DEPARTMENT of HEALTH and HUMAN SERVICES

ADMINISTRATION ON AGING

FY 2011 Online Performance Appendix

Introduction

The FY 2011 Online Performance Appendix is one of several documents that fulfill the Department of Health and Human Services' (HHS) performance planning and reporting requirements. HHS achieves full compliance with the government Performance and Results Act of 1993 and Office of Management and Budget Circulars A-11 and A-136 through the HHS agencies' FY 2011 Congressional Justifications and Online Performance Appendices, the Agency Financial Report, and the Summary of Performance and Financial Information. These documents are available at http://www.hhs.gov/budget/.

The FY 2011 Congressional Justification and accompanying Online Performance Appendices contain the updated FY 2009 Annual Performance Report and the FY 2011 Annual Performance Plan. The Agency Financial Report provides fiscal and high-level performance results. The HHS Citizens' Report summarizes key past and planned performance and financial information.

From the Administration On Aging

The Administration on Aging (AoA) FY 2011 Online Performance Appendix demonstrates AoA's commitment to providing high-quality, efficient services to the most vulnerable elders. Through effective program management and strategic investment of grant funds, AoA is systematically advancing its mission of developing a comprehensive, coordinated and cost-effective system of home and community-based services that helps older adults maintain their independence and dignity. AoA's three performance measurement categories of program efficiency, client outcomes and effective targeting contribute to the success of the national aging services network in achieving AoA's key strategic goals to:

- Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options.

- Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

- Ensure the rights of older people and prevent their abuse, neglect and exploitation.

The infrastructure of the national aging services network and its community service providers serve as the foundation of AoA's service delivery. During 2011, the network will be implementing these goals by focusing on services supporting health and independence, caregivers and vulnerable elders. States, Tribal organizations, clients and grantees have provided data documenting performance in this report. AoA works closely with each of these groups to assure high quality, accurate reporting. To the best of my knowledge, the performance data reported by the Administration on Aging in this FY 2011 Online Performance Appendix are accurate, complete and reliable. The involvement of these established providers in offering cost-effective and consumer-friendly aging services is critical to ensuring the success of these initiatives for senior citizens and families throughout the United States.

Kathy Greenlee
Assistant Secretary for Aging

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION ON AGING

FY 2011 ANNUAL PERFORMANCE REPORT

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Overview of Performance for the Aging Services Program

AoA program activities have a fundamental common purpose which reflects in the legislative intent of the Older Americans Act (OAA) and the AoA Mission: to help elderly individuals maintain their dignity and independence in their homes and communities through comprehensive, coordinated, and cost effective systems of long-term care, and livable communities across the U.S. To reflect this unified purpose, AoA has aggregated all budget line items into a single Government Performance and Results Act (GPRA) program, AoA's Aging Services Program, for purposes of performance measurement.

The Aging Services Program's fundamental purpose, in combination with the legislative intent that the National Aging Services Network actively participate in supporting community-based services with particular attention to serving economically and socially vulnerable elders, led AoA to focus on three measurement areas to assess program activities through performance measurement: 1) improving efficiency; 2) improving client outcomes; and 3) effectively targeting services to vulnerable elder populations. Each outcome measure is representative of several activities across the Aging Services Program budget and progress toward achievement of the outcome is tracked using a number of indicators. The efficiency measure and corresponding indicators are reflective of the Office of Management of Budget (OMB) requirements to measure efficiency for all program activities. The client outcome measure includes indicators focusing on consumer assessment of service quality and outcome indicators focusing on nursing home predictors, successful caregiver program operation and protection of the vulnerable elderly. The targeting measure and indicators focus on ensuring that States and communities serve the most vulnerable elders, those that are most in need of these services. Taken together, the three measurement areas and their corresponding 16 performance indicators are designed to reflect AoA's and HHS' strategic goals and objectives and in turn measure success in accomplishing AoA's and HHS' missions.

Current Performance Information

An analysis of AoA's performance trends shows that through FY 2008 most indicators have steadily improved. It also points to some key observations about the potential of AoA and the National Aging Services Network in meeting the challenges posed by the growth of the vulnerable older adult population, the changing care preferences of aging baby boomers, the fiscal difficulties faced by State Medicaid budgets, and the expanding needs of both the elderly and their caregivers. Below are some examples of these observations:

- OAA programs keep severely disabled clients independent and in the community: Homebound older adults that have three or more impairments in Activities of Daily Living are at a high risk for nursing home placement. Measures of the Aging Network's success at serving this vulnerable population is a proxy for success at nursing home delay and diversion. In FY 2003, the Aging Network served home-delivered meals to 280,454 clients with three or more ADL impairments and by FY 2008 that number grew by 24% to 349,934 clients. Another approach to measuring AoA's success is the newly developed nursing home predictor score. The components of this composite score are all predictive of nursing home placement based on scientific literature and AoA's Performance Outcome Measurement

Project which develops and tests performance measures. The components include such items as percent of clients that are transportation disadvantaged and the percent of congregate meal clients that live alone. As the score increases, the prevalence of nursing home predictors in the OAA service population increases. In 2003, the nursing home predictor score was 46.57 and has increased to 60.6 in FY 2008.

- **OAA programs are efficient:** The National Aging Services Network is providing high quality services to the neediest elders and doing so in a very prudent and cost-effective manner; as an example, AoA has significantly increased the number of clients served per million dollars of AoA funding. Without controlling for inflation, OAA programs have increased efficiency by over 36% between FY 2002 and 2008, serving 8,301 clients per million dollars of AoA in FY 2008 compared to 6,103 clients served per million dollars of AoA funding in FY 2002. This increase in efficiency is understated since the purchasing power of a million dollars in 2008 is significantly less than in 2002 due to inflation.

- **OAA programs build system capacity:** OAA programs stay true to their original intent to "encourage and assist State agencies and Area Agencies on Aging to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems." (OAA Section 301). This is evident in the leveraging of OAA funds with State funds (almost $3 in State funds for every dollar of OAA funds), as well as in the expansion of projects such as the Aging and Disability Resource Center initiative, which grew from 24 states to 45 states with 197 sites participating in this key program in FY 2008.

Clients report that these services contribute in an essential way to maintaining their independence and they express a high level of satisfaction with these services. National Survey respondents in 2008 found that 88% of meal clients rated services good to excellent and likewise over 96% of transportation clients rated services good to excellent. To help ensure the continuation of these trends in core programs, AoA makes extensive use of its discretionary funding to test innovative service delivery models for State and local program entities to attain measurable improvements in program activities. For example, AoA has worked with the Centers for Medicare & Medicaid Services and the Department of Veterans Affairs to better integrate funding for long-term care service delivery, eliminate duplication, improve access to care for elderly individuals and provide alternatives to Medicaid spend down with flexible service dollars and consumer direction through Aging and Disability Resource Centers and the Community Living Program.

