



**DEPARTMENT of HEALTH
and HUMAN SERVICES**

Fiscal Year 2006

Administration on Aging

AoA Program Performance Analysis

***Excerpted from:
FY 2006 Justification of Estimates for Appropriations Committees***

FROM THE ASSISTANT SECRETARY FOR AGING

The Administration on Aging (AoA) is pleased with the results of its partnership with other components of the Department of Health and Human Services (HHS) in producing AoA's first Performance Budget for FY 2006. At AoA, we view performance measurement as an opportunity to demonstrate the value and effectiveness of Older Americans Act (OAA) programs. For some time now, performance measurement has allowed us to justify our base programs and expenditures in support of older Americans. With the FY 2006 AoA Performance Budget, we are taking the next step by fully integrating our performance measurement activities with the overall budget we are requesting for FY 2006.

The AoA Performance Budget for FY 2006 is goal oriented and supports the HHS strategic goals, including *improving the economic and social well-being of individuals, families and communities, especially those most in need, and reducing threats to the health and well-being of Americans*. It also supports the five strategic priorities that we at AoA have established for our programs. A central result of our focus on outcomes has been the identification of the following three broad outcome measures that cut across all of our program activities and will help us monitor the achievement of our goals:

- Improve Program Efficiency: This budget includes efficiency measures for each of the programs historically included in AoA's performance plans. Program efficiency is a necessary and important measure of performance for AoA programs and recognizes the need to maximize the value of Federal funds as well as the need to generate capacity for these program activities at the State and local level. We are pleased that the OMB recognized AoA for the quality of its efficiency measures in the FY 2005 President's Budget.
- Improve Client Assessments and Outcomes: AoA will not compromise quality for the sake of efficiency, so we have initiated annual surveys of OAA clients to obtain their views on the quality of AoA programs. Customer satisfaction is a part of this measure, but our surveys also include assessments of the impact and usefulness of services to elderly individuals and their caregivers.
- Improve Targeting to Vulnerable Elders: The first two measures focus on the efficient production of high quality results as assessed by program clients. However, in an effort to improve efficiency and quality, entities could attempt to focus their efforts toward individuals who are not the most vulnerable. Instead, the targeting measure ensures that AoA serves the most needy as envisioned by the OAA.

With this budget request, AoA has reinforced its focus on providing high-quality, effective services to the most vulnerable elderly individuals. This budget will help elderly individuals remain in their homes and communities, which is where they want to be. We believe that the FY 2006 Performance Budget will also provide the Congress a better tool for making critical decisions on the resources needed to support AoA programs and seniors across the nation.

Josefina G. Carbonell

Performance Analysis Detail: FY 2006 Measures Summary

Beginning with FY 2006, for purposes of performance measurement, AoA has aggregated all budget line items into a single Government Performance and Results Act (GPRA) program: AoA's Aging Services GPRA Program. AoA program activities have a fundamental common purpose that reflects 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 participate actively in funding community-based services and develop the capacity to support the home and community-based service needs of elderly individuals, particularly the disabled, poor, minorities and those who live in rural areas where access to services may be limited. These fundamental objectives led AoA to focus on three program results areas in assessing all program activities through performance measurement: 1) improving efficiency; 2) improving client assessments and outcomes, and 3) improving targeting to vulnerable elder populations. Each of these measures separately covers the full scope of AoA's program activities, and therefore each measure reflects the full cost of all program activities. For example, achieving the levels of efficiency for the program that AoA has projected requires the full cost of the program, including administrative costs. Similarly, achieving the projected improvements in consumer assessment and service targeting requires the full cost of the program. Each of the measures separately covers all AoA program activities.

For purposes of clarity in the presentation of the detailed results of AoA's performance measurement activity, we have divided the analysis into two parts: performance measures for FY 2006 and beyond, and performance measures for earlier years. With guidance from HHS and the Office of Management and Budget (OMB), AoA made very significant changes to its performance measurement approach beginning with its GPRA plan for FY 2005. We significantly reduced the number of measures tracked under GPRA, focused specifically on measures that were deemed most valuable in the Program Assessment Rating Tool (PART) process, and organized our performance indicators into the three broad measures of performance that were supported by OMB and HHS. The presentation for earlier years remains necessary to conclude reporting on performance related to earlier AoA GPRA plans.

The following tables present the performance measures and indicators that AoA has incorporated into its FY 2006 performance plan. As indicated previously, AoA, with guidance from HHS and OMB, utilizes three fundamental performance measures to assess program performance for all of its activities: 1) improve program efficiency, 2) improve client assessments and results, and 3) improve targeting to vulnerable elders. OMB now requires agencies to measure efficiency for all program activities, so AoA has developed and adopted such measures for its activities. AoA measures results from the perspective of the consumers who receive the services that we provide. We annually survey consumers across our programs to determine not only their satisfaction with services, but their assessment of the value and usefulness of the programs in helping them maintain their independence in the community. The targeting measures are important to AoA to ensure that States and communities are serving the elders who are most vulnerable and need services the most.

Measure 1: Improve Program Efficiency

Performance Goals	Targets	Actual Performance	Reference
Indicator 1.1: For Title III Services, increase the number of clients served per million dollars of AoA funding.	FY 07: Baseline + 15% FY 06: Baseline + 10% FY 05: Baseline + 8% FY 04: Baseline + 6% FY 03: Not applicable FY 02: Not applicable FY 01: New in FY 04	FY 07: 09/07 FY 06: 09/07 FY 05: 09/06 FY 04: 09/05 FY 03: 6,375 FY 02: 5,700 FY 01: 5,688 (baseline)	1 & 6
Indicator 1.2: For Title VII Services, increase the number of Ombudsman complaints resolved or partially resolved per million dollars of AoA funding.	FY 06: Baseline + 14% FY 05: Baseline + 4% FY 04: Baseline + 2% FY 03: New in FY 04	FY 06: 09/07 FY 05: 09/06 FY 04: 09/05 FY 03: 10,498 FY 02: 9,300 (baseline)	
Indicator 1.3: For Title VI Services, increase the number of units of service provided to Native Americans per thousand dollars of AoA funding.	FY 06: baseline + 6% FY 05: baseline + 4% FY 04: baseline + 2% FY 03: New in FY 04	FY 06: 09/07 FY 05: 09/06 FY 04: 09/05 FY 03: 206 FY 02: 230 (baseline)	
Indicator 1.4: For Senior Medicare Patrol activities, increase the number of beneficiaries trained per million dollars of AoA funding.	FY 06: baseline + 20% FY 05: baseline + 5% FY 04: baseline + 3% FY 03: New in FY 04	FY 06: 09/07 FY 05: 09/06 FY 04: 09/05 FY 03: 36,513 FY 02: 31,000 (baseline)	

Measure 1: Improve Program Efficiency

Program efficiency is a necessary and important measure of performance for AoA programs for two principal reasons. First, OMB recognizes the importance of efficient use of Federal funds by Federal agencies and the entities that administer Federal programs. Second, the OAA intended that Federal funds for these programs would help to generate capacity for these program activities at the State and local level. It is the expectation of the OAA that States and communities would increasingly improve their capacity to serve elderly individuals efficiently and effectively.

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

Performance Targets

In adopting the efficiency indicators, AoA observed that the aging network was already realizing success in improving efficiency for prior years. As a result of past performance and AoA's initiatives to improve integration and rebalance long-term care, AoA has set ambitious performance targets for its efficiency indicators. Recognizing AoA's commitment to aggressively improve program efficiency, OMB highlighted AoA's efficiency measures in the FY 2005 President's Budget. The following summarizes AoA's efficiency indicator targets.

- By FY 2006, for the nutrition, supportive services, caregiver and other program activities administered under Title III of the OAA, AoA will improve program efficiency by 10 percent over the FY 2001 target, which is double the annual improvement rate observed for FY 1999 to FY 2001. AoA projects an improvement of 15 percent by FY 2007, which is almost quadruple the current annual improvement.
- For Title VII services, AoA will increase the number of complaints resolved or partially resolved per million dollars of AoA funding from its baseline in FY 2002 of 9,300 to nearly 10,600 by FY 2006.
- For Title VI, AoA will increase the number of units of service provided to Native Americans from its baseline in FY 2002 of 230 units of service for each thousand dollars of AoA funding to 244 units of service per thousand dollars of AoA funding by FY 2006. This represents a 6 percent gain in efficiency over the baseline.
- For AoA's Senior Medicare Patrol activities, AoA's initiatives will provide increased training to beneficiaries such that the number of beneficiaries trained will increase from the baseline in FY 2002 of 31,000 people per million dollars of AoA funding to 37,200 people per million dollars of funding.

Linkage to Budget

AoA is not basing its performance improvements for the efficiency measures on increases in program budgets. For the most part, AoA and its program partners will use existing resources and focused management improvements to continue to improve the efficiency of its programs. The one exception to this rule is the ambitious target AoA has established for its Title III programs. The Assistant Secretary for Aging has initiated efforts to rebalance long-term care toward community care, and to improve the integration of home and community based service programs through demonstration grants to States and other entities. These efforts are intended to contribute significantly to the achievement of the efficiency improvements AoA has targeted for its Title III programs. AoA's performance targets, along with the agency's rebalancing and integration initiatives, reflect AoA's belief that improvements in the integration of services and more effective use of existing long-term care resources are the key factors that will improve efficiency in AoA programs.

Program Results

Although these measures are new to AoA, and there can therefore be no assessment of the extent to which we have achieved past efficiency performance targets, a review of data for prior years indicates that AoA and the Aging Network have consistently improved efficiency for Title III

from FY 1999 through FY 2003. The following summarizes the results for the Title III efficiency indicators:

- FY 2001: 5,688 clients per million dollars of AoA funding.
- FY 2002: 5,700 clients per million dollars of AoA funding.
- FY 2003: 6,259 clients per million dollars of AoA funding.

