DEPARTMENT of HEALTH and HUMAN SERVICES

ADMINISTRATION ON AGING

FY 2008 ANNUAL PERFORMANCE REPORT

Introduction

This FY 2008 Annual Performance Report provides information on Administration on Aging's actual performance and progress in achieving the goals established in the FY 2008 Annual Performance Plan which was published in 2008.

The goals and objectives contained within this document support the Department of Health and Human Services' Strategic Plan (available at http://aspe.hhs.gov/hhsplan/2007/).

From the Administration On Aging

The Administration on Aging (AoA) FY 2008 Performance Report 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 2008 Annual Performance Report 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 Walker
Deputy Assistant Secretary for Policy & Programs

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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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) effective targeting to vulnerable elder populations. Each outcome measure is representative of several activities across the Aging Services Program budget and progress toward achievement of the outcome is tracked using number indicators.

Measure 1: Improve Efficiency

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

In FY 2008, there are four efficiency indicators for AoA program activities under Titles III, VI and VII of the OAA, and for Medicare fraud prevention activities. The first indicator addresses performance efficiency at all levels of the national aging services network in the provision of home and community-based services, including caregiver services. The second indicator demonstrates the efficiency of the Ombudsman program in resolving complaints associated with the care of seniors living in institutional settings. The third indicator demonstrates the efficiency of AoA in providing services to Native Americans. The fourth indicator assesses the efficiency of the Senior Medicare Patrol program.

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

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

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

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

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

Measure 2: Improve Client Outcomes

While improving efficiency, AoA is committed to maintaining quality. The FY 2008 performance budget includes six indicators supporting AoA's measure of improving client outcomes. To AoA, these are the core performance outcome indicators for our programs. AoA has multiple quality assessment indicators in this plan reflecting separate assessments provided by elders for services such as meals, transportation and caregiver assistance. In developing these indicators, AoA included measures to assess AoA's most fundamental outcome: to keep elders at home and in the community, and to measure results important to family caregivers. The measure for the Ombudsman program focuses on the core purposes of this programs: advocacy on behalf of older adults.

A summary of the client outcome indicators for FY 2008 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.

Measure 3: Effectively Target Services to Vulnerable Elderly

AoA's philosophy in establishing its targeting measure and associated indicators holds that targeting is of equal importance to efficiency and quality because it ensures that AoA and the national aging services network will focus their services on the neediest, especially when resources are scarce. Without targeting measures, efforts to improve efficiency and quality could result in unintended consequences whereby entities might attempt to focus their efforts toward

individuals who are not the most vulnerable. Such an outcome would be inconsistent with the intent of the OAA, which specifically requires the network to target services to the most vulnerable elders. Such a result would also be inconsistent with the mission of AoA, which is to help vulnerable elders maintain their independence in the community. To help seniors remain independent, AoA and the national aging services network must focus their efforts on those who are at the greatest risk of institutionalization: persons who are disabled, poor, and residing in rural areas.

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

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

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

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

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

Aging Services Program – Performance Summary

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

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

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

PART Assessment

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

AoA's Aging Services Program received a PART Rating of Effective in 2007. The review found that AoA efficiently provides home and community-based services while maintaining high service quality.

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

State and Community-Based Services

Table 2. State and Community-Based Services

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 PB Target
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.	7,492 (+23%)	8,188 (+34%)	7,110 (+25%)	8,346 (+36%)	8,300 (+36%)	Sep-09	8,422 (+38%)
2.10	Improve well-being and prolong independence for elderly individuals as a result of AoA's Title III home and community-based services	50.99	52.18	New in FY 08	61.05	54.5	Dec-09	56.00
3.3	Increase the percentage of OAA clients served who live in rural areas to 10% greater than the percent of all US elders who live in rural areas.	36.7%	32.2%	30.5%	34.8%	30.5%	Sep-09	30.5%
3.4	Increase the number of States that serve more elderly living below the poverty level than the prior year.	20	18	20	24	24	Sep-09	28

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

In FY 2007, as in the prior four years, AoA achieved its efficiency performance target; 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 access and expand options for home and community-based care.

