

**DEPARTMENT
of HEALTH
and HUMAN
SERVICES**

**Fiscal Year
2009**

**ADMINISTRATION
ON AGING**

**ONLINE
PERFORMANCE
APPENDIX**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION ON AGING

FY 2009 PERFORMANCE BUDGET

ONLINE PERFORMANCE APPENDIX

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Introduction

The Online Performance Appendix is one of several documents that fulfill the Department of Health and Human Services' (HHS') performance planning and reporting requirements. HHS achieves full compliance with the Government Performance and Results Act of 1993 and Office of Management and Budget Circulars A-11 and A-136 through HHS agencies' FY 2009 Congressional Justifications and Online Performance Appendices, the Agency Financial Report and the HHS Performance Highlights. These documents can be found at: <http://www.hhs.gov/budget/docbudget.htm> and <http://www.hhs.gov/afr/>.

The Performance Highlights briefly summarizes key past and planned performance and financial information. The Agency Financial Report provides fiscal and high-level performance results. The FY 2009 Department's Congressional Justifications fully integrate HHS' FY 2007 Annual Performance Report and FY 2009 Annual Performance Plan into its various volumes. The Congressional Justifications are supplemented by the Online Performance Appendices. Where the Justifications focus on key performance measures and summarize program results, the Appendices provide performance information that is more detailed for all HHS measures.

The Administration on Aging Congressional Justification and Online Performance Appendix can be found at <http://www.performance.aoa.gov>.

Summary of Measures and Results for the Aging Services Program

FY 2009 represents the fourth year the Administration on Aging (AoA) has aggregated all budget line items into a single GPRA program, AoA's Aging Services Program, for purposes of performance measurement. AoA program activities have a fundamental common purpose reflecting the primary legislative intent of the Older Americans Act (OAA): to make community-based services available to elders who are at risk of losing their independence, to prevent disease and disability through community-based activities, and to support the efforts of family caregivers. It is intended that States, Tribal organizations and communities actively participate in funding community-based services and develop the capacity to support the home and community-based service needs of elderly individuals with particular attention to low-income older individuals, including older individuals with limited English proficiency, and older individuals residing in rural areas.

These fundamental objectives led AoA to focus on three measurement areas to assess program activities through performance measurement: 1) improving efficiency; 2) improving client outcomes; and 3) effective targeting to vulnerable elder populations. Each outcome measure is representative of several activities across the Aging Services Program budget and progress toward achievement of the outcome is tracked using number indicators.

Measure 1: Improve Efficiency

Program efficiency is a necessary and important measure of the performance of AoA programs for two principal reasons. First, it is important to be a careful steward of Federal funds. Second, the OAA intended Federal funds to act as catalyst in generating capacity for these program activities at the State and local levels. It is the expectation of the OAA that States and communities increasingly improve their capacity to serve elderly individuals efficiently and effectively with both Federal and State funds.

There are four efficiency indicators for AoA program activities under Titles III, VI and VII of the OAA, and for Medicare fraud prevention activities. The first indicator addresses performance efficiency at all levels of the national aging services network in the provision of home and community-based services, including caregiver services. The second indicator demonstrates the efficiency of the Ombudsman program in resolving complaints associated with the care of seniors living in institutional settings. The third indicator demonstrates the efficiency of AoA in providing services to Native Americans. The fourth indicator assesses the efficiency of the Senior Medicare Patrol program.

In adopting the efficiency indicators, AoA found that in prior years the national aging services network was already improving its efficiency. As a result of past performance and AoA and Departmental initiatives to improve service integration and expand options for community-based care, AoA set ambitious performance targets for its efficiency indicators. Recognizing AoA's commitment to aggressively improve program efficiency, AoA's efficiency measure was highlighted in the FY 2005 President's budget. The following summarizes AoA's efficiency indicators:

Indicator 1.1: For Home and Community-based Services including Nutrition Services, and Caregiver services increase the number of clients served per million dollars of AoA funding.

Indicator 1.2: Increase the number of Ombudsman complaints resolved or partially resolved per million dollars of AoA funding.

Indicator 1.3: Increase the number of units of service provided to Native Americans per thousand dollars of AoA funding.

Indicator 1.4: Increase the number of beneficiaries per million dollars of AoA funding trained through Senior Medicare Patrol.

Performance Results for Efficiency Indicators

All indicators have shown increases and consistently achieved annual targets.

Measure 2: Improve Client Outcomes

While improving efficiency, AoA is committed to maintaining quality. The FY 2009 performance budget includes seven indicators supporting AoA's measure of improving client outcomes. To AoA, these are the core performance outcome indicators for our programs. AoA has multiple quality assessment indicators in this plan reflecting separate assessments provided by elders for services such as meals, transportation and caregiver assistance. In developing these indicators, AoA included measures to assess AoA's most fundamental outcome: to keep elders at home and in the community, and to measure results important to family caregivers. The measure for the Ombudsman program focuses on the core purposes of this programs: advocacy on behalf of older adults. The outcome indicator for the Ombudsman program assesses the efforts of States to improve the successful resolution of complaints by residents of nursing homes and other institutions.

AoA is committed to maintaining the high quality assessment rates established for its core programs and to achieving ambitious improvements in client outcomes measures. For consumer quality assessment indicators, the targets to maintain these high levels of performance are aggressive when taken in the context of AoA's commitment to aggressively improve program efficiency in the near and long term. Performance targets related to caregiver outcomes presented above are also challenging. To AoA, aggressive performance targeting for client outcome indicators is critical, because these measures truly illustrate the mission of AoA and the network to help vulnerable elders remain in the community.

A summary of the client outcome indicators for FY 2009 follows:

Indicator 2.6: Reduce the percent of caregivers who report difficulty in getting services.

Indicator 2.7: Improve the Ombudsman complaint resolution rates.

Indicator 2.9a: 90% of home delivered meal clients rate services good to excellent.

Indicator 2.9b: 90% of transportation clients rate services good to excellent.

Indicator 2.9c: 90% of National Family Caregiver Support Program clients rate services good to excellent.

Indicator 2.10: Improve well-being and prolong independence for elderly individuals as a result of home and community-based services.

Indicator 2.11: Increase the percentage of transportation clients who live alone.

Performance Results for Quality/Outcome Indicators

All client outcome indicators have shown improvement although in some cases performance targets were not achieved. Consumer-reported service quality has remained consistently high.

Measure 3: Effectively Target Services to Vulnerable Elderly

AoA's philosophy in establishing its targeting measure and associated indicators holds that targeting is of equal importance to efficiency and quality because it ensures that AoA and the national aging services network will focus their services on the neediest, especially when resources are scarce. Without targeting measures, efforts to improve efficiency and quality could result in unintended consequences whereby entities might attempt to focus their efforts toward individuals who are not the most vulnerable. Such an outcome would be inconsistent with the intent of the OAA, which specifically requires the network to target services to the most vulnerable elders. Such a result would also be inconsistent with the mission of AoA, which is to help vulnerable elders maintain their independence in the community. To help seniors remain independent, AoA and the national aging services network must focus their efforts on those who are at the greatest risk of institutionalization: persons who are disabled, poor, and residing in rural areas.

Thus, AoA's four indicators for effective targeting are crucial for ensuring that services are targeted to the most vulnerable client groups and their family caregivers.

As it has with its other measures, AoA has established ambitious performance targets for the indicators under this measure. The targets for disabled elders and for caregivers are particularly aggressive because of the importance of these two groups to the success of AoA's mission. The following summarizes AoA's targeting indicators.

Indicator 3.1: Increase the number of caregivers served.

Indicator 3.2: Increase the number of severely disabled clients who receive selected home and community-based services (Home-delivered Meals).

Indicator 3.3: Increase the percentage of OAA clients served who live in rural areas to 10% greater than the percent of all US elders who live in rural areas.

Indicator 3.4: Increase the number of States that serve more elderly living below the poverty level than the prior year.

Performance Results for Targeting Indicators

Targeting indicators for serving low-income, rural and disabled clients have been consistently achieved. Increasing the number of caregivers served has not met targets for the past two years.

Aging Services Program – Performance Summary

Since significantly reducing the number of measures by over 50 percent AoA has continued to stay with this streamlined approach. It should be noted that by necessity, most of the current performance indicators are cross-cutting and the established performance targets are usually dependent on multiple budget line items. The following table summarizes AoA’s performance measures and results from FY 2004 to FY 2009:

**Summary of Performance Targets and Results Table
Administration on Aging**

Fiscal Year	Total Targets	Results Reported		Targets			
				Total Met	Not Met		
		Number	%		Total	Improved	
2004	38	37	97	27	10	5	73
2005	16	16	100	13	3	1	81
2006	15	15	100	13	2	1	87
2007	16	NA	NA	NA	NA	NA	NA
2008	14	NA	NA	NA	NA	NA	NA
2009	15	NA	NA	NA	NA	NA	NA

PART Assessment

The Administration on Aging (the Aging Services Program) undergoes the PART review as a single program. This approach is consistent with the common mission and cross-cutting performance measurement strategy. Information on the latest PART is shown below.