We believe that two factors affected the significant increase between FY 2002 and FY 2003: First, States reported that they served over 650,000 more elderly individuals in FY 2003 than in FY 2002. Also, the States reported serving over 140,000 more caregivers in FY 2003. With overall funding stable, these increases result in an efficiency increase of almost 9 percent. Although we expect continued growth in the number of caregivers served, we do not expect such increases in elderly clients each year.

There were similarly significant efficiency increases for the Ombudsman program and for the Senior Medicare Patrol program. Although we are surprised by the size of these improvements, there have been indicators of significant efficiency improvements for both. In a recent report to Congress about the Ombudsman program, AoA observed that productivity improvements from FY 1998 to FY 2001 seemed to indicate that residents long-term care facilities, their families, and facility managers seemed to be making greater use of ombudsman services. Similarly, the Senior Medicare Patrol program continues to expand its reach in training seniors, leading to significant efficiency improvements. The only AoA activity that saw a decline in efficiency was the Native American services activities. We believe that significant cost increases, especially the cost of fuel for transportation, can have a negative effect on an efficiency indicator such as this. Nevertheless, AoA will retain the improvement targets for this program. AoA plans to conduct a detailed evaluation of the program, which will address this among other significant issues for that program. AoA will continue to seek out the issues in this situation and, once that is done, to develop appropriate corrective actions.

Program Management

AoA uses the three types of performance measures to focus its efforts on continuous improvement in all its program activities. AoA makes extensive use of its discretionary funding to arrange for high-quality technical assistance to State and local program entities to support improvements that will yield measurable efficiency improvements across the network for all program activities. AoA has a number of support contracts and grants that specifically focus on helping network entities to better integrate funding for long-term care and long-term care service delivery specifically to yield the types of efficiency improvements the agency is measuring. AoA and the aging network are targeting integration efforts in order to eliminate duplication and to improve access to care for elderly individuals. For example, in the past two years, AoA in partnership with the Centers for Medicare and Medicaid Services has established Aging and Disability Resource Centers in 24 States, and will increase those numbers in future years. This initiative and others like it are focused on producing effective management improvements that will yield improved efficiency.

AoA also uses performance data to inform its program evaluation decisions. AoA has substantially increased its program evaluation activity over the past two years, partially in response to findings produced from GPRA performance measures. For example, in FY 2004 AoA initiated an evaluation of the Title III Home and Community-Based Supportive Services line item in part to identify the factors that are leading to reductions in service unit counts that AoA has observed in the GPRA process over the past two years.

Measure 2: Improve Client Assessments and Results

Performance Goals	Targets	Actual Performance	Reference
Indicator 2.1: Maintain high client satisfaction with home-delivered meals.	FY 06: 93% FY 05: 93% FY 04: Not in FY 04 plan FY 03: New in FY 05	FY 06: 02/07 FY 05: 02/06 FY 04: No Data FY 03: 93% (baseline)	
Indicator 2.2: Maintain high client satisfaction with transportation services.	FY 06: 82% FY 05: 82% FY 04: Not in FY 04 plan FY 03: New in FY 05	FY 06: 02/07 FY 05: 02/06 FY 04: 83% FY 03: 82% (baseline)	
Indicator 2.3: Maintain high client satisfaction among caregivers of elders.	FY 06: 87% FY 05: 87% FY 04: Not in FY 04 plan FY 03: New in FY 05	FY 06: 02/07 FY 05: 02/06 FY 04: 96% FY 03: 87% (baseline)	
Indicator 2.4: Maintain high client satisfaction with congregate meals.	FY 06: 93% FY 05: 93% FY 04: Not in FY 04 plan FY 03: New in FY 05	FY 06: 02/07 FY 05: 02/06 FY 04: 90% FY 03: 93%	
Indicator 2.5: Increase percent of caregivers who report that services <i>definitely</i> help them care longer for older individuals.	FY 07: 75% FY 06: 68% FY 05: 62% FY 04: Not in FY 04 plan FY 03: New in FY 05	FY 06: 02/07 FY 05: 02/06 FY 04: 52% FY 03: 48% (baseline)	
Indicator 2.6: Reduce the percent of caregivers who report difficulty in getting services.	FY 07: 35% FY 06: 43% FY 05: 50% FY 04: Not in FY 04 plan FY 03: New in FY 05	FY 06: 02/07 FY 05: 02/06 FY 04: 50% FY 03: 64% (baseline)	
Indicator 2.7: Improve the Ombudsman complaint resolution rates in 15 States over FY 2001.	FY 06: 15 FY 05: 10 FY 04: 7 FY 03: 5 FY 02: (New in 03)	FY 06: 02/08 FY 05: 02/07 FY 04: 02/06 FY 03: 24 FY 02: 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 06: baseline + 20% FY 05: New in FY 04 FY 04: New in FY 04	FY 06: TBD FY 05: TBD FY 04: Developmental	

Measure 2: Improve Client Assessments and Results

The FY 2006 performance budget includes eight indicators supporting AoA's measure of client assessment and results. To AoA, these are the core performance outcome indicators for our

programs because they reflect program assessments obtained directly from the elderly individuals and caregivers who receive the services. AoA has multiple satisfaction indicators in this plan reflecting separate assessments provided by elderly individuals for services such as meals, transportation and homemaker help, and because OMB specifically required these measures in the FY 2005 PART assessment for AoA. As indicated above, OMB was very pleased with AoA's aggressive efficiency targets. However, concerned that an excessive focus on efficiency could reduce service quality and consumer satisfaction, OMB wanted AoA to include multiple satisfaction indicators in the AoA plan. AoA has also included indicators that directly assess AoA's most fundamental outcome (keeping elderly individuals at home and in the community) and measure results important to family caregivers. The results measures for Title VII (Ombudsman program) and for the Senior Medicare Patrol activities are also central to the core purposes of those activities. The outcome indicator for the Ombudsman program focuses on the successful resolution of complaints by residents of nursing homes and other institutions. The indicator for the Senior Medicare Patrol program focuses on increased scrutiny of Medicare bills by beneficiaries, which is the fundamental objective of the program. The consumer impact and results indicators included for FY 2006 are:

- Home-Delivered Meals Satisfaction: Maintain the high percentage of home-delivered meal clients reporting they like the meals.
- Transportation Satisfaction: Maintain the high percentage of transportation service recipients rating the service very good to excellent.
- Caregiver Satisfaction: Maintain the percent of caregivers rating case management services good to excellent.
- Congregate Meals Satisfaction: Maintain the percentage of congregate meal clients reporting they like the way the food tastes.
- Caregiver Impact Assessment: Increase the percentage of caregivers reporting that services have "definitely" helped them provide care for a longer period.
- Caregiver Difficulty Reduction: Decrease the number of caregivers reporting difficulties in dealing with agencies to obtain services.
- Improve Ombudsman Complaint Resolution: For 15 States, increase the percentage of complaints that are resolved over the number that were resolved in FY 2001.
- Increase Scrutiny of Medicare Notices: Increase by 20 percent the percentage of Medicare beneficiaries who review Medicare Summary Notices for accuracy as a direct result of the training provided by the Senior Medicare Patrol program.

Performance Targets

AoA has committed to maintain the high satisfaction rates established for its core programs and to achieve ambitious improvements in its other assessment and results measures. Because the satisfaction measures are so high, and because they are based on sample surveys, which are not

conducive to measuring annual changes, AoA is committed to maintaining the high levels of satisfaction observed. The target to maintain these high levels of performance is aggressive when taken in the context of the AoA commitment to aggressively improve program efficiency in the near and long term. It is essential that AoA maintain a high level of satisfaction with services even as the aging services network increases the number of elderly individuals served per million dollars of AoA funding. The performance targets related to caregiver assessments presented above are particularly aggressive. One indicator calls for a 14 percent increase in two years in the percent of caregivers who report that OAA services “definitely” help them care longer for the elderly they serve. The second caregiver indicator calls for a 14 percent reduction over the same time period in the percent of caregivers who report difficulty in getting services. To AoA, aggressive targeting for these indicators is critical because they represent more directly than any others the mission of AoA and the network to help vulnerable elderly individuals remain in the community.

Linkage to Budget

The consumer assessment and results measure and indicators were a significant element in AoA’s rebalancing and integration initiatives, and they complement the efficiency and targeting measures that also support the budget. The success of AoA’s initiatives in improving program efficiency must be balanced by the ability of the aging services network to maintain the current high level of satisfaction with services and improvements in results reported by consumers. Similarly, success in improving consumer results must be balanced by the critical need to ensure that the programs are reaching the most vulnerable elderly individuals. The AoA indicator to increase home-delivered meals clients who are nursing-home eligible is a fundamental and necessary outcome for the budget activity that supports the initiative to create more balance in the national long-term care service delivery system. AoA’s caregiver funding, along with AoA’s integration and evidence-based health promotion activities, will support the AoA performance target to reduce the percentage of caregivers who have difficulty with the system and will also support the goal to increase the percentage of caregivers who report that OAA services help them care longer for elderly individuals.

Program Results

The client assessment and results indicators presented in this measure are new, and so there can be no assessment of the extent to which we have achieved past efficiency performance targets. In addition, because the data sources did not exist in previous years, we can make no observations about results using these indicators for previous years. The only indicator for which we can make observations is the Ombudsman indicator for resolving complaints. Under the Ombudsman program the aging network has realized a very significant increase in the resolution of complaints. From FY 1998 to FY 2002 Ombudsmen increased their resolution rate from 71 percent of all complaints to 78 percent of all complaints. Recognizing that such a high rate was not consistent across the States, AoA has chosen to focus this indicator on improving performance in a significant number of States each year.

