
FY 2003 \$100,000

The goal of this project is to increase the level of access to caregiver support services for the Native elderly and their caregivers within Southeast Alaska. This program has the following objectives: 1) assess the current status of caregiver support within the region, including cultural, financial and geographical barriers; 2) inventory resources that are currently available to provide respite care and training to caregivers; 3) develop a program model for caregiver support that reflects the unique needs and circumstances and cultural values of the Native Elders within the region in need of care; and 4) share information with others facing similar challenges in the area of caregiver support.

Other

90-CG-2517 Redefining the Family Group Conferencing Model for Elders and Caregivers, Their Families, and Tribal Communities

The Jamestown S'Klallam Tribe
1033 Old Blyn Highway
Sequim, WA 98382

Ms. Elizabeth Mueller (360) 683-1109
Sep 30, 2001 to Sep 29, 2004

FY 2001 \$100,000 FY 2002 \$100,000
FY 2003 \$100,000

The purpose of the "Empowering Caregivers of Elders" caregivers support program is to provide caregiver support services to families while maintaining the highest degree of elder self-determination. Jamestown S'Klallam will develop a support program for caregivers by adapting Family Group Conferencing and matching the approach with the best of family support practices for on-going services. The conference allows the development of a plan for the caregiver and the leader that is agreed on and supported by the entire family by creating a "talking circle". Family Group Conferencing empowers those who participate by bringing families together and giving them the credit for being able to make good decisions for those who are vulnerable. A training manual, "Empowering Caregivers of Elders" will be available at the end of the project. The manual will introduce you to the steps in the model and walk you through the process. It will include forms, checklists, tips, vignettes and other useful information.

Pension Information and Counseling

90-AM-2317 Pension Rights Project

California Advocates for Nursing Home Reform
1610 Bush Street
San Francisco, CA 94109

Ms. Patricia McGinnis (415) 474-5171
Jan 03, 2000 to Sep 30, 2003

FY 2000 \$75,000 FY 2001 \$75,000
FY 2002 \$75,000

The goal of this Pension Rights Project is to continue and expand its statewide pension counseling and advocacy program. The objectives are: 1) to establish consumer pension clinics in targeted communities; 2) to revise and expand consumer materials to meet identified needs; 3) to develop a statewide network of pension and benefit counselors; 4) to negotiate training and counseling agreements with other public and private agencies throughout the state such as the Social Security Administration, the Internal Revenue Service, the Office of Personnel Management for the Federal Employee Retirement System, the California Public Employee's Retirement System and the Health Insurance Counseling and Advocacy Project. The expected outcomes are: pension counseling for seniors; new consumer pension clinics at the State and local community levels. The products are: a final report; a Web Site.

Pension Information and Counseling

90-AM-2329 Technical Assistance Project Pension Information and Counseling Demonstration Program

Pension Rights Center
1140 19th Street NW
Suite 602
Washington, DC 20036 6608

Mr. John Hotz (202) 296-3776
Jan 03, 2000 to Dec 31, 2003

FY 2000	\$187,500	FY 2001	\$187,500
FY 2002	\$208,610	FY 2003	\$46,875

The goal of the Pension Rights Center (PRC) is to provide technical assistance and training to the pension counseling demonstration projects. The PRC will focus on six major objectives: 1) to enhance the legal competency and advocacy skills among project staff through continued training and technical assistance; 2) to improve coordination between the demonstration projects and other related government agencies; 3) to maximize the use of technology and coordinate information between AoA, TAP and the pension counseling demonstration projects; 4) to implement a comprehensive data collection system; 5) to strengthen the capacity of the pension demonstration projects through the continuing development of local and national support networks, including developing and expanding lists of low-cost or pro bono attorneys and actuaries; and 6) to increase local and national visibility of the pension counseling demonstration projects. The anticipated outcomes are: expansion of technical assistance; training for all pension counseling projects; increased legal competency; increased coordination through networking; a data collection system; increased volunteers or pro bono attorneys and actuaries; increased national visibility; new networks. The products of this project include: a final report; data collection.

90-AM-2330 Pension Information and Counseling Project: Information and Problem Solving Techniques which have Assisted Individuals to Obtain Pension Benefits

Pima Council on Aging Inc.
5055 E Broadway Suite C104
Tucson, AZ 85711

Ms. Carol Harris (520) 790-7262
Mar 01, 2000 to Dec 31, 2003

FY 2000	\$75,000	FY 2001	\$75,000
FY 2002	\$75,000		

The goal of this Pension Information and Counseling Project is to provide information, services and problem-solving to older individuals in Arizona, particularly low and moderate income and minority seniors, including Native Americans. The project objectives are: 1) to continue its pension counseling services; 2) to continue conducting seminars with the Arizona Aging and Adult Administration to raise pension consciousness among community service system case workers; 3) to identify and protect pension funds to which low and moderate income clients of the State may be entitled; 4) to build on the project's successful pension seminar with the Tohono O'odham Indian Tribe, and plan and conduct three seminars for other Indian tribes of Arizona including the Navajos, Zunis, and Apaches; 5) to strengthen and extend the working relationship with the regional office of the Department of Labor and other federal agencies as a means of increasing the pension assistance resources available to low-income and minority older persons; and 6) to continue the on-going successful use of the media for outreach to the public. The anticipated outcomes are: new pension information; increased services; new problem solving methods; new pension counseling seminars to Navajos, Zunis and Apaches; increased pension funds protected; increased pension counseling resources. The products of this project are: a final report; pension counseling seminar materials.

Pension Information and Counseling

90-AM-2332 Pension Information and Counseling

Older Women's League Inc.
666 11th Street NW
Suite 700
Washington, DC 20001

Ms. Deborah Briceland-Betts (202) 783-6686
Mar 01, 2000 to May 30, 2003
FY 2000 \$74,919 FY 2001 \$75,000
FY 2002 \$75,000

The goal of this Older Women's League (OWL) Pension Information and Counseling (PIC) project is to provide PIC and advocacy throughout the State. The objectives of this project are: 1) to continue and expand its pension counseling and advocacy program throughout Missouri; 2) to add several new volunteers and law clerks which will enable the project to increase its caseload and settle some of the backlog of cases; 3) to conduct programs and continue to develop materials aimed at increasing clients' knowledge about the resources available to them; 4) to increase women's financial literacy and consumer skills; 5) to provide outreach activities and free media advertising on buses, radio stations, and in apartment buildings and churches as well as in Social Security offices and assisted living facilities. The anticipated outcomes are: increased PIC activities; increased PIC groups; increased volunteers and law clerks; a larger case load; reduction of backlog of PIC cases; new PIC materials; an increased number of women with financial literacy; increased outreach activities. The products of this OWL project include: a final report; a list of new volunteers and law clerks; new PIC resources; media advertising materials.

90-AM-2429 Pension Information Effort (PIE)

City of Chicago
Chicago Department on Aging
30 Noth LaSalle, Suite 2320
Chicago, IL 60602

Ms. Mariestella Najar (312) 744-5785
Sep 30, 2000 to Dec 31, 2003
FY 2000 \$74,353 FY 2001 \$74,960
FY 2002 \$74,926

This goals of the Chicago Pension Information Effort (PIE) are to assist seniors and to provide and disseminate pension information about their retirement and their life course planning. Three objectives for this PIE project are: (1) to increase community awareness of retirement issues including an emphasis on life course planning; (2) to serve a greater number of seniors with hands-on pension counseling; and (3) to strengthen relationships with faith-based organizations and labor unions. The anticipated outcomes are: an increased number of seniors who will benefit from retirement and other long-term planning; an increased number of community forums; outreach activities to address PIE issues; recruitment of law student volunteers to assist in the actual pension counseling; work with faith-based organizations; training of volunteers; the benefits of life course planning; initial pre-screening for clients; pension questions answered. The products of the project are: a final report; fact sheets; faith-based organization and labor unions reports; forum materials; a cadre of volunteers.

Pension Information and Counseling

90-AM-2435 Pension Counseling through Law School Clinics

The University of Alabama
School of Law
Box 870104
Tuscaloosa, AL 35487 0104

Mr. Norman Stein (205) 348-1136
Sep 30, 2000 to Aug 31, 2004

FY 2000	\$74,928	FY 2001	\$74,989
FY 2002	\$73,408		

The University of Alabama, the grantee, will manage this Pension Counseling project. The new Law School Clinic project will employ volunteer students. The project director will be responsible for the day-to-day operation of the clinic and serve as a resource to the students on some of the lesser cases. The goal of the project is to assist seniors and provide them with pension counseling and information about life course planning and legal questions on retirement. The objectives of the project are: 1) to provide information to seniors on pensions; 2) to use student volunteers to counsel seniors on lesser legal cases; 3) to provide technical assistance to other pension projects; 4) to provide on-site training to law students who help seniors; 5) to provide supervision for the more complicated cases; 6) to conduct research on pension counseling. The anticipated outcomes are: outreach activities; a cadre of Law School Clinic volunteers; Pension Rights Center activities in DC; training for all of the pension projects staff; research into gaps in the law and utilization of Pension Counseling Clinics. The products are: a final report, Law School clinic materials; volunteer student reports.

90-AM-2443 The New York Pension Hotline

Pension Claims Law Center
144 East 44th Street, Suite 600
New York, NY 10017

Mr. Edgar Pauk (212) 983-4000
Mar 01, 2001 to Feb 28, 2003

FY 2001	\$75,000	FY 2002	\$75,000
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This is a two-year Pension Counseling Project whose goal is to provide pension information and counseling, and where appropriate, representation, especially to low-income seniors living in or formerly employed in New York State. The project is conducted through a toll-free hotline within New York City and throughout New York State. Project objectives include: 1) providing callers with legal advice on employee benefit claims issues, particularly when they believe they are not getting the retirement/pension benefits to which they were entitled by reason of prior employment; 2) a review by an expert pension lawyer of all calls, 3) advice to the clients as to whether or not they have a valid claim, 4) counseling as to the process of pursuing a claim and, 5) referral either to the Legal Services Corporation or to private attorneys, if legal representation is required. Anticipated outcomes include an increased number of callers who will qualify for direct representation by Legal Services for the Elderly, or who will be accepted as clients by the attorneys to whom the hotline refers them, where warranted; increased awareness on the part of pension plan participants of their rights and of the legal issues affecting the amount of their pensions. Products include a final report; educational materials; dissemination plan.

Pension Information and Counseling

90-AM-2677 Great Lakes Pension Rights Project

Elder Law of Michigan, Inc.
221 N. Pine Street
Lansing, MI 48933

Ms. Kimberly Stepanski (517) 372-5959
Sep 30, 2002 to Sep 29, 2004

FY 2002 \$150,000 FY 2003 \$150,000

This is a two-year Pension Counseling Project which will serve older women, people with limited English proficiency, low income seniors and seniors in rural areas. Both Michigan and Ohio Legal Services organizations (the grantee and the subgrantee) will perform outreach by working with local legal services providers (Title IIIB [Older Americans Act] and Legal Services Corporation). The goal of this project is to enhance the outreach for the current pension counseling project. The project's activities will include intake, advice and information on benefits to pensioners and will change its name to the "Great Lakes Pension Rights Project." The objectives of this project are: 1) to continue the pension information and counseling services in Michigan and Ohio; 2) to expand the Michigan and Ohio project by beginning to screen pension callers for eligibility for Veterans benefits; 3) to use targeted media outreach and Internet research to reach residents with unclaimed pensions; 4) to work with the Michigan Office of Services for the Aging, the Michigan Department of the Treasury, and the Pension Benefit Guaranty Corporation to locate pensioners with unclaimed pensions. The outcomes are: increased financial/retirement knowledge; improved financial well-being of seniors; increased benefits to Veterans and surviving spouses. Products are: a final report; interventions.

90-AM-2678 Upper Midwest Pension Rights Project

Minnesota Senior Federation
Metropolitan Region
1885 University Ave., Suite 190
St. Paul, MN 55104

Mr. Dennis Gerhardstein (651) 645-0261
Sep 30, 2002 to Sep 29, 2004

FY 2002 \$150,000 FY 2003 \$150,000

This two-year project will target older workers and retirees in Minnesota and Wisconsin, and expand to Iowa, North Dakota and South Dakota in year two. The goal of this project is to expand to neighboring states and to deliver pension counseling services. The six objectives are: 1) to extend the project outreach to cover Minnesota and Wisconsin through the creative use of PensionNet (a comprehensive web of state and regional service networks serving the needs of aging, women, and minorities) ; 2) to enhance the PensionNet with a comprehensive media plan and training program; 3) to develop a single point of entry; 4) to expand to Iowa and Dakotas in Year 2 and Year 3; 5) to combine comprehensive services for workers and retirees with both private and government plans and include innovative initiatives to meet the needs of participants in 401(k), multi-employer (union) and state public employee plans. The anticipated outcomes are: increase seniors served from 500 to 700 by year 3; increase overall cost efficiency of the delivery of pension information and counseling services; increase clients' understanding of 401(k) plans; increase number of attorneys; increase understanding of pension services. The products are: a final report; a report on 401(k) plans; an improved PensionNet; training materials.

Pension Information and Counseling

90-AM-2680 New England Pension Assistance Project (NEPAP)

University of Massachusetts Boston
Gerontology Institute
100 Morrissey Boulevard
Boston, MA 02125 3393

Ms. Ellen Bruce (617) 287-7300
Sep 30, 2002 to Sep 29, 2004
FY 2002 \$150,000 FY 2003 \$150,000

This is a two-year effort that has been in operation since 1993, and expanded in 1998 to a regional project serving the six New England states. The target population are older workers and retirees, women, low-income and minority workers and seniors with limited English language proficiency. The grantee will partner with community-based organizations serving minorities in the six states, and the Multi-Cultural Coalition on Aging (MCOA), a group of more than 58 aging agencies in Massachusetts. The goal of the project is to increase workers' and retirees' knowledge of and access to retirement benefits. The objectives of the project are: 1) to provide individual counseling, case investigation, legal research, and referrals to other agencies or a lawyer; 2) to employ two lawyers and 8 retired volunteers and a supervised law student; 3) to develop effective outreach via printed media materials and presentations; 4) to support the in-house National Pension Lawyers' Referral Network (hotline). The anticipated outcomes are: increased retirement benefits; more knowledgeable clients; identification of recurring pension problems; more educated clients; quantified results and measurable benefits; printed media; and an expanded hotline. The products are: a final report; a dissemination plan; six states' reports.

90-AM-2798 Pension Technical Assistance Project - National

Pension Rights Center
1140 19th Street, N.W., Suite 602
Washington, DC 20036 6608

Mr. John Hotz (202) 296-3776
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$400,000

The Pension Rights Center will expand its Technical Assistance Project into a National Pension Assistance Resource Center supporting the Administration on Aging's Pension Counseling and Information Program and Pension Assistance Call Center. Goals over three years will be to (1) strengthen pension counseling skills and capacities of AoA's Pension Counseling Projects, State and Area Agencies on Aging, and legal services providers for older Americans; and (2) design, test and recommend models for a national, toll-free call center offering a single-point-of-entry to pension assistance. Objectives will be to provide technical support services through training events, onsite consultations, telephone, and e-mail communications, to develop a nationwide dataset of pension assistance resources, and to lay the groundwork for implementation of a national, toll-free Pension Assistance Call Center. Outcomes will include increased knowledge and efficiency among pension assistance providers, expanded public awareness and utilization of pension counseling resources, and significant growth of the nation's pension assistance delivery system. Products will include training manuals and videos, e-newsletters, a national pension assistance database, evaluation of pension assistance Call Center models and recommendations for its nationwide implementation.

Pension Information and Counseling

90-AM-2799 **Midwest Pension Rights Project**

OWL, the Voice of Midlife and Older Women
Gateway Chapter
2165 Hampton Avenue
St. Louis, MO 63139

Ms. Suzanne Lagomarcino (314) 725-5862
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$149,614

The Gateway Chapter (St.Louis, MO) of the Older Women's League will create the regional Midwest Pension Rights Project by combining the experience and resources of the Pension Benefits Project (Missouri) and the Chicago Pension Information Effort Project, along with new partners. The transition will be seamless for persons currently being served by the Projects, while expanding services to the region. The goal is to provide workers and retirees with a full range of pension counseling services concerning private and government plans. The objectives are: 1) offer comprehensive counseling, advocacy and referral services to individuals, 2) conduct outreach targeting low-income women, minorities and non-English speaking populations, 3) build on the experience of the Missouri and Chicago projects, incorporating "best practices" in casework and coalition building, and 4) educate workers about the value of saving for retirement. Outcomes will be improved economic security and peace of mind for clients, increased awareness of pension rights, and workers saving for retirement. Successful strategies and educational materials will be shared at the Washington DC Conference and on the PensionHelp America Web site. Products include a final report, educational materials, website resources.

90-AM-2800 **Mid-Atlantic Pension Counseling Project - Regional**

Legal Services for the Elderly
130 West 42nd Street, 17th Floor
New York, NY 10036

Ms. Ann Biddle (212) 391-0120
Sep 30, 2003 to Sep 29, 2006
FY 2003 \$149,974

Legal Services for the Elderly of New York City (LSE) will establish the Mid-Atlantic Pension Counseling Project to deliver pension counseling and advocacy to the States of New York and New Jersey. In the first year, LSE will serve New York, with special emphasis on rural counties, and in the second year LSE will expand to serve all of New Jersey. In addition, LSE will serve pensioners who no longer reside in New York or New Jersey, but whose employers were headquartered in these states. The major objective will be resolution of clients' pension problems. Outcomes will include development of powerful, state-of-the-art technology for high-quality, low-cost voice, fax, data transfer, video teleconferencing, and broadband Internet access. The low cost will permit LSE to invest substantial resources immediately in experienced staff. The sophisticated network will allow staff to perform many tasks quickly and efficiently, will allow staff to train advocates in remote locations in real-time video sessions, and will allow LSE to add services in New Jersey seamlessly. In sum, the technology will enable LSE to bring pension counseling to more people. LSE will partner with The Rural Law Center of New York ("RLC") to expand outreach in New York's rural counties. Products will include a replicable protocol to investigate "lost pensions" for distribution to all legal services providers in the region as well as to other pension counseling projects, and non-English products for the New York markets, to be refined for release in New Jersey.