Program Assessment Rating Tool (PART) Summary
Administration on Aging
CY 2002-CY 2007
(Dollars in Millions)

Program	FY 2008 Enacted	FY 2009		PART CY
		Request	+/- FY 2008 PB	
EFFECTIVE				
Aging Services Programs	\$1,416.6	\$1,384.5	-\$32.1	2007

PART Improvement Plans Table				
Program Name	Year	Rating	Improvement Plan Action	End Date
AoA's Aging Services Program	2007	Effective	Enhancing program evaluation activity through a comprehensive evaluation plan which includes process, impact and cost-benefit analysis.	09/2012

AoA's Aging Services Program received a PART Rating of Effective in 2007. The review found that AoA efficiently provides home and community-based services while maintaining high service quality. As a result of the PART review, the program is taking actions to enhance program evaluation activities to improve program management.

Performance Measurement Detail

A detailed discussion of AoA's performance follows. Each budget narrative will have a separate performance section, however, there will be some redundancy since most of the performance measures apply to or are impacted by multiple budget line items.

State and Community-Based Services

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target
				Target	Actual	Target	Actual		
Long-Term Objective: Improve efficiency of OAA programs by at least 35% by 2012.									
1.1	For Title III Services, that is, Home and Community-Based Services and Nutrition Services, increase the number of clients served per million dollars of AoA funding.	6,956 (+14%)	7,492 (+23%)	6,257 (+10%)	8,188 (+34%)	7,110 (+25%)	Sept-08	8,300 (+36%)	8,422 (+38%)
Long-Term Objective: By 2012 increase the client well-being and independence indicator by 40%.									
2.10	Improve well-being and prolong independence for elderly individuals as a result of AoA's Title III home and community-based services.	50.00	50.99	New in FY 08	52.18	53	Dec-08	54.50	56.00
Long-Term Objective: By 2012 all States will achieve a targeting index >1 for low-income, minority and rural Title III clients.									
3.3	Increase the percentage of OAA clients served who live in rural areas to 10% greater than the percent of all US elders who live in rural areas.	19.7%	36.7%	30.5%	32.2%	Census +10%	Sept-08	Census +10%	Census +10%
3.4	Increase the number of States that serve more elderly living below the poverty level than the prior year.	25	20	17	18	20	Sept-08	24	28

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related to State and Community-Based Services, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance.

Performance Narrative

Performance measures for the State and Community-Based Services cluster are focused on *1) Improving Program Efficiency; 2) Improving Client Outcomes and Maintaining High Levels of Service Quality; and 3) Effectively Targeting Services to Vulnerable Populations.*

Performance Measure 1: Improve Program Efficiency

Indicator 1.1: For Title III services (nutrition, supportive services, caregiver services and other activities), AoA will increase by 38 percent over the FY 2002 baseline (from 6,103 in FY 2002 to 8,422 by FY 2009) the number of clients served per million dollars of AoA funding. This ambitious performance target is a reflection of AoA's conviction that ongoing initiatives to improve access and expand options for home and community-based care will result in improved network performance.

Linkage to Budget

AoA and its program partners will use the requested resources for Title III services plus focused management improvements and replicable best practices to continue to improve the efficiency of

its programs. AoA's performance targets, along with the agency's initiatives, reflect AoA's belief that improvements in the integration of services and more effective use of existing resources are the key factors that will improve efficiency in AoA programs.

Program Results

In FY 2006, as in the prior three years, AoA achieved its efficiency performance target; the Aging Services Network served 8,188 clients per million dollars of OAA funding.

During the 2003 PART assessment, the long-term performance target for FY 2006 was established: to increase efficiency by ten percent over the FY 2002 baseline. At the time this targeted performance improvement was thought to be ambitious. Improved program efficiency was to be achieved through management improvements and replicable best practices.

However, the unanticipated occurred. After the enactment of the Medicare Prescription Drug Benefit, CMS sought the assistance of AoA and the Aging Services Network in providing information and assistance on this new benefit to Medicare recipients and their family members. As a result, the Aging Services Network experienced an influx of new service recipients as more people became aware of service options provided by the Area Agencies on Aging and local OAA service providers.

Performance has consistently trended upward and performance targets (calculated as percentage increases over the FY 2002 baseline) have been consistently achieved. The FY 2008 and FY 2009 performance targets project modest increases over the current performance levels. Improved efficiency will continue to result from management improvements and replicable best practices. Sustaining the current elevated efficiency levels, with modest increases, will be very challenging with no increase in program funding and no large infusion of program innovation funding. Lacking additional program funding, improved efficiency is of critical importance or the Aging Services Network is in danger of being overwhelmed as the older population increases.

Performance Measure 2: Improve Client Outcomes and Maintain a High Level of Service Quality

The FY 2009 performance budget for State and Community-based Services includes three indicators supporting AoA's goal of improving client outcomes and three indicators to monitor the continued high level of consumer-reported service quality. To AoA, these are the core performance outcome indicators for our programs. AoA has multiple quality assessment indicators in this plan reflecting separate consumer reported quality and outcome assessments provided for services such as meals, transportation and caregiver assistance. In developing the client outcome indicators, AoA included measures to assess AoA's most fundamental outcome: to keep elders at home and in the community, and to assist family caregivers. There is one overarching client outcome indicator that will be included in this section. The others will be included in the sections on Supportive Services, Nutrition Services, and Family Caregiver Support Services.

The client outcome indicator for FY 2009 follows:

Indicator 2.10 Improve Well-Being and Prolong Client Independence: Composite index of nursing home predictors will increase from the FY 2003 baseline of 46.57 to 56 in 2009 (Indicator 2.10).

Performance Measure Changes

The new measure, a composite index of nursing home predictors, is described below:

- Improve well-being and prolong independence for elderly individuals, as a result of AoA Title III services (Indicator 2.10).

The purpose of this measure is to demonstrate the success of State and Community-Based Services and program innovations in developing tools that enable the Aging Services Network to improve access to services for vulnerable populations. For example, the Aging and Disabilities Resource Centers with their focus on streamlining service access and improving information and referral, will provide the Aging Services Network with the replicable tools necessary to assure that especially vulnerable populations can access the services they need.

The components of the composite score for the well-being and independence measure are as follows:

1. Increase the percentage of caregivers reporting that services help them provide care longer.
2. Increase the percentage of transportation clients who are transportation disadvantaged. (Defined as unable to drive or use public transportation).

Rationale: Data from the Third National Survey of OAA Service Recipients show that older persons receiving transportation services who are “transportation disadvantaged” are more disabled and vulnerable and less likely to receive the information and assistance that they need. Specifically, they are more likely to exhibit Activities of Daily Living/Instrumental Activities of Daily Living (ADL/IADL) limitations; more likely to have stayed overnight in a hospital in the past year, more likely to have stayed overnight in a nursing home or rehabilitation facility and more likely to be socially isolated (all key predictors of nursing home placement see *Predicting Elderly People’s Risk for Nursing Home Placement, Hospitalization, Functional Impairment and Mortality* by Edward Alan Miller and William G. Weissert). They are also less likely to know how to contact their case manager and less likely to understand an explanation of their services. This subpopulation is more vulnerable to a loss of independence and less aware of service options.

3. Increase percentage of congregate meal recipients who live alone.

Rationale: Living alone is a predictor of nursing home placement (see *Predicting Elderly People's Risk for Nursing Home Placement, Hospitalization, Functional Impairment and Mortality* by Edward Alan Miller and William G. Weissert) and congregate meal recipients who live alone exhibit numerous other characteristics that can make them more vulnerable to loss of independence. For example, data from the Second National Survey of OAA Service Recipients show that they are more nutritionally vulnerable. They are less likely to eat three meals a day; they are in poorer health; they are less likely to socialize; they are more likely to be low income; and they are more likely to be 85 or older. Furthermore, they are more likely to utilize beneficial health promotion/disease activities offered at the meal site such as fitness activities and health screenings.

4. Increase the percentage of home-delivered meal recipients with 3+ IADL limitations.

Rationale: Multiple IADL limitations is a predictor of nursing home placement (see *Predicting Elderly People's Risk for Nursing Home Placement, Hospitalization, Functional Impairment and Mortality* by Edward Alan Miller and William G. Weissert and the Urban Institute's 2003 study entitled "*Estimates of the Risk of Long Term Care - Assisted Living and Nursing Home Facilities*" See study at <http://aspe.hhs.gov/daltcp/reports/riskest.htm>) and data from the Third National Survey of OAA Service Recipients show that home-delivered meal recipients with three or more IADL limitations exhibit numerous other characteristics that make them vulnerable to loss of independence. For example, they are more likely to have ADL limitations, they are more likely to exhibit numerous health conditions; they are more likely to be homebound and they are more likely to suffer from food insecurity. Further, improved nutrition can help manage many of the diseases that they suffer from (e.g. heart disease, diabetes, and osteoporosis).

We calculated the composite score using OAA Title III expenditures as reported in the State Program Report to weight the four components.