Performance for FY 2011

The FY 2011 requested funding level will support AoA core program operations with increases in key supportive services that enhance seniors' independence including transportation, respite care, and caregiver counseling and training. New initiatives will yield increased outputs including more ADRC. They will also contribute to achievement of efficiency and outcome performance targets.

Performance Detail

Taken as a whole, AoA's performance measures and indicators form an interconnected system of performance measurement akin to the three legs of a stool (efficiency, outcomes and targeting) holding up AoA's mission and strategic goals that include:

1. Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options;
2. Enable seniors to remain in their own homes with a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers;
3. Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare;
4. Ensure the rights of older people and prevent their abuse, neglect and exploitation; and
5. Maintain effective and responsive management.

AoA does not want efficiency derived from reductions in service quality nor service quality and outcomes achieved through "cherry picking" of clients that might do well regardless of OAA services. Below is a summary of each measurement area, its indicators and their relationship to AoA's and HHS' strategic goals.

Measure 1: Improve Efficiency

Program efficiency is a necessary and important measure of the performance of AoA programs for two principal reasons. First, it is important to be a careful steward of Federal funds. Second, the OAA intended Federal funds to act as catalyst in generating capacity for these program activities at the State and local levels. It is the expectation of the OAA that States and communities increasingly improve their capacity to serve elderly individuals efficiently and effectively with both Federal and State funds.

Improvements in program efficiency support the HHS Goal #1 to improve the safety, quality, affordability and accessibility of long-term care and Goal #3 to promote the economic and social well-being of individuals, families, and communities as well as support all of AoA's Strategic Goals. Through maximized utilization of resources, improvements in program efficiency ensure affordable and accessible community-based long-term care is available to promote the well-being of seniors and their family caregivers.

For FY 2011, there are three efficiency indicators for AoA program activities. The first indicator addresses performance efficiency at all levels of the National Aging Services Network in the provision of home and community-based services, including caregiver services. The second indicator demonstrates the efficiency of AoA in providing services to Native Americans. The third indicator assesses the efficiency of the Senior Medicare Patrol program.

A summary of program efficiency indicators for FY 2011 follows:

Indicator 1.1: For Home and Community-based Services including Nutrition Services, and Caregiver services increase the number of clients served per million dollars of AoA funding.

Indicator 1.3: Increase the number of units of service provided to Native Americans per thousand dollars of AoA funding.

Indicator 1.5: SMP projects will increase the total dollar amount referred for further action.

Measure 2: Improve Client Outcomes

While improving efficiency, AoA is committed to maintaining quality and improving client outcomes. The FY 2011 performance budget includes eight indicators supporting AoA's measure of improving client outcomes. To AoA, these are the core performance outcome indicators for our programs. AoA has multiple quality assessment indicators in this plan reflecting separate assessments provided by elders for services such as meals, transportation and caregiver assistance. Also, in developing the outcome indicators, AoA included measures to assess AoA's most fundamental outcome: to keep elders at home and in the community, and to measure results important to family caregivers. The measures for the Ombudsman program focuses on the core purposes of this program: advocacy on behalf of older adults.

Again, this measurement area supports all of AoA's Strategic Goals but is most strongly tied to Goal 2 to enable seniors to remain in their own homes with a high quality of life for as long as possible, Goal 3 to empower older adults to stay active and healthy and Goal 4 to ensure the rights of older people and prevent their abuse, neglect and exploitation. Improving client outcomes is also supportive of HHS Goal 2 to prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats and HHS Goal 3 to promote the economic and social well-being of individuals, families and communities. Improving client outcomes ensures that the efficient use of resources is sufficient to make a difference. Without this measure, the National Aging Services Network could misinterpret AoA's intent and maximize efficiency to the point that client impacts are no longer realized. These two measurement areas promote a balance between efficiency and effectiveness.

A summary of the client outcome indicators for FY 2011 follows:

Indicator 2.6: Reduce the percent of caregivers who report difficulty in getting services.

Indicator 2.9a: 90% of home delivered meal clients rate services good to excellent.

Indicator 2.9b: 90% of transportation clients rate services good to excellent.

Indicator 2.9c: 90% of National Family Caregiver Support Program clients rate services good to excellent.

Indicator 2.10: Improve well-being and prolong independence for elderly individuals as a result of home and community-based services.

Indicator 2.11: Increase the percentages of transportation clients who live alone.

Indicator 2.12: Decrease the number of complaints per long-term care facility.

Indicator 2.13: Decrease the percentage of complaints for abuse, neglect and exploitation in nursing homes.

Measure 3: Effectively Target Services to Vulnerable Elderly

AoA's philosophy in establishing its targeting measure and associated indicators holds that targeting is of equal importance to efficiency and outcomes because it ensures that AoA and the National Aging Services Network will focus their services on the neediest, especially when resources are scarce. Without targeting measures, efforts to improve efficiency and outcomes could result in unintended consequences whereby entities might attempt to focus their efforts toward individuals who are not the most vulnerable. Such an outcome would be inconsistent with the intent of the OAA, which specifically requires the network to target services to the most vulnerable elders. Such a result would also be inconsistent with the mission of AoA, which is to help vulnerable elders maintain their independence in the community. To help seniors remain independent, AoA and the National Aging Services Network must focus their efforts on those who are at the greatest risk of institutionalization: persons who are disabled, poor, and residing in rural areas.

Effective targeting of OAA services supports AoA's Strategic Goal 1 by ensuring access to long-term care options for the economically and socially vulnerable; Goal 2 by enabling the most vulnerable seniors to remain in their own homes with a high quality of life; Goal 3 by empowering those likely to experience health disparities to stay active and healthy through OAA services; and Goal 4 by ensuring the rights of vulnerable elders. HHS Strategic Goals 2 and 3 are also supported through targeting of OAA services. This measure indicates AoA's success at focusing limited resources on those most in need of health promotion and protection, disease prevention and assistance with emergency preparedness (HHS Goal 2) and at promoting the economic and social well-being of vulnerable seniors (HHS Goal 3). Thus, AoA's three indicators for effective targeting are crucial for ensuring that services are targeted to the most vulnerable client groups.

Indicator 3.1: Increase the number of caregivers served.

Indicator 3.2: Increase the number of older persons with severe disabilities who receive home-delivered meals.

Indicator 3.3: The percentage of OAA clients served who live in rural areas is at least 10% greater than the percent of all US elders who live in rural areas.