Program Evaluation

90-AM-2412 South Carolina Performance Outcome Measurement Project

South Carolina Department of Health and Human Services
Office of Senior and Long Term Care Services
1801 Main Street, PO Box 8206
Columbia, SC 29202

Mr. Bruce Bondo (803) 898-2501
Sep 30, 2000 to Sep 29, 2003
FY 2000 \$83,799

AoA has entered into a one year cooperative agreement with SCDHHS to continue the development of performance outcome measures (POM) that all levels of the aging network can use for program assessment and management purpose. The goal of the cooperative agreement is to improve the capability of the State Unit on Aging and area agencies on aging (AAA) to use POM to improve programs. South Carolina has established a partnership with the Area Agency on Aging to work with AoA and Westat, Inc. to achieve its objectives. The specific objectives of this project are: 1) to develop performance measures across several program domains under the Older American Act (OAA); 2) to conduct sample surveys using the POM instruments; 3) to use data from the surveys to improve program management and to help justify future program expenditures. one of the anticipated outcome is: South Carolina will expand POM. The products of this POM project are: a final report; data from surveys; reports on the results of all aspects of the project; and presentations with AoA and its contractors about annual POM projects.

90-AM-2427 Developing Performance Outcome Measurement Systems

Commonwealth of Virginia
Department for the Aging
1600 Forest Avenue, Suite 102
Richmond, VA 23229

Mr. William Peterson (804) 662-9333
Sep 30, 2000 to Apr 30, 2004
FY 2000 \$65,000

This is a one year cooperative agreement with the State of Virginia to continue the development of performance outcome measures (POM) that all levels of the aging network can use for program assessment and management purpose. The goal of this cooperative agreement is to improve the capability of the State Unit on Aging (SUA) and Area Agencies on Aging (AAAs) to use POM to improve programs. The State of Virginia has established a partnership with a AAA to work with the Administration on Aging (AoA) and WESTAT, Inc.. The objectives of this POM project are: 1) to develop performance measures across several program domains under the Older American Act (OAA); 2) to conduct sample surveys using the POM instruments; 3) to use data from the surveys to improve program management and to help justify future program expenditures. The anticipated outcome of the POM program is that the State of Virginia will expand POMs. The products from this cooperative agreement include: a final report; data from the outcome measures surveys; reports on the results of all aspects of the project; presentations with AoA and the contractors in annual POM projects..

Program Outcomes

90-AM-2494 **Development and Testing of a National System of Outcome Measures for Programs for the Aging in Florida**

Florida Department of Elder Affairs
Program Evaluation Unit
4040 Esplanade Way
Tallahassee, FL 32399 7000

Mr. Horacio Soberon (800) 963-5337
Sep 30, 2001 to Sep 29, 2003
FY 2001 \$55,964

AoA has entered into a cooperative agreement with Florida Department of Elder Affairs (SUA) to continue the development of performance outcome measures (POM) that all levels of the aging network can use for program assessment and management purpose. The goal of the agreement is to improve the capability of the State Unit on Aging (SUA) and Area Agencies on Aging (AAA) to use POM to improve programs. Florida has established a partnership with Planning and Service Areas III and IV, headquartered in Gainesville and Jacksonville along with an independent service (nutrition) provider in Broward County AAA to work with AoA and WESTAT, Inc.. The objectives of this project are: 1) to develop POMs across several program in the Older American Act; 2) to conduct sample surveys using the POMs instruments; 3) to use data from the surveys to improve program management and to help justify future program expenditures; 4) to administer survey questionnaires to a statistically-valid sample of clientele in the following areas: Nutrition, Caregiver Support, Home Care Satisfaction, Information and Assistance, Emotional Well Being, Social Functioning, Barriers to Service, and Capacity Building. The anticipated outcome of the project is that Florida will expand POMs. Products from this cooperative agreement include: a final report; data from the POM surveys; reports on the results of all aspects of the project; and presentations with AoA and its contractors about the annual POM projects.

90-AM-2495 **Model State Performance Outcome Measurement Systems**

Alabama Department of Senior Services
State Unit on Aging
770 Washington Avenue, Suite 470
Montgomery, AL 36130

Ms. Tina Hartley (334) 242-5743
Sep 30, 2001 to Sep 29, 2003
FY 2001 \$56,000

AoA has entered into a cooperative agreement for 24 months with the East Alabama Regional Planning and Development Commission (EARP) to continue the development of performance outcome measures (POM) that all levels of the aging network can use for program assessment and management purposes. The goal of the project is to improve the capability of the State Unit on Aging (SUA) and Area Agencies on Aging (AAA) to use POM to improve programs. Alabama has established a partnership with EARP AAA to work with AoA and WESTAT, Inc.. The objectives of this project are: 1) to develop POM across several program in the Older American Act (OAA); 2) to conduct sample surveys using the POM; 3) to use data from the surveys to improve program management and to help justify future program expenditures; 4) to administer survey questionnaires to a statistically-valid sample of the Commission's clientele in the following areas: Nutrition, Caregiver Support, Home Care Satisfaction, Emotional Well Being, Physical Functioning, and Social Functioning. The expected outcome of the effort is that Alabama will expand POM. The products of this project are: a final report; survey data; presentations with AoA and its contractors about annual POM projects.

Program Outcomes

90-AM-2497 Performance Outcome Measures Continuation Project

Iowa Department of Elder Affairs
Clemens Building, 3rd Floor
200 10th Street
Des Moines, IA 50309 3609

Ms. Jayne Walke (515) 242-3333
Sep 30, 2001 to Sep 29, 2003
FY 2001 \$56,000

This is a 24 month cooperative agreement with Iowa Department of Elder Affairs (SUA) to continue the development of performance outcome measures (POM) that all levels of the aging network can use for program assessment and management purpose. The goal of the agreement is to improve the capability of the State Unit on Aging (SUA) and Area Agencies on Aging (AAA) to use POM to improve programs. The State of Iowa collaborates with the Hawkeye Valley AAA to work with AoA and WESTAT, Inc.. The objectives of this project are: 1) to develop POM across several program in the Older Americans Act; 2) to conduct sample surveys using the POM instruments; 3) to use data from the surveys to improve program management and to help justify future program expenditures; 4) to administer survey questionnaires to a statistically-valid sample of clientele in the following areas: Nutrition, Transportation, Emotional Well Being, Physical Functioning, Social Functioning, and Case Management. The anticipated outcome of this project is that Iowa will expand POM. The products from this project are: a final report; data from the POM surveys; and presentations with AoA and its contractors about the annual POM projects.

90-AM-2499 Implementing Outcome Measures in Ohio

Ohio Department of Aging
Planning, Development and Evaluation
50 West Broad Street, 9th Floor
Columbus, OH 43215 5928

Mr. Craig Martin (614) 466-5500
Sep 30, 2001 to Sep 29, 2003
FY 2001 \$55,976

AoA has entered into a 24 month cooperative agreement with Ohio Department of Aging (SUA) to continue the development of performance outcome measures (POM) that all levels of the aging network can use for program assessment and management purpose. The goal of the project is to improve the capability of the State Unit on Aging (SUA) and Area Agencies on Aging (AAA) to use POM to improve programs. The State of Ohio has established a partnership with the Council on Aging of Southwestern Ohio (AAA) to work with AoA and WESTAT, Inc.. The objectives of this project are: 1) to develop POM across several program in the Older American Act (OAA); 2) to conduct sample surveys using POM instruments; 3) to use data from the surveys to improve program management and to help justify future program expenditures; 4) to administer survey questionnaires to a statistically-valid sample of clientele in the following areas: Nutrition, Caregiver Support, Information and Assistance, Emotional Well Being, Social Functioning, Barriers to Service, Capacity Building, and Case Management. The expected outcome of this project is that the Ohio will expand POM. The products of this project are: a final report; data from the surveys; presentations with AoA and its contractors about annual POM projects.

Program Outcomes

90-AM-2502 Arizona Performance Outcomes Measurement System

Arizona Department of Economic Security
Aging and Adult Administration
1789 W. Jefferson, 950A
Phoenix, AZ 85007

Ms. Lynn Larson (602) 542-4446
Sep 30, 2001 to Sep 29, 2003
FY 2001 \$56,000

AoA has entered into a 24 month cooperative agreement with Arizona Department of Economic Security (SUA) to continue the development of performance outcome measures (POM) that all levels of the aging network can use for program assessment and management purpose. The goal of the project is to improve the capability of the State Unit on Aging (SUA) and Area Agencies on Aging (AAA) to use POM to improve programs. The State of Arizona has established a partnership with Region One Maricopa County AAA and Region Three-Northern Arizona Council of Governments AAA, Coconino County Area, to work with AoA and WESTAT, Inc.. The objectives of this project are: 1) to develop POM across several programs in the Older Americans Act (OAA); 2) to conduct sample surveys using POM instruments; 3) to use data from the surveys to improve program management and to help justify future program expenditures. 4) to administer survey questionnaires to a statistically-valid sample of clientele in the following areas: Nutrition, Transportation, Home Care Satisfaction, Barriers to Service, and Capacity Building. The expected outcome of this project is that Arizona will expand POM. The products of this program are: a final report; data from the surveys; and presentations with AoA and its contractors about annual POM projects.

90-AM-2503 Testing Performance Outcomes and Consumer Satisfaction Measures within the Home-Making/Personal Care Service

New York State Office for the Aging
Policy Analysis and Evaluation
2 Empire State Plaza
Albany, NY 12223 1251

Mr. Larry Shapiro (518) 474-5731
Sep 30, 2001 to Sep 29, 2003
FY 2001 \$56,000

AoA has entered into a 24 month cooperative agreement with the New York State Office for the Aging (SUA) to continue the development of performance outcome measures (POM) that all levels of the aging network can use for program assessment and management purpose. The goal of this project is to improve the capability of the State Unit on Aging (SUA) and Area Agencies on Aging (AAA) to use POM to improve programs. The State of New York has established a partnership with Erie County Department of Senior Services (AAA) to work with AoA and WESTAT, Inc.. The objectives of this program are: 1) to develop POM across several programs in the Older Americans Act (OAA); 2) to conduct sample surveys using the POM instruments; 3) to use data from the surveys to improve program management and to help justify future program expenditures; 4) to administer survey questionnaires to a statistically-valid sample of clientele in the following areas: Caregiver, Home Care Satisfaction, Transportation, Emotional Well Being, Physical Functioning, and Social Functioning. The expected outcome of this project is that the State of New York will expand POM. The products of this program are: a final report; data from the surveys; and presentations with AoA and its contractors in about the annual POM projects.

Program Outcomes

90-AM-2505 Model State Performance Outcomes Measurement Systems

Illinois Department on Aging
Division of Older American Services
421 East Capitol Avenue, #100
Springfield, IL 62701 1789

Ms. Cheryl Sugent (217) 785-2870
Sep 30, 2001 to Sep 29, 2003
FY 2001 \$56,000

AoA has entered into a 24 month cooperative agreement with Illinois Department on Aging (SUA) to continue the development of performance outcome measures (POM) that all levels of the aging network can use for program assessment and management purpose. The goal of the project is to improve the capability of the State Unit on Aging (SUA) and Area Agencies on Aging (AAA) to use POM to improve programs. The State of Illinois has established a partnership with East Central Illinois AAA to work with AoA and WESTAT, Inc.. The objectives of this project are: 1) to develop POM across several programs in the Older Americans Act; 2) to conduct sample surveys using the POM instruments; 3) to use data from the surveys to improve program management and to help justify future program expenditures; 4) to administer survey questionnaires to a statistically-valid sample of clientele in the following areas: Nutrition, Caregiver Support, Transportation, Information and Assistance, and Case Management. The anticipated outcome of the project is that Illinois will expand POM. The products of this project are: a final report; data from the surveys; and presentations with AoA and its contractors about annual POM projects.

90-AM-2506 Model State Performance Outcomes Measurement Systems

Indiana Bureau of Aging and In Home Services
Division of Disability, Aging and Rehabilitation
402 West Washington Street, PO Box 7083
Indianapolis, IN 46207 7083

Mr. Bob Hornyak (111) 111-1111
Sep 30, 2001 to Jun 30, 2003
FY 2001 \$56,000

AoA has entered into a cooperative agreement with Indiana Bureau of Aging and In Home Services to continue the development of performance outcome measures (POM) that all levels of the aging network can use for program assessment and management purposes. The goal of the agreement is to improve the capability of the State Unit on Aging (SUA) and Area Agencies on Aging (AAA) to use POM to improve programs. The state of Indiana has established a partnership with Area IV Agency on Aging (AAA) to work with AoA and WESTAT, Inc.. The special objectives of this project are: 1) to develop POM across several program domains under the Older Americans Act; 2) to conduct sample surveys using the POM instruments; 3) to use data from the surveys to improve program management and to help justify future program expenditures; 4) to administer survey questionnaires to a statistically-valid sample of clientele in at least one of the following areas: Nutrition, Caregiver Support, Transportation, Information and Assistance, Emotional Well Being, and Social Functioning. The anticipated outcome of the effort is that Indiana will expand POM. The products under this cooperative agreement are: a final report; data from the POM surveys; reports on the results of all aspects of the project; and presentations with AoA and its contractors in annual POM projects.

Program Outcomes

90-AM-2653 Performance Outcome Measures Project

Florida Department of Elder Affairs
Planning and Evaluation Unit
4040 Esplanade Way, Suite 280
Tallahassee, FL 32399 7000

Mr. Horacio Soberon-Ferrer (800) 963-5337
Sep 30, 2002 to Sep 29, 2004
FY 2002 \$45,000

AoA has entered into a 24 month cooperative agreement with the Florida Department of Elder Affairs to continue the development of performance outcome measures (POM) that all levels of the aging network can use for program assessment and management purpose. The goal of the project is to improve the capability of the State Unit on Aging (SUA) and Area Agencies on Aging (AAA) to use POM to improve programs. The State of Florida has established a partnership with the following AAAs, Tallahassee, Jacksonville, St. Petersburg, Tampa, Orlando, West Palm Beach, Ft. Lauderdale and Miami, to work with AoA and WESTAT, Inc.. The objectives of this cooperative agreement are: 1) to develop POM across several programs in the Older Americans Act; 2) to conduct sample surveys using POM instruments; 3) to use data from the surveys to improve program management and to help justify future program expenditures; 4) to administer survey questionnaires in the following areas: Nutrition, Caregiver Support, Home Care Satisfaction, Information and Assistance, Emotional Well Being, Social Functioning, Barriers to Service, and Capacity Building; 5) to make available, through a website or email list, project materials. The anticipated outcome of this POM program is that Florida will expand POM. The products of this POM project are: a final report; data from the surveys; and presentations with AoA and its contractors about annual POM projects.

90-AM-2654 Statewide Telephone Survey for Performance Measurement

South Carolina Department of Health and Human Services
Bureau of Senior Services
PO Box 8206
Columbia, SC 29202

Mr. Bruce Bondo (803) 898-2832
Sep 30, 2002 to Sep 29, 2004
FY 2002 \$75,000

AoA has entered into a 24 month cooperative agreement with SCDHHS to continue the development of performance outcome measures (POM) that all levels of the aging network can use for program assessment and management purpose. The goal of this project is to improve the capability of the State Unit on Aging (SUA) and Area Agencies on Aging (AAA) to use POM to improve programs. South Carolina has established a partnership with the University of South Carolina (USC) to work with AoA and WESTAT, Inc.. The objectives of this project are: 1) to develop POM across several program in the Older Americans Act; 2) to conduct sample surveys using the POMs instruments; 3) to use data from the surveys to improve program management and to help justify future program expenditures; 4) to obtain data available through AAAs in the following areas: Nutrition, Physical Functioning, Information and Assistance, Caregiver Support, and Transportation; 5) to contract with USC for data collection; 6) to work with the AoA and its contractor(s) to assure that sampling plan and data collection procedures will produce data compatible with data produced under the second National Survey of Performance Measurement (POM). The expected outcome of this POM program is that South Carolina will expand POM. The products from this POM project are: a final report; data from the surveys; and presentations with AoA and its contractors about the annual POM projects.

Program Outcomes

90-AM-2655 **Developing Model State Performance Outcome Measurement Systems in State and Community Programs on Aging**

Iowa Department of Elder Affairs
Planning and Administration
Clemens Building, 3rd Floor
Des Moines, IA 50309 3609

Ms. Jayne Walke (515) 242-3309
Sep 30, 2002 to Jun 30, 2004
FY 2002 \$45,000

AoA has entered into a 24 month cooperative agreement with IDEA to continue the development of performance outcome measures (POM) that all levels of the aging network can use for program assessment and management purpose. The goal of the project is to improve the capability of the State Unit on Aging (SUA) and Area Agencies on Aging (AAA) to use POM to improve programs. The State of Iowa has established a partnership with Hawkeye Valley AAA to work with AoA and WESTAT, Inc.. The objectives of this program are: 1) to develop POM across several programs in the Older Americans Act (OAA); 2) to conduct sample surveys using the POM instruments; 3) to use data from the surveys to improve program management and to help justify future program expenditures; 4) to administer survey questionnaires to a statistically-valid sample of clientele in the following areas: Nutrition, Transportation, Caregiver, Support, Physical Functioning, and Case Management; 5) to cooperatively finalize survey questionnaires; and to send representatives to no fewer than two national meetings concerning project administration. The expected outcome of this POM program is that the State of Iowa will expand POM. The products of this POM project are: a final report; data from the surveys; and presentations with AoA and its contractors about the annual POM projects.

