



**DEPARTMENT  
of HEALTH  
and HUMAN  
SERVICES**

**ADMINISTRATION  
ON AGING**

**FY 2010 Online Performance Appendix**

## **Introduction**

The FY 2010 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 the HHS agencies' FY 2010 Congressional Justifications and Online Performance Appendices, the Agency Financial Report, and the HHS Citizens' Report. These documents are available at <http://www.hhs.gov/budget/docbudget.htm>.

The FY 2010 Congressional Justifications and accompanying Online Performance Appendices contain the updated FY 2008 Annual Performance Report and FY 2010 Annual Performance Plan. The Agency Financial Report provides fiscal and high-level performance results. The HHS Citizens' Report summarizes key past and planned performance and financial information.

## **From the Administration On Aging**

The Administration on Aging (AoA) FY 2010 Online Performance Appendix demonstrates AoA's commitment to providing high-quality, efficient services to the most vulnerable elders. Through effective program management and strategic investment of grant funds, AoA is systematically advancing its mission of developing a comprehensive, coordinated and cost-effective system of home and community-based services that helps older adults maintain their independence and dignity. AoA's three performance measurement categories of program efficiency, client outcomes and effective targeting contribute to the success of the national aging services network in achieving AoA's key goals to:

- 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 infrastructure of the national aging services network and its community service providers serve as the foundation of AoA's service delivery. States, Tribal organizations, clients and grantees have provided data documenting performance in this report. AoA works closely with each of these groups to assure high quality, accurate reporting. To the best of my knowledge, the performance data reported by the Administration on Aging in this FY 2010 Online Performance Appendix are accurate, complete and reliable. The involvement of these established providers in offering cost-effective and consumer-friendly aging services is critical to ensuring the success of these initiatives for senior citizens and families throughout the United States.

Edwin L. Walker  
Acting Assistant Secretary for Aging

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION ON AGING

FY 2010 ANNUAL PERFORMANCE REPORT

**Introduction..... i**  
**From the Administration On Aging..... ii**  
**American Reinvestment and Recovery Act..... 1**  
**Summary of Measures and Results for the Aging Services Program..... 3**  
**Narrative by Activity ..... 7**  
    I. State and Community-Based Services..... 7  
        A. Home and Community-Based Supportive Services..... 14  
        B. Nutrition Services..... 18  
        C. Family Caregiver Support Services..... 22  
    II. Services for Native Americans..... 27  
    III. Protection of Vulnerable Older Americans..... 30  
    IV. Program Innovations..... 33  
    V. Aging Network Support Activities ..... 34  
    VI. Alzheimer’s Disease Demonstration Grants..... 36  
**OPDIV/STAFFDIV-level Information..... 37**  
    Discussion of AoA Strategic Plan..... 37  
    Link to HHS Strategic Plan..... 38  
    Summary of Findings and Recommendations from Completed Program Evaluations ..... 42  
    Full Cost Table..... 43  
    Discontinued Performance Measures Table ..... 45  
    Data Source and Validation Table ..... 49  
    National Survey Data..... 52

**List of Tables**

Table 1. Summary of Performance Targets and Results Table ..... 5  
Table 2. State and Community-Based Services..... 7  
Table 3. Home and Community-Based Supportive Services..... 14  
Table 4. Nutrition Services ..... 18  
Table 5. Family Caregiver Support Services ..... 22  
Table 6. Services for Native Americans ..... 27  
Table 7. Protection of Vulnerable Older Americans ..... 30  
Table 8. Aging Network Support Activities ..... 34  
Table 9. Link to HHS Strategic Plan ..... 38  
Table 10. Summary of Full Cost-Discretionary (Budgetary Resources in Millions) ..... 43  
Table 11. Discontinued Measures..... 45  
Table 12. Data Source and Validation Table..... 49

## **American Reinvestment and Recovery Act**

The American Reinvestment and Recovery Act (ARRA) was signed into law by President Obama on February 17, 2009. It is an unprecedented effort to jumpstart our economy, create or save millions of jobs, and put a down payment on addressing long-neglected challenges so our country can thrive in the 21st century. The Act is an extraordinary response to a crisis unlike any other since the Great Depression, and includes measures to modernize our nation's infrastructure, enhance energy independence, expand educational opportunities, preserve and improve affordable health care, provide tax relief, and protect those in greatest need.

The Administration on Aging received \$100 million in ARRA funding for Congregate Nutrition Services, Home-Delivered Nutrition Services, and Native American Nutrition and Support Services in FY 2009. The ARRA funding will provide grants to States to support nutrition services including nutritious meals, nutrition education and other appropriate nutrition services for older Americans in order to maintain health, independence and quality of life.

Congregate Nutrition Services received \$65 million to provide grants to States to support nutrition services including nutritious meals, nutrition education and other appropriate nutrition services for older Americans in order to maintain health, independence and quality of life. Meals will be served in a congregate setting. It is estimated that funding provided under the ARRA will result in the provision of 8.4 million meals to an estimated 146,000 vulnerable older adults. These services have a proven track record of delivering results, as evidenced by data from AoA's national surveys of elderly clients, which show that 72% of congregate meal recipients say that they eat healthier foods as a result of the meal program.

Home-Delivered Nutrition Services received \$32 million to provide grants for Home-Delivered Nutrition Services which are allocated to States and Territories by a statutory formula that is based on their share of the population aged 60 and over. States allocate funds to Area Agencies on Aging, which in turn fund local service providers. These services have a proven track record of delivering results, as evidenced by data from AoA's national surveys of elderly clients, which show that 93% of home-delivered meal recipients say that the meals enabled them to continue living in their own homes. It is estimated that funding provided under the ARRA will result in the provision of 5.0 million meals to an estimated 33,000 homebound older adults and their caregivers.

Native American Nutrition and Support Services received \$3 million. Funding provided under the ARRA will help Tribal organizations to offset cutbacks in services that are occurring due to the current economic downturn, which are forcing many Tribal senior programs to scale back or eliminate nutrition services and staff. It is estimated that funding provided under the ARRA will result in the provision of almost 400,000 meals to more than 2,300 vulnerable Native American seniors and their caregivers. Grants for Native American Nutrition Services are allocated to eligible Tribal organizations by a formula that is based on their share of the elderly. Tribal organizations use these funds to provide services directly to their members. Performance data indicates that these programs are an efficient means to help Native American Elders remain independent and in the community.

