DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION ON AGING

**FINAL ANNUAL
GPRA PERFORMANCE PLAN FOR
FISCAL YEAR 2005**

and

**REVISED ANNUAL PERFORMANCE PLAN FOR
FISCAL YEAR 2004**

and

**ANNUAL PERFORMANCE REPORT FOR
FISCAL YEAR 2003**

February 2004

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FROM THE ASSISTANT SECRETARY FOR AGING

The AoA Annual Performance Plan and Report for FY 2005 reflects my continued commitment to improve the accountability of AoA and its partners for high quality, effective service to the elderly under the Older Americans Act (OAA). This plan also represents our efforts to make significant modifications to AoA's Government Performance and Results Act (GPRA) as a result of: 1) the availability of new outcome data, 2) lessons learned from the application of the Office of Management and Budget's (OMB's) Program Assessment Rating Tool (PART) to AoA's Community-Based Services Program, and 3) the compelling need of the Department of Health and Human Services (HHS) to reduce the number of measures it must track to assess HHS performance.

The first priority of our GPRA plan is to help improve services to individuals.

- We help elderly individuals maintain their independence in the community by targeting services to the poor, disabled, minorities and rural residents. We will work with States and communities to improve targeting to these vulnerable groups and measure progress yearly.
- We must create more balance in the long-term care system by intensifying our focus on the cost-effective community care preferred by the elderly and their families. AoA will use program data in its budget requests to demonstrate that community-based care is highly cost effective and valued by elderly Americans and their caregivers.
- We must improve program efficiency. Working with OMB and HHS, AoA has developed efficiency measures to track the efficiency improvements of the aging network.
- Finally, elderly service consumers are in the best position to assess the impact of services on their well-being and independence. With our new national consumer assessment surveys, we will measure and improve consumer assessments of OAA services to the elderly and their caregivers over time.

AoA is committed to continuous improvement in measuring program performance. The significant improvement in OMB's PART assessment of AoA's community based program to a score of 81 reflects that. However, in focusing on outcomes, I am most proud of the following results produced by AoA, states, area agencies and service providers and presented in this plan and report:

- 86% of family caregivers of OAA clients surveyed by AoA last year reported that OAA services allowed them to care longer for the elderly than they could without the services. Almost 50% said that the service definitely helped them in that way.
- Approximately 30% of OAA elderly home-delivered meals clients are nursing-home eligible because of multiple disabling conditions, but are able to remain in the community.
- The efficiency of the aging network in serving OAA clients, as measured by individuals served per million dollars in AoA funding, improved each year from 1999 to 2002.

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 performance plans under the Government Performance and Results Act. Through this plan, I am fully committed to effective program results for all older Americans.

Josefina G. Carbonell

EXECUTIVE SUMMARY

A. 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 on vulnerable elderly individuals who are at risk of losing their independence. AoA seeks to improve the quality of life for all older Americans, by assisting them to remain independent. AoA works closely with an aging services 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. AoA is mandated by Congress 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 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.

Last year, AoA developed a new strategic plan with quantifiable performance measures that will serve as the agency's road map to foster accountability for the elderly over the next five years and beyond. The mission of AoA is to promote the dignity and independence of older Americans and to help society prepare for an aging population. The Strategic Plan includes five Strategic Goals:

- Increase the number of older people who have access to an integrated array of health and home and community-based services.

- Increase the number of older people who stay active and healthy.

- Increase the number of families who receive help in their efforts to care for their loved ones at home and in the community.

- Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation.

- Strengthen the effectiveness and responsiveness of AoA's management practices.

To track accomplishments relative to these prioritized goals, AoA uses a core set of quantifiable performance measures, including 1) efficiency measures, 2) consumer assessment measures, and 3) targeting measures. Selected measures are presented below to illustrate AoA's commitment to track the achievement of long-term priorities.

1. Improve Targeting of Older Americans Act services to Vulnerable Elders.

Indicators:

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

- By 2010, all States will achieve a "targeting index" greater than 1.0 for rural and poverty clients.

Those who are frail, poor, and lack adequate access to care are at the greatest risk of institutionalization and loss of independence. AoA's measures for this goal recognize: 1) the increased risk the rural elderly face and the importance of the HHS initiative to reduce major threats to health and well-being of Americans, 2) the need for all States to target services to those who are at the greatest risk.

2. Improve Program Efficiency.

Indicators:

- By FY 2007, the rate of non-AoA funding for OAA services will increase by 20%.

- By FY 2007, AoA will increase the number of people served per million dollars of AoA community based services program funding by 15%.

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. This goal and these measures support Departmental initiatives and foster continued efficiency improvement by AoA and State and local entities.

3. Improve Client Assessments and Results

Indicators:

- By FY 2007, increase the percentage of elderly individuals served by Older Americans Act (OAA) programs to 17% of the elderly population.

- By 2007, 30% fewer caregivers will report that they needed help in dealing with agencies or obtaining services.

- By 2007, 75% of caregivers will report that OAA services have ***definitely*** helped them provide care for a longer period.

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 and reducing the barriers caregivers confront in accessing care are fundamental measures of impact and outreach.

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.

B. Organization, Programs, Operations, Strategies and Resources

The Administration on Aging provides leadership, coordination and support to the aging services 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.

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 States. Area agencies contract with approximately 29,000 public or private providers in local areas. AoA awards funds directly to 241 Indian tribal organizations and two 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 services network.

The national aging services 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 services 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 services network provide a preferred alternative to nursing home care, enabling people to live as independently as possible for as long as possible.

C. 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).

1. **Summary of Measures** – The performance plan for FY 2005 reflects significant substantive and technical improvements sought by HHS and OMB, including:

- Significantly reduced the number of goals/measures in the plan;
- Significantly increased outcome measures as a percent of total measures;
- **Added efficiency measures for all program;**
- **Added new consumer assessment outcome measures;**
- **Introduced aggressive long-term performance goals;** and
- Used performance data to support the agency's budget justification for FY 2005.

Throughout the plan, we identify the performance results and targets that have contributed to AoA's FY 2005 budget justification. For example, the new outcome measures will assess the aging services network's results in response to the Administration's Rebalancing Initiative, its emphasis on home and community-based long-term care services, and the Department's efforts to promote service integration.

2. **Successes, Challenges and Goals in Development** – The data for the performance measures identified in this plan present a story of performance indicating that the network produces the results intended by the Older Americans Act (OAA). The network:

- Provides services that are instrumental in enabling older persons to live as independently as possible.
- Targets services to vulnerable elderly individuals, including the poor, minorities, and individuals from rural areas;
- Receives very high consumer assessment ratings for the services it provides;
- 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; and
- Improves efficiency, as measured by the increasing number of elders served per million dollars of AoA funding from FY 1999 to FY 2002.

3. **Significant Events Related to Program Performance**

- *Initiatives to create more balance in long-term care and better integrate community based services.* Performance data demonstrates that OAA programs: 1) serve a significant percentage of the vulnerable elderly population in the U.S., 2) provide care at a significantly lower cost than institutional programs, and 3) involve communities and families more effectively than institutional care. These data contributed to the development of an HHS-wide initiative to pursue greater balance in long-term care to focus on community-based and home care, which is preferred by the elderly.

- *Nursing home quality standards.* Performance data reflecting the effectiveness of the Ombudsman program in resolving complaints and providing information to nursing home residents contributed to an AoA/CMS collaboration to use the Ombudsman program in the implementation of the new nursing-home quality standards

4. **Explanation for Adding/Dropping Measures** – Consistent with HHS and OMB guidance to reduce the number of performance measures, 29 performance measures were dropped, consolidated or converted to efficiency measures.

5. **Full Cost of Programs and Measures** - The full cost of programs in the FY 2005 Performance Plan reflects the allocation of both administrative resources and demonstration activities to the program areas they support. It includes annual appropriations as well as resources from the Medicare trust fund, which are used to support health care anti-fraud, waste and abuse activities. It does not include accrued liabilities not directly paid by AoA, such as employee health benefit and Federal retirement costs. Cost estimates for each year reflect changes in the level of appropriations for base programs as well as adjustments to reflect new programs and activities that were transferred to AoA from other Federal agencies.

D. Contact Persons

AoA contacts responsible for the preparation of this plan are Frank Burns (202-357-3516) and Sharon Matthews (202-357-3417). Cynthia Agens Bauer (202-357-0145) is responsible for broad aspects of performance measures development and for PART reviews.

AoA

Performance Plan and Report

January 2004

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A. Introduction

(1) Mission Statement and Agency Description

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 and by supporting their well-being. AoA works closely with an aging services 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 to serve older persons. AoA is mandated by Congress to provide essential home and community-based programs across the country to help 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.

Last year, AoA developed 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 Strategic Plan includes five Strategic Goals:

- Increase the number of older people who have access to an integrated array of health and home and community-based services.

- Increase the number of older people who stay active and healthy.

- Increase the number of families who receive help in their efforts to care for their loved ones at home and in the community.

- Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation.

- Strengthen the effectiveness and responsiveness of AoA's management practices.

To track accomplishments relative to these prioritized goals, AoA uses a core set of quantifiable performance measures, including 1) efficiency measures, 2) consumer assessment measures, and 3) targeting measures. Selected measures are presented below to illustrate AoA's commitment to track the achievement of long-term priorities.

1. *Improve Program Efficiency.*

Indicators:

- By FY 2007, the rate of non-AoA funding for OAA services will increase by 20%.

- By FY 2007, AoA will increase the number of people served per million dollars of AoA community based services program funding by 15%.

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. This goal and these measures support Departmental initiatives and foster continued efficiency improvement by AoA and State and local entities.

2. *Improve Client Assessments and Results*

Indicators:

- By FY 2007, increase the percentage of elderly individuals served by Older Americans Act (OAA) programs to 17% of the elderly population.