90-AM-2656 **Building on Outcome - Based Evaluation System for Rhode Island's Aging Services Network. Phase III**

Rhode Island Department of Elderly Affairs
State Agency
160 Pine Street
Providence, RI 02903

Ms. Donna Cone (401) 462-0506
Sep 30, 2002 to Sep 29, 2003
FY 2002 \$45,000

AoA has entered into a cooperative agreement with the Rhode Island Department of Elderly Affairs (SUA) to continue the development of performance outcome measures (POM) that all levels of the aging network can use for program assessment and management purpose. The goal of this POM agreement is to improve the capability of the State Unit on Aging (SUA) to use POM to improve programs. Rhode Island has established a partnership with Self-Help, Inc., the Meals on Wheels of RI and the North and South Kingstown Senior Centers to work with AoA and WESTAT, Inc.. The objectives of this project are: 1) to develop POMs across several program domains under the Older Americans Act(OAA); 2) to conduct sample surveys using POM instruments; and 3) to use data from the surveys to improve program management and to help justify future program expenditures; 4) to administer survey questionnaires to a statistically-valid sample of clientele in the following areas: Nutrition, Information and Assistance, Emotional Well Being, Social Functioning and Caregiver Support; 5) to cooperatively finalize survey questionnaires in the areas described above, and to send representatives to no fewer than two national meetings concerning project administration. The expected outcome of the POM project is that Rhode Island will expand POM. The products of this POM program include: a final report; data from the POM surveys; presentations with AoA and its contractors about the annual POM projects.

Program Outcomes

90-AM-2657 Maryland Performance Outcome Measures Project

Maryland Department of Aging
301 West Preston Street
Baltimore, MD 21201

Ms. Lisa Mullin (410) 767-1100
Sep 30, 2002 to Sep 29, 2003
FY 2002 \$38,836

AoA has entered into a cooperative agreement with the Maryland Department of Aging (SUA) to continue the development of performance outcome measures (POM) that all levels of the aging network can use for program assessment and management purpose. The goal of the agreement is to improve the capability of the State Unit on Aging (SUA) and Area Agencies on Aging (AAA) to use POMs to improve programs. Maryland has established a partnership with the Calvert County Office on Aging, the Frederick County Department of Aging, and the Montgomery County Division of Aging and Disabilities Services to work with AoA and WESTAT, Inc.. The objectives of this project are: 1) to develop POMs across several programs in the Older Americans Act (OAA); 2) to conduct sample surveys using the POMs instruments; 3) to use data from the surveys to improve program management and to help justify future program expenditures; 4) to administer survey questionnaires to a statistically-valid sample of clientele in the following areas: Nutrition, Caregiver Support, and Home Care Satisfaction; 5) to work with the Administration on Aging (AoA) and its contractor(s) to cooperatively finalize survey questionnaires; and to send representatives to no fewer than two national meetings concerning project administration. The expected outcome is that Maryland will expand POM. Products include: a final report; data from the POM surveys; and presentations with AoA and its contractors about annual POM projects.

90-AM-2658 Field Testing Performance Outcome Measures for Information and Assistance, Home Care, Transportation and Caregiver Support Services

North Carolina Department of Health and Human Services
Division of Aging
2101 Mail Service Center
Raleigh, NC 27699 2101

Ms. Phyliss Stewart (919) 733-0440
Sep 30, 2002 to Sep 29, 2003
FY 2002 \$45,000

AoA has entered into a cooperative agreement with North Carolina Department of Health and Human Services (SUA) to continue the development of performance outcome measures (POM) that all levels of the aging network can use for program assessment and management purpose. The goal of the agreement is to improve the capability of the State Unit on Aging (SUA) and Area Agencies on Aging (AAA) to use POM to improve programs. North Carolina has established a partnership with Northwest Piedmont and Lumber River Councils of Governments, and the Council on Aging of Johnston County to work with AoA and WESTAT, Inc.. The objectives include: 1) to develop POM across several programs in the Older Americans Act (OAA); 2) to conduct sample surveys using the POM instruments; 3) to use data from the surveys to improve program management and to help justify future program expenditures; 4) to administer survey questionnaires to a statistically-valid sample of clientele in the following areas: Caregiver Support, Home Care Satisfaction (Homemaker and Home Health Aide), Transportation, and Information and Assistance; 5) to work with the Administration on Aging (AoA) and its contractor(s) to cooperatively finalize survey questionnaires; and to send representatives to no fewer than two national meetings concerning project administration. The expected outcome is that North Carolina will expand POM. Products include: a final report; data from the POM surveys; and presentations with AoA and its contractors about annual POM projects.

Program Outcomes

90-AM-2659 Arizona Performance Outcome Measurement Project

Arizona Department of Economic Security
Aging and Adult Administration
1789 W. Jefferson, 950A
Phoenix, AZ 85007

Ms. Lynn Larson (602) 542-6461
Sep 30, 2002 to Sep 29, 2003
FY 2002 \$45,000

The Administration on Aging (AoA) has entered into a cooperative agreement with Arizona Department of Economic Security (SUA) to continue the development of performance outcome measures (POM) that all levels of the aging network can use for program assessment and management purpose. The goal of the agreement is to improve the capability of the State Unit on Aging (SUA) and Area Agencies on Aging (AAA) to use POMs to improve programs. Arizona has established a partnership with Region One Area Agency on Aging to work with AoA and WESTAT, Inc.. The objectives of this project are: 1) to develop POMs across several programs in the Older American Act (OAA); 2) to conduct sample surveys using the POM instruments; 3) to use data from the surveys to improve program management and to help justify future program expenditures; 4) to administer survey questionnaires to a statistically-valid sample of the area agency's clientele in the following areas: Nutrition, Caregiver Support, Home Care Satisfaction, and Transportation; 5) to work with the AoA and its contractor(s) to cooperatively finalize survey questionnaires in the areas described above, and to send representatives to no fewer than two national meetings concerning project administration. The expected outcome of the project is that Arizona will expand POMs. Products include: a final report; data from the POM surveys; and presentations with AoA and its contractors about the annual POM projects.

90-AM-2660 Performance Outcome Measures Project - Statewide Surveys of Program Performance

Florida Department of Elder Affairs
Planning and Evaluation Unit
4040 Esplanade Way, Suite 280
Tallahassee, FL 32399 7000

Mr. Horatio Soberon-Ferrer (850) 414-2089
Sep 30, 2002 to Sep 29, 2004
FY 2002 \$75,000

This is a 24 month cooperative agreement with the Florida Department of Elder Affairs (SUA) to continue the development of performance outcome measures (POM) that all levels of the aging network can use for program assessment and management purpose. The goal of the agreement is to improve the capability of the State Unit on Aging (SUA) and Area Agencies on Aging (AAA) to use POM to improve programs. Florida has established a partnership with the University of Florida (U of F) to work with the Administration on Aging (AoA) and WESTAT, Inc.. The objectives of this project are: 1) to develop POM across several programs in the Older American Act (OAA); 2) to conduct sample surveys using the POM instruments; 3) to use data from the surveys to improve program management and to help justify future program expenditures; 4) to obtain a statistically-valid statewide sample, using data available through a statewide proprietary client and provider database as well as ad hoc surveys conducted by the state agency's planning and evaluation unit in the following areas: Nutrition, Caregiver Support, Home Care Satisfaction, and Information and Assistance; 5) to contract with the U of F or another suitable contractor for data collection; 6) to work with the AoA and its contractor(s) to assure that sampling plan and data collection procedures will produce data compatible with data produced under the second National Survey of Performance Measurement(POM). The expected outcome of this project is that Florida will expand POM. Products include: a final report; data from the POM surveys; and presentations with AoA and its contractors about annual POM projects.

Program Outcomes

90-AM-2661 **Testing Performance Outcomes and Consumer Satisfaction Measures within both Home-Delivered and Congregate Meals Programs**

New York State Office for the Aging
Policy Analysis and Evaluation
2 Empire State Plaza
Albany, NY 12223 1251

Ms. I-Hsin Wu (518) 486-2730
Sep 30, 2002 to Dec 31, 2003
FY 2002 \$45,000

The New York State Office for the Aging (NYSOFA) will test physical functioning, emotional well-being, social functioning and nutrition risk measures of home delivered and congregate meals recipients. Testing these measures will demonstrate their efficacy and applicability and provide data on recipients' nutrition risk status and impact of nutrition services. NYSOFA will collaborate with four area agencies on aging (AAAs) and a research/education center to systematically work through the various stages of the project. Anticipated outcomes include: contribute to AoA's development of meaningful outcome measures; transmit four outcome measures databases to AoA; develop a collaborative model that could be replicated in the aging network; enhance mechanisms of outcome data collection and reporting in New York; participate in national workgroups to develop new outcome measures; and develop an outcome measurement support network among AAAs. Additional deliverables include: documentation on barriers encountered and strategies applied during the project; documentation on implementation procedures and data dictionary; and conference proceedings.

90-AM-2662 **Statewide Survey of Program Performance**

Ohio Department of Aging
50 W. Broad Street, 9th Floor
Columbus, OH 43215

Mr. Robert Lucas (614) 728-9133
Sep 30, 2002 to Sep 30, 2004
FY 2002 \$75,000

This is a 24 months cooperative agreement with the Ohio Department of Aging (SUA) to continue the development of performance outcome measures (POM) that all levels of the aging network can use for program assessment and management purpose. The goal of the project is to improve the capability of the State Unit on Aging (SUA) and Area Agencies on Aging (AAA) to use POM to improve programs. Ohio has established a partnership with the AAA across the state to work with the Administration on Aging (AoA) and WESTAT, Inc.. The specific objectives are: 1) to develop performance measures across several programs in the Older Americans Act (OAA); 2) to conduct sample surveys using the POM instruments; 3) to use data from the surveys to improve program management and to help justify future program expenditures; 4) to Contract with Westat, Inc. to obtain a statistically-valid statewide sample, using data available through AAAs across the state in the following areas: Nutrition, Caregiver Support, and Transportation; 5) to contract with Westat, Inc. for data collection; 6) to work with the AoA and its contractor(s) to assure that sampling plan and data collection procedures will produce data compatible with data produced under the second National Survey of Performance Measurement (POM). The anticipated outcome from this project is that Ohio will expand POM. The products of this project are: a final report; data from the POM surveys; and presentations with AoA and its contractors about the annual POM projects.

Program Outcomes

90-AM-2663 Development of Performance Outcome Measures

Ohio Department of Aging
50 W. Broad Street, 9th Floor
Columbus, OH 43215

Mr. Robert Lucas (614) 728-9133
Sep 30, 2002 to Sep 29, 2003
FY 2002 \$45,000

This is a 24 months cooperative agreement with Ohio Department of Aging to continue the development of performance outcome measures (POM) that all levels of the aging network can use for program assessment and management purpose. The goal of the project is to improve the capability of the State Unit on Aging (SUA) and Area Agencies on Aging (AAA) to use POM to improve programs. Ohio has established a partnership with the Council on Aging of Southwestern Ohio AAA to work with the Administration on Aging (AoA) and WESTAT, Inc.. The objectives of this agreement are: 1) to develop POMs across several programs in the Older Americans Act (OAA); 2) to conduct sample surveys using the POM instruments; 3) to use data from the surveys to improve program management and to help justify future program expenditures; 4) to administer survey questionnaires to a statistically-valid sample of clientele in the following areas: Transportation, Caregiver Support, Emotional Well Being, Social Functioning, and Case Management; 5) to implement the revised Home Care Satisfaction Measure as part of the case manager's assessment tool used during home visits; 6) to work with the AoA and its contractor(s) to cooperatively finalize survey questionnaires; and to send representatives to no fewer than two national meetings concerning project administration. The expected outcome of the project is that Ohio will expand POM. The products include: a final report; data from POM surveys; and presentations with AoA and its contractors about the annual POM projects.

90-AM-2664 Performance Outcome Measures Project

Illinois Department of Aging
421 East Capitol Avenue #100
Springfield, IL 62701 1789

Ms. Elizabeth Creamer (217) 524-7944
Sep 30, 2002 to Mar 31, 2004
FY 2002 \$30,000

The Administration on Aging (AOA) has entered into a 24 months cooperative agreement with Illinois Department on Aging (SUA) to continue the development of performance outcome measures (POM) that all levels of the aging network can use for program assessment and management purpose. The goal of this project is to improve the capability of the State Unit on Aging (SUA) and Area Agencies on Aging (AAA) to use POM to improve programs. Illinois has established a partnership with East Central Illinois Area Agency on Aging to work with AoA and WESTAT, Inc.. The specific objectives are: 1) to develop POMs across several programs in the Older Americans Act (OAA); 2) to conduct sample surveys using the POM instruments; 3) to use data from the surveys to improve program management and to help justify future program expenditures; 4) to administer survey questionnaires to a statistically-valid sample of clientele in the following areas: Nutrition, Emotional Well Being, Social Functioning, Physical Functioning, Caregiver Support, Transportation, Home Care (Respite and Home Health), and Information and Assistance; 5) to work with the AoA and its contractor(s) to cooperatively finalize survey questionnaires; 6) and to send representatives to no fewer than two national meetings concerning project administration. The anticipated outcome of the effort is that Illinois will expand POM. The products are: a final report; data from POM surveys; and presentations with AoA and its contractors in annual POM projects.

Program Outcomes

90-AM-2667 Statewide Performance Outcomes Measures Survey

Iowa Department of Elder Affairs
Planning and Administration
Clemens Building, 3rd Floor
Des Moines, IA 50309 3609

Ms. Jayne Walke (515) 242-3309
Sep 30, 2002 to Sep 29, 2004
FY 2002 \$75,000

This is a 24 months cooperative agreement with Iowa Department of Elder Affairs (SUA) to continue the development of performance outcome measures (POM) that all levels of the aging network can use for program assessment and management purpose. The goal of the agreement is to improve the capability of the State Unit on Aging (SUA) and Area Agencies on Aging (AAA) to use POM to improve programs. Iowa has established a partnership with AAAs across the State to work with AoA and WESTAT, Inc.. The objectives are: 1) to develop performance measures across several programs in the Older Americans Act (OAA); 2) to conduct sample surveys using the POM instruments; 3) to use data from the surveys to improve program management and to help justify future program expenditures; 4) to obtain a statistically-valid statewide sample, using data available through AAAs across the state in the following areas: Nutrition, Caregiver Support, and Information and Assistance; 5) to contract with Westat, Inc. for data collection; 6) to work with the Administration on Aging (AoA) and its contractor(s) to assure that sampling plan and data collection procedures will produce data compatible with data produced under the second National Survey of Performance Measurement (POM). The anticipated outcome of this project is that Iowa will expand POM and will contract with Westat, Inc.. The products of this project are: a final report; data from the POM surveys; and presentations with AoA and its contractors about the annual POM projects.

90-AM-2783 Arizona Performance Outcomes Measurement System

Arizona Dept. of Economic Security
Aging and Adult Administration
1789 W. Jefferson (950A)
Phoenix, AZ 85007

Ms. Lynn Larson (602) 542-6461
Sep 30, 2003 to Sep 29, 2004
FY 2003 \$30,000

The Aging and Adult Administration (A&AA) seeks funds to continue the Arizona Performance Outcomes Measurement System (AzPOMS). AzPOMS objectives are the following: 1) improve accountability and compliance with Government Performance and Results Act (GPRA); 2) test current POMP measures; 3) participate in the development of new measurements; 4) gather demographic and programmatic information; 5) link data measurement systems; 6) share collected data; 7) identify trends and continuous improvement efforts; and 8) utilize data collected to link measurable outcomes. AzPOMS is a collaboration of the A&AA, the Department of Health Services, and the Area Agency on Aging, Region One. AzPOMS collaborators will participate in the development and/or revision of following performance measures: nutritional risk, National Family Caregiver Support Program, case management, and senior center assessment. AzPOMS collaborators will also review and disseminate results and determine program effectiveness. The following outcomes are anticipated: a network to determine the program effectiveness; a long-range planning tool; compliance with GPRA; a statewide, standardized instrument; linkages to federal, state, and local data measurement systems; analysis and evaluation of the results to support capacity building; and best practices. It is the intent of the AzPOMS collaborators to disseminate the results of the POMP surveys through a reporting format that would provide information to the Administration on Aging, State Unit on Aging, other Area Agencies on Aging, and other interested parties. In addition, the AzPOMS workplan activities and outcomes will be placed on the Aging and Adult Administration website for expansion of the AzPOMS network and sharing of best practices.

Program Outcomes

90-AM-2785 Iowa's Performance Outcome Measure's Project - FY 2003

State of Iowa
Department of Elder Affairs
Clemens Building
3rd Floor
Des Moines, IA 50309 3609

Ms. Jayne Walke (515) 242-3309
Sep 30, 2003 to Sep 29, 2004
FY 2003 \$29,972

The Iowa Department of Elder Affairs, partnering with Hawkeye Valley Area Agency on Aging, will continue to develop, field-test and expand the use of performance outcome measures in Iowa's Aging network by concentrating its fifth year on:

- Revising and testing survey tools for its nutrition program changing the emphasis from nutritional risk to program assessment.
- Developing and field test performance measurement methods for the National Family Caregiver Support Program.
- Developing and administering an enhanced case management performance measurement survey tool.

Expected outcomes are: Family caregivers will have an increased understanding of what services are available to help them; caregivers' and care recipients' preferences for care will demonstrate needed services; case managed and nutrition clients will participate in determining how their services may be improved, service providers will receive helpful data in shaping their programs; and, care recipients may maintain their independence for a longer period of time.

Resultant products will include tested survey tools for caregivers, nutrition and case management clients. Insight on best tool administration practices will be gathered and client satisfaction accessed. Additional Iowa data will be useful in completing additional reports and more outcome information will be available on Iowa's aging web page.

These products will be disseminated to the Administration on Aging, other states, to the Iowa Association of Area Agencies on Aging, County Council's on Aging, and local officials in all areas where outcomes were measured and to our aging partners throughout Iowa, including legislators for possible use.