More information on these and other ARRA programs can be found at <http://www.hhs.gov/recovery/>.

## Summary of Measures and Results for the Aging Services Program

The Administration on Aging (AoA) has aggregated all budget line items into a single Government Performance and Results Act (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) effectively 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.

For FY 2010, 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.

**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 trained through Senior Medicare Patrol activities per million dollars of AoA funding.

## **Measure 2: Improve Client Outcomes**

While improving efficiency, AoA is committed to maintaining quality and improving client outcomes. The FY 2010 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. Also, in developing the outcome 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.

A summary of the client outcome indicators for FY 2010 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 percentages of transportation clients who live alone.

## **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 outcomes 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 outcomes 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.

**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:** The percentage of OAA clients served who live in rural areas is at least 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.

**Aging Services Program – Performance Summary**

In the FY 2005 performance budget, AoA significantly reduced the number of performance indicators. AoA has continued 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 2007 to FY 2010:

**Table 1. Summary of Performance Targets and Results Table Administration on Aging**

<b>Fiscal Year</b>	<b>Total Targets</b>	<b>Targets with Results Reported</b>	<b>Percent of Targets with Results Reported</b>	<b>Total Targets Met</b>	<b>Percent of Targets Met</b>
2007	16	16	100	13	81
2008	14	NA	NA	NA	NA
2009	15	NA	NA	NA	NA
2010	15	NA	NA	NA	NA

**Program Assessment**

AoA’s Aging Services Program underwent a program assessment in 2007. The review found that the Aging Services Program: (1) has a clear purpose and is well managed; (2) efficiently provides home and community-based services while maintaining high service quality; and (3)

promotes the well-being and independence of the elderly. As a result of the program assessment, AoA has taken steps to expand program evaluations.

### **Performance Measurement Detail**

A detailed discussion of AoA's performance follows. Each budget activity 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.

## Narrative by Activity

### I. State and Community-Based Services

**Table 2. State and Community-Based Services**

**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. (*Outcome*)

FY	Target	Result
2010	8,422	Sep 30, 2011
2009	8,422	Sep 30, 2010
2008	8,300	Sep 30, 2009
2007	7,110	8,346 (Target Exceeded)
2006	6,257	8,188 (Target Exceeded)
2005	6,143	7,492 (Target Exceeded)

**Indicator 2.10:** Improve well-being and prolong independence for elderly individuals as a result of AoA's Title III home and community-based services. (*Outcome*)

FY	Target	Result
2010	58	May 31, 2012
2009	56 <sup>1</sup>	May 31, 2011
2008	54.5	Dec 31, 2009
2007	53	60.17 (Target Exceeded)
2006	N/A	52.2 (Target Not In Place)
2005	N/A	51 (Target Not In Place)

<sup>1</sup>Target reflects ARRA funds.

**Indicator 3.3:** The percentage of OAA clients served who live in rural areas is at least 10% greater than the percent of all US elders who live in rural areas. (*Outcome*)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2010	30.5%	Sep 30, 2011
2009	30.5%	Sep 30, 2010
2008	30.5%	Sep 30, 2009
2007	30.5%	34.8% (Target Exceeded)
2006	30.5%	32.2% (Target Exceeded)
2005	N/A	36.7% (Target Not In Place)

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

<b>FY</b>	<b>Target</b>	<b>Result</b>
2010	30	Sep 30, 2011
2009	28	Sep 30, 2010
2008	24	Sep 30, 2009
2007	20	24 (Target Exceeded)
2006	17	18 (Target Exceeded)
2005	15	20 (Target Exceeded)

### **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 the number of clients served per million dollars of AoA funding.

## **Performance Results (Efficiency)**

For the past five years, AoA has achieved its efficiency performance targets. In FY 2007, the Aging Services Network served 8,346 clients per million dollars of OAA funding.

Performance has consistently trended upward and performance targets (calculated as percentage increases over the FY 2002 baseline) have been consistently achieved. This improved performance reflects the success of ongoing initiatives to improve program management and expand options for home and community-based care. Medicare Part D, ADRCs, and increased commitments and partnerships at the state and local levels have all had a positive impact on program efficiency.

## **Performance Targets (Efficiency)**

The target for FY 2009 is 8,422 clients per million dollars of AoA funding, a 38% increase over the baseline and a modest 2% increase over FY 2007 actual performance. The target for FY 2010 will be retained at 8,422. While AoA anticipates continued efficient operations at the State and AAA levels, any measurable improvements will be offset by declines in non-Federal matching funds due to the current economic situation.

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

The FY 2010 performance budget for State and Community-based Services includes two 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. 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 2010 follows:

**Indicator 2.10:** Improve Well-Being and Prolong Client Independence:  
Composite index of nursing home predictors will increase. An increase in the nursing home predictor index means an increase in the frequency of nursing home predictors in the client population which is a strong proxy for nursing home diversion.

## **Performance Measure Changes (Outcomes)**

The purpose of this measure, new for FY 2008, is to demonstrate the success of State and Community-Based Services and program innovations in developing tools that enable the Aging Services Network to delay or defer nursing home placement.

The components of the composite index of nursing home predictors are as follows:

1. Increase the percentage of caregivers reporting that services help them provide care longer.  
Rationale: This variable from AoA's Annual National Surveys of OAA Service Recipients was validated as a nursing home predictor for the Family Caregiver Support Program by the Performance Outcome Measurement Project (POMP) grantees.
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 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*")

available 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).

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

### **Performance Results (Outcomes)**

This performance measure was first used in FY 2008. However, five years of data show an upward trend as follows:

FY 2003: 46.57  
FY 2004: 50.00  
FY 2005: 50.99  
FY 2006: 52.18  
FY 2007: 60.17

AoA believes that this composite index of nursing home predictors will continue to trend upward. However, it is possible that the FY 2007 number is artificially high. The increase between FY 2006 and FY 2007 is mostly attributed to a large increase in one component of the composite index. The component of the index showing the largest increase was the caregiver indicator (Do the services help you provide care longer?) where the FY 2006 result was 57% and the FY 2007 result was 77%. This data is obtained through a sample survey and represents a single data point from a random sample of 2,000 caregiver clients. AoA believes further trend data needs to be collected to determine whether this level of reported program outcome continues.