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

The FY 2008 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. AoA has multiple quality assessment indicators in this plan reflecting separate consumer reported quality and outcome assessments provided for services such as meals, transportation and caregiver assistance. There is one over-arching 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 2008 follows:

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

Performance Measure Changes

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

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

The purpose of this measure is to demonstrate the success of State and Community-Based Services and program innovations in developing tools that enable the Aging Services Network to increasingly serve the most vulnerable populations.

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

1. Increase the percentage of caregivers reporting that services help them provide care longer.

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 like 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

This is a new performance measure 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: 61.05

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 component of the nursing home predictor 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 81%. 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 that the FY 2008 performance target of 54.5 will be achieved. AoA will need to examine another year of 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 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:

Performance Results Analysis

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

Indicator 3.3 Increase the percentage of OAA clients served who live in rural areas to 10% greater than the percent of all US elders who live in rural areas. The FY 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. 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 percentage of Title III clients in poverty, exceeding the FY 2007 performance target. Over the past five years there has been some annual fluctuation with performance. AoA will be reexamining the possibility of using American Communities Survey data to develop an annual targeting index for low-income clients.

Home and Community-Based Supportive Services

Table 3. Home and Community-Based Supportive Services

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 PB Target
2.9b	90% of transportation clients rate services good to excellent.	97%	98%	New in FY 08	96.1%	90%	Dec-09	90%

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

Performance Narrative

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

Performance Measure 1: Improve Program Efficiency

Indicator 1.1 includes persons receiving Home and Community-Based Supportive Services. A detailed discussion of this indicator's performance can be found on page 5.

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

The FY 2008 performance plan included two 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 2.10 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 page 6.

Performance Measure Changes

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

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

We replaced the above indicators with the following:

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

Performance Results

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

Indicator 2.2 Maintain high client satisfaction with transportation services.
Indicator 2.9b 90% of transportation clients rate services good to excellent.

The FY 2003 baseline for 2.2 Indicator 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, the Indicator 2.2 is being replaced with 2.9b which has a performance target of 90%, this level was exceeded in FY 2007.

Although the performance indicator for FY 2008 is new, for consistency, trend data for the FY 2008 version 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 2.10 includes a transportation component. Results can be found under the State and Community-Based Services section.

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 8.

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Nutrition Services

Table 4. Nutrition Services

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 PB Target
2.9a	90% of home delivered meal clients rate services good to excellent.	94%	94%	New in FY 08	90.4%	90%	Dec-09	90%
3.2	Increase the number of older persons with severe disabilities who receive home-delivered meals.	313,362 (11%)	345,752 (+23%)	350,568 (+25%)	359,143 (28%)	364,590 (+30%)	Dec-09	378,613 (+35%)

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

Performance Narrative

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

Performance Measure 1: Improve Program Efficiency

Indicator 1.1 includes persons receiving Nutrition Services. A detailed discussion of this indicator's performance can be found on page 5.

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 page 6.

Performance Measure Changes

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

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

We replaced the above indicator with the following:

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

Performance Results

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 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 these indicators' performance can be found under the State and Community-Based Services section on page 8.

Performance Results Analysis

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 percent 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 increase in the number demonstrates the success of AoA initiatives to help older persons to remain in their homes as long as possible.

Family Caregiver Support Services

Table 5. Family Caregiver Support Services

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 PB Target
2.6	Reduce the percent of caregivers who report difficulty in getting services.	49%	46.5% +/- 5%	35%	27.70%	35%	Dec-09	35%
2.9c	90% of NFCSP clients rate services good to excellent.	93%	94%	New in FY 08	93.8%	90%	Dec-09	90%
3.1	Increase the number of caregivers served.	710,546	678,489	1 M	731,545	762,000	Aug-09	694,000

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

Performance Narrative

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

Performance Measure 1: Improve Program Efficiency

Indicator 1.1 includes persons receiving caregiver services. A detailed discussion of this indicator's performance can be found on page 5.

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

For FY 2008, 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.

Performance Measure Changes

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

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

We replaced the above indicator with the following:

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

Performance Results Analysis

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.

Quality Indicator:

Indicator 2.3 Maintain high client satisfaction among caregivers of elders.

