

DEPARTMENT OF HEALTH AND HUMAN SERVICES

# **ADMINISTRATION ON AGING**

## **FINAL ANNUAL GPRA PERFORMANCE PLAN FOR FISCAL YEAR 2004**

**And**

## **REVISED ANNUAL PERFORMANCE PLAN FOR FISCAL YEAR 2003**

**And**

## **ANNUAL PERFORMANCE REPORT FOR FISCAL YEAR 2002**

**February 2003**

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## *FROM THE ASSISTANT SECRETARY FOR AGING*

The AoA Final Annual Performance Plan and Report for FY 2004 reflects my continued commitment to demonstrate and to improve the accountability of AoA and its partners for high quality, effective service to the elderly under the Older Americans Act.

- We help elderly individuals maintain their independence in the community by targeting services to the poor, disabled, minorities and rural residents. Over time we will work with States and communities to improve targeting to these vulnerable groups and measure our progress yearly.
- Integrated, coordinated services in the community offer the best opportunity for high quality services. We will continue to measure the rates of funding integration by States and local communities as an indicator of service integration.
- Elderly service consumers are in the best position to assess the impact of services on their well-being and independence. We will measure and improve consumer assessments of OAA services to the elderly and their caregivers over time.

Accountability through performance measurement is a high priority of mine, and I am proud of the following performance-measurement improvements that we have made since we submitted the FY 2003 plan last year. Specifically, we have:

- Placed the AoA component responsible for GPRA in the immediate office of the Assistant Secretary for Aging.
- Developed measurable long-term goals and performance measures which are consistent with and build on annual AoA goals.
- Reduced the number of measures in the AoA plan by 15%.
- Increased outcome measures to 75% of the measures in the AoA plan.
- Developed a FY 2004 budget that is based in large part on the analysis of performance results and program data from the States.
- Conducted six national performance outcome measures surveys for major AoA program services. Preliminary data are included in this plan and report.

Through his “One HHS” program management initiative, Secretary Tommy Thompson established consistent accountability among program officials in HHS, requiring our personal commitment to achieving the performance outcomes we have included in our GPRA performance plans. Through this plan, I am fully committed to effective program results for all older Americans.

Josefina G. Carbonell

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## EXECUTIVE SUMMARY

### 1. Agency Mission and Long-Term Goals

The Administration on Aging was established in 1965 through the enactment of the Older Americans Act (OAA), in response to the growing number of elders and their diverse needs. The OAA focuses especially on vulnerable elderly individuals who are at risk of losing their independence. AoA seeks continuously to improve the quality of life for all older Americans, primarily by assisting them to remain independent, actively engaged, and productive. AoA works closely with an aging network of State and local entities to plan, coordinate and develop home and community-based systems of services that meet the unique needs of older persons and their families.

The Older Americans Act, as reauthorized in 2000 for five years, enables AoA to be the Federal focal point for older persons, their many contributions and their concerns. AoA is Congressionally mandated to provide essential home and community-based programs across the country that help to keep America's rapidly growing older population healthy, secure and independent. The Act also charges AoA to serve as the effective and visible advocate for older individuals within the Department of Health and Human Services and with other departments and agencies of the Federal Government.

AoA is in the final stages of the development of a new strategic plan that will serve as the agency's road map to foster accountability for the elderly over the next five years. The mission of AoA is to promote the dignity and independence of older Americans and to help society prepare for an aging population. The Assistant Secretary for Aging is defining AoA priorities that will help the agency achieve the following among the measurable strategic goals, which have already been shared with OMB staff in AoA's recent PART program assessment.

#### 1. ***Target Older Americans Act services to vulnerable elderly individuals.***

**Measure:** By FY 2007, AoA will increase the percentage of Older Americans Act clients who live in rural areas to 38% of all clients.

It is those who are frail, poor, and lack adequate access to care who are at the greatest risk of institutionalization and loss of independence. The Department of Health and Human Services has established initiatives to foster services to those in rural areas because limited access to care increases the vulnerability of those in rural areas who need care. AoA's measure for this goal recognizes the importance of the HHS initiative and the increased risk the rural elderly face because of limits in service

access that can result from long distances and limited communal service resources.

**2. *Integrate Federal, State and Local Services for the elderly.***

**Measure:** By FY 2007, the rate of non-AoA funding for Older Americans Services will increase by 20%.

In the face of a rising elderly population and scarce service resources, the integration and coordination of funding and service provision for elderly who need care is an essential element of program quality. The Department of Health and Human Services is committed to the integration of health and social services on behalf of individuals in communities. This goal and measure supports Departmental initiatives and fosters continued improvement by the State and local entities which currently generate approximately \$2 from other sources for every dollar AoA provides.

**3. *Increase the Impact of Older Americans Act Programs on the Elderly***

**Measure:** By FY 2007, increase the percentage of elderly individuals served by Older Americans Act programs to 17% of the elderly population.

The community-based services of the Older Americans Act programs, provided significantly by family members and volunteers, are a cost-effective alternative to institutionalization. Serving a greater percentage of the elderly population and their caregivers is a fundamental measure of impact and outreach that encourages communities to seek out the vulnerable who are at risk of losing their independence.

AoA also participates in the development of the strategic goals and objectives of the Department of Health and Human Services (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 in Appendix 1 of this plan.

**4. *Organization, Programs, Operations, Strategies and Resources***

The Administration on Aging provides leadership, coordination and support to the aging network on behalf of older Americans. AoA works to heighten awareness among other Federal agencies, organizations, groups, and the public about the

valuable contributions that older Americans make to the Nation and alerts them to the needs of vulnerable older people.

In FY 2002, the Assistant Secretary for Aging reorganized the agency to focus on consumers. The four major operating components of AoA are now:

- The Center for Planning and Policy Development
- The Center for Communication and Consumer Services
- The Center for Wellness and Community-Based Services, and
- The Center for Management

This new structure streamlines the organization, consolidates and elevates AoA's external communications functions, centralizes and strengthens its analytical and policy development activities, and focuses AoA's programmatic efforts on those areas of greatest importance to older Americans.

State, tribal and area agencies on aging ensure coordination and enhancement of services that help vulnerable older persons to remain in their own homes. Fifty-six State agencies on aging are allocated funds for support services based on a formula that reflects the number of older residents in their State. Funds are used to plan, develop, and coordinate in-home and community-based service systems in their States. A total of 655 area agencies on aging (AAAs) receive OAA funds from the State. Area agencies contract with about 29,000 public or private providers in local areas. AoA awards funds directly to 241 Indian tribal organizations and 2 organizations serving Native Hawaiian elders. These organizations are direct providers of services to older Native Americans living on or near Indian reservations, historical Indian lands, Alaska Native villages and Native Hawaiian communities. The State, local and tribal entities to which AoA awards grants under the authority of the Older Americans Act, and the service providers they support, comprise the aging network.

The aging network is responsive to the diverse needs of older Americans. Meals are served in congregate settings such as senior centers, mostly to people who are poor and socially isolated. Many older people with mild functional impairments also need such supportive services as transportation. For older people with more severe limitations, the aging network provides home and community-based long-term care services through a system that it began to develop in the 1970's. In communities throughout the nation, the home and community-based service systems led by the aging network provide a preferred alternative to nursing home care, enabling people to live as independently as possible for as long as possible.

- **Overview of Plan and Performance Report**

With the Government Performance and Results Act (GPRA), the Congress established a management tool that compels Federal agencies and programs to focus on results. For AoA, GPRA is an opportunity to document results produced

through the programs the agency administers under the authority of the Older Americans Act (OAA).

The final performance plan for FY 2004 also reflects technical improvements sought by the Department of Health and Human Services and the Office of Management and Budget (OMB). AoA has reduced the number of goals/measures in the plan, focused on outcomes, and used performance data to support the agency's budget justification for FY 2004. This FY 2004 plan contains 39 performance measures (including 6 final outcome placeholder measures), which is 7 measures or 15% fewer than in FY 2003. Approximately 75% (29) of these measures are intermediate or final outcome measures. Throughout the plan, we identify the performance results that have contributed to AoA's FY 2004 budget justification. AoA contacts responsible for the preparation of this plan are Frank Burns (202-357-3516) and Saadia Greenberg (202-357-3554).

## I. OVERVIEW OF PERFORMANCE MEASUREMENT

- **Report/Plan Road Map and Budget Linkage**

The following performance report summary updates that presented in the final performance plan for FY 2003. The most significant advancement in performance reporting for this report is that it includes final FY 2001 data earlier than originally anticipated. As indicated above with the presentation of AoA measurable strategic goals, the detailed roadmap of linkages of AoA goals and activities with the HHS Strategic Plan are presented in Appendix 1 of this plan. The following chart illustrates the status of AoA reporting of performance measures included in its GPRA performance plans.

	<b><u>Measures in Plan</u></b>	<b><u>Results Reported</u></b>	<b><u>Results Met</u></b>	<b><u>Unreported</u></b>
<b>1999</b>	<b>18</b>	<b>18</b>	<b>14</b>	<b>0</b>
<b>2000</b>	<b>18</b>	<b>18</b>	<b>13</b>	<b>0</b>
<b>2001</b>	<b>23</b>	<b>23</b>	<b>17</b>	<b>0</b>
<b>2002</b>	<b>32*</b>	<b>5</b>	<b>5</b>	<b>27</b>
<b>2003</b>	<b>46*</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>
<b>2004</b>	<b>39*</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>

\* Includes placeholders for six final outcome measures for which data is not yet available.

The data for the performance measures (FY 1997 to 2001) identified throughout this plan present a story of performance indicating that the network produces the results intended by the Older Americans Act (OAA). The network:

- successfully targets services to vulnerable elderly individuals, including the poor, minorities, and individuals from rural areas;
- leverages funding from other sources in amounts that were almost double the funding provided by AoA;
- leverages funding for critical in-home and adult-day-care services in amounts almost triple the funding provided by AoA;
- fosters extensive participation of volunteers, even in the local entities that help to administer the OAA programs; and
- works systematically to improve service coordination, as demonstrated particularly by the high percentage of senior centers, which are “focal points” for community services.



