#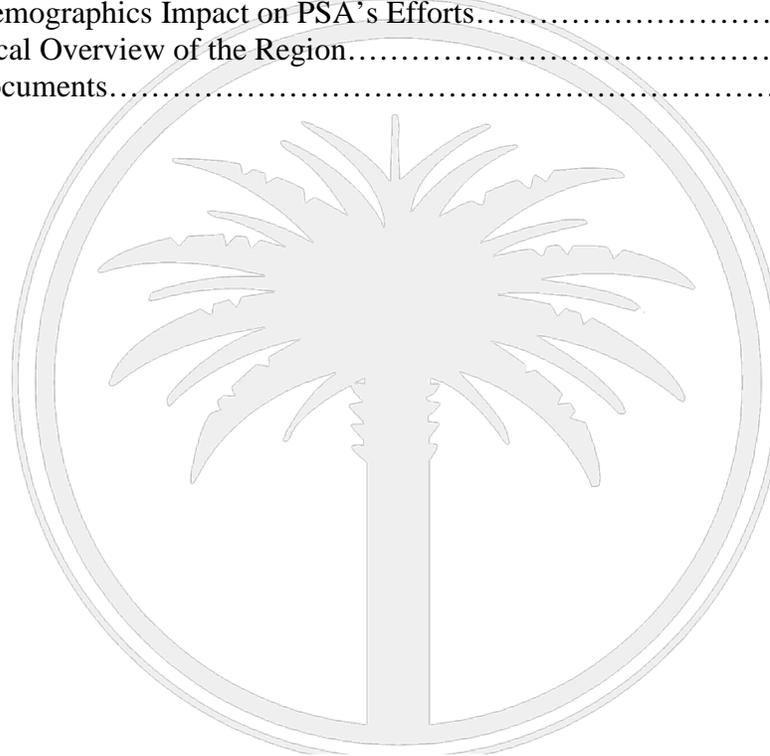 Lieutenant Governor's Office on Aging Instruction Guidelines for the 2013 – 2014 Annual Area Plan Progress Report and Update

February 4, 2014

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2013 Annual Area Plan Progress Report and Update Overview

Each Planning Service Area (PSA) shall submit a report entitled "2013 - 2014 Annual Area Plan Progress Report and Update" by May 1, 2014.

The purpose of this update is to provide the Planning Service Area (PSA) with the opportunity to present an accurate account of its organizational processes, performance outcomes, and aging services delivered for the period beginning July 1, 2013 and ending on April 30, 2014 to be in full compliance with LGOA and OAA policies and protocols. As a fiscal year snapshot of the PSA, the Area Plan Progress Report and Update shall delineate the actual performance outcomes and services provided in the planning and service area, as defined in the PSA's current Area Plan.

If the PSA has been unable to accomplish components of its Area Plan between July 1, 2013 and April 30, 2014, it shall provide an explanation in this update, as well as provide a target date and strategy for achieving the performance goals and measurable outcomes assured in the Area Plan.

This document will be utilized as a helpful tool by both the PSA and Lieutenant Governor's Office on Aging (LGOA) to move the aging network forward, by providing valuable data, while also illustrating the challenges and successes from the region. This data will be critical in modernizing aging network practices, and developing policy initiatives and strategies which will aid in the long-range planning and forecasting for the aging network and the planning and service area.

The update shall present essential information clearly and be easily understood by the public and aging network partners, while also providing a comprehensive analysis of the PSA's operations and aging service delivery in the planning and service area. The narrative shall be written using informative but succinct sentences and paragraphs, as well as clearly defined charts, graphs, and diagram legends, when necessary, in order to report progress and the status of the programs and services contracted for delivery through LGOA funding.

Required Formatting
- The cover page shall contain the signature of the PSA and AAA/ADRC Directors, along with the date each signatory signed the document.
- The style of the document shall be a brief and concise narrative which fully encompasses the PSA's operations.
- Charts and graphs shall be utilized, when necessary, to illustrate PSA activities, outcomes, and service delivery in the region.
- A header shall provide the name of the PSA and the date submitted.
- A footer shall provide the page number.
- All pages shall be original to this document, and not copies of previous reports and/or documents used as filler. Any third party or reprinted materials necessary to support the PSA's activities shall be included in the appendix. An explanation and justification must be provided to show how the third party material relates to the services provided and the operations of the PSA.

- If any of the required Area Plan documents were not submitted with the Area Plan, they must be submitted with the Area Plan Progress Report and Update. All required documents updated or amended between July 1, 2013 and April 30, 2014 must be submitted with this report.

Submission

The Annual Area Plan Progress Report and Update shall be due on May 1, 2014.

The LGOA SPOC shall be sent an electronic Word document and a PDF.file of the entire assembled update via E-Mail to PSAHelp@aging.sc.gov by the close of business on the due date.

The Area Plan Progress Report and Update shall be reviewed by selected LGOA staff. Should any clarifications be required, the PSA shall be notified by the LGOA SPOC.

Each PSA is welcome to seek a private meeting with LGOA staff to present and/or discuss the findings of the 2013 – 2014 Annual Area Plan Progress Report and Update. Requests for meetings should be sent to the LGOA SPOC via PSAHelpDesk@aging.sc.gov.

Outline for Progress Report and Update

I. Title Page (including PSA and AAA/ADRC Directors' signatures)

II. Table of Contents

III. Executive Summary Update
The executive summary shall provide an accurate account of PSA activities between July 1, 2013 and April 30, 2014, and show any progress made towards meeting goals, and proposed service and performance benchmarks. Demonstrate how the PSA is striving to meet these goals, and in greater detail, expound on its approaches to enhance operational performance and service delivery. In addition, rate the PSA's performance in meeting its goals and benchmarks for the year.

Through the executive summary, describe how the PSA will prepare for the creation of new programs, services, and/or activities in the upcoming year and throughout the duration of the 2013 – 2017 Area Plan period. Use the executive summary to emphasize the major issues, trends, challenges, and goals set by the PSA through the delivered outcomes of the Area Plan. Include major accomplishments, and any special initiatives enacted by the PSA between July 1, 2013 and April 30, 2014.