Even if the FY 2007 data is an anomaly, we are confident, after reviewing five years of trend data, that the FY 2008 performance target of 54.5 will be achieved. AoA will need to examine FY 2008 data before we revise any future performance projections. Nonetheless, the trend clearly shows a steady increase in the nursing home predictor index which is a strong proxy for nursing home diversion.

### **Performance Targets (Outcomes)**

The performance target for FY 2009 is 56 and the performance target for FY 2010 is 58. As indicated above, performance for this indicator has been steadily improving. However, prior to receiving notice of ARRA funds, AoA was made aware of several potential reductions in service levels due to the economic downturn. AoA considered decreasing the FY 2009 target or

keeping it level, but will instead increase it to 56.0 because of the additional ARRA appropriations and an increase in AoA's FY 2009 budget for nutrition programs.

### **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 are included in this section and the other two are included in the sections on Nutrition Services and Family Caregiver Support Services. The two FY 2008 indicators for State and Community-Based Services follow:

**Indicator 3.3:** The percentage of OAA clients served who live in rural areas is at least 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.

### **Performance Results (Targeting)**

AoA achieved the performance targets for the two general targeting indicators for FY 2007 as follows:

**Indicator 3.3:** The percentage of OAA clients served who live in rural areas is at least 10% greater than the percent of all US elders who live in rural areas.

The FY 2007 target is calculated to be 30.5%. Thirty-four percent of OAA clients live in rural areas exceeding the performance target. Data reporting for this variable has fluctuated somewhat with the inception of the revised State Program Report in FY 2005, however, reporting seems to be stabilized at this time. Targets have consistently been met or exceeded.

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

The FY 2007 performance target was 20 states. Data for FY 2007 indicate that 24 States have increased the Title III clients in poverty, exceeding the FY 2007 performance target. Over the past five years there has been some annual fluctuation with performance. This measure is not performing in a consistent manner and will likely be revised in future budget submissions. AoA will be reexamining the possibility of using the American Community Survey data to develop an annual targeting index for low-income clients.

### **Performance Targets (Targeting)**

The performance target for Indicator 3.3 will remain at census +10% (30.5%) for FY 2009 and FY 2010. The performance targeting level is considered appropriate in that it places emphasis on providing services to rural elders, as required by the OAA, while acknowledging the needs of non-rural vulnerable older Americans.



The performance targets for Indicator 3.4 are 28 States in FY 2009 and 30 States in FY 2010. These targeted performance levels reflect the commitment of the aging network to provide services to low income elderly, a group that is especially vulnerable and tends to have more health problems and nutritional needs.

## A. Home and Community-Based Supportive Services

**Table 3. Home and Community-Based Supportive Services**

**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. (*Outcome*)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2010	8,422	Sep 30, 2011
2009	8,422	Sep 30, 2010
2008	8,300	Sep 30, 2009
2007	7,110	8,346 (Target Exceeded)
2006	6,257	8,188 (Target Exceeded)
2005	6,143	7,492 (Target Exceeded)

**Indicator 2.9b:** 90% of transportation clients rate services good to excellent. (*Outcome*)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2010	90%	May 31, 2012
2009	90%	May 31, 2011
2008	90%	Dec 31, 2009
2007	N/A	96.1% (Target Not In Place)
2006	N/A	98% (Target Not In Place)
2005	N/A	97% (Target Not In Place)

**Indicator 2.11:** Increase the percentage of transportation clients who live alone. (*Outcome*)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2010	70%	May 31, 2012
2009	70%	May 31, 2011
2008	N/A	Dec 31, 2009
2007	N/A	66% (Target Not In Place)
2006	N/A	66% (Target Not In Place)
2005	N/A	65% (Target Not In Place)

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 in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program 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 includes persons receiving Home and Community-Based Supportive Services. A detailed discussion of this indicator’s performance can be found on page 9.

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

The FY 2010 performance plan includes three outcome indicators for Home and Community-Based Supportive Services.

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

**Indicator 2.10:** Improve Well-being and Prolong Client Independence.

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

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 on pages 9-11. Indicators 2.9b and 2.11 are discussed below.

## **Performance Measure Changes (Outcomes)**

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 indicator with the following:

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

In the FY 2009 budget, we introduced a new performance indicator:

**Indicator 2.11:** Increase the percentage of transportation clients who live alone. Living alone is a key predictor of nursing home placement. In addition, a review of data from our national surveys has shown that clients living alone have more ADL and IADL limitations and more serious health conditions than transportation clients not living alone. This population is much more vulnerable to a loss of independence. Increasing this percentage is a good proxy for increasing nursing home delay of diversion.

## **Performance Results (Outcomes)**

FY 2007 performance data show that the FY 2007 performance target was achieved for the following indicator:

**Indicator 2.2:** Maintain high client satisfaction with transportation services.

The FY 2003 baseline for Indicator 2.2 is 82%. Targets were established at 82% for FY 2005 through FY 2007. FY 2007 performance is 82%. The five years of data available show no real change in the high level of client satisfaction with transportation services. As indicated above, Indicator 2.2 is being replaced with Indicator 2.9b.

Although Indicator 2.9b was new in FY 2008, trend data indicates that performance has been consistently very high, ranging from 96% to 98% over the past four years. The performance of the Aging Services Network is to be commended for maintaining such high consumer-reported service quality, especially in the context of improving program efficiency annually.

Indicator 2.11 is new for FY 2009. FY 2007 performance is 66%.

### **Performance Targets (Outcomes)**

For Indicator 2.9b, the FY 2009 and FY 2010 performance target is 90%. Performance targets for this indicator will remain at 90% for FY 2009 and FY 2010. 90% is the threshold for detecting statistical difference in this consumer-reported service quality indicator.

For Indicator 2.11, the performance target for FY 2009 and FY 2010 is 70%.