## Budget Linkage

AoA has strongly linked the initial AoA GPRA Plan for FY 2004 and the FY 2004 budget submission by using GPRA and other program data to support its budget priorities for FY 2004. The data presented in this plan and report form the basis for AoA's budget focus on maintaining home and community-based services and supporting family caregivers. This is clearly demonstrated throughout the budget justification.

The categories of measures and the associated budget priorities they support include:

- The intermediate outcome targeting measures (which document the effectiveness of the aging network in targeting services to vulnerable individuals) **support the AoA priorities to maintain home and community-based services and improve the integration of access to services in the aging network. States and communities target services to vulnerable elderly individuals at significantly higher levels than the representation of these populations among the total elderly population.**
- The intermediate outcome system measures (which show the leveraging of funds and illustrate levels of integration) **support AoA efforts to maintain program funding and its pursuit of improvements in the integration of home and community-based services across the network. Overall, States leverage funds from other sources at rates that double the AoA funding, and those rates rose in FY 2001.**
- The service output measures (which document declines in critical transportation services and information and assistance) **support AoA's priority to maintain funding levels and improve integration of services at the community level so as to identify additional sources of funding for these critical home and community-based services. Although projected targets for tracked services have not been met in all cases, most service levels continue to rise.**
- The Medicare Senior Patrols Program measures (which document the use of seniors to support efforts to reduce Medicare fraud) **support continued funding of efforts to train elders for this effort.**

For GPRA presentation purposes, the AoA programs, by budget line item, have been grouped into six GPRA Programs:

- **Community-Based Services** contains budget line items:
  - Home and Community-based Supportive Services (HCBS)
  - Congregate Meals
  - Home-Delivered Meals
  - Preventive Health Services
  - National Family Caregiver Support Program (NFCSP)

- **Vulnerable Older Americans** contains budget line items:
  - Ombudsman Services
  - Prevention of Elder Abuse
  
- **Native American Services** contains budget line item:
  - Grants to Indian Tribes
  
- **Research and Development** contains budget line items:
  - Program Innovation Projects
  - Alzheimer's Disease Demonstration Grants to States
  - Aging Network Support Activities
  
- **Senior Medicare Patrols** contains budget line item:
  - Senior Medicare Patrols (HCFAC)
  
- **Program Management** contains budget line item:
  - Program Administration

## II. GOAL-BY-GOAL PERFORMANCE MEASUREMENT

### 2.1 COMMUNITY-BASED SERVICES

#### Program Description and Context

(numbers in thousands)	FY 2001 Enacted	FY 2002 Enacted	FY 2003 President's Budget	FY 2004 HHS Budget
Community Based Services	\$1,151,462	\$1,235,766	\$1,238,232	\$1,238,232

The Community-Based Services program comprises AoA's budget line items for programs administered by State and community agencies, with the exception of the Protection of Vulnerable Older Americans line, which we have elected to show separately for GPRA purposes. State agencies on aging are allocated funds for state and community programs based on formulas that reflect the number of older residents in their state. AoA, other Federal, and outside source funds are used by state and area agencies on aging and service providers to coordinate and to provide services for elderly individuals.

The Community-Based Services program covers the majority of the resources, services and activities of AoA and the aging network. The program provides "**access**" services, such as information and assistance, outreach, and transportation. The program covers "**community**" services, which include congregate meals, senior-center activities, adult day care, pension counseling, and health promotion and fitness programs. The program provides "**in-home**" services, including home-delivered meals, chores, home maintenance assistance, home-health, and personal care. The program includes "**caregiver**" support, such as respite services and information and assistance to caregivers for the coordination of health and social services.

#### Program Performance Analysis

The FY 2004 performance plan includes the following types of performance measures for community-based programs:

- **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, etc.?

- **End outcome measures.** From the perspective of elderly consumers and their caregivers, what results are AoA and the network producing for the elderly?

**Performance Measures Table—Intermediate Outcome Targeting Measures (Part 1)**

Performance Goals	Targets	Actual Performance	Notes
<b>INTERMEDIATE OUTCOME TARGETING MEASURES:</b>			
<b><u>Poverty</u></b>			
A significant percentage of OAA Title III service recipients are poor.	FY 04: 32% FY 03: 32% FY 02: 25% FY 01: 25% FY 00: (New in 01)	FY 04: 02/06 FY 03: 02/05 FY 02: 02/04 FY 01: 29.3% FY 00: 30.3% FY 99: 31.7% FY 98: 36.2% FY 97: 39.1%	<b>6</b>
<b>Norm:</b> Percent of U.S. elderly population who are poor: 2000: 10.2%			
Increase participation by the poor in States -- <b>developmental</b>	FY 04: 7 States FY 03: 5 States FY 02: (New in 03)	FY 04: 02/06 FY 03: 02/05 FY 02: 02/04 FY 01: 02/03	
<b><u>Rural Residence</u></b>			
A significant percentage of OAA Title III service recipients live in rural areas.	FY 04: 34% FY 03: 34% FY 02: 25% FY 01: 25% FY 00: (New in 01)	FY 04: 02/06 FY 03: 02/05 FY 02: 02/04 FY 01: 30.4% FY 00: 32.9% FY 99: 33.6% FY 98: 33.5% FY 97: 32.6%	<b>6</b>
<b>Norm:</b> Percent of U.S. elderly population who live in rural areas: 2000: 23%			
Increase rural participation in States — <b>developmental</b>	FY 04: 7 States FY 03: 5 States FY 02: (New in 03)	FY 04: 02/06 FY 03: 02/05 FY 02: 02/04 FY 01: 02/03	

**Performance Measures Table—Intermediate Outcome Targeting Measures (Part 2)**

<b>Performance Goals</b>	<b>Targets</b>	<b>Actual Performance</b>	<b>Notes</b>
<b>INTERMEDIATE OUTCOME TARGETING MEASURES</b>			
<b><u>Minorities</u></b>			
A significant percentage of OAA Title III service recipients are minorities.	FY 04: 20% FY 03: 19% FY 02: 17% FY 01: 17% FY 00: (New in 01)	FY 04: 02/06 FY 03: 02/05 FY 02: 02/04 FY 01: 18.8% FY 00: 19.1% FY 99: 19.3% FY 98: 19.6% FY 97: 21.8%	6
<b>Norm:</b> Percent of U.S. elderly population who are minorities: 2000: 16.4%			
<b><u>Caregivers</u></b>			
Increase the ratio of family caregivers to registered clients. -- <b>developmental</b>	FY 04: 1.5 to 10 FY 03: 1.0 to 10 FY 02: (New in 03)	FY 04: 02/06 FY 03: 02/05 FY 02: 02/04 FY 01: (baseline: 06/03)	6
<b><u>Disability</u></b>			
Increase participation by disabled elderly in States -- <b>developmental</b>	FY 04: 7 States FY 03: 5 States FY 02: (New in 03)	FY 04: 02/06 FY 03: 02/05 FY 02: 02/04	6
<b><u>Services to Senior Elders (75 + years)</u></b>			
Increase participation by senior elders in States -- <b>developmental</b>	FY 04: 7 States FY 03: 5 States FY02: (New in 03)	FY 04: 02/06 FY 03: 02/05 FY 02: 02/04	

(Note: The targeting measures are presented in two tables for ease of presentation.)

**Performance Measures Analysis—Intermediate Outcome Targeting Measures**

The OAA seeks to ensure and to support the well-being of elderly Americans, particularly those who are most vulnerable, including the poor, minorities, disabled, and the elderly in rural areas. It is not enough that the network provide

services; the network must reach out to and serve the most vulnerable among the elderly.

AoA has 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. AoA and the network are also focusing on targeting services to caregivers to ensure the successful implementation of the new program.

- 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 significantly 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 network effectively targets services to the vulnerable elderly individuals in the Nation.***

- **Poverty Targeting Measures:** Whereas 10% of all elderly over 60 years old were poor, 30% or more of aging network clients were poor for all years reported.
- **Rural Targeting Measure:** For all years reported, nearly one-third of OAA program participants in FY 1999 lived in rural areas, compared to less than one-quarter for the total population age 60 and above.
- **Minority Targeting Measure:** The percent of OAA clients who were minorities (19%) remains higher than the total percent of all elderly minority individuals (16%).
- **Disability Targeting Measure:** Disability data for 42 States show that a very high percentage of clients receiving home delivered meals have limitations in Activities of Daily Living (ADL's) and in Instrumental Activities of Daily Living (IADL's). **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%) 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. The Network has no results data to report thus far.

AoA is concerned about the trends represented in the tables above indicating that the percentage of vulnerable target populations receiving services appears to be declining. The following addresses AoA's approach to monitoring this activity and ensuring that the current high level of performance is maintained.

### **Goals and Targets**

Performance targets for FY 2004 are based on the past and current performance of the network as reflected in the tables above. To ensure the continued successful performance of the network in targeting services to vulnerable elderly individuals, **AoA seeks to maintain performance at or near the levels established over the last few years.** The national targets for FY 2004 for serving poor and rural clients have been maintained at the 2003 level to reflect that intention. The national target for serving minority clients has been increased.

**AoA's intermediate outcome targeting measures are a significant factor in the agency's priorities for the FY 2004 budget.** Even though the network effectively targets services to vulnerable individuals overall, the percentage who are vulnerable (poor, rural and minority) appears to be declining. In FY 2004, AoA will maintain its support of community-based services and foster improved integration of home and community-based services to better serve vulnerable populations. AoA is already conducting analysis of the current characteristics of systems across the nation, including the assessment of best practices, which will speak to many of the factors that influence the effectiveness of State and local entities in targeting services to those who need them most.

In its commitment to continuously improve program performance where it is needed, AoA is proposing to improve performance for primary service States that do not perform at the national average for targeting services. ***AoA proposes to improve performance in five States in FY 2003 and seven States in FY 2004 for which client service ratios are below national or multi-State service ratios for poverty, rural residence, disability status, and service to senior elders.***

AoA's targeting measure for the National Family Caregiver Support Program is the ratio of caregivers to registered clients. To demonstrate that the program is having an impact, this ratio should increase over time. The initial commitment for the caregiver program is to serve 250,000 family caregivers. This equates to a ratio for the 3 million registered clients of less than 1 to 10. AoA continues in the FY 2004 budget to maintain resources for the caregiver program, because it is likely that a very many of the network's 3 million registered clients are supported by a family caregiver, who helps the elderly client maintain their independence and who could benefit from caregiver services from the aging network.