- By 2007, 30% fewer caregivers will report that they needed help in dealing with agencies or obtaining services.

- By 2007, 75% of caregivers will report that OAA services have definitely helped them provide care for a longer period.

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 and reducing the barriers caregivers confront in accessing care are fundamental measures of impact and outreach.

3. *Improve Targeting of Older Americans Act services to Vulnerable Elders.*

Indicators:

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

- By 2010, all States will achieve a "targeting index" greater than 1.0 for rural and poverty clients.

Those who are frail, poor, and lack adequate access to care are at the greatest risk of institutionalization and loss of independence. AoA's measures for this goal recognize: 1) the increased risk the rural elderly face and the importance of the HHS initiative to reduce major threats to health and well-being of Americans, 2) the need for all States to target services to those who are at the greatest risk.

B. Organization, Programs, Operations, Strategies and Resources

The Administration on Aging provides leadership, coordination and support to the aging services 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.

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 units 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 States. Area agencies contract with approximately 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 services network. The aging services 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 services network provides home and community-based long-term care services through a system that it began to develop in the 1970s. In communities throughout the nation, the home and community-based service systems led by the aging services network provide a preferred alternative to nursing home care, enabling people to live independently for as long as possible.

(2) Summary of Performance Measures

The FY 2005 Performance Plan has been revised to define a core set of measures that focuses on program outcomes and efficiency. It includes 4 efficiency measures, which are new. In addition, all measures in the plan are outcome measures (100%). We have added new outcome measures that support the Administration's Rebalancing Initiative to place more emphasis on home and community-based long-term care services and the Department's efforts to promote service integration. The FY 2005 plan also incorporates: 1) the long-term outcome measures included in AoA's Strategic Plan, 2) a presentation of AoA measurable strategic goals, and 3) a detailed roadmap of linkages of AoA goals and activities with the HHS Strategic Plan (Appendix 1) and AoA's budget request. We continue to track all measures included in previous plans. The following illustrates the status of reporting of measures in past GPRA performance plans.

	Total Measures*	Output Measures	Outcome Measures	Efficiency Measures	Results Reported	Results Met	Results Not Reported
1999	18	18	0	NA	18	14	0
2000	18	18	0	NA	18	13	0
2001	23	15	5	3	23	17	0
2002	27	10	17	3	21	17	6
2003	46	13	30	3	NA	NA	NA
2004	39	6	30	3	NA	NA	NA
2005	6	0	6	4	NA	NA	NA

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

The data for the performance measures (FY 1997 to FY 2002) 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:

- Provides services that are instrumental in enabling older persons to live as independently as possible.
- Targets services to vulnerable elderly individuals, including the poor, minorities, and individuals from rural areas;
- Receives very high consumer assessment ratings for the services it provides;
- 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; and
- Improves efficiency, as measured by the increasing number of elders served per million dollars of AoA funding from FY 1999 to FY 2002.

(3) Structure of Performance Plan/Report and Budget Linkage

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

❑ **Community-Based Services** contains budget line items:
  ➢ Home and Community-Based Supportive Services (HCBSS)
  ➢ Congregate Nutrition Services
  ➢ Home-Delivered Nutrition Services
  ➢ Preventive Health Services
  ➢ Nutrition Services Incentive Program (NSIP)
  ➢ National Family Caregiver Support Program (NFCSP)

❑ **Vulnerable Older Americans** contains budget line items:
  ➢ Ombudsman Services
  ➢ Prevention of Elder Abuse

❑ **Services for Native American** contains budget line item:
  ➢ Grants for Native Americans

❑ **Senior Medicare Patrols** contains budget line item:
  ➢ Senior Medicare Patrols (HCFAC)

❑ **Innovation and Demonstrations** contains budget line items:
  ➢ Program Innovations
  ➢ Alzheimer's Disease Demonstration Grants to States
  ➢ Aging Network Support Activities

❑ **Program Management** contains budget line items:
  ➢ Program Administration
  ➢ White House Conference on Aging

Beginning in FY 2006, to further improve the efficiency of presentation of AoA measures, AoA will consolidate all of its program activities into one all-encompassing program. This consolidation will continue to provide a direct budget to performance linkage since AoA is not proposing to eliminate the existing performance measures and indicators for the six program activities presented. For presentation purposes the indicators for the current program activities will be represented as indicators under a single, broader measure just as we currently do for Title III. This will maintain budget linkage and achieve the secondary objective of reducing the volume of documents HHS and OMB must manage and review in this process.

The consolidation of program activities has been a GPRA objective since the development of the first GPRA plans and reports and HHS agencies continue to consolidate programs to make GPRA plans and reports more manageable. Because it is possible to achieve a quality level of analysis and accountability management with the consolidation of our activities into one

program, we believe it is the correct thing to do to contribute to improving the efficiency of GPRA presentations across the Department.

AoA has also taken other steps to improve the efficiency of the GPRA process. Because AoA and HHS separately track management measures under the President's Management Agenda and other management forums, we believe it is unnecessary to duplicate that activity in the plan. Consistent with the Administration's initiative to present the "full cost" of programs, the costs of AoA's administrative activities has been applied to both the GPRA programs in this plan and to the performance measures used to assess those program activities.

AoA's initial FY 2005 Annual Performance Plan, Revised FY 2004 Annual Performance Plan and FY 2003 Performance Report are organized around these six GPRA programs. The FY 2005 plan contains a separate section for each GPRA program. Each section provides a program description, as well as past performance and future performance goals.

Budget Linkage

AoA has strongly linked the initial AoA GPRA Plan for FY 2005 and the FY 2005 budget submission by using GPRA and other program data to help determine how to allocate resources to best support the strategic priorities established by the Assistant Secretary and to support its budget priorities for FY 2005. 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:

- AoA's outcome targeting measures and indicators (which document the effectiveness of the aging services 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 services 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**.

- AoA's efficiency outcome measures and indicators **support AoA efforts to maintain program funding and its pursuit of improvements in the integration of home and community-based services across the network. In addition, States leverage funds from other sources at approximately double the AoA funding rate.**

- The Senior Medicare Patrols Program measures and indicators (which document the use of seniors to support efforts to reduce Medicare fraud) **support continued funding of efforts to train elders for this effort.**

- Whereas AoA's intermediate outcome measures and indicators support the cost-effectiveness and efficiency of OAA programs in targeting services to the most vulnerable elderly individuals utilizing cost-effective community-based and family care

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resources, **AoA's end outcome measures and indicators demonstrate the effectiveness and quality of services from the perspective of elderly consumers and family caregivers**.

- In support of AoA's FY 2005 budget, the end outcome data that contribute most directly to AoA's initiatives to create more balance in long-term care and better integrate home and community-based services are those that indicate that: **1) a large percentage of OAA in-home service clients are nursing-home eligible, but are being successfully cared for in the community, and 2) 86% of family caregivers report that OAA services help them to care for the elderly longer than they would be able to without the services; about 50% reported the services** *"definitely"* **help in this way.**

(4.) Other Linkages

President's Management Agenda - AoA's FY 2005 Budget presentation on the PMA identifies quantitative performance measures used by the agency to track performance in support of three components of the President's Management Agenda for AoA. Performance measures are included for financial management, strategic management of human capital and e-government**.** We have decided not to duplicate the presentation of those measures here.

The HHS Strategic Plan - 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.

Full Cost of Programs and Measures - The full cost of programs in the FY 2005 Performance Plan reflects the allocation of both administrative resources and demonstration activities to the program areas they support. It includes annual appropriations as well as resources from the Medicare trust fund, which are used to support health care anti-fraud, waste and abuse activities. It does not include accrued liabilities not directly paid by AoA, such as employee health benefit and Federal retirement costs. Cost estimates for each year reflect changes in the level of appropriations for base programs as well as adjustments to reflect new programs and activities that were transferred to AoA from other Federal agencies.

B. Discussion/Performance Analysis

Section 1: COMMUNITY-BASED SERVICES PROGRAM

Program Description and Context

The legislative intent of the Community-Based Services program is to make community-based services available to elders who are at risk of losing their independence. It is intended further that States and communities participate actively in funding community-based services and develop the capacity in communities across the States to support the home and community-based service needs of elderly individuals, particularly the poor, minorities and those who live in rural areas where access to services may be limited.

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. (NSIP is based on the number of meals served in the previous fiscal year.) Funds from AoA, other Federal agencies, and from outside sources 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 services network. The program provides **"access"** services, such as information and assistance, outreach, and transportation; **"community"** services, which include congregate meals, senior-center activities, adult day care, and health promotion and fitness programs; **"in-home"** services, including home-delivered meals, chores, home maintenance assistance, home-health, and personal care; and **"caregiver"** support, such as respite services and information and assistance to caregivers for the coordination of health and social services. The FY 2005 Budget request for these programs is $1.26 billion, an increase of $10 million over the FY 2004 conference level.

Appropriated Funds:	FY 2003 Enacted:	$1,247.100 Million
	FY 2004 Final Conference:	$1,249.197 Million
	FY 2005 Budget Request	$1,259.600 Million
Full-Cost Budget:	FY 2003 Enacted:	$1,303.220 Million
	FY 2004 Final Conference:	$1,310.198 Million
	FY 2005 Budget Request	$1,313.229 Million

Performance Measurement Changes for FY 2005

Because of the very significant modifications to the AoA GPRA plan for this program activity, AoA has restructured the presentation and analysis of measures. In addition to incorporating indicators to support the measures where appropriate, we have divided measures into a two-part

presentation: 1) measures for FY 2005 and beyond, and 2) measures for prior years. The first set of performance measures presented in this section of the plan identifies and analyzes only the performance measures that will be utilized for FY 2005 and beyond.