The executive summary shall also address changes made to the following:
A. PSA's Aging Mission Statement:
    1. How is the PSA fulfilling its obligations in its aging mission statement?

B. PSA's Aging Vision:
   1. Has the PSA's vision established for the four years covered by the Area Plan been updated or amended? Please describe any changes.
   2. What is the PSA doing to ensure that the objectives of its vision are being met?
C. Aging Network's Organization Structure:
   1. Describe any changes to the PSA's and regional aging network's organizational structure between July 1, 2013 and April 30, 2014.
   2. Are any significant organizational changes expected throughout the Area Plan's duration at either the PSA or provider/contractor levels? If so, please elaborate.
   3. Please include the PSA's current organizational chart in this section.
D. PSA's Top Four Issues:
   1. Summarize any changes made to the top four issues impacting older adults in the region and explain how the PSA plans to address those changes.
E. PSA's Major Accomplishments:
   1. List the PSA's major accomplishments between July 1, 2013 and April 30, 2014.

IV. 2013 – 2017 Area Plan Standard Assurances and Conditions
Briefly state how the PSA addresses and adheres to the terms of the Area Plan Assurances and Conditions, and provide a summary of methods that the PSA employs in carrying out these LGOA requirements. Detail how these methods benefitted the PSA in implementing the requirements of the Area Plan Assurances and Conditions.

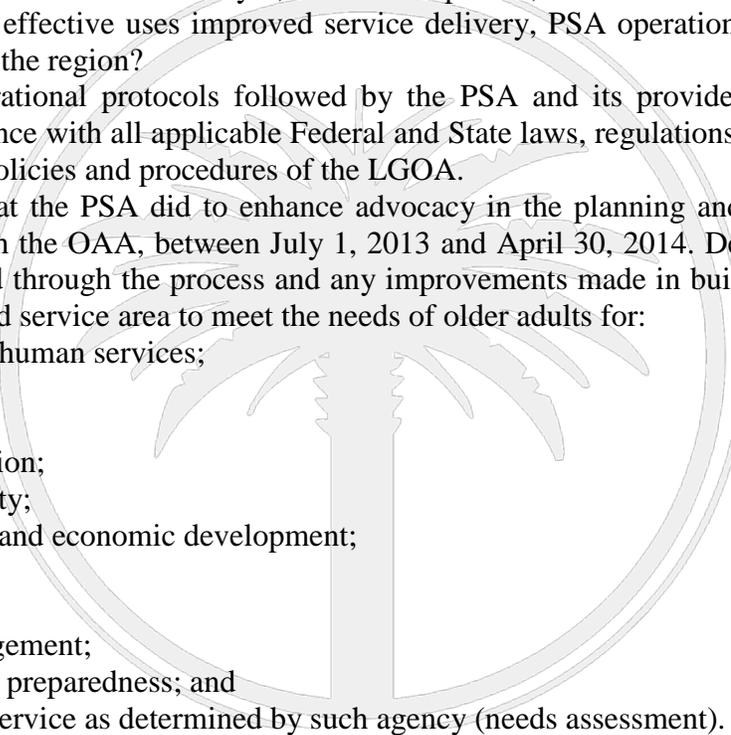V. Actions undertaken from July 1, 2013 – April 30, 2014
Highlight the key actions undertaken by the PSA between July 1, 2013 and April 30, 2014 and the measures undertaken to monitor performance outcomes. How were these actions beneficial to the PSA in fulfilling its aging mission and vision?

VI. PSA communications protocols
A. How has the PSA disseminated information from the Lieutenant Governor's Office on Aging (LGOA) and/or the Administration on Aging (AoA) to providers/contractors? Provide the protocols used to disseminate information and the timeframe.
B. Provide a list of region-wide meetings held with all providers/contractors present, and summarize the topics discussed during those sessions.
C. Explain the PSA's protocol for aging service callers to the AAA/ADRC being appropriately greeted by an aging telephone salutation. Are callers immediately told they have reached the AAA/ADRC or informed that they have reached a Council of Government (COG) that provides aging services? What steps is the PSA taking to ensure that aging callers are appropriately greeted so that it is clear they have contacted the AAA/ADRC?

VII. PSA operations
A. What proactive steps did the PSA take to ensure that potential providers/contractors were aware of the RFP process and that all interested parties are provided the opportunity to bid for aging service contracts?

B. Between July 1, 2013 and April 30, 2014, has the PSA and its providers/contractors redefined their roles for the four-year Area Plan period? Update which activities and services the PSA will actively promote throughout the duration of the Area Plan to best present its objectives to serve more clients and enact better operating practices. What region-specific protocols have been established to improve efficiency and service delivery between July 1, 2013 and April 30, 2014?

C. How has the PSA addressed regional needs between July 1, 2013 and April 30, 2014? Identify the outcomes associated with the analysis of the regional needs and explain how data collected through OLSA helps to identify those needs.

D. How has the PSA addressed the growing demand for person-centered services; and what efforts have been made to develop capacity for providers/contractors to offer private pay options during the four years of the Area Plan?

E. How did the PSA work with providers/contractors operating in the region to coordinate programs and services to efficiently and effectively use the limited resources available to meet identified needs between July 1, 2013 and April 30, 2014? What was the outcome, and have these effective uses improved service delivery, PSA operations, and the aging network within the region?

F. Detail the operational protocols followed by the PSA and its providers/contractors to ensure compliance with all applicable Federal and State laws, regulations, and guidelines, as well as the policies and procedures of the LGOA.

G. Summarize what the PSA did to enhance advocacy in the planning and service area in accordance with the OAA, between July 1, 2013 and April 30, 2014. Detail the regional needs identified through the process and any improvements made in building capacity in the planning and service area to meet the needs of older adults for:
1. health and human services;
2. land use;
3. housing;
4. transportation;
5. public safety;
6. workforce and economic development;
7. recreation;
8. education;
9. civic engagement;
10. emergency preparedness; and
11. any other service as determined by such agency (needs assessment).

VIII. Overview of the PSA's aging protocols
In this section, summarize any changes incorporated in your aging protocols for the following areas, and denote all activities associated with them between July 1, 2013 and April 30, 2014. If the stated objectives of the Area Plan are not being met, provide an explanation, as well as a timeframe for the objectives to be met.