**Performance Measures Summary Table— Intermediate Outcome System Measures (Part 1)**

Performance Goals	Targets	Actual Performance	Notes
<b>INTERMEDIATE OUTCOME SYSTEM MEASURES:</b>			
<b><u>Leverage Funding</u></b>			
Maintain a high ratio of Leveraged funds to AoA funds.	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 01)	FY04: 02/06 FY03: 02/05 FY 02: 02/04 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 FY 97: \$1.80 to \$1.00	<b>6</b>
Increase leveraged funding ratios for States -- <b><i>developmental</i></b>	FY 04: 5 States FY 03: 5 States FY 02: (New in 03)	FY 04: 02/06 FY 03: 02/05 FY 02: 02/04	
A high percentage of funding for the following services will come from leveraged funds: <ul style="list-style-type: none"> <li>■ Personal Care</li> <li>■ Home-Delivered Meals</li> <li>■ Adult Day Care</li> </ul>	FY 04: 76% FY 03: 74% FY 02: 70% FY 01: 70% FY 00 (New in 01)	FY04: 02/06 FY03: 02/05 FY 02: 02/04 FY 01: 74.5% FY 00: 74% FY 99: 75% FY 98: 75% FY 97: 74%	
<b><u>Program Income</u></b>			
Maintain a high ratio of network program income to AoA funding.	FY 04: (Discontinued) FY 03: \$.35 to \$1.00 FY 02: \$.30 to \$1.00 FY 01: \$.30 to \$1.00 (New in 01)	FY04: 02/06 FY03: 02/05 FY 02: 02/04 FY 01: \$.37 to \$1.00 FY 00: \$.35 to \$1.00 FY 99: \$.35 to \$1.00 FY 98: \$.37 to \$1.00 FY 97: \$.37 to \$1.00	<b>6</b>
Increase program income ratios for States)— <b><i>developmental</i></b>	FY 04: 5 States FY 03: 5 States FY 02: (New in 03)	FY 04: 02/06 FY 03: 02/05 FY 02: 02/04	



**Performance Measures Summary Table—Intermediate Outcome System Measures (Part 2)**

Performance Goals	Targets	Actual Performance	Notes
<b>INTERMEDIATE OUTCOME SYSTEM MEASURES</b>			
<b><u>Senior Center Focal Points</u></b>			
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 01)	FY 04: 02/06 FY 03: 02/05 FY 02: 02/04 FY 01: 58.1% FY 00: 61.2% FY 99: 59.5% FY 98: 58.8% FY 97: 57.9%	6
<b><u>Area Agency Volunteers</u></b>			
Maintain high percentage of volunteer staff among area agencies on aging. (discontinued)	FY 04: (Discontinued) FY 03: 46% FY 02: 40% FY 01: 40% FY 00: (New in 01)	FY 03: 02/05 FY 02: 02/04 FY 01: 41.8% FY 00: 44.1% FY 99: 45.9% FY 98: 43.8% FY 97: 50.7%	6
Increase volunteer staff participation for State Agencies	FY 04: 5 States FY 03: Number of States (new in 04)	FY 04: 02/06 FY 03: 02/05	6
<b><u>Caregiver</u></b>			
Increase the number of State agencies on aging that provide caregiver services in all five service categories -- <b>developmental</b>	FY 04: 10 States FY 03: 10 States FY 02: (New in 03)	FY 04: FY 03: TBD FY 02: 02/04 FY 01: Baseline 06/03	6

## Performance Measures Analysis— Intermediate Outcome 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 community oriented and makes use of community resources.**

### 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 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 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 almost 40% of area agency staff are volunteers.**
- **Leveraged Funding Measures:** For all years reported, FY 1997 through FY 2001,
- funds leveraged by State and local agencies exceeded funds provided by AoA by almost 100%, and for FY 2001 exceeded that level; and
  - approximately three-quarters 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 network (e.g., voluntary contributions for meals) is a significant funding source, representing approximately one-third of the amount provided by AoA each year. In FY 2001, network generated program income rose to 37% of AoA funds.

- **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 FYs 1997 through 2001.
- **Caregiver Measure:** For the National Family Caregiver Support Program, our initial objective for the “system” is to develop a well-rounded program that serves the various needs of caregivers as envisioned by the OAA. The developmental measure addresses the extent to which State agencies develop comprehensive caregiver programs that provide the variety of services required by the OAA.

### **Goals and Targets**

Performance targets for FY 2004 are based on the past and current performance of the network as reflected in the tables above. Because of the outstanding overall performance of the network for all of the defined intermediate outcome systems measures, AoA seeks to maintain performance at or near the levels established as national performance targets over the last few years. AoA does not believe that the FY 2001 declines for the focal point and volunteer staff measures are either significant or permanent. As a result, the national targets for FY 2004 for **leveraging funds**, **program income**, and **focal points** have been maintained at high FY 2003 levels.

Consistent with this intention, AoA is committed to continuously improve program performance where it is needed. ***AoA proposes in FY 2003 and 2004 to improve performance in five States for which client service ratios are below national or multi-State service ratios for leveraged funding and program income. In FY 2004, AoA will improve volunteer staff ratios in 5 States where the ratios are below the national average.***

**AoA’s intermediate outcome system measures are also a significant factor in the agency’s priorities for the FY 2004 budget.** Even though the network overall effectively leverages funds and attracts volunteers on behalf of vulnerable elderly individuals, there are significant variations among States. AoA will maintain funding at current levels, and is conducting analyses which will identify best practices associated with the integration of home and community-based services. This analysis will speak to many of the factors that influence the effectiveness of State and local entities in leveraging funds and attracting volunteers for those who need services.

In the interests of reducing the number of performance measures in the GPRA plan, AoA will discontinue the national program income measure and the national area agency volunteer staffing measures beginning in FY 2004.

**Performance Measures Summary Table—Service Measures (Part 1)**

Performance Goals	Targets	Actual Performance	Notes
<b>SERVICE OUTPUT MEASURES</b>	(numbers in millions)	(numbers in millions)	
<b><u>Nutrition</u></b>			
Increase the number of home-delivered meals provided.	FY 04: 183.0 FY 03: 183.0 FY 02: 183.0 FY 01: 176.0 FY 00: 155.0 FY 99: 119.0	FY 04: 02/06 FY 03: 02/05 FY 02: 02/04 FY 01: 143.8 FY 00: 143.4 √ FY 99: 134.6 √ FY 98: 129.7 FY 97: 123.4 FY 96: 119.1 FY 95: 119.0	1
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: 02/05 FY 02: 02/04 FY 01: 112.2 FY 00: 115.8 √ FY 99: 112.8 √ FY 98: 114.1 FY 97: 113.1 FY 96: 118.6 FY 95: 123.4	1
<b><u>Transportation</u></b>			
Maintain the number of 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: 02/05 FY 02: 02/04 FY 01: 39.4 FY 00: 42.8 √ FY 99: 45.8 √ FY 98: 45.7 FY 97: 46.6 FY 96: 36.9 FY 95: 39.5	6

**Performance Measures Summary Table—Service Measures (Part 2)**

Performance Goals	Targets	Actual Performance	Notes
<p><b>SERVICE OUTPUT MEASURES</b></p> <p><u><b>Information and Assistance</b></u></p> <p>Maintain the number of units of service provided.</p>	<p>(numbers in millions)</p> <p>FY 04: 15.2  FY 03: 15.2  FY 02: 15.2  FY 01: 15.2  FY 00: 14.0  FY 99: 12.5</p>	<p>(numbers in millions)</p> <p>FY 04: 02/06  FY 03: 02/05  FY 02: 02/04  FY 01: 13.1  FY 00: 13.4 √  FY 99: 12.2 √  FY 98: 13.1  FY 97: 14.0  FY 96: 13.7  FY 95: 12.5 Contacts</p>	<p>6</p>
<p><u><b>Caregiver Services</b></u></p> <p>Increase the number of caregivers served. – <b>developmental</b></p>	<p>FY 04: 300,000  FY 03: 250,000  FY 02: (New in 03)</p>	<p>FY 04: 02/05  FY 03: 02/04  FY 02: 275,000 (preliminary baseline)</p>	<p>6</p>

**Service Output Measures**

The measures in this section of the plan are output measures that provide a basis for tracking the level of services that AoA and the other components of the network provide. Rather than encumber the plan with extensive counts for a variety of services, AoA will continue to report on major service categories identified in the table above, with the view that they are representative of AoA funded activity.

In FY 2003, AoA added a developmental measure for the National Family Caregiver Support Program, which is consistent with the expectations of the Congress for the new program. Primarily, it is the objective of the program to reach out to caregivers. Thus, at least initially, it is more relevant for AoA to identify the number of individuals served than the units of service provided. In addition, AoA and the network must identify consistent definitions of service units prior to establishing measures of such units.

***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 for FY 2001 and for previous years reflect that AoA and the Network are providing a level of service that is consistent with funding provided and with changes in service costs. For example, the number of home-delivered meals provided continues to rise, and in FY 2001 was higher than for any of the previous years presented in the table above. However, the increases for home-delivered meals and other services were not as great as AoA had projected, most likely due to unusual and unanticipated cost increases (eg.: fuel) As a result, the data for FY 2001 indicate that AoA did not meet service performance targets for any of the four output measures included in the FY 2001 annual performance plan.