Indicator 3.4: Increase the number of States that serve more elderly living below the poverty level than the prior year.

AoA's success at achieving performance measure targets across the three areas (efficiency, client outcomes, and targeting) is also related to HHS Goal 4 to advance scientific and biomedical research and development related to health and human services. AoA has invested significant resources and continues to work with national partners including AHRQ, CDC, and NIA in the adoption of evidence-based programs at the community level which is reflected in our positive performance results.

Aging Services Program – Performance Summary

AoA has used a streamlined approach to performance measurement since FY 2005, by design, most of the current performance indicators are cross-cutting and the established performance targets are usually dependent on multiple budget line items. The following table summarizes AoA's performance measures and results from FY 2006 to FY 2011.

Table 1. Summary of Performance Targets and Results Table
Administration on Aging

Fiscal Year	Total Targets	Targets with Results Reported	Percent of Targets with Results Reported	Total Targets Met	Percent of Targets Met
2006	15	15	100%	13	87%
2007	16	16	100%	13	81%
2008	14	14	100%	9	64%
2009	15	NA	NA	NA	NA
2010	15	NA	NA	NA	NA
2011	16	NA	NA	NA	NA

Performance Measurement Detail

A detailed discussion of the Administration on Aging's (AoA) performance follows. Each budget activity will have a separate performance section, however, there will be some redundancy since most of the performance measures apply to or are impacted by multiple budget line items.

Narrative by Activity

I . Health and Independence

Table 1. Health and Independence

Measure 1.1: For Home and Community-based Services including Nutrition Services, and Caregiver services increase the number of clients served per million dollars of AoA funding. (Outcome)

FY	Target	Result
2011	7,618	Sep 30, 2012
2010	7,742	Sep 30, 2011
2009	8,422	Sep 30, 2010
2008	8,300	8,301 (Target Met)
2007	7,110	8,346 (Target Exceeded)
2006	6,257	8,188 (Target Exceeded)

Measure 2.10: Improve well-being and prolong independence for elderly individuals as a result of AoA's Title III home and community-based services. (Outcome)

FY	Target	Result
2011	62	May 31, 2013
2010	61	May 31, 2012
2009	56	May 31, 2011
2008	54.5	60.6 (Target Exceeded)
2007	New in FY 2008	60.17 (Target Not In Place)
2006		52.2 (Target Not In Place)

Measure 3.3: The percentage of OAA clients served who live in rural areas is at least 10% greater than the percent of all US elders who live in rural areas. (Outcome)

FY	Target	Result
2011	30.5%	Sep 30, 2012
2010	30.5%	Sep 30, 2011
2009	30.5%	Sep 30, 2010
2008	30.5%	35.1% (Target Exceeded)
2007	30.5%	34.8% (Target Exceeded)

FY	Target	Result
2006	30.5%	32.2% (Target Exceeded)

Measure 3.4: Increase the number of States that serve more elderly living below the poverty level than the prior year. (Outcome)

FY	Target	Result
2011	30	Sep 30, 2012
2010	30	Sep 30, 2011
2009	28	Sep 30, 2010
2008	24	29 (Target Exceeded)
2007	20	24 (Target Exceeded)
2006	17	18 (Target Exceeded)

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

Performance measures for the Health and Independence cluster are focused on 1) Improving Program Efficiency; 2) Improving Client Outcomes and Maintaining High Levels of Service Quality; and 3) Effectively Targeting Services to Vulnerable Populations.

Performance Measure 1: Improve Program Efficiency

> **Indicator 1.1**: For Home and Community-based Services including Nutrition Services, and Caregiver services increase the number of clients served per million dollars of AoA funding.

Performance Results (Efficiency)

For the past six years, AoA has achieved its efficiency performance targets. In FY 2008, the Aging Services Network served 8,301 clients per million dollars of OAA funding.

Performance has trended upward (with the exception of a decline between 2007 and 2008) and performance targets (calculated as percentage increases over the FY 2002 baseline) have been consistently achieved. This reflects the success of ongoing initiatives to improve program management and expand options for home and community-based care. Medicare Part D, Aging and Disability Resource Centers (ADRCs), and increased commitments and partnerships at the State and local levels have all had a positive impact on program efficiency. The latest

performance data, showing a decline from 2007 to 2008, can be attributed to the substantial inflationary pressures of fuel cost as high as $4/gallon and related increases in food costs. Declining performance is expected to continue in FY 2009 due to the economic downturn.

Performance Targets (Efficiency)

The target for FY 2010 has been adjusted to 7,742 clients per million dollars of AoA funding. While AoA anticipates continued efficient operations at the State and AAA levels, these organizations may experience hardships associated with the current economic downturn. The target for FY 2011 is 7,618. The budget request level will yield an increase over FY 2010 for people served and units of service.

Performance Measure 2: Improve Client Outcomes and Maintain a High Level of Service Quality

The FY 2011 performance budget for Health and Independence includes two indicators supporting AoA's goal of improving client outcomes and three indicators to monitor the continued high level of consumer-reported service quality. To AoA, these are the core performance outcome indicators for our programs. There is one overarching client outcome indicator that will be included in this section; the others will be included in the sections on Supportive Services, Nutrition Services, and Caregiver Services. The client outcome indicator for FY 2011 follows:

> **Indicator 2.10**: Improve Well-Being and Prolong Client Independence: Composite index of nursing home predictors will increase. An increase in the nursing home predictor index means an increase in the frequency of nursing home predictors in the client population which is a strong proxy for nursing home diversion.

Performance Measure Changes (Outcomes)

The purpose of this measure, new for FY 2008, is to demonstrate the success of Health and Independence related services and program innovations in developing tools that enable the Aging Services Network to delay or defer nursing home placement.

The components of the composite index of nursing home predictors are as follows:

1. Increase the percentage of caregivers reporting that services help them provide care longer.
   Rationale: This variable from AoA's Annual National Surveys of OAA Service Recipients was validated as a nursing home predictor for the Family Caregiver Support Program by the Performance Outcome Measurement Project (POMP) grantees.

2. Increase the percentage of transportation clients who are transportation disadvantaged. (Defined as unable to drive or use public transportation).

Rationale: Data from the Third National Survey of OAA Service Recipients show that older persons receiving transportation services who are "transportation disadvantaged" are more disabled and vulnerable and less likely to receive the information and assistance that they need. Specifically, they are more likely to exhibit Activities of Daily Living/Instrumental Activities of Daily Living (ADL/IADL) limitations; more likely to have stayed overnight in a hospital in the past year, more likely to have stayed overnight in a nursing home or rehabilitation facility and more likely to be socially isolated (all key predictors of nursing home placement (see *Predicting Elderly People's Risk for Nursing Home Placement, Hospitalization, Functional Impairment and Mortality* by Edward Alan Miller and William G. Weissert)). They are also less likely to know how to contact their case manager and less likely to understand an explanation of their services. This subpopulation is more vulnerable to a loss of independence and less aware of service options.