Linkage to Budget

Management improvements, best practices, and program administration along with the program budget will impact the performance of this outcome indicator.

Program Results

This is a new performance measure in FY 2009. However, four years of data show an upward trend and AoA believes that this composite index of nursing home predictors will continue to trend upward.

Performance Measure 3: Effectively Target Services to Vulnerable Elders

There are four indicators for effective targeting of State and Community-Based Services. Two indicators with broad applicability will be included in this section and the other two will be included in the sections on Nutrition Services and Family Caregiver Support Services. The two FY 2009 indicators for State and Community-Based Services follow:

Indicator 3.3 The FY 2009 performance target for serving rural clients will remain at census +10%. This targeted performance level establishes the importance of effectively targeting services to rural clients without creating an overemphasis on services to rural clients.

Indicator 3.4 The poverty targeting indicator is challenging for FY 2009 because it commits to improve performance in 28 States, a 55 percent increase over FY 2006.

Linkage to Budget

The observed success of the National Aging Services Network in targeting services to vulnerable elders provided an impetus for AoA to pursue demonstrations such as the Aging and Disability Resource Centers and Evidence-Based Disease Prevention to increase the capacity of the network by integrating services, streamlining eligibility and creating linkages with other key programs. State and Community-Based Services and Program Innovations directly address the intent of AoA and the National Aging Services Network to target community-based services toward those who are most at risk of institutionalization, which includes the poor, the disabled, those in rural areas, and other vulnerable elders.

Results Analysis

AoA achieved the performance targets for both targeting indicators for FY 2006 as follows.

Indicator 3.3 Increase the percentage of OAA clients served who live in rural areas to 10% greater than the percent of all US elders who live in rural areas. The FY 2006 target is calculated to be 30.5%. Thirty-two percent of OAA clients live in rural areas exceeding the performance target. Data reporting for this variable has fluctuated considerably with the inception of the revised State Program Report in FY 2005. Reporting seems to be stabilized at this time. Targets have consistently been met or exceeded and program performance was not impacted.

Indicator 3.4 Increase the number of States that serve more elderly living below the poverty level. The FY 2006 performance target was 17. Data for FY 2006 indicate that 18 States have increased the percentage of Title III clients in poverty, exceeding the FY 2006 performance target. Over the past four years there has been some annual fluctuation with performance. AoA will be reexamining the possibility of using American Communities Survey data to develop an annual targeting index for low-income clients.

Home and Community-Based Supportive Services

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target
				Target	Actual	Target	Actual		
Long-Term Objective: Demonstrate continued high quality of service by maintaining the percent of Title III recipients rating services good to excellent at 90%.									
2.9b	90% of transportation clients rate services good to excellent.	96%	97%	New in FY 08	98%	New in FY 08	Dec-08	90%	90%
Long-Term Objective: By 2012, increase the percentage of transportation clients living alone to 75%.									
2.11	Increase the percentage of transportation clients who live alone	65%	65%	New in FY 09	66%	New in FY 09	Dec-08	New in FY 09	70%

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related to Home and Community-Based Supportive Services, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance.

Performance Narrative

Performance measures for the Home and Community-Based Supportive Services are focused on *1) Improving Program Efficiency; 2) Improving Client Outcomes and Maintaining High Levels of Service Quality; and 3) Effectively Targeting Services to Vulnerable Populations.*

Performance Measure 1: Improve Program Efficiency

Indicator 1.1: For Title III services (nutrition, supportive services, caregiver services and other activities), AoA will increase by 38 percent over the FY 2002 baseline (from 6,103 in FY 2002 to 8,422 by FY 2009) the number of clients served per million dollars of AoA funding.

A detailed discussion of this indicator's performance can be found under the State and Community-Based Services section.

Performance Measure 2: Improve Client Outcomes and Maintain a High Level of Service Quality

There are three outcome indicators which directly depict performance for Home and Community-Based Supportive Services as follows:

Indicator 2.9b: 90% of transportation clients rate services good to excellent.

Indicator 2.10: Improve Well-being and Prolong Client Independence: Composite index of nursing home predictors will increase from the FY 2003 baseline of 46.57 to 56 in FY 2009.

Indicator 2.11: Increase the percentage of transportation clients living alone: The percentage of transportation clients living alone will increase from the FY 2005 baseline of 65% to 70% in FY 2009.

Indicator 2.10 is a composite index of nursing home predictors which cuts across all State and Community-Based Services. A detailed description of this indicator can be found under that section.

Performance Measure Changes

In the FY 2008 budget, AoA revised the indicators related to consumer assessment of service quality. This was done to standardize the measures. When the earlier measures were incorporated into the GPRA plan, the performance measurement surveys for specific services each had different quality measures. The surveys have been revised so that some questions are the same across services. Specifically, we discontinued:

Maintain high percentage of transportation clients rating services very good to excellent (Indicator 2.2).

We replaced the above indicators with the following:

At least 90% of transportation clients rate the service good to excellent (Indicator 2.9b).

In FY 2009 we are also adding, Indicator 2.11 “Increase the percentage of transportation clients living alone.” As noted in the discussion of indicator 2.10, living alone is a key predictor of nursing home placement and AoA anticipates that the expanded use of best practices which enable older persons to continue to live independently will be reflected in this indicator.

Linkage to Budget

Management improvements, best practices, and program administration along with the program budget will impact the performance of the outcome indicators.

Program Results

FY 2006 performance data show that the FY 2006 performance target was achieved for the following indicator:

Indicator 2.2 Maintain high client satisfaction with transportation services.

The FY 2003 baseline for this indicator is 82%. Targets were established at 82% for FY 2005 through FY 2007. FY 2006 performance is 85%. The four years of data available show no real change in the high level of client satisfaction with transportation services.

Four years of performance data for indicator 2.9b indicates that consumer-reported service quality is remaining very high, even in the context of improving program efficiency annually.

Three years of trend data for indicator 2.11 show constant performance, although the latest data does show a possible upward trend.

Performance Measure 3: Effectively Target Services to Vulnerable Elders

Indicators 3.3 and 3.4 include persons receiving Home and Community-Based Supportive Services. A detailed discussion of these indicators' performance can be found under the State and Community-Based Services section.

Nutrition Services

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target
				Target	Actual	Target	Actual		
Long-Term Objective: Improve efficiency of OAA programs by at least 35% by 2012.									
1.1	For Title III Services, that is, Home and Community-Based Services and Nutrition Services, increase the number of clients served per million dollars of AoA funding.	6,956 (+14%) N/A	7,492 (+23%)	6,257 (+10%)	8,188 (+34%)	7,110 (+25%)	Sept-08	8,300 (+36%)	8,422 (+38%)
Long-Term Objective: Demonstrate continued high quality of service by maintaining the percent of home and community-based service recipients rating services good to excellent at 90%.									
2.9a	90% of home delivered meal clients rate services good to excellent.	N/A	94%	New in FY 08	94%	New in FY 08	Dec-08	90%	90%
Long-Term Objective: By 2012, increase the number of severely disabled clients who receive selected services to 500,000.									
3.2	Increase the number of older persons with severe disabilities who receive home-delivered meals	293,500 (5%)	313,362 (11%)	322,522 (15%)	345,752 (+23)	350,568 (+25%)	Dec-08	364,590 (+30%)	378,613 (+35%)

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related to Nutrition Services, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance.

Performance Narrative

Performance measures for Nutrition Services are focused on 1) *Improving Program Efficiency*; 2) *Improving Client Outcomes and Maintaining High Levels of Service Quality*; and 3) *Effectively Targeting Services to Vulnerable Populations*.

Performance Measure 1: Improve Program Efficiency

Indicator 1.1: For Title III services (nutrition, supportive services, caregiver services and other activities), AoA will increase by 38 percent over the FY 2002 baseline (from 6,103 in FY 2002 to 8,422 by FY 2009) the number of clients served per million dollars of AoA funding.

A detailed discussion of this indicator's performance can be found under the State and Community-Based Services section.

Performance Measure 2: Improve Client Outcomes and Maintain a High Level of Service Quality

There are two outcome indicators which directly relate to Nutrition Services.

Indicator 2.9a: 90% of home-delivered meal clients rate services good to excellent.

Indicator 2.10: Improve Well-being and Prolong Client Independence: Composite index of nursing home predictors will increase from the FY 2003 baseline of 46.57 to 56 in FY 2009.

Indicator 2.10 is a composite index of nursing home predictors which cuts across all State and Community-Based Services. A detailed description of this indicator can be found under that section.

Performance Measure Changes

In the FY 2008 budget, AoA revised the indicators related to consumer assessment of service quality. This was done to standardize the measures. When the earlier measures were incorporated into the GPRA plan, the performance measurement surveys for specific services each had different quality measures. The surveys have been revised so that some questions are the same across services. Specifically, we discontinued:

Indicator 2.1 Maintain high client satisfaction with home-delivered meals.

We replaced the above indicator with the following:

At least 90% of home-delivered meal clients rate the service good to excellent (Indicator 2.9a).