- **Home Delivered Meals Output Measures:** *The data reflects a modest increase in the number of home-delivered meals provided in FY 2001, and the highest number of meals provided in the seven years represented in the table above.* We did not meet the higher targeted result, which we believe reflects two factors: 1) the difficulty of accurately targeting the number of meals that will be served in a given fiscal year, and 2) cost increases (particularly fuel costs) associated with delivering the meals. Because this is the second year in which actual performance for this output measure is below projected targets, AoA will conduct a more detailed analysis of this phenomenon over the next year.
- **Congregate Meals Output Measure:** FY 2001 data indicates that the network did not meet its target for congregate meals, and that the number of congregate meals served declined to approximately the FY 1999 levels.
- **Transportation Output Measure:** The level of output performance for transportation service did not meet the FY 2001 target and declined for the second consecutive year. Although AoA overstated the FY 2000 and 2001 targets when it based them on data for FY 1997, we are concerned about the continued fall in transportation service units. Further analysis of program data indicated that the average cost for a trip continues to rise substantially, from approximately \$3.50 in FY 1999 to \$4.00 in FY 2000 and to \$4.67 in FY 2001, suggesting that rising fuel prices contributed to the phenomenon.
- **Information and Assistance Output Measures:** The level of output performance for information and assistance also did not meet, the FY 2001 target. However, because service output for information and assistance has been stable over the last five years, consistent with stable funding, we do not believe that the level reported reflects a significant problem for the Network.
- **Caregiver Output Measure:** The caregiver program was implemented in FY 2001. Preliminary data provided to AoA by State agencies indicates

that the Network has exceeded the legislative target of serving 250,000 caregivers in FY 2002. Preliminary estimates indicate the States have provided direct service to a minimum of 275,000 caregivers in FY 2002. When program data on caregivers served are finalized, AoA will establish appropriate targets for caregiver services in the FY 2005 GPRA plan.

### **Goals and Targets for Service Output Measures**

Performance targets for FY 2004 are based on the past and current performance of the Network. Even though AoA's performance for FY 2001 and FY2000 was significantly below performance targets, AoA will continue to maintain at a constant level the performance targets for its service output measures. We will, however, conduct a more concentrated analysis of the factors that are apparently affecting the output totals the States are reporting. It is clear from leveraged funding data that other funding sources are matching the AoA investment in these services. However, increasing costs seem to be affecting the level of output the States can produce with the added investment.

**Performance Measures Summary Table—Client and Program Outcome Measures**

Performance Goals	Targets	Actual Performance	Notes
<b>CLIENT AND PROGRAM OUTCOME MEASURES</b>			
<p align="center"><b><u>Nutrition</u></b></p>			
The average nutritional risk score for established OAA clients will be lower than the average score for new clients. -- <b>developmental</b>	FY 04: FY 03: FY 02: (new in 03)	(NOTE: See analysis of preliminary data in presentation below.)  FY 04: FY 03: FY 02:	<b>1</b>
A high percentage of new clients for home-delivered meals have high nutritional risk scores.	FY 04: FY 03: FY 02:	FY 04: FY 03: FY 02:	<b>1</b>
<p align="center"><b><u>Transportation</u></b></p>			
A high percentage of clients rate transportation service as very good or better. -- <b>developmental</b>	FY 04: FY 03: FY 02:	FY 04: FY 03: FY 02:	<b>6</b>
<p align="center"><b><u>Information and Assistance</u></b></p>			
A high percentage of clients report that calls for information and assistance are answered quickly. <b>developmental</b>	FY 04: FY 03: FY 02:	FY 04: FY 03: FY 02:	<b>6</b>
<p align="center"><b><u>Home Care Services</u></b></p>			
Improve home care services satisfaction scores. -- <b>developmental</b>	FY 04: FY 03: FY 02:	FY 04: FY 03: FY 02:	<b>6</b>
<p align="center"><b><u>Caregiver</u></b></p>			
Improve caregiver support services satisfaction scores: -- <b>developmental</b>	FY 04: FY 03: FY 02:	FY 04: FY 03: FY 02:	<b>6</b>



## Performance Measures Analysis—Client and Program Outcome Measures

***IMPORTANT NOTICE: The Administration on Aging entered into a contract with WESTAT, Inc. to conduct national performance outcome measures surveys for the following services in FY 2002: nutrition, transportation, home care, caregiver support, and information and assistance. The following is an analysis of preliminary data from these surveys. It demonstrates from the perspective of the consumer that the Aging network provides effective and useful services to elderly individuals.***

AoA has conducted five national surveys of elderly clients and a survey of family caregivers to obtain the assessment of clients regarding OAA services and to use the data as a basis for performance outcome measures. With the surveys, AoA obtained assessments from approximately 3,400 elderly individuals and caregivers, using sampling methods that allow AoA to make observations that are representative of OAA clients as a whole. The surveys of elderly clients were designed to assess the following service categories: congregate and home-delivered meals, information and assistance, homecare services, and transportation. The caregiver survey obtained caregiver assessments of the services provided to them and to the elderly they serve. The following are highlights from the national surveys for each of the categories surveyed.

### Preliminary Results of FY 2002 National Outcome Measures Surveys

#### **Nutrition Services:**

- ***The Aging Network effectively targets meals to elderly individuals at high nutritional risk (data is from the Nutrition Screening Initiative questionnaire).***
  - 79 percent of home delivered meal clients are at high nutritional risk; 19 percent are at moderate risk.
  - 39 percent of congregate meal recipients are at high risk; 49 percent are at moderate risk.
  
- ***Home-delivered meals programs are targeted to the very old and to the very disabled.***
  - 58 percent of home delivered meal clients are 75 years of age or older; 65 percent of congregate meal clients are 75 years of age or older.
  - 83 percent of home delivered meal recipients have at least one limitation with the Activities of Daily Living (ADLs) and 99 percent have one or more limitations with the Instrumental Activities of Daily Living (IADLs); more specifically, 54 percent of home delivered meal clients had difficulty getting around at home while 65 percent reported difficulty getting around outside their homes.

- **41 percent of home delivered meal clients have limitations with three or more ADLs; this 41 percent constitutes a nursing home eligible population being cared for at home with support from the aging network.**
- **There is a high degree of consumer satisfaction with meals programs provided through the network.**
  - 95 percent of home delivered meal recipients report that they like the meals; 99.8 percent report they like the person who delivers it; 84 percent report that meals are always or almost always delivered on time.
  - 91 percent of congregate meal recipients report they are very or somewhat satisfied with the way the meals taste; 99 percent report the meal site is pleasant and 100 percent report the meal site is safe.

### **Transportation Services:**

- **Individuals who use transportation services sponsored by AoA find these transportation services to be vital to their independence and well-being.**
  - 33 percent of seniors using these services use them for "virtually all" of their trips.
  - 48 percent "definitely get around more now than before they had this service."
- **The AoA-funded transportation services are targeted to individuals who most need them.**
  - Only 29 percent of those using these services have the possibility of driving instead.
  - 63 percent of the riders are 75 years of age or older.
- **Transportation services are highly regarded by the elderly who use them.**
  - Over 80 percent rate the services as "excellent" or very good.
  - 76 percent "would definitely recommend these services to a friend"
  - The drivers who provide services get particularly high marks:
    - < 85 percent are rated as "always polite"
    - < 84 percent "always help passengers getting in and out of the vehicles when needed"
    - < 65 percent "always help passengers getting in and out of their homes when needed"

### **Information and Assistance:**

- 48 percent of calls were to obtain services and 36 percent were to obtain information.

- **Callers report a high level of satisfaction.**
  - 84 percent of callers were either very satisfied or satisfied with the way their call was handled.
  - 89 percent said they would recommend the service to a friend or colleague.
- **Responses are helpful.**
  - 85 percent of respondents said they received the information they were expecting.
  - 84 percent said the information received should resolve their issue.
  - 96 percent of callers said the person they spoke with understood them.
- **Responses are timely.**
  - 94 percent of callers reported that their call was answered within 5 rings.
  - 86 percent reported the phone was answered by a person (rather than a machine).
  - 85 percent who left voice mail reported a callback.

### **Home Care Services:**

- The homemaker services sponsored by AoA are ***targeted to clients with a high degree of need who are at risk of losing their independence.***
  - 63 percent report annual household incomes below \$10,000.
  - 71 percent live alone.
  - 71 percent are age 75 and older.
  - Virtually all clients of homemaker services (98 percent) have at least one limitation in a range of home management activities called Instrumental Activities of Daily Living (IADLs).
  - Personal care limitations with such activities of daily living (ADLs) as bathing and dressing were reported by 80 percent of the homemaker clients; ***37 percent of homemaker service recipients report three or more ADL limitations which constitutes a level of frailty consistent with nursing home residents, i.e. 37 percent of homemaker service clients eligible for nursing home placement are receiving their care at home through AoA sponsored services.***
- ***Clients of homemaker services report high levels of satisfaction with the quality of services they receive.***
  - 84 percent said their homemaker is thorough.
  - 87 percent said the homemaker takes an interest in them.
  - 86 percent said the homemaker does things the way the client wants them done.

## **Caregiver Support Services:**

- AoA sponsored caregiver services are ***provided to individuals (caregivers) who need the services.***
  - 24 percent have difficulty providing care because of their own physical limitations.
  - 37 percent are providing care for someone else.
  - 51 percent are providing all or nearly all of the care for the elderly care recipient.
  - 30 percent of caregivers are 65 years of age or older.
  - 65 percent of all care recipients are 75 years of age or older; 22 percent are 85 or older.
  - 45 percent are working; 10 percent stopped working to provide care.
  - 88 percent provide transportation for their care recipient; 79 percent help with meals or laundry; 73 percent help with financial matters.
  
- Caregivers receiving AoA funded services report that ***these services are vital to maintain the caregivers ability to provide services.***
  - 88 percent report that services have definitely or probably enabled them to provide care longer than would otherwise have been possible.
  - 72 percent of caregivers report the services have “helped a lot”; an additional 27 percent say the services have “helped a little.”
  
- ***AoA sponsored caregiver services are highly regarded by those individuals who use them:*** 59 percent are “very satisfied” with the services received; another 36 percent are “somewhat satisfied.”

## **Next Steps—Defining Outcome Measures Based on Surveys**

The data presented above are based on preliminary survey results. As the data are finalized over the next few months, AoA will work with State and local representatives who assisted in the development of these surveys to identify specific measures, including performance targets for FY 2005, that can be used to measure program outcomes on an annual basis over time. To ensure that there is a continuous source of outcome data, AoA has again contracted with WESTAT to repeat the outcome measures surveys for FY 2003. In addition, at least four States will be conducting comparable State-level surveys in FY 2003, for performance measurement purposes. AoA will work to expand this number substantially in future years.