90-AM-2786 Building an Outcome-Based Evaluation System for Rhode Island's Aging services Network: Phase IV

Rhode Island Dept. of Elderly Affairs
Stage Agency
John O. Pastore Center
35 Howard Avenue, Benjamin Rush Bldg. #55
Cranston, RI 02920

Donna Cone (401) 462-0506
Sep 30, 2003 to Sep 29, 2004
FY 2003 \$30,000

Rhode Island Department of Elderly Affairs (RIDEA), working in partnership with four community based provider agencies and the University of RI, will collaborate with other Performance Outcome Measures Project (POMP) grantees to achieve the goal of improved program assessment tools by:

1. Revising performance measurement tools for the nutrition program to change the emphasis from nutritional risk to program assessment;
2. Developing performance measurement methods for the National Family Caregiver Support Program; and
3. Developing an enhanced case management performance measurement instrument.

RIDEA and its partners will adopt and test revised forms of the Nutritional Survey for congregate meals and home delivered meals and the Caregiver Satisfaction Survey; and the enhanced case management performance measurement instrument utilizing field testing based on sampling methodology. Products to be developed include:

1. Data used by RIDEA to evaluate programs and services and transmitted to AoA for GPRA performance reporting; and

2. Expanded and refined outcome-based evaluation system for Rhode Island's elder services delivery system.

Program Outcomes

90-AM-2787 Performance Outcome Measures Project Grant

Bureau of Aging and In-Home Services
Division of Disability, Aging & Rehab
402 W. Washington Street
P.O. Box 7083
Indianapolis, IN 46207 7083

Anna Deahl (317) 732-7123
Sep 30, 2003 to Sep 29, 2004
FY 2003 \$30,000

The Indiana Bureau of Aging and In-Home Services will conduct a one-year project to revise the nutrition performance measurement tool to emphasize program assessment, and develop performance measurement instruments for the National Family Caregiver Support Program and for senior centers.

Three Area Agencies on Aging will participate in this collaborative project with other grantees and the national research corporation contracted by AoA to support the performance outcomes measures project.

The goal of the Indiana project is to demonstrate the efficacy of specified programs and services for elderly and disabled citizens. Anticipated outcomes are:

- Performance measures that will produce information about the nutrition, National Family Caregiver Support, and senior center programs.
- Performance measures tested and deemed suitable for future use at the state and local level, once the project ends.
- Increased knowledge of recipients and their needs that will benefit the nutrition, caregiver and senior center programs and effect a more person-centered service delivery system.
- Enhanced partnerships with AoA, Area Agencies on Aging, and other organizations that will affect services for the aged and disabled in Indiana.

90-AM-2788 Performance Outcome Measure Project

Illinois Department on Aging
Division of Older American Services
421 East Capitol Avenue, Suite 100
Springfield, IL 62701 1789

Ms. Betsy Creamer (217) 524-7944
Sep 01, 2003 to Sep 29, 2004
FY 2003 \$30,000

Project Summary/Abstract

The Illinois Department on Aging (IDoA) will collaborate with the Administration on Aging (AoA) to develop performance outcome measures which will document the impact of Aging Network services on the lives of older adults and family caregivers. IDoA will work with the East Central Illinois Area Agency on Aging (ECIAAA) on the Performance Outcomes Measures Project (POMP).

Goal: Develop the foundation for a state-based system to measure outcomes of Older Americans Act services based on statistically-valid sampling.

Objective # 1: Pilot test a state-based system to measure the outcomes of four service categories authorized under the Older Americans Act. These services will include Nutrition, Case Management, Family Caregiver Support Program, and Senior Centers.

Objective # 2: Disseminate the results of the POMP project to the Aging Network in Illinois to build support for a statewide system.

Products: Performance outcome measure surveys and instruments will be developed in collaboration with AoA and a national research corporation identified by AoA. These surveys and instruments can be readily used elsewhere in Illinois and throughout the United States.

Program Outcomes

90-AM-2789 2004 Performance Outcome Measures Project (POMP)

Florida Dept. of Elder Affairs
Planning and Evaluation Unit
4040 Esplanade Way
Tallahassee, FL 32399 7000

Mr. Horacio Soberon-Ferrer (850) 442-000
Sep 30, 2003 to Sep 29, 2004
FY 2003 \$26,401

Summary/Abstract

The goal of the Department of Elder Affairs 2004 POMP is to identify performance measures that best capture the value of the benefits of home and community based programs and services that help prevent or delay institutional placement of frail elders.

The data required for the development and testing of the measures will come from two sources: the Department of Elder Affairs' proprietary client and provider database (CIRTS), and ad-hoc surveys conducted by the Department's Planning and Evaluation Unit.

POMP objectives and overall program approach are as follows:

- a. Develop, test and refine a system of practical and reliable program-measurement instruments to assess program effectiveness, efficiency, and sustainability in the four areas targeted in the grant announcement.
- b. Implement performance-measurement instruments statewide to assess performance differences among Florida's eleven Area Agencies on Aging.
- c. Strengthen monitoring capabilities to assess the performance of DOEA contractors.
- d. Create a set of nationally benchmarked uniform performance-measurement instruments.

The project outcome will be the development of a performance measurement system in the targeted areas.

90-AM-2790 Implementing Outcomes Measures in Ohio

Ohio Dept. of Aging
Planning, Development & Evaluation
50 West Broad Street
9th Floor
Columbus, OH 43215 5928

Mr. Mark Molea (614) 752-9167
Sep 30, 2003 to Sep 29, 2004
FY 2003 \$30,000

The goal of the Ohio Department of Aging's (ODA) POMP V initiative is to operationalize performance outcome measures into aging network programs and processes. ODA will partner with Scripps Center for Gerontology, Council on Aging of Southwest Ohio, PSA 3 Agency on Aging, Inc., and other AAAs to:

- Utilize a modified caregiver performance measurement instrument to determine the extent that the services provided through selected AAA's Family Caregiver Support Programs are meeting the needs of family caregivers and reducing caregiver stress.
- Hold a one-day forum for program staff to illustrate how utilizing performance outcomes can be used to improve program quality and effectiveness.
- Operationalize the case management performance measurement instrument.
- Partner with AoA to develop and test a performance measurement instrument for recipient assessment of senior center services.

ODA will use a number vehicles for sharing the results our POMP V initiatives, including holding an Outcome Measures Forum and regularly updating AAAs, providers and the general public on POMP V progress and results through Aging Connections, ODA's monthly newsletter and on ODA's Web Site.

Program Outcomes

90-AM-2791 **Testing Performance Measures Outcomes and Consumer Satisfaction Measures within both Home-Delivered and Congregate Meal Programs**

New York State Office for the Aging
Policy Analysis and Evaluation
2 Empire State Plaza
Albany, NY 12223 1251

Ms. I-Hsin Wu (518) 486-2730
Sep 30, 2003 to Sep 29, 2004
FY 2003 \$30,000

The New York State Office for the Aging will implement a collaborative approach to develop and test three outcome measurement instruments that measure client satisfaction and the program impact of aging network services. The goal of the project is to work with AoA in developing reliable and valid outcome measures that can help the aging network collect outcome data for budget justification and program improvement. Three outcome measures will be developed and tested: Nutrition, Caregiver Support and Case Management measures. Expected outcomes are: (1) outcome measures will be developed to assess the value of nutrition, case management and family caregiver support programs and services; (2) outcome data of select outcome measures will be collected by the participating AAAs; (3) a refined sampling strategy will be developed and implemented; and (4) a collaborative model among state, local and research partners will be implemented. Products will include documentation of the survey implementation process, codebooks for outcome databases, evaluation tools, evaluation results and conference proceedings. These products will be disseminated to aging service providers and researchers at local, state and national levels.

Project Care

90-AM-2462 **Caregivers of Senior Resources, Education, Services and Training (REST) Project**

St. Petersburg College
Health Education Center
PO Box 13489
Saint Petersburg, FL 33733 3489

Dr. Carl Kuttler Jr. (800) 963-5337
Sep 01, 2001 to Aug 31, 2004
FY 2001 \$874,482

This is a three year Caregiver demonstration project that designed and evaluated a comprehensive assessment and referral system of family caregiver resources. The project will create a best practice model for a caregiver support program over a three year period. There will be a partnership between the St. Petersburg Junior College and the Area Agency on Aging (AAA). The goal is to develop a comprehensive system of supporting caregivers. The objectives are: 1) to develop a pilot project for assessments; 2) to expand program staff both at the college and at the AAA; 3) to utilize volunteers with the resource centers; 4) to establish focus groups; 5) to disseminate project materials; 6) to develop a care management system; 7) to establish caregivers resource centers; 8) to serve a mix of minorities. The expected outcomes are: improved quality of life for care recipients and their families; a comprehensive assessment; a referral system of family caregiver resources; a best practice model for a caregiver support program; assistance with the diverse needs of caregivers; less caregiver stress. The products of this caregivers project are: a final report; a website; an assessment and referral guide; project directory; an evaluation; focus groups materials.

Project Care

90-AM-2634 **Caring for the Caregivers**

Area Agency on Aging of Southwest Arkansas, Inc.
600 Columbia 11 East
PO Box 1863
Magnolia, AR 71754 1863

Mr. David Sneed (870) 234-7410
Sep 01, 2002 to Aug 31, 2003
FY 2002 \$209,899

This Area Agency on Aging (AAA), the grantee, administers this one year caregiving demonstration project entitled "Caring for the Caregivers". The approach of this Caregiver program is to demonstrate that the resources can be used through consumer direction of services and direct grants and may be employed for respite care according to the consumers' choice. The goal of this Caregivers project to locate and encourage family caregivers to extend their caregiving with limited support and respite services. The objectives of this Caregivers project are: 1) to locate family caregivers and care recipients, who meet eligibility criteria. 2) to develop and implement individual plans of care. 3) to evaluate the impact of the project by numbers of caregivers and care recipients supported, consumer satisfaction, and cost. The expected outcomes of this Caregivers program are : 1) all appropriated funds will be committed directly to consumer services. 2) consumer choice and self-directed care will be increased. 3) consumer satisfaction will be positive. The products of this Caregivers project include: project final report with findings; monthly service plans; a report on in-home services aides; a consumer satisfaction report; the agency's new website.

90-AM-2726 **Seniors Parenting Again Program**

Metropolitan Family Services
Prevention and Education
14 E. Jackson Blvd., Suite 1400
Chicago, IL 60604

..
Sep 01, 2003 to Aug 31, 2004
FY 2003 \$220,631

Metropolitan Family Services proposes a one-year community-based program for low to moderate income seniors who are primary caregivers for children and adolescents. This office and home-based program will be located on the south side of Chicago, Illinois and target older adult residents of the Roseland, Pullman, West Pullman, Washington Heights, Morgan Park and Riverdale communities. The goal of the Seniors Parenting Again Program is to increase the capacity of senior caregivers to cope with their "parenting again" responsibilities. Program objectives are to 1) reduce stress, depression, and anxiety, and 2) increase general well being of caregivers raising children and adolescents. Products will include family stabilization plans for senior parenting families, a senior parenting resource guide tailored to the specific communities in which families live, assessment tools, and evaluation tools. Products will be disseminated to the State, service providers, and seniors in the community.

Project Care

90-AM-2729 Indianapolis Caregiver Resource Center - Fountain Square

University of Indianapolis
Center for Aging and Community
1400 East Hanna Avenue
Indianapolis, IN 46227

Connie Beran (317) 788-4910
Sep 01, 2003 to Aug 31, 2004
FY 2003 \$196,117

Caring for a loved one who is suffering from dementia, Alzheimer's, or any number of debilitating conditions or diseases is a labor of love.

The Center for Aging & Community at the University of Indianapolis will create the Indianapolis Caregivers Resource Center-Fountain Square (ICRC-FS). ICRC-FS will provide holistic resources and support services to individuals and families assuming a caregiver roles. Partnering with other community organizations in the southeast-side Indianapolis urban neighborhood of Fountain Square, ICRC-FS will identify caregivers in need of support and provide services to meet those needs. The overall objective of this ongoing program is to provide needed tools of intervention for caregivers in Fountain Square by involving and engaging multiple community organizations. Outcomes include increased knowledge of care and community resources, coping skills, the importance of self-care, and avoiding burnout; and decreased self-reported incidences of caregiver burnout and elderly mistreatment (self-neglect, abuse, and exploitation).

90-AM-2805 Research on Young Caregivers

National Alliance for Caregiving
4720 Montgomery Lane, 5th Floor
Bethesda, MD 20814

Gail Gibson Hunt (301) 718-8444
Sep 30, 2003 to Sep 29, 2004
FY 2003 \$124,970

The National Alliance for Caregiving (NAC), in collaboration with the United Hospital Fund (UHF), will conduct research to: 1) determine the nationwide prevalence of children ages 8-18 who are caregivers. 2) learn what role children play in giving care and 3) learn how the caregiving role impacts the life of a child. Nearly all studies of U.S. caregivers have focused on adults who provide care; very little is known about the prevalence of children serving as caregivers in this country. This research will be a starting point for determining the impact of caregiving on young people toward developing policy solutions to meet their needs. After collecting the data, the project partners will prepare a report that will be released at a conference in Washington, DC. for professionals with an interest in family caregiving, members of the press, and Congressional staff. The final report will also be disseminated to NAC members, UHF's mailing lists, AoA's aging network, and Congressional offices. The report will also be made available on the NAC, UH, and AoA web sites. The anticipated outcome of this project will be to increase awareness of the issues facing young caregivers, with the goal of adapting or creating services to accommodate their special needs.

Project Care

90-CG-2509 Taking Care of Each Other in the Blackfeet Community.

Blackfeet Tribal Business Council
Blackfeet Eagle Shield Senior Citizen Center
P.O. Box 76
Browning, MT 59417

Ms. Connie Bremner (406) 338-7257
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$100,000	FY 2002	\$100,000
FY 2003	\$100,000		

The Blackfeet Nation was awarded a Native American Caregiver Support Program (NACSP) demonstration grant to focus on building networks and assisting grandparents caring for grandchildren. Core values to be used in developing the Blackfeet Nation NACSP will include: 1) restoring the Blackfeet traditional family values; 2) rebuilding the Blackfeet tradition of respect, love, and honor; and 3) taking care of each other in the Blackfeet community. A cornerstone of the program will be the development of a network of community service providers to: 1) share expertise across the network; 2) support family caregivers, including grandparents taking care of grandchildren; and 3) provide assistance to caregivers to improve the quality of care for elders. A Caregiver Training Manual and a Grandparents Raising Grandchildren Support Group training Manual, incorporating Blackfeet Traditional and Cultural values, will be developed and used to train both family caregivers and grandparents caring for their grandchildren. Each manual will contain training sessions, activities for each session, and an evaluation form.

90-CG-2524 Promoting Systemic Development of State Family Caregiver Support Program

National Association State Units on Aging
Center for the Advancement of State Community Service Programs
1225 I Street, NW, Suite 725
Washington, DC 20005

Mr. Dan Quirk (202) 898-2578
Sep 30, 2001 to Mar 31, 2003

FY 2001	\$199,998
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NASUA, the grantee, is managing this State Family Caregiver Support Program (SFCSP), a one year cooperative agreement. The goal of this project is to assist SUAs with the implementation of the National Family Caregiver Support Program (NFCSP) and to integrate these services into the existing aging and home and community-based service system. The objectives are: 1) to focus on five components integral to the NFCSP, i.e. service package, coordination, continuity, quality and effectiveness. 2) to provide TA to the SUAs via: system development guides, executive summaries, state experience reports, power point presentations, fact sheets, teleconferences and symposia. The expected outcomes are: a cadre of experts; an advisory committee; national teleconferences for SUA directors and staff; hold symposia on the NFCSP; training materials; TA to states; collect information via a survey; prepare a monograph for the Aging Network. The products of this project are: a final report and all outcome products mentioned above.

Project Care

90-CG-2525 **Enhancing State and Local Development of Supports for Caregivers of Persons with Developmental Disabilities**

The ARC of the United States
1010 Wayne Avenue, Suite 650
Silver Spring, MD 20910

Sharon Davis (301) 565-5456
Sep 30, 2001 to Dec 29, 2002
FY 2001 \$199,975

There is currently no abstract.

90-CG-2529 **A Collaboration between Businesses for Profit and Non-profit that Addresses Workplace Caregivers Issues**

St. Andrews Resources for Seniors
St. Andrews At Home Services
6633 Delmar Blvd.
St. Louis, MO 63130

Ms. Mary Alice Ryan (314) 726-0111
Sep 30, 2001 to Sep 29, 2004
FY 2001 \$178,800 FY 2002 \$178,800
FY 2003 \$178,800

The grantee manages this three year National Family Caregivers Support Program (NFCSP) entitled A Collaboration Between Businesses for Profit and Non-Profit that Addresses Workplace Caregivers Issues. The target population are the caregivers and their employers. The goal is to address the challenges that employed caregivers and their employers face and to create a cost-effective model to allow caregivers to provide quality care while remaining productive on the job. The objectives of the project are: 1) to identify employer's awareness of the issues and barriers to their participation; 2) to quantify the costs of employee caregiving; 3) to collaborate with organizations to design cost-effective eldercare management approaches; 4) to improve access to services and support; 5) to educate employers on caregiver burden issues and its impact on them. The outcomes are: employer/caregiver surveys and analyzed data; 1000 employed caregivers will have access to a menu of approaches to comprehensive workplace-delivered eldercare management services; employers will be more aware of and receptive to workplace eldercare management programs; a model/pilot program for employers of all sizes called The Caring Workplace; cost-effective eldercare management approaches; a business advisory council; a general business education campaign; a more employer-friendly workplace. The products of this project are: a final report; a pilot project with 10 employers.