Linkage to Budget

Management improvements, best practices, and program administration along with the program budget will impact the performance of the outcome indicators.

Program Results

FY 2006 performance data show that the FY 2006 performance target was achieved for the following indicator:

Indicator 2.1 Maintain high client satisfaction with home-delivered meals.

The FY 2003 baseline for this indicator is 93%. Targets were established at 93% for FY 2005 through FY 2007. FY 2006 performance is 94%. The three years of data available show no real change in the high level of client satisfaction with home-delivered meals.

Two years of performance data for indicator 2.9a indicate that consumer-reported service quality is remaining very high, even in the context of improving program efficiency annually.

Performance Measure 3: Effectively Target Services to Vulnerable Elders

There are three targeting indicators that relate directly to Nutrition Services as follows:

Indicator 3.2: Increase the number of severely disabled clients receiving selected home and community-based services (home-delivered meals). The FY 2009 target is 378,613, a 35% increase over the FY 2003 baseline.

Also, Indicators 3.3 and 3.4 include persons receiving Nutrition Services. A detailed discussion of these indicators' performance can be found under the State and Community-Based Services section.

Linkage to Budget

The observed success of the National Aging Services Network in targeting services to vulnerable elders provided an impetus for AoA to pursue demonstrations such as the Aging and Disability Resource Centers and Evidence-Based Disease Prevention to increase the capacity of the network by integrating services, streamlining eligibility and creating linkages with other key programs. State and Community-Based Services and Program Innovations directly address the intent of AoA and the National Aging Services Network to target community-based services toward those who are most at risk of institutionalization, which includes the poor, the disabled, those in rural areas, and other vulnerable elders.

Results Analysis

Indicator 3.2 Increase the number of severely disabled clients who receive selected (home-delivered meals) home and community-based services. The FY 2006 target was 322,522, a 15 percent increase over the FY 2003 baseline. Actual performance for FY 2006 was 345,752, exceeding the FY 2006 target. Performance for this key indicator is trending upward for the past three years.

Family Caregiver Support Services

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target
				Target	Actual	Target	Actual		
Long-Term Objectives:									
<ul style="list-style-type: none"> • Demonstrate continued high quality of service by maintaining the percent of home and community-based service recipients rating services good to excellent at 90%. • By 2012, reduce the percent of caregivers who report difficulty in getting services to 35%. 									
2.6	Reduce the percent of caregivers who report difficulty in getting services.	50%	49%	43%	46.5% +/- 5%	35%	Dec-08	35%	35%
2.9c	90% of NFCSP clients rate services good to excellent.	N/A	93%	New in FY 08	94%	New in FY 08	Dec-08	90%	90%
Long-Term Objective: Increase the number of caregivers served to one million.									
3.1	Increase the number of caregivers served	537,137	710,546	900,000	678,489	1 M	Aug-08	762,000	774,000

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related to National Family Caregiver Support Services, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance.

Performance Narrative

Performance measures for Family Caregiver Support Services are focused on 1) *Improving Program Efficiency*; 2) *Improving Client Outcomes and Maintaining High Levels of Service Quality*; and 3) *Effectively Targeting Services to Vulnerable Populations*.

Performance Measure 1: Improve Program Efficiency

Indicator 1.1: For Title III services (nutrition, supportive services, caregiver services and other activities), AoA will increase by 38 percent over the FY 2002 baseline (from 6,103 in FY 2002 to 8,422 by FY 2009) the number of clients served per million dollars of AoA funding.

A detailed discussion of this indicator's performance can be found under the State and Community-Based Services section.

Performance Measure 2: Improve Client Outcomes and Maintain a High Level of Service Quality

Indicator 2.6: Reduce the percentage of caregivers reporting difficulty getting services. The FY 2009 target is ambitiously set at 35%, a substantial reduction from the FY 2003 baseline of 64%.

Indicator 2.9c: 90% of Family Caregiver Support clients rate services good to excellent.

Indicator 2.10: Improve Well-being and Prolong Client Independence: Composite index of nursing home predictors will increase from the FY 2003 baseline of 46.57 to 56 in FY 2009.

A detailed discussion of Indicator 2.10 can be found under the State and Community-Based Services section.

Performance Measure Changes

In the FY 2008 budget, AoA revised the indicators related to consumer assessment of service quality. This was done to standardize the measures. When the earlier measures were incorporated into the GPRA plan, the performance measurement surveys for specific services each had different quality measures. The surveys have been revised so that some questions are the same across services. Specifically, we discontinued:

Maintain high percentage of caregivers rating case management services received by care recipient good to excellent (Indicator 2.3).

We replaced the above indicator with the following:

At least 90% of National Family Caregiver Support Program clients rate the services good to excellent (Indicator 2.9c).

In FY 2009 we are discontinuing the indicator “Increase the percent of caregivers who report that services help them care longer (Indicator 2.5).” This indicator is one of the components of the new well-being and independence measure (Indicator 2.10).

Linkage to Budget

The client outcomes measures and indicators complement the efficiency and targeting measures that also support the budget. The success of AoA’s initiatives in improving program efficiency must be balanced by the ability of the National Aging Services Network to maintain the current high level of service quality and improvements in results reported by consumers.

Management improvements, best practices, and program administration along with the program budget will impact the performance of the outcome indicators.

Results Analysis

For FY 2006 there is one quality indicators and two client outcome measures. The quality indicator achieved its performance target. One of the outcome measures met its performance target and the other did not although performance showed improvement.

Quality Indicator:

Indicator 2.3 Maintain high client satisfaction among caregivers of elders.

The FY 2003 baseline for this indicator is 87%. Targets were established at 87% for FY 2005 through FY 2007. FY 2006 performance is 95%. The four years of data available indicate that performance may be trending upward.

Outcome Indicators:

Indicator 2.5 Increase the percent of caregivers who report that services help them care longer for older individuals. In FY 2003 the baseline of 48% was established. Ambitious performance targets of six percentage point annual increases were established at that time. The target for FY 2006 was 68%. Performance in FY 2006 was 57%. Performance is trending upward but the original performance targets, established without the benefit of trend data, were clearly too ambitious. Future targets have been established with awareness of current performance trends.

Indicator 2.6 Reduce the percent of caregivers who report difficulty getting services. In FY 2003 the baseline of 64% was established. Ambitious performance targets of seven percentage point annual decreases were established at that time. The target for FY 2006 was 43%. Performance in FY 2006 was 46%+|-6%. Performance is trending downward but the original performance targets, established without the benefit of trend data, were slightly too ambitious. Future targets have been established with awareness of current performance trends.

Performance for both indicators has improved substantially over the FY 2003 baseline, demonstrating successful development of the Family Caregiver Support Program and success with replicable best practices streamlining access to services.

Performance Measure 3: Effectively Target Services to Vulnerable Elders

Indicator 3.1 Increase the Number of Caregivers Served. As part of the caregiver program implementation it is essential that the National Aging Services Network reach out to caregivers. As a result, AoA established the aggressive target to serve 1,000,000 caregivers by FY 2007; a goal that is more than 100 percent higher than the FY 2002 baseline for caregivers served. FY 2006 data indicate that over 678,000 caregivers currently receive services. While this is a substantial number, it is less than the FY 2006 target of 900,000. In this light, the FY 2007 target of 1,000,000 appears unrealistic. Therefore, the FY 2008 and FY 2009 performance targets will be reduced so that they are consistent with requested resources. We are projecting that 762,000 caregivers will be served in FY 2008 and 774,000 in FY 2009 (Indicator 3.1).

Linkage to Budget

The observed success of the National Aging Services Network in targeting services to vulnerable elders provided an impetus for AoA to pursue demonstrations such as the Aging and Disability Resource Centers and Evidence-Based Disease Prevention to increase the capacity of the network by integrating services, streamlining eligibility and creating linkages with other key programs. State and Community-Based Services and Program Innovations directly address the intent of AoA and the National Aging Services Network to target community-based services

toward those who are most at risk of institutionalization, which includes the poor, the disabled, those in rural areas, and other vulnerable elders.

Results Analysis

The FY 2006 performance target of 900,000 was not achieved.

During the 2003 PART assessment, ambitious long-term performance targets for FY 2006 and FY 2007 were established to increase the number of caregivers served. The targeting methodology was based on assumptions of both improved program efficiency and increased program funding levels. The increased funding levels did not occur, therefore, the increases in the numbers of caregivers served were not as large as had been predicted. (Note: the apparent decline in numbers served between FY 2005 and FY 2006 is a result of a reporting problem in a few large states which has been corrected.) Because of the confounding factors related to data collection the trend toward increased number of caregivers served is somewhat obscured.

