Administration on Aging

Responses to Questions which States have Submitted Regarding the Revised State Program Report

Contents

Introduction
This document is a compilation of responses to questions submitted by States regarding the revised State Program Report (SPR) component of the National Aging Program Information System (NAPIS). This document will be posted on the AoA web site and circulated by email. It should be considered a "living document" and additional questions and responses may be added as received. Comments about this document should be directed to Saadia Greenberg, Administration on Aging, by email at: saadia.greenberg@aoa.gov or by telephone at 202-357-3554.

1. Section IA – Elderly Client Counts
Question: Does the number of clients to be reported in Section I.A of the SPR include the caregivers served in Title III-E, The National Family Caregiver Support Program?

Answer: Section IA does NOT include III-E since we have separate tables (Section I.E and I.F) for the total number of caregivers of elderly individuals and grandparent caregivers.

2. Section I. C. Detailed ADL/IADL Characteristics… (page 5)
Q: VDA asks for a definitional specification for "ADLs Missing" and "IADLs Missing".. In order for anyone to write a program that would calculate this cell correctly and consistently across the nation, does this mean "one or more ADLs/IADLs missing" or "any ADLs/IADLs missing" or "all ADLs/IADLs missing" or some other interpretation?

A: All ADLs or IADLs missing – "Missing for any and all data items means that there is no valid value for that element for a client.

3. Section II. A. Title III Utilization, Expenditure Profile – "High Nutrition Risk" (page 9)
Q: Several AAAs within our State have raised questions about the best ways to collect and report high nutritional risk data for congregate meal clients. Staff at many of the congregate sites find it difficult to balance service and administrative requirements and are looking for a reliable, effective way of collecting the nutrition risk data that would not take an undue amount of staff time away from other responsibilities. Suggestions and best practices would be welcome. Also, is AoA directing that the screening be done annually or is some other regular timeframe acceptable?

A: Section 339 of the Older Americans Act requires that a State ensure that a nutrition project provide for nutrition screening.. It is a state responsibility to develop policies, procedures, or guidance on how to implement the requirements of the Older Americans Act. As a result, implementation methods may vary state to state depending on the unique needs of the state and how the state determines to implement the nutrition program. (See Appendix 2 for additional information.)

4. Section II. A. Title III Utilization, Expenditure Profile – "Service Units" for "line 4. Home Delivered Meals" and "line 8. Congregate Meals" (page 9)
Instructions for the reporting of "Service Units" for "line 4. Home Delivered Meals" and "line 8. Congregate Meals" stipulate that meals served through means-tested programs (such as Medicaid Waiver and state funded programs) are to be included in the meal totals reported on lines 4 and 8.

Q: If these meals are reported under "Service Units" does this mean that these means-tested programs are to be considered and included in the reporting categories (i.e., # of providers, # of AAA direct.., unduplicated persons served, high nutrition risk, Title III expenditure, Total Service Expenditure, program income) across the line for Home Delivered Meals and Congregate Meals?

A: Yes – note this is true for all services, not just nutrition BUT, as noted below, inclusion of these means tested services is optional.

Q: If states are to report data on OAA and means-tested programs across all the reporting categories in Section II. A for Home Delivered Meals and Congregate Meals, **are states also expected to collect the client data in Sections I. B, C and D for those participants of these means-tested programs?** Clarification is needed since under the previous SPR version, the "Total Unduplicated Persons Served" reported in Section II.A was interrelated and linked to the client totals reported in the various parts of Section I.

A: No – If the data is collected by the SUA, we would prefer to have it reported. If it is not, we are not requiring it.
See Appendix 1 for additional information on the NSIP meal count.

5. Section II. A. Title III Utilization, Expenditure Profile – "Total Service Expenditure" and Means Tested Programs
Q: On page 24 "Total Service Expenditure" is defined as "OAA expenditures plus all other funds administered by the SUAs and/or AAAs…for services meeting the definition of OAA services – both services which are means tested and those which are not. SUAs are encouraged to report expenditures in these service categories whether or not AoA funds were utilized for that purpose…"

If a state reports means tested program fund expenditures under "Total Service Expenditure," is the state expected to report data for all of the other reporting categories in the various sections of the SPR? For example, a state provides "Personal Care" that is administered by the AAAs but the program is totally State funded and means tested with no OAA dollars involved. The state reports the expenditure under "Total Service Expenditure." Is the state expected to report data in "Section I. B, C & D" detailed client information and in all of the other reporting categories in Section II A (i.e., # of providers, unduplicated persons served, service units, etc.) for those clients receiving state funded "personal care?"