Project Care

90-CG-2530 **Supporting Older African American Caregivers: Assessing Needs, Building Skills, and Maintaining Health**

Philadelphia Corporation for Aging (PCA)
Family Caregiver Support Program
624 N. Broad Street
Philadelphia, PA 19130 3409

Ms. Joan Klein (215) 765-9000
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$141,097	FY 2002	\$153,087
FY 2003	\$120,439		

This is a three year demonstration project managed by PCA. The goal of this Caregiver project (FCSP) is to demonstrate an innovative model of supplemental services and interventions directed for older African American female caregivers 65 years and older that are caring for a spouse. The objectives of the project are: 1) to improve the caregiver's physical health, functional, and emotional health; 2) to disseminate information; 3) to develop an evaluation; 4) to decrease caregiver stress; 5) to implement a telemedicine program. The anticipated outcomes are: maintain and improve caregiver health; enhance performance of caregiving tasks, decrease caregiver stress; increase quality of life; a telemedicine intervention using in-home telecommunication technology; a demonstration with a short-term nursing intervention; a racial/ethnic flexible protocol; an outcome evaluation; prevention of premature institutionalization; training on "Cultural Implications of Assessment"; and 200 caregivers served by year three; an evaluation. The products of this Older African American Caregiver project are: a final report; and "Supporting Older African American Caregivers."

90-CG-2531 **Caregiver Resource Center for Deaf and Late Deafened Elders: A Demonstration Project**

Commonwealth of Massachusetts
Executive Office of Elder Affairs
One Ashburton Place
Boston, MA 02108

Ms. Lillian Glickman (617) 727-7750
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$157,604	FY 2002	\$157,604
FY 2003	\$157,604		

The State Unit on Aging (SUA), i.e., the Executive Office of Elder Affairs, will manage the three year demonstration National Family Caregiver Support Program (NFCSP) project. The goal of the Caregivers for the Deaf project is to train caregivers in serving the Deaf and Late-Deafened Elders (DALDE), and Hard of Hearing Elders (HOHE). The objectives are: 1) to establish a Caregiver Resource Center for Deaf and Late Deafened Elders (CRC-DLDE); 2) to implement this project in Pilot Site #1; 3) to develop a public information plan; 4) to conduct a survey; and 5) to replicate the project in two other sites. The anticipated outcomes are: outreach; contracts between state and community partners; training programs (curricula) that reduce family and caregiver stress; a CRC Daycare Program; a project web site; program evaluation; data collection tools; annual report on the findings of pilot site; an ADC-DLDE. The products are: a final report; a CRC for DALDE; an evaluation; articles; brochure; press releases; and training resources.

Project Care

90-CG-2532 Kinship Care Resource Network (KCRN)

Catholic Charities of the Diocese of Rochester (CCDR)
Elder Services Department
25 Franklin Street
Rochester, NY 14604 1002

Ms. Carolyn Portanova (585) 262-7154
Sep 30, 2001 to Sep 29, 2004

<i>FY 2001</i>	<i>\$200,000</i>	<i>FY 2002</i>	<i>\$200,000</i>
<i>FY 2003</i>	<i>\$200,000</i>		

The Catholic Family Center of CCDR is managing the three year KCRN demonstration project. The goal of this project is to create an accessible, comprehensive continuum of services to Kinship Care Families (KCF). The objectives are: 1) to improve access to information and services; 2) to extend and coordinate case management services; 3) to improve knowledge and skills of kinship caregivers; 4) to improve knowledge and skills of the professionals who work with the kinship caregivers and their families. The anticipated outcomes are: a single entry point; the Provider Resource Network; increased use of case management services; free legal clinic and legal consultations; support groups; seminars and workshops; to serve Kinship caregivers; increased knowledge as kinship caregivers; professionals work with KCRN; professionals have increased knowledge; improved family stability; collaboration with the Salvation Army; and an Intergenerational Kinship Care Camp. The products are: a final report; Kinship Care conference materials; a new computer system; training materials for elder law attorneys; and fact Sheets.

90-CG-2533 Maine Primary Partners in Caregiving Family Support Program

Eastern Area Agency on Aging
450 Essex Street
Bangor, ME 04401

Ms. Roberta Downey (207) 941-2865
Sep 30, 2001 to Sep 29, 2004

<i>FY 2001</i>	<i>\$200,000</i>	<i>FY 2002</i>	<i>\$200,000</i>
<i>FY 2003</i>	<i>\$200,000</i>		

The Eastern AAA, the grantee, directs and manages this 3 year Caregiving demonstration project. The goal of this Partners Caregiver project (PCP) is to demonstrate that primary health care can develop an effective and efficient caregiver intervention in a rural setting. The objectives are: 1) to demonstrate the effectiveness of a rural PCP as a point of early intervention; 2) to show that caregivers will accept and utilize MPPC interventions; 3) to demonstrate that MPPC interventions will be successful in ameliorating multiple risks of caregiving; 4) to show that MPPC community service partnership was established and sustainable; 5) to identify caregivers and refer them to NFCSP for services. The outcomes of the Rural Partners Caregiver project are: data collection; interviews; model curricula; 15 primary care practices; 883 caregivers assessed in physician practices; increase in Physician referrals from 7 to 137; high level of satisfaction; training and education sessions on Penobscot Nation and Pleasant Point reservations; assistance to other AAAs; an evaluation. The products of the Rural project are: a final report; data collection; interviews; model curricula; caregiver handbook; tip sheets; caregiver workshop curriculum materials; training materials; a Rural Caregiver Best Practice Manual; a rural hotline; brochures; and posters.

Project Care

90-CG-2534 **Cuidando con Confianza (Caring with Confidence)**

PIMA Council on Aging
5055 East Broadway Blvd., Suite C104
Tucson, AZ 85711

Ms. Donna Wagner (520) 790-7262
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$170,540	FY 2002	\$170,540
FY 2003	\$170,540		

This is a three year National Family Caregiver Support Program (NFCSP). The project partners include the residents and the City of South Tucson and COPE Behavioral Services, Inc.. The goal of this Caregiver project is to develop, test and implement an effective, culturally appropriate, and acceptable model of family caregiver support (FCS) designed by caregivers in South Tucson, AZ. The objectives of the project are: 1) to identify the demographic characteristics of Mexican-American caregivers and elders in South Tucson 2) to reduce the stress of primary family caregivers, and 3) to create a replicable model employed by community caregivers to establish a culturally and linguistically appropriate, sustainable model of caregiver support services. The anticipated outcomes are: establish cooperative agreements with Safe Havens, police, and fire departments; training personnel; establish community focus groups; develop project materials; outreach programs; establish Safe Havens; recruit caregivers; behavioral health workshops; referral services and support groups; data collection; dissemination of results; an evaluation. The products are: a final report; a tested family caregiver support model; methods to alleviate the stress and burden experienced by primary caregivers; literature on the characteristics of Hispanic caregivers; and a replication manual.

90-CG-2535 **Serving Senior Caregivers and Their Adult Children with Developmental Disabilities**

Illinois Department on Aging
Office of The Director
421 East Capitol Avenue #100
Springfield, IL 62701 1789

Ms. Jean Blaser (217) 785-3393
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$174,684	FY 2002	\$197,226
FY 2003	\$197,226		

The three year National Family Caregiver Support Project (NFCSP) will work with elderly family caregivers of adult children with developmental disabilities (DD). The goal of this National Caregiver project is to provide services and support to frail elderly caregivers and their adult children with DD to maximize independence. The objectives of the Caregiver project are: 1) to identify currently needed services and referrals for both the caregiver (s) and the individual with DD. 2) to work with DHS to improve coordination between the service programs for the aged and for DD. 3) to assist caregivers in planning for the future needs of the family member with DD. 4) to expand this project to one area and then to another area in Northern Illinois and in Central Illinois. The anticipated outcomes are: outreach to 50 families (DD); identification of needed services and referrals; support group; service coordination; identify barriers to caregiving ; assistance to caregivers(DD); workshops; improved policy, practice, theory and research; evaluation; and dissemination. The products of this Family Caregiver project are: a final report; data collection; workshop materials; newsletters; and conference materials.

Project Care

90-CG-2536 Elder Caregivers of Adults with Disabilities

Pennsylvania Department of Aging
Bureau of Home and Community Based Services
555 Walnut Street, 5th Floor
Harrisburg, PA 17101 1919

Ms. Joan S. Dougherty (717) 783-6207
Sep 30, 2001 to Sep 29, 2004

FY 2001 \$200,000 FY 2002 \$200,000
FY 2003 \$200,000

The three year Innovation Grants (total 28 grants) Program of the National Family Caregiver Support Project (NFCSP) is managed by the grantee, PDOA, the State Unit on Aging. The target population is elderly primary caregivers of adult children with MR/DD, especially those who are isolated and who struggle in silence without community resources. PDA will partner with two AAAs and local MR/DD advocacy agencies. The goal of the project is to reduce caregiver stress and burden, and to reimburse consumers for expenditures out of pocket related to caregiving, and to provide resources for all caregiving needs. The objectives of this Caregiver project are: 1) to establish an MR/DD service program tailored to individual needs; 2) to allow the consumer to decide how to use the reimbursement; 3) to develop a comprehensive intake form; 4) to produce an assessment form; 5) to disseminate project information. The outcomes of this Caregiver project are: AAAs participation; MR/DD referrals; identify the needs and resources of the MR/DD community; trainings for AAAs and MR/DD staff; evaluation protocols; and reimbursement to caregivers families. The products of the project are: a final report; fact sheets; a comprehensive referral form.

90-CG-2537 Lifelong Learning and Wellness Program at Asian Community Center

Asian Community Center
7801 Rush River Drive
Sacramento, CA 95831

Dr. Donna L. Yee (916) 393-9026
Sep 30, 2001 to Sep 29, 2004

FY 2001 \$163,767 FY 2002 \$163,767
FY 2003 \$163,767

This is a three year National Family Caregivers Support Program (NFCSP) for elderly Hmong, Mien, Lao and Korean Families. The goal of this Asian Caregivers Project is to address particular rather than generic, cultural, language, and service system challenges. The three objectives are: 1) to build capacity in a multi-cultural community through multi-faceted small group interventions and community level events that foster involvement in service oriented activities; 2) to support Asian American and Pacific Islanders (AAPI) caregivers to develop culturally appropriate caregiver support resources (products and activities); and 3) to incorporate feedback mechanisms. The anticipated outcomes are: programs and services that support the efforts of family caregivers (older adults); an exercise/Nutrition wellness program; self-help products and activities; concerted assistance to improve the accessibility and linkage of services that sustain and provide for caregiver respite; bi-annual identification and assessment of targeted community caregiver needs; a survey of 5000 households and findings; recruit a small group of caregivers (intervention); an AAPI corp of instructors and advisors. The products are: a final report; an AAPI Cookbook; and Health Education and Information Presentation (s) with materials.

Project Care

90-CG-2538 Aging Caregivers and the Exceptional Child - ACE Project

United Cerebral Palsey of Southern Arizona
3941 East 29th Street, Suite 603
Tucson, AZ 85411

Dr. Ellen Ward (520) 795-3108
Sep 30, 2001 to Sep 29, 2004

FY 2001 \$136,537 FY 2002 \$136,537
FY 2003 \$136,537

This is a three year National Family Caregiver Support Program (NFCSP). The goal of this ACE project is to build a multi-faceted Family Caregiver Program that will increase services to grandparents and aging primary caregivers who are raising children with Mental Retardation and/or Developmental Disabilities (MR/DD). The objectives of this ACE project are : 1) to establish the ACE administrative structure; 2) to identify barriers to access and utilization of support services by aging caregivers; 3) to design and implement a replicable, six-stage social marketing plan; 4) to establish a pilot voucher system; 5) to implement an evaluation component that will monitor project outcomes. The anticipated outcomes are: findings related to caregivers of children with MR/DD; a consumer-determined replicable model of access to services; increased awareness level and attitudinal shift in OAR/DD in the home; increase the body of knowledge regarding aging caregivers and children with MR/DD; provision of replicable printed materials for MR/DD; national dissemination; focus group's results. The products of this ACE program are: a final report; Spanish project materials; printed materials.

90-CG-2539 Establishing Community Caregiving Networks (CARE-NET) and Developing a Community Caregiving Capacity Index

Georgia Southwestern State University
Rosalynn Carter Institute for Human Development
800 Wheatley Street
Americus, GA 31709

Ms. Ronda Talley (404) 657-5258
Sep 30, 2001 to Sep 29, 2004

FY 2001 \$150,000 FY 2002 \$150,000
FY 2003 \$150,000

The goal of this Community Caregiving Networks Project is to support community caregiving leaders who will develop more coordinated, integrated systems of care in local and regional communities. The objectives of this Caregiver project are: 1) to focus on establishing a network of caregiving communities (CARE-NET) within and among 6 Georgia AAA districts; 2) to develop a new metric, i.e., the Community Caregiving Capacity Index (CCCI), which will allow communities to assess their caregiving strengths and needs; 3) to develop action plans for a coordinated, community-wide response to improve caregiving services. The anticipated outcomes of this Caregiver program are: a Community Caregiving Program; Community Caregiving Leaders; a caregiving network; 6 active Georgia AAA districts; a new metric CCCI; and, improved caregiving services. The products of this caregiving program are; a final report; a CARE-NET Start up and implementation guide; an instrument to assess community caregiving capacity; and a community action planning guide.

Project Care

90-CG-2540 NJ Ease for Caregivers: Building a Multi-Faceted Caregiver Support System

New Jersey Department of Health and Senior Services
Division of Senior Affairs
P.O. Box 807
Trenton, NJ 08625 0807

Ms. Barbara Fuller (609) 943-3345
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$250,000	FY 2002	\$250,000
FY 2003	\$250,000		

The goal of this project, NJ Ease for Caregivers: Building a Multi-Faceted Caregiver Support System, is to develop a multifaceted support system concerned with the needs of caregivers, broadening the focus of the existing NJ EASE single entry system for senior services. The objectives of this Caregiver project are: 1) to develop and implement a uniform caregiver assessment; 2) to develop care planning tools; 3) to pilot a staff caregiver training; 4) to modify and create state policies to integrate federal and state funded caregiver services; 5) to develop critical pathways for caregiver decision making; 6) to develop service coordination protocols to guide worker action; 7) to set caregiver service standards. The anticipated outcomes of this caregivers program are: a single entry system for caregiver senior services; a multifaceted caregiver support system; a uniform caregiver assessment; care planning tools; caregiver training; state caregiver policies; caregiver protocols; and caregiver service standards. The products of this caregiver program are: a final report; caregiver planning tools; caregiver training materials; caregivers protocols; and caregiver standards.

90-CG-2541 Self-directed Care Voucher Project

Georgia Department of Human Resources
Division of Aging Services
Two Peachtree Street, NW Suite 36.385
Atlanta, GA 30303 3142

Mr. Cliff Burt (404) 657-5258
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$228,499	FY 2002	\$228,499
FY 2003	\$228,499		

This project is being administered by the Georgia Department of Human Resources. The goal of this project, Self-Directed Care Voucher (SDCV) project, is to demonstrate a self directed care model for family caregivers of elderly people. The objectives of this SDCV caregiver project are: 1) to increase service options by developing 5 self-directed voucher projects in rural areas that can be replicated in other states; 2) to evaluate the effects of self-directed care; 2) to adapt and administer a Caregiver Support and Satisfaction Survey to caregivers participating in voucher programs. The expected outcomes of this SDCV Caregiver program are: a self-directed care voucher; a self directed care model; increased services; 5 rural SDCV projects; replication of SDCV model; an evaluation; and, a SDCV survey. The products of this SDCV Caregiver program include: a final report; a replication manual; a professional evaluation of caregiver support and satisfaction.

Project Care

90-CG-2542 Caregiver Marketing and Information Campaign

Ten County Aging Board
South Central Kansas AAA
P.O. Box 1122
Arkansas, KS 67005

Mr. Stacey Boothe (620) 442-0268
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$200,000	FY 2002	\$200,000
FY 2003	\$200,000		

The goal of this Caregiver project is to develop a marketing and information campaign for Caregivers. The objectives of this Caregiver project are: 1) to increase public awareness of caregiving; and 2) to generate referrals to caregiver supportive services. The approach consists of a statewide paid media campaign, providing caregiver tips and resources utilizing TV, radio, and billboards. A 1-800 Caregiver line is available. Print media are accessed through monthly statewide press releases. The outcomes of this Caregiver campaign are: increased earlier self-identification by caregivers; greater utilization of caregiver resources; an increase in public awareness of caregiving. The products of this Caregiver Campaign include: a final report; videos of the caregiver shows; reports on effective marketing tools to reach caregivers; and copies of the caregiver shows for other states to broadcast.

90-CG-2543 Healthcare Consortium of Illinois

Healthcare Consortium of Illinois
1350 E. Sibley Blvd.
Dolton, IL 60419

Mr. Salim Al Nurridin (708) 383-0258
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$249,435	FY 2002	\$249,435
FY 2003	\$249,435		

The goal of this project, Healthcare Consortium of Illinois, is to establish a Caregivers Assistance Registry and Enhanced Support System (CARESS). The objectives of this Caregiver project are: 1) to expand the support system for caregivers; 2) to enhance coordination and collaboration among service providers; 3) to service 4 predominantly African American communities on Chicago's south side; 4) to train case managers on how to assist caregivers; 5) to recruit a volunteer respite corps through local area churches. The expected outcomes of this caregiver program are: a Healthcare consortium; trained case managers; a Caregivers Assistance registry; an expanded caregivers support system; coordination and collaboration of service providers; services to 4 African American communities; trained case managers; a cadre of respite corps volunteers; and involvement of local area churches. The products of this Caregiver program are: a final report; a consortium; a Caregivers Assistance Registry; caregiver training materials.