AoA has revised its targeting methodology for this measure. We are currently employing a marginal cost analysis and then incorporating improved efficiency estimates. Improved efficiency will result from management improvements and best practices. For example, the Aging and Disabilities Resource Centers Demonstration is expected to improve program efficiency through service integration and enhanced information and referral operations. Performance targets for FY 2008 and FY 2009 were established using the marginal cost approach plus improved efficiency and reflect more realistic performance expectations consistent with current funding levels. Increasing the number of caregivers served is a critical component of AoA's efforts to prolong the ability of vulnerable elderly persons to live in their homes. Over 50 percent of caregivers receiving services report that the services have "definitely helped them provide care longer" and over 45 percent of caregivers report that without services their care recipients would be unable to maintain their current living arrangements. Failure to increase the number of caregivers served translates into missed opportunity for prolonging the independence of many elderly people.

Services for Native Americans

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target
				Target	Actual	Target	Actual		
Long-Term Objective: Improve efficiency of OAA programs by at least 35% by 2012.									
1.3	For Title VI Services, increase the number of units of service provided to Native Americans per thousand dollars of AoA funding.	252 (+15%)	254 (+15%)	242 (+10%)	281	264 (+20%)	Apr 08	273 (+24%)	277 (+26%)
Long-Term Objective: Increase the number of caregivers served.									
3.1	Increase the number of caregivers served.	537,137	710,546	900,000	678,489	1.0 M	Dec-08	762,000	774,000

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related to Services for Native Americans, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance.

Performance Narrative

Services for Native Americans provides grants to eligible tribal organizations to promote the delivery of home and community-based supportive services, nutrition services, and support for family and informal caregivers. The performance measurement strategy for Native American Services aligns with the performance measurement strategy for State and Community-Based Services.

Performance measures for the Services for Native Americans program are focused on *1) Improving Program Efficiency; 2) Improving Client Outcomes and Maintaining High Levels of Service Quality; and 3) Effectively Targeting Services to Vulnerable Populations.*

Performance Measure 1: Improve Program Efficiency

Indicator 1.3: For Title VI Services (nutrition, supportive services, caregiver services and other activities), increase by 26 percent over the FY 2002 baseline (from 220 in FY 2002 to 277 by FY 2009) the number of services provided per thousand dollars of AoA funding. This ambitious performance target is a reflection of AoA's conviction that ongoing initiatives will result in improved network performance.

Linkage to Budget

AoA and its program partners will use the requested resources for Title VI services plus some Title III funding in conjunction with focused management improvements and best practices to continue to improve the efficiency of its programs. AoA's performance targets, along with the agency's initiatives, reflect AoA's belief that improvements in the integration of services and more effective use of existing resources are the key factors that will improve efficiency in AoA programs.

Program Results

In FY 2006, as in the prior three years, AoA achieved its efficiency performance target; the Title VI grantees provided 281 units of service per thousand dollars of OAA funding, substantially exceeding the performance target of 242.

When the performance target for FY 2006 was established: to increase efficiency by 10% over the FY 2002 baseline it was consistent with the target for State and Community-Based Services. At the time this targeted performance improvement was thought to be ambitious. Improved program efficiency was to be achieved through best practices. It was anticipated that the Aging and Disability Resource Centers (ADRCs) and other program innovations would enhance operations throughout the Aging Services Network by establishing replicable information and access improvement strategies such as “single-entry points.”

However, the unanticipated occurred. After the enactment of the Medicare Prescription Drug Benefit, CMS sought the assistance of AoA and the Aging Services Network in providing information and assistance on this new benefit to Medicare recipients and their family members. As a result, the Aging Services Network experienced an influx of new service recipients as more people became aware of service options.

Performance has consistently trended upward and performance targets (calculated as percentage increases over the FY 2002 baseline) have been consistently achieved. However, performance for FY 2006 showed a substantial increase. We do not believe this level of performance is sustainable with no increase in program funding or large infusion of program innovation funding. The FY 2008 and FY 2009 performance targets project substantial increases over the performance levels achieved in FY 2004 and FY 2005. If FY 2007 performance data show that the elevated performance level is maintained performance targets for FY 2009 will be increased. Improved efficiency will result from management improvements and best practices. Lacking additional program funding, improved efficiency is of critical importance if older Native Americans are to receive the services they need.

Performance Measure 2: Improve Client Outcomes and Maintain a High Level of Service Quality

Outcome and Service Quality information is obtained specifically for the Title VI program through program evaluations conducted on a ten-year cycle. The evaluation conducted by Mathematica Policy Research Inc. (1993-1995) found that Title VI program participants were highly satisfied with the nutrition services. The majority of respondents reported the highest level of satisfaction in response to most of the service quality questions. For example, 93 percent reported “always” “getting enough to eat from the meal” and 95 percent reported “somewhat/very satisfied” with “how the food tastes.” All of the responses are comparable with results gathered from the service quality questions asked of Title III participants. While there are no on-going data sources specifically for Title VI outcomes and service quality, Native Americans participate in the National Surveys conducted for Title III services and the following outcome indicators are considered annual proxies for Native American indicators.

- Caregiver Difficulty Reduction: Decrease to 35% the percentage of caregivers reporting difficulties in dealing with agencies to obtain services from the FY 2003 base of 64% (Indicator 2.6).
- Home-Delivered Meals Quality Assessment: 90% of home delivered meal clients rate services good to excellent (Indicator 2.9a).
- Transportation Quality Assessment: 90% of transportation clients rate services good to excellent (Indicator 2.9b).
- Caregiver Quality Assessment: 90% of caregivers rate NFCSP services good to excellent (Indicator 2.9c).
- Improve Well-being and Prolong Client Independence: Composite index of nursing home predictors will increase from the FY 2003 baseline of 46.57 to 56 in 2009 (Indicator 2.10).
- Increase the Percentage of Transportation Clients Living Alone: Increase the percentage of transportation clients living alone to 70% (Indicator 2.11).

A detailed discussion of these indicators' performance can be found under the State and Community-Based Services section.

Performance Measure 3: Effectively Target Services to Vulnerable Elders

As it has with its other measures, AoA has established ambitious performance targets for the indicators under this measure. Since the Native American Services program is already targeted to a vulnerable population, the only targeting measure which pertains to this program is as follows.

Indicator 3.1 Increase the Number of Caregivers Served. As part of the caregiver program implementation it is essential that the National Aging Services Network reach out to caregivers. FY 2006 data indicate that over 678,000 caregivers currently receive services (this total includes 36,281 Native Americans).

A detailed discussion of this indicator's performance can be found under the State and Community-Based Services section.

Protection of Vulnerable Older Americans

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target
				Target	Actual	Target	Actual		
Long-Term Objective: Improve efficiency of OAA programs by at least 35% by 2012.									
1.2	For Title VII Services, increase the number of Ombudsman complaints resolved or partially resolved per million dollars of AoA funding.	10,778 (+16%)	11,687 (+26%)	10,062 (+14%)	10,745 (+16%)	11,811 (+27%)	Sept-08	11,439 (+23%)	11,811 (+27%)
Long-Term Objective: By 2012, improve the Ombudsman complaint resolution rates in 35 States.									
2.7	Improve the Ombudsman complaint resolution rates.	26	26	15	27	15	Sept-08	30	32

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related to Protection of Vulnerable Older Americans, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance.

Performance Narrative

Performance measurement for the Protection of Vulnerable Older Americans programs focuses on 1) *Improving Program Efficiency*; and 2) *Improving Client Outcomes and Maintaining High Levels of Service Quality*. These programs, which focus on the prevention of elder abuse and neglect, are targeted to the most vulnerable elder Americans. The Long-Term Care Ombudsman program, which focuses on protection of those elderly residing in long-term care facilities, will provide the representative performance measures for this section.

Performance Measure 1: Improve Program Efficiency

Anticipating the continued use of volunteers and the ability of State and local providers to leverage OAA funds, AoA set an ambitious performance target for this efficiency indicator. The following summarizes the efficiency indicator and performance target for the Long-Term Care Ombudsman program:

Indicator 1.2: For Title VII services, AoA will increase by 27 percent over the FY 2002 baseline (from 9,300 in FY 2002 to 11,811 by FY 2009) the number of complaints resolved or partially resolved per million dollars of AoA funding.

Linkage to Budget

AoA's performance targets reflect AoA's belief that improvements due to replication of best practices and more effective use of existing resources are the key factors that will improve efficiency in AoA programs.

Program Results

The FY 2006 performance target was achieved for this indicator. The FY 2006 target of 10,062 complaints resolved or partially resolved per million dollars of OAA funding represents a 14 percent increase over the FY 2002 baseline of 9,300. In FY 2006, Ombudsman programs reported resolving or partially resolving 10,745 complaints per million dollars of OAA funding, exceeding the FY 2006 target of 10,062. Trend data has been upward as targeted, although data from FY 2005 appears to have been unusually high. Consequently performance targets for FY 2007 are probably unrealistically high. Targets for FY 2008 and FY 2009 are slightly more modest but still may be overly ambitious for the funding level requested.

Performance Measure 2: Improve Client Outcomes and Maintain a High Level of Service Quality

Significance of Performance Measures

The measure for the Ombudsman program focuses on the core purposes of this program: advocacy and education on behalf of older adults. The outcome indicator for the Ombudsman program assesses the efforts of States to improve the successful resolution of complaints by residents of nursing homes and other institutions.