A. Aging Staff Experience and Qualifications:
Detail any changes in staff experience and qualifications that occurred between July 1, 2013 and April 30, 2014. Identify all staff currently assigned to the aging unit by their

primary responsibility and job title; summarize the qualifications and experience pertinent to their assigned responsibilities; and address transition planning that will occur during this Area Plan period as related to anticipated turnover in the aging unit due to retirements, promotions, reductions in force, etc. Provide a current NAPIS Staffing Sheet.

B. Regional Aging Advisory Council (RAAC):
Provide an update of the Regional Aging Advisory Council (RAAC) activities and meetings held between July 1, 2013 and April 30, 2014. Summarize how successful the RAAC has been in fulfilling its role of advising the PSA, and describe if it is an effective and engaged partner. List the RAAC's strengths and weaknesses, and note if there are areas of improvement needed. Give specific examples of how the RAAC has contributed and been beneficial in supporting the PSA's overall operations and mission.

C. Written procedures:
Summarize all changes to PSA written procedures between July 1, 2013 and April 30, 2014. If changes were made, provide a list of the PSA's amended written policies and procedures as incorporated. How have these changes impacted services?

D. General fiscal:
1. Provide data showing how many new clients have been delivered services with the new state funding provided to the PSA by the LGOA. Describe how this funding has enhanced aging services in the planning and service area.
2. Explain the processes and protocols for the PSA submitting invoices and financial reports in the format provided by the LGOA and on the schedule(s) set by the LGOA. Provide detail on which PSA staff members review the data, and how the PSA reconciles invoices to ensure accuracy.
3. What steps have been taken by the PSA and its providers/contractors to improve fiscal responsibility and accountability when reviewing AIM data and invoices being submitted to the LGOA for reimbursement?
4. Provide a summary of the annual interest earned by the PSA on aging funds and program income. By law, all program income, including interest earned on aging funds, must be used for aging services.
5. If changes have occurred with funding sources between July 1, 2013 and April 30, 2014, show all sources and amounts of revenue available for aging services. Include any discretionary grants from the LGOA, other state agencies, direct Federal grants, foundation grants, and local resources that provide financial support to the administrative functions of the aging unit. Specify the source and purpose of any grant/program administered by the PSA that prohibits administrative expenditures.
6. Describe the protocols for ensuring that each funding source has a distinct client population. (As stipulated by LGOA policy, each funding source must have a distinct client population. A new client, who is in need of the service and meets the eligibility criteria of that funding source, is to be added when a vacancy occurs.)
7. Discuss the policies and protocols that the PSA has in place to certify fiscal integrity for the PSA and its providers/contractors.

8. What steps did the PSA take to assist its providers/contractors in developing methods to increase grant-related income or to institute cost-sharing for allowable services such as transportation, housekeeping, chore, homemaker, personal care, home living support, group respite, adult day care, wellness services, and senior center activities? Provide data showing how many units of each contracted service were provided with grant-related income or cost-sharing in the most recently completed program year.

9. How has the PSA ensured that its providers/contractors encouraged voluntary contributions when appropriate?

10. Have the providers/contractors and senior clients used the PSA's sliding scale to guide voluntary contributions for all aging services eligible for cost-sharing in the planning and service area region? If yes, show how the providers/contractors informed the clients of the actual service costs, and provide examples of the best practices and approaches used. Share any comments from the providers/contractors that may be useful. If no, summarize how the PSA plans to use a sliding scale to guide voluntary contributions and cost-sharing.

E. Service units earned, unit costs, and reimbursement for services:
1. Summarize how the PSA checked to certify what its providers/contractors were requesting for reimbursement was actually what is being provided to clients. Include the PSA's protocols for ensuring sign-in sheets and AIM data were reviewed against invoices to ensure accuracy before submitting invoices to the LGOA. Describe how the PSA's protocols assure that the data compiled is accurate and that the providers/contractors have actually earned the funds requested for reimbursement. When describing the protocols, provide the accounting practices used by the PSA to ensure accurate reimbursements for service units earned.

2. Explain the steps that the PSA is taking to keep unit costs down in the region? Note how effective these steps have been in keeping unit costs down.

3. Summarize the PSA's protocols for ensuring that an accurate breakdown of the provider's/contractor's unit costs and the PSA's verification of the unit costs and the units earned are provided to the LGOA. What is the PSA's methodology for calculating that unit cost (for example: based on CPI, Administration, Meal Expenses, Actual Costs and PSA Administrative costs)?

4. Provide a breakdown of the components of the unit cost for each different unit of service in the region, and the methodology showing how the unit cost was determined. The cost justification shall include the assessment costs (fixed assessment costs), activities costs, product costs, administrative costs, and any other relevant variable that contributes to the overall rate.

5. Provide a copy of the PSA's written plan which addressed how the PSA ensured that providers/contractors are earning their units in accordance with the OAA and LGOA policies.

6. Describe what the PSA has done to ensure that the protocols in place to confirm that providers/contractors are using the approved LGOA sign-in sheet (LG-94) for group dining sites have been effective, and are being properly utilized to ensure accurate service unit reimbursement.

F. Client data collection:
1. Provide a summary of the protocols used by the PSA to ensure that each of its providers/contractors accurately and consistently entered and recorded client data into the authorized LGOA client data collection system as stipulated by the LGOA.
2. Provide a list of all training sessions for data input held in the region between July 1, 2013 and April 30, 2014, and describe whether the goals of the training sessions were met.

G. Client assessments:
1. Describe the PSA's established criteria for assessments and how the PSA ensured that this criteria was in accordance with LGOA policies. How does the assessment process ensure that the same entity does not conduct client assessments, pick the clients, and provide the services? What insight has the PSA gained through applying these new assessment procedures?
2. List, by services, the entities other than the PSA that conducted assessments in the planning and service area region between July 1, 2013 and April 30, 2014.
3. Since there is one authorized assessment form used for all aging services, describe the protocols for determining which waiting lists the clients were added (nutrition, transportation, etc.) after they were assessed?
4. Describe the criteria and method used to select the next client for each type of service through the waiting lists.
5. What steps were taken to assure, based on the assessment process that individuals with the greatest need were served first (with priority)?
6. Explain how the PSA ensures that established protocols were used when terminating services because of low-priority scores and summarize the steps taken to provide clients an opportunity to continue to receive services as a private pay recipient or as a partial-pay recipient subsidized through local resources.