## **Goals and Targets**

**With the collection and analysis of National data in 2002, AoA will be prepared to establish performance targets for a varied set of outcome measures in the final FY 2004 annual performance plan.** AoA will continue to sponsor the development of national, State and local performance outcome measurement projects. As AoA has with the development of GPRA measures as a whole, decisions on outcome measures will be iterative, and the agency, with input and guidance from the network, will continue to improve outcome measures over time. AoA has worked with statistical consultants to determine how statistical tools can be employed to derive national data for the performance outcome measures that are approved for use for the aging network, and is prepared within the next year to conduct a national survey. The results of the outcome measures project will be used to improve performance measures for AoA administered programs, and the status of project implementation and findings will be provided in all updates of AoA's performance plan submissions.

## 2.2 VULNERABLE OLDER AMERICANS

### Program Description and Context

(numbers in thousands)	FY 2001 Enacted	FY 2002 Enacted	FY 2003 President's Budget	FY 2004 HHS Budget
Vulnerable Older Americans	\$14,181	\$17,681	\$17,681	\$17,681

AoA uses its measurement activity for the Ombudsman program to represent the broader budget activity "Vulnerable Older Americans," which also includes funding for other activities associated with the protection of the rights of elder individuals. Long-term care ombudsmen are necessary advocates for residents of nursing homes, board and care homes, and adult care facilities.

Ombudsman responsibilities outlined in Title VII of the Older Americans Act include:

- Identifying, investigating and resolving complaints made by or on behalf of residents;
- Providing information to residents about long-term care services;
- Representing the interests of residents before governmental agencies and seeking administrative, legal and other remedies to protect residents;
- Analyzing, commenting on and recommending changes in laws and regulations pertaining to the health, safety, welfare and rights of residents;
- Educating and informing consumers and the general public regarding issues and concerns related to long-term care and facilitating public comment on laws, regulations, policies and actions; and
- Promoting the development of citizen organizations to participate in the program and providing technical support for the development of resident and family councils to protect the well being and rights of residents.

## Program Performance Analysis

### Performance Measures Summary Table—Ombudsman Intermediate Outcome Measures

Performance Goals	Targets	Actual Performance	Notes
<b>INTERMEDIATE OUTCOME MEASURES</b>  <b>OMBUDSMAN MEASURE</b>  Maintain a high combined resolution / partial resolution rate for complaints in nursing homes.           Improve combined resolution/partial resolution rate for primary Aging network States (States and Territories)	FY 04: 75% FY 03: 74% FY 02: 70% FY 01: 70% FY 00: 70% FY 99: 71.48%   FY 04: 7 States FY 03: 5 States FY 02: (New in 03)	FY 04: FY 03: FY 02: FY 01: 76.7% FY 00: 74.1%√ FY 99: 74.3% √ FY 98: 70.6% FY 97: 72.1%   FY 04: 02/06 FY 03: 02/05 FY 02: 02/04	<b>6</b>

### Performance Measures Analysis—Ombudsman Intermediate Outcome Measures

A major goal of the Ombudsman Program is to enable residents of long-term care facilities and their families to be informed “long-term care consumers” and to facilitate the resolution of problems regarding care and conditions in long-term care facilities. To demonstrate that the network is targeting services to vulnerable individuals, ***data should show that a significant percentage of complaints are resolved each year.*** In FY 2003, at the urging of the Office of Management and Budget and the Office of the Secretary of HHS, AoA added a performance measure to foster ***improved performance*** by committing to increase resolution rates for five program States (States or Territories) that currently perform below the national average.

#### Results for Ombudsman Intermediate Outcome Measures

- **Complaint Resolution Measure:** 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, the rate has risen to over 75%.

## Goals and Targets

Performance targets for FY 2003 and 2004 are based on the past and current performance of the network as reflected in the table above. Because of the successful overall performance of nursing home Ombudsmen in resolving complaints, AoA seeks to maintain performance at or near the levels established as national performance targets over the last few years. The national targets for FY 2003 and 2004 for resolving complaints have been increased to reflect that intention.

AoA is committed to continuously improve program performance where it is needed. To reflect this commitment for its Ombudsman program intermediate outcome measure, beginning with the FY 2004 performance plan, ***AoA targets to improve performance in five States in FY 2003 and seven States in FY 2004, for which Ombudsman complaint resolution percents are below the national complaint resolution percentage.***



## 2.3 SERVICES FOR NATIVE AMERICANS

### Program Description and Context

(numbers in thousands)	FY 2001 Enacted	FY 2002 Enacted	FY 2003 President's Budget	FY 2004 HHS Budget
Grants to Indian Tribes	\$23,457	\$25,722	\$27,729	\$27,729

Between 213,000 and 395,000 American Indians and Alaska Natives over the age of 60 were identified in the 2000 Census. The lower number represents those individuals who identified themselves as “American Indian or Alaska Native alone” and the larger number represents those who identified themselves as “American Indian or Alaska Native alone or in combination with other races”. Although older adults represent only about eight percent of the total American Indian and Alaska Native population, their numbers are increasing rapidly. This increase is due to better health and living conditions as well as the increasing number of people self-identifying as American Indian or Alaska Native. Today, older American Indians, Alaska Natives and Native Hawaiians can expect to live well into their eighties and nineties. This recent, but welcome trend will place even greater demands on home and community-based service delivery systems.

AoA’s American Indian, Alaska Native, and Native Hawaiian Program--Title VI of the OAA — is responsible for serving as the Federal advocate on behalf of older Native Americans, coordinating activities with other Federal departments and agencies, administering grants to Native Americans for home and community-based services, and collecting and disseminating information related to the problems of older Native Americans.

Under Title VI of the OAA, AoA annually awards grants to provide home and community-based and nutrition services for American Indian, Alaska Native and Native Hawaiian older adults living in the Title VI service area. In 2001, grants were awarded to 233 American Indian and Alaska Native tribal organizations representing nearly 300 tribes, and two organizations serving Native Hawaiian elders.

In addition to nutrition services, the Title VI program funds home and community-based services such as information and assistance, transportation, chore services, homemaker services, health aide services, outreach, family support, and legal assistance. [There is also a Native American Caregiver Support Program, established in the 2000 amendments to the OAA; however, the funding for this appears in another OAA budget line.]

**Performance Measures Summary Table—Native Americans Program**

Performance Goals	Targets	Actual Performance	Notes
Initially increase and then maintain units of service in the following categories:	(numbers in thousands)	(numbers in thousands)	
<u>Home-delivered meals</u>	FY 04: 1,850 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: 02/05 FY 02: 02/04 FY 01: 2,166 FY 00: 1,778 FY 99: 1,680 √ FY 98: 1,624 FY 97: 1,525	1
<u>Congregate meals</u>	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: 02/05 FY 02: 02/04 FY 01: 1,440 FY 00: 1,348 FY 99: 1,290 FY 98: 1,354 FY 97: 1,386	1
<u>Transportation service units</u>	FY 04: 732 FY 03: 732 FY 02: 732 FY 01: 732 FY 00: 665 FY 99: 763	FY 04: 02/06 FY 03: 02/05 FY 02: 02/04 FY 01: 735 FY 00: 699 FY 99: 702 FY 98: 719 FY 97: 680	6
<u>Information/referral service units</u>	FY 04: 747 FY 03: 747 FY 02: 747 FY 01: 747 FY 00: 679 FY 99: 632	FY 04: 02/06 FY 03: 02/05 FY 02: 02/04 FY 01: 659 FY 00: 651 FY 99: 633 FY 98: 715 FY 97: 705	6
7	<u>In-home service units</u>	FY 04: (discontinued) FY 03: 970 FY 02: 953 FY 01: 953 FY 00: 866 FY 99: 742 FY 04: 02/06 FY 03: 02/05 FY 02: 02/04 FY 01: 961 FY 00: 929 FY 99: 942 FY 98: 1,032 FY 97: 882	
<u>Other services</u>	FY 04: (discontinued) FY 03: 660 FY 02: 650 FY 01: 650 FY 00: 591 FY 99: 512	FY 03: 02/05 FY 02: 02/04 FY 01: 776 FY 00: 682 FY 99: 702 √ FY 98: 756 FY 97: 583	

## **Program Performance Analysis**

For the most part, Native American programs have maintained service levels, adjusted for inflation, in the face of level funding. The FY 2001 data indicate successful results for all performance targets except for information/ referral services and congregate meals. However, service provision overall remains stable for this program.

Beginning in FY 2004, AoA will eliminate two output measures for this program, and track the same measures it tracks for the State home and community-based programs: meals, transportation, and information and referral.

Locally administered home and community-based programs and services are an important component of the long-term care delivery system. Indian tribes have pursued the development of appropriate home and community-based long-term care services to enable their elders to remain as independent as possible in community settings of their choice. Through 236 grants provided by AoA, a variety of in-home support services were provided to tribes, tribal organizations and Native Hawaiian organizations during FY 2001:

- More than 61,000 older American Indians, Alaska Natives and Native Hawaiians received a variety of in-home services including personal care services, homemaker services, health aide services, case management assistance, and family support.
- Approximately 735,000 rides were provided to older Native American adults to meal sites, medical appointments, grocery stores and other destinations.
- Nearly a million units of individual and family support services, such as visitation and respite, were provided to elders and their families. More than 650,000 units of information and assistance on issues dealing with Social Security, food stamps, and other topics were provided to elders and their families.

Recipients of rides were able to increase their access to programs and services and maintain greater independence within their communities. Recipients of information and assistance have increased information about their right to receive Social Security, food stamps and other services aimed at improving their health and standard of living.

## 2.4 AOA RESEARCH AND DEVELOPMENT

(numbers in thousands)	FY 2001 Enacted	FY 2002 Enacted	FY 2003 President's Budget	FY 2004 HHS Budget
Research and Development	\$46,626	\$52,119	\$41,716	\$41,716

AoA's Research and Development projects are intended to establish programs for model demonstrations, applied research and national resource centers to produce best practices, useful knowledge and systems improvements that point policy makers and program administrators to well-reasoned courses of action in the field of aging. Because these projects and other evaluation activities support the fundamental program characteristics of the aging network programs, AoA will not establish a separate set of performance measures for these activities. The ability of AoA and the network to achieve the service, outcome and systems performance goals of the OAA programs relies in part on the projects and activities carried out under this program category. Significant new program activity and program improvements have their roots in such research and development projects, including nutrition programs for the elderly, the new caregiver program, and the long-term care ombudsman program.