The analysis briefly addresses the following for each measure included in the FY 2005 portion of the plan:

- baseline and past performance to the extent available,
- the basis for performance targets,
- the components of the full-cost of the measure, and
- how the measure supports the AoA budget request.

Because the Government Performance and Results Act requires AoA to track the commitments presented in previous plans, we must continue to present and analyze the measure for prior years until complete reporting on those measures has been concluded. To accommodate this requirement, the plan includes a second set of tables and narrative that identify and analyze actual performance and performance trends for those measures as well as how performance using those measures has contributed to AoA's budget initiatives.

Performance Measures Table—Community Based Services Program

Performance Goals	Targets	Actual Performance	Notes

MEASURES FOR FY05 AND BEYOND:
Measure 1.1 Improve Program Efficiency
 	
FULL COST %   FY05: 100%
                        FY04: 100%
                        FY03: 100%
			1
			
			6

Indicator 1.1.1 Increase client to funding ratio (with no decline in service quality).	FY 07: Baseline + 15% FY 06: Baseline + 10% FY 05: Baseline + 8% FY 04: Baseline + 6% FY 03: Not applicable FY 02: Not applicable FY 01: New in FY 04	FY 05: 02/07 FY 04: 02/06 FY 03: 02/05 FY 02: 5,700 FY 01: 5,688 (baseline)	
Indicator 1.1.2 Increase caregivers served**.**	FY 07: 1 million FY 06: 900,000 FY 05: 800,000 FY 04: 500,000 FY 03: 250,000 FY 02: New in FY 03	FY 02: 439,000	
Indicator 1.1.3. Reduce time-lag for program data.	FY 09. 6 months FY 05: 12 months FY 04: 13 months FY 03: 15 months FY 02: 15 months FY 01: 15 months FY 00: (New in FY 01)	FY 03: 11/04 FY 02: 13 months FY 01: 15 months FY 00: 19 months FY 99: 22 months FY 98: 26 months	

Measure 1.2 Improve Client Assessments and Results
 	
FULL COST %   FY05: 100%
                        FY04: 100%
                        FY03: 100%
			6

Indicator 1.2.1 Maintain high satisfaction with home-delivered meals.	FY 05: 93% FY 04: Not in FY 04 plan FY 03: New in FY 05	FY 03: 93% (baseline)	
Indicator 1.2.2 Maintain high satisfaction with transportation services.	FY 05: 82% FY 04: Not in FY 04 plan FY 03: New in FY 05	FY 03: 82% (baseline)	
Indicator 1.2.3 Maintain high level of caregiver satisfaction.	FY 05: 87% FY 04: Not in FY 04 plan FY 03: New in FY 05	FY 03: 87% (baseline)	

MEASURES FOR FY05 AND BEYOND: (continued)			
Indicator 1.2.4 Maintain high satisfaction with congregate meals.	FY 05: 93% FY 04: Not in FY 04 plan FY 03: New in FY 05	FY 03: 93%	
Indicator 1.2.5. Increase percent of caregivers who report that services *definitely* help them care longer for older individuals.	FY 07: 75% FY 06: 68% FY 05: 62% FY 04: Not in FY 04 plan FY 03: New in FY 05	FY 03: 48% (baseline)	
Indicator 1.2.6 Reduce the percent of caregivers who report difficulty in getting services.	FY 07: 35% FY 06: 43% FY 05: 50% FY 04: Not in FY 04 plan FY 03: New in FY 05	FY 03: 64% (baseline)	
Indicator 1.2.7 Increase severely disabled clients receiving services.	FY 07: baseline + 15% FY 06: baseline + 8% FY 05: baseline + 4% FY 04: Not in FY 04 plan FY 03: New in FY 04	FY 03: 280,454 (baseline)	**6**

Measure 1.3 Targeting to Vulnerable Elders
 	
     FULL COST %   FY05: 100%
                         FY04: 100%
                         FY03: 100%			

Indicator 1.3.1 A significant percentage of OAA Title III service recipients live in rural areas. [outcome measure] **Norm:** Percent of U.S. elderly population who live in rural areas in 2000: 17.5%	FY 07: 38% FY 05: 34% FY 04: 34% FY 03: 34% FY 02: 25% FY 01: 25% FY 00: (New in 01)	FY 05: 02/07 FY 04: 02/06 FY 03: 02/05 FY 02: 29.2% FY 01: 30.4% FY 00: 32.9% FY 99: 33.6% FY 98: 33.5%	
Indicator 1.3.2 Increase the number of states that increase the percentage of clients served who are poor.	FY 07: 18 States FY 05: 15 States FY 04: 12 States FY 03: 5 States FY 02: New in 03	FY 05: 02/07 FY 04: 02/06 FY 03: 02/05 FY 02: 9 States FY 01: 8 States	

Analysis of Performance Measures and Indicators for FY 2005

The major components of performance outcome measurement for AoA's Community Based Services Program for annual and long-term measurement are: 1) efficiency, 2) consumer impact and satisfaction, and 3) service targeting. The performance measures and indicators in this plan, and others which address more specific aspects of performance but which are not needed to assess performance at the Department level, are used by AoA to regularly assess program performance, to identify budget initiatives, and to guide in-depth program evaluation activity.

<u>Efficiency Measure and Indicators</u>

There are three efficiency indicators for the AoA Community-Based Services program. The first addresses the efficiency of performance of the program overall, including all levels of the aging services network. The second addresses output efficiency for the caregiver because tracking the number of caregivers served under this new program was a significant and stated objective of the program under the Act in the early years of program implementation. The third indicator addresses the efficiency of AoA for a program management activity that supports outcome measurement. The indicators are:

- Increase clients to funding ratio with no decline in service quality.
- Increase the number of caregivers served.
- Reduce the time-lag for program data.

Baseline and past performance: Available data for these indicators show significant and positive results to support the success of the efficiency measure overall. The number of people served per million dollars of AoA funding improved by approximately 2% from FY 1999 to FY 2001. The aging network served significantly more caregivers in FY 2002 (439,000) than required by the Congress and anticipated by AoA when the program was first launched (250,000). To support performance measurement, AoA has reduced the time lag for making program data available from 26 months for the FY 1998 data to 13 months for the FY 2002 data.

Aggressive targeting: The steady improvement has led to the establishment of more aggressive annual and long-term performance targets for each of these performance indicators to ensure continued program and management improvement.

- By 2005, AoA will improve the program efficiency measure by 8% over the FY 2001 target, which is double the annual improvement rate observed for FY 1999 to 2001, and projects an improvement of 15% by FY 2007, which is almost quadruple the current annual improvement.
- Because it is critical to continue to continue to focus on reaching caregivers under the caregiver program, AoA is targeting an increase of over 90% (to 800,000) by FY 2005.
- For the data efficiency measure, AoA will virtually eliminate the time lag for program data by FY 2009, and targets that certified program data for all states for a given fiscal year will be available six months after the end of the fiscal year.

Components of Full Cost: The cost of each of AoA's performance measures is the full cost of the programs they represent. AoA intentionally selected performance measures that would represent the entirety of program responsibilities and expectations, and so cover the full AoA cost of the program. The program efficiency measure is a measure that is associated with serving all elderly people and caregivers served under the program, so the AoA costs associated with the measure are all AoA costs each fiscal year. The same is true of the consumer assessment and results measures and the targeting measures. Producing the results associated with each of these measures requires the full AoA cost for the community based services program.

Support of the AoA Budget Request: The program efficiency measure is very closely related to AoA's FY 2005 budget initiatives in that the ability of AoA and the aging services network to achieve the aggressive improvement targets depends in part on AoA's budget initiatives. AoA has not requested significant increases in its community-based services programs; the agency has requested additional funding for innovation and demonstration grants which are specifically intended to 1) create greater balance in long-term care funding from other sources toward more cost-effective community based services, such as those provided by the aging services network, and 2) improve the integration of program activity across the aging services network. AoA has not increased its budget request for any program or administrative activity to continue pursuing the improvement in the timeliness of its data.

Client Assessment and Results Measure

The FY 2005 annual performance plan includes seven indicators supporting AoA's measure of consumer impact and results. To AoA, these are the core performance outcome indicators for this program because they reflect program assessments obtained directly from the elderly individuals and caregivers who receive the services. AoA has multiple satisfaction indicators in this plan because the assessment surveys address distinct types of service, such as: meal programs, transportation, homemaker services, information and assistance, and caregiver services. The consumer impact and results indicators included in the plan for FY 2005 for the community based services program are:

- **Caregiver Satisfaction**: Increase the percentage of caregivers reporting that services have *"definitely"* helped them provide care for a longer period.

- **Increase Severely Disabled Clients**: Increase the number of home-delivered meal clients with 3 or more ADL limitations (nursing home eligible).

- **Caregiver Difficulty Reduction**: Decrease the number of caregivers reporting difficulties in dealing with agencies to obtain services.

- **Caregiver Impact Assessment**: Maintain the percent of caregivers rating case management services good to excellent.

- **Transportation Satisfaction**: Maintain the percentage of transportation service recipients rating the service very good to excellent.

- **Home-Delivered Meals Satisfaction**: Maintain the percentage of home-delivered meal clients reporting they like the meals.

- **Congregate Meals Satisfaction**: Maintain the percentage of congregate meal clients reporting they like the way the food tastes.

Aggressive Targeting: AoA is proposing aggressive improvements in the targets for three of the consumer impact indicators presented in the table above, and will maintain the very high consumer satisfaction levels for the other four indicators. We are proposing to increase the number of home delivered meals clients who are nursing home eligible by 4% during FY 2005 over the base of 280,454 identified in a FY 2003 survey. AoA is proposing this without a comparable increase in service budgets because efforts to improve service and funding integration and the rebalancing of long-term care toward community-based efforts are expected to contribute significantly in helping the network achieve this target. The performance targets related to caregiver assessments presented above are similarly aggressive. One indicator calls for a 14% increase in two years in the percent of caregivers who report that OAA services "definitely" help them care longer for the elderly they serve. The second calls for a 14% reduction over the same time period in the percent of caregivers who report difficulty in getting services. To AoA, aggressive targeting for these three indicators is critical because these indicators represent more directly than any others the mission of AoA and the network to help vulnerable elderly individuals remain in the community.