H. General Provisions for the PSA:
1. If the PSA took action between July 1, 2013 and April 30, 2014 towards declaring a provider/contractor high-risk, provide a summary of the process, including corrective action plans and any steps needed to bring the provider/contractor into compliance.
2. Using the criteria provided in the PSA's Area Plan, describe what actions the PSA will take through Requests for Proposals (RFPs) to ensure that targeted populations are served when procurement takes place in 2014.

I. Transportation:
1. Describe the transportation needs facing the region and what the PSA has done to address them between July 1, 2013 and April 30, 2014.
2. How does the PSA assure that providers/contractors are earning their transportation units in accordance with the OAA and LGOA policies?
3. Explain the protocols for accurately verifying clients receiving transportation services. What procedures does the provider/contractor follow when recording transportation units and how is this data tracked in AIM? Explain the protocols

currently in place that assure service units are being properly recorded and earned prior to submitting invoices to the LGOA.

J. Nutrition services:
1. List each nutrition provider/contractor, including contact information, site manager's name, and address for sites where services were provided.
2. Describe how the PSA ensured that nutrition providers/contractors earn their units for reimbursement purposes prior to invoices being submitted to the LGOA for reimbursement.
3. What is the PSA's goal to increase the number of group dining participants to 25 at each site in the region? What proactive steps did the PSA take to ensure that each group dining site had the minimum of 25 meal participants each day?
4. Provide a list of all waivers granted to the PSA for sites that do not meet the 25 participant target, and describe what actions are being undertaken to reach the targeted number of individuals.
5. Describe the protocols used by the PSA to ensure that the region's nutrition service delivery plan served OAA targeted populations. If targets were not being met, what was done to meet the targets? What is the PSA's long-range plan to meet all mandated targets?
6. How often does the PSA review regional menus and provide a list of the menu review dates?
7. Describe how the PSA has outreached with local retail food businesses, school districts, hospitals, and other locations to promote and encourage intergenerational meal programs and/or meal variety.
8. Describe the protocols in place to ensure that home-delivered meals are being provided in accordance with LGOA policy, as well as through the procurement contracts signed by the PSA and its providers/contractors. This should include the process for the driver signing the meal route document daily and how that document is certified by the provider/contractor. Additionally, describe how the PSA uses the signed daily driver logs in its accounting practices to verify service units, and to reconcile financial statements/invoices prior to submission to the LGOA.

K. Information and Referral/Assistance (I&R/A):
I&R/A protocols for the LGOA were developed with support of The National Association of States United for Aging and Disabilities (NASUAD) and AIRS protocols. The protocols are explained further in the South Carolina Aging Network's Policies and Procedures Manual. All Area Plan Update answers provided for I&R/A shall be reflective of the NASUAD, AIRS, and Policies and Procedures expectations.
1. Describe the method(s) used to promote the PSA location in order that individuals can access services, programs, and contact information in the region. Have these promotional efforts benefitted the PSA and its mission?
2. Define the PSA's confidentiality protocols regarding a client's information received via a phone call.

3. What were the PSA's performance goals for outreach (including community interaction, education, and call volume) in the past year? Explain how those goals were monitored, and provide a list of the I&R/A performance goals for 2014 - 2015.
4. What were the most significant unmet needs for the I&R/A program, and what was done to help supply resources or bring attention to those unmet needs?
5. Describe the protocols in place for handling crisis intervention (i.e. emergency calls, suicide callers, etc.) calls? Outline partnerships and procedures used for these types of calls.
6. Describe protocols in place for non-English speaking callers? List all partnerships established to assist non-English speaking clients between July 1, 2013 and April 30, 2014.
7. Describe I&R/A networking efforts for the past year and the networking goals for the upcoming year.
8. List any councils, boards, meetings, or coalitions that the I&R/A specialist is a part of that benefit the I&R/A Program.
9. Describe I&R/A efforts and methods for dispersing educational information to the public (i.e. emergency management/disaster preparedness information, program information, etc.)
10. Define the functions of the I&R/A Specialist in the event of a disaster.

L. Emergency management coordination:
The Older Americans Act (OAA) assigns a very active emergency management coordination role for the PSA. The OAA stipulates that the PSA shall include in its Area Plan "information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery".
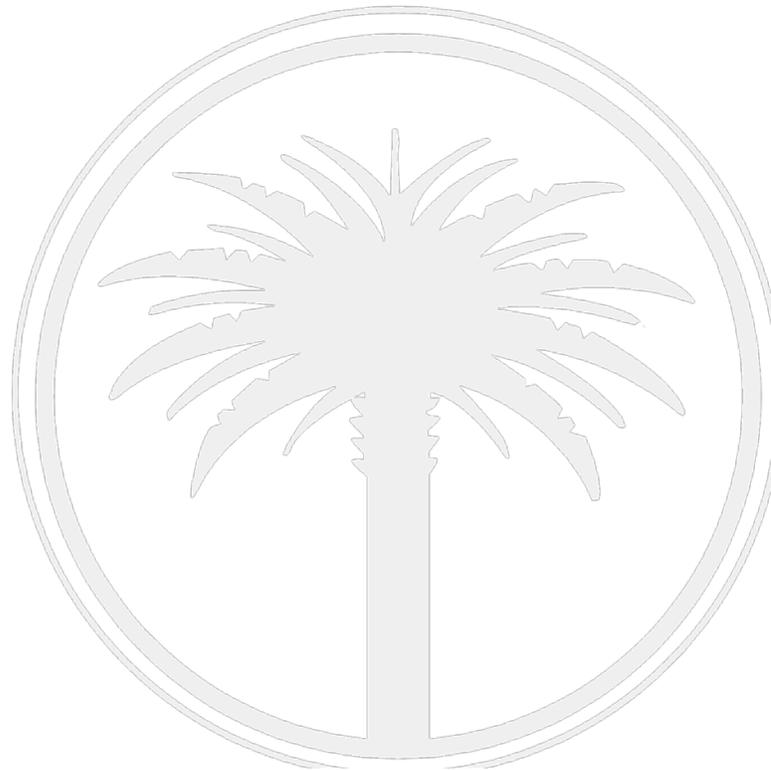
In addition, the PSA has a shared responsibility for emergency management coordination, as defined by the Presidential Directive "National Strategy Federal Whole Community". This directive has changed how emergency management coordination is conducted on the Federal, State, and local levels. After Hurricane Katrina, there is now a greater emphasis on emergency management coordination at the local level, as opposed to the state level.