The FY 2003 baseline for this indicator is 87%. Targets were established at 87% for FY 2005 through FY 2007. FY 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, while striving 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 81.5%, 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 28%. Performance is trending downward but the 2007 actuals show a substantial decrease over prior years. 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 Measure 3: Effectively Target Services to Vulnerable Elders

For FY 2008, there is one targeting indicator for Family Caregiver Support Services.

Indicator 3.1 Increase the number of caregiver services.

Performance Results Analysis

The FY 2007 performance target of 1 million was not achieved. In FY 2007, 731,345 caregivers received services.

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

AoA has revised its targeting methodology for this measure. We are currently employing a marginal cost analysis and then incorporating improved efficiency estimates. Improved efficiency will result from management improvements and best practices. For example, the Aging and Disability Resource Centers are expected to improve program efficiency through service integration and enhanced information and referral operations. Performance targets for FY 2008 and FY 2009 were established using the marginal cost approach plus improved efficiency and reflect more realistic performance expectations consistent with current funding levels. Increasing the number of caregivers served is a critical component of AoA's efforts to prolong the ability of vulnerable elderly persons to live in their homes. Over 80 percent of caregivers receiving services report that the services have "helped them provide care longer" and over 45 percent of caregivers report that without services their care recipients would be unable to maintain their current living arrangements. Failure to increase the number of caregivers served translates into missed opportunity for prolonging the independence of many elderly people.

Services for Native Americans

Table 6. Services for Native Americans

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 PB Target
1.3	For Title VI Services, increase the number of units of service provided to Native Americans per thousand dollars of AoA funding	254 (+15%)	281 (+15%)	264 (+20%)	312 (+42%)	273 (+24%)	Apr-09	277 (+26%)
3.1	Increase the number of caregivers served.	710,546	678,489	1 M	731,545	762,000	Aug-09	694,000

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

Performance Narrative

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

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

Performance Measure 1: Improve Program Efficiency

Indicator 1.3: For Title VI Services (nutrition, supportive services, caregiver services and other activities), increase 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 with no increase in program funding or large infusion of program innovation funding.

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

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

- **Caregiver Difficulty Reduction:** Decrease to 35% the percentage of caregivers reporting difficulties in dealing with agencies to obtain services from the FY 2003 base of 64% (Indicator 2.6).

- **Home-Delivered Meals Quality Assessment:** 90% of home delivered meal clients rate services good to excellent (Indicator 2.9a).

- **Transportation Quality Assessment:** 90% of transportation clients rate services good to excellent (Indicator 2.9b).

- **Caregiver Quality Assessment:** 90% of caregivers rate National Family Caregiver Support Program services good to excellent (Indicator 2.9c).

A detailed discussion of these indicators' performance can be found under the Family Caregiver Support Services section on page 15, Nutrition Services on page 12 and Home and Community-Based Supportive Services on page 10.

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 page 16.

Protection of Vulnerable Older Americans

Table 7. Protection of Vulnerable Older Americans

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 PB Target
1.2	For Title VII Services, increase the number of Ombudsman complaints resolved or partially resolved per million dollars of AoA funding.	11,687 (+25%)	10,745 (+16%)	11,811 (+27%)	10,801 (+16%)	11,439 (+23%)	Sep-09	11,811 (+27%)
2.7	Improve the Ombudsman complaint resolution rates.	26	27	15	35	30	Sep-09	32

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

Performance Narrative

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

Performance Measure 1: Improve Program Efficiency

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

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 percent 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 based on FY 2005 performance 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 and FY 2009 are slightly more modest but

still may be overly ambitious. 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 Measure 2: Improve Client Outcomes and Maintain a High Level of Service Quality

Significance of Performance Measures

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

Indicator 2.7: Improve Ombudsman complaint resolution rates.

Performance Results

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.

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.

Program Innovations

Program Innovations is part of AoA's Aging Services GPRA program. 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.

Alzheimer's Disease Demonstration Grants

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

Aging Network Support Activities

Table 8. Aging Network Support Activities

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 PB Target
1.4	For Senior Medicare Patrol, increase the number of beneficiaries trained per million dollars of AoA funding	47,758 (+54%)	42,767 (+38%)	48,980 (+58%)	39,216 (+27%)	49,600 (+60%)	Sep-09	50,200 (+62%)

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

Performance Narrative

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

Performance Measure 1: Improve Program Efficiency

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

Performance Results Analysis

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, performance targets for FY 2008 and FY 2009 that are consistent with performance trends prior to FY 2006 are overly ambitious. The target for FY 2009 will likely be revised in future budget submissions. 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.