Program Management

AoA uses the three types of performance measures to focus its efforts on continuous improvement in all its program activities. AoA makes extensive use of its discretionary funding to arrange for high-quality technical assistance to State and local program entities to support

improvements that will yield measurable efficiency improvements across the network for all program activities. AoA has a number of support contracts and grants that specifically focus on helping network entities to better integrate funding for long-term care and long-term care service delivery specifically to yield the types of efficiency improvements the agency is measuring. AoA and the aging network are targeting integration efforts in order to eliminate duplication and to improve access to care for elderly individuals. For example, in the past two years, AoA in partnership with the Centers for Medicare and Medicaid Services has established Aging and Disability Resource Centers in 24 States, and will increase those numbers in future years. This initiative and others like it are focused on producing effective management improvements that will yield improved efficiency.

AoA also uses performance data to inform its program evaluation decisions. AoA has substantially increased its program evaluation activity over the past two years, partially in response to findings produced from GPRA performance measures. For example, in FY 2004 AoA initiated an evaluation of the Title III Home and Community-Based Supportive Services line item in part to identify the factors that are leading to reductions in service unit counts that AoA has observed in the GPRA process over the past two years.

Measure 3: Improve Targeting to Vulnerable Elders

Performance Goals	Targets	Actual Performance	Reference
Indicator 3.1: Increase the number of caregivers served to 900,000 by FY 2006.	FY 07: 1,000,000		
	FY 06: 900,000		
	FY 05: 800,000	FY 05: 02/07	
	FY 04: 500,000	FY 04: 02/06	
	FY 03: 250,000	FY 03: 585,000	
	FY 02: New in FY 03	FY 02: 439,000	
Indicator 3.2: Increase the number of severely disabled clients who receive selected home and community-based services by 8% over the FY 2003 base.	FY 07: Base + 25%		
	FY 06: Base + 15%	FY 06: 02/08	
	FY 05: Base + 8%	FY 05: 02/07	
	FY 04: New in FY 04	FY 04: 02/06	
		FY 03: 280,454 (baseline)	
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.	FY 06: Census + 10%	FY 06: 09/07	
	FY 05: New in FY 04	FY 05: 09/06	
		FY 04: 09/05	
		FY 03: Census +5%	
		FY 02: Census +5%	
Indicator 3.4: Increase the number of states that increase the percentage of clients served who are poor.	FY 07: 20 States		
	FY 06: 17 States	FY 06: 09/07	
	FY 05: 15 States	FY 05: 09/06	
	FY 04: 12 States	FY 04: 09/05	
	FY 03: 5 States	FY 03: 18	
		FY 02: New in FY 03	

Measure 3: Improve Targeting to Vulnerable Elders

The first two measures that AoA uses for program assessment focus on the efficient production of high quality results as assessed by program clients. The targeting measure and the indicators associated with it are equally important because they ensure that AoA and the aging network focus services on the most needy. In an effort to improve efficiency and quality, entities could attempt to focus their efforts toward individuals who are not the most vulnerable. This would be inconsistent with the intent of the OAA, which specifically requires the network to target services to the most vulnerable. It also would be inconsistent with the mission of AoA, which is to help vulnerable elderly individuals to maintain their independence in the community. To help these senior remain independent, AoA and the aging network must focus their efforts on those who are at most risk of institutionalization: the disabled, poor, and rural residents. The FY 2006 performance budget includes four critical targeting indicators for AoA, covering the vulnerable client groups addressed above and family caregivers. The caregiver program is still in its early stages of implementation, so the targeting indicator utilized here focuses on rapidly increasing the number of caregivers served in the early years of implementation.

Performance Targets

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

- By FY 2006, AoA proposes to increase the number of severely disabled OAA clients we serve by 15 percent. This is one of AoA's most critical indicators because it reflects our commitment to demonstrate the capacity of the network to serve individuals who are effectively eligible to reside in nursing homes.
- In the early stages of implementation of the caregiver program it is essential that the network reach out to caregivers. As a result, AoA has established aggressive targets to serve 900,000 caregivers by FY 2006, which is more than 100 percent higher than the FY 2002 baseline for caregivers served.
- AoA's pursuit of a significant increase in the percentage of elderly clients who reside in rural areas is also an aggressive but important objective. In FY 2002, the percentage of OAA clients who lived in rural areas was 6 percent higher than the percentage of all elders living in rural areas. By FY 2006, AoA seeks to increase that percentage to 10 percent.
- The FY 2006 target is aggressive for the poverty indicator because it not only commits to improve performance in over 25 percent of all States over a short period of time, but it also commits to a significant 10 percent improvement in each of those States in that same time period.

Linkage to Budget

In the past few years, the observed success of the aging services network in targeting services to vulnerable elderly individuals has served as an impetus for AoA to pursue initiatives that will expand national use of the services of the network to improve the lives of elderly individuals across the nation. AoA's initiatives to integrate services and funding, to rebalance long-term care, and to increase the use of evidence-based health promotion activities will help state and community programs to focus resources toward difficult to serve populations. The initiatives address directly the intent of AoA and the network to increasingly target community-based services toward those who are most at risk of institutionalization, which includes the poor, those in rural areas, and other vulnerable elders.

Program Results

The aging services network has already demonstrated success in targeting services to poor individuals and those who live in rural areas. In each of the recent reporting years, approximately 28 percent of OAA clients are poor, while just over 10 percent of all elderly individuals are poor. While the percent of clients who live in rural areas appears to have declined in recent years, the 27 percent of OAA clients who live in rural areas is significantly higher than the 2000 Census estimate, which indicates that over 22 percent of all elderly individuals reside in rural areas. Despite the success, AoA believes that continued focusing on and improvement in targeting to vulnerable elders is basic to the mission of the agency and the intent of the OAA. The targeting indicators also reflect different aspects of performance monitoring that is important for the aging services network. The rural indicator focuses on improvement at the national level, while the

“poverty” indicator focuses in on the pursuit of improvements among the State agencies that administer the program.

Program Management

AoA uses the three types of performance measures to focus its efforts on continuous improvement in all its program activities. AoA makes extensive use of its discretionary funding to arrange for high-quality technical assistance to State and local program entities to support improvements that will yield measurable efficiency improvements across the network for all program activities. AoA has a number of support contracts and grants that specifically focus on helping network entities to better integrate funding for long-term care and long-term care service delivery specifically to yield the types of efficiency improvements the agency is measuring. AoA and the aging network are targeting integration efforts in order to eliminate duplication and to improve access to care for elderly individuals. For example, in the past two years, AoA in partnership with the Centers for Medicare and Medicaid Services has established Aging and Disability Resource Centers in 24 States, and will increase those numbers in future years. This initiative and others like it are focused on producing effective management improvements that will yield improved efficiency.

AoA also uses performance data to inform its program evaluation decisions. AoA has substantially increased its program evaluation activity over the past two years, partially in response to findings produced from GPRA performance measures. For example, in FY 2004 AoA initiated an evaluation of the Title III Home and Community-Based Supportive Services line item in part to identify the factors that are leading to reductions in service unit counts that AoA has observed in the GPRA process over the past two years.

Performance Analysis Detail: Measures For Prior Years Summary

The following tables and analytical presentation reflect a significant change to AoA's GPRA performance plan and report. Because of the necessary reduction in the number of performance measures in the AoA and HHS plans, there is little comparability between the FY 2006 plan and previous plans. Attempting to analyze the FY 2006 plan alongside the previous plans would cause tremendous confusion. As a result, AoA has opted to present separately the performance results for GPRA plans for previous fiscal years. For the sake of efficiency in presentation, AoA will not reiterate the rationale for the measures and targets which were included in those plans, but will focus the analysis on the extent to which performance goals and measures were achieved and how performance for those measures affected AoA initiatives. It should be noted that AoA will continue to internally track performance for many of the measures included in prior year plans, and may propose to include some of these measures as indicators of performance in future GPRA plans as appropriate. The following table presents measures that were included in previous GPRA plans, but are not included in the FY 2006 plan.