It is the LGOA's role, as the State Unit on Aging and as a State Constitutional Office, to ensure that each PSA has an operational Emergency Preparedness Plan. A copy of the uniformed PSA Emergency Preparedness Plan Format is included in this Area Plan Update Instruction Guide for the PSAs to follow while preparing their emergency preparedness plans.

Please answer the emergency management coordination questions in the order and structure provided below. In addition, you will find the Emergency Contact Template which should be included as part of the Area Plan Update.

1. Has the PSA and AAA/ADRC drafted an emergency/disaster preparedness and response plan that specifically addresses the critical needs of older adults in the region for all types of emergencies or disasters? Describe how this response plan addresses the critical needs of all vulnerable seniors identified by the PSA needing special assistance during a life-threatening disaster and/or emergency situation.

2. What is the PSA's role in coordinating emergency preparedness activities with local and state emergency response agencies? What functions will the PSA perform during an emergency situation? Include contingency plans for ensuring that service delivery is continued in the region during an emergency.

3. Provide the contact information for the designated emergency contact staff for the PSA, AAA/ADRC, contractors, local EMDs, and (Volunteer Organization Active in Disasters (VOADs) using the "Emergency Contact Template" attachment.

4. Provide the name of the PSA's and AAA's/ADRC's emergency management coordinator, and his/her contact information. Explain his/her designated role in emergency operations coordination.

5. List the designated PSA staff members responsible for emergency management functions during an emergency and describe their roles.

6. Provide an organizational chart outlining responsibilities in the event of an emergency situation in the planning and service area.

7. Provide a list of dates for all regular meetings held between the county emergency management directors in the region and the PSA. This should include all emergency management trainings and regular coordination meetings where PSA staff participated.

8. Provide a summary of the PSA's annual review of its disaster preparedness response plan, and include dates of all emergency readiness drills conducted by the PSA.

9. Detail the PSA's protocols to identify seniors with the greatest needs during an evacuation.

10. Summarize the providers/contractors emergency service delivery plans for group dining and home-delivered meals, transportation, home care, and other critical services and provide the LGOA with copies of the plans.

11. How often does the PSA collaborate with local partners like the American Red Cross, food banks, and the United Way to plan for emergencies? What is accomplished at these emergency coordination meetings?

12. Provide a list and summary of all current/active Memoranda of Agreement (MOA) entered into by the PSA to maintain operations during an emergency or disaster.

13. Describe how the PSA worked with local and community partners to establish and maintain ongoing working relationships for emergency management purposes?

14. What are the PSA's goals for continuing to develop and progress the region's emergency management area plan in 2014 - 2015 (I.e. trainings, committees, exercises, etc.)?

15. Provide a list of the backup emergency management roles if someone were absent or unavailable. Please list those individuals.

16. What outreach efforts did the PSA undertake to provide continued education and resources to local communities in regards to emergency situations and preparedness?

17. Describe the PSA's plan for on-going communication with and dissemination of information to targeted population in the counties served during the event of a disaster.

18. What proactive steps has the PSA taken to improve emergency management, planning, and preparedness?

19. Please describe the process or planned effort for relaying situational information and status updates to the LGOA, in its role as a SUA and Constitutional office, during an emergency situation.
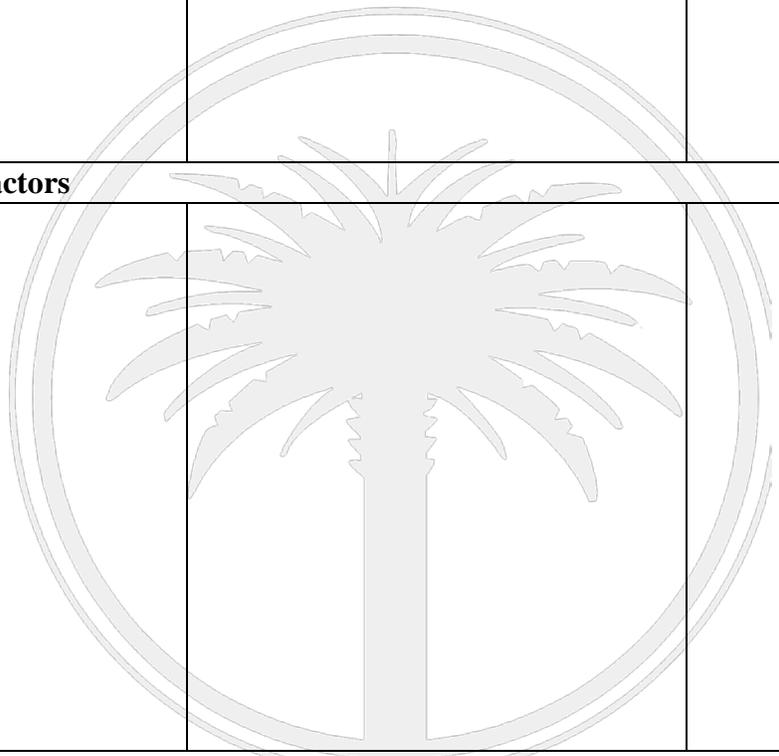
Emergency Contacts Template

REGION:		FISCAL YEAR

ANY CHANGES TO THIS INFORMATION MUST BE REPORTED TO THE AAA, EPO, AND LGOA WITHIN TEN WORKING DAYS

COORDINATING AGENCIES (Agency Name & Street Address)	EMERGENCY CONTACT STAFF (Names and Job Titles)	CONTACT NUMBER (Office and After Hours)
Area Agency on Aging		
Area Agency Contractors		
Emergency Preparedness Offices		
Volunteer Organizations Active in Disasters		

PSA Emergency Preparedness Plan Format

Please follow the LGOA's uniformed format when preparing the PSA's Emergency Preparedness Plan. The LGOA will provide insight and training on emergency coordination planning as needed.