Indicator 2.7: Improve Ombudsman complaint resolution rates. For FY 2009, 32 States will increase the percentage of complaints resolved.

Linkage to Budget

AoA's performance targets reflect AoA's belief that improvements due to management innovation and best practices are the key factors that will improve efficiency in AoA programs. AoA anticipates the continued use of volunteers and the ability of State and local providers to leverage OAA funds will enable the Ombudsman program to continue improving program performance.

Program Results

The FY 2006 performance target of 15 was believed to be ambitious when it was originally established. However, FY 2006 data indicates that the Ombudsman complaint resolution rates improved in 27 States, substantially exceeding the FY 2006 target. For each of the four years where data has been reported at least 24 States have shown improvement, with a very modest upward trend. The performance target for FY 2009 of 32 States will require more improvement than is currently being realized. We believe this target, while attainable, is highly ambitious with the current funding levels requested. It is of paramount importance that complaints involving the most vulnerable of the elderly are successfully resolved.

Measure 3: Effective Targeting to Vulnerable Elders

Since the Ombudsman Program is already targeted to a vulnerable population and serves a prevention purpose, a formal targeting measure is not applicable. However, the frequency of visits to facilities by Ombudsmen is an effective indicator and was discussed by the Institute of Medicine (IOM) as a measure of program effectiveness in the 1995 evaluation of the program.

In FY 2006, 79% of the 16,750 nursing facilities nationwide received at least quarterly visits from the Ombudsman Program with 19 states reporting 100% of facilities visited at least quarterly. This high level of frequent visitation by the Ombudsman Program has been maintained at 80% or higher since FY 1999. AoA's expectations are that this high level of access to the Ombudsman Program will be maintained.

Program Innovations

Program Innovations is part of AoA's Aging Services GPRA program. The knowledge generated through program innovation grants helps to ensure that AoA's core programs maintain and improve performance. Program Innovations support program performance for State and Community-Based Services, Services to Native Americans, Protection of Vulnerable Older Americans, and Aging Services Network Support Activities.

Alzheimer's Disease Demonstration Grants

Alzheimer's Disease Demonstration Grants is part of AoA's Aging Services Government Performance and Results Act (GPRA) program. The knowledge generated by the Alzheimer's Disease Demonstration Grants program helps to ensure that AoA's core programs, particularly its caregiver programs, maintain and improve performance. The Alzheimer's Disease Demonstration Grants program is not directly measured by AoA's performance indicators.

Aging Network Support Activities

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target
				Target	Actual	Target	Actual		
Long-Term Objective: Improve efficiency of OAA programs by at least 35% by 2012.									
1.4	For Senior Medicare Patrol, increase the number of beneficiaries trained per million dollars of AoA funding.	46,229 (+49%)	47,758 (+54%)	37,200 (+20%)	42,767 (+38%)	48,980 (+58%)	Sept-08	49,600 (+60%)	50,220 (+62%)

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related to Aging Network Support Activities, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance.

Performance Narrative

Performance measurement for Aging Services Network Support Activities is focused on *1) Improving Program Efficiency; and 2) Improving Client Outcomes and Maintaining High Levels of Service Quality.* These activities provide on-going support for the National Aging Services Network and help seniors and their families obtain information about care options and benefits. The Senior Medicare Patrol Program (SMP) will provide the representative performance measures for this section.

Performance Measure 1: Improve Program Efficiency

Indicator 1.4: For Senior Medicare Patrol activities, AoA will increase by 62 percent over the FY 2002 baseline (from 31,000 in FY 2002 to 50,220 by FY 2009) the number of Medicare beneficiaries trained per million dollars of AoA funding. FY 2008 performance targets for 1.4 has been revised based on revised trend data including FY 2006 performance information that was not previously available.

Linkage to Budget

AoA's performance targets reflect AoA's belief that improvements due to management improvement and more effective use of existing resources are the key factors that will improve efficiency in AoA programs.

Results Analysis and Improved Performance

The FY 2006 performance target was achieved for this indicator. In FY 2006, Senior Medicare Patrols reported training 42,767 beneficiaries per million dollars of funding, exceeding the FY 2006 target of 37,200. However, the prior three years had all shown increases and the FY 2006 figure of 42,767, while achieving the performance target, is a decrease from the FY 2005 total of 47,758. We believe that this decline is attributed to the extensive involvement of the aging services network in Medicare prescription drug enrollment, leaving fewer staff available to train Medicare beneficiaries. Also, with the focus of the beneficiaries on prescription drug

coverage there may have been fewer individuals interested in training related to Medicare billing. AoA has retained very ambitious performance targets for FY 2008 and FY 2009 that are consistent with performance trends prior to FY 2006. We will reexamine the targets after FY 2007 data becomes available.

Performance Measure 2: Improve Client Outcomes and Maintain a High Level of Service Quality

AoA is developing a new performance indicator designed to gauge the impact of SMPs on Medicare beneficiaries reading and understanding of their Medicare Summary Notices.

Program Administration

Effective program administration at the Federal, State and local levels is vital to enhanced program performance throughout the aging services network. Program Administration funding enables AoA to provide the Federal leadership necessary to assure strong program performance. This funding supports all program performance for State and Community-Based Services, Services to Native Americans, Protection of Vulnerable Older Americans and Aging Services Network Support Activities.

Discussion of AoA Strategic Plan

The mission of the AoA is to help individuals maintain their dignity and independence in their homes and communities through comprehensive, coordinated, and cost effective systems of long-term care, and livable communities across the U.S. To carry out its mission under the OAA and advancing the priorities of the Administration, The Assistant Secretary for Aging has established five strategic goals to guide AoA. These five strategic goals have guided the formulation of AoA's budget request for FY 2009:

- Goal 1: Empower older people, their families and other consumers to make informed decisions about, and to be able to easily access, existing health and long term care options.
- Goal 2: Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.
- Goal 3: Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.
- Goal 4: Ensure the rights of older people and prevent their abuse, neglect and exploitation.
- Goal 5: Maintain effective and responsive management.

AoA's budget funds a variety of services to seniors and their family caregivers including home and community-based supportive and nutrition services, and protection of vulnerable elder rights. AoA program performance and outcome data demonstrate that these services are effective in helping to further the Assistant Secretary's strategic goals and objectives. AoA's strategic goals and program activities contribute to the achievement of all the strategic priorities of the Department and are linked to 12 specific HHS objectives. The following crosswalk shows the links between the AoA and HHS Strategic Goals and Objectives:

Link to HHS Strategic Plan

Link between the AoA and HHS Strategic Goals and Objectives				
	AoA Strategic Program Goals			
	Goal 1: Empower older people and their families to make informed decisions about, and be able to easily access, existing home and community-based options.	Goal 2: Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services including supports for family caregivers.	Goal 3: Empower older people to stay active and healthy through Older Americans Act Services and the new prevention benefits under Medicare.	Goal 4: Ensure the rights of older people and prevent their abuse, neglect, and exploitation.
HHS Strategic Goals				
1: Health Care Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.				
1.1 Broaden health insurance and long-term care coverage.	X	X		
1.2 Increase health care service availability and accessibility.	X	X		
1.3 Improve health care quality, safety and cost/value.	X	X	X	X
1.4 Recruit, develop, and retain a competent health care workforce.		X		X
2: Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats.				
2.1 Prevent the spread of infectious diseases.			X	
2.2 Protect the public against injuries and environmental threats.			X	
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.	X		X	X
2.4 Prepare for and respond to natural and man-made disasters.	X			
3: Human Services Promote the economic and social well-being of individuals, families and communities.				
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan.	X	X	X	X
3.2 Protect the safety and foster the well being of children and youth.				
3.3 Encourage the development of strong, healthy and supportive communities.	X	X	X	X
3.4 Address the needs, strengths and abilities of vulnerable populations.	X	X	X	X

4: Scientific Research and Development Advance scientific and biomedical research and development related to health and human services.				
4.1 Strengthen the pool of qualified health and behavioral science researchers.				
4.2 Increase basic scientific knowledge to improve human health and human development.				
4.3 Conduct and oversee applied research to improve health and well-being.				
4.4 Communicate and transfer research results into clinical, public health and human service practice.	X	X	X	X

HHS Strategic Goal 1 Health Care - Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.

All four objectives under HHS’s first strategic goal are supported by the AoA Strategic Plan. Specific AoA strategies supporting the *Health Care* objective include AoA’s Goal 1, Strategic Objective 1.1: provide streamlined access to health and long-term care through Aging and Disability Resource Center (ADRC) demonstration projects. This successful collaboration with the Centers for Medicare and Medicare Services (CMS) to promote the creation of highly visible and trusted places where people with disabilities of all ages and incomes can turn for information on the full range of long-term support options and streamlined access to public long-term care programs and benefits has led to the establishment of 104 ADRCs in 43 states. These Centers support the HHS Objective 1.1: broaden health insurance and long-term care coverage as well as Objective 1.2: increase health care service availability and accessibility.

HHS Strategic Goal 2 Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness - Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats.