### **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 on page 12.

## B. Nutrition Services

**Table 4. Nutrition Services**

**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. (*Outcome*)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2010	8,422	Sep 30, 2011
2009	8,422	Sep 30, 2010
2008	8,300	Sep 30, 2009
2007	7,110	8,346 (Target Exceeded)
2006	6,257	8,188 (Target Exceeded)
2005	6,143	7,492 (Target Exceeded)

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

<b>FY</b>	<b>Target</b>	<b>Result</b>
2010	90%	May 31, 2012
2009	90%	May 31, 2011
2008	90%	Dec 31, 2009
2007	N/A	90.4% (Target Not In Place)
2006	N/A	94% (Target Not In Place)
2005	N/A	94% (Target Not In Place)

**Indicator 3.2:** Increase the number of older persons with severe disabilities who receive home-delivered meals. (*Outcome*)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2010	387,027	Dec 31, 2011
2009	378,613 <sup>2</sup>	Dec 31, 2010
2008	364,590	Dec 31, 2009
2007	350,568	359,143 (Target Exceeded)
2006	N/A	345,752 (Target Not In Place)
2005	N/A	313,362 (Target Not In Place)

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 in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program 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 includes persons receiving Nutrition Services. A detailed discussion of this indicator's performance can be found on page 9.

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

For FY 2008, 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.

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 on pages 9-11.

<sup>2</sup>Target reflects ARRA funds.

## **Performance Measure Changes (Outcomes)**

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).

## **Performance Results (Outcomes)**

FY 2007 performance data show that the FY 2007 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 2007 performance is 94%. The four years of data available show no real change in the very high level of client satisfaction with home-delivered meals.

Although the performance indicator for FY 2008 is new (The percentage of clients rating services good to excellent), trend data for this indicator show that performance has been consistently very high ranging from 90% to 94% over the past three years. The performance of the National Aging Network is to be commended for maintaining such high consumer-reported service quality, especially in the context of improving program efficiency and targeting to disabled elderly annually.

## **Performance Targets (Outcomes)**

Performance targets for this indicator will remain at 90% for FY 2009 and FY 2010. 90% is the threshold for detecting statistical difference in this consumer-reported service quality indicator.

## **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).



Also, Indicators 3.3 and 3.4 include persons receiving Nutrition Services. A detailed discussion of the performance for Indicators 3.3 and 3.4 can be found under the State and Community-Based Services section on page 12. A discussion of performance for Indicator 3.2 follows.

### **Performance Results (Targeting)**

FY 2007 performance data show that the FY 2007 performance target was achieved for the following indicator:

**Indicator 3.2:** Increase the number of severely disabled clients (defined as persons with three or more Activities of Daily Living (ADL) limitations) who receive selected (home-delivered meals) home and community-based services.

The FY 2007 target was 350,568, a 25% increase over the FY 2003 baseline. Actual performance for FY 2007 was 359,143, exceeding the FY 2007 target. Performance for this key indicator has trended upward for the past four years. This performance indicator is a proxy for nursing home diversion since people with 3+ADL limitations are generally nursing home eligible. The improved performance is a reflection of the success of the nutrition program in enabling Older Americans to continue to live independently.

### **Performance Targets (Targeting)**

The FY 2009 performance targeting is 378,613, a 35% increase over the 2003 baseline. The FY 2010 target is 387,027, a 38% increase over the 2003 baseline. AoA considered decreasing the FY 2009 target or keeping it level, but will instead increase it to 378,613 because of the additional ARRA appropriations and an increase in AoA's FY 2009 budget for the home-delivered meal program.

## C. Family Caregiver Support Services

**Table 5. Family Caregiver Support Services**

**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. (*Outcome*)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2010	8,422	Sep 30, 2011
2009	8,422	Sep 30, 2010
2008	8,300	Sep 30, 2009
2007	7,110	8,346 (Target Exceeded)
2006	6,257	8,188 (Target Exceeded)
2005	6,143	7,492 (Target Exceeded)

**Indicator 2.6:** Reduce the percent of caregivers who report difficulty in getting services. (*Outcome*)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2010	35%	May 31, 2012
2009	35%	May 31, 2011
2008	35%	Dec 31, 2009
2007	35%	32.1% (Target Exceeded)
2006	43%	46.5% (Target Not Met but Improved)
2005	50%	49% (Target Exceeded)

**Indicator 2.9c:** 90% of NFCSP clients rate services good to excellent. (*Outcome*)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2010	90%	May 31, 2012
2009	90%	May 31, 2011
2008	90%	Dec 31, 2009
2007	N/A	93.8% (Target Not In Place)
2006	N/A	94% (Target Not In Place)
2005	N/A	93% (Target Not In Place)

**Indicator 3.1:** Increase the number of caregivers served. (*Outcome*)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2010	731,545	Aug 31, 2011
2009	731,545	Aug 31, 2010
2008	762,000	Aug 31, 2009
2007	1,000,000	731,545 (Target Not Met but Improved)
2006	900,000	678,489 (Target Not Met)
2005	800,000	710,546 (Target Not Met but Improved)

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 in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program 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 includes persons receiving caregiver services. A detailed discussion of this indicator's performance can be found on page 9.

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

For FY 2010, the following indicators relate directly to Family Caregiver Support Services.

**Indicator 2.6:** Reduce the percentage of caregivers reporting difficulty getting services.

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

**Indicator 2.10:** Improve Well-being and Prolong Client Independence.

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 the State and Community-Based Services section on pages 9-11.

Indicators 2.6 and 2.9c are discussed before.

### **Performance Measure Changes (Outcomes)**

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 2.3:** Maintain high client satisfaction among caregivers of elders.

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).

### **Performance Results (Outcomes)**

For FY 2007, the most recent year for which data is available, there was one quality indicator and two client outcome measures. The quality indicator achieved its performance target. Both of the outcome measures met performance targets.

**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 2007 performance is 95.5%. The five years of data available indicate that performance has improved. The new quality indicator for FY 2008 and beyond

showed performance of 94% of caregivers rating services good to excellent in FY 2007. AoA anticipates that performance for this indicator will remain above 90% for FY 2008.