M. Long Term Care Ombudsman services:
   1. Explain how the PSA is meeting the goals and objectives of Long Term Care Ombudsman services as outlined in the Area Plan.
   2. Provide measureable and time-specific outcomes for each Long Term Care Ombudsman program component stipulated by the Area Plan.

N. Legal assistance services:
   1. Describe how legal assistance service providers/contractors met the requirements of OAA Section 307(a)(11)(A) through (E).
   2. Was a plan created to achieve those objectives? What was the outcome of the plan?
   3. Summarize how the legal assistance service program met its specific objectives for targeting appropriate populations as set forth in the OAA in the provision of legal assistance.
   4. Explain and provide specific activities showing how the legal assistance service program collaborates with the private bar to achieve objectives.

O. ICARE (Insurance Counseling Assistance and Referral Services) and Senior Medicare Patrol (SMP):
   1. Delineate how the long-term goals established through the Area Plan for Insurance Counseling and Referral Services, as well as the Senior Medicare Patrol were met between July 1, 2013 and April 30, 2014.
   2. Provide a list of all PSA volunteer efforts for ICARE between July 1, 2013 and April 30, 2014, and explain how those efforts increased volunteerism.
   3. Provide the process used for volunteers and staff members to receive 12 hours of Medicare/Medicaid update training this year. Include a list of staff and volunteers who received training during 2013 - 2014.
   4. Explain the PSA's policy for entering data into the On-line Support Assistant (OLSA) system after a contact was made with a client, to successfully ensure accuracy and timeliness? What were the PSA's protocols for monitoring ICARE client data processes?
   5. Explain how the PSA's protocols in place helped the SHIP program during high call volumes and backlogs.
   6. Provide a list of all SHIP marketing and outreach efforts used to reach underserved consumers between July 1, 2013 and April 30, 2014.
   7. Describe the protocols used by the PSA to meet the Administration on Aging's (AoA's) required benchmarks and performance measures for SHIP.

P. Family Caregiver Support Program (FCSP):
   1. Explain how the PSA has increased Family Caregiver Service Program (FCSP) clients since the new non-recurring state funds were provided. How did these new funds enhance services in the region? Summarize methods the PSA will use to increase the number of FCSP clients in 2014 - 2015.
   2. Provide the protocols and procedures used by the PSA in coordinating respite services funded through the non-recurring state appropriations.

3. Provide the protocols and procedures used by the PSA in coordinating the Alzheimer's voucher program.
4. Explain the protocols used by the PSA to ensure that the long-term goals established through the Area Plan for the Family Caregiver Support Program have been met.
5. What challenges in family caregiver services were addressed between July 1, 2013 and April 30, 2014, and what resolution was provided?
6. Provide a summary of consultations with appropriate organizations such as Alzheimer's Association Chapters, Community Long Term Care (CLTC) area offices, area Mental Health centers, respite care providers, Independent Living Programs (ILP), local Department of Disabilities and Special Needs (DDSN) boards, and similar organizations active in the region.
7. What activities were utilized by the PSA to address the needs of grandparents and older adult relatives raising children?
8. Provide a list of the partnerships developed or expanded for the benefit of caregivers.
9. Give details on the protocols used by the PSA to identified caregivers in need of services.
10. How has the PSA used direct services to advance the Alzheimer's coordination provided by the LGOA?
11. What training opportunities has the PSA offered in relation to Alzheimer's issues?
12. Discuss how the PSA contracted with service delivery agencies to address the need to offer services to those with Alzheimer's disease or their caregivers. Describe specific objectives for targeting services to these individuals in the Request for Proposal (RFP) or in procurement contracts.

Q. Disease Prevention/Health Promotion:
1. Provide a summary of the PSA's coordination of Disease Prevention and Health Promotion Services with other community agencies and volunteer organizations.
2. Delineate which evidenced-based programs are used by providers/contractors in the region and how these programs have been monitored by the PSA. Describe how the PSA ensures that providers/contractors are following the appropriate practices and providing Disease Prevention and Health Promotion Services as contracted?
3. The PSA shall list all evidenced-based programs/services that it plans to contract for in 2014.
4. How has the PSA assisted providers/contractors in moving forward to attain the highest level evidence-based criteria?
5. Describe the PSA's policy on retaining documentation of all Evidenced-Based Disease and Disability Prevention and Health Promotion (EBDDP/HP) services and activities conducted, including those provided to homebound clients.

R. Training and technical assistance:
1. Describe the PSA's training protocols and processes for agency operations, aging services, and client data collections.
2. Provide a list of individual technical assistance and all training opportunities provided to providers/contractors between July 1, 2013 and April 30, 2014. Please provide

examples of specific progress and the outcomes associated with the training opportunities.

3. List the program areas that the PSA identified as needing technical assistance or additional training opportunities between July 1, 2013 and April 30, 2014.

4. Explain how the PSA's regional training and education plan has enhanced the delivery of aging services in the region?

5. Show how the training provided the skills and knowledge necessary to ensure the proper input of data and to meet the LGOA's and PSA's reporting requirements.

S. Monitoring:

1. Provide a list of all monitoring visits (formal/informal) made to the providers'/contractors' senior center and nutrition sites between July 1, 2013 and April 30, 2014. Include a summary of each visit's findings, and any corrective actions that resulted from the visits.

2. Through its monitoring practices, describe how has the PSA ensured that all requirements of the Older Americans Act (OAA) and the LGOA were followed and properly administered as stated in the Area Plan?

3. Describe the monitoring protocols used by the PSA to ensure that group dining sites had planned activities based on the requirements of the OAA and LGOA, and that each site provided activities at least four hours daily and had approved activity calendars. What actions has the PSA taken to ensure that activity calendars provide the seniors with updated and timely information about daily, weekly, and monthly planned site activities?

T. Contract management:

1. Summarize any PSA contract management protocols changed between July 1, 2013 and April 30, 2014, noting if the changes meet OAA and LGOA requirements.

U. Grievance procedures:

1. Delineate and summarize the PSA's regional protocols and policies for grievance procedures.

2. Summarize and note the resolution for any senior that initiated a service delivery grievance in the region between July 1, 2013 and April 30, 2014.