A: No – If the data is collected by the SUA, we would prefer to have it reported. If it is not, we are not requiring it.

Q: Does the state have the option to report or not report service expenditures for means tested programs?

A: Yes

6. Sections II. B & C "# of Providers (unduplicated)" (page 10 & 11)
Q: VDA has noted repeatedly in the draft SPR review comments, that the specification of "# of Providers (unduplicated)" is impossible to calculate on a statewide basis in the absence of a unique provider identification system (e.g. State or Federal tax identification number) for which VDA has questionable authorization to require. Moreover the definition is unclear as to whether subsidiary or affiliated "providers" to an entity under contract to an SUA or AAA would be counted as unique providers when a SUA or AAA contract may exist with a parent company or affiliated branch division. There is considerable room for double-counting, and consequently over-counting, providers in the absence of a mandatory provider ID tracking system.

A: Estimate it as best as you can using the most reasonable estimation procedures available to you. [AoA and NAUSA will address this issue in the forthcoming management study of program reporting in the aging network.]

Title III-E –National Family Caregiver Support Program (NFCSP)

7. Care Management under the NFCSP
Q: If a State adopts the Support Coordinator model (Support Coordinators are described as teachers, networkers, counselors/validators/advocates, and family guides recommended in the AoA NFCSP Resource Guide should this function be counted under case management or under information and assistance. The Support Coordinators function in much more of a partnership mode with caregivers in comparison to traditional case management which is designed for working with a more dependent population.

A: As long as III E funds are involved for this effort, this work can be counted under care management. There is no guidance from AoA which precludes case managers from performing these functions. Also, I&A is a more short term function. Note that in either

case these services fall under the Access Assistance category in Section II.B and II.C. The subcategories of Title III-E services were consolidated in the final revision of the SPR.

8. Leveraged Resources under the NFCSP
Q: In our state, the NFCSP receives considerable leveraged resources both at the state and the local level. Examples include: AARP workforce seminars (planned through the SUA NFCSP Specialists at the SUA and AAA; volunteer respite is being provided; attorney's and others are volunteering time for workshops; some FCSP AAAs have written and received grants to supplement services; etc. The question is: On the SPR, Section II B & C, should these leveraged resources be counted as **Total Service Expenditures** *or* **Program Income Received**?

A: These leveraged resources should be counted under Total Expenditures in the year in which they were used. They may also be counted under Program Income since Program Income under the State Program Reports is broader than the Grants Management of Program Income. The SPR definition includes contributions.

9. NSIP Meals under NFCSP
Q: If the caregiver is over sixty, perhaps a daughter providing care for her 86 year old mother, Mom receives a home-delivered meal (HDM) and since daughter is in the home at mealtime, she would like a meal also. Do we charge that meal to III-E supplemental services or do we charge that to III-C2 since the daughter is eligible in her own right?

A: If an 86 year older woman is homebound and needs home-delivered meals, she can receive services funded through either Title III-C2 or Part E, if the state chooses to include home delivered meals as part of its services under Supplemental Services. This meal may be reported to AoA as a meal that is eligible to receive NSIP funding because the woman is homebound.

If the daughter who is a caregiver is over 60, but is not homebound, she does not meet the criteria to receive a home delivered meal under Title III-C2, which is limited to individuals who are homebound or spouses of homebound individuals. The caregiver daughter can receive a home delivered meal funded by Part E, if the state chooses to include home delivered meals as part of its services under Supplemental Services to support Caregivers. This meal may not be reported to AoA as a meal which is eligible to be counted towards NSIP funding.

In general, the following principles apply:

1. A caregiver, who is a spouse, may receive a HDM and have that meal counted for NSIP under III-C2.
2. A caregiver, who is not a spouse (but could be another family member) and is over 60, but not homebound, could receive a HDM, funded by Part E,

Supplemental Services. This meal would NOT be eligible for NSIP (it does not meet the requirements for C-2 of the OAA and its regulations).