The levels of satisfaction with OAA program services (congregate and home-delivered meals, transportation and caregivers) are so high that it is not realistic to target measurable increases. However, the target to maintain these high levels of performance is aggressive when taken in the context of the AoA commitment to aggressively improve program efficiency in the near and long term. It is essential that AoA maintain a high level of satisfaction with services even as the aging services network increases the number of elderly individuals served per one million dollars in AoA funding.

Components of Full Cost: As indicated above for the efficiency measure, the cost of each of AoA's performance measures is the full cost of the programs they represent. AoA intentionally selected performance measures that would represent the entirety of program responsibilities and expectations, and so cover the full AoA cost of the program. The consumer assessment and results measure is associated with all AoA program activity in support of elderly people and caregivers served under this program, so the AoA costs associated with the measure are all AoA costs each fiscal year. Producing the results associated with each of these measures requires the full AoA cost for the community based services program.

Support of the AoA Budget Request: The consumer assessment and results measure and indicators for this program were a significant element in the FY 2005 budget initiatives proposed by AoA, and they complement the efficiency and targeting measures that also support the FY 2005 budget. The success of AoA budget initiatives in improving program efficiency must be balanced by the ability of the aging services network to maintain the current high level of satisfaction with services and improvements in results reported by consumers. Similarly, success in improving consumer results must be balanced by the critical need to ensure that the programs are reaching the most vulnerable elderly individuals. The AoA indicator to increase

home-delivered meals clients who are nursing-home eligible is a fundamental and necessary outcome for the AoA budget activity that supports the initiative to create more balance in the national long-term care service delivery system. AoA's budget request to maintain caregiver funding, along with AoA's integration and evidence-based health promotion activities will support the AoA performance target to reduce the percentage of caregivers who have difficulty with the system and will also support the goal to increase the percentage of caregivers who report that OAA services help them care longer for elderly individuals.

Targeting Vulnerable Elders Measure

The FY 2005 performance plan retains two targeting indicators to track the performance of the aging services network in targeting services to the most vulnerable elderly in the nation as specifically required by the Older Americans Act. AoA will continue to monitor other targeting indicators internally, and will utilize different targeting indicators as proxies to represent targeting efforts in future GPRA plans. The targeting indicators AoA is using in the FY 2005 plan are:

- A significant percentage of OAA Title III service recipients live in rural areas.
- Increase participation by poor elderly individuals in selected states by over 10%.

The aging services network has already demonstrated success in targeting services to poor individuals and those who live in rural areas. In each of the recent reporting years, approximately 30% of OAA clients are poor, while fewer than 10% of all elderly individuals are poor. While the percent of clients who live in rural areas appears to have declined in recent years, the 28% of OAA clients who live in rural areas is significantly higher than the 2000 Census estimate, which indicates that 17.5% of all elderly individuals reside in rural areas. Despite the success, AoA believes that continued focusing on and improvement in targeting to vulnerable elders is basic to the mission of the agency and the intent of the OAA.   The targeting indicators also reflect different aspects of performance monitoring that is important for the network. The rural indicator focuses on improvement at the national level, while the "poverty" indicator focuses in on the pursuit of improvements among the State agencies that administer the program.

Aggressive Targeting: AoA's pursuit of a significant increase in the percentage of elderly clients who reside in rural areas is aggressive, particularly in light of the data above that indicate that this percentage has declined in recent years. The decline in the percentage of clients who live in rural areas should not be viewed with concern in that it is consistent with Census data, which show a similar trend for all elders in the nation. Nevertheless, because it is important to target services where access is more difficult, AoA intends to reverse the trend and accomplish the stated performance goal.

The FY 2005 target is aggressive for the poverty indicator because it not only commits to improve performance in over 25 percent of all states over a short period of time, but it also commits to a significant 10% improvement in each of those states in that same time period.

Components of Full Cost: As indicated above for the other measures, the cost of each of AoA's performance measures is the full cost of the programs they represent. AoA intentionally selected performance measures that would represent the entirety of program responsibilities and expectations, and so cover the full AoA cost of the program. The targeting measure is associated with all AoA program activity in support of individuals served under this program, so the AoA costs associated with the measure are all AoA costs each fiscal year. Producing the results associated with each of these measures requires the full AoA cost for the community based services program.

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

MEASURES FOR PRIOR YEARS

The following table and analytical presentation reflect a significant change to AoA's GPRA performance plan and report. Because of the necessary reduction in the number of performance measures in the AoA and HHS plans, there is little comparability between the FY 2005 plan and previous plans. Attempting to analyze the FY 2005 plan alongside the previous plans would cause tremendous confusion. As a result, AoA has opted to present separately the performance results for GPRA plans for previous fiscal years. For the sake of efficiency in presentation, AoA will not reiterate the rationale for the measures and targets which were included in those plans, but will focus the analysis on the extent to which performance goals and measures were achieved and how performance for those measures affected AoA budget initiatives. It should be noted that AoA will continue to internally track performance for many of the measures included in prior year plans, and may propose to include some of these measures as indicators of performance in future GPRA plans as appropriate. The following table presents measures that were included in previous GPRA plans, but are not included in the FY 2005 plan.

Performance Measures Table—Community Based Services Program

Performance Goals	Targets	Actual Performance	Notes
MEASURES FOR PRIOR YEARS			
Measure 1.14 A significant percentage of OAA Title III service recipients are poor. [outcome measure] **Norm:** Percent of U.S. elderly population who are poor in 2000: 10.2%	FY 04: 32% FY 03: 32% FY 02: 25% FY 01: 25% FY 00: (New in 01)	FY 04: 02/06 FY 03: 02/05 FY 02: 28.1% FY 01: 29.3% FY 00: 30.3% FY 99: 31.7% FY 98: 36.2%	
Measure 1.15 A significant percentage of OAA Title III service recipients live in rural areas. [outcome measure] **Norm:** Percent of U.S. elderly population who live in rural areas in 2000: 23%	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: See Measures for FY05... FY 01: 30.4% FY 00: 32.9% FY 99: 33.6% FY 98: 33.5%	
Measure 1.16 Increase rural participation in States [outcome measure]	FY 04: 9 States FY 03: 5 States FY 02: (New in 03)	FY 04: 02/06 FY 03: 02/05 FY 02: Not Available	
Measure 1.17 Increase the ratio of family caregivers to registered clients.	FY 04: 1.5 to 10 FY 03: 1.0 to 10 FY 02: (New in 03)	FY 04: 02/06 FY 03: 02/05 FY 02: 1.4 to 10 (baseline)	
Measure 1.18 A significant percentage of OAA Title III service recipients are minorities.[outcome measure] **Norm:** Percent of U.S. elderly population who are minorities in 2000: 16.3%	FY 04: 20% FY 03: 19% FY 02: 17% FY 01: 17% FY 00: (New in 01)	FY 04: 02/06 FY 03: 02/05 FY 02: 20.5% FY 01: 18.8% FY 00: 19.1% FY 99: 19.3% FY 98: 19.6%	
Measure 1.19 Increase participation by disabled elderly in States [outcome measure]	FY 04: 9 States FY 03: 5 States FY 02: (New in 03)	FY 04: 02/06 FY 03: 02/05 FY 02: 9 States	
Measure 1.20 Increase participation by senior elders in States [outcome measure]	FY 04: 9 States FY 03: 5 States FY02: (New in 03)	FY 04: 02/06 FY 03: 02/05 FY 02: Not Available	
Measure 1.21 Increase the ratio of leveraged funds to AoA funds [outcome and efficiency measure]	FY 04: $2.20 to $1.00 FY 03: $1.90 to $1.00 FY 02: $1.50 to $1.00 FY 01: $1.50 to $1.00 FY 00: (New in 01)	FY 04: 02/06 FY 03: 02/05 FY 02: $1.92 to $1.00 FY 01: $2.10 to $1.00 FY 00: $1.90 to $1.00 FY 99: $1.90 to $1.00 FY 98: $1.90 to $1.00	

Performance Measures Table—Community Based Services Program

Performance Goals	Targets	Actual Performance	Notes
MEASURES FOR PRIOR YEARS (Cont.)			
Measure 1.22 Increase leveraged funding ratios for States **[outcome measure]**	FY 04: 8 States FY 03: 5 States FY 02: (New in 03)	FY 04: 02/06 FY 03: 02/05 FY 02: 02/04	
Measure 1.23 A high percentage of funding for the following services will come from leveraged funds: ■ Personal Care ■ Home-Delivered Meals ■ Adult Day Care **[outcome measure]**	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: 73.0% FY 01: 74.5% FY 00: 74% FY 99: 75% FY 98: 75%	
Measure 1.24 Maintain a high ratio of network program income to AoA funding.**[outcome measure]**	FY 03: $.35 to $1.00 FY 02: $.30 to $1.00 FY 01: $.30 to $1.00 (New in 01)	FY 03: 02/05 FY 02: $.44 to $1.00 FY 01: $.37 to $1.00 FY 00: $.35 to $1.00 FY 99: $.35 to $1.00 FY 98: $.37 to $1.00	
Measure 1.25 Increase program income ratios for States) **[outcome measure]**	FY 04: 5 States FY 03: 5 States FY 02: (New in 03)	FY 04: 02/06 FY 03: 02/05 FY 02: Not Available	
Measure 1.26 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: 63.0% FY 01: 58.1% FY 00: 61.2% FY 99: 59.5%	
Measure 1.27 Maintain high percentage of volunteer staff among area agencies on aging.	FY 03: 46% FY 02: 40% FY 01: 40% FY 00: (New in 01)	FY 03: 02/05 FY 02: 45.5% FY 01: 41.8% FY 00: 44.1% FY 99: 45.9% FY 98: 43.8%	