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

Link between the AoA and HHS Strategic Goals and Objectives

AoA Strategic Program Goals:

Goal 1: Empower older people and their families to make informed decisions about, and be able to easily access, existing home and community-based options.

Goal 2: Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services including supports for family caregivers.

Goal 3: Empower older people to stay active and healthy through Older Americans Act Services and the new prevention benefits under Medicare.

Goal 4: Ensure the rights of older people and prevent their abuse, neglect, and exploitation.

HHS Strategic Goals	Goal 1	Goal 2	Goal 3	Goal 4
1: Health Care Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.	-	-	-	-
1.1 Broaden health insurance and long-term care coverage.	X	X	-	-
1.2 Increase health care service availability and accessibility.	X	X	-	-
1.3 Improve health care quality, safety and cost/value.	X	X	X	X
1.4 Recruit, develop, and retain a competent health care workforce.	-	X	-	X
2: Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats.	-	-	-	-
2.1 Prevent the spread of infectious diseases.	-	-	X	-
2.2 Protect the public against injuries and environmental threats.	-	-	X	-
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.	X	-	X	X
2.4 Prepare for and respond to natural and man-made disasters.	X	-	-	-
3: Human Services Promote the economic and social well-being of individuals, families and communities.	-	-	-	-
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan.	X	X	X	X
3.2 Protect the safety and foster the well being of children and youth.	-	-	-	-

HHS Strategic Goals	Goal 1	Goal 2	Goal 3	Goal 4
3.3 Encourage the development of strong, healthy and supportive communities.	X	X	X	X
3.4 Address the needs, strengths and abilities of vulnerable populations.	X	X	X	X
4: Scientific Research and Development Advance scientific and biomedical research and development related to health and human services.	-	-	-	-
4.1 Strengthen the pool of qualified health and behavioral science researchers.	-	-	-	-
4.2 Increase basic scientific knowledge to improve human health and human development.	-	-	-	-
4.3 Conduct and oversee applied research to improve health and well-being.	-	-	-	-
4.4 Communicate and transfer research results into clinical, public health and human service practice.	X	X	X	X

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

All four objectives under HHS's first strategic goal are supported by the AoA Strategic Plan. Specific AoA strategies supporting the *Health Care* objective include AoA's Goal 1, Strategic Objective 1.1: provide streamlined access to health and long-term care through Aging and Disability Resource Center (ADRC) demonstration projects. This successful collaboration with the Centers for Medicare and Medicare Services (CMS) to promote the creation of highly visible and trusted places where people with disabilities of all ages and incomes can turn for information on the full range of long-term support options and streamlined access to public long-term care programs and benefits has led to the establishment of 175 ADRCs in 43 states. These Centers support the HHS Objective 1.1: broaden health insurance and long-term care coverage as well as Objective 1.2: increase health care service availability and accessibility.

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

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

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

All four AoA Strategic Goals link to HHS Objectives 3.1, 3.3 and 3.4. Objective 3.2 is not included since it is specific to children and youth. HHS Goal 3 is closely tied to the strategic objectives and activities under AoA Goal 2: enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers. Most older people entering nursing homes are private pay individuals, and those who end up on Medicaid, usually do so as a result of spending down their income and assets. AoA is providing opportunities for seniors to maintain their independence through less costly home and community-based services and supporting HHS Objective 3.1: promote the economic independence and social well-being of individuals, family and communities through the promotion of consumer-directed approaches to home and community-based services. Programs such as *Cash and Counseling* empower individuals to determine the types of care they receive and the manner in which it is provided. This activity under AoA objective 2.1: enable seniors to remain in their homes and communities through flexible service models and consumer-directed approaches – is one way AoA is helping older adults improve the quality of their lives, conserve and extend the use of their own resources, and potentially reduce the fiscal pressures on Medicaid.

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

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

AoA 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 a study 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.

However, 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…) whenever possible, reserving OAA services for those seniors ineligible for other programs. These finding 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/about/results/III-B%20Final%20Report_6_26_07.doc or ASPE database general location, http://aspe.hhs.gov/pic/performance.