3. A caregiver, who is not a spouse (but could be another family member) and is under 60, could receive a HDM funded by Part E, Supplemental Services. This meal would NOT be eligible for NSIP (doesn't meet the requirements for C-2 of the OAA and its regulations).

10. NFCSP Funding of Support Groups
Q: We have one of our smaller agencies provide administrative grants to existing support groups in the community in the amount of $300/yr. This covers misc. expenses such as mileage for a speaker, postage, educational materials, etc. How could this be reported in the proposed system since the agency has no information about the members of the group, how the money will be used (all for postage, mileage, or in several areas).

A: These funds fall under the Group 1 Counseling/Support Groups/Care Training category for Title III-E reporting.

11. Units of Service under Title III-E Respite Care
Q: The unit of service for III-E Respite Care is 1 hour and AoA provides a way out for persons reporting who do not know or cannot estimate the number of hours. So, a payment is 1 unit as well. For example, if (under the Grandparent Caregiver part of the NFCSP) a child goes to summer camp for one week, for Section II-C reporting do you count this as 24x7 hrs, or as 1 unit.

A: The unit of service used should be appropriate to the type of service provided. Hours would be appropriate for in-home respite or respite provided by an adult day care or health center or a senior center. Days are more appropriate as a unit of analysis for institutional respite or summer camp respite. When direct payments are made to the caregiver, use the service units for the service purchased if known. If the service units are not known, report each payment as one unit of service. The same principle would to other categories of Title III-E services in Section II.B and II.C.

12. Units of Service under Title III-E Supplemental Services
Q: The SPR does not provide a unit of service of Supplemental Services. Hawaii proposes to count 1 request for a service as 1 unit. Do you have better ideas?

A: In general, States should use the same unit of services definitions for Title III-E Supplemental Services that they would use if the service were a Title III-B or III-C service.

13. Legal Services funded under Title III-E

Q: If legal services receive Title III-E Caregiver Support funds, do you think that would be considered a Group Two-- Access Assistance service in Sections IIB and IIC of the new form and reported as such?

A: Legal services is not an access service for III-E (as opposed to III-B) since III-E has a very specific definition for access services which excludes Legal services:

> Access Assistance (1 contact) -- A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. [Note: Information and assistance to caregivers is an access service, i.e., a service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site "hits" are to be counted only if information is requested and supplied.]

Legal services should be reported as a supplemental service.

Section III

14. Section III.A & III.B - SUA and AAA Staffing Profiles
Question: Section III.A and III.B on pages 14-15 show only Total FTEs and Minority FTEs, and the definition section attached does not provide an explanation as to whether this includes all staff FTEs with just a break out of minority.

Answer: The SPR definitions for these tables do not differentiate employees by funding source. All employees (or all minority employees) should be included regardless of funding source.

Section IV

15. Section IV Developmental Accomplishments

Q: In Sections IV.a and IV.b (top 3 accomplishments) are we correct in assuming that there may only be one development type code associated with each accomplishment?

A: Yes – The SPR allows only one code and states must choose the code with the most relevance if more than one may apply. Sometimes the state will indicate the other accomplishment types within the body of the text.

16. Appendix – Definitions – "Case Management" (page 21)
Q: We notice that the definition of case management has changed in 2 ways. First, it now reads that the diminished functioning of the older person requires the provision of services by "formal service providers **or family caregivers."** Additionally, rather than saying "Activities of case management include assessing needs, developing care plans, authorizing . . ." it now reads "Activities of case management include **such practices as** assessing needs . . ."
a) Why was this change made?

A: No substantive change was intended except to recognize that c.m. activities might include other tasks.

Q: Does AoA envision that case management provided with Title III-E funding could be managing of a younger caregiver's service needs (that would ultimately assist them in continuing to provide support to an older impaired individual)?

A: CM under Title III-E should be directed at those caregiver's needs which involve the caregiving for the older person.

Q: Similarly, does the change noted above reflect the idea that case management for caregivers may need to be more flexible or have a different character than that we have traditionally provided within the Aging Network for older, impaired individuals?

A: As noted above, no substantive change was intended except to recognize that c.m. activities might include other tasks so long as these tasks are related to the caring for the older person.