Performance Measures Table—Community Based Services Program

Performance Goals	Targets	Actual Performance	Notes
MEASURES FOR PRIOR YEARS (Cont.)			
Measure 1.28 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	
Measure 1.29 Increase the number of State agencies on aging that provide caregiver services in all five service categories	FY 04: 10 States FY 03: 10 States FY 02: (New in 03)	FY 04: 02/06 FY 03: 02/05 FY 02: 46 States	
Measure 1.30 Increase the number of home-delivered meals provided.	FY 04: 183.0 FY 03: 183.0 FY 02: 183.0 FY 01: 179.0 FY 00: 155.0 FY 99: 119.0	FY 04: 02/06 FY 03: 02/05 FY 02: 142.0 FY 01: 143.8 FY 00: 143.4 FY 99: 134.6 FY 98: 129.7	
Measure 1.31 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: 108.3 FY 01: 112.2 FY 00: 115.8 FY 99: 112.8 FY 98: 114.1	
Measure 1.32 Transportation-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: 37.1 FY 01: 39.4 FY 00: 42.8 FY 99: 45.8	
Measure 1.33 Information and Assistance: Maintain the number of units of service provided.	FY 04: 15.2 FY 03: 15.2 FY 02: 15.2 FY 01: 15.2 FY 00: 14.0 FY 99: 12.5	FY 04: 02/06 FY 03: 02/05 FY 02: 12.3 FY 01: 13.1 FY 00: 13.4 FY 99: 12.2	

Program Performance Analysis for Years Prior to FY 2005

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

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

> ➢ **Intermediate outcome targeting measures.** Does the network target services to vulnerable elderly individuals and have there been improvements in the delivery of these services?
> ➢ **Intermediate outcome system measures.** What do the State and local components of the network contribute to the elderly in the way of resources, coordination, and emphasis on the most vulnerable?
> ➢ **Service output measures.** What level of services will the network provide to elderly individuals each year for meals, transportation, etc.?

Performance Measures Analysis—Intermediate Outcome Targeting Measures

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

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

Results for Intermediate Outcome Targeting Measures

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

> ➢ **Poverty Targeting Measures:** Whereas 10% of all elderly over 60 years old were poor, approximately 30% of aging services network clients were poor for all years reported.

> ➢ **Minority Targeting Measure:** The percent of OAA clients who were minorities (20.5% in FY 2002) remains significantly higher than the total percent of all elderly minority individuals (16%).

➢ **Disability Targeting Measure:** National sample survey data show 79% of clients receiving home delivered meals have limitations in Activities of Daily Living (ADL's) and 86% of clients receiving homemaker services have limitations in ADL'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. States served significantly more caregivers in FY 2002 (439,000) than AoA had anticipated (250,000), so the ratio of caregivers served to elderly clients is also higher than anticipated. State agencies served 1.4 caregivers for every 10 elderly individuals served in FY 2002.

Performance Measures Analysis— Intermediate Outcome Efficiency/System Measures

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

Results for Intermediate Outcome Systems Measures

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

1. *The funds "leveraged" by the aging services network are significant in total, almost doubling AoA funds for all years reported.*
2. *The leveraged funds substantially exceed the funding provided by AoA for home and community services to the elderly, particularly the disabled who required in-home services and adult day care.*
3. *The network does not rely solely on funds provided by other sources, but every year generates a significant amount of revenue, which is put back into the program for services.*
4. *The network is characterized by a strong community orientation, in which senior centers are not only places where elderly individuals receive services, but are places where services for the elderly are organized and coordinated.*
5. *The network is committed to local solutions and resources in support of the elderly, as reflected in data that show that more than 40% of area agency staff are volunteers.*

➢ **Leveraged Funding Measures:** For all years reported, FY 1997 through FY 2002,
- funds leveraged by State and local agencies exceeded funds provided by AoA by almost 100%; 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 services network (e.g., voluntary contributions for meals) is a significant funding source, representing in over one-third of the amount provided by AoA each year, and at 44% in FY 2002 approached nearly half of the funding provided by AoA.

- ➢ **Senior Center Focal Point Measure:** Each year, over half of all senior centers participating in the program were community-service "focal points," and in FY 2002 that percentage rose to above 60%.

- ➢ **Area Agency Volunteer Measure:** The percentage of the staff of area agencies on aging that is made up of volunteers was between 40 and 50 percent in all FYs 1997 through 2002.

- ➢ **Caregiver Measure:** For the National Family Caregiver Support Program, our initial objective for the "system" has been to develop a well-rounded program that serves the various needs of caregivers as envisioned by the OAA. Performance by State agencies in providing services across all five caregiver service categories was significantly beyond AoA's expectations as 46 state units reported meeting that objective in FY 2002.

Performance Measures Analysis - Service Output Measures

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

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

Results for Service Output Measures

The data on outputs for FY 2002 appear to indicate that costs for services may be rising at higher rates than anticipated, and that the fiscal difficulties confronted by States may have affected program outputs in FY 2002. The units of service provided in FY 2002 are somewhat lower than the units provided in FY 2001 for the categories of service tracked in earlier GPRA plans, including: home-delivered meals, congregate meals, transportation services, and information and assistance services.   The number of home-delivered meals provided remains high compared to levels provided only a few years ago, but it is lower than the number reported for FY 2001, which was higher than for any of the previous years presented in the table above. The service levels for home-delivered meals and other services were not as great as AoA had projected in its performance targets.

➢ **Home Delivered Meals Output Measures:** *The data reflects a modest decrease in the number of home-delivered meals provided in FY 2002, but not far off the FY 2001 level, which was highest number of meals provided in the past seven years*. We did not meet the higher targeted result, which we believe reflects three factors: 1) the difficulty of accurately targeting the number of meals that will be served in a given fiscal year, 2) cost increases (particularly fuel costs) associated with delivering the meals, and 3) fiscal difficulties encountered by state units on aging.

➢ **Congregate Meals Output Measure:** FY 2002 data indicates that the network did not meet its target for congregate meals, and that the number of congregate meals served declined further.

➢ **Transportation Output Measure:** The level of output performance for transportation service did not meet the FY 2002 target and declined for the third consecutive year.

➢ **Information and Assistance Output Measures:** The level of output performance for information and assistance also did not meet, the FY 2002 target.

Section 2: VULNERABLE OLDER AMERICANS

Program Description and Context

Preventing the abuse, neglect and exploitation of older individuals in institutional care settings as well as in their own homes and communities is the legislative intent of Title VII of the Older Americans Act. "Vulnerable Older Americans" is heavily weighted toward representing the Ombudsman activities that are associated with institutional care settings, but it also contains elements reflective of performance on those activities associated with the protection of the rights of elder individuals in their own homes.

The Long-Term Care Ombudsman program has as its mission to help States to investigate and resolve complaints made by or on behalf of, residents of long-term care facilities related to action, inaction or decisions that may adversely affect the health, safely, welfare, or rights of residents. Long-term care ombudsmen are necessary advocates for residents of nursing homes, board and care homes, and adult care facilities. The Prevention of Elder Abuse, Neglect and Exploitation Program supports State and local efforts to train law enforcement officers, medical professionals, social and adult protective services workers and others in how to recognize and respond to such cases. It also promotes public awareness campaigns.

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.

The FY 2005 request for $18.559 million is a decrease of $0.885 million below the FY 2004 Conference level. Targeted program performance improvement will result from improved program operations at the Federal, State and local level.

Performance Measures Summary Table—Ombudsman Measures

Performance Goals	Targets	Actual Performance	Notes

MEASURES FOR FY05 AND BEYOND
 	
Measure 2.1: Improve Program Efficiency and Quality
 	
FULL COST %   FY05: 100%
                        FY04: 100%
                        FY03: 100%
			6

Indicator 2.1: Increase number of complaints resolved or partially resolved per million $ of AoA funding.	FY 05: baseline + 4% FY 04: baseline + 2% FY 03: (New in 04)	FY 05: 09/06 FY 04: 09/05 FY 03: 09/04 FY 02: 9,300 (baseline)	
Indicator 2.2 Improve combined resolution/ partial resolution rate for primary aging services network States (States and Territories)	FY 05: 10 States FY 04: 7 States FY 03: 5 States FY 02: (New in 03)	FY 04: 02/06 FY 03: 02/05 FY 02: Not applicable	
MEASURES FOR PRIOR YEARS Maintain a high combined resolution / partial resolution rate for complaints in nursing homes.	FY 04: 75% FY 03: 74% FY 02: 70% FY 01: 70% FY 00: 70% FY 99: 71.48%	FY 04: 02/06 FY 03: 02/05 FY 02: 77.0% FY 01: 76.7% FY 00: 74.1% FY 99: 74.3% FY 98: 70.6%	

Appropriated Funds:	FY 2003 Enacted:	$18.559 Million
	FY 2004 Final Conference:	$19.444 Million
	FY 2005 Budget Request	$18.559 Million
Full-Cost Budget:	FY 2003 Enacted:	$24.747 Million
	FY 2004 Final Conference:	$25.658 Million
	FY 2005 Budget Request	$24.899 Million

Performance Measures Analysis—Ombudsman Outcome Measures

With each succeeding year in the GPRA Program, AoA has sought to refine and distill the measures that would succinctly, effectively and fairly represent our stewardship in accomplishing the objectives of our programs within available resources.   The overriding 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. In measuring performance under the program AoA focuses on the resolution of consumer complaints.