While it is important to maintain high levels of service quality and to improve program efficiency and targeting, improving program outcomes is of paramount importance. For FY 2007, there were two outcome indicators associated with the caregiver program.

**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 2007 was 75%. Performance in FY 2007 was 77%, exceeding the FY 2007 performance target. This indicator was incorporated into Indicator 2.10 for FY 2008.

**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 2007 was 35%. Performance in FY 2007 was 32.1%. Performance is trending downward but the FY 2007 actuals show a substantial decrease over prior years. The successful maturation of the caregiver program and initiatives to improve access to service are likely responsible for this improvement. If this level of performance is maintained through another reporting cycle, AoA will revise future year performance targets.

Performance for both outcome 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 Targets (Outcomes)**

Performance targets for Indicator 2.6 are 35% for FY 2009 and FY 2010. If 2008 data show continued strong performance for this indicator, future year targets will be revised downward.

Performance targets for Indicator 2.9c will remain at 90% for FY 2009 and FY 2010. Ninety percent is the threshold for detecting statistical difference in this consumer-reported quality indicator.

### **Performance Measure 3: Effectively Target Services to Vulnerable Elders**

For FY 2010, there is one targeting indicator for Family Caregiver Support Services.

**Indicator 3.1:** Increase the number of caregivers served.

### **Performance Results (Targeting)**

The FY 2007 performance target of 1 million was not achieved. In FY 2007, 731,545 caregivers received services.

During the 2003 OMB program 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, however, FY 2006 to FY 2007 data show an upward trend.

AoA has revised its targeting methodology for this measure. Performance targets for FY 2008 and FY 2009 were established using the marginal cost approach plus 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 77% of caregivers receiving services report that the services have "helped them provide care longer" and over 45% 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.

### **Performance Targets (Targeting)**

The performance target for Indicator 3.1 is 731,545 for both FY 2009 and FY 2010.

## II. Services for Native Americans

**Table 6. Services for Native Americans**

**Indicator 1.3:** For Title VI Services, increase the number of units of service provided to Native Americans per thousand dollars of AoA funding. (*Outcome*)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2010	281	Apr 30, 2011
2009	277 <sup>3</sup>	April 30, 2010
2008	273	Apr 30, 2009
2007	264	312 (Target Exceeded)
2006	242	281 (Target Exceeded)
2005	229	254 (Target Exceeded)

**Indicator 3.1:** Increase the number of caregivers served. (*Outcome*)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2010	731,545	Aug 31, 2011
2009	731,545	Aug 31, 2010
2008	762,000	Aug 31, 2009
2007	1,000,000	731,545 (Target Not Met but Improved)
2006	900,000	678,489 (Target Not Met)
2005	800,000	710,546 (Target Not Met but Improved)

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 in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program 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

<sup>3</sup> Target reflects ARRA funds.

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**

For FY 2010, there is one efficiency indicator that directly relates to service for Native Americans:

**Indicator 1.3:** For Title VI Services (nutrition, supportive services, caregiver services and other activities), increase the number of services provided per thousand dollars of AoA funding.

### **Performance Results**

In FY 2007, as in the prior four years, AoA achieved its efficiency performance target; the Title VI grantees provided 312 units of service per thousand dollars of OAA funding, exceeding the performance target of 264.

When the performance target for FY 2007 was established: to increase efficiency by 20% 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 and FY 2007 showed substantial increases. We do not believe this level of performance is sustainable without sufficient resources.

### **Performance Targets (Efficiency)**

Performance targets for Indicator 1.3 are set at 277, 26% over the baseline, for FY 2009 and 281, 28% over the baseline, for FY 2010. AoA considered decreasing the FY 2009 target or keeping it level, but will instead increase it to 277 because of the additional



ARRA appropriations and an increase in AoA's FY 2009 budget for the Native American Nutrition & Supportive Services program.

## **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 comprehensive, multileveled program evaluations. 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% reported "always" "getting enough to eat from the meal" and 95% 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 National Family Caregiver Support Program services good to excellent (Indicator 2.9c).

## **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. FY 2007 data indicate that over 731,545 caregivers currently receive services (this total includes 36,689 Native Americans).

A detailed discussion of this indicator's performance can be found under the Family Caregiver Support Services section on pages 25-26.

### III. Protection of Vulnerable Older Americans

**Table 7. Protection of Vulnerable Older Americans**

**Indicator 1.2:** For Title VII Services, increase the number of Ombudsman complaints resolved or partially resolved per million dollars of AoA funding. (*Outcome*)

FY	Target	Result
2010	11,625	Sep 30, 2011
2009	11,346	Sep 30, 2010
2008	11,439	Sep 30, 2009
2007	11,811	10,801 (Target Not Met but Improved)
2006	10,062	10,745 (Target Exceeded)
2005	9,672	11,687 (Target Exceeded)

**Indicator 2.7:** Improve the Ombudsman complaint resolution rates. (*Outcome*)

FY	Target	Result
2010	32	Sep 30, 2011
2009	32	Sep 30, 2010
2008	30	Sep 30, 2009
2007	15	35 (Target Exceeded)
2006	15	27 (Target Exceeded)
2005	10	26 (Target Exceeded)

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 in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program 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**

For FY 2010, there is one efficiency measure that directly relates to the protection of vulnerable older Americans:

**Indicator 1.2:** For Title VII services, AoA will increase the number of complaints resolved or partially resolved per million dollars of AoA funding.

#### **Performance Results (Efficiency)**

The FY 2007 performance target was not achieved for this indicator. The FY 2007 target of 11,811 complaints resolved or partially resolved per million dollars of OAA funding represents a 27% increase over the FY 2002 baseline of 9,300. Actual 2007 performance was 10,801. 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. While 2007 data shows an increase over FY 2006, the performance target for FY 2007 was unrealistically high. The 2007 target had been revised upward based on FY 2005 performance data which was misleading because of the involvement of the Aging Network in implementing Medicare Part D and the impact this had on FY 2005 performance. Targets for FY 2008 are slightly more modest but still may be overly ambitious. AoA has revised the performance targets downward consistent with trend data. In addition, current program efforts are focused on complaint prevention by increased facility visitation and consultations. Therefore, the total number of complaints is declining while resolution rates remain relatively constant. This measure does not reflect the current program focus and will likely be revised in future budget submissions.