## 2.5 SENIOR MEDICARE PATROLS & TECHNICAL ASSISTANCE CENTERS

### Program Description and Context

(numbers in thousands)	FY 2001 Enacted	FY 2002 Enacted	FY 2003 President's Budget	FY 2004 HHS Budget
Senior Medicare Patrols and Technical Assistance Centers	\$1,500	\$2,000	\$3,000	\$3,000

HHS, particularly the Centers for Medicare and Medicaid Services (CMS) and the Office of Inspector General (OIG), has placed significant emphasis on the identification and reduction of billions of dollars of fraud and waste in the Medicare program. AoA has played an active role in addressing this national problem through two legislative sources.

Health Insurance Portability and Accountability Act (HIPAA) of 1996. Under the HIPAA, AoA works in partnership with the Centers for Medicare and Medicaid Services (CMS), the Office of Inspector General (OIG), the Department of Justice, and other Federal, State, and local partners to educate and inform older Americans how they can play an important role in protecting the benefit integrity of the Medicare and Medicaid programs. **AoA's primary efforts under this initiative have been to: 1) fund State and local projects to train aging network professionals to recognize and report potential instances of waste, fraud, and abuse; 2) develop and disseminate consumer education materials to beneficiaries; and 3) support technical assistance efforts designed to share and replicate common strategies and successful practices among federal, state and local officials, health care professionals, community service providers who serve older Americans, and beneficiaries and their families.** The funding from HIPAA is now primarily used to fund technical assistance centers that support the "Senior Medicare Patrols."

Omnibus Consolidated Appropriations Act of 1997: Beginning with the Omnibus Consolidated Appropriations Act of 1997 (P.L. 104-209), AoA has been charged with establishing innovative community-based projects that seek to utilize the skills and expertise of retired professionals in educating older Americans regarding how to help protect the benefit integrity of the Medicare and Medicaid programs. During FY 2001, AoA funded 52 such community-based projects, known as "Senior Medicare Patrol Projects," in 47 States, plus the District of Columbia and Puerto Rico. These Senior Medicare Patrol Projects recruit and train retired professionals, such as doctors, nurses, teachers, lawyers, accountants, and others to work in their communities, teaching beneficiaries how to take an active role in protecting their Medicare card numbers and their health care.

## Program Performance Analysis

**Performance Measures Summary Table— Senior Medicare Patrol Measures**

Performance Goals	Targets	Actual Performance	Notes
<b>SENIOR MEDICARE PATROL MEASURES</b>			
<b><u>Trainers</u></b>			
Increase the number of trainers who educate beneficiaries	FY 04: (discontinued) FY 03: 56,800 FY 02: 54,800 FY 01: 41,100 FY 00: 17,125 FY 99: (new in 2000)	FY 04: 02/05 FY 03: 02/04 FY 02: 57,061 FY 01: 48,076 FY 00: 39,300 trained √ FY 99: 13,700 (baseline) (a)	
<b><u>Volunteers</u></b>			
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: 02/05 FY 03: 02/04 FY 02: 955,000 FY 01: 570,000 FY 00: 350,000 (baseline) (b)	
<b>INTERMEDIATE OUTCOME MEASURES</b>			
<b><u>Inquiries</u></b>			
Increase the number of substantiated complaints generated through AoA's activities (i.e. complaint results in some action taken).	FY 04: 3,000 FY 03: 2,500 FY 02: 380 FY 01: 280 FY 00: 200 FY 99: (new in 2000)	FY 04: 02/05 FY 03: 02/04 FY 02: 2,708 FY 01: 2,190 FY 00: 1,241 FY 99: 133 (baseline) (c)	

**Previous reports and plans may have "percentages" or "percents" shown for some of the targets. We have concluded that using percents or percentages may have caused some confusion for some readers. We have converted all targets to "numbers." We believe that this will help to eliminate any confusion. Also, all numbers, for 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.

### **Performance Measures Analysis—Senior Medicare Patrol Program**

AoA has elected to employ a set of fundamental results measures that reflect the agency's commitment of educating and informing older Americans how to take an active role in their health care, thereby helping to maintain the benefit integrity of the Medicare and Medicaid programs. The DHHS OIG collects performance data from AoA's Senior Medicare Patrol Projects semi-annually.

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.

To contribute to the reduction of output measures in the FY 2004 report, AoA will discontinue its measure of the number of trainers.

### **Results for the Senior Medicare Patrol Program**

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

- **Volunteers Trained Measure:** The first measurement is directed at increasing the number of volunteers trained by AoA's grantees, who in turn educate an increasing number of beneficiaries regarding 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 we 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 could increase the target of the number of volunteers trained to over 57,000 by FY 2002.

**The performance for FY 2002 exceeded the target, by reaching approximately 57,000 volunteers trained.** We do not anticipate that the grantees will train as many new volunteers during future years because the effort will build on the large pool of experienced volunteers who will continue to conduct sessions during those years. Also, because AoA wants to focus on trained beneficiaries and their results, this measure is discontinued in FY 2004.

- **Beneficiaries Educated Measure:** The second measurement is directed toward increasing the number of beneficiaries who are educated by the volunteer trainers. This measurement 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. As a result of this unexpected level of training activity, AoA has increased its target for FY 2004, to 1,200,000 beneficiaries trained since inception of these projects.
- **Inquiries Submitted and Acted Upon Measure:** The third measurement consists of the number of inquiries submitted by AoA’s projects and volunteers to health care providers, Centers for Medicare and Medicaid Services (CMS), the OIG, 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 FY2002, the projects exceeded the projected target, with more than 2,700 cases that resulted in some action being taken.**

## Goals and Targets

Performance targets for FY 2004 are based on the past and current performance of the network as reflected in the table above. Because the network significantly exceeded performance targets in all three of the performance measures, AoA has increased the FY04 targets. **AoA’s commitment to increased performance is reflected in the increase in FY04 performance targets for the Senior Medicare Patrol Program.**



## 2.6 PROGRAM MANAGEMENT

### Program Description and Context

(numbers in thousands)	FY 2001 Enacted	FY 2002 Enacted	FY 2003 President's Budget	FY 2004 HHS Budget
Program Direction	\$17,216	\$18,053	\$17,986	\$17,501

From the outset of GPRA implementation, AoA has agreed with the HHS principle that management challenges should be addressed in the GPRA context, and included two process measures in its original FY 1999 annual performance plan. With the FY 2002 plan, AoA reestablished its commitment to include management measures in the annual performance plan by including additional management measures for financial management, program reporting, and workforce planning. The Annual Performance Plan for FY 2004 takes an additional step in that commitment by adding new performance measures that are specifically related to the five President's Management Agenda initiatives identified for FY 2004. In FY 2004, the hiring measurement based on the Workforce Plan was discontinued.

AoA retains for FY 2004 the performance measures added for FY 2002, which commit the agency to a clean financial opinion, to using a formal workforce plan, and to improving the timeliness of program data reporting. With the FY 2004 plan, AoA defines a performance target for the workforce planning measure and adds two related measures: to increase the agency's employee to supervisor ratio and to reduce the average grade of agency employees. AoA also adds a performance measure to make greater use of performance based contracting and another to reflect our implementation of the electronic submission and processing of selected agency grant applications.








AoA's performance measures for management activities now cover the following areas:

- **Financial Management**
- **Acquisitions/Grants Management/E-Government**
- **Workforce Planning and Restructuring**
- **Program Information Collection and Reporting**

The areas covered and the measures employed track very closely with the management priorities of OMB and HHS.

## Program Performance Analysis

### Performance Measures Summary Table—Program Management Measures

Performance Goals	Targets	Actual Performance	Notes
<b>PROGRAM MANAGEMENT MEASURES</b> <b><u>Financial Management</u></b>			<b>8</b> 
Results of most recent CFO Audit of AoA Financial Statements.	FY 04: Clean Opinion FY 03: Clean Opinion FY 02: Clean Opinion FY 01: Clean Opinion FY 00: (New in FY 01) FY 99: Not applicable	FY 04: 02/05 FY 03: 02/04 FY 02: Same as 01 FY 01: Clean Opinion	
<b><u>Strategic Management of Human Capital</u></b>			
A high percentage of AoA hires will be based on a formal AoA Workforce Plan.	FY 04: (Discontinued) FY 03: 80% FY 02: 80% FY 01: (New in FY 02)	FY 04: FY 03: 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: FY 03: FY 02: 5.2 to 1 FY 01: 4.3 to 1	
Decrease the average grade of AoA career employees.	FY 04: 13.0 FY 03: 13.0 FY 02: (New in FY 03)	FY 04: FY 03: FY 02: 12.3 FY 01: 13.5	
<b><u>Acquisitions/Grants Management/E-Government</u></b>			
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: FY 03: FY 02: FY 01: 0% (baseline)	
Increase the percentage of discretionary grant applications that are submitted and processed electronically, including via the Internet.	FY 04: 10% FY 03: 10% FY 02: (New in FY 03)	FY 04: FY 03: FY 02: FY 01: 0% (baseline)	
<b><u>Program Information Collection and Reporting</u></b>			
Reduce the time lag (in months) for making NAPIS data available for GPRA purposes and for publication.	FY 04: (Discontinued) FY 03: 15 months FY 02: 15 months FY 01: 15 months FY 00: (New in FY 01)	FY 04: FY 03: FY 02: FY 01: 15 months FY 00: 19 months FY 99: 22 months FY 98: 26 months	

## Results for Program Management Measures

**Financial Management Measures:** In FY 2001, AoA received a clean opinion on the audit of its FY 2000 financial statements (balance sheet), and in FY 2002 received a clean opinion on the audit of its complete FY 2001 financial statements. As reflected in the management priorities circulated by OMB for the FY 2003 budget process, improving financial management is a significant management priority, and the achievement of a clean financial opinion is a fundamental indicator of financial management quality. **AoA is committed to expanding the annual audit to its full financial statements, and to receiving a clean opinion in the audit each year.** AoA will retain this measure as a fundamental indicator of financial management quality and commitment in its annual performance plans.