Community-Based Services Programs: Prior Year Measures

Performance Goals	Targets	Actual Performance	Reference
A significant percentage of OAA Title III service recipients are poor. [outcome measure] <u>Norm:</u> Percent of U.S. elderly population who are poor in 2000: 10.2%	FY 04: 32% FY 03: 32% FY 02: 25% FY 01: 25% FY 00: (New in FY 01)	FY 04: 02/06 FY 03: 28.2% FY 02: 28.1% FY 01: 29.3% FY 00: 30.3% FY 99: 31.7% FY 98: 36.2%	6
A significant percentage of OAA Title III service recipients live in rural areas. [outcome measure]	FY 04: 34% FY 03: 34% FY 02: 25% FY 01: 25% FY 00: (New in 01)	FY 04: 02/06 FY 03: 27.8% FY 02: 27.7% FY 01: 30.4% FY 00: 32.9% FY 99: 33.6% FY 98: 33.5%	6
Increase rural participation in States. [outcome measure]	FY 04: 9 States FY 03: 5 States FY 02: (New in FY 03)	FY 04: 02/06 FY 03: 18 FY 02: Not Available	6
Increase the ratio of family caregivers to registered clients.	FY 04: 1.5 to 10 FY 03: 1.0 to 10 FY 02: (New in FY 03)	FY 04: 02/06 FY 03: 1.8 to 10 FY 02: 1.4 to 10 (baseline)	6
A significant percentage of OAA Title III service recipients are minorities. [outcome measure] <u>Norm:</u> Percent of U.S. elderly population who are minorities in 2000: 16.3%	FY 04: 20% FY 03: 19% FY 02: 17% FY 01: 17% FY 00: (New in FY 01)	FY 04: 02/06 FY 03: 22.7% FY 02: 20.5% FY 01: 18.8% FY 00: 19.1% FY 99: 19.3% FY 98: 19.6%	6
Increase participation by disabled elderly in States. [outcome measure]	FY 04: 9 States FY 03: 5 States FY 02: (New in FY 03)	FY 04: 20 FY 03: 23 States FY 02: 9 States	6
Increase participation by senior elders in States. [outcome measure]	FY 04: 9 States FY 03: 5 States FY02: (New in FY 03)	FY 04: 02/06 FY 03: 22 FY 02: Not Available	6
Increase the ratio of leveraged funds to AoA funds. [outcome and efficiency measure]	FY 04: \$2.20 to \$1.00 FY 03: \$1.90 to \$1.00 FY 02: \$1.50 to \$1.00 FY 01: \$1.50 to \$1.00 FY 00: (New in FY 01)	FY 04: 02/06 FY 03: \$1.90 to \$1.00 FY 02: \$1.92 to \$1.00 FY 01: \$2.10 to \$1.00 FY 00: \$1.90 to \$1.00 FY 99: \$1.90 to \$1.00 FY 98: \$1.90 to \$1.00	6

Performance Goals	Targets	Actual Performance	Reference
Increase leveraged funding ratios for States. [outcome measure]	FY 04: 8 States FY 03: 5 States FY 02: (New in FY 03)	FY 04: 02/06 FY 03: 26 FY 02: 22	6
A high percentage of funding for Personal Care, Home-Delivered Meals, and Adult Day Care will come from leveraged funds. [outcome measure]	FY 04: 76% FY 03: 74% FY 02: 70% FY 01: 70% FY 00 (New in FY 01)	FY04: 02/06 FY03: 71.0% FY 02: 73.0% FY 01: 74.5% FY 00: 74% FY 99: 75% FY 98: 75%	6
Maintain a high ratio of network program income to AoA funding.[outcome measure]	FY 03: \$.35 to \$1.00 FY 02: \$.30 to \$1.00 FY 01: \$.30 to \$1.00 FY 00: (New in FY 01)	FY 03: \$.38 to \$1.00 FY 02: \$.44 to \$1.00 FY 01: \$.37 to \$1.00 FY 00: \$.35 to \$1.00 FY 99: \$.35 to \$1.00 FY 98: \$.37 to \$1.00	6
Increase program income ratios for States. [outcome measure]	FY 04: 5 States FY 03: 5 States FY 02: (New in FY 03)	FY 04: 02/06 FY 03: 18 FY 02: 20	6
Maintain high percentage of senior centers that are community focal points.	FY 04: 62% FY 03: 60% FY 02: 50% FY 01: 50% FY 00: (New in FY 01)	FY 04: 02/06 FY 03: 74.0% FY 02: 63.0% FY 01: 58.1% FY 00: 61.2% FY 99: 59.5%	6
Maintain high percentage of volunteer staff among area agencies on aging.	FY 03: 46% FY 02: 40% FY 01: 40% FY 00: (New in FY 01)	FY 03: 45.0% FY 02: 45.5% FY 01: 41.8% FY 00: 44.1% FY 99: 45.9% FY 98: 43.8%	6
Increase volunteer staff participation for State Agencies.	FY 04: 5 States FY 03: (New in FY 04)	FY 04: 02/06 FY 03: 11 States	
Increase the number of State agencies on aging that provide caregiver services in all five service categories.	FY 04: 10 States FY 03: 10 States FY 02: (New in FY 03)	FY 04: 02/06 FY 03: 45 States FY 02: 46 States	

Performance Goals	Targets	Actual Performance	Reference
Increase the number of home-delivered meals provided.	FY 04: 183.0 FY 03: 183.0 FY 02: 183.0 FY 01: 179.0 FY 00: 155.0 FY 99: 119.0	FY 04: 02/06 FY 03: 142.0 FY 02: 142.0 FY 01: 143.8 FY 00: 143.4 FY 99: 134.6 FY 98: 129.7	
Maintain the number of congregate meals provided.	FY 04: 115.2 FY 03: 115.2 FY 02: 115.2 FY 01: 115.2 FY 00: 113.1 FY 99: 123.4	FY 04: 02/06 FY 03: 105.8 FY 02: 108.3 FY 01: 112.2 FY 00: 115.8 FY 99: 112.8 FY 98: 114.1	
Maintain the number of Transportation units of service provided.	FY 04: 50.7 FY 03: 50.7 FY 02: 50.7 FY 01: 50.7 FY 00: 46.6 FY 99: 39.5	FY 04: 02/06 FY 03: 36.0 FY 02: 37.1 FY 01: 39.4 FY 00: 42.8 FY 99: 45.8	
Maintain the number of Information and Assistance units of service provided.	FY 04: 15.2 FY 03: 15.2 FY 02: 15.2 FY 01: 15.2 FY 00: 14.0 FY 99: 12.5	FY 04: 02/06 FY 03: 12.6 FY 02: 12.3 FY 01: 13.1 FY 00: 13.4 FY 99: 12.2	
Reduce time-lag (in months) for making NAPIS data available for GPRA purposes and for publication. [outcome and efficiency measure]	FY 09: 6 months FY 05: 12 months FY 04: 13 months FY 03: 15 months FY 02: 15 months FY 01: 15 months FY 00: (New in FY 01)	FY 03: 13 months FY 02: 15 months FY 01: 15 months FY 00: 19 months FY 99: 22 months FY 98: 26 months	

In previous years, AoA presented measures for the Community-Based Services program according to three categories: intermediate outcome targeting measures, intermediate outcome system measures, and service output measures. The analysis that follows maintains references to those categories to allow for the conduct of analysis in the same context in which the measures were originally presented in the plans for FY 2004 and prior years. This form of analysis will be maintained until GPRA requirements for the reporting of program results are met for all fiscal years prior to FY 2005.

In those plans, AoA established expectations for performance for the various categories of measures.

- Intermediate Outcome Targeting Measures: Does the network target services to vulnerable elderly individuals and have there been improvements in the delivery of these services?
- Intermediate Outcome System Measures: What do the State and local components of the network contribute to the elderly in the way of resources, coordination, and emphasis on the most vulnerable?
- Service Output Measures: What level of services will the network provide to elderly individuals each year for meals, transportation, and other services?

Performance Measures Analysis – Intermediate Outcome Targeting Measures:

In previous plans, AoA identified a set of targeting measures to track the effectiveness of the network in meeting the intent of the OAA to serve vulnerable elderly individuals, and to target measurable improvements where appropriate.

If AoA is to demonstrate that the network is targeting services to vulnerable individuals, then data should show that the percentage of clients who are poor, disabled, minorities and those in rural areas, is higher than the percentage of all elderly persons in the total population who fit these characteristics.

Results for Intermediate Outcome Targeting Measures:

For AoA targeting measures, the tables above indicate that the aging services network effectively targets services to the vulnerable elderly individuals in the Nation.

- Poverty Targeting Measures: Whereas 10 percent of all elderly over 60 years old were poor, approximately 30 percent of aging services network clients were poor for all years reported.
- Minority Targeting Measure: The percent of OAA clients who were minorities (22.7 percent in FY 2003) remains significantly higher than the total percent of all elderly minority individuals (19 percent).
- Disability Targeting Measure: National sample survey data show 79 percent of clients receiving home delivered meals have limitations in Activities of Daily Living (ADLs) and 86 percent of clients receiving homemaker services have limitations in ADLs. This data indicates that states, as a whole, are successfully targeting services to disabled elderly individuals.
- Senior Elders Targeting Measure: Data on age categories for 42 States show that a high percentage of clients (over 60 percent) receiving registered services are aged seventy-five and above. This data indicates that States as a whole are successfully targeting registered services to elderly individuals aged seventy-five and above.

- Caregiver Targeting Measure: The caregiver program was implemented in FY 2001. States served significantly more caregivers in FY 2003 (585,000) than AoA had anticipated (250,000), so the ratio of caregivers served to elderly clients is also higher than anticipated. State agencies served 1.8 caregivers for every 10 elderly individuals served in FY 2003.

Performance Measures Analysis – Intermediate Outcome Efficiency/System Measures

Intermediate Outcome System measures data should show that: (1) there is a significant contribution above and beyond funding provided by AoA; (2) there is a strong degree of coordination of services provided through the network; and 3) the network is efficient.

Results for Intermediate Outcome Systems Measures

The data reported above for AoA’s intermediate outcome system measures demonstrate the following:

1. The funds “leveraged” by the aging services network are significant in total, almost doubling AoA funds for all years reported.
 2. The leveraged funds substantially exceed the funding provided by AoA for home and community-based services to the elderly, particularly the disabled who required in-home services and adult day care.
 3. The network does not rely solely on funds provided by other sources, but every year generates a significant amount of revenue, which is put back into the program for services.
 4. The network is characterized by a strong community orientation, in which senior centers are not only places where elderly individuals receive services, but are places where services for the elderly are organized and coordinated.
 5. The network is committed to local solutions and resources in support of the elderly, as reflected in data that show that more than 40 percent of area agency staff are volunteers.
- Leveraged Funding Measures: For all years reported, FY 1997 through FY 2003:
 - ▶ Funds leveraged by State and local agencies exceeded funds provided by AoA by almost 100 percent; and
 - ▶ Over 70 percent of the funding that supported personal care, home-delivered meals, and adult day care combined, came from sources other than AoA.
 - Program Income Measure: Data for all five fiscal years indicate that revenue generated by the aging services network (e.g., voluntary contributions for meals) is a significant funding source, representing in over one-third of the amount provided by AoA each year.
 - Senior Center Focal Point Measure: Each year, over half of all senior centers participating in the program were community-service “focal points,”.