#### **Performance Targets (Efficiency)**

For FY 2009, the performance target has been revised to 11,346, 22% over the baseline. The FY 2010 performance target is 11,625, 25% over the baseline. These targets are consistent with current trend data and program emphasis.

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

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.

### **Performance Results (Outcomes)**

The FY 2007 performance target of 15 was believed to be ambitious when it was originally established. However, FY 2007 data indicates that the Ombudsman complaint resolution rates improved in 35 States, substantially exceeding the FY 2007 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. While the total number of complaints is declining, states are improving their resolution rates even as the focus shifts to prevention. The continuous program performance improvement demonstrates that it is of paramount importance that complaints involving the most vulnerable of the elderly are successfully resolved.

### **Performance Targets (Outcomes)**

For FY 2009, the performance target is 32 states. For FY 2010, the performance target is 32 states. These targets are slightly lower than FY 2007 performance because of current economic conditions and the extensive use of volunteers in the Ombudsman program.

### **Performance 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 2007, 79% of the 16,745 nursing facilities nationwide received at least quarterly visits not in relation to a complaint from the Ombudsman Program with 17 states reporting 100% of facilities visited at least quarterly. AoA's expectations are that this high level of access to the Ombudsman Program will be maintained.

## **IV. Program Innovations**

The knowledge generated through Program Innovations 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. Program Innovations outcomes are reflected in performance targets for State and Community-Based Services and Protection of Vulnerable Older Americans.

## V. Aging Network Support Activities

**Table 8. Aging Network Support Activities**

**Indicator 1.4:** For Senior Medicare Patrol, increase the number of beneficiaries trained per million dollars of AoA funding. (*Outcome*)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2010	42,160	Sep 30, 2011
2009	41,230	Sep 30, 2010
2008	49,600	Sep 30, 2009
2007	48,980	39,216 (Target Not Met)
2006	37,200	42,767 (Target Exceeded)
2005	32,550	47,758 (Target Exceeded)

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 in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

### Performance Narrative

Performance measurement for Aging Services Network Support Activities is focused on *1) Improving Program Efficiency*. 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

For FY 2010, there is one efficiency indicator that directly measures Aging Network Support Activities.

**Indicator 1.4:** For Senior Medicare Patrol activities, AoA will increase the number of Medicare beneficiaries trained per million dollars of AoA funding.

### Performance Results (Efficiency)

The FY 2007 performance target was not achieved for this indicator. In FY 2007, Senior Medicare Patrols reported training 39,216 beneficiaries per million dollars of funding. The three

years prior to FY 2006 had all shown increases and the FY 2006 figure of 42,767, while achieving the performance target, was a decrease from the FY 2005 total of 47,758.

There are two factors which explain the FY 2007 performance shortfall. First, we believe that much of this decline is attributed to the extensive involvement of the aging services network in Medicare prescription drug enrollment which resulted in misleadingly high numbers in FY 2005. The FY 2007 performance target had been revised upward based on FY 2005 performance. Lacking any special initiative or new funding source it was unrealistic to project that performance would be sustained at FY 2005 levels. Further, the performance target for FY 2008 that is consistent with performance trends prior to FY 2006 is overly ambitious. In addition, a new reporting system was implemented in FY 2007 and there were some start-up reporting problems. Totals for the first six months of the reporting cycle were substantially lower than in prior years, while the second six months showed totals more in line with prior year reporting. It is important to note however, that even with suspected underreporting in FY 2007, performance has still improved by 27% over the FY 2002 baseline.

### **Performance Targets (Efficiency)**

The FY 2009 performance target is 41,230, 33% over the baseline and the FY 2010 target is 42,160, 36% over the baseline. AoA has adjusted the performance target for FY 2009, and established a FY 2010 performance target more consistent with FY 2007 reporting levels and also with the AoA strategic plan which calls for a 35% improvement in program efficiency by FY 2012.

## **VI. Alzheimer's Disease Demonstration Grants**

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 current performance indicators. AoA is in the process of developing outcome and output measures for the ADDGS program for inclusion in its FY 2011 budget request.



## OPDIV/STAFFDIV-level Information

### 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 this mission, AoA has developed a strategic plan with five strategic goals.

- **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 elders. AoA program performance and outcome data demonstrate that these services are effective. 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

**Table 9. Link to HHS Strategic Plan**

### AoA Linkages to HHS Strategic Plan

The table below shows the alignment of AoA's strategic goals with HHS Strategic Plan goals.

	<b>AoA Goal 1:</b> Empower older people and their families to make informed decisions about, and be able to easily access, existing home and community based options.	<b>AoA Goal 2:</b> 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.	<b>AoA Goal 3:</b> Empower older people to stay active and healthy through Older Americans Act Services and the new prevention benefits under Medicare.	<b>AoA Goal 4:</b> Ensure the rights of older people and prevent their abuse, neglect, and exploitation.
<b>HHS Strategic Goals</b>				
<b>1 Health Care</b> 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.	✓	✓		
1.2 Increase health care service availability and accessibility.	✓	✓		
1.3 Improve health care quality, safety and cost/value.	✓	✓	✓	✓
1.4 Recruit, develop, and retain a competent health care workforce.		✓		✓
<b>2 Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness</b> 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.	✓		✓	✓

	<b>AoA Goal 1:</b> Empower older people and their families to make informed decisions about, and be able to easily access, existing home and community based options.	<b>AoA Goal 2:</b> 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.	<b>AoA Goal 3:</b> Empower older people to stay active and healthy through Older Americans Act Services and the new prevention benefits under Medicare.	<b>AoA Goal 4:</b> Ensure the rights of older people and prevent their abuse, neglect, and exploitation.
<b>HHS Strategic Goals</b>				
2.4 Prepare for and respond to natural and man-made disasters.	✓			
<b>3 Human Services</b> 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.	✓		✓	
3.2 Protect the safety and foster the well being of children and youth.				
3.3 Encourage the development of strong, healthier and supportive communities.	✓	✓	✓	✓
3.4 Address the needs, strengths and abilities of vulnerable populations.	✓	✓	✓	✓
<b>4 Scientific Research and Development</b> 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.	✓	✓	✓	✓

**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) has promoted 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. 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.