3. Increase percentage of congregate meal recipients who live alone.
   Rationale: Living alone is a predictor of nursing home placement (see *Predicting Elderly People's Risk for Nursing Home Placement, Hospitalization, Functional Impairment and Mortality* by Edward Alan Miller and William G. Weissert) and congregate meal recipients who live alone exhibit numerous other characteristics that can make them more vulnerable to loss of independence. For example, data from the Second National Survey of OAA Service Recipients show that they are more nutritionally vulnerable. They are less likely to eat three meals a day; they are in poorer health; they are less likely to socialize; they are more likely to be low income; and they are more likely be 85 or older. Furthermore, they are more likely to utilize beneficial health promotion/disease activities offered at the meal site such as fitness activities and health screenings.

4. Increase the percentage of home delivered meal recipients with 3+ IADL limitations.
   Rationale: Multiple IADL limitations is a predictor of nursing home placement (see *Predicting Elderly People's Risk for Nursing Home Placement, Hospitalization, Functional Impairment and Mortality* by Edward Alan Miller and William G. Weissert and the Urban Institute's 2003 study entitled *"Estimates of the Risk of Long Term Care - Assisted Living and Nursing Home Facilities"* available at http://aspe.hhs.gov/daltcp/reports/riskest.htm) and data from the Third National Survey of OAA Service Recipients show that home-delivered meal recipients with three or more IADL limitations exhibit numerous other characteristics that make them vulnerable to loss of independence. For example, they are more likely to have ADL limitations, they are more like to exhibit numerous health conditions; they are more likely to be homebound and they are more likely to suffer from food insecurity. Further, improved nutrition can help manage many of the diseases that they suffer from (e.g. heart disease, diabetes, and osteoporosis).

AoA calculated the composite score using OAA Title III expenditures as reported in the State Program Report to weight the four components.

Performance Results (Outcomes)

This performance measure was first used in FY 2008 the resulting score was 60.6, exceeding the target of 54.5. Previous years of data show an upward trend as follows:

FY 2003: 46.57
FY 2004: 50.00
FY 2005: 50.99
FY 2006: 52.18
FY 2007: 60.17
FY 2008: 60.6

AoA believes that this composite index of nursing home predictors will continue to trend upward at a more modest rate. The trend clearly shows a steady increase in the nursing home predictor index which is a strong proxy for nursing home diversion.

Performance Targets (Outcomes)

The performance target for FY 2010 is 61 and the performance target for FY 2011 is 62. As indicated above, performance for this indicator has been steadily improving. While AoA has observed declines in service levels due to states' and other non-Federal resources' fiscal challenges stemming from the economic downturn, performance targets for FY 2010 and FY 2011 are showing modest increases based on the increase in funding level for nutrition and the additional increases for FY 2011 included in this request.

Performance Measure 3: Effectively Target Services to Vulnerable Elders

There are three indicators for effective targeting of Health and Independence related services. Two indicators with broad applicability are included in this section and the other is included in the sections on Nutrition Services. The two FY 2008 indicators for Health and Independence follow:

> **Indicator 3.3:** The percentage of OAA clients served who live in rural areas is at least 10% greater than the percent of all US elders who live in rural areas.
>
> **Indicator 3.4:** Increase the number of States that serve more elderly living below the poverty level.

Performance Results (Targeting)

AoA achieved the performance targets for the two general targeting indicators for FY 2008 as follows:

Indicator 3.3: The percentage of OAA clients served who live in rural areas is at least 10% greater than the percent of all US elders who live in rural areas.

The FY 2008 target is calculated to be 30.5%. For FY 2008, 35.1 percent of OAA clients live in rural areas exceeding the performance target. Data reporting for this variable has fluctuated somewhat with the inception of the revised State Program Report in FY 2005, however, reporting seems to be stabilized at this time. Targets have consistently been met or exceeded.

Indicator 3.4: Increase the number of States that serve more elderly living below the poverty level.

The FY 2008 performance target was 24 States. Data for FY 2008 indicate that 29 States have increased the Title III clients in poverty, exceeding the FY 2008 performance target. Over the past five years there has been some annual fluctuation with performance. Performance seems to have stabilized and is trending upward as the importance of targeting to vulnerable populations is emphasized.

Performance Targets (Targeting)

The performance target for Indicator 3.3 will remain at census +10% (30.5%) for FY 2010 and FY 2011. The performance targeting level is considered appropriate in that it places emphasis on providing services to rural elders, as required by the OAA, while acknowledging the needs of non-rural vulnerable older Americans.

The performance targets for Indicator 3.4 are 30 States in FY 2010 and FY 2011. These targeted performance levels reflect the commitment of the aging network to provide services to low income elderly, a group that is especially vulnerable and tends to have more health problems and nutritional needs.

Home and Community-Based Supportive Services

Table 2. Home and Community-Based Supportive Services

Measure 1.1: For Home and Community-based Services including Nutrition Services, and Caregiver services increase the number of clients served per million dollars of AoA funding. (Outcome)

FY	Target	Result
2011	7,618	Sep 30, 2012
2010	7,742	Sep 30, 2011
2009	8,422	Sep 30, 2010
2008	8,300	8,301 (Target Met)
2007	7,110	8,346 (Target Exceeded)
2006	6,257	8,188 (Target Exceeded)

Measure 2.9b: 90% of transportation clients rate services good to excellent. (Outcome)

FY	Target	Result
2011	90%	May 31, 2013
2010	90%	May 31, 2012
2009	90%	May 31, 2011
2008	90%	96.7% (Target Exceeded)
2007	New in FY 2008	96.1% (Target Not In Place)
2006		98% (Target Not In Place)

Measure 2.10: Improve well-being and prolong independence for elderly individuals as a result of AoA's Title III home and community-based services. (Outcome)

FY	Target	Result
2011	62	May 31, 2013
2010	61	May 31, 2012
2009	56	May 31, 2011
2008	54.5	60.6 (Target Exceeded)
2007	New in FY 2008	60.17 (Target Not In Place)
2006		52.2 (Target Not In Place)

Measure 2.11: Increase the percentage of transportation clients who live alone. (Outcome)

FY	Target	Result
2011	72%	May 31, 2013
2010	70%	May 31, 2012
2009	70%	May 31, 2011
2008	New in FY 2009	67.3% (Target Not In Place)
2007		66% (Target Not In Place)
2006		66% (Target Not In Place)

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

Performance measures for the Home and Community-Based Supportive Services are focused on *1) Improving Program Efficiency; 2) Improving Client Outcomes and Maintaining High Levels of Service Quality; and 3) Effectively Targeting Services to Vulnerable Populations.*

Performance Measure 1: Improve Program Efficiency

Indicator 1.1 includes persons receiving Home and Community-Based Supportive Services. A detailed discussion of this indicator's performance can be found on pages 8-9.