Appendix – Definitions

17. Appendix – Definitions – "NSIP Meals" (page 22)
Q: If a **congregate** meal is provided under National Family Caregiver Support Program - and it meets all OAA eligibility criteria - can it be counted as NSIP meal?

A: Yes, if the meal is provided to the older care recipient. If the meal is provided to the caregiver: No, if the caregiver is under 60 (except for a spouse); Yes, if the caregiver is over 60.
See the Appendix to this Questions document for additional information about NSIP meals.

18. Appendix – Definitions – "Assisted Transportation" & "Transportation" (page 22)
Q: We are interested in the way other States, their AAAs & subcontractors are interpreting assisted transportation and transportation:
a) An older gentleman who uses a wheelchair is picked up at his home. The person is able to wheel himself down the sidewalk, but assistance is provided by the van driver in

operating the chair lift, securing the chair in the vehicle, and moving the chair away from the curb at the destination. Is this considered assisted transportation (because of the activities of the driver) or transportation (assistance is not ongoing during the entire outing)?

A: No – Assisted Transportation must involve a personal escort for the older person, not just a helpful driver.

b) An older woman who is visually impaired lives three blocks from the senior center. The center sends a volunteer to the person's house to walk her to the center as the sidewalk has holes and is considered dangerous. Is this escort activity reported as assisted transportation even though no vehicle was utilized?

A: No – Transportation must involve a vehicle.

19. Appendix – Definitions – "Information and Assistance" (page 22)
Q: We noted that the 1997 I&A definition is different from the new 2005 definition, e.g., the old definition includes assessment and the new one does not. Overall, the standard for what might be considered I&A seems to be less stringent. It seems what we can count as I&A may be more inclusive under the new definition.

Also, we are not sure if under the new definition, one must provide all three components, a, b and c, to be counted, e.g., does providing information on a one-to-one basis enough, or must one actually link them to a service to be counted as I&A.

Lastly, what is the definition for "link?" If an aide determines the kind of agency/services would fit a client's need and refers them to an agency, and they are perfectly capable of calling/completing the link and indicate they would follow through, would that be counted?

A: The definition of I&A which AoA uses in the definition section of the SPR describes the range of activities which an I&A project should perform and which should be available to callers. Assessment of some type is certainly an I&A function but a formal assessment may not be needed or appropriate in every case. If the caller requests information only and does not need or want a link to services or if the caller indicates that he/she is able to and wishes to contact the service provider directly, the contact should be counted as an I&A contact.

20. Appendix – Definitions – "Program Income" (page 24)
Q: VDA staff understands the definition of "Program Income" to include both voluntary contributions or donations as well as allowable service fees which may be charged (on a sliding scale fee basis) by AAAs to people who are above the poverty line for services that allow cost sharing. Is this understanding on our part correct?

A: Yes – Note that the SPR category of "Program Income is not necessarily the same as the Grants Management category. It is for SPR reporting purposes only.

21. Appendix: – Definitions – "Urban" and "Rural" (page 24)

Q1: The definition of 'rural' in the SPR spec is pretty hard to understand. Do you all use one source which has a master list of where is rural and where is not?

Q2: Currently, AoA's Instructions for Completion of Title III and VII SPR define rural as follows:

Rural – A rural area is: any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants.

Questions:

    a.   What is the meaning of adjacent densely settled territories? How is density measured? What is the proximity of a densely settled territory to a central place?

    b.   In order to be classified as an urban area, does an area have to meet both conditions (1) and (2) above or, an area has to meet only either condition (1) urbanized area of 50,000 or more population, or condition (2) an incorporated place or a census designated place with 20,000 or more inhabitants?

A:

1) Only one of the conditions cited in Q2b needs be met in order for an area to be considered urban.

2) Although the SPR retained the previous SPR the definition of urban/rural which is cited in the question above, AoA has no objection to States using the Census Bureau definition which was modified in 2000. As a practical matter, it may be difficult for many entities to apply the old definition.

The Census Bureau provides a number of resources for users to determine urban/rural status of a particular place as well as explanations for the system used by the Census Bureau to determine classification of an area as urban. These may be found on the Census Bureau web site at:
http://www.census.gov/geo/www/ua/ua_2k.html
A street address lookup may also be found at: http://factfinder.census.gov
AoA plans to seek a modification of the current SPR definition to bring the SPR urban/rural definition into conformity with the Census Bureau definition.