**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 activities are designed and managed to advance AoA’s strategic priorities; 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 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 Findings and Recommendations from Completed Program Evaluations**

As a part of AoA's commitment to program improvement, program evaluation activities underwent a transformation in which a comprehensive framework and approach was adopted that involves process, impact and cost analyses. Through these efforts The Title III-C Elderly Nutrition Services Program and Title VI Nutrition, Supportive and Family Caregiver Services to Native Americans evaluations have been designed with implementation planned for the coming fiscal year. Using the framework, evaluation design work has begun for the Title III-E National Family Caregiver Support Program.

In FY 2008, the study, Evaluation of Select Consumer, Program, and System Characteristics under the Supportive Services Program (Title III-B) of the Older Americans Act that examined the Title III-B Home and Community-Based Supportive Services was released. The study found that the Title III-B program had successfully extended services to the targeted population – vulnerable older adults at risk for nursing home placement. High risk of nursing home placement was defined as living alone, having three or more Activities of Daily Living (ADL) impairments and older age (aged 75+). The percent of program participants exhibiting high risk characteristics increased over the study period between 3 and 10 percentage points depending on the service received (personal care, homemaker or chore services). Users of transportation services relied heavily on these services, with over half reporting that the service was used for at least 75% of their trips. Most of these participants lived alone and were at least 75 years old.

The study found that home care usage was low given the frailty of the population. The average number of home care hours per person per week was 1 to 2 hours. This likely reflects the gap filling use of the program. The aging network typically refers participants to other programs or providers of care (state-provided home care, Medicaid, and private providers) whenever possible, reserving OAA services for those seniors ineligible for other programs. These findings were similar for case management services with the typical client receiving 10 hours per year. This is consistent with Title III-B case management's role as a temporary brokerage service linking individuals to other supportive services rather than providing an ongoing service.

In addition, participants were highly satisfied. For example, over 80% of survey respondents rated home care services as positive. Finally, Title III-B program funds are highly leveraged. Depending on the service, the study found that for every \$1 of Title III-B funding, local programs leverage \$2 to \$6 from other sources. Overall, the study found that the Title III-B program is a key component of the Older Americans Act and is performing as intended; assisting vulnerable older adults to remain independent and active in their communities. The final report can be accessed at [http://www.aoa.gov/AoARoot/Program\\_Results/docs/Program\\_Eval/III-B%20Final%20Report\\_6\\_26\\_07.doc](http://www.aoa.gov/AoARoot/Program_Results/docs/Program_Eval/III-B%20Final%20Report_6_26_07.doc) or ASPE database general location, <http://aspe.hhs.gov/pic/performance>.

## Full Cost Table

**Table 10. Summary of Full Cost-Discretionary (Budgetary Resources in Millions)**

HHS Strategic Goals & Objectives	FY 2008	FY 2009 ARRA	FY 2009 Omnibus	FY 2010
<b>1: Health Care</b> - Improve the safety, quality, affordability, and accessibility of health care, including behavioral health and long-term care.	35.126	-	63.137	48.123
<b>1.1</b> Broaden health insurance and long-term care coverage.	16.422	-	46.071	31.031
<b>1.2</b> Increase health care availability and accessibility.	-	-	-	-
<b>1.3</b> Improve health care quality, safety, cost and value.	18.704	-	17.066	17.092
<b>1.4</b> Recruit, develop, and retain a competent health care workforce.	-	-	-	-
<b>2: Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness</b> - Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infectious, occupational, environmental, and terrorist threats.	21.298	-	21.290	21.330
<b>2.1</b> Prevent the spread of infectious diseases.	-	-	-	-
<b>2.2</b> Protect the public against injuries and environmental threats.	-	-	-	-
<b>2.3</b> Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery.	21.298	-	21.290	21.330
<b>2.4</b> Prepare for and respond to natural and manmade disasters.	-	-	-	-
<b>3: Human Services</b> - Promote the economic and social well-being of individuals, families and communities.	1,360.139	100.000	1,427.616	1,425.090
<b>3.1</b> Promote the economic independence and social well-being of individuals and families across the lifespan.	1,136.380	68.000	1,182.327	1,179.342
<b>3.2</b> Protect the safety and foster the well-being of children and youth.	-	-	-	-
<b>3.3</b> Encourage the development of strong, healthy, and supportive communities.	-	-	-	-
<b>3.4</b> Address the needs, strengths, and abilities of vulnerable populations.	223.759	32.000	245.289	245.748
<b>4: Scientific Research and Development</b> - Advance scientific and biomedical research and development related to health and human services.	-	-	-	-
<b>4.1</b> Strengthen the pool of qualified health and behavioral science researchers.	-	-	-	-
<b>4.2</b> Increase basic scientific knowledge to improve human health and human development.	-	-	-	-

<b>HHS Strategic Goals &amp; Objectives</b>	<b>FY 2008</b>	<b>FY 2009 ARRA</b>	<b>FY 2009 Omnibus</b>	<b>FY 2010</b>
<b>4.3</b> Conduct and oversee applied research to improve health and well-being.	-	-	-	-
<b>4.4</b> Communicate and transfer research results into clinical, public health, and human service practice.	-	-	-	-
<b>Total</b>	1,416.563	100.000	1,512.043	1,494.543

The FY 2010 Performance Budget reflects the decision made during the CY 2003 program 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 (HCFAC) and to provide Medicare enrollment assistance (MIPPA). 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.



## Discontinued Performance Measures Table

**Table 11. Discontinued Measures**

**Program:** Home and Community-Based Supportive Services

**Indicator 2.2:** Maintain high client satisfaction with transportation services. (*Outcome*)

FY	Target	Result
2007	82%	82.3% (Target Exceeded)
2006	82%	85% (Target Exceeded)
2005	82%	85% (Target Exceeded)

**Indicator 2.9:** 90% or more of Title III service recipients rate services good to excellent. (*Outcome*)

FY	Target	Result
2007	90%	92.4% (Target Exceeded)
2006	N/A	95.2% (Target Not In Place)

Measure	Data Source	Data Validation
2.2 2.9	National Survey	AoA's national survey uses a range of quality assurance procedures to validate data on OAA participants and services which covers all the steps in the survey process. The surveys have consistently achieved a cooperation rate of over 80% for the sampled Area Agencies on Aging and over 90% 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, and 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. The data is weighted during three post-survey steps to ensure accuracy. This includes using the inverse of the probability of selection to weight the sample of agencies and clients, adjusting for any non-response patterns and bias that might otherwise occur, and post-stratification of control totals to ensure consistency with official administrative records.