- Area Agency Volunteer Measure: The percentage of the staff of area agencies on aging that is made up of volunteers was between 40 and 50 percent in all FYs 1997 through 2003.
- Caregiver Measure: For the National Family Caregiver Support Program, our initial objective for the “system” has been to develop a well-rounded program that serves the various needs of caregivers as envisioned by the OAA. Performance by State agencies in providing services across all five caregiver service categories was significantly beyond AoA’s expectations as 46 State units reported meeting that objective in FY 2003.

Performance Measures Analysis – Service Output Measures

The service output measures in former plans were used to track the level of services that AoA and the other components of the network provide.

Service output data should show that over time performance outputs are consistent with the level of resources provided by AoA and the anticipated level of resources provided by other network sources through the States.

Results for Service Output Measures

The data on outputs for FY 2003 appear to indicate that costs for services may be rising at higher rates than anticipated, and that the fiscal difficulties confronted by States may have affected program outputs in FY 2003. The units of service provided in FY 2003 are somewhat lower than the units provided in FY 2002 for the categories of service tracked in earlier GPRA plans, including: home-delivered meals, congregate meals, transportation services, and information and assistance services. The number of home-delivered meals provided remains high compared to levels provided only a few years ago, but it is lower than the number reported for FY 2002. The service levels for home-delivered meals and other services were not as great as AoA had projected in its performance targets.

- Home Delivered Meals Output Measures: The data reflects a decrease in the number of home-delivered meals provided in FY 2003. We did not meet the higher targeted result, which we believe reflects three factors: 1) the difficulty of accurately targeting the number of meals that will be served in a given fiscal year, 2) cost increases (particularly fuel costs) associated with delivering the meals, and 3) fiscal difficulties encountered by State units on aging.
- Congregate Meals Output Measure: FY 2003 data indicates that the network did not meet its target for congregate meals, and that the number of congregate meals served declined further.
- Transportation Output Measure: The level of output performance for transportation service did not meet the FY 2002 target and declined for the fourth consecutive year.
- Information and Assistance Output Measures: The level of output performance for information and assistance also did not meet the FY 2003 target.

Vulnerable Older Americans: Prior Year Measures

Performance Goals	Targets	Actual Performance	Reference
Maintain a high combined resolution / partial resolution rate for complaints in nursing homes.	FY 04: 75% FY 03: 74% FY 02: 70% FY 01: 70% FY 00: 70% FY 99: 71.48%	FY 04: 02/06 FY 03: 76.0% FY 02: 77.0% FY 01: 76.7% FY 00: 74.1% FY 99: 74.3% FY 98: 70.6%	6
Improve combined resolution/ partial resolution rate for primary aging services network States (States and Territories).	FY 05: 10 States FY 04: 7 States FY 03: 5 States FY 02: (New in 03)	FY 05: 02/07 FY 04: 02/06 FY 03: 02/05 FY 02: Not applicable	

Performance Measures Analysis – Ombudsman Measures

For each of the years included in the table above, the network has achieved a high combined resolution/partial resolution rate in excess of 70 percent. For FY 2001 through FY 2003, the rate has risen to over 75 percent.

Native Americans Program: Prior Year Measures

Performance Goals	Targets	Actual Performance	Reference
Initially increase and then maintain units of service in the following categories:	(numbers in thousands)	(numbers in thousands)	
Home-delivered Meals	FY 04: 2,000 FY 03: 1,850 FY 02: 1,850 FY 01: 1,795 FY 00: 1,632 FY 99: 1,456	FY 04: 02/06 FY 03: 1,741 FY 02: 1,667 FY 01: 1,966 FY 00: 1,778 FY 99: 1,680	6
Congregate Meals	FY 04: 1,650 FY 03: 1,650 FY 02: 1,650 FY 01: 1,583 FY 00: 1,439 FY 99: 1,322	FY 04: 02/06 FY 03: 1,250 FY 02: 1,305 FY 01: 1,440 FY 00: 1,348 FY 99: 1,290	
Transportation Service Units	FY 04: 740 FY 03: 732 FY 02: 732 FY 01: 732 FY 00: 665 FY 99: 763	FY 04: 02/06 FY 03: 631 FY 02: 715 FY 01: 735 FY 00: 699 FY 99: 702	6
Information & Referral Service Units	FY 04: 747 FY 03: 747 FY 02: 747 FY 01: 747 FY 00: 679 FY 99: 632	FY 04: 02/06 FY 03: 525 FY 02: 699 FY 01: 659 FY 00: 651 FY 99: 633	
In-home Service Units	FY 03: 970 FY 02: 953 FY 01: 953 FY 00: 866 FY 99: 742	FY 03: 736 FY 02: 833 FY 01: 961 FY 00: 929 FY 99: 942 FY 98: 1,032	
Other Services	FY 03: 660 FY 02: 650 FY 01: 650 FY 00: 591 FY 99: 512	FY 03: NA FY 02: 776 FY 01: 776 FY 00: 682 FY 99: 702	

Performance Measures Analysis – Native American Measures

In analyzing program performance related to performance plans for earlier years, the FY 2003 data for the Native American program, the most recent available for this program, indicate that performance targets for most services were not reached. Across the board, units of service showed

relatively larger declines in the most recent three years , except for Information and Referral, which rose in FY 2002 and then fell in FY 2003; however, looking at all five years, the data for this program indicate that service provision overall remains fairly stable despite the decline.

In summarizing past performance for measures included in AoA plans for this program in years prior to FY 2005, the following can be said for all six measures: AoA met or exceeded the performance targets set for FY 1999, FY 2000 and FY 2001, in that the program initially increased and then maintained the higher levels of service units for each of the services measured. In FY 2002, however, AoA noted a slight shortfall in each of the reported measures, which raised some concern. Suspecting problems with data collection and other factors that would affect all six services, AoA has initiated a more detailed evaluation of the program and its support systems. At this time, this detailed evaluation is ongoing and we have not definitively discovered the reason or reasons that would have caused the continued decline in the reporting of program performance – both relative to the targets and relative to the prior year performance. AoA will continue to seek out the issues in this situation and, once that is done, to develop appropriate corrective actions.

Senior Medicare Patrols: Prior Year Measures

Performance Goals	Targets	Actual Performance	Reference
Increase the number of trainers who educate beneficiaries.	FY 03: 56,800 FY 02: 54,800 FY 01: 41,100 FY 00: 17,125 FY 99: (new in 2000)	FY 03: 64,607 FY 02: 57,061 FY 01: 48,076 FY 00: 39,300 FY 99: 13,700 (baseline) (a)	
Increase the number of beneficiaries who are educated by the volunteer trainers.	FY 04: 1,200,000 FY 03: 600,000 FY 02: 500,000 FY 01: (new in 2002)	FY 04: 1,813,608 FY 03: 1,417,694 FY 02: 955,000 FY 01: 570,000 FY 00: 350,000 (baseline) (b)	
Increase the number of substantiated complaints generated through AoA's activities (i.e. complaint results in some action taken).[outcome measure]	FY 04: 3,000 FY 03: 2,500 FY 02: 380 FY 01: 280 FY 00: 200 FY 99: (new in 2000)	FY 04: 40,747 FY 03: 17,329 FY 02: 2,708 FY 01: 2,190 FY 00: 1,241 FY 99: 133 (baseline) (c)	6

Numbers for training targets and results, are "cumulative" since inception of the projects – including projects funded under the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

- (a) The cumulative total includes volunteers who were trained under HIPAA. This effort was succeeded by the Senior Medicare Patrol projects authorized by the Omnibus Consolidated Appropriations Act of 1997 (P. L. 104-209).
- (b) Cumulative including beneficiaries educated under the authority of HIPAA.
- (c) Baseline total is cumulative including complaints substantiated under HIPAA.
- (d) Preliminary data through June 2003, final for the fiscal year available April 2005.

Performance Measures Analysis – Senior Medicare Patrol Measures

To demonstrate that the network is educating older Americans to take an active role in their health care and protect the integrity of Medicare and Medicaid services, the data should show an increase in the number of trainers who educate beneficiaries, an increase in the number of beneficiaries educated by volunteer trainers, and an increase in the number of complaints that have been reported and acted upon as a result of the AoA programs.

For the measures presented in the table above, the data indicates that the aging services network effectively educates and informs older Americans on how to take an active role in their health care and maintain the integrity of the Medicare and Medicaid systems.

- Volunteers Trained Measure: This measure is directed at increasing the number of volunteers trained by AoA's grantees, who in turn educate an increasing number of beneficiaries on how to take an active role in protecting their health care. In FY 1999, the Senior Medicare Patrol Projects were just beginning to develop their training activities and materials. However, by

the end of FY 1999 the project had trained 13,700 (on a cumulative basis) community volunteers under the HIPAA and Senior Medicare Patrol projects. During FY 2000 and beyond, materials and effective training strategies were more widely utilized by the grantees, which meant that we trained over 57,000 by FY 2002, one year earlier than planned, and by FY 2003, that figure had reached nearly 65,000. We do not anticipate that the grantees will continue to train as many new volunteers during future years, however, the progress toward the ultimate goal of educating beneficiaries will build on the large pool of experienced volunteers who will continue to conduct sessions during those years. Also, because AoA wanted to focus on trained beneficiaries and their results, this measure was discontinued in the FY 2004 plan.