For the FY 2005 process, AoA has defined one performance measure with two indicators to quantify performance under the measure. The measure is to improve the efficiency and the quality of the program. The first indicator combines both efficiency and results by linking the resolution of complaints with AoA expenditures. The indicator is:

- Increase number of complaints resolved or partially resolved per million $ of AoA funding.

AoA's target for the combined measure is an aggressive one, which seeks to increase the outcome efficiency of the program by four percent in three years in the context of a stable budget request.

Reflecting the need also to track performance in complaint resolution among the states, AoA has retained the following performance indicator initiated in the FY 2003 budget process to foster improved performance by committing to increase resolution rates for five program States (States or Territories) that currently perform below the national average.

- Improve combined resolution/ partial resolution rate for primary aging services network States (States and Territories)

For FY 2005, AoA's target is aggressive, committing the Agency to double the performance committed to for FY 2003. The target calls for improvement in complaint resolution for 10 state agencies.

Results for Ombudsman Outcome Measures

For each of the years included in the table above, ***the network has achieved a high combined resolution/partial resolution rate of nearly 80 percent***. For both FY 2001 and FY 2002, the rate has risen to over 75%.

Section 3: SERVICES FOR NATIVE AMERICANS

Program Description and Context

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 2003, grants were awarded to 241 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 is included in the community based services program.]

For FY 2005, performance measurement has been consolidated into a single efficiency measure that incorporates the total units of service reported in several categories in prior years. Output measures used in previous performance plans have been discontinued for reporting purposes. This consolidation will still provide a direct budget to performance linkage since AoA is not proposing to eliminate the existing performance measures and indicators, instead, we will continue to separately assess their efficiency and outcomes, which is how the budget and performance linkage occurs. For presentation purposes, however, they will be represented as indicators under a single, broader measure, just as we currently do for Title III. This will achieve the secondary objective of reducing the volume of documents HHS and OMB must manage and review in this process.

Performance Measures Table—Native Americans Program

Performance Goals	Targets	Actual Performance	Notes

MEASURES FOR FY05 AND BEYOND
 	
Measure 3.1 : Improve Program Efficiency
 	
FULL COST %   FY05: 100%
               FY04: 100%
               FY03: 100%
			6

Indicator 3.1: Increase the number of service units provided per thousand $ of AoA funding.	FY 05: baseline + 4% FY 04: baseline + 2%	FY 05: 02/07 FY 04: 02/06 FY 03: 02/05 FY 02: 06/04 FY 01: 230 (baseline)	
MEASURES FOR PRIOR YEARS Initially increase and then maintain units of service in the following categories:	(numbers in thousands)	(numbers in thousands)	
Home-delivered meals	FY 04: 2,000 FY 03: 1,850 FY 02: 1,850 FY 01: 1,795 FY 00: 1,632 FY 99: 1,456	FY 04: 02/06 FY 03: 02/05 FY 02: 1,667 FY 01: 1,966 FY 00: 1,778 FY 99: 1,680	
Congregate meals	FY 04: 1,650 FY 03: 1,650 FY 02: 1,650 FY 01: 1,583 FY 00: 1,439 FY 99: 1,322	FY 04: 02/06 FY 03: 02/05 FY 02: 1,305 FY 01: 1,440 FY 00: 1,348 FY 99: 1,290	
Transportation Service Units	FY 04: 740 FY 03: 732 FY 02: 732 FY 01: 732 FY 00: 665 FY 99: 763	FY 04: 02/06 FY 03: 02/05 FY 02: 715 FY 01: 735 FY 00: 699 FY 99: 702	
Information &Referral Service Units	FY 04: 747 FY 03: 747 FY 02: 747 FY 01: 747 FY 00: 679 FY 99: 632	FY 04: 02/06 FY 03: 02/05 FY 02: 699 FY 01: 659 FY 00: 651 FY 99: 633	
In-home service units	FY 03: 970 FY 02: 953 FY 01: 953 FY 00: 866 FY 99: 742	FY 03: 02/05 FY 02: 833 FY 01: 961 FY 00: 929 FY 99: 942	
Other services	FY 03: 660 FY 02: 650 FY 01: 650 FY 00: 591 FY 99: 512	FY 03: 02/05 FY 02: 06/04 FY 01: 776 FY 00: 682 FY 99: 702	

The FY 2005 Budget request for the Native American program is $26.6 million, an increase of $0.159 million over the FY 2004 Conference level.

Appropriated Funds: FY 2003 Enacted: $27.495 Million
                     FY 2004 Final Conference: $26.453 Million
                     FY 2005 Budget Request $26.612 Million

Full-Cost Budget: FY 2003 Enacted: $29.542 Million
                     FY 2004 Final Conference: $28.508 Million
                     FY 2005 Budget Request $28.788 Million

Program Performance Analysis

For FY 2005 and beyond, AoA will consolidate performance measurement for this program into one program efficiency measure. Specifically, the measure states that AoA will:

- Increase the number of service units provided per thousand $ of AoA funding.

In the context of stable funding for the program, AoA still proposes relatively aggressive targets for the new efficiency measure. For FY 2005, AoA proposes to increase program efficiency by 4% over the FY 2001 base.

In analyzing program performance related to performance plans for earlier years, the FY 2001 data for the Native American program, the most recent complete data available for this program, indicate successful results for all performance targets except for information/ referral services and congregate meals for that fiscal year. Units of service rose for all of the service categories included in the plan. Effectively, the data indicate that service provision overall remains stable for this program.

Locally administered home and community-based programs and services are an important component of the long-term care delivery system for this program. 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.

Section 4: SENIOR MEDICARE PATROLS & TECHNICAL ASSISTANCE CENTERS

Program Description and Context

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 works in partnership with CMS, OIG, the Department of Justice, and other Federal, State, and local partners to assist in this effort in a very specific way. Our role under this partnership is 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 efforts under this initiative have been funded through two sources.

Funding provided under the Health Insurance Portability and Accountability Act (HIPAA) is used by State and local projects to:

- train aging services network professionals to recognize and report potential instances of waste, fraud, and abuse;
- develop and disseminate consumer education materials to beneficiaries; and
- 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.

Appropriated funds provided on an annual basis are used to establish 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. As of FY 2002, AoA has cumulatively funded 57 community-based projects, known as "Senior Medicare Patrol Projects," in 52 jurisdictions (50 States, plus the District of Columbia and Puerto Rico). These Senior Medicare Patrol Projects have recruited and trained almost 40,000 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.

In FY 20005, many of the prior year performance measures have been discontinued due to the need to reduce the total measures while integrating efficiency measures for all programs. For the Senior Medicare Patrol program, this has meant the focus on a single measure that captures the compounded value of investment in prior years due to the momentum of training activities. The measure is: "Improve Program Efficiency" with the primary indicator at this time being to "Increase the number of beneficiaries trained per million dollars of AoA funding."

Performance Measures Summary Table— Senior Medicare Patrol Measures

Performance Goals	Targets	Actual Performance	Notes

MEASURE FOR FY05 AND BEYOND
 	
Measure 4.1: Improve Program Efficiency
 	
Indicator 4.1: Improve elders trained funding ratio.
 	
FULL COST %   FY05: 100%
                   FY04: 100%
                   FY03: 100%
	FY 05: baseline + 5%
	FY 04: baseline + 3%
		FY 05: 02/06
		FY 04: 02/05
		FY 03: 02/04
		FY 02: 31,000	

MEASURES FOR PRIOR YEARS **Measure 4.2** Increase the number of trainers who educate beneficiaries	FY 03: 56,800 FY 02: 54,800 FY 01: 41,100 FY 00: 17,125 FY 99: (new in 2000)	FY 03: 02/04 FY 02: 57,061 FY 01: 48,076 FY 00: 39,300 trained FY 99: 13,700 (baseline) (a)	
Measure 4.3 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)	
Measure 4.4 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)	
Numbers for training targets and results, are "cumulative" since inception of the projects – including projects funded under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. (a) The cumulative total includes volunteers who were trained under HIPAA. The successor to this effort was the "Senior Medicare Patrol" project 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.			

Trust Fund*:	FY 2003 Enacted:	$3.250 Million
	FY 2004 President's Budget:	$3.250 Million
	FY 2005 Budget Request	$3.250 Million

* Mandatory

Full-Cost Budget:	FY 2003 Enacted:	$12.798 Million
	FY 2004 Final Conference:	$12.804 Million
	FY 2005 Budget Request	$12.861 Million

Performance Measures Analysis—Senior Medicare Patrol Program

AoA elected to employ a set of fundamental results measures that reflect the agency's commitment of educating and informing older Americans on how to take an active role in their health care, thereby helping to maintain the benefit integrity of the Medicare and Medicaid programs.

For the FY 05 GPRA Plan, AoA has introduced a new efficiency measure, which combines the focus on training seniors to identify Medicare fraud and abuse with the need to measure program efficiency for all program activities. While the measures for prior years have been eliminated from the plan, AoA will continue to track them internally.

 ➢ **Beneficiaries Educated Per Million $ of Funding Measure:** This outcome and efficiency measurement is directed toward increasing the number of beneficiaries who are educated by the volunteer trainers for a given dollar of Federal funding. This measure is new and thus we have only the baseline to report this year.

Prior Year Results for the Senior Medicare Patrol Program

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

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

 ➢ **Volunteers Trained Measure:** This measure is directed at increasing the number of volunteers trained by AoA's grantees, who in turn educate an increasing number of beneficiaries on how to take an active role in protecting their health care. In FY 1999, the Senior Medicare Patrol Projects were just beginning to develop their training activities and materials. However, by the end of FY 1999 the project had trained 13,700 (on a cumulative basis) community volunteers under the HIPAA and Senior Medicare Patrol projects. During FY 2000 and beyond, materials and effective training strategies

were more widely utilized by the grantees, which meant that we trained over 57,000 by FY 2002, one year earlier than planned.