Performance Measure 2: Improve Client Outcomes and Maintain a High Level of Service Quality

The FY 2011 performance plan includes three outcome indicators for Home and Community-Based Supportive Services.

Indicator 2.9b: 90% of transportation clients rate services good to excellent.

Indicator 2.10: Improve well-being and prolong independence for elderly individuals as a result of AoA's Title III home and community-based services.

Indicator 2.11: Increase the percentages of transportation clients who live alone.

Indicator 2.10 is a composite index of nursing home predictors which cuts across all services. A detailed description of this indicator can be found under that section on pages 9-11. Indicators 2.9b and 2.11 are discussed below.

Performance Measure Changes (Outcomes)

In the FY 2008 budget, AoA revised the indicators related to consumer assessment of service quality. This was done to standardize the measures. When the earlier measures were incorporated into the Government Performance and Results Act (GPRA) plan, the performance measurement surveys for specific services each had different quality measures. The surveys have been revised so that some questions are the same across services. Specifically, we discontinued:

> Maintain high percentage of transportation clients rating services very good to excellent (Indicator 2.2).

We replaced the above indicator with the following:

> At least 90% of transportation clients rate the service good to excellent (Indicator 2.9b).

In the FY 2009 budget, we introduced a new performance indicator:

> **Indicator 2.11:** Increase the percentage of transportation clients who live alone.

Living alone is a key predictor of nursing home placement. In addition, a review of data from our national surveys has shown that clients living alone have more ADL and IADL limitations and more serious health conditions than transportation clients not living alone. This population is much more vulnerable to a loss of independence. Increasing this percentage is a good proxy for increasing nursing home delay of diversion.

Performance Results (Outcomes)

Performance data show that the FY 2007 performance target was achieved for the following indicator:

> **Indicator 2.9b:** 90% of transportation clients rate services good to excellent.

Although Indicator 2.9b was new in FY 2008, trend data indicates that performance has been consistently very high, ranging from 96% to 98% over the past four years. The performance of the Aging Services Network, in maintaining such high consumer-reported service quality, is particularly impressive when viewed in the context of annually improving program efficiency.

Indicator 2.11 is new for FY 2009. FY 2008 performance is 67.3% a slight increase over 66% reported in FY 2007.

Performance Targets (Outcomes)

For Indicator 2.9b, performance targets will remain at 90% for FY 2010 and FY 2011. 90% is the threshold for detecting statistical difference in this consumer-reported service quality indicator.

For Indicator 2.11, the performance targets for FY 2010 and FY 2011 are 70% and 72%, respectively.

Performance Measure 3: Effectively Target Services to Vulnerable Elders

Indicators 3.3 and 3.4 include persons receiving Home and Community-Based Supportive Services. A detailed discussion of these indicators' performance can be found under the Health and Independence section on pages 11-12.

Nutrition Services

Table 3. Nutrition Services

Measure 1.1: For Home and Community-based Services including Nutrition Services, and Caregiver services increase the number of clients served per million dollars of AoA funding. (Outcome)

FY	Target	Result
2011	7,618	Sep 30, 2012
2010	7,742	Sep 30, 2011
2009	8,422	Sep 30, 2010
2008	8,300	8,301 (Target Met)
2007	7,110	8,346 (Target Exceeded)
2006	6,257	8,188 (Target Exceeded)

Measure 2.9a: 90% of home delivered meal clients rate services good to excellent. (Outcome)

FY	Target	Result
2011	90%	May 31, 2013
2010	90%	May 31, 2012
2009	90%	May 31, 2011
2008	90%	91.03% (Target Met)
2007	New in FY 2008	90.4% (Target Not In Place)
2006		94% (Target Not In Place)

Measure 2.10: Improve well-being and prolong independence for elderly individuals as a result of AoA's Title III home and community-based services. (Outcome)

FY	Target	Result
2011	62	May 31, 2013
2010	61	May 31, 2012
2009	56	May 31, 2011
2008	54.5	60.6 (Target Exceeded)
2007	New in FY 2008	60.17 (Target Not In Place)
2006		52.2 (Target Not In Place)

Measure 3.2: Increase the number of older persons with severe disabilities who receive home-delivered meals. (Outcome)

FY	Target	Result
2011	325,000	Dec 31, 2012
2010	325,000	Dec 31, 2011
2009	378,613	Dec 31, 2010
2008	364,590	349,934 (Target Not Met)
2007	350,568	359,143 (Target Exceeded)
2006	322,522	345,752 (Target Exceeded)

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

Performance measures for Nutrition Services are focused on *1) Improving Program Efficiency; 2) Improving Client Outcomes and Maintaining High Levels of Service Quality; and 3) Effectively Targeting Services to Vulnerable Populations.*

Performance Measure 1: Improve Program Efficiency

Indicator 1.1 includes persons receiving Nutrition Services. A detailed discussion of this indicator's performance can be found on pages 8-9.

Performance Measure 2: Improve Client Outcomes and Maintain a High Level of Service Quality

For FY 2011, there are two outcome indicators which directly relate to Nutrition Services:

Indicator 2.9a: 90% of home-delivered meal clients rate services good to excellent.

Indicator 2.10: Improve Well-being and Prolong Client Independence.

Indicator 2.10 is a composite index of nursing home predictors which cuts across all services. A detailed description of this indicator can be found under that section on pages 9-11.

Performance Measure Changes (Outcomes)

In the FY 2008 budget, AoA revised the indicators related to consumer assessment of service quality. This was done to standardize the measures. When the earlier measures were incorporated into the GPRA plan, the performance measurement surveys for specific services each had different quality measures. The surveys have been revised so that some questions are the same across services. Specifically, we discontinued:

> **Indicator 2.1:** Maintain high client satisfaction with home-delivered meals.

We replaced the above indicator with the following:

> At least 90% of home-delivered meal clients rate the service good to excellent (Indicator 2.9a).

Performance Results (Outcomes)

FY 2008 performance data show that the FY 2008 performance target was achieved for the following indicator:

> **Indicator 2.9a:** Maintain high client satisfaction with home-delivered meals.