3) AoA plans to have the Census Bureau develop a file with the number of rural persons aged 60+ and the number of urban persons aged 60+ in each populated (Zip

Code Tabulation Area). This may be a useful tool for many automated systems when the client's address is available but its use will not be mandated.

22. Transmission of SPR Data to AoA
Q: Our state is in the midst of designing changes to our NAPIS/SPR software package and database so that it will comply with the changes in the SPR. Obviously, we need to know the data structure for the various tables that we might use in the application, and we thought you might be able to provide us with that structure. If you can, we would appreciate it if you would provide the structure. If you can't, any advice on where to find it or how to recreate it would be appreciated.

A: The XML data structure and specifications is planned for release on August 1, 2004 as the SRT project is developed. Note that XML is the preferred data format. There will also be an option for submission of the data in dbf format. The dbf data specifications are scheduled for release on December 31, 2004.

Q1. As a reminder, what program (i.e., SPRDIA or NAPIS SRT) should we use for FY 2005's report?

A: The SRT will be the only transmission mechanism for the FY 2005 SPR. This flexible software system is currently under development under an AoA award to NASUA with a subcontract to Synergy, Inc. The SRT software will provide a number of options including web-based submission. SPRDIA and SVerify cannot not be used for this revised report and data.

Q2. Is AoA still planning to create a side-by-side list of data elements so the SUAs may view how the SPRDIA data translates to the new NAPIS SRT data? I believe this list will be useful to the SUAs as we create our new file to feed the NAPIS SRT program.

A: AoA is working on a side-by-side document and plans to release it around the beginning of August. Also, the SRT contractor is working on the data standards in conjunction with the SRT project. The XML standards (XML is the preferred transmission format) are planned for release on August 1, 2004 and the dbf standards December 31, 2004).

Q3. Section I.B.
   a. Should "Total Number of [Registered Clients" = Cluster 2 Clients + Sum of Total Clients in Sections I.C., I.D., I.E., and I.F.?

A: No.

1) Caregivers for the Elderly and Elderly Grandparents and others caring for grandchildren are NOT included in Section I.B.
2) Registered Clients may receive multiple services.
3) Although ideally the number of Cluster 1 clients with reported ADLs and IADLs should be 100% of the number of Cluster 1 clients, in practice we know that this is not the case.

Q4.   Section I., C and D
a.   For each service category, should the "Total Clients" columns be identical on each screen?

A: No. There would be different numbers of clients for each service.   There will be a separate screen for each service as well as for Total Cluster 1 Clients. Ideally the Total Cluster 1 Clients will be the same for both Section I.C and I.D but this may not always be true due to local idiosyncrasies.

b.   Should each screen's "Total Cluster 1 Clients" figures also be equal?

A: Note that there is no Total Cluster 1 Clients field in Sections I.C and I.D -- The lines in the heading on page 5 indicate that there should be a separate table for each of these items . Please note that Total Cluster 1 Clients is one of these tables and not something to be indicated on the other tables or the sum of the other six tables (due to multiple service use by clients).

Q5.   Section II., B and C
a.   In "Total Service Expenditures", is it all right to include Title III-B funds?

A: No - III-B funding is reported in Section II.A (Since, AoA will add the Total Service Expenditures together for advocacy national reporting purposes, inclusion of III-B funds in Sections II.C and II.D would double count these funds.)

**Appendix 1: Excerpts from the Nutrition Services Incentive Program
Frequently Asked Questions**
[Updated from the FAQ on the AoA Web Site.]

What are the criteria for counting meals for NSIP funding purposes?

SUAs and ITOs should report the number of meals that meet the criteria of the OAA for meals programs (Title III-C). Meals served in accordance with the requirements of the OAA and its regulations would include those served:

- to an individual who is qualified to receive services under the OAA as defined in Title III or Title VI (including the under 60 spouse of a qualified individual);
- to an individual who is **not means-tested** for participation;
- in compliance with the nutrition requirements of the OAA;
- by an eligible agency (has a grant or contract with a SUA or AAA) or a Title VI provider; and
- to an individual who is given an opportunity to contribute to the cost of service.