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 wanted to focus on trained beneficiaries and their results, this measure was discontinued in the FY 2004 plan.

➢ **Beneficiaries Educated Measure:** This measure is directed toward increasing the number of beneficiaries who are educated by the volunteer trainers. This measure was new in FY 2002. It is the beneficiaries, who have to learn to detect possible fraud, waste and abuse in the Medicare payments. AoA substantially exceeded its FY 2002 target. The "trainers" trained over 950,000 beneficiaries for both HIPAA and the Senior Medicare Patrol projects.

➢ **Inquiries Submitted and Acted Upon Measure:** This measure consists of the number of inquiries submitted by AoA's projects and volunteers to health care providers, 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, actual performance indicates that the complaints generated through AoA's activities for which some action was taken exceeded the projected target: more than 2,700 substantiated cases were generated.**

Section 5: AOA INNOVATIONS AND DEMONSTRATIONS PROGRAM

AoA's innovations and demonstrations program consists of model demonstrations, applied research and national resource centers designed 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 services network programs, AoA does not establish a separate set of performance measures for these activities. Rather, AoA's activity under this program contributes to the accomplishment of broader measures presented under the Community-Based Services Program and other AoA programs. 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 program activity and 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.

Appropriated Funds: FY 2003 Enacted: $56.034 Million
                     FY 2004 Final Conference: $58.686 Million
                     FY 2005 Budget Request $48.716 Million

The resources requested in FY 2005 will be used to enhance the HHS effort to: 1) create more balance in the long-term care service system toward care in the community, 2) further AoA's efforts to deliver more integrated services to older persons and their families, assist family caregivers, and 3) continue to build partnerships with other agencies to coordinate and integrate services. Because these activities support AoA's other programs, particularly the community-based services program, the costs of these programs have been distributed to the other program in AoA's full cost analysis.

Performance Analysis

Examples of the community-based services measures supported by activity under this program include:

- Increase the number of people served per $million of AoA funding with no decline in service quality.
- Increase the percent of caregivers reporting that services have *"definitely"* helped them provide care longer.
- Decrease the number of caregivers reporting difficulties in dealing with agencies to obtain services.
- Increase the number of home-delivered meal clients with 3 or more ADL limitations (nursing home eligible).

Section 6: PROGRAM MANAGEMENT

Program Description and Context

With the compelling need to reduce the number of performance measures, AoA has eliminated the program management measure. As these measures are also contained in the President's Management Agenda, their inclusion in this plan would be duplicative.

To comply with GPRA Departmental Requirements to reduce the number of performance measures, these measures will be tracked internally but removed from the GPRA plan. AoA's management still views these measures as valuable management tools and will continue to use them internally even though they are not included in this plan.

Historically, AoA's performance measures for management activities covered the following areas:

- **Financial Management**
- **Acquisitions/Grants Management/E-Government**
- **Workforce Planning and Restructuring**

The areas covered and the measures employed track very closely with the management priorities of OMB and HHS, they will be reported through other measures, from FY 05 forward.

Appropriated Funds: FY 2003 Enacted: $17.869 Million
                     FY 2004 Final Conference: $20.138 Million*
                     FY 2005 Budget Request $23.040 Million*
*Includes funding for the White House Conference on Aging.

The increase requested in FY 2005 is necessary to continue the support of the President's Management Agenda and to carry out the Secretary's "One Department" vision.

Performance Measures Summary Table—Program Management Measures

Performance Goals	Targets	Actual Performance	Notes
MEASURES FOR PRIOR YEARS			
Measure 6.1 Results of most recent CFO Audit of AoA Financial Statements.	FY 02: Clean Opinion FY 01: Clean Opinion FY 00: (New in FY 01)	FY 02: Same as 01 FY 01: Clean Opinion	
Measure 6.2 A high percentage of AoA hires will be based on a formal AoA Workforce Plan.	FY 03: 80% FY 02: 80% FY 01: (New in FY 02)	FY 03: 100% FY 02: 100%	
Measure 6.3 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: 12/04 FY 03: 5.7 to 1 FY 02: 5.2 to 1 FY 01: 4.3 to 1	
Measure 6.4 Decrease the average grade of AoA career employees	FY 04: 12.2 FY 03: 13.0 FY 02: (New in FY 03)	FY 04: 12/04 FY 03: 12.1 FY 02: 12.3 FY 01: 13.5	
Measure 6.5 Increase the percentage of procurement dollars that are subjected to performance-based contracts.	FY 04: 20% FY 03: 20% FY 02: 20% FY 01: (New in FY 02)	FY 04: FY 03: 10% FY 02: 5% FY 01: 0% (baseline)	
Measure 6.6 Increase the percentage of discretionary grant applications that are submitted and processed electronically, including via the Internet.	FY 04: +5% FY 03: 10% FY 02: (New in FY 03)	FY 04: FY 03: 12% FY 02: 10% FY 01: 0% (baseline)	
Measure 6.7 AoA will have no material weaknesses identified in the Departmental top-down audit.	FY 04: No weaknesses FY 03: No weaknesses FY 02: (New in FY 03)	FY 04: 02/05 FY 03: No weaknesses	

Consistent with AoA's effort to estimate the full cost of programs and performance measures, the budget for program management for FY 2005 has been allocated to the program activities presented in the previous sections of this plan.

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. To improve the efficiency of financial audit processes and because the overwhelming majority of AoA financial management activity is performed at the Department level, HHS will not conduct separate audits of AoA accounts starting in FY 2003, but will include AoA in "top-down" HHS audits. As a result, there will no longer be opinions on AoA financial statements, and the clean opinion measure will no longer be applicable. However, maintaining its commitment to high quality financial management

activity where AoA is directly involved, ***AoA adopted a new performance measure that the agency will have no material weaknesses cited in the HHS audit for AoA financial management activity***. In the most recent top-down audit of HHS financial statements (FY 2003), no material weaknesses were identified for AoA financial management activity. To comply with Departmental requirements to reduce the number of performance measures, these measures will be tracked internally but removed from the GPRA plan.

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

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

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

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

Acquisitions/Grants Management/E-Government Measures: 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 information technology that is allowing grantees to apply for AoA funding electronically, including by way of the Internet. To ensure the continued expansion 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 in the first year of operation to 10 percent from its FY 02 baseline; actual performance established that AoA slightly exceeded this goal in FY 2003, with 12% of its discretionary grants processed electronically.

AoA had also included a performance measure in GPRA performance plans for the last three years to increase the use of performance-based contracts in its procurement activities to 20 percent of its procurement dollars. For the second year, while AoA was still unable to achieve this objective due to technical government-wide requirements for contract renewals. We did however manage to increase from our first year level of 5% to 10% in FY 2003. AoA does anticipate achievement of the objective during FY 2004.

III.   APPENDICES to the PERFORMANCE PLAN

Appendix A
Linkages to HHS and AoA Strategic Plan

Part 1 of this performance plan provides a summary presentation of the linkage between the AoA Strategic Plan, 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 behavioral and other factors that contribute to the development of chronic diseases.	
AoA Strategic Goal	**FY 2005 GPRA Performance Measures**
Goal 2: Increase the number of older people who stay active and healthy.	1.1, 1.2, 1.3

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

HHS Strategic Objective 6.2: Increase the Proportion of Older Americans Who Stay Active and Healthy	
AoA Strategic Goal	**FY 2005 Performance Goal**
Goal 1: Increase the number of older people who have access to an integrated array of services.	1.1, 1.2, 1.3, 3.1
Goal 2: Increase the number of older people who stay active and healthy.	1.1, 1.2, 1.3
Goal 3: Increase the number of families who receive help in their efforts to care for loved ones at home and in the community.	1.1, 1.2
Goal 4. Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation.	2.1, 4.1

HHS Strategic Objective 6.3: Increase the Independence and Quality of Life of Persons with Disabilities including those with Long-Term Care Needs	
AoA Program	**Performance Goal**
Goal 1: Increase the number of older people who have access to an integrated array of services	1.1, 1.2, 1.3, 3.1
Goal 3: Increase the number of families who receive help in their efforts to care for loved ones at home and in the community	1.1, 1.2, 1.3
Goal 4. Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation.	2.1

APPENDIX B

Changes and Improvements over the Previous Year

AoA revised the FY 2005 plan in conformance with new formatting instructions from HHS. In addition, there was a net decrease in performance measures, new efficiency measures were added and new outcome measures based on national survey data were introduced. We also incorporated long-term performance measures from the AoA Strategic Plan into the FY 2005 GPRA plan.

The major improvements to the plan occur in Section 1, the Community-based Program and Section 5, AoA Innovation and Demonstration, where we introduced new outcome performance measures which will demonstrate both the effective contribution of the aging services network to the HHS long-term care services "Rebalancing Initiative" and the success of our service integration projects.