- Beneficiaries Educated Measure: This measure is directed toward increasing the number of beneficiaries who are educated by the volunteer trainers. This measure was new in FY 2002. It is the beneficiaries, who have to learn to detect possible fraud, waste and abuse in the Medicare payments. AoA substantially exceeded its FY 2002 target. The “trainers” trained over 950,000 beneficiaries for both HIPAA and the Senior Medicare Patrol projects and by FY 2004, that figure is approaching 2 million and 600,000 beyond our goal of 1,200,000.
- Inquiries Submitted and Acted Upon Measure: This measure consists of the number of inquiries submitted by AoA’s projects and volunteers to health care providers, the Centers for Medicare and Medicaid Services, the Office of Inspector General, and other appropriate sources that result in some action being taken. In FY 1999, this system of reporting was just beginning to be developed and AoA’s projects started with a baseline of 133 cases (for both the HIPAA and Senior Medicare Patrol projects) that resulted in some sort of corrective action being taken. In FY 2004, actual performance indicates that the complaints generated through AoA’s activities for which some action was taken exceeded the projected target: more than 40,747 substantiated cases were generated.

Program Management: Prior Year Measures

Performance Goals	Targets	Actual Performance	Reference
A high percentage of AoA hires will be based on a formal AoA Workforce Plan.	FY 03: 80% FY 02: 80% FY 01: (New in FY 02)	FY 03: 100% FY 02: 100%	
Increase the ratio of employees to supervisors.	FY 04: 5.0 to 1 FY 03: 5.0 to 1 FY 02: (New in FY 03)	FY 04: 5.5 to 1 FY 03: 5.7 to 1 FY 02: 5.2 to 1 FY 01: 4.3 to 1	
Decrease the average grade of AoA career employees.	FY 04: 12.2 FY 03: 13.0 FY 02: (New in FY 03)	FY 04: 12.5 FY 03: 12.3 FY 02: 12.3 FY 01: 13.5	
Increase the percentage of procurement dollars that are subjected to performance-based contracts.	FY 04: 20% FY 03: 20% FY 02: 20% FY 01: (New in FY 02)	FY 04: 15% FY 03: 10% FY 02: 5% FY 01: 0% (baseline)	
Increase the percentage of discretionary grant applications that are submitted and processed electronically, including via the Internet.	FY 04: +5% FY 03: 10% FY 02: (New in FY 03)	FY 04: NA FY 03: 12% FY 02: 10% FY 01: 0% (baseline)	
AoA will have no material weaknesses identified in the Departmental top-down audit.	FY 04: No weaknesses FY 03: No weaknesses FY 02: (New in FY 03)	FY 04: No weaknesses FY 03: No weaknesses	

Performance Measures Analysis – Program Management Measures

Financial Management Measures:

AoA received a clean opinion on the audit of its FY 2000 financial statements (balance sheet), and its complete FY 2001 financial statements. To improve the efficiency of financial audit processes and because the overwhelming majority of AoA financial management activity is performed at the Department level, HHS made the determination that it would not conduct separate audits of AoA accounts starting in FY 2003, but would include AoA in “top-down” HHS audits. As a result, independent financial audit opinions on AoA financial statements are no longer rendered, and as a result the clean opinion measure is no longer included in the measures tracked by AoA. However, maintaining its commitment to high quality financial management activity where AoA is directly involved, AoA adopted a new performance measure that the agency will have no material weaknesses cited in the HHS audit for AoA financial management activity. In both the FY 2003 and FY 2004 HHS audits, no material weaknesses were identified for AoA financial management activity.

Strategic Management of Human Capital Measures:

An extensive AoA review of workforce and structural conditions found that improvements were necessary and achievable in: 1) “de-layering” the organization, 2) grade structure, and 3) skill mix. To track its accountability for implementing improvements, AoA included three performance measures related to workforce planning and restructuring in its FY 2003 and FY 2004 GPRA performance plans. In FY 2002, one year ahead of the plan, AoA met its FY 2003 targets and continued to make dramatic progress towards these goals by increasing the employee to supervisor ratio for the agency, and by achieving a measurable reduction in the average grade of employees.

Although ahead of our established goals for all of these measures, by FY 2005, AoA expects that at least for one measure, the average grade of career employees, we may begin to experience a slight reversal, which is expected to continue over the next two years. This is due to the expected attrition of retirement age career staff and the need to replace them with journeymen-level professionals in order to be able to continue to function at our current level of service as we carry out the important work on behalf of older Americans.

A minor note, but nevertheless a positive one has been that in each year since the establishment of the Workforce Plan measure, 100 percent of all new hires have been based on a formal AoA Workforce Plan. In addition, our efforts at de-layering have been fruitful as well: the ratio of employees to supervisors has increased from 4.3 to 1 in FY 2001 and 5.2 to 1 in FY 2002 to 5.7 to 1 in FY 2003. Because so many of AoA’s staff is made up of contract employees rather than civil servants, however, the ratio tends to understate the effective outcome and if total workforce were to include contractors, the ratio of employees to supervisors would be 6.9 to 1 due to federal employees supervising contractor staff.

AoA will continue to seek to maintain these significant improvements and in the interest of reducing the number of measures in the AoA performance plan, we will track future compliance with this objective internally, but remove it from the GPRA Plan.

Acquisitions/Grants Management/E-Government Measures:

The grants application process is one of AoA’s most significant workload processes, and involves significant staff and related resources on the part of AoA and potential grantees. In support of Grants.gov, AoA is providing a broad range of technical support to its grantees to assist them in transitioning from our former Internet-based system (e-gov) to Grants.gov. We are also, at the same time, supporting the ONE-HHS policy for centralized grant processing systems by having transitioned from an agency-based grant processing system (GMS) to a consolidated Department-wide grant processing system (GATES). During the transition process, we have not reported performance on this measure. As part of its President’s Management Agenda activities, AoA will continue to work to increase the percentage of discretionary applications that are submitted via Grants.gov and processed electronically in GATES.

AoA had also included a performance measure in GPRA performance plans for the last three years to increase the use of performance-based contracts in its procurement activities to 20 percent of its procurement dollars. In our third year of progress toward this goal, AoA has made significant progress but has still been unable to achieve this objective due to technical

government-wide requirements for contract renewals. We did however manage to increase during this time from our first year level of 5 percent to 10 percent in the second year to 15 percent this year, which represents 3 new contracts in addition to our original IRM contract in force in the first year of this measure.

Summary of Full Cost of Program Performance Areas
(Dollars in Thousands)

Program Performance Area	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Aging Services Programs.....	\$ 1,377,585	\$ 1,396,638	\$ 1,372,325
Measure 1: Improve Program Efficiency.....	a/	a/	a/
Measure 2: Improve Client Assessment and Results.....	a/	a/	a/
Measure 3: Improve Targeting to Vulnerable Edlers.....	a/	a/	a/
Total, Full Cost.....	\$ 1,377,585	\$ 1,396,638	\$ 1,372,325

a/ The full cost of each measure is equal to the full cost of the Performance Program Area. Please see the explanation below for more detail.

Methodology

The FY 2006 Performance Budget reflects the decision to move to one consolidated GPRA program that covers all programmatic activities. The full cost of this consolidated program is equal to the total program level for AoA, which includes administrative resources and demonstration activities funded through annual appropriations as well as resources from the Medicare trust fund, which are used to support health care anti-fraud, waste and abuse activities. It does not include accrued liabilities not directly paid by AoA, such as employee health benefits and Federal retirement costs. Because the Performance Budget contains three measures (efficiency, client assessment and outcomes, and 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.

Changes and Improvements Over Previous Years

In FY 2006, in conformance with new formatting instructions from HHS and OMB, AoA made further consolidations in the number of measures reported, so that AoA now includes only three performance measures in the Performance Budget document. This was accomplished through the introduction of the concept of indicators and a hierarchical organization of program activities conducted to accomplish the overall mission of the organization. The result was a net decrease in performance measures, but an increase in the ability to measure the factors that contribute to accomplishing those goals. New efficiency indicators were added and new outcome indicators based on national survey data were introduced. The document also incorporates long-term performance activities from the AoA Strategic Plan.

The following table summarizes the changes and improvements to the measures and indicators in the performance plan.