V. Performance outcome measures:

1. Describe how the PSA measured performance outcomes to ensure that OAA contract services have had positive outcomes to improve the quality of life for older individuals.

2. Include copies of any reports detailing performance outcome measures with this update.

W. Confidentiality assurances:

1. How has the PSA protected the integrity of client data compiled and entered for OAA programs or services, and any data used solely for the purpose of providing or evaluating services?

2. Provide a sample of the standard confidentiality agreement users signed before being allowed into AIM or any other LGOA data system.
3. Provide security protocols for protecting client information, both in the data system, and within the PSA, and in the provider's/contractor's data systems.

IX. Changing Demographics Impact on PSA's Efforts

   A. Intervention vs. prevention:
      1. What actions did the PSA take between July 1, 2013 and April 30, 2014 to enhance or improve long-term care planning, pre-retirement education, community awareness of available resources; to encourage and increase the use of prevention programs/strategies; and to reduce the dependency on government funded services?
      2. Describe what challenges the PSA faced and opportunities it experienced to implement this changing role.

   B. Senior center and group dining site development:
      1. Summarize any actions the PSA has taken to provide training for providers/contractors to ensure creative programming, effective fundraising, and development of long-range business plans for existing senior centers, group dining sites, and Permanent Improvement Project (PIP) senior centers between July 1, 2013 and April 30, 2014. Describe any trainings and/or resources offered to enhance programmatic development and services in senior centers, group dining sites, and PIP sites.
      2. Delineate the protocols and procedures the PSA initiated to ensure that senior centers, PIP senior centers, and group dining sites are the focal point for older adults in the community, and that these centers operate and provide activities and services as stipulated by the Older Americans Act (OAA).
      3. How has the PSA promoted programs and services available through senior centers and group dining sites operating in the planning and service area?
      4. Provide a list of sites considered to be fully-functioning senior centers in the planning and service area region.

X. Demographical Overview of the Region

   A. Changing demographics:
      1. What processes does the PSA employ to address changing demographics in the region and what was the outcome? How has technology aided the PSA in achieving positive outcomes?

   B. Ten year forecast (as required by the OAA):
      1. How has the PSA worked to meet the challenges as described in the ten year forecast?
      2. Outline methods and outcomes that have been successful in addressing the issues listed below during between July 1, 2013 and April 30, 2014. (If not successful, briefly note why not, and provide a timetable for addressing these issues.)
         • Transportation systems

- Service delivery areas
- Objectives and methods for services to OAA targeted populations
- Ten-year forecast for the planning and service area region
- Affordable housing
- Civic engagement
- Medical facilities (physical and mental)
- Workforce availability
- Long term care systems
- Service expectations of seniors and caregivers
- Distribution of existing resources
- Creation of new resources
- Policy changes
- Holiday closings
- Development and location of multipurpose senior centers
- Emergency preparedness

XI. Area Plan documents

Each PSA was required to have a completed Area Plan that followed LGOA instructions. Failure to include all required Area Plan documents may result in correction actions being taken by the LGOA and/or the loss of funding.

If the following documents were not submitted with the Area Plan, they must be submitted with the 2013 – 2014 Area Plan Progress Report and Update. Additionally, if any of the documents were updated or amended between July 1, 2013 and April 30, 2014, the most recently updated documents must be submitted with this report.

A. Current PSA Organizational Structure (insert into the executive summary)
B. Regional Needs Assessment
C. Information and Referral/Assistance (I&R/A) Report (see template)
D. SHIP Midterm Report (see template)
E. SMP Report (see template)
F. Required Area Plan Appendix Documents (if not originally included in Area Plan submission)
    - AAA/ADRC Comprehensive Operating Budget
    - Narrative Justification of AAA/ADRC Operating Budget
    - PSA/AAA/ADRC Summary Program Budget-Computation of Grants
    - Worksheet for Staffing Budget and NAPIS Staffing Profile for 2013 – 2014
    - Four Year History of Contracted Units and Unit Costs of Services – State Fiscal Years Beginning July 1, 2011 –April 30, 2015
    - Summary of Service Funding, Contracted Units and Average Cost SFY 2014 – 2017
    - 2014 – 2017 Expenditures and Budget for Priority Services
    - Regional Summary of Service Budgets, Units, and Unit Costs
    - Summary Program Budget and Computation of Costs Four Year History of Contracted Units and Cost Comparisons
    - Geographic Distribution of Revenue for Purchased Services

Area Plan Report Templates

Information and Referral Assistance
Quarterly Report Template

The PSA and AAA/ADRC Directors shall monitor the I&R/A program and provide quarterly reporting to the LGOA Single Point of Contact, with attention to the I&R/A Manager, comparing I&R/A data to GIS mapping for the planning and service area, census demographics, and other comparable data. (Efforts should be made to use this reporting to increase the measurable goals of the I&R/A program.) Quarterly reports shall reflect a time range of six (6) *months* prior to the report due date for the purpose of comparison and review of each region's outcome measures and goals. The I&R/A Report shall consist of three sections: recorded data, an I&R/A summary and action plan, and programmatic insight.

I. <u>**Data Related Reporting**</u>

The PSA and AAA/ADRC shall utilize OLSA to run reports on their region's recorded productivity. The quarterly I&R/A report shall consist of three (3) focused areas of data information: contact volume, outreach efforts, and unmet needs. Each focus area shall be cross-referenced with GIS Mapping for the planning and service area, and depicted in both numerical portions and correlating visual aids (i.e. graphs, pivot tables, etc.). The length of the I&R/A report shall be no less than two (2) pages and no more than four (4) pages.

Each area of requested data for the I&R/A report shall adhere to the outliers indicated below, and be supported by a visual aid of the PSA's and AAA's/ADRC's choice.

    a) Total Contact Volume
       To include, contact volumes by month and county.

    b) Outreach Efforts
       To include, outreach events by event type and the number of attendees.

    c) Unmet Needs
       To include, at a minimum, the total number of calls associated with any unmet need documented in OLSA for the region each month, the top three (3) unmet needs documented in OLSA for the region, and the number of contacts associated with each of the top three (3) unmet needs by county each month.