Summary of Changes to Plan

Measures and Indicators	Changes
Measure 1.1	**Designed in FY 05, includes indicators 1.1.1, 1.2, and 1.1.3**
Indicator 1.1.1	New efficiency measure in FY05
Indicator 1.1.2	No Change
Indicator 1.1.3	Efficiency Measure, Discontinued Measure 1.13 in FY04, Reinstated as 1.1.3 in FY05
Measure 1.2	**Designed in FY 05, includes indicators 1.2.1-1.2.7**
Indicator 1.2.1	New outcome measure in FY05
Indicator 1.2.2	New outcome measure in FY05
Indicator 1.2.3	New outcome measure in FY05
Indicator 1.2.4	New outcome measure in FY05
Indicator 1.2.5	New outcome measure in FY05
Indicator 1.2.6	New outcome measure in FY05
Indicator 1.2.7	New outcome measure in FY05
Measure 1.3	**Designed in FY05, includes Indicators 1.3.1–1.3.2**
Indicator 1.3.1	No Change
Indicator 1.3.2	No Change
Measure 1.14	Discontinued in FY05
Measure 1.15	Discontinued in FY05
Measure 1.16	Discontinued in FY04
Measure 1.17	Discontinued in FY05
Measure 1.18	Discontinued in FY05
Measure 1.19	Discontinued in FY05
Measure 1.20	Discontinued in FY05
Measure 1.21	Discontinued in FY05
Measure 1.22	Discontinued in FY05
Measure 1.23	Discontinued in FY05
Measure 1.24	Discontinued in FY05
Measure 1.25	Discontinued in FY05
Measure 1.26	Discontinued in FY05
Measure 1.27	Discontinued in FY05
Measure 1.28	Discontinued in FY05
Measure 1.29	Discontinued in FY05
Measure 1.30	Discontinued in FY05
Measure 1.31	Discontinued in FY05
Measure 1.32	Discontinued in FY05
Measure 1.33	Discontinued in FY05
Measure 2.1	**Designed in FY05, includes Indicator 2.1.1**
Indicator 2.1.1	**New Efficiency measure in FY04**
Measure 2.2	Discontinued in FY04 – converted to efficiency measure
Measure 2.3	Discontinued in FY05
Measure 3.1	**Designed in FY05, includes Indicator 3.1.1**
Indicator 3.1.1	**New efficiency measure in FY04**
Measure 3.2	Discontinued in FY05
Measure 3.3	Discontinued in FY05
Measure 3.4	Discontinued in FY05

Measure 3.5	Discontinued in FY05
Measure 3.6	Discontinued in FY04
Measure 3.7	Discontinued in FY04
Measure 3.8	Discontinued in FY04
Measure 4.1	**Designed in FY05, includes Indicator 4.1.1**
Indicator 4.1.1	**New efficiency measure in FY04**
Measure 4.2	Discontinued in FY05
Measure 4.3	Discontinued in FY05
Measure 4.4	Discontinued in FY05
Measure 6.1	Discontinued in FY05
Measure 6.2	Discontinued in FY04
Measure 6.3	Discontinued in FY05
Measure 6.4	Discontinued in FY05
Measure 6.5	Discontinued in FY05
Measure 6.6	Discontinued in FY05
Measure 6.7	Discontinued in FY04

APPENDIX C

Partnerships and Coordination

To administer the programs established under the Older Americans Act, AoA works in close partenership with State Units on Aging, Area Agencies on Aging, Tribal governments, State Ombudsman and numerous service providers.

To effectively administer OAA programs, it is also important to collaborate with other Federal Departments and other agencies within HHS. Some current examples of these collaborations are:

➢ **Aging "One- Stop Shop" Centers**: In partnership with the Centers for Medicare and Medicaid Services (CMS), AoA is working to establish Aging "One-Stop Shop" Centers which will serve as visible resources where people can obtain information about long-term care services options.

➢ **Systems Change and Rebalancing**: AoA is working with CMS, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) and other HHS agencies on efforts to help States redirect and integrate their systems of care to respond to older people's preference for care in the community.

➢ **Steps to a Healthier US**: AoA is working with the Centers for Disease Control (CDC), the Health Resources and Services Administration (HRSA), the Administration for Children and Families(ACF) and the Agency for Healthcare Research and Quality (AHRQ) on the Department's Steps to a Healthier US initiative. This initiative will seek to both enhance personal responsibility for lifestyle choices Americans make and social responsibility to ensure that policy makers support programs that foster healthy behaviors and prevent disease.

➢ **Nursing Home Quality of Care**: AoA and CMS have partnered to involve the Long-Term Care Ombudsman program in the CMS Nursing Home Quality Indicators initiative. The AoA/CMS partnership capitalizes on the vast experience of the over 8,000 certified volunteer ombudsman by training them to educate and advise consumers about how to use the quality measures in making long-term care facility placement decisions.

➢ **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), which includes the well-known 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; and the HHS Dietary Reference Intake Steering Committee.

➢ **Transportation**: 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 and the Federal Transit Administration are partnering to disseminate information on "promising practices " in coordinated transportation services for the elderly and conduct regional technical assistance sessions for State governments.

- **REACH 2010**: 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.
- **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.
- **Caregiver Training**: 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.
- **Promoting Greater Balance in Long-Term Care**: During FY 2001, AoA played a major role in advancing HHS' initiative to help States implement the Supreme Court's Olmstead decision. AoA joined the Department's internal Olmstead work group comprised of CMS, Office for Civil Rights (OCR), ASPE, Substance Abuse and Mental Health Services Administration (SAMHSA), and Administration for Developmental Disabilities (ADD) in developing the Real Choice Systems Change (RCSC) Grants which provided States with $70 million dollars to make their systems of long-term care more consumer directed and focused on home and community-based care. Since that time we have continued to make additional RCSC funding available to States. In FY 2003, AoA partnered with CMS to fund the Aging and Disability Resource Center grant program designed to assist states in streamlining access to Long-Term Care. As part of the RCSC initiative, AoA also 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.
- **Consumer Direction**: AoA is partnering with ASPE, CMS and the Robert Wood Johnson Foundation to launch the Cashing and Counseling Next Steps Initiative. This program builds on the success of the an earlier HHS initiative, the Cash & Counseling Program. Under the Cash and Counseling model, consumers are given the option to have direct control over how their Medicaid resources are spent. This includes the right to hire, supervise and fire their direct care workers.

Appendix D

Data Verification, Validation and Other Data Issues

AoA has continued to make progress in the two data initiatives highlighted originally in the FY 2002 performance plan. AoA and State agencies engaged in a formal assessment effort that has resulted in the certification of NAPIS data months earlier than originally anticipated. AoA has initiated a process to revise routine information collection activities to reduce reporting burden, improve timeliness and reliability of data, and incorporate reporting for the National Family Caregiver Support Program into the standard data collection process; OMB approval of proposed modifications is being pursued in FY 2003. AoA continues to focus on the assessment of quality through the consumer, where it counts the most, at the community level, through the Performance Outcome Measures Project. AoA conducted national surveys of performance outcomes in the past year, and incorporated these results into the new outcome measures and into the analysis included in this plan. Follow-up surveys featuring larger sample sizes will be conducted this year.

AoA and the aging services network face a significant challenge in obtaining data to measure performance for programs of this kind. All levels of the aging services network, from AoA through the state and area agencies on aging to local centers and service providers, know well the challenge of producing client and service counts by critical program and client characteristics for a program which *coordinates* service delivery through approximately 29,000 local providers. Many OAA program services do not require a one-time registration for service on the part of clients; eligible clients may obtain services on an ad hoc and irregular basis. This makes the tracking of services to individuals and the generation of "unduplicated" counts of clients a very difficult task at the local level, particularly if local entities lack information technology that simplifies client and service record-keeping and information management. Federal and State reviews of data provided under NAPIS suggest that significant limitations in the adequacy of information infrastructure at the local level inhibit their ability to routinely and consistently produce the data that are required by law for the 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 continue to investigate ways to streamline the data verification and validation process without compromising data quality.

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

Appendix E – Full Cost Tables

Full Cost Table 1
Performance Program Area
Community Based Services Program

Full Costs & Annual Measures ($ in Millions)	FY 2003	FY 2004	FY 2005
Full Cost*			
Measure 1.1, 1.2, 1.3 Incorporates: Efficiency Indicators 1.1.1, 1.1.2, 1.1.3; Client Assessment Indicators 1.2.1, 1.2.2, 1.2.3, 1.2.4, 1.2.5, 1.2.6, 1.2.7, and Targeting Indicators 1.3.1, 1.3.2.	$1,303.220	$1,310.198	$1,313.229

*The sum of full costs of performance measures may not equal the full cost of performance program area, to the extent the program has elements for which there are no current measures.

Full Cost Table 2
Performance Program Area
Vulnerable Older Americans - Ombudsman Measures

Full Costs & Annual Measures ($ in Millions)	FY 2003	FY 2004	FY 2005
Full Cost*			
Measure 2.1 Incorporates Efficiency Indicators 2.1. and 2.2.	24.747	25.658	24.899

*The sum of full costs of performance measures may not equal the full cost of performance program area, to the extent the program has elements for which there are no current measures.

Full Cost Table 3
Performance Program Area
Native Americans Program

Full Costs & Annual Measures ($ in Millions)	FY 2003	FY 2004	FY 2005
Full Cost*			
Measure 3.1 Incorporates Efficiency Indicator 3.1	$29.542	$28.508	$28.788

*The sum of full costs of performance measures may not equal the full cost of performance program area, to the extent the program has elements for which there are no current measures.

Full Cost Table 4
Performance Program Area
Senior Medicare Patrols & Technical Assistance Centers

Full Costs & Annual Measures ($ in Millions)	FY 2003	FY 2004	FY 2005
Full Cost*			
Measure 4.1 Incorporates Efficiency Indicator 4.1	$12.798	$12.804	$12.861

*The sum of full costs of performance measures may not equal the full cost of performance program area, to the extent the program has elements for which there are no current measures.

Summary of Full Cost Performance Program Areas

Full Costs & Annual Measures ($ in Millions)	FY 2003	FY 2004	FY 2005
Full Cost*			
Community Based Services Program	$1,303	$1,310	$1,313
Vulnerable Older Americans - Ombudsman Measures	$25	$26	$25
Native Americans Program	$30	$29	$29
Senior Medicare Patrols & Technical Assistance Centers	$13	$13	$13
AoA Total Full Cost	$1,370	$1,377	$1,380

*The sum of full costs of performance measures may not equal the full cost of performance program area, to the extent the program has elements for which there are no current measures.