For NSIP funding purposes, can SUAs and ITOs include OAA congregate meals provided to adults under age 60?

Yes. As indicated in Section 339, an AAA is to establish procedures that allow a nutrition project administrator the option to allow the participation of adults under age 60 who are:

- disabled adults, who reside at home with and accompany older adults, and
- volunteers, regardless of age, who assist in meal service during meal hours.

Such meals are to be included in the meal count for NSIP funding.

For NSIP funding purposes, should an SUA or ITO report meals served in means-tested programs they administer, such as Title XIX Medicaid Waiver Programs?

No - Meals served in Title XIX Medicaid Waiver Programs or means-tested state funded home and community based programs cannot be included in counts used to determine NSIP funding.

Are home-delivered meals served under the Title III-Part E, the National Family Caregiver Support Program eligible to be counted for NSIP allocation on the SPR?

Home-delivered meals, as a supplemental service, served with Title III Part E funds may be counted as a NSIP eligible meal if the meal:

- meets the requirements of the OAA (Title III-C),
- is served by an agency that has a grant or contract with the SUA or AAA; and
- is served to an adult qualified for service under Title III of the OAA:
  - care recipients, who are age 60 or older and are homebound;
  - homebound caregivers of homebound care recipients, who are age 60 or older; or
  - caregivers, who are the spouse of the homebound care recipient, regardless of age.

If the caregiver is an adult who is under age 60 and is not the spouse of the care recipient, the meal served to the caregiver may be funded by Part E, but is not eligible to be reported as an NSIP eligible meal.

Appendix 2: Additional Information on Nutrition Screening
Jean Lloyd
AoA National Nutritionist

Section 339 of the Older Americans Act requires that a State ensure that a nutrition project provide for nutrition screening and where appropriate for nutrition education and counseling (based on the nutrition screen). It is a state responsibility to develop policies, procedures, or guidance on how to implement the requirements of the Older Americans Act. As a result, implementation methods may vary state to state depending on the unique needs of the state and how the state determines to implement the nutrition program.

Many states collect information on new congregate participants through an intake or registration process that includes collecting information on such items as address, age, gender, income status, minority status, nutritional status, emergency contact, etc., when an older adult begins to attend a nutrition program. Many programs have a one to two page questionnaire that includes the nutrition screening initiative checklist. After initial intake, this information is updated on a yearly basis by the local nutrition program and reported through the data collection system to the area agency on aging and to the state agency on aging. The collection and updating of nutrition risk data is no different than collection and updating of data on age, gender, income status, etc. In most cases, the questionnaire is self-completed with nutrition program personnel available to help answer questions. Many state agency program and reporting staff have provided joint training to area agencies on aging and local nutrition service provider staff on ways to gather accurate and complete information as well as how to use nutrition risk information for targeting and identification of participant characteristics, comprehensive and coordinated nutrition service program planning, nutrition service interventions, and evaluation of nutrition services.

In some states, if an older individual is determined to be at high nutritional risk, the older individual is referred to a local nutrition project dietitian for further screening, and additional interventions, such as nutrition counseling, referral to other health professionals or services such as the Food Stamp Program, a second meal or weekend meals, support groups such as a diabetic support group, or to a physical activity program, etc.. In some other states, nutrition risk data is aggregated and nutrition education plans are developed or menus are modified to meet identified needs such as lower sodium menus for heart disease and hypertension. In other states, nutrition interventions are developed to meet the most commonly identified needs.

Many states collect information on home delivered participants through a single point of entry case management system or through a nutrition service provider process that includes an assessment to determine whether the individual is home bound and to assess the need for home delivered meals as well as other service needs. At this assessment, information on age, gender, income status, minority status, nutritional status, functional and health status, need for program services, emergency contact, etc. is collected.

Depending on the state or area, this process may be conducted in home or over the telephone. In many states, assessments are updated every six months.

If an individual is determined to be at high nutritional risk, interventions for home delivered may be more varied and intense than those proposed for congregate participants, and might include increased frequency of meal delivery, meal supplements, or caregiver training.

Jean L. Lloyd, MS,RD
National Nutritionist
Telephone: (202) 357-3582
Fax: (202) 357-3549
E-Mail: jean.lloyd@aoa.gov