**Strategic Management of Human Capital Measures:** An extensive AoA review of workforce and structural conditions found that improvements are necessary and achievable in: 1) “delaying” 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, AoA met the FY 2003 targets for by increasing the employee to supervisor ratio for the agency and by achieving a measurable reduction in the average grade of employees.*** AoA will seek to maintain these significant improvements in FY 2003 and 2004. In the interests of reducing the number of measures in the AoA performance plan, the agency will discontinue the performance goal that requires that eighty percent of AoA new-hires will be in strict conformance with the priorities of the agency’s formal workforce plan. Anticipating that AoA will comply with that measure in FY 2002 and 2003, we will track future compliance with this objective internally.

**Acquisitions/Grants Management/E-Government Measures:** AoA has initiated work to apply the efficiencies of electronic transactions to one of its most significant operational activities, and will pursue the application to a second such activity within the next year. AoA has initiated work to apply e-government solutions to its grants processing efforts, and will work with State and local government entities to identify the feasibility of applying such technology to the submission of detailed program information requirements.

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. Believing that electronic processes offered a significant opportunity for improved efficiency for AoA and its grantees, AoA has developed and is prepared to test information technology that will allow grantees to apply for AoA funding electronically, including by way of the Internet. To ensure maintenance and the realization of these electronic process improvements, AoA

has included a performance goal in its annual GPRA performance plan that calls for the agency to increase the percentage of discretionary applications that are submitted and processed electronically to 10 percent by FY 2003.

AoA is also committed to improve performance in an activity related to OMB's initiative to expand electronic government, which is specifically referenced in section 31.9 of OMB Circular A-11 (2001).

AoA has complied with an HHS initiative for improved agency planning to increase the use of performance-based contracts. Planned AoA activities include:

- Management review of contract areas that would benefit from performance-based contracting;
- Extensive staff training in the methods and processes of performance-based contracts; and
- Creation of integrated project teams to achieve broad participation in defining contract results, performance standards and measures, and quality assurance surveillance plans.

AoA has 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.

**Program Information Collection and Reporting:** Reflecting the firm commitment of the agency to improve the quality, reliability, and timeliness of data from the National Aging Program Information System (NAPIS), and to reduce the burden that it imposes on the network, the FY 2002 plan introduced a developmental measure that reflects a necessary system outcome.

Recognizing the need for immediate improvement in the timeliness and quality of data provided under the State Program Report (SPR), AoA has engaged in the following during FY 2001:

- An extensive review of the SPR requirements particularly as they affect the timing of reporting and the quality of data, and
- An acceleration of the tabulation and certification of FY 1999 SPR data and the collection of the FY 2000 data.

The review has resulted in the following related to the SPR information collection system.

- AoA accelerated the initial tabulation of FY 1999 data to make it available for the FY 2002 performance plan and report.
- AoA accelerated the final certification of FY 1999 data, to the effect of making the data available for this performance report submission and four months earlier than the FY 1998 data.
- AoA has accelerated the collection and certification of the FY 2000 data with the objective of making that data available for the FY 2003 annual performance plan and report, which will be submitted

to Congress in February, two months earlier in the year than the FY 2002 plan was submitted.

- AoA has formed a team of AoA, state and area agency representatives to modify the SPR over the next year, with the principal objective of reducing the burden and complexity of reporting.

AoA has finalized the GPRA performance measure that appears in this annual GPRA performance plan. It calls for AoA to reduce the time required for making data available for GPRA purposes and for the public from 26 months for the FY 1998 data to 15 months for the data for fiscal years 2001 and 2002. ***The use of final NAPIS data for FY 2001 in this plan and the availability of State NAPIS data on the AoA website reflects that AoA successfully achieved the goal of reducing the NAPIS data lag from 26 to 15 months over a two-year period.***

In the interests of reducing the number of measures in the GPRA plan, AoA will discontinue this performance measure in the GPRA plan beginning in FY 2004. We expect that AoA and the States will achieve the maximum reduction in the timing of performance information by FY 2003. The agency will continue to monitor the timeliness of program data submissions internally.

### **III. APPENDICES to the PERFORMANCE PLAN**

## APPENDIX 1

### Linkage to the HHS and Agency Strategic Plans

Part 1 of this performance plan provides a summary presentation of the linkage between the AoA GPRA performance 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.

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

HHS Strategic Objective 1.1: Reduce Risky behaviors and other factors that contribute to the development of chronic diseases, especially diabetes and asthma.

AoA Program	Performance Goal
Home Delivered Meals	Increase the number of home-delivered meals provided and maintain a high percentage of new clients for home delivered meals who have high nutritional risk scores.
Congregate Meals	Maintain the number of congregate meals served.
Programs for American Indians, Alaska Natives, and Native Hawaiians	Improve the health and well-being, and reduce social isolation, among older American Indians, Alaska Natives and Native Hawaiians by maintaining the level of provision of community-based services.

#### 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 Program	Performance Goal
Community Based Services: Targeting Measures	Improve poor client service percentages for primary Aging network entities-- <b><i>developmental</i></b>
Community Based Services: Targeting Measures	A significant percentage of OAA Title III service recipients are poor.
Community Based Services: Targeting Measures	A significant percentage of OAA Title III service recipients are minorities.
Community Based Services: Targeting Measures	A significant percentage of OAA Title III service recipients live in rural areas

Community Based Services: Targeting Measures	Improve rural client service percentages for primary aging network -- <b>developmental</b>
Community Based Services: Service Measures – Nutrition	Increase the number of home-delivered meals provided and maintain the number of congregate meals served.
Community Based Services: Service Measures – Transportation	Maintain the number of one-way rides provided.
Community Based Services: Service Measures – Information and Assistance	Maintain the number of information and assistance contacts.
Community Based Services: Client Outcome Measures – Nutritional Risk	The average nutritional risk score for established OAA clients will be lower than the average score for new clients. -- <b>developmental</b>
Community Based Services: Client Outcome Measures – Transportation Satisfaction	A high percentage of clients rate transportation service as very good or better. - - <b>developmental</b>
Community Based Services: Client Outcome Measures – Information and Assistance Satisfaction	A high percentage of clients report that calls for information and assistance are answered quickly. -- <b>developmental</b>

HHS Strategic Objective 6.3: Increase the Independence and Quality of Life of Persons with Long-Term Care Needs	
<b>AoA Program</b>	<b>Performance Goal</b>
Protection of Vulnerable Older Americans – Long Term Care Ombudsman Outcome Measures	Maintain the combined resolution / partial resolution rate of 74 percent of complaints in nursing homes.
Protection of Vulnerable Older Americans – Long Term Care Ombudsman Outcome Measures	Improve combined resolution/ partial resolution rate for primary aging network entities (States and Territories) -- <b>developmental</b>
Community Based Services: Home Care Satisfaction Measure	Improve home care services satisfaction scores. – <b>developmental</b>
Community Based Services: Caregiver Support Services Measure	Improve caregiver support services satisfaction scores – <b>developmental</b>
Community Based Services: Caregiver Support Services Targeting Measure	Increase the ratio of family caregivers to registered clients-- <b>developmental</b>



**HHS Strategic Goal 8: Achieve Excellence in Management Practices****HHS Strategic Objective 8.2: Improve Strategic Management of Human Capital**

<b>AoA Program</b>	<b>Performance Goal</b>
Program Management	Increase the ratio of employees to supervisors
Program Management	Decrease the average grade of AoA career employees
Program Management	A high percentage of AoA hires will be based on a formal workforce plan.

**HHS Strategic Objective 8.3: Enhance the efficiency and effectiveness of competition between public and private service providers**

<b>AoA Program</b>	<b>Performance Goal</b>
Program Management	Increase the percentage of procurement dollars that are subjected to performance-based contracts.

**HHS Strategic Objective 8.4: Improve Financial Management.**

<b>AoA Program</b>	<b>Performance Goal</b>
Program Management	Receive a clean opinion in the most recent audit of AoA financial statements.

**HHS Strategic Objective 8.5: Enhance the use of electronic commerce in service delivery and record keeping.**

<b>AoA Program</b>	<b>Performance Goal</b>
Program Management	Increase the percentage of discretionary grant applications that are submitted and processed electronically, including via the Internet.

## **APPENDIX 2**

### **Changes and Improvements over the Previous Year**

Because AoA made significant modifications to its GPRA performance plan for FY 2002 and FY 2003, the modifications for FY 2004 are far less significant. We believe strongly that it is important to maintain continuity in the performance plan, and repeated wholesale modifications are not warranted.

AoA's most significant changes for FY 2004 are the significant reduction of measures for program management to address the priorities of the Administration and the Secretary of HHS. The initial FY 2004 plan includes targeting, systems and service measures for the plan, and retains the descriptive information related to the development of outcome measures for this and other programs as well.

The agency has also significantly reduced its discussion of budget linkage in the introduction to Part 2 of the plan, adding significant analytical linkages between the agency's performance measures and its FY 2004 budget initiatives.

Finally, the agency has focused intentionally on reducing the length of the performance plan and report. In the past, we relied on narrative descriptions of accomplishments because quantitative measures were not compelling. With the revisions incorporated for the prior budget cycles, AoA believes that such narrative presentations are no longer appropriate.

## APPENDIX 3

### Approach to Performance Measurement

#### Methodology and Rationale

The fundamental elements of AoA's approach to performance measurement are consistent with the guidelines established by the Department of Health and Human Services because AoA shares many of the same measurement challenges that other HHS components face. AoA is the lead HHS component for support programs for elderly individuals, which are administered day-to-day by State and local governmental entities and numerous business and non-profit service providers. This fundamental program partnership dictates that AoA approach performance measurement mindful of the needs and constraints of the non-Federal partners that share program authority and responsibility.

AoA has instituted performance measurement with the approach of utilizing existing information resources to the full extent possible, and reducing new and potentially burdensome information gathering to that which is important to program assessment and which is consistent with views of the partnership. AoA was limited in its first performance plans by the lack of mature, reliable data because of the status of implementation of a new information management system: The National Aging Program Information System (NAPIS). As a result, performance measures in the early GPRA plans were limited for the most part to output measures associated with service unit counts.

Beginning in FY 2002, AoA completely restructured its performance plan, particularly for its large State and community-based programs. To illustrate for that program, AoA defined performance measures that reflect the achievement of the aging network in: **targeting** services to elderly individuals in need, establishing an effective **system** of services utilizing funding from multiple sources, maintaining **service** outputs across a variety of domains, and producing **outcomes** that are relevant to the network and focus on consumer assessment.