Project Care

90-CG-2544 **Care Team Model: A Project Offering Caregiver-Focused Services That Will Include Caregiver Training, Respite and Resource Counseling**

Normandale Ministry for Healing and Wholeness
6100 Normandale Way
Edina, MN 55436

Ms. Jean Sigford (651) 296-2770
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$77,000	FY 2002	\$77,000
FY 2003	\$77,000		

The goal of the project, Care Team Model: A Project Offering Caregiver-Focused Services, managed by the grantee, Normandale Ministry for Healing and Wholeness is to offer caregiver focused services. The objectives of the Caregiver program are: 1) to conduct caregiver training, respite and resource counseling; 2) to match each caregiver with a care team of volunteers; 3) to offer one on one counseling designed to assist caregivers in navigating the system of resources; 4) to arrange for community services; 5) to provide training for 30 caregivers as provided through the Red Cross; 6) to seek partnership with government; 7) to seek replication of the model in the greater metropolitan communities of St. Paul and Mineapolis. The expected outcomes of the Caregiver program are: increased caregiver services; caregiver training; respite training; resource counseling; match up a caregiver with a volunteer; one on one counseling; collaborate with the Red Cross; and replication of model. The products of this Caregiver program include: a final report; new assessment protocols; measurement of caregiver stress; Care Team Model Manual; Caregiver resource and education materials; and videotapes.

90-CG-2545 **Strengthening the Caregiving Process: A Care-Receiver Efficacy Intervention**

University of Denver (Colorado Seminary)
Graduate School of Social Work
2199 So. University Blvd.
Denver, CO 80208

Mr. Enid Cox (303) 866-2800
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$138,666	FY 2002	\$138,666
FY 2003	\$138,666		

The goal of this project is to examine the knowledge, attitudes, and behaviors of care receivers. The objectives of this Caregiver project are: 1) to apply what both medical and social science research have affirmed that the importance of a sense of efficacy and assumption of an active role by patients/clients in their care can be applied to positive health and mental health outcomes; 2) to establish that the Caregiver research targeting eldercare has noted the central importance of caregiver/carereceiver relationship in the care process. However limited focus has been given to interventions that assist older individuals in defining and developing competencies in their care receiving role; 3) to demonstrate an empowerment -oriented intervention that increases the efficacy of older care receivers in self-care, use of services and support networks, communication skills, and other aspects of care receiving; 4) to assists their caregivers and improve the quality of the overall care process. The expected intervention outcomes include: increased competency of elders; reduced caregiver stress. The deliverable products of this Caregiver program include; a final report;an intervention manual; a training outline for intervention workers;a comprehensive program evaluation report.

Project Care

90-CG-2546 Integrating Caregiving Actions, Resources, and Education

Mather Lifeways
Mather Institute on Aging
1603 Orrington Avenue, Suite 1080
Evanston, IL 60201

Mr. David Lindeman (847) 524-8800
Sep 30, 2001 to Sep 29, 2004

<i>FY 2001</i>	<i>\$199,904</i>	<i>FY 2002</i>	<i>\$199,904</i>
<i>FY 2003</i>	<i>\$199,904</i>		

The goal of this Caregiver project is to implement and evaluate a regional family caregiver education project (RFCEP). The objectives of the project entitled Integrating Caregiving Actions, Resources and Education "I-Care" ; are: 1) to improve career outcomes ; 2) to develop a cadre of experienced trainers; 3) to use a "train the trainer"(TTT) approach to prepare 120 class trainers and 20 master trainers over 3 years; 4) to reach 2,490 Illinois caregivers with an emphasis on reaching underserved, minority caregivers across a broad service area including community based and residential settings; 5) to place the evaluation of the caregiver education program and teaching effectiveness of trainers under the direction of 2 experienced researchers; 6) to employ comprehensive dissemination strategies including web based resources, professional and community presentations, and publications. The anticipated outcomes of this caregiver program are: a new RFCEP-(I-Care); improved careers; a cadre of trainers; train the trainer (TTT) program; 120 classes for TTT; 20 master trainers; outreach to 2,490 caregivers; an evaluation; and a dissemination plan. The products of the caregiver program are: a final report; TTT materials.

90-CG-2547 Outreach and Support for Male Caregivers

Commonwealth of Virginia
Department for the Aging
1600 Forest Avenue, Suite 102
Richmond, VA 23229

Mr. Bill Peterson (804) 662-9333
Sep 30, 2001 to Sep 29, 2004

<i>FY 2001</i>	<i>\$200,000</i>	<i>FY 2002</i>	<i>\$100,000</i>
<i>FY 2003</i>	<i>\$200,000</i>		

The goal of this Caregivers project is to demonstrate the results of using special caregiver ombudsmen to reach out to and initiate one-on-one contact with male caregivers in 3 regions of Virginia, and to develop outreach strategies targeted to male caregivers. This grant is focused on male caregivers, particularly retired military personnel and men living in rural farming communities. The objectives of this caregiver project are: 1) to have the ombudsmen work with male caregivers to help them share their concerns about their role as a care provider; 2) to utilize services that will help them to continue in their role as an effective caregiver; 3) to disseminate an evaluation report to AAAs in Virginia; 4) to make national dissemination through the N4A and NASUA; 5) to make a special effort to have the report available to veterans organizations and farm groups. The expected outcomes of this male caregiver program include: outreach strategies; a trained caregiver ombudsmen for male caregivers; one-on-one contacts; 3 regions of Virginia; outreach strategies to serve male caregivers; caregiver services; retired military males; trainings for the male roles as caregivers. The products of this male caregiver program are: a final report; a cadre of male care providers; an evaluation report.

Project Care

90-CG-2548 End Of Life Planning For MultiEthnic Caregivers

University of Hawaii at Manoa
Center on Aging, John A. Burns School of Medicine
2530 Dole Street, SAG D200
Honolulu, HI 96822 2319

Ms. Kathryn Braun (808) 586-0100
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$128,246	FY 2002	\$128,246
FY 2003	\$128,246		

The goal of this project, administered by UHM entitled End of Life (EOL) Planning for Multiethnic Caregiver, is to explore the impact of group targeted messages and individually tailored support on EOL planning by multi-ethnic caregivers receiving Long Term Care services. The objectives of this Caregiver End of Life program are; 1) to identify the caregiving "stage" of participants; 2) to provide 600 caregivers with appropriate message booklets and their choice of supplemental support; 3) to track changes in End Of Life knowledge, attitudes, and behaviors (KAB); 4) to document culturally linked barriers to End Of Life planning and strategies to address them; 5) to compare the costs of each approach; 6) to disseminate information to State Units on Aging (SUA). The anticipated outcomes of the program include: support and information to multiethnic caregivers; caregiving "stages" of EOL caregivers; assistance to 600 caregivers; changes in EOL KABs; known culture barriers to EOL planning; strategies to overcome identified cultural barriers. The products of the project include: a final report; booklets on death and dying; description of the intervention.

90-CG-2549 Telephone Support Groups For Caregivers

Senior Service Centers of the Albany Area, Inc.
Community Care Services Division
25 Delaware Avenue
Albany, NY 12210

Ms. Ann DiSarro (518) 474-5731
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$193,381	FY 2002	\$199,277
FY 2003	\$199,277		

The goal of this project entitled Telephone Support Groups for Caregivers is to assess the effectiveness of telephone support groups (TSG) for caregivers of frail elderly care recipients. The grantee, Senior Service centers of the Albany Area, Inc., will administer this grant. The objectives of this TSG program are: 1) to establish a multi-component group program that includes emotion-focused coping strategies and support; 2) to implement eight weekly, one and a half-hour telephone group sessions; 3) to assess Caregivers about: health status; emotional wellbeing; social support burden; pressing problems associated with caregiving; knowledge and use of community resources for caregiving. The anticipated outcomes of this TSG project are: Telephone Support Groups; a cadre of caregivers for frail elderly care recipients; emotion-focused coping strategies; 8 weekly one and a half-hour TSG sessions; a caregiver assessment; dissemination of this model. The products include: a final report; a manual; an assessment.

Project Care

90-CG-2550 An Outcome Based System For Enhancing the Quality Of Caregiver Support Services

Ohio Department of Aging
Planning, Development, & Evaluation (PDE)
50 West Broad Street, 9TH Floor
Columbus, OH 43215 5928

Mr. Richard Leblanc (614) 466-5500
Sep 30, 2001 to Sep 29, 2004

FY 2001 \$198,173 FY 2002 \$198,173
FY 2003 \$198,173

The Ohio Department of Aging (SUA) is charged with the administration of the " Outcome Based System for Enhancing the Quality of Caregiver Support Services " (CS). The goal of this CS project is to design and test an outcome-focused quality monitoring system for the range of OAA services that benefit caregivers. The objectives of this CS project are: 1) to develop a quality monitoring system (QMS) with input from caregivers, older consumers, the aging network, and service providers; 2) to design it with primary emphasis on caregiver needs; 3) to base the principles and standards for quality of service on outcomes identified by all the stakeholders; 4) to evaluate a quality assessment system for effectiveness and feasibility; 5) to develop recommendations based on caregiver and stakeholder input and the results of the evaluation; 6) to use these recommendations to develop a guide for states, area agencies, and providers interested in improving the quality of caregiver support services delivered through the aging network. The expected outcomes include: an outcome-focused quality monitoring system(QMS); outcomes identified by the stakeholders; an evaluation; recommendations; a State, AAA's. The products of this CS program are: a final report; an evaluation; an assessment; and a guide.

90-CG-2557 Adult Day Services PLUS: A Model For Care Management With Family Caregivers Using Adult Day Service

Mid County Senior Services
Adult Day Services
22 Media Line Road
Newton Square, PA 19073

Ms. Karen Reeve (717) 783-1550
Sep 30, 2001 to Sep 29, 2004

FY 2001 \$109,935 FY 2002 \$109,935
FY 2003 \$109,935

This project entitled Adult Day Services Plus: A Model for Care Management with Family Caregivers is administered by Mid County Senior Services. The goal of this Caregivers project is to evaluate the addition of caregiver care to adult day services. The objectives of this project are: 1) to develop and test care management tools that facilitate targeting where caregiver support is needed; 2) to design plans of care for the caregiver that are integrated with the care plan of the care receiver; 3) to deliver support in ways to which the caregiver is receptive; 4) to produce a replication manual; 5) to help disseminate the model through professional presentations at conferences and articles in journals and newsletters. The expected outcomes of this Caregiver program are: an Adult Day Services-Plus Caregiver model; a program evaluation; care management tools; caregiver and care receiver plans; a replication manual; dissemination of the Caregiver model; conferences materials; articles in journals and newsletters. The products of this caregiver project are: a final report; care management tools; a replication manual; conference materials.

Project Care

90-CG-2560 **Transforming the Caregiver Experience at the End of Life: the National Train-the-Trainer Program**

The Hospice Institute of Florida Suncoast
The Institute
300 East Bay Drive
Largo, FL 33770

Ms. Kathleen Eagan (850) 414-2000
Sep 30, 2001 to Sep 29, 2004

FY 2001 \$199,998 FY 2002 \$199,965
FY 2003 \$197,545

The goal of this Train the Trainer (TTT) Caregiver project is to provide specialized training for family caregivers providing care for persons at the end of life (EOL). The objectives of this TTT Caregiver project are: 1) to assess family caregiver needs; 2) to design the Caregiver program; 3) to implement this Caregiver program; 4) to evaluate the program ; 5) to provide in-depth training so that hospice and palliative care professionals and family caregivers nationwide can have the necessary information regarding caregiving issues particularly at the end of life; 6) to produce a toolkit for all participants in the train the trainer program; 7) to provide the training directly to 210 hospice and palliative care professionals and reach approximately 10,000 family caregivers. The expected outcomes of this Caregiver program are: a TTT program: specialized training for family caregivers who serve EOL persons; trained 210 professionals and 10,000 family caregivers. The products include: a final report; train-the-trainer materials; an assessment; an evaluation; and a toolkit.

90-CG-2563 **National Family Caregiver Support Program**

Alliance for Aging
9500 S. Dadeland Boulevard, Suite 400
Miami, FL 33156

Mr. Michael Weston (305) 670-6500
Sep 30, 2001 to Sep 29, 2004

FY 2001 \$190,000 FY 2002 \$190,000
FY 2003 \$190,000

The National Family Caregiver Support Program (NFCSP) is administered by the Alliance for Aging, of Miami Florida. The goal of this project is to demonstrate a 24 hour crisis respite and referral program for caregivers of elders and disabled adults in Miami-Dade County, Florida. The objectives of the National Family Caregiver Support program are: 1) to establish a demonstration Caregiver model program; 2) to provide 24 hour crisis, respite services and referral services for caregivers; 3) to provide training for caregivers of elders and disabled adults; 4) to provide access to unscheduled crisis respite services; 5) to conduct an evaluation. The expected outcomes of this NFCSP project are: a 24 hour crisis respite and referral program for caregivers; training for caregivers. The major products of this NFCSP program include: a replicable model for unscheduled crisis, for respite services; for training materials; caregiver policies; and Caregiver procedures; and an evaluation; a caregiver model; a guide. The evaluation component will produce data regarding system effectiveness and the degree to which the model program meets stated goals and objectives.

Project Care

90-CG-2564 Providing Assistance to Caregivers in Transition (PACT)

Contra Costa County Employment and Human Services
Aging and Adult Services Bureau
49 Douglas Drive
Martinez, CA 94553

Mr. Robert Sessler (925) 335-8700
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$203,409	FY 2002	\$203,409
FY 2003	\$203,409		

This project, entitled Providing Assistance to Caregivers in Transition (PACT), is administered by the grantee, Contra Costa County Employment and Human Services. The goal of this Caregiver project is to support, educate, and empower family caregivers who have family members aged 60+, who have recently been placed in a skilled nursing facility (SNF). The objectives are: 1) to provide various levels of care coordination for caregivers whose care recipient chooses to transition back to the community, as well as to those who remain in the SNF; 2) to evaluate the PACT program; 3) to distribute the Evaluation report to the aging network. The anticipated outcomes of this program are: empowered family caregivers; educated family caregivers to serve family members recently placed in an SNF; care coordination for caregivers whose care recipient chooses to transition back to the community and for those who remain in the SNF; an evaluation; dissemination of reports to the aging network. The products of this PACT program are: a final report; a program evaluation report; training materials.

90-CG-2565 A Multi-State Family Caregiver Mediation Project

The Center for Social Gerontology, Inc.
2307 Shelby Avenue
Ann Arbor, MI 48103

Ms. Penelope Hommel (517) 373-8230
Sep 30, 2001 to Sep 29, 2004

FY 2001	\$215,664	FY 2002	\$215,664
FY 2003	\$215,664		

The goal of this project is to manage this project entitled A Multi-State Family Caregiver Mediation. The objectives of this Multi-State Family Caregiver project are: 1) to use mediation to assist frail older persons and their family caregivers; 2) to address and resolve problems and disputes which all too frequently arise when families face physical, emotional, and financial demands of providing long term care to an older family member; 3) to develop a replication manual; 4) to develop and disseminate the model during year three; 5) to provide technical assistance and training to state (SUA) and area agencies (AAAs) in other states on how to replicate the caregiver mediation projects; 6) to replicate this caregiver mediation model; 7) and to evaluate this model program. The expected outcomes of this Family Caregiver program are: mediation as an effective caregiver tool that will assist frail elderly and their family caregivers; resolution of family problems and disputes; a replication manual; a Family Caregiver Mediation model; technical assistance and trainings to SUAs and AAAs. The products of this program are: a final report; caregiver mediation as a planning tool; a replication manual; a mediation model; an evaluation report; technical assistance and training materials.

Project Care

90-CG-2566 Early Diagnosis of Dementia: Dyadic Counseling for Family Caregivers and Parents

The Pennsylvania State University
Gerontology Center
110 Technology Center Building
University Park, PA 16802

Mr. Steve Zarit (717) 783-1550
Sep 30, 2001 to Sep 29, 2004

FY 2001 \$150,000 FY 2002 \$181,000
FY 2003 \$181,000

The goal of the Pennsylvania State University Dementia project is to provide a structured, time-limited program of dyadic counseling to family caregivers and care recipients who are in the early stages of dementia. The objectives of this Dementia project are: 1) to develop positive communication patterns between the care giver and the care recipient; 2) to increase knowledge and understanding about available services, preferences for care, care values; 3) to increase the care recipients active participation in his/her care plan; 4) to disseminate the products to direct service organizations and the AAAs. The expected outcomes of this program are: a structured time-limited Dyadic Counseling; assistance to caregivers who work with Dementia cases; positive communications between the caregiver and the Dementia patient; care for those in the early stages of dementia; increased knowledge; and the increased participation in their care plan. The products include: a final report; the EDDI treatment manual; care preferences assessment tools; the evaluation tools; manuscripts for publication in appropriate journals; and web page information of the results.

90-CG-2626 Promoting Systemic Development of State Family Caregiver Support Programs

National Association of State Units on Aging (NASUA)
Center for the Advancement of State Community Service Programs
1201 15th Street, NW, Suite 350
Washington, DC 20005

Ms. Virginia Dize (202) 898-2578
Sep 30, 2002 to Sep 29, 2004

FY 2002 \$185,000 FY 2003 \$185,000

This 3 year cooperative agreement SFCSP project will assist State Units on Aging (SUA) in the systemic development of their Family Caregiver Support Programs (FCSP). The goal of this project is to develop a step-by-step method designed to bring the system components-service package, coordination, continuity, quality and effectiveness-into a coherent whole. The objectives of this project are: 1) to integrate the state FCSP with home and community based services programs; 2) to provide caregivers with customized services and supports; 3) to use a knowledge development process involving experts representing policy, research, administration and advocacy. The anticipated outcomes are: a cadre of experts; a Project Advisory committee (PAC). The products of this project are: a final report; TA materials; a guide; State Experience Reports; power point presentations; fact sheets; symposia materials; executive summaries; a self-assessment tool; research briefs.