Between 2003 through 2007 90% - 94% of home delivered meal participants indicated high satisfaction with the meals. A target of 90% was established for subsequent years, as a threshold for indicating client reported high quality. The FY 2008 performance is 91.03%, based on the upper range of the confidence level. The upcoming program evaluation for nutrition will more completely examine these changes and provide additional guidance for improvement.

Performance Targets (Outcomes)

Performance targets for this indicator will remain at 90% for FY 2010 and FY 2011. Ninety percent is the threshold for detecting statistical difference in this consumer-reported service quality indicator.

Performance Measure 3: Effectively Target Services to Vulnerable Elders

There are three targeting indicators that relate directly to Nutrition Services as follows:

> **Indicator 3.2:** Increase the number of severely disabled clients receiving selected home and community-based services (home-delivered meals).

Also, Indicators 3.3 and 3.4 include persons receiving Nutrition Services. A detailed discussion of the performance for Indicators 3.3 and 3.4 can be found under the Health and Independence section on pages 11-12. A discussion of performance for Indicator 3.2 follows.

Performance Results (Targeting)

FY 2008 performance data show that the FY 2008 performance target was not achieved for the following indicator:

> **Indicator 3.2:** Increase the number of severely disabled clients (defined as persons with three or more Activities of Daily Living (ADL) limitations) who receive selected (home-delivered meals) home and community-based services.

The FY 2008 target was 364,590, a 30% increase over the FY 2003 baseline of 280,454. Actual performance for FY 2008 was 349,934. Performance for this key indicator had trended upward for four years. This performance indicator is a proxy for nursing home diversion since people with 3+ADL limitations are generally nursing home eligible. The decline in performance between 2007 and 2008 is attributed to increased operating costs from food and fuel inflation. However, this indicator is still performing at a level 24% higher than the 2003 baseline. The FY 2009 target is unrealistically high given the state of the economy.

Performance Targets (Targeting)

The FY 2010 performance target is 325,000. The FY 2011 target is also 325,000. The FY 2010 target has been reduced. Fiscal and staffing constraints at the State and local level are expected to adversely impact performance through FY 2010. These fiscal constraints are somewhat offset by Recovery Act funds that will be totally expended by the end of FY 2010. The FY 2011 budget request level will generate 12 million fewer meals, but the number of people with severe disabilities served through home delivered meals is expected to remain constant due to the aging services network focus on targeting services to those most in need.

Native American Nutrition and Supportive Services

Table 4. Native American Nutrition and Supportive Services

Measure 1.3: For Title VI Services, increase the number of units of service provided to Native Americans per thousand dollars of AoA funding. (Outcome)

FY	Target	Result
2011	330	Jul 31, 2012
2010	300	Jul 31, 2011
2009	277	Jul 31, 2010
2008	273	333 (Target Exceeded)
2007	264	312 (Target Exceeded)
2006	242	281 (Target Exceeded)

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

Native American Nutrition and Supportive Services provide grants to eligible tribal organizations to promote the delivery of home and community-based supportive services and nutrition services. The performance measurement strategy for Native American Services aligns with the performance measurement strategy for Health and Independence services.

Performance measures for Native American Nutrition and Supportive Services are focused on *1) Improving Program Efficiency; 2) Improving Client Outcomes and Maintaining High Levels of Service Quality; and 3) Effectively Targeting Services to Vulnerable Populations.*

Performance Measure 1: Improve Program Efficiency

For FY 2010, there is one efficiency indicator that directly relates to Native American Nutrition and Supportive Services:

> **Indicator 1.3:** For Title VI Services (nutrition, supportive services, caregiver services and other activities), increase the number of services provided per thousand dollars of AoA funding.

Performance Results

In FY 2008, as in the prior four years, AoA achieved its efficiency performance target; the Title VI grantees provided 333 units of service per thousand dollars of OAA funding, exceeding the performance target of 273.

When the performance target for FY 2008 was established, it was thought to be ambitious. Improved program efficiency was to be achieved through best practices. It was anticipated that the ADRCs and other program innovations would enhance operations throughout the Aging Services Network by establishing replicable information and access improvement strategies such as "single-entry points."

However, the unanticipated occurred. After the enactment of the Medicare Prescription Drug Benefit, CMS sought the assistance of AoA and the Aging Services Network in providing information and assistance on this new benefit to Medicare recipients and their family members. As a result, the Aging Services Network experienced an influx of new service recipients as more people became aware of service options.

Performance has consistently trended upward and performance targets (calculated as percentage increases over the FY 2002 baseline) have been consistently achieved over the past 5 years. Moreover, performance for FY 2006-FY 2008 showed substantial increases. Title VI grantees have shown impressive capacity to leverage additional funding to meet the increasing demand for services.

Performance Targets (Efficiency)

Because of the impressive performance noted above, the 2010 target for Indicator 1.3 has been increased to 300, 36% over the 2002 baseline. The FY 2011 performance target is 330, a 50% increase over the baseline. We anticipate the economic downturn will result in some decline in performance between 2008 and 2010, with 2011 performance returning to 2008 levels.

Preventive Health Services

Table 5. Preventive Health Services

Output AB: The Number of people served with health and disease prevention programs. (Developmental)

FY	Target	Result
2011	New in FY 2013	Baseline

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

AoA will monitor the performance of the Preventive Health programs utilizing annual state reports. Since AoA is promoting evidence-based systems, and states will have a variety of choices of health promotion and disease prevention systems this measure will illustrate the number of seniors impacted by services.

Performance Measure Output AB: Number of People Provided Preventive Health Services

> **Indicator Output AB:** The Number of people served with health and disease prevention programs.

Performance Results

This is a developmental indicator and results are expected to be available in late 2011. The baseline will be used to identify targets for 2013 and beyond.

Performance Targets (Outcomes)

Targets will be set for 2013 and subsequent years once baseline data is available.