Measures and Indicators	Changes From Previous Plan
Measure 1	Designed in FY 2006, includes indicators 1.1, 1.2, 1.3 and 1.4
Indicator 1.1	Previously Indicator 1.1.1, New efficiency measure in FY05
Indicator 1.2	Previously Indicator 2.1 - No Change
Indicator 1.3	Previously Indicator 3.1 - No Change
Indicator 1.4	Previously Indicator 4.1 - No Change
Measure 2	Previously Measure 1.2 - Designed in FY 2005, includes indicators 2.1-2.8
Indicator 2.1	Previously 1.2.1 - New in FY 2005
Indicator 2.2	Previously 1.2.2 - New in FY 2005
Indicator 2.3	Previously 1.2.3 - New in FY 2005
Indicator 2.4	Previously 1.2.4 - New in FY 2005
Indicator 2.5	Previously 1.2.5 - New in FY 2005
Indicator 2.6	Previously 1.2.6 - New in FY 2005
Indicator 2.7	Previously 1.2.7 - New in FY 2005
Indicator 2.8	Developmental
Measure 3	Previously Measure 1.3 - Designed in FY05, includes Indicators 3.1-3.5
Indicator 3.1	Previously 1.1.2 - No Change
Indicator 3.2	Previously 1.19 - No Change
Indicator 3.3	Previously 1.3.1 - No Change
Indicator 3.4	Previously 1.14 - No Change
Indicator 3.5	Previously 1.18 - No Change
Measure 1.14	Discontinued in FY 2005
Measure 1.15	Discontinued in FY 2005
Measure 1.16	Discontinued in FY 2004
Measure 1.17	Discontinued in FY 2005
Measure 1.18	Discontinued in FY 2005
Measure 1.19	Discontinued in FY 2005
Measure 1.20	Discontinued in FY 2005
Measure 1.21	Discontinued in FY 2005

Measures and Indicators	Changes From Previous Plan
Measure 1.22	Discontinued in FY 2005
Measure 1.23	Discontinued in FY 2005
Measure 1.24	Discontinued in FY 2005
Measure 1.25	Discontinued in FY 2005
Measure 1.26	Discontinued in FY 2005
Measure 1.27	Discontinued in FY 2005
Measure 1.28	Discontinued in FY 2005
Measure 1.29	Discontinued in FY 2005
Measure 1.30	Discontinued in FY 2005
Measure 1.31	Discontinued in FY 2005
Measure 1.32	Discontinued in FY 2005
Measure 1.33	Discontinued in FY 2005
Indicator 1.1.3	Discontinued in FY 2006
Measure 2.1	Designed in FY 2005
Indicator 2.1.1	Became Efficiency Indicator 1.2 in FY 2006; New Efficiency measure in FY 2004
Indicator 2.1.2	Discontinued in FY 2006, Converted to efficiency measure FY 2005
Measure 2.3	Discontinued in FY 2005
Measure 3.1	Designed in FY 2005, includes Indicator 3.1.1
Indicator 3.1.1	Became Indicator 1.3 in FY 2006; New efficiency measure in FY 2004
Measure 3.2	Discontinued in FY 2005
Measure 3.3	Discontinued in FY 2005
Measure 3.4	Discontinued in FY 2005
Measure 3.5	Discontinued in FY 2005
Measure 3.6	Discontinued in FY 2004
Measure 3.7	Discontinued in FY 2004
Measure 3.8	Discontinued in FY 2004
Measure 4.1	Designed in FY 2005, includes Indicator 4.1.1
Indicator 4.1.1	Became Indicator 1.3 in FY 2006; New efficiency measure in FY 2004
Measure 4.2	Discontinued in FY 2005
Measure 4.3	Discontinued in FY 2005
Measure 4.4	Discontinued in FY 2005
Measure 6.1	Discontinued in FY 2005
Measure 6.2	Discontinued in FY 2004
Measure 6.3	Discontinued in FY 2005
Measure 6.4	Discontinued in FY 2005
Measure 6.5	Discontinued in FY 2005
Measure 6.6	Discontinued in FY 2005
Measure 6.7	Discontinued in FY 2004

Linkages to HHS and AoA Strategic Plan

The Performance Budget Overview and the Performance Analysis Detail sections provide summary information on the linkages between the AoA GPRA performance plan, the AoA Strategic Plan, and the HHS Strategic Plan. The following chart is intended to provide a more descriptive and definitive illustration of the detailed links between individual AoA program activities and the detailed goals and objectives in the HHS Strategic Plan.

This year, at the urging of the Department, AoA’s performance factors are organized hierarchically, wherein three measures represent AoA’s overall goals, as described in greater detail earlier, are: (1) Improve Program Efficiency; (2) Improve Client Assessments and Results and (3) Targeting to Vulnerable Elders. Supporting these three measures are indicators or specific program activities performed to accomplish each goal. This hierarchical grouping has had the effect of reducing the total number of measures reported and making all Departmental measures easier to understand and evaluate.

HHS Strategic Goal 1: Reduce the Major Threats to Health and Well-Being of Americans

HHS Strategic Objective 1.1: Reduce behavioral and other factors that contribute to the development of chronic diseases.	
AoA Strategic Goal	FY 2006 Performance Measures and Indicators
Goal 2: Increase the number of older people who stay active and healthy.	Measures 1, 2, and 3

HHS Strategic Goal 6: Improve the Economic and Social Well-being of Individuals, Families, and Communities, Especially Those Most in Need

HHS Strategic Objective 6.2: Increase the proportion of older Americans who stay active and healthy.	
AoA Strategic Goal	FY 2006 Performance Measures And Indicators
Goal 1: Increase the number of older people who have access to an integrated array of services.	Measures 1, 2, and 3
Goal 2: Increase the number of older people who stay active and healthy.	Measures 1, 2, and 3
Goal 3: Increase the number of families who receive help in their efforts to care for loved ones at home and in the community.	Measures 1, 2, and 3
Goal 4. Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation.	Indicator 1.2, 1.4 and 2.7,

HHS Strategic Objective 6.3: Increase the independence and quality of life of persons with disabilities including those with long-term care needs.

AoA Strategic Goal	FY 2006 Performance Measures and Indicators
<p>Goal 1: Increase the number of older people who have access to an integrated array of services.</p>	<p>Measures 1, 2, and 3</p>
<p>Goal 3: Increase the number of families who receive help in their efforts to care for loved ones at home and in the community.</p>	<p>Measures 1, 2, and 3</p>
<p>Goal 4. Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation.</p>	<p>Indicators 1.2 and 2.7</p>

Partnerships and Coordination

To administer the programs established under the Older Americans Act (OAA), AoA works in close collaboration with State units on aging, area agencies on aging, Tribal governments, and a variety of direct service providers. AoA also works closely with other Federal agencies, both inside and outside of HHS, to coordinate services for seniors and serve them better. These partnerships span a variety of activities and support the five strategic priorities that the Assistant Secretary has established for AoA.

Examples of partnerships that support *Strategic Priority 1: Make it easier for older people to access an integrated array of health and social supports*, and *Strategic Priority 3: Support families in their efforts to care for their loved ones at home and in the community*, include:

- Aging and Disability Resource Centers: AoA is partnering with the Centers for Medicare and Medicaid Services (CMS) to establish Aging and Disability Resource Centers. These centers are serving as a visible and trusted resource for information on the full range of public and private long-term care options, and streamlining access by serving as entry points for publicly funded long-term supports – including Medicaid, OAA, and State programs. Centers are also assisting States to develop “one-stop shop” programs at the community level and to better coordinate and design their systems of information, assistance and access.
- State Legislator Long-term Care Education: AoA is partnering with the Assistant Secretary for Planning and Evaluation (ASPE) and the National Council of State Legislators to educate State legislatures about the ways that they can promote more balance in their States’ systems of long-term care. This initiative will provide information on how the aging services network can be an effective partner in these efforts.
- Cash and Counseling/Next Steps Program: AoA is partnering with ASPE, CMS, and the Robert Wood Johnson Foundation to replicate the Cash and Counseling consumer direction model, which provides seniors with monthly budgets and allows them to purchase the services they need. This initiative will award mini-grants for demonstration projects and provide intensive technical assistance to ensure the success of these efforts.
- Coordinated Transportation Services: AoA is partnering with the Federal Transit Administration to implement regional technical assistance workshops; compile and distribute toolboxes on promising practices, such as Intelligent Transportation Systems; develop coordinated transportation plans; and assist communities to identify a full range of alternative transportation options for seniors.
- Policy Academy on State Long-term Care: AoA is partnering with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Governor’s Association to help 6-8 States to analyze and develop strategic action plans for rebalancing their long-term care systems. The Policy Academy will assist States to redirect long-term care funding to create a better balance between institutional and community-based care.

Examples of partnerships that support the *Strategic Priority 2: Help older people to stay active and healthy*, include:

- Evidence Based-Prevention: AoA is partnering with community aging services provider organizations to translate HHS research investments – at the Centers for Disease Control and Prevention (CDC); the National Institute on Aging (NIA); the Agency for Healthcare Research and Quality (AHRQ) and other agencies – into high quality preventive health interventions targeted at the elderly. These projects will show the efficacy of delivering evidence-based prevention programs for the elderly through community-based aging service provider organizations and will support local partnerships involving aging service providers, area agencies on aging, local health entities and research organizations.
- YouCan! Campaign: AoA is partnering with NIA, CDC, and the President’s Council on Physical Fitness and Sports to conduct a national outreach campaign to help provide local communities with the tools to encourage older people to eat better and exercise more. The campaign’s goals include enlisting at least 2,000 organizations as partners by the fall of 2005 and having at least 2 million seniors participating in activities to help them eat better and exercise more by the fall of 2006.
- Medicare Modernization Act Implementation: AoA is partnering with CMS to provide outreach, education and assistance in enrolling Medicare beneficiaries in the Medicare drug discount card and the transitional assistance for low-income individuals. AoA and CMS jointly funded outreach programs to reach hard-to-serve, limited English speaking, minority, low-literacy, low-income and rural beneficiaries. AoA is also working with the CMS State Health Insurance Program Steering Committee to develop best practices and coordinate Medicare outreach activities at the local level that will help beneficiaries and their caregivers to understand the upcoming Medicare Part D benefit.
- Aging States Project: AoA is partnering with CDC to enhance communication and coordination between State units on aging and State Health Departments. This initiative is supporting evidence-based mini-grants targeting seniors that focus on physical activity, clinical preventive services, chronic disease self-management, and oral health.
- Hispanic Health Outreach: AoA is partnering with the Food and Drug Administration (FDA) to develop bilingual and culturally sensitive health promotion and disease prevention strategies and materials targeted to Hispanic communities. This initiative will seek to build partnerships with organizations in the Hispanic community and focus on issues such as medication management, nutrition, antibiotic overuse, and adverse event reporting.