As with HHS’s first strategic goal, AoA’s Strategic Plan supports all four objectives under HHS Goal 2. AoA’s Strategic Object 3.2: promote the use of the prevention benefits under Medicare is one example of how AoA is working toward the HHS goal of public health promotion and disease prevention. AoA and the Aging Services Network were natural and essential partners with CMS in the implementation of Medicare Part D and are now using this partnership to help beneficiaries understand and effectively utilize Medicare prevention benefits, thereby, advancing HHS Objective 2.1: prevent the spread of infectious disease and Objective 2.2: promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.

HHS Strategic Goal 3 Human Services - Promote the economic and social well-being of individuals, families and communities.

All four AoA Strategic Goals link to HHS Objectives 3.1, 3.3 and 3.4. Objective 3.2 is not included since it is specific to children and youth. HHS Goal 3 is closely tied to the strategic objectives and activities under AoA Goal 2: enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based

services, including supports for family caregivers. Most older people entering nursing homes are private pay individuals, and those who end up on Medicaid, usually do so as a result of spending down their income and assets. AoA is providing opportunities for seniors to maintain their independence through less costly home and community-based services and supporting HHS Objective 3.1: promote the economic independence and social well-being of individuals, family and communities through the promotion of consumer-directed approaches to home and community-based services. Programs such as *Cash and Counseling* empower individuals to determine the types of care they receive and the manner in which it is provided. This activity under AoA objective 2.1: enable seniors to remain in their homes and communities through flexible service models and consumer-directed approaches – is one way AoA is helping older adults improve the quality of their lives, conserve and extend the use of their own resources, and potentially reduce the fiscal pressures on Medicaid.

HHS Strategic Goal 4 Scientific Research and Development - Advance scientific and biomedical research and development related to health and human services.

HHS Objective 4.4: communicate and transfer research results into clinical, public health and human service practice – is tied to all four of AoA’s Strategic Goals. AoA continues to work with national partners including AHRQ, CDC and NIA to deploy, through the Aging Services Network, the use of evidence-based disease and disability prevention programs for older people at the community level – AoA’s Strategic Objective 3.1. These interventions involve simple tools and techniques seniors can use to better manage their chronic conditions, reduce their risk of falling, and improve their nutrition and their physical and mental health.

AoA’s work also ties directly to the HHS priorities of value-driven healthcare, personalized health care and prevention and to Secretary Leavitt’s 500-day plan areas of transforming the healthcare system, modernizing Medicare and Medicaid, and protecting life, family and human dignity. Below is a synthesis of the older adult related major goals reflected in the Secretary’s 250-Day Update to the 500-Day Plan and the associated AoA Strategic Goals:

Strategic Mapping of Key AoA Goals to Secretary Leavitt’s 500 Day Plan		
Transform the Healthcare System		
<p><u>Vision:</u></p> <ul style="list-style-type: none"> Wellness and prevention are sought as rigorously as treatment. 	<p><u>Strategies:</u></p> <ul style="list-style-type: none"> Establishing early detection and prevention strategies and promoting the rapid translation of scientific research into affordable, reliable, and safer treatments. Supporting community-based approaches to reduce health disparities that affect racial, ethnic, and under-served populations. 	<p><u>AoA Strategic Goal:</u></p> <ul style="list-style-type: none"> Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.

Modernize Medicare and Medicaid		
<p><u>Vision:</u></p> <ul style="list-style-type: none"> • Seniors and people with disabilities can be cared for in their home or community at their option. 	<p><u>Strategy:</u></p> <ul style="list-style-type: none"> • Implementing Medicare Part D by ensuring eligible individuals enroll in the program and that beneficiaries can seamlessly access their benefits. 	<p><u>AoA Strategic Goals:</u></p> <ul style="list-style-type: none"> • Empower older people, their families and other consumers to make informed decisions about, and to be able to easily access, existing health and long term care options. • Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers. • Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.
Protect Life, Family and Human Dignity		
<p><u>Vision:</u></p> <ul style="list-style-type: none"> • Seniors and persons with disabilities are cared for with dignity and respect. 	<p><u>Strategy:</u></p> <ul style="list-style-type: none"> • Furthering the President’s New Freedom Initiative to promote participation by all Americans with disabilities, including mental disabilities, in their communities. 	<p><u>AoA Strategic Goals:</u></p> <ul style="list-style-type: none"> • Empower older people, their families and other consumers to make informed decisions about, and to be able to easily access, existing health and long term care options. • Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers. • Ensure the rights of older people and prevent their abuse, neglect and exploitation.

The AoA Performance Budget for FY 2009 is goal oriented, advancing the Administration’s priorities including supporting Secretary Leavitt’s 500-Day Plan, the HHS strategic goals and AoA’s five strategic priorities. AoA is working with other HHS Operating Divisions to reduce the institutional bias in our long-term care system and to support livable communities where Americans are able to stay at home, remain connected to the community, easily access the resources they need, and are empowered to drive their own future. An overarching strategy is to help the Aging Services Network local aging organizations and their community service providers, including faith-based organizations to develop sustainable, cost-efficient and effective programs that not only serve the needs of older adults today, but also facilitate systems changes at the State and local level that will better position these same organizations for the future.

Summary of Full Cost

Summary of Full Cost-Discretionary <i>(Allocated Budgetary Resources in Millions)</i>			
	ADMINISTRATION ON AGING		
HHS Strategic Goals & Objectives	FY2007	FY2008	FY2009
1: Health Care - Improve the safety, quality, affordability, and accessibility of health care, including behavioral health and long-term care.			
1.1 Broaden health insurance and long-term care coverage.			
Program Innovations	24.058	30.867	32.918
Program Administration	0.324	0.400	0.452
1.2 Increase health care availability and accessibility.			
1.3 Improve health care quality, safety, cost and value.			
Health Care Fraud and Abuse Control	3.128	3.128	3.128
Aging Network Support Activities	13.133	15.377	13.133
Program Administration	0.177	0.199	0.180
1.4 Recruit, develop, and retain a competent health care workforce.			
2: Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness - Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infectious, occupational, environmental, and terrorist threats.			
2.1 Prevent the spread of infectious diseases.			
2.2 Protect the public against injuries and environmental threats.			
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery.			
Preventive Health Services	21.400	21.026	-
Program Administration	0.288	0.272	-
2.4 Prepare for and respond to natural and manmade disasters.			
3: Human Services - Promote the economic and social well-being of individuals, families and communities.			
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan.			
Home & Community-Based Supportive Services	350.595	351.348	351.348
Congregate Nutrition Services	398.919	410.716	410.716
Nutrition Services Incentive Program	147.846	153.429	153.429
Family Caregiver Support Services	156.167	153.439	153.439
Prevention of Elder Abuse & Neglect	5.146	5.056	5.056
Native American Nutrition & Supportive Services	26.134	26.898	26.898
Native American Caregiver Support Program	6.241	6.316	6.316
Program Administration	14.695	14.333	15.191

3.2 Protect the safety and foster the well-being of children and youth.			
3.3 Encourage the development of strong, healthy, and supportive communities.			
3.4 Address the needs, strengths, and abilities of vulnerable populations.			
Home-Delivered Nutrition Services	188.305	193.858	193.858
Long Term Care Ombudsman Program	15.010	15.577	15.577
Alzheimer's Disease Demonstration Grants	11.668	11.464	-
Program Administration	2.895	2.860	2.873
4: Scientific Research and Development - Advance scientific and biomedical research and development related to health and human services.			
4.1 Strengthen the pool of qualified health and behavioral science researchers.			
4.2 Increase basic scientific knowledge to improve human health and human development.			
4.3 Conduct and oversee applied research to improve health and well-being.			
4.4 Communicate and transfer research results into clinical, public health, and human service practice.			
Total	1,386.129	1,416.563	1,384.512

The FY 2009 Performance Budget reflects the decision made during the CY 2003 PART assessment to move to one consolidated GPRA program that covers all programmatic activities. The full cost of this consolidated program is equal to the total program level for AoA, which includes administrative resources and demonstration activities funded through annual appropriations as well as resources from the Medicare trust fund, which are used to support health care anti-fraud, waste and abuse activities. It does not include accrued liabilities not directly paid by AoA, such as employee health benefits and Federal retirement costs. Because the Performance Budget contains three measures (efficiency, consumer outcomes, and effective targeting) that each separately covers the full scope of AoA's program activities, and therefore reflect the full cost of all program activities, AoA has not included separate full cost by measure tables in the Performance Budget. AoA has provided a display of its program line items allocated by HHS Strategic Plan objective. AoA's programs, as a whole impact all four HHS strategic plan goals. However, for this exhibit AoA used professional judgment to allocate programs to HHS Strategic Objective based on predominance of a given program. Program Administration costs have been allocated proportionally to each objective based on total program funding within that objective.