II. Caregiver Services

Table 6. Family Caregiver Support Services

Measure 1.1: For Home and Community-based Services including Nutrition Services, and Caregiver services increase the number of clients served per million dollars of AoA funding. (Outcome)

FY	Target	Result
2011	7,618	Sep 30, 2012
2010	7,742	Sep 30, 2011
2009	8,422	Sep 30, 2010
2008	8,300	8,301 (Target Met)
2007	7,110	8,346 (Target Exceeded)
2006	6,257	8,188 (Target Exceeded)

Measure 2.6: Reduce the percent of caregivers who report difficulty in getting services. (Outcome)

FY	Target	Result
2011	30%	May 31, 2013
2010	30%	May 31, 2012
2009	35%	May 31, 2011
2008	35%	24.6% (Target Exceeded)
2007	35%	32.1% (Target Exceeded)
2006	43%	46.5% (Target Not Met but Improved)

Measure 2.9c: 90% of NFCSP clients rate services good to excellent. (Outcome)

FY	Target	Result
2011	90%	May 31, 2013
2010	90%	May 31, 2012
2009	90%	May 31, 2011
2008	90%	95.4% (Target Exceeded)
2007	New in FY 2008	93.8% (Target Not In Place)
2006		94% (Target Not In Place)

Measure 2.10: Improve well-being and prolong independence for elderly individuals as a result of AoA's Title III home and community-based services. (Outcome)

FY	Target	Result
2011	62	May 31, 2013
2010	61	May 31, 2012
2009	56	May 31, 2011
2008	54.5	60.6 (Target Exceeded)
2007	New in FY 2008	60.17 (Target Not In Place)
2006		52.2 (Target Not In Place)

Measure 3.1: Increase the number of caregivers served. (Outcome)

FY	Target	Result
2011	755,000	Aug 31, 2012
2010	560,000	Aug 31, 2011
2009	731,545	Aug 31, 2010
2008	762,000	675,243 (Target Not Met)
2007	1,000,000	731,545 (Target Not Met but Improved)
2006	900,000	678,489 (Target Not Met)

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

Performance measures for Caregiver Services are focused on *1) Improving Program Efficiency; 2) Improving Client Outcomes and Maintaining High Levels of Service Quality; and 3) Effectively Targeting Services to Vulnerable Populations.*

Performance Measure 1: Improve Program Efficiency

Indicator 1.1 includes persons receiving caregiver services. A detailed discussion of this indicator's performance can be found on pages 8-9.

Performance Measure 2: Improve Client Outcomes and Maintain a High Level of Service Quality

For FY 2010, the following indicators relate directly to Caregiver Services.

Indicator 2.6: Reduce the percentage of caregivers reporting difficulty getting services.

Indicator 2.9c: 90% of Family Caregiver Support clients rate services good to excellent.

Indicator 2.10: Improve Well-being and Prolong Client Independence.

Indicator 2.10 is a composite index of nursing home predictors which cuts across all services. A detailed description of this indicator can be found under the Health and Independence section on pages 9-11.

Indicators 2.6 and 2.9c are discussed below.

Performance Measure Changes (Outcomes)

In the FY 2008 budget, AoA revised the indicators related to consumer assessment of service quality. This was done to standardize the measures. When the earlier measures were incorporated into the performance plan, the performance measurement surveys for specific services each had different quality measures. The surveys have been revised so that some questions are the same across services. Specifically, we discontinued:

Indicator 2.3: Maintain high client satisfaction among caregivers of elders.

We replaced the above indicator with the following:

At least 90% of National Family Caregiver Support Program clients rate the services good to excellent (Indicator 2.9c).

Performance Results (Outcomes)

For FY 2008, the most recent year for which data is available. The quality indicator achieved its performance target. Both of the outcome indicators also met performance targets.

Indicator 2.9c: 90% of NFCSP clients rate services good to excellent.

The new quality indicator for FY 2008 showed performance of 96.7% of caregivers rating services good to excellent. AoA anticipates that performance for this indicator will remain above 90% for subsequent years.

While it is important to maintain high levels of service quality and to improve program efficiency and targeting, improving program outcomes is of paramount importance. For FY 2008, there were two outcome indicators associated with the caregiver program.

Indicator 2.6: Reduce the percent of caregivers who report difficulty getting services.

In FY 2003 the baseline of 64% was established. Ambitious performance targets of seven percentage point annual decreases were established at that time. The target for FY 2007 was 35%. Performance in FY 2007 was 32.1%. Performance is showing consistent improvement with the FY 2008 actuals show a substantial decrease to 24.6% caregivers indicating that they had difficulty getting services. The successful maturation of the caregiver program and initiatives to improve access to service are likely responsible for this improvement.

> **Indicator 2.10:** Improve well-being and prolong independence for elderly individuals as a result of AoA's Title III home and community-based services.

Indicator 2.10 is discussed on pages 9-11.

Performance Targets (Outcomes)

Performance targets for Indicator 2.6 are 30% for FY 2010 and FY 2011. If data show continued strong performance for this indicator, future year targets may be revised downward.

Performance targets for Indicator 2.9c will remain at 90% for FY 2010 and FY 2011. Ninety percent is the threshold for detecting statistical difference in this consumer-reported quality indicator.

Performance Measure 3: Effectively Target Services to Vulnerable Elders

For prior years, there was one targeting indicator for Caregiver Services.

> **Indicator 3.1**: Increase the number of caregivers served.

Performance Results (Targeting)

The FY 2008 performance target of 762,000 was not achieved. In FY 2008, 675,243 caregivers received services.

AoA had revised its targeting methodology for this measure. Performance targets for FY 2008 and FY 2009 were established using the marginal cost approach plus more realistic performance expectations consistent with current funding levels. Increasing the number of caregivers served is a critical component of AoA's efforts to prolong the ability of vulnerable elderly persons to live in their homes. Over 80% of caregivers receiving services report that the services have "helped them provide care longer" and over 45% of caregivers report that without services their care recipients would be unable to maintain their current living arrangements. Unfortunately, the caregiver program which frequently relies on in-home services was affected by the economic impact of high gas prices and other inflationary pressures resulted in performance decline for FY 2008. We project the decline will continue through FY 2010.

Performance Targets (Targeting)

The performance target for Indicator 3.1 is 755,000 for FY 2011. This is consistent with the current request and expected economic conditions.

Services for Native American Caregivers

Table 7. Native American Caregiver Support Services

Measure 2.6: Reduce the percent of caregivers who report difficulty in getting services. (Outcome)

FY	Target	Result
2011	30%	May 31, 2013
2010	30%	May 31, 2012
2009	35%	May 31, 2011
2008	35%	24.6% (Target Exceeded)
2007	35%	32.1% (Target Exceeded)
2006	43%	46.5% (Target Not Met but Improved)

Measure 2.9c: 90% of NFCSP clients rate services good to excellent. (Outcome)

FY	Target	Result
2011	90%	May 31, 2013
2010	90%	May 31, 2012
2009	90%	May 31, 2011
2008	90%	95.4% (Target Exceeded)
2007	New in FY 2008	93.8% (Target Not In Place)
2006		94% (Target Not In Place)

Measure 3.1: Increase the number of caregivers served. (Outcome)

FY	Target	Result
2011	755,000	Aug 31, 2012
2010	560,000	Aug 31, 2011
2009	731,545	Aug 31, 2010
2008	762,000	675,243 (Target Not Met)
2007	1,000,000	731,545 (Target Not Met but Improved)
2006	900,000	678,489 (Target Not Met)

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

Native American caregivers provide grants to eligible tribal organizations to promote the delivery of services that assist Native American family and informal caregivers. The performance measurement strategy for Native American Services aligns with the performance measurement strategy for Health and Independence services.