**Program:** Nutrition Services

**Indicator 2.1:** Maintain high client satisfaction with Home Delivered Meals. (*Outcome*)

FY	Target	Result
2007	93%	94.5% (Target Exceeded)
2006	93%	94% (Target Exceeded)
2005	93%	95% (Target Exceeded)

**Indicator 2.4:** Maintain high client satisfaction with congregate meals. (*Outcome*)

FY	Target	Result
2007	93%	91% (Target Not Met)
2006	93%	93% (Target Met)
2005	93%	92% (Target Not Met but Improved)

Measure	Data Source	Data Validation
2.1 2.4	National Survey	AoA’s national survey uses a range of quality assurance procedures to validate data on OAA participants and services which covers all the steps in the survey process. The surveys have consistently achieved a cooperation rate of over 80% for the sampled Area Agencies on Aging and over 90% 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, and 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. The data is weighted during three post-survey steps to ensure accuracy. This includes using the inverse of the probability of selection to weight the sample of agencies and clients, adjusting for any non-response patterns and bias that might otherwise occur, and post-stratification of control totals to ensure consistency with official administrative records.

**Program:** Family Caregiver Support Services

**Indicator 2.3:** Maintain high client satisfaction with caregiver of elders. *(Outcome)*

FY	Target	Result
2007	87%	95.5% (Target Exceeded)
2006	87%	95% (Target Exceeded)
2005	87%	94% (Target Exceeded)

**Indicator 2.5:** Increase percent of caregivers who report that services helped them care longer for older individuals. *(Outcome)*

FY	Target	Result
2007	75%	77% (Target Exceeded)
2006	68%	57% (Target Not Met but Improved)
2005	62%	51% (Target Not Met)

Measure	Data Source	Data Validation
2.3 2.5	National Survey	AoA’s national survey uses a range of quality assurance procedures to validate data on OAA participants and services which covers all the steps in the survey process. The surveys have consistently achieved a cooperation rate of over 80% for the sampled Area Agencies on Aging and over 90% 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, and 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. The data is weighted during three post-survey steps to ensure accuracy. This includes using the inverse of the probability of selection to weight the sample of agencies and clients, adjusting for any non-response patterns and bias that might otherwise occur, and post-stratification of control totals to ensure consistency with official administrative records.

**Program:** Aging Network Support Activities

**Indicator 2.8:** Increase the percent of Medicare beneficiaries who will read their Medicare Summary Notices as a result of the Senior Medicare Patrol training by 20%. (*Outcome*)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2010	Discontinued	N/A
2009	Discontinued	N/A
2008	Discontinued	N/A

<b>Measure</b>	<b>Data Source</b>	<b>Data Validation</b>
2.8	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.

## Data Source and Validation Table

**Table 12. Data Source and Validation Table**

### Program: State and Community-Based Services

Measure	Data Source	Data Validation
1.1 3.3 3.4 Output A	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.
2.10	State Program Report and National Survey	This is a composite measure that utilizes data from multiple sources. One source is the State Program Report. Another source is the 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.

### Program: Home and Community-Based Supportive Services

Measure	Data Source	Data Validation
2.9b	National Survey	AoA's national survey uses a range of quality assurance procedures to validate data on OAA participants and services which covers all the steps in the survey process. The surveys have consistently achieved a cooperation rate of over 80% for the sampled Area Agencies on Aging and over 90% 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, and 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. The data is weighted during three post-survey steps to ensure accuracy. This includes using the inverse of the probability of selection to weight the sample of agencies and clients, adjusting for any non-response patterns and bias that might otherwise occur, and post-stratification of control totals to ensure consistency with official administrative records.
2.11 Output C Output D Output E Output F	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.

**Program: Nutrition Services**

Measure	Data Source	Data Validation
1.1 3.2 Output G Output H	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.
2.9a	National Survey	AoA’s national survey uses a range of quality assurance procedures to validate data on OAA participants and services which covers all the steps in the survey process. The surveys have consistently achieved a cooperation rate of over 80% for the sampled Area Agencies on Aging and over 90% 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, and 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. The data is weighted during three post-survey steps to ensure accuracy. This includes using the inverse of the probability of selection to weight the sample of agencies and clients, adjusting for any non-response patterns and bias that might otherwise occur, and post-stratification of control totals to ensure consistency with official administrative records.

**Program: Family Caregiver Support Services**

Measure	Data Source	Data Validation
2.6 3.1 Output I Output J Output K	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.
2.9c	National Survey	AoA’s national survey uses a range of quality assurance procedures to validate data on OAA participants and services which covers all the steps in the survey process. The surveys have consistently achieved a cooperation rate of over 80% for the sampled Area Agencies on Aging and over 90% 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, and 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. The data is weighted during three post-survey steps to ensure accuracy. This includes using the inverse of the probability of selection to weight the sample of agencies and clients, adjusting for any non-response patterns and bias that might otherwise occur, and post-stratification of control totals to ensure consistency with official administrative records.

**Program: Services for Native Americans**

Measure	Data Source	Data Validation
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.
3.1 Output L Output M Output N Output O Output P	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.

**Program: Protection of Vulnerable Older Americans**

Measure	Data Source	Data Validation
1.2 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.
Output Q Output R Output S Output T Output U	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.

**Program: Aging Network Support Activities**

Measure	Data Source	Data Validation
1.4 Output W Output X Output Y	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.
4.1 4.2 4.3	State Grant Reports	Grant recipients report this data to AoA on an annual or semi-annual basis. AoA staff review submissions and meet with states to discuss results regularly.

## **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% for the sampled Area Agencies on Aging and 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.