Project Care

90-CG-2627 Caregiver Coalitions Research Project

AARP Foundation
601 E Street NW
Washington, DC 20049

Ms. Elinor Ginzler (202) 434-2787
Sep 30, 2002 to Sep 29, 2004

FY 2002 \$150,000 FY 2003 \$150,000

The grantee, the AARP Foundation, is managing this 2 year cooperative agreement entitled Caregiver Coalitions Research Project (CCRP). The goal of this CCRP project is to support the implementation of the National Family Caregiver Support Program (NFCSP) by fostering the development of caregiver coalitions at the state and community levels. The objectives of this project are: 1) to research the benefits of caregiver coalitions; 2) to promote expansion of the program; 3) to conduct outreach; 4) to perform an evaluation of caregiver services; 5) to collaborate with AoA; 6) to present trainings at local, state, regional and national aging conferences; 7) to develop and disseminate publications and technical assistance tools. The expected outcomes of this AARP project are: a literature review; research; caregiving coalitions; an inventory of program materials; six focus groups; a TA Log; an expanded website. The products of this project are: a final report; results of research; a compendium; an inventory of program materials; training materials; a guide, and conferences materials.

90-CG-2628 Caregiver Adaptations To Reduce Environmental Stress (CARES)

University of Southern California
Andrus Gerontology Center
Department of Contracts and Grants
University Park, Mail Code 1147
Los Angeles, CA 90089

Mr. Jon Pynoos (213) 740-6062
Sep 30, 2002 to Sep 30, 2004

FY 2002 \$150,000 FY 2003 \$148,991

The two-year cooperative agreement between AoA and USC provides for substantial involvement and collaboration with AoA. The goal of this Caregivers project is to create and stimulate improved systems of supportive services that increase caregiver utilization of environmental coping strategies (ECS) to reduce physical burden and strain. The objectives of this project are: 1) to assess caregiver awareness as well as aging network knowledge, strategies and activities designed to assist caregivers in utilizing ECS in their own homes or in the homes of care recipients; 2) to educate aging network service providers on how to effect systems change in delivering special services; 3) to stimulate aging network activities that address physical caregiver burdens and stresses, including collaborating with other key entities such as Centers for Independent Living; and 4) to test and evaluate strategies by service providers to enhance caregiver ECS for dissemination and replication by others. The expected outcomes are: 4 focus groups of caregivers; new knowledge to AAAs; caregiver workshops; on-line training; reduced caregivers burden and strain; ECS To Caregivers; fact sheets. The products of this project are: a final report; all relevant products and documents on website; workshop materials; fact sheets and a "Best Practices" booklet; teleconference materials; a literature review.

Project Care

90-CG-2629 Educating, Training and Supporting Informal Caregivers in Their Homes.

Council on Aging of Southwestern Ohio
644 Linn Street Suite 1100
Cincinnati, OH 45203

Ms. Arlene de Silva (513) 345-8611
Sep 30, 2002 to Sep 29, 2004

FY 2002 \$150,000 FY 2003 \$150,000

This is a two-year cooperative agreement between AoA and the Council on Aging of Southwestern Ohio (COA). The AAA No.7 is a subcontractor to the grantee, the COA. A second sub-contract is with Scripps Gerontology Center at Miami University who will do the evaluation. The goal of the project is to reduce caregiver stress, burden, and injuries, and increase caregiver knowledge of appropriate care strategies, thereby allowing caregivers to continue in the role and to improve the quality of the care they provide. The target group for this program will be the referrals from discharge planning social workers at hospitals and nursing homes, adult day centers, senior centers and social service agencies. The objectives of this Caregivers project are: 1) to support the NFCSP; 2) to design programs for family caregivers; 3) to implement programs for family caregivers; 4) to evaluate an in-home training program for family caregivers; 5) to conduct trainings at aging conferences; 6) to provide skills to family caregivers. The expected outcomes are: identification of caregivers at community sites; 150 caregivers trained in their home; evaluation on the reduction of stress, depression and reduced injuries; an increase in knowledge, skills and confidence (KSC) in their caregiving skills; all relevant products and documents on website. The products of this project are: a final report; training materials; and an evaluation; a caregiver training manual; a TA log.

90-CG-2630 Caregiver Awareness through Resources and Education for Professionals

American Society on Aging
833 Market St, Suite 511
San Francisco, CA 94103

Mr. Jim Emerman (415) 974-9628
Sep 30, 2002 to Sep 29, 2004

FY 2002 \$184,846 FY 2003 \$234,346

The cooperative agreement between AoA and the American Society on Aging (ASA) is a three-year project. The goal is to increase the ability of healthcare professionals, specifically social workers, occupational therapists and nurses, to identify the needs of family caregivers they encounter in daily practice; and to link these family caregivers to needed services, including those provided through the NFCSP program and the aging network. The objectives of this Caregiver project are: 1) to develop and disseminate a CD-ROM and web-based self study program; 2) to provide training at national and regional conferences; 3) to provide training through 12 phone/Web live e-seminars; 4) to survey social workers, nurses and OTs to assess awareness of NFCSP and family caregiving issues. The expected outcomes of this project are: 10,000 professionals trained; assess the training needs of nurses, social workers and OTs; survey data; 7 Module curriculum on family caregiving; training materials; continuing education credits (CEC) for nurses and others; series of 3-5 e-learning programs on website; TA Log; all relevant products and documents on website; Family Caregivers will be recognized as a group with distinct needs; Continuing Education Credits; an evaluation. The products of this project are: a final report; 16,000 copies of the CD-ROM program; dissemination; training workshops materials; CECs; a 7 Module curriculum; and 3-5 e-learning programs on website.

Project Care

90-CG-2631 The State of the States in Family Caregiver Support

Family Caregiver Alliance
National Center on Caregiving
690 Market Street, Suite 600
San Francisco, CA 94104

Ms. Lynn F. Feinberg (415) 434-3388
Sep 30, 2002 to Sep 29, 2004

FY 2002 \$191,400 FY 2003 \$191,400

This project, entitled The State of the States in Family Caregiver Support, is a three-year cooperative agreement between AoA and the Family Caregiver Alliance (FCA). The goal of this FCA Caregiver project is to stimulate development of public policies and programs that support family and informal caregivers of the elderly and persons with disabilities. The objectives of the project are: 1) to increase understanding of the range and scope of federal and state funded caregivers support programs in each of the 50 states; 2) to assist the aging network in program development and identification of best practices; 3) to collect data on caregiver services under the NFCSP, Medicaid waivers, State General Funds, System Change grants, and other State funding streams. The anticipated outcomes are: a three year state legislative trend analysis; a state-specific database; an updated FCA website; an FCA TA Log; all relevant products and documents on its website. The products of this project are: a final report; 50 State survey; and briefing materials.

90-CG-2632 Communicating Effectively with Healthcare Professionals Project

National Family Caregivers Association
Caregivers Association of America
10400 Connecticut Avenue, Suite 500
Kensington, MD 20895

Mr. John P Marosy (301) 942-6430
Sep 30, 2002 to Sep 29, 2004

FY 2002 \$150,000 FY 2003 \$150,000

The goal of this two-year Caregiver project is to train family caregivers to advocate on behalf of their loved ones with health care professionals, and to deliver a continuity of care and access to the health care resources needed by both the caregiver and the care recipient. The objectives of this project are: 1) to provide caregivers with specific communication skills; 2) to allow family caregivers to function as a member of the health care team; 3) to conduct regional train-the-trainer (TTT) workshops; 4) to establish a national cadre of experts who can train caregivers. The expected outcomes of this project are: a trained network of 500 workshop leaders; 250 persons trained each year; trainers to train 15,000 family caregivers in two years; one workshop leader training conference in each of AoA's 10 regions; feedback from trainers and caregivers; trainer and caregiver evaluations; quarterly AoA project teleconference calls; an updated website. The products of this Caregiver project are: a final report; a national cadre of experts; a curriculum; training materials; a TA Log.

Project Care

90-CG-2633 National Center on Grandparents and Other Relatives Raising Children

Generations United
122 C Street, NW, Suite 820
Washington, DC 20001

Ms. Ana Beltran (202) 638-0259
Sep 30, 2002 to Sep 29, 2004

FY 2002 \$185,000 FY 2003 \$185,000

The goal of this three-year cooperative agreement between AoA and the grantee is to implement the National Family Caregivers Support Program (NFCSP) by establishing a National Center on Grandparent and other Relatives Raising Children. The objectives of this project are: 1) to recruit a national network of experts; 2) to provide training and technical assistance to the aging network; 3) to collaborate with AoA; 4) to present trainings at local, state, regional and national aging conferences; 5) to develop and disseminate publications and TA Tools; 6) to provide skills to the aging network to more appropriately respond to the needs of these caregivers. The expected outcomes of this project are: a survey; increased network of expert trainers; provision of TA to 350 individuals request by year two; disseminate fact sheets; updated website. The products of this Caregiver project are: a final report; a technical assistance log; conferences materials; training materials; publications; TA tools; a literature review; fact sheets; a manual; a tool kit; and products and documents on website.

90-CG-2648 Applying the NFCSP to Caregivers of Persons with Developmental Disabilities (DD)

The Arc of the United States
1010 Wayne Ave.
Suite 650
Silver Spring, MD 20910

Ms. Sharon Davis (301) 565-5478
Sep 30, 2002 to Sep 30, 2004

FY 2002 \$184,997 FY 2003 \$184,997

The goals of this three-year cooperative agreement, a DD Caregiver project, are to assist the State Units on Aging (SUA) with the implementation of the NFCSP project and to integrate these services into the existing aging and home and community-based service system. This project will enhance awareness and abilities of SUAs, AAAs, and local provider agencies to provide these services to grandparents and related caregivers of children and adults with DD. The objectives of this DD Caregiver project are: 1) to provide a collaborative training program for the aging network; 2) to provide TA to SUAs, AAAs and service provider organizations; 3) to work for the adoption of culturally and ethnically sensitive outreach and service delivery; 4) to identify best practice approaches to service delivery for family caregivers; 5) to disseminate project resource materials to additional audiences. The expected outcomes are: TA and training; training workshops at 2-3 national meetings; Internet materials and resources; an aging family caregiver model; state's best practices; an updated ARC website. The products of this Caregiver project are: a final report; training materials; TA materials; best practices in service delivery to Caregivers.

Project Care

90-CG-2649 Transportation Solutions for Caregivers

Easter Seals, Inc.
Headquarters Office
230 West Monroe Street, Suite 1800
Chicago, IL 60606

Mr. Donald Jackson (312) 551-7174
Sep 30, 2002 to Sep 29, 2004
FY 2002 \$184,997 FY 2003 \$199,983

This is a three-year Caregiver cooperative agreement whose goal is to enhance the aging network's capacity to address transportation issues of caregivers and their loved ones. The objectives of this project are: 1) to provide specialized services that address the fears of elders and their caregivers; 2) to plan for transportation alternatives; 3) to provide community planning to serve transportation-dependent individuals; 4) to provide volunteer-based, low-fare services; 5) to provide education for caregivers on mobility alternatives; 6) to enhance the networks expertise through tools, training and technical assistance; 7) to recommend policy changes that encourage coordination and flexibility. The expected outcomes include: 15 national partners in the National Advisory Council; five train-the-trainer workshops; trainings for 200 Faith-in-Action organizations; TA and Peer Mentoring for all Trainers; workshops at four national conferences. The products of this Caregiver project are: a final report; a Transportation Tool Kit for Caregivers in Spanish; a Transportation Solutions package for Practitioners; Train-the-Trainer Workshop materials; TA and Peer Mentoring materials.

90-CG-2650 Making the Link: Connecting Caregivers with Services through Physicians

National Association of Area Agencies on Aging
927 15th Street, NW, 6th Floor
Washington, DC 20005

Ms. Adrienne Dern (202) 296-8130
Sep 30, 2002 to Sep 29, 2004
FY 2002 \$149,950 FY 2003 \$149,950

The goal of this Caregiver two-year cooperative agreement between the AoA and NAAAA is to strengthen the ability of Area Agencies on Aging (AAAs) and Title VI's (OAA) Native American aging programs to serve family caregivers via a campaign to involve physicians in identifying caregivers and referring them to NFCSF services. The objectives of this project are 1) to create the strategies and tools AAA and Title VI (OAA) need to collaborate with local physicians; 2) to promote within the medical community the concept that caregiving is a public health issue; 3) to increase awareness among physicians of the important health care role of family caregivers; 3) to enhance the ability of physicians to connect caregivers with NFCSF services. The expected outcomes are: linkages between AAA and Title VI programs and local physicians; linkages between physicians and family caregivers to connect caregivers with services; an Advisory Board; a team of 120 AAAs and Title VI programs. The products are: a final report; TA materials; training materials; Caregiver Resource Packets for Physicians; a questionnaire; a strategy kit; and conference materials.

Rural

90-AM-2471 **West Virginia University Plan of Action on Rural Aging**

WVA Research Corporation on behalf of West Virginia University
PO BOX 6845
886 Chestnut Ridge Road
Morgantown, WV 26506 6845

Dr. Richard Ham (304) 293-2968
Sep 01, 2001 to Jan 31, 2004
FY 2001 \$987,000

This is a cooperative agreement between the Center on Aging in the West Virginia University and the Administration on Aging (AoA). The Rural Aging project is a demonstration project. There are two goals in this project: 1) to assist AoA to collect information for a report summarizing the status of rural aging programs in America; 2) to operationalize recommendations from the International Conference on Rural Aging, organized by the WVU under a previous grant, by developing and evaluating 8 systems-building models in rural demonstration sites in WV and Ohio. The intent is to effect sustainable change in delivery of services to improve the health of older individuals in rural areas. Outcomes included: a summary report of the status of rural aging programs in the USA; systems-building models from the 8 demonstration sites in 2 states; improved delivery of rural services; improved health of seniors. The products of this project are: a final report; a summary report of the status of rural aging programs and an evaluation of the eight models.

Senior Transportation Demonstrations

90-AM-2636 **Tri-County Community Action Program of Berlin, New Hampshire for a Demonstration Project**

Tri-County Community Action Program, Inc.
North County Transportation
31 Pleasant Street
Berlin, NH 03570

Mr. Geoff Dalphonse (603) 752-1741
Sep 30, 2002 to Sep 29, 2003
FY 2002 \$49,350

This is a one-year rural medical transportation (RMT) demonstration project. This RMT project will offer relief to elders living in rural areas by insuring that they have access to some means of transportation for non-emergency medical appointments/procedures, which are only available at a significant distance from their local community. The partners of this RMT project include NH Dept of HHS, NH Transit Assoc; North Country Health Consortium, senior centers, state agencies and providers. The Tri-County CAP's goal is to improve access to medical care for older and disabled residents of 39 rural communities. The objectives of this RMT project are: 1) to establish a system of long distance transportation providers; 2) to involve volunteers in service delivery; and, 3) to conduct an evaluation. The anticipated outcomes of this RMT project are: 1) to provide and increase the cost-effective medical transportation service for older, disabled residents; 2) develop an effective coordinated system of medical transport that serves rural areas; 3) recruit and train a core volunteer group; and 4) work with partners to improve services and address long-term solutions. The products of this RMT program are: a final report; needs assessment for medical transport; utilization of technology; and brochures.

Use of Elderly as Resources

90-AM-2605 Senior Nevada Advocates on Guard (SNAG)

Nevada Office of the Attorney General
555 East Washington Avenue, Suite 3900
Las Vegas, NV 89101

Ms. Jo Anne Embry (702) 486-3154
Jul 01, 2002 to Jun 30, 2005

FY 2002 \$160,000 FY 2003 \$190,000

The grantee, the Nevada Office of the Attorney General, will manage this three year cooperative agreement Senior Medicare Patrol (SMP) project. The collaborators are; the Nevada Division for Aging Services (DAS) and SHIP, the Nevada Attorney General, AARP, Medicare Advisory Foundation, FBI, Center for Medicaid and Medicare (M/M)Services, Family Resource Centers, Clark County Senior and Advocate Program. The goal of this MMF project is to develop the Senior Medicare Patrol by preparing the senior consumers to be aware of the Medicare/Medicaid fraud (MMF), error and abuse. The objective of this MMF project is to recruit and train retired professional seniors to educate M/M beneficiaries to detect and report fraud, error and abuse. The major outcomes of this MMF project are: 60 volunteers trained; work with 40 senior centers and senior agencies; dissemination of information to frail, homebound and rural; recruit Hispanics; training materials for outreach using the Family Resource Centers; other training materials. The products of the MMF program are: a final report; 60 volunteers trained; outreach training materials.

Volunteer Senior Aide Program (Family Friends)

90-AM-2404 Building a Family Friends Network in Wisconsin: Milwaukee/Waukesha Pilot

Coalition of Wisconsin Aging Groups, Inc.
2850 Dairy Drive, Suite 100
Madison, WI 53718

Mr. Leslie McAllister (608) 224-0606
Sep 30, 2000 to Jun 30, 2004

FY 2000 \$80,000 FY 2001 \$80,000
FY 2002 \$80,000

The Coalition of Wisconsin Aging Groups, Inc., (CWAG), in partnership with United Cerebral Palsy of Southeastern Wisconsin and the Respite Care Association, developed a statewide network of Family Friends projects (FFP). The project's goal is to link older persons with families who have children with disabilities. The objectives of this FFP project are; 1) to pilot the FFP in Milwaukee and Waukesha counties for the first two years of the project; 2) to expand to other counties in the third year; 3) to convene a FFP Advisory Council to guide the program; 4) to develop an evaluation protocol for the Milwaukee area pilot program which will require the participation of families, senior volunteers, and representatives of community stakeholder groups; 5) to develop best practice standards for developing and maintaining a Family Friends program around Wisconsin; 6) to provide for the training and technical assistance that will be provided for partners interested in developing Family Friends projects in their communities. The anticipated outcomes are: a strong partnership with Cerebral Palsy and Respite Care Association; a statewide network of FFP; a pilot FFP; a strong Advisory Council; an evaluation; a cadre of senior volunteers; best practice standards; trainings; technical assistance. The products of this FFP project are: a final report; pilot projects; a strong coalition for FFP; an evaluation protocol.