Consistent with the improvements reflected in the FY 2002 performance plan, for FY 2003 AoA illustrates how its measures reflect a broad logic model that is comparable to that used by entities such as the United Way of America for social service programs. In the model, AoA identifies a mix of output, intermediate outcome, and end outcome measures associated with inputs provided by AoA and other program entities.

AoA continues to face a number of performance measurement constraints that are common to HHS programs.

- AoA relies on State and local governmental entities and service providers for the data required to measure performance. Because of the complex relationships, AoA cannot expect to have data available for GPRA

purposes within six months of the end of a fiscal year. In previous years, AoA did not anticipate having data available for two years after the end of the fiscal year, but through our work within AoA and with the cooperation of State and local agency representatives, we have already reduced those time frames.

- Like other HHS components, AoA is one of many providers of services to individuals, and can neither reasonably attribute broad changes in the characteristics and conditions of large population groups to its program activities, nor reasonably project measurable changes in significant population groups over short periods of time. These factors limit both the choice of measures available to AoA for GPRA purposes and the performance targets the agency can reasonably expect to achieve.
- Over the years, AoA has represented a relatively stable source of service support to elderly individuals across the country, and so cannot expect on an annual basis to produce broad based changes, increases or improvements in the results that are produced through the aging network. As a result, AoA and the aging network are in the process of defining levels of performance that reflect significant performance year in and year out, and which, if not met would result in the need for evaluation and enhanced program support.

These constraints do not hinder AoA action to use GPRA and performance measurement as important tools for program assessment, but they force the Agency to recognize the limits and the proper uses of this assessment tool. GPRA must be used in combination with other assessment mechanisms and information sources to “inform” program assessment and planning. With reasoned use and realistic expectations for this assessment tool, program managers throughout AoA and the aging network will increasingly realize the value of ongoing performance measurement. By facing and addressing these performance measurement challenges directly, AoA is developing a performance measurement program that has the potential to be useful to program managers and decision makers for years to come. HHS has correctly fostered an “iterative” approach to the implementation of GPRA and performance measurement. As AoA’s GPRA performance measures mature and performance trends emerge, program executives and managers throughout AoA and HHS, and decision makers outside the Department, can expect to use trend data to seek the coordinated improvement of AoA and related HHS programs on an ongoing basis. The data will support agency efforts for: 1) assessing program activity and results, 2) engaging in program evaluation where deeper assessment is required, 3) redefining program strategies to produce improved results, and 4) modifying future performance targets to be consistent with available resources and up-to-date priorities and policy decisions.

## **Presentation**

The presentation of this plan and report is organized in accordance with the standardized presentation format established by and for the agencies of the Department of Health and Human Services (HHS). AoA fully supports HHS's efforts to present performance measurement data under GPRA in a manner that is meaningful for Federal executive and legislative branch decision makers. Since the enactment of GPRA in 1993, the Office of Management and Budget (OMB), the General Accounting Office (GAO), and HHS have provided leadership that will allow Federal program components to continue the development of meaningful, realistic and effective performance measurement programs.

## Appendix 4

### Data Verification, Validation and Other Data Issues

**AoA has continued to make progress in the two data initiatives highlighted prominently in the FY 2002 performance plan. AoA and State agencies engaged in a formal assessment effort that has resulted in the certification of FY 1999 and FY 2000 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. AoA and the network continue 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, and have initiated efforts to conduct a national survey of performance outcomes within the next year.**

As indicated in the introduction to this performance plan and report, AoA and the aging network face a significant challenge in obtaining data to measure performance for programs of this kind. For the sake of context, it is important to reiterate those challenges here while addressing the extensive processes that AoA and the States utilize to improve the validity and reliability of the NAPIS data. All levels of the aging 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 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 for FY 1997, 1998 and 1999 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 Older Americans Act programs and form the basis for many of AoA’s GPRA 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 are investigating 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 the FY 1999 data cited in this report. The FY 1999 data are final. Nevertheless, AoA and the States must immediately engage in a comparable exercise of verification and validation before data for FY 2000 can be utilized for performance reporting purposes. AoA and the States will review a significant number of individual data items, which are generated from data reported by local components, for accuracy and validity.

AoA and its program partners have initiated an assessment of the data requirements of the OAA and will consider alternatives to the collection of the most complicated data that cause most of the burden and validity problems. This will be done in conjunction with agency efforts to renew approval of NAPIS data collection efforts under the Paperwork Reduction Act. AoA will work with State and local program representatives to improve their understanding of HHS’s performance measurement principles, and better demonstrate the constructive uses of performance information to improve programs. AoA and State and local representatives will together assess the potential linkages of the performance outcome and service data that AoA will use for GPRA performance measurement purposes. Together we will seek to identify the correlation between service measures and program outcomes to demonstrate the value of collecting data on client and service characteristics on an ongoing basis.

AoA and the aging network face a similar challenge with the measurement of outcomes. Although we have made significant progress with the initial

development and testing of outcome measures, we do not have national baselines for outcomes to set targets yet. Because of AoA's Performance Outcome Measures Project, which was expanded to approximately 30 area agencies in 16 pilot States in FY 2000, AoA was able to conduct national performance outcome measures surveys for the following services in FY 2002: nutrition, transportation, home care, caregiver support and information and assistance. Preliminary results have just become available which will allow the Agency to establish performance measure baselines for FY 2002, and performance measure targets for FY 2005.

Because of the data limitations addressed in this Appendix, AoA classifies many of its GPRA performance measures as "developmental." This classification means that although AoA will immediately make use of available data in the context of the GPRA performance plan and report, the measures and the data on which they are based lack the maturity to directly support decision-making immediately. In fact, this is not unusual for the assessment of performance for health and human service programs. As the Department has observed in previous HHS performance plan and report summaries, performance measurement data will become more useful over time as performance measures mature and trends in performance can be observed.



## APPENDIX 5

### Performance Measurement Linkage with the Budget

**Budget Linkage Table**  
(\$ Amounts in 000's)

AoA FY 2002 Performance Plan Areas	Program/Budget Line Items	FY 2001 Enacted	FY 2002 Enacted	FY 2003 President's Budget	FY 2004 HHS Budget
<b>Community-Based Services:</b> Targeting Measures System Measures Service Measures Client and Program Outcome Measures	Supportive Services and Centers Congregate Meals Home-Delivered Meals Preventive Health Services Caregivers (NFCSP)	\$1,151,462	\$1,235,766	\$1,238,232	\$1,238,232
<b>Vulnerable Older Americans</b>	Vulnerable Older Americans	\$14,181	\$17,681	\$17,681	\$17,681
<b>Services for Native Americans</b>	Grants to Indian Tribes (Native American Caregiver Support program funding included in "Community-Based Services" above)	\$23,457	\$25,722	\$25,729	\$25,729
<b>Research and Development</b>	-Research and Development - Alzheimer's Disease Demonstration Grants to States -Aging network Support Activities	\$46,626	\$52,119	\$41,716	\$41,716
<b>Senior Medicare Patrols &amp; Technical Assistance Centers</b>	Senior Medicare Patrols (HCFAC)	\$1,500	\$2,000	\$3,000	\$3,000
<b>Program Administration</b>	Program Direction	\$17,216	\$18,053	\$17,986	\$17,501
<b>White House Conference on Aging</b>					\$2,842
	Total Budget	\$1,254,442	\$1,351,341	\$1,344,344	\$1,346,701

## APPENDIX 6

### Partnerships and Coordination

In addition to the fundamental partnerships within the aging network, AoA works closely with many Federal agencies on a wide range of issues.

In the area of nutrition, AoA works with the U.S. Department of Agriculture (USDA) and within HHS, the Office of Public Health and Science on Dietary Reference Intakes (DRIs), formerly known as Recommended Dietary Allowances and on nutrition performance measures related to the Healthy People 2010 Initiative. AoA also participates on such bodies as the Federal Food Safety Coalition chaired within the Food and Drug Administration; the HHS Nutrition Policy Board; the HHS Dietary Guidance committee; the HHS/USDA Food Security committee; and the HHS Dietary Reference Intake Working Group.

In the pursuit of improved transportation services provided through the aging network, AoA works closely with HHS officials and the U.S. Department of Transportation on the Coordinating Council on Access and Mobility to reduce barriers by coordinating approaches to specialized and human services transportation.

AoA is working with the Centers for Disease Control and Prevention (CDC) to expand CDC's Racial and Ethnic Approaches to Community Health (REACH 2010). The purpose of these projects is to eliminate health disparities among older racial and ethnic minority populations. The initiative will target disparities in cardiovascular disease, diabetes, and immunizations among older racial and ethnic minority populations.

In the area of consumer protection and elder abuse, AoA and the Department of Justice (DOJ) are disseminating information on promising Federal, State and local approaches that empower older people to live healthy and safe lives. Featured approaches also address the coordination of public safety, health and social services that provide effective prevention and intervention strategies and reduce victimization. Specific areas of emphasis by AoA and DOJ include: (1) domestic elder abuse; (2) institutional elder abuse; and (3) fraud and exploitation, including consumer fraud issues such as telemarketing. Our shared objective is to foster enhanced collaboration between the justice, health, aging and human services networks.

AoA is developing a partnership with the Health Resources and Services Administration (HRSA) Bureau of Health Professions, Division of Nursing, to initiate a demonstration program to train nurses specifically to work with, educate and mentor caregivers. Although nurses are well trained in acute care for older persons, there is little or no preparatory training for follow-up care and continuing care of chronic conditions.

During FY 2001, AoA played a major role in advancing HHS's initiative to help States implement the Supreme Court's Olmstead decision. AoA joined the Department's internal Olmstead work group comprised of CMS, OCR, ASPE, SAMHSA, and ADD and assisted in developing the Real Choice Systems Change Grants which will provide states with \$70 million dollars to make their systems of long-term care more consumer directed and focused on home and community-based care. As part of this initiative, AoA worked with State units on aging to make sure the interests of the elderly were reflected in state planning efforts related to the System Change Grants. Finally, AoA co-sponsored a national conference on Consumer Direction in Long-Term Care in collaboration with ASPE, CMS, SAMHSA, ADD, and the Robert Wood Johnson Foundation.