Examples of partnerships that support the *Priority 4: Ensure the rights of older people and prevent their abuse, neglect and exploitation*, include:

- Nursing Home Quality Indicators: AoA is partnering with CMS to utilize long-term care ombudsman to help educate Medicare beneficiaries to make better nursing home placement

decisions. The initiative is training ombudsmen to educate and advise consumers on how to use quality measures to compare performance across nursing homes.

- Financial Exploitation Study: AoA is partnering with ASPE to develop a conceptual model of financial exploitation and a description of key programs that work in the field to prevent this abuse. This effort will identify knowledge gaps and make recommendations for ways in which public policymakers, researchers and providers can address the problem.
- Elder Domestic Violence: AoA is partnering with the Office of Women's Health (OWH) to develop a model curriculum for how Adult Protective Service agencies and domestic violence shelters can provide services to older women. This includes a focus on providers that target services to traditionally under-served populations, including Native and African Americans, Hispanics, and Asian and Pacific Islanders.

Examples of partnerships that support the *Priority 5: Promote effective and responsive Management*, include:

- Grants Management System: AoA is partnering with the Administration for Children and Families (ACF) to implement the Grants Administration Tracking & Evaluation System (GATES). AoA served as the pilot agency for the Department's Enterprise-Wide Grants Management System initiative and is now using GATES to issue both discretionary and formula grant awards.
- Unified Financial Management System: AoA is partnering with the Office of the Assistant Secretary for Budget, Technology, and Finance (ASBTF), the Program Support Center (PSC), and other agencies to implement the Unified Financial Management System (UFMS), which will replace the Department's five legacy accounting systems. UFMS will provide managers with more consistent, timely, and reliable financial information and facilitate the provision of shared services across the Department.
- Information Technology Service Center: AoA is partnering with ASBTF and other agencies to use the HHS Information Technology Service Center (ITSC). AoA has effectively consolidated its information technology infrastructure and desktop computer support functions within the ITSC.

Data Verification and Validation

AoA has continued to make progress in the two data initiatives highlighted originally in the FY 2002 performance plan. AoA and State agencies engaged in a formal assessment effort that has resulted in the certification of National Aging Program Information System (NAPIS) data months earlier than originally anticipated. AoA has initiated a process to revise routine information collection activities to reduce reporting burden, improve timeliness and reliability of data, and incorporate reporting for the National Family Caregiver Support Program into the standard data collection process, and OMB has approved the proposed modifications. AoA continues to focus on the assessment of quality through the consumer where it counts the most, at the community level, through the Performance Outcome Measures Project. AoA conducted national surveys of performance outcomes in the past year, and incorporated these results into the new outcome measures and into the analysis included in this plan. Follow-up surveys featuring larger sample sizes will be conducted this year.

AoA and the aging services network face a significant challenge in obtaining data to measure performance for programs of this kind. All levels of the aging services network, from AoA through the State and area agencies on aging to local centers and service providers, know well the challenge of producing client and service counts by critical program and client characteristics for a program which *coordinates* service delivery through approximately 29,000 local providers. Many Older Americans Act (OAA) program services do not require a one-time registration for service on the part of clients; eligible clients may obtain services on an ad hoc and irregular basis. This makes the tracking of services to individuals and the generation of “unduplicated” counts of clients a very difficult task at the local level, particularly if local entities lack information technology that simplifies client and service record-keeping and information management. Federal and State reviews of data provided under NAPIS suggest that significant limitations in the adequacy of information infrastructure at the local level inhibit their ability to routinely and consistently produce the data that are required by law for the OAA programs and form the basis for many of AoA’s GPRAs performance measures. Extensive and repeated Federal and State efforts to provide technical assistance and to isolate and correct common data problems have been helpful for local areas in the majority of States and for most data elements required by the OAA through NAPIS. Nevertheless, much remains to be done to ensure that local service providers and area agencies have the capacity to reliably provide important data without excessive burden.

Technical Assistance, Standard Software Packages, Electronic Edits

AoA and the State units on aging have long recognized the effects that local capacity limitations could have on the generation of reliable data for programs and services of this type, and have taken significant steps to support local entities in producing the NAPIS data. There are at least two commercial packages now available to States and local entities to assist them in the preparation of the NAPIS data. These packages have fostered far greater consistency in the data generated for NAPIS than was possible in the early years of implementation. AoA developed an extensive set of electronic edits for all data elements, which are applied to the electronic

submissions of State entities. AoA contractors work with State data administrators to correct data elements that fail electronic edits to ensure that data meet standard logic checks. Following standard electronic checks, knowledgeable AoA regional and central office staff conduct extensive reviews of edited data for “reasonableness,” to ensure that significant value changes from one year to another reflect program circumstances and not the limitations of the program data. These processes have been extremely slow, burdensome and time consuming, and they must be modified. AoA and State agency representatives continue to investigate ways to streamline the data verification and validation process without compromising data quality.

Despite the data challenges that the network is addressing and the time-consuming validation processes that remain in place at the present time, AoA and the network have been able to certify NAPIS data on an increasingly more timely basis. The actions of AoA and its State and local partners have reduced the time required to make data available for performance measurement.

Performance Measurement Linkages

President's Management Agenda: AoA is committed to the goals of the President's Management Agenda (PMA) and has made them an integral part of its strategic planning process. While AoA uses a number of quantitative measures to track performance in support of the PMA, these are reported through a separate process and we have decided not to duplicate that information here. Please refer to the budget justification for Program Administration on page 80 for a brief description of some of the activities AoA has undertaken in support of the PMA.

HHS Strategic Plan: AoA also participates in the development of the strategic goals and objectives of the HHS each year. AoA program activities and strategies will continue to support the achievement of HHS goals and objectives, and AoA program performance measurement efforts will support HHS efforts to assess the progress of the Department in achieving the goals and objectives of the HHS Strategic Plan. The detailed roadmap of linkages of AoA goals and activities with the HHS Strategic Plan are presented on page 137.

Full Cost of Programs and Measures: The FY 2006 Performance Budget reflects the decision to move to one consolidated GPRA program that covers all programmatic activities. The full cost of this consolidated program is equal to the total program level for AoA, which includes administrative resources and demonstration activities funded through annual appropriations as well as resources from the Medicare trust fund, which are used to support health care anti-fraud, waste and abuse activities. It does not include accrued liabilities not directly paid by AoA, such as employee health benefits and Federal retirement costs.

Program Evaluation: The Office of Evaluation currently carries out a number of program evaluation exercises to produce the data included on our performance reports and expects to expand the base of that activity to include more administrative components.

Program: Administration on Aging

Rating: Moderately Effective

Program Type: Block/Formula Grant

Agency: Department of Health and Human Services

Bureau: Administration on Aging

Last Assessed: 1 year ago

Key Performance Measures from Latest PART	Year	Target	Actual
Annual Efficiency Measure: People served per \$million of AoA funding (with no decline in service quality).	2001		5,688
	2003		6,375
	2005	Baseline +8%	
	2007	Baseline +15%	
Long-Term Measure: By 2010, the number of states achieving a targeting index greater than 1.0 for rural and poverty measures.	2001	(poverty)	44
	2001	(rural)	41
	2010	51 States P	
	2010	50 States R	
Long-Term Measure: The percentage of caregivers reporting that services have definitely enabled them to provide care for a longer period.	2003		48%
	2004		52%
	2005	62%	
	2007	75%	

Recommended Follow-Up Actions from Latest PART

The Administration will publish a new set of performance measures that reflect program outcomes and appropriate performance targets as part of the agency's FY 2005 GPRA plan.

Status

Completed

Update on Follow-up Actions:

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
1,378	1,397	1,372

PART Recommendations FY 2004-FY 2005

Administration on Aging

State and Community-Based Services (Title III of the Older Americans Act)

Recommendation 1. Develop long-term performance measures.	Completion Date 09/03/03	On Track? (Y/N) Yes	Comments on Status Revised Measures submitted to OMB.
Next Milestone Action completed	Next Milestone Date N.A.	Lead Organization Office of Evaluation	Lead Official Frank Burns

Recommendation 2. Develop ambitious performance targets.	Completion Date 09/10/03	On Track? (Y/N) Yes	Comments on Status Revised targets submitted to OMB.
Next Milestone Action completed	Next Milestone Date N.A.	Lead Organization Office of Evaluation	Lead Official Frank Burns

Recommendation 3. Develop efficiency measures.	Completion Date 06/30/03	On Track? (Y/N) Yes	Comments on Status Efficiency Measures submitted to OMB.
Next Milestone Action completed	Next Milestone Date N.A.	Lead Organization Office of Evaluation	Lead Official Frank Burns

Recommendation 4. Include indirect costs in budget requests/Link changes in performance to changes in funding levels.	Completion Date 09/08/03	On Track? (Y/N) Yes	Comments on Status Included in FY 2005 budget request submitted to OMB.
Next Milestone Action completed	Next Milestone Date N.A.	Lead Organization Office of Evaluation	Lead Official Frank Burns

Summary of Measures

	Total Measures*	Output Measures	Outcome Measures	Efficiency Measures	Results Reported	Results Met	Results Not Reported
1999	18	18	0	NA	18	14	0
2000	18	18	0	NA	18	13	0
2001	23	15	5	3	23	17	0
2002	27	10	17	3	27	17	0
2003	39	13	30	3	39	29	0
2004	39	6	30	3	7	7	32
2005	16	0	16	7	NA	NA	NA
2006**	16	0	16	4	NA	NA	NA

* Total Measures are not intended to be the sum of Output, Outcome and Efficiency Measures since measures often serve the dual purpose of efficiency and outcome measures.

** FY 2006 reflects indicators.