As a part of AoA's commitment to program improvement, significant resources have been devoted to performance measurement development, dissemination of annual program reporting and rigorous, comprehensive program evaluation. Enhancements in program evaluation activities have led to the adoptions of a revised framework for comprehensive evaluations that includes process, impact and cost-benefit analysis. During FY 2007 this revised approach was initiated with The Title III-C Elderly Nutrition Services Program and Title VI Nutrition, Supportive and Family Caregiver Services to Native Americans Evaluations. These evaluations are in the design phase with implementation planned for the summer of 2008.

A prior study that was completed but not released during FY 2007 examined the Title III-B Home and Community-Based Supportive Services. The final report can be accessed at <http://www.aoa.gov/about/results/index.asp>. The study found that the Title III-B Program serves as a critical resource for states and the older adults they serve. Specific findings include:

- Information and Access services are efficient and highly valued, over 85 percent of callers receive the information they were looking for; over 78 percent of respondents have rated the service as excellent or very good, and over 93 percent would recommend the service to a friend.
- Case management and supportive services (home care and transportation) are targeted to people at risk of institutionalization—persons aged 75 and older, people with substantial disabilities, and those living alone.
- Home care usage is low given the frailty of the population. In 2004, the average number of personal care hours per person per week was 1.5. This likely reflects the gap filling use of the program. The Aging Services Network typically refers participants to other programs or providers of care (state-provided home care, Medicaid...) whenever possible, reserving OAA services for those ineligible for other programs.
- For homemaker and transportation services, the two Title III-B services for which measures are available, satisfaction among participants is quite high. For example, over 80 percent of survey respondents rated various aspects of homemaker services positively.
- Service users rely on transportation a great deal; over 50 percent of general transportation users relied on Title III-B transportation for at least three-quarters of their trips.
- Frailty of the population served by the Title III-B program has increased over time as evidenced by increases in participants with three or more ADL limitations as well as the proportion who live alone.

Discontinued Performance Measures Table

Discontinued Measures

Measure	FY	Target	Result
<u>Indicator 2.1:</u> Maintain high client satisfaction with home-delivered meals. (outcome)	2009	Discontinued	Not Applicable
	2008	Discontinued	Not Applicable
	2007	93%	Dec-08
	2006	93%	94%
	2005	93%	95%
	2004	New in FY 05	Not Available
	2003	New in FY 05	93% (base)
	2002	New in FY 05	Not Applicable
<u>Indicator 2.2:</u> Maintain high client satisfaction with transportation services. (outcome)	2009	Discontinued	Not Applicable
	2008	Discontinued	Not Applicable
	2007	82%	Dec-08
	2006	82%	85%
	2005	82%	85%
	2004	New in FY 05	83%
	2003	New in FY 05	82% (base)
	2002	New in FY 05	Not Applicable
<u>Indicator 2.3:</u> Maintain high client satisfaction among caregivers of elders. (outcome)	2009	Discontinued	Not Applicable
	2008	Discontinued	Not Applicable
	2007	87%	Dec-08
	2006	87%	95%
	2005	87%	94%
	2004	New in FY 05	96%
	2003	New in FY 05	87% (base)
	2002	New in FY 05	Not Applicable
<u>Indicator 2.4:</u> Maintain high client satisfaction with congregate meals. (outcome)	2009	Discontinued	Not Applicable
	2008	Discontinued	Not Applicable
	2007	93%	Dec-08
	2006	93%	93% +/- 4%
	2005	93%	92% +/- 4%
	2004	New in FY 05	90%
	2003	New in FY 05	93% (base)
	2002	New in FY 05	Not Applicable
<u>Indicator 2.5:</u> Increase percent of caregivers who report that services help them care longer for older individuals. (outcome)	2009	Discontinued	Dec-09
	2008	Discontinued	Dec-09
	2007	75%	Dec-08
	2006	68%	57%
	2005	62%	51% +/- 5%
	2004	New in FY 05	52%
	2003	New in FY 05	48% (base)
	2002	New in FY 05	Not Applicable
<u>Indicator 2.9:</u> 90% or more of Title III service recipients rate services good to excellent. (outcome)	2009	Discontinued	Not Applicable
	2008	Discontinued	Not Applicable
	2007	90%	Dec-08
	2006	New in FY 07	95.2
	2005	New in FY 07	Not Applicable
	2004	New in FY 07	Not Applicable
	2003	New in FY 07	Not Applicable
	2002	New in FY 07	Not Applicable

Data Source and Validation Table

Program		
Unique Identifier	Data Source	Data Validation
1.1	State Program Report, Budget amount as appears in the Congressional Justification	State Program Report data is annually submitted by states. The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and state staff. AoA staff follow-up with states to assure validity and accuracy. After revisions, states certify the accuracy of their data.
1.2	National Ombudsman Reporting System, Budget amounts from Congressional Justification	State Program Report data is annually submitted by states. Multi-year comparison reports are reviewed by AoA. AoA staff follow-up with states to assure validity and accuracy.
1.3	Title VI Reporting System, Budget amounts as appears in the Congressional Justification	Annual reports submitted by grantees, reviewed by AoA staff who follow up with questions. Tribal officials certify report is accurate. AoA staff review record keeping system during regular on-site monitoring.
1.4	Office of Inspector General Semiannual Performance Report	SMP state program directors submit data semiannually to HHS OIG. Program data is reviewed by SMP Resource Center for input discrepancies; follow up as needed to ensure validity and accuracy. OIG reviews SMP performance report submissions, validating documentation of savings reported.
2.1	National Survey	See description below for National Survey Data
2.2	National Survey	See description below for National Survey Data
2.3	National Survey	See description below for National Survey Data
2.4	National Survey	See description below for National Survey Data
2.5	National Survey	See description below for National Survey Data
2.6	National Survey	See description below for National Survey Data
2.7	National Ombudsman Reporting System	State Program Report data is annually submitted by states. Multi-year comparison reports are reviewed by AoA. AoA staff follow-up with states to assure validity and accuracy.
2.9	National Survey	See description below for National Survey Data
2.9a	National Survey	See description below for National Survey Data
2.9b	National Survey	See description below for National Survey Data
2.9c	National Survey	See description below for National Survey Data
2.10	State Program Report and National Survey	State Program Report data is annually submitted by states. The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and state staff. AoA staff follow-up with states to assure validity and accuracy. After revisions, states certify the accuracy of their data. The National Survey draws a sample of Area Agencies is used to obtain a random sample of clients receiving selected services. Trained staff administers telephone surveys. Results are analyzed and compared to client population to assure representative sample.
2.11	National Survey	See description below for National Survey Data
3.1	State Program Report	State Program Report data is annually submitted by states. The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and state staff. AoA staff follow-up with states to assure validity and accuracy. After revisions, states certify the accuracy of their data.
3.2	State Program Report	State Program Report data is annually submitted by states. The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and state staff. AoA staff follow-up with states to assure validity and accuracy. After revisions, states certify the accuracy of their data.
3.3	State Program Report	State Program Report data is annually submitted by states. The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and state staff. AoA staff follow-up with states to assure validity and accuracy. After revisions, states certify the accuracy of their data.

3.4	State Program Report	State Program Report data is annually submitted by states. The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and state staff. AoA staff follow-up with states to assure validity and accuracy. After revisions, states certify the accuracy of their data.
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National Survey Data

AoA’s national survey employs a range of quality assurance procedures to guarantee the validity of data on OAA participants and services. These quality assurance procedures cover all steps in the survey process, from the development of the samples of agencies and service recipients, to the computer-assisted telephone interviewing (CATI) editing that occurs during the survey, and the post-survey weighting of the data to assure that the sample is truly representative of the universe of clients and services.

Senior statisticians have designed a sample of agencies and service recipients that ensures an accurate representation of OAA programs, and the project staff focus their attention on achieving a high response rate, which maximizes the survey’s precision. The surveys have consistently achieved a cooperation rate of over 80 percent for the sampled Area Agencies on Aging and over 90 percent for the sample of clients who are currently participating in OAA programs. These high cooperation rates occur because of several important steps in the quality assurance process, including intensive follow-up to contact and interview as many service participants as possible, calling back at times that are convenient for respondents.

After the surveys are complete, range and consistency checks and edits, in conjunction with the CATI software applications, ensure that only correct responses appear in the data files. Also, the statisticians weight the data during three important post-survey steps to ensure accuracy. First, the sample of agencies and clients is weighted using the inverse of the probability of selection. Second, there is an adjustment for any non-response patterns and bias that might otherwise occur. Third, the data are post-stratified to known control totals to ensure consistency with official administrative records.

Target vs. Actual Performance Performance Measures with Slight Differences

“The performance target for the following measures was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.”

Program	Measure Unique Identifier
Aging Services Program	1.2
Aging Services Program	1.4
Aging Services Program	2.1
Aging Services Program	2.2
Aging Services Program	2.3
Aging Services Program	2.4
Aging Services Program	2.5
Aging Services Program	2.6
Aging Services Program	2.7
Aging Services Program	2.8
Aging Services Program	2.9
Aging Services Program	2.9a
Aging Services Program	2.9b
Aging Services Program	2.9c
Aging Services Program	3.2
Aging Services Program	3.3
Aging Services Program	3.4