II. <u>**I&R/A Summary and Action Plan**</u>

The PSA and AAA/ADRC shall review and evaluate the previous data and submit a summary to address the impact of the said unmet needs on the planning and service area and assess the validity of the data reflected for the region. This summary shall include an action plan identifying goals and methods to improve outcome measures for their region. This action plan shall be submitted via the quarterly I&R/A Report.

III. <u>**Programmatic Insight**</u>

The LGOA requests that any trainings or certifications received, attended, or completed by the I&R/A Specialist within each quarterly reporting period be recounted in the I&R/A Report.

Please list any trainings completed by the I&R/A Specialist, the date of the training, and the time period of the training using an excel spreadsheet.
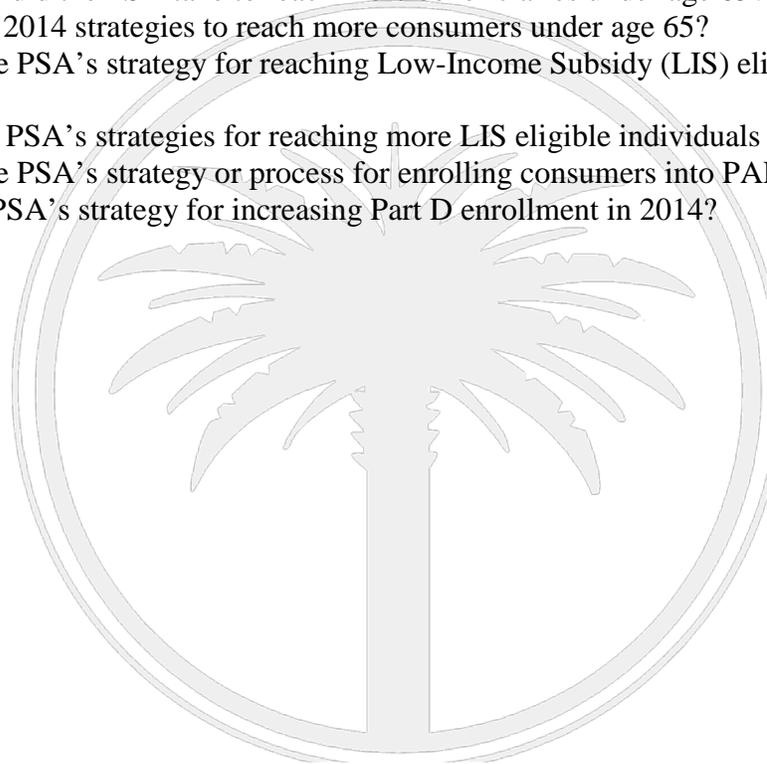
Any need for specific trainings and/or support for I&R/A Specialist identified during the previous quarter can be submitted for request through the I&R/A Report. The LGOA will review all requests for training and work collaboratively with the PSAs and AAAs/ADRCs to provide the proper resources where feasible.

SHIP Midterm Report Template

The purpose of this report is for the PSAs to indicate SHIP activities performed during July 1, 2013 through April 30, 2014, and state proposed activities for 2014.

1. What actions did the PSA take in FY 2013 to expand outreach and counseling efforts?
2. What changes will the PSA make in 2014 to enhance these efforts?
3. What actions did the PSA take to reach more consumers through presentations and health fairs?
4. What changes did the PSA make in 2014 to increase outreach efforts?
5. What actions did the PSA take to increase the number of consumers reaching the PSA through direct contact such as in-person, telephone calls, and home visits?
6. What changes will the PSA make to increase direct contacts in 2014?
7. What actions did the PSA take to reach more beneficiaries under age 65?
8. Describe the 2014 strategies to reach more consumers under age 65?
9. What was the PSA's strategy for reaching Low-Income Subsidy (LIS) eligible individuals?
10. What are the PSA's strategies for reaching more LIS eligible individuals in 2014?
11. What was the PSA's strategy or process for enrolling consumers into PART D plans?
12. What is the PSA's strategy for increasing Part D enrollment in 2014?

SMP Progress Report Guidelines Template
for 7/1/2013 through 12/31/2013

Region _____

Previously Due: <u>January 15, 2014</u>

The Senior Medicare Patrol (SMP) Grant is to support regions in achieving the following Administration for Community Living (ACL) outcomes. Please list the PSA's goals and describe activities to meet key requirements of the program.

1. What did the PSA do to promote the National and Regional SMP Program?

    - What were the PSA's regional marketing activities?
    - Describe all efforts with the National SMP program such as webinars, ordering materials, etc.
    - Describe efforts to inform volunteers of the new background check requirement? List any actual or anticipated challenges. How will challenges be resolved?

2. What did the PSA do to improve beneficiary education and Inquiry resolution?

    Education:
    Inquiry resolution:
    Simple Inquiries:
    Complex Inquiries:

    - Are inquiries entered into SMART-Facts bi-weekly ____? If not, why?

    - Did contacts or inquiries increase or decrease? Explain why.

3. How did the PSA foster the National SMP Program's visibility? List outcomes such as

    number of one-on ones contacts _____, Simple Inquiries _____, Complex

    Issues _____,   number of outreach events _____, reached at

    events_____.   (PLEASE ONLY LIST NUMBERS THAT ARE IN SMART-FACTS)

    Does the PSA have an online link to the national SMP? _____.   If yes, where is it

    located?

How does the PSA market the national SMP (newspaper, promotional items, etc.)?

What were the PSA's outreach goals for SMP? Did the PSA meet or exceed its goals?

- Describe all improvement plans?

4. How did the PSA improve SMP efficiency?

- What trainings were attended or held?

- What new materials were used or created?

- How many SMP volunteers does the PSA have?

- What are the strategies to improve SMP contacts for the next report period?

- What were the prevalent fraud trends in the region and what did the PSA do to inform or help consumers?

5. In addition to reaching all populations, how did the PSA target underserved populations?

6. List the targeted underserved populations in the region.

7. List the PSA's new partners since the last report period.

8. What new approaches did the PSA implement since the last report period and what will the PSA do differently during the current period?

9. Please list all SMP events and trainings for the upcoming period.

10. Please list the PSA's process for maintaining the confidentiality of client's records and SMP information.