Discontinued Performance Measures Table

Table 10. Discontinued Measures

Indicator 2.1: Maintain high client satisfaction with home-delivered meals. *(outcome)*

FY	Target	Result
2009	Discontinued	Not Applicable
2008	Discontinued	Not Applicable
2007	93%	94.5%
2006	93%	94%
2005	93%	95%
2004	New in FY 05	Not Available
2003	New in FY 05	93% (base)
2002	New in FY 05	Not Applicable

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

FY	Target	Result
2009	Discontinued	Not Applicable
2008	Discontinued	Not Applicable
2007	82%	82%
2006	82%	85%
2005	82%	85%
2004	New in FY 05	83%
2003	New in FY 05	82% (base)
2002	New in FY 05	Not Applicable

Indicator 2.3: Maintain high client satisfaction among caregivers of elders. *(outcome)*

FY	Target	Result
2009	Discontinued	Not Applicable
2008	Discontinued	Not Applicable
2007	87%	95.5%
2006	87%	95%
2005	87%	94%
2004	New in FY 05	96%
2003	New in FY 05	87% (base)
2002	New in FY 05	Not Applicable

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

FY	Target	Result
2009	Discontinued	Not Applicable
2008	Discontinued	Not Applicable
2007	93%	91% +/-3%
2006	93%	93% +/- 4%
2005	93%	92% +/- 4%
2004	New in FY 05	90%
2003	New in FY 05	93% (base)
2002	New in FY 05	Not applicable

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

FY	Target	Result
2009	Discontinued	Not Applicable
2008	Discontinued	Not Applicable
2007	75%	81%
2006	68%	57%
2005	62%	51% +/- 5%
2004	New in FY 05	52%
2003	New in FY 05	48% (base)
2002	New in FY 05	Not Applicable

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%.

FY	Target	Result
2009	Discontinued	Not Applicable
2008	Discontinued	Not Applicable
2007	New in FY 09	Not Applicable
2006	New in FY 09	Not Applicable
2005	New in FY 09	Not Applicable
2004	New in FY 09	Not Applicable
2003	New in FY 09	Not Applicable
2002	New in FY 09	Not Applicable

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

FY	Target	Result
2009	Discontinued	Not Applicable
2008	Discontinued	Not Applicable
2007	90%	92.4%
2006	New in FY 07	95.2%
2005	New in FY 07	Not Applicable
2004	New in FY 07	Not Applicable
2003	New in FY 07	Not Applicable
2002	New in FY 07	Not Applicable

Data Source and Validation Table

Table 11. Data Source and Validation Table

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

Unique Identifier	Data Source	Data Validation
2.9c	National Survey	See description below for National Survey Data
2.10	State Program Report and National Survey	State Program Report data is annually submitted by states. The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and state staff. AoA staff follow-up with states to assure validity and accuracy. After revisions, states certify the accuracy of their data. The National Survey draws a sample of Area Agencies is used to obtain a random sample of clients receiving selected services. Trained staff administers telephone surveys. Results are analyzed and compared to client population to assure representative sample.
2.11	National Survey	See description below for National Survey Data
3.1	State Program Report	State Program Report data is annually submitted by states. The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and state staff. AoA staff follow-up with states to assure validity and accuracy. After revisions, states certify the accuracy of their data.
3.2	State Program Report	State Program Report data is annually submitted by states. The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and state staff. AoA staff follow-up with states to assure validity and accuracy. After revisions, states certify the accuracy of their data.
3.3	State Program Report	State Program Report data is annually submitted by states. The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and state staff. AoA staff follow-up with states to assure validity and accuracy. After revisions, states certify the accuracy of their data.
3.4	State Program Report	State Program Report data is annually submitted by states. The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and state staff. AoA staff follow-up with states to assure validity and accuracy. After revisions, states certify the accuracy of their data.

National Survey Data

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

Senior statisticians have designed a sample of agencies and service recipients that ensures an accurate representation of OAA programs, and the project staff focus their attention on achieving a high response rate, which maximizes the survey's precision. The surveys have consistently achieved a cooperation rate of over 80 percent for the sampled Area Agencies on Aging and 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.