Volunteer Senior Aide Program (Family Friends)

90-AM-2405 Family Friends/Volunteer Senior Aides

Mount Sinai School of Medicine
Department of Pediatrics
1 Gustave L. Levy Place, Box 1075
New York, NY 10029 6574

Dr. Danielle Laraque M.D. (212) 241-5866
Sep 30, 2000 to Sep 29, 2004
FY 2000 \$79,001 FY 2001 \$79,001
FY 2002 \$79,001

The goal of the Mount Sinai School of Medicine, Division of General Pediatrics project is to operate a Family Friends (FFP) intergenerational program to address the needs of children with special health care needs and their families who reside in East Harlem. Children targeted are those in stressful situations who are at risk for or have been abused or neglected: infants and children of women who are substance users; children who have a critically ill or dying parent; children of women in domestic violence situations; children who have been abused. This FFP project objectives are: 1) to establish a Family Friends Program; 2) to utilize the creativity, resources and strength of elders to provide emotional support and mentorship to children with disabilities and families under stress; 3) to support elders in achieving fulfillment through networking with other seniors and involvement with children and families in need. The anticipated outcomes are: an intergenerational program of young and elderly; services to children with special health needs and to their families; a cadre of senior volunteers; an evaluation. The products of this FFP project are: a final report; an evaluation; a strong FFP program.

90-AM-2406 Family Friends/Volunteer Service Aide Project

Knoxville/Knox County Community Action Committee
Office on Aging/Family Friends Program
2247 Western Avenue, PO Box 51650
Knoxville, TN 37950 1650

Ms. Barbara Monty (865) 524-2786
Sep 30, 2000 to Mar 31, 2004
FY 2000 \$79,273 FY 2001 \$79,273
FY 2002 \$79,273

The goal of the Knoxville-Knox County Community Action Program (KCAP) Office on Aging is to establish a Family Friends (FFP)/Volunteer Senior Aides(VSA) program. The objectives of this FFP project are 1) to select and train 40 volunteers to provide mentoring, educational and recreational activities, stability, and friendship to 40 families and to 80 disadvantaged children; 2) to identify families as seeking self-sufficiency through a partnership with a newly developed Bridges program, funded to provide intensive case management, job search assistance and training to individuals in the nineteen census tracts of the inner city Empowerment Zone; 3) to provide basic computer training for twenty of the Family Friends/VSA volunteers; 4) to prepare the volunteers to be better able to assist the family with educational assignments and increasing the potential for recreational activities. The expected outcomes of this FFP project are: a final report; a strong FFP; a cadre of VSAs; training for 40 volunteers; a match to 40 families and to 80 children; a Bridges program; intensive case management, job search assistance and training to individuals. The products of this FFP project are: a final report; a strong FFP project; a cadre of senior volunteers; computer training for 20 volunteers.

Volunteer Senior Aide Program (Family Friends)

90-AM-2407 FAMILY FRIENDS PROGRAM

PEOPLES REGIONAL OPPORTUNITY PROGRAM
510 CUMBERLAND AVENUE
PORTLAND, ME 04101

Ms. Susan Lavigne (207) 773-0202
Sep 30, 2000 to Mar 31, 2004

FY 2000	\$74,942	FY 2001	\$74,942
FY 2002	\$74,942		

The goal of the the People's Regional Opportunity Program through its Foster Grandparent Program is to start-up a Family Friends program (FFP) that will use trained older volunteers to reduce the number of neglected and abused children in at-risk families. A significant number of families have special parenting challenges (Stressors) including: having children with special medical needs; parents with special medical needs; families parenting in isolation; and, very low income families with children ages zero to three. Learning how to manage these Stressors is the project's immediate goal. The FFP's objectives are: 1) to match 20 older volunteers with 37 families; 2) to recruit Volunteers through existing Foster Grandparent recruitment channels which include the RSVP program, Big Brothers/Big Sisters and through the National Senior Service Corps of Maine; 3) to apply a family functioning scale annually; 4) to report enrolled families as Outcomes and to report as measures of impact the following: reductions in family stress; increased family bonding; improvement in family functioning; and overall satisfaction with the FFP. The outcomes of this FFP are: a new FFP; a cadre of trained older volunteers; matched families with a volunteer; a reduction of children at-risk; respite program for families and caregivers; reduction in stressors; increased family bonding.

90-AM-2408 Fairbanks Native Associatin's Family Friends Project

Fairbanks Native Association
Community Services Department
201 First Avenue, Suite 200
Fairbanks, AK 99701 4848

Ms. Annette Freiburger (907) 452-1648
Sep 30, 2000 to Sep 30, 2004

FY 2000	\$73,446	FY 2001	\$73,446
FY 2002	\$73,466		

The goal of the Fairbanks Native Association (FNA) Family Friends project (FFP) is to start up and implement a culturally relevant Family Friends project (FFP) for the Native population. The grantee (FNA) will do this in partnership with the local Foster Grandparent Program and with the National Senior Services Corps (NSSC). The FNA programs-Head Start, Early Start, Life Givers, and the Women and Children's Center for Inner Healing-daily serve the population at highest risk for substance abuse and its related problems. The objectives of this FFP program are: 1) to recruit families and children from these programs; 2) to support the two other FNA programs, Elders and Forget-Me-Not Assisted Living, to assist the project with outreach and recruitment of appropriate Elder volunteers; 3) to make fifteen matches in the first year, 20 in the second and 25 in the third. The outcomes of this FFP project are: a new FFP; strengthened partnerships; substance abuse care for families at-risk; a cadre of volunteers.

Volunteer Senior Aide Program (Family Friends)

90-AM-2409 People, Inc.

People, Inc.
Volunteer Dept.
1219 North Forest Road, PO Box 9033
Williamsville, NY 14231

Ms. Elizabeth Bienko (716) 634-8132
Sep 30, 2000 to Mar 31, 2004

FY 2000	\$40,450	FY 2001	\$40,450
FY 2002	\$40,450		

The People, Inc. (situated in Williamsville, in western New York) designed the Speak Up ! project. The goal is to create a model Family Friends program (FFP) for children with developmental delays/disabilities (DD), ages 2-5. This program will operate in the western counties of Erie, Niagara, Genesee, Orleans, Allegany, Cattaragus, Chautauga, and Wyoming. The objectives of this FFP project are: 1) to use six senior volunteers to provide speech and language development programs to 24 children; 2) to select the children from predominantly low-income families in the Buffalo, New York area; 3) to improve the children's speech, educate the families in parenting and boost emotional well-being for both volunteers and families; 4) to produce a replication Manual on how to use this FF/VSA program. The outcomes of this project are: a model FFP; support and care for children with DD; a cadre of volunteers; a speech and language development program; and a replication manual. The products of this project are: a final report; a replication manual; and training.

90-AM-2410 Family Friends/Volunteer Senior Aides Project

Georgia State University Research Foundation
Neighborhood Collaboratie/TAP
Georgia State University
Atlanta, GA 30303

Dr. Douglas Greenwell Ph.D. (404) 206-5002
Sep 30, 2000 to Sep 29, 2003

FY 2000	\$74,200	FY 2001	\$74,200
FY 2002	\$74,200		

The goal of the Georgia State University Research Foundation's Family Friends (FFP) /Volunteer Senior Aides program's is to provide support to families with chronically ill or disabled children while giving seniors the opportunity to remain involved and productive in the community. The project objectives are: 1) to match 24 senior volunteers with 24 families; 2) to provide training to the volunteers to help their families care for their children's needs; 3) to identify families in need through referrals from the Atlanta Public Schools, community health centers, and the public agencies for health, mental health, mental retardation, and social services; 4) to train volunteers to provide home assistance to the children, and to provide available resources information to the families. The outcome of this FFP are: the quality of life for the child and family will be upgraded; a program evaluation; matched volunteers with children/families; and training. Products of the project will include: a final report; an evaluation; training materials.

Volunteer Senior Aide Program (Family Friends)

90-AM-2460 National Center for Family Friends/Volunteer Senior Aides

The National Council on the Aging
Research and Demonstration
409 Third Street, SW
Washington, DC 20024

Ms. Jane Doe (111) 111-1111
Jul 01, 2001 to Sep 30, 2003
FY 2001 \$485,000 FY 2002 \$485,000

The National Council on the Aging, Inc. (NCOA), the grantee, manages and directs this Technical Assistance (TA) project. The goal of this (FF/VSA) project is to develop and manage the National Center for Family Friends/Volunteer Senior Aides (FF/VSA). The objectives of this FF project are: 1) to provide training, technical assistance, and guidance to all current AoA-funded Family Friends projects (FFP), 2) to provide project staff with the tools and resources to implement and operate their projects and objectives, 3) to explore ways to expand and support a national system of Family Friends/VSA projects, and 4) to develop, implement, and assist new model projects that can provide new and alternative funding approaches. The approach of this FF project is to provide technical assistance to the Family Friends projects by being in contact with them through all forms of computer uses, through electronic mail (e-mail), telephone, local meetings, conferences, national and regional annual conferences, site visits. The anticipated outcomes of this FF program are: a cadre of volunteers; TA materials; individual FFP site visit reports; training materials; solutions to problems; manuals; new Center resources. The products of this project are: a final report; technical assistance materials; a volunteer training manual.

90-AM-2770 National Center for Family and Friends

The National Council on the Aging, Inc.
300 D Street SW, Suite 801
Washington, DC 20024

Adam Brunner (202) 479-6675
Sep 29, 2003 to Sep 30, 2006
FY 2003 \$980,584

The National Council on the Aging, Inc., in partnership with Temple University Center for Intergenerational Learning, proposes to enhance the Family Friends program through the development, operation, and management of the National Center for Family Friends. In brief, Center objectives are: 1) to establish 6 or 7 new model Family Friends projects; 2) facilitate viable Family Friends projects through effective, training, technical assistance and guidance; 3) design and test an expansion of the Family Friends model that uses senior volunteers to assist at-risk youth; and 4) improve the well-being of older volunteers, parents, children/youth participating in Family Friends sites and to increase the understanding of the impact of the program on Family Friends participants. Anticipated outcomes include: 1) expansion of a national network of viable Family Friends projects; 2) more effective strategies of older volunteers helping at-risk children and youth, improved NCFE and project performance; 3) a positive impact on program volunteers, families and children; and 5) a program evaluation. Products include an improved web and e-group sites, a lessons learned manual, program evaluation, annual conferences, orientations for program directors, site visits to projects, training/technical assistance, and such publications as Newsline and E-/FaxNews.

Volunteerism

90-AM-2625 Experience Corps

Civic Ventures
Experience Corps
425 Second Street, Suite 601
San Francisco, CA 94107 1946

Ms. Cathy Maupin (415) 430-0141
Sep 01, 2002 to Jun 30, 2004
FY 2002 \$789,600

The Experience Corps (EC) has as its goal in this promising national project to harness the social capital of older Americans to improve the prospects of low-income children in public elementary schools and community youth organizations (CYOs). After establishing a track record of success over the past five years with funding primarily from the Robert Wood Johnson Foundation (RWJ), the Experience Corps is poised to enhance its 15 existing sites and expand the program to an additional six sites. This project will provide an essential key to success for this initiative. RWJ is focused on local program administration and volunteer cost. There are three objectives to this EC project: 1) to help build the capacity of expansion sites to recruit new volunteers and elevate their profile in the community, 2) to help the remaining Experience Corps sites prepare the preliminary work for future expansion, and 3) to bolster Civic Ventures' capacity to support the recruitment, training, and implementation of Experience Corps to other sites. The anticipated outcomes of this EC project are: support by technical assistance by Civic Ventures; a dissemination effort targeted at a wide array of audiences of practitioners, policymakers, and funders in the productive aging field; support low-income children in public elementary schools and CYOs; expansion of EC program to additional 6 sites; trainings. The products of the EC program are: a final report; training materials; and a cadre of senior volunteers.

Workforce/Manpower Studies

90-AM-2571 Louisiana Medicare Waste Project

Vernon Council on Aging, Inc.
200 North Third Street
Leesville, LA 71446

Mr. Marvis Chance (337) 239-4361
Mar 01, 2002 to Jun 30, 2003
FY 2001 \$56,277 FY 2002 \$94,506

This program entitled LA Medicare Waste Project is a three year cooperative agreement Senior Medicare Patrol (SMP) project managed by the grantee, Vernon Council on Aging, Inc.. The collaborators in this SMP project are Vernon Ministerial Alliance, AARP, RSVP and Sheriffs Department TRIAD. The target population are those seniors in poverty income, and who are mentally and physically challenged. The goal of the SMP project is to raise the awareness of seniors about Medicare waste, errors in billings, fraud and abuse through the use of retired professional senior volunteers. The objective of this SMP project is to train retired senior professionals to educate Medicare/Medicaid (M/M) beneficiaries about fraud, error and abuse. The major outcomes are: demographic data collection; volunteer training program; evaluation; Fraud case data. The products are: a final report; training curriculum; education materials; Fraud case data.

Workforce/Manpower Studies

90-AM-2583 Senior Medicare Error Patrol Projects

Virginia Association of Area Agencies on Aging
530 E. Main Street #800
Richmond, VA 23219

Mr. Harris Spindle (804) 662-9333
Jul 01, 2002 to Jun 30, 2005

FY 2002 \$160,000 FY 2003 \$182,000

This Senior Medicare Patrol Project known as the Senior Medicare Error Patrol Project is managed by the Virginia Association of Area Agencies on Aging (V4a). The collaborators in this project are the 25 Area Agencies on Aging. Goal: To develop the Senior Medicare Error Patrol Project by educating beneficiaries through senior volunteers about Medicare and Medicaid fraud, error and abuse.

Objective: To recruit and train retired professional volunteers in order to educate the elderly population about Medicare and Medicaid and how to detect and report fraud, error and abuse; to provide outreach and education to the minority, rural, disabled and non English speaking elderly population.

Outcomes: Increased consumer awareness of fraud and how to report it; decreased Medicare and Medicaid fraud; training packages; data collection instruments.

Products: A final report; training packages; data collection instruments.

90-AM-2595 Maine Medicare Education Partnership

Maine Department of Human Services
Bureau of Elder and Adult Services
11 State House Station
Augusta, ME 04333

Ms. Mary Walsh (207) 624-5335
Jul 01, 2002 to Jun 30, 2005

FY 2002 \$160,000 FY 2003 \$182,000

This is a three year cooperative agreement entitled Maine Medicare Education Partnership sponsored by the grantee. The goal of this project is to prepare the at-risk vulnerable elderly to be responsible consumers and to encourage them to report suspected Medicare and Medicaid health care fraud (MMF), error and abuse. The project population is the rural and French speaking elderly. The objective of the program is to train and educate rural and French speaking older volunteers to help Maine Medicare and Medicaid (MMF) beneficiaries to report error, fraud and abuse in these two health programs. The collaborators are five (5) AAAs in Maine and the Legal Services for the Elderly (LSE) and the LTC Ombudsman program. The anticipated outcomes and products of this MMF program are: 1) seniors educated on how to reduce costs attributed to health care errors, fraud and abuse; 2) improved presentation skills of the volunteers; 3) new posters; 4) a Community Medicare Advocate Handbook; a 45 minute training video; a statewide conference abstracts.

Workforce/Manpower Studies

90-AM-2604 Delaware Medicare Fraud Alert

Delaware Department of Health and Social Services
Division of Services for Aging and Adults with Physical Disabilities
1901 N. DuPont Highway
New Castle, DE 19720

Ms. Andrea Rinehart (302) 453-3820
Jul 01, 2002 to Jun 30, 2005
FY 2002 \$160,000 FY 2003 \$160,000

Goals: The purpose of this grant is to educate Delaware Medicare beneficiaries, caregivers and professionals about the different agencies available to help them make informed decisions regarding Medicare and issues they may encounter.

Objectives: Recruit and train volunteers to assist in educating Delaware's caregivers and medicare beneficiaries. Establish and promote Spanish Call Line. Increase awareness and educate new and existing partners and the public through newsletters, media outreach and presentations at conferences. Strengthen existing partnerships.

Outcomes: This has been a very successful way to reach people on Medicare and those approaching Medicare age, as well as those caring for a Medicare beneficiary. The Delaware Medicare Partners Coalition annually sponsors a Medicare Road Show. In 2004, 7 events were structured to focus on education about the Medicare Prescription Improvement and Modernization Act of 2003. Presentations on the various drug cards and CMS break out sessions were held. This statewide cooperative effort includes Delaware Medicare Fraud Alert, Quality Insights of Delaware, ElderInfo (Ship Program), Senator Carper's and Senator Biden's Offices, Congressman Castle's office, CMS, TrailBlazer Health Enterprises, SSA, Dept of Veteran Affairs, Nemours Clinic, CareDelaware, Delaware Prescription Assistance Program, and Empire Medical Services. Spanish hotline established and volunteer recruited. Continued outreach through media, newsletters, presentations, the Medicare Road Show. .

90-AM-2623 F.A.S.T. - Facilitating Access Through Senior Technology

Area Agency on Aging of West Central Arkansas
Senior Specialists
905 West Grand Avenue
Hot Springs, AR 71913 3491

Mr. Timothy Herr (501) 321-2811
Sep 01, 2002 to Jun 30, 2004
FY 2002 \$449,085

This is a two year demonstration seniors computer technology project. The Area Agency on Aging for West Central Arkansas will work in five rural counties. The goal of the program is to utilize modern technology in this poor, rural, underserved area to improve access to computers, and improve the perception of, deliver services for seniors. Interventions will include the utilization of lap-top computers performing in-home visits to gather data and quickly determine eligibility for services. The Objectives of this Senior Computer program are: 1) to develop a research plan; 2) to conduct a minimum of three site visits; 3) to utilize information from site visits to formulate specifications for a central database; 4) to put into operation software, lap top /desk top computers, and bar code scanners to provide access to a central database; 5) to evaluate and disseminate the effectiveness of the project. Outcomes of this Seniors Computer program are: the pre and post research; dissemination ; the introduction of technology in seniors' homes will result in increased information and service accessibility; the implementation of barcode scanning will eliminate costly and cumbersome paper forms. The products of the Senior Computer project are: a final report, project information and research data; project summary; pre/post research analysis; abstracts for Arkansas Aging Conference; data questionnaires.

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