Performance measures for the Native American caregivers are focused on *1) Improving Program Efficiency; 2) Improving Client Outcomes and Maintaining High Levels of Service Quality; and 3) Effectively Targeting Services to Vulnerable Populations.*

Performance Measure 2: Improve Client Outcomes and Maintain a High Level of Service Quality

Outcome and Service Quality information is obtained specifically for the Title VI program through comprehensive, multileveled program evaluations. The evaluation conducted by Mathematica Policy Research Inc. (1993-1995) found that the responses from Native American Service recipients are comparable with results gathered from the service quality questions asked of Title III nutrition participants. While there are no on-going data sources specifically for Title VI outcomes and service quality, Native Americans participate in the National Surveys conducted for Title III services and the following outcome indicators are considered annual proxies for Native American indicators.

- **Caregiver Difficulty Reduction:** Decrease to 35% the percentage of caregivers reporting difficulties in dealing with agencies to obtain services from the FY 2003 base of 64% (Indicator 2.6).

- **Caregiver Quality Assessment:** 90% of caregivers rate National Family Caregiver Support Program services good to excellent (Indicator 2.9c).

Performance Measure 3: Effectively Target Services to Vulnerable Elders

Indicator 3.1: Increase the Number of Caregivers Served: As part of the caregiver program implementation it is essential that the National Aging Services Network reach out to caregivers. FY 2008 data indicate that 675,243 caregivers currently receive services.

A detailed discussion of this indicator's performance can be found under the Caregiver Services section on page 27.

Alzheimer's Disease Supportive Services Program

Table 8. Alzheimer's Disease Supportive Services Program

Measure ALZ.1: Percent of ADSSP grant funds dedicated to implementing evidence-based programs. (Outcome)

FY	Target	Result
2011	60%	Dec 31, 2012
2010	New in FY 2011	
2008		59% (Target Not In Place)

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

AoA is promoting evidence-based systems to assist caregivers serving people with Alzheimer's disease, and grantees have a variety of systems to implement. This measure will enable AoA to track the transition to the new ways of doing business which are expected to improve client outcomes.

Performance Measure Output ALZ.1: Percentage of Funds Used for Evidence-based Programs

> **Indicator ALZ.1:** Percent of ADSSP grant funds dedicated to implementing evidence-based programs.

Performance Results

This is a new indicator with no prior performance target. Baseline results indicate that 59% of funds are currently used in evidence-based programs.

Performance Targets (Outcomes)

The FY 2011 target is 60% of funds which represents growth toward the goal of greater application of evidence based programs as more evidence-based options become available.

Lifespan Respite Care

Table 9. Lifespan Respite Care

Output AE: Increase the number of people served as a result of Lifespan Respite Care. (Developmental)

FY	Target	Result
2011	New in FY 2013	Baseline

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

The intent of the Lifespan Respite Care program is to expand and enhance respite care services to family members, improve coordination of respite care, and reduce family caregiver strain. Grantees are provided broad discretion for implementation strategies, while this indicator can be used to measure the impact from disparate approaches.

Performance Measure Output ALZ.1: Increase the number of people served with Respite Care.

> **Indicator Output AE:** Increase the number of people served as a result of Lifespan Respite Care.

Performance Results

This is a developmental indicator and results are expected to be available late in FY 2011. The baseline will be used to identify targets for 2013 and beyond.

Performance Targets (Outcomes)

Targets will be set for 2013 and subsequent years once baseline data is available.

III. Protection of Vulnerable Older Americans

Table 10. Long-Term Care Ombudsman

Measure 1.2: For Title VII Services, increase the number of Ombudsman complaints resolved or partially resolved per million dollars of AoA funding. (Outcome)

FY	Target	Result
2010	Discontinued	
2009	11,346	Sep 30, 2010
2008	11,439	10,089 (Target Not Met)
2007	11,811	10,801 (Target Not Met but Improved)
2006	10,062	10,745 (Target Exceeded)

Measure 2.7: Improve the Ombudsman complaint resolution rates. (Outcome)

FY	Target	Result
2010	Discontinued	
2009	32	Sep 30, 2010
2008	30	24 (Target Not Met)
2007	15	35 (Target Exceeded)
2006	15	27 (Target Exceeded)

Measure 2.12: Decrease the number of complaints per LTC facility. (Outcome)

FY	Target	Result
2011	3.9	Sep 30, 2012
2010	4.06	Sep 30, 2011
2009	New in FY 2010	Sep 30, 2010
2008		4.06 (Target Not In Place)
2007		4.28 (Target Not In Place)
2006		4.47 (Target Not In Place)

Measure 2.13: Decrease the percentage of complaints for Abuse, Gross Neglect and Exploitation in nursing homes. (Outcome)

FY	Target	Result
2011	19.5%	Sep 30, 2012
2010	20%	Sep 30, 2011
2009	New in FY 2010	Sep 30, 2010
2008		20.18% (Target Not In Place)
2007		21.63% (Target Not In Place)
2006		22.21% (Target Not In Place)

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

Performance measurement for the Protection of Vulnerable Older Americans programs focuses on 1) Improving Client Outcomes and 2) Maintaining High Levels of Service Quality. These programs, which focus on the prevention of elder abuse and neglect, are targeted to the most vulnerable elder Americans. The Long-Term Care (LTC) Ombudsman program, which focuses on protection of those elderly residing in long-term care facilities, will provide the representative performance measures for this section.

Changes in Measures

The two current performance measures, Indicator 1.2 and Indicator 2.7 are being replaced because they do not capture the current program focus. In recent years, the Ombudsman program has been employing a more proactive approach to head off problems and lessen the need for complaints. An increased emphasis has been placed on training, consultations and regular (quarterly) facility visits.

This approach is yielding positive results. The average number of complaints per facility is declining and while the total number of complaints declines, complaints for abuse and neglect in nursing homes are declining at a faster rate.

AoA is introducing the two new performance measures.

> **Indicator 2.12:** Decrease the average number of complaints per Long-Term Care facility.

Indicator 2.13: Decrease the percentage of complaints for Abuse, Gross Neglect and Exploitation in nursing homes.

It is important to note that complaint resolution will always be of paramount importance. However, over the past six years, complaints have been resolved or partially resolved at a rate of, on average, 77%. The percentage of complaints not resolved in a satisfactory manner ranges from 5.66% to 6.72% over 6 years with roughly 3% withdrawn, 8% determined no action needed and 5% referred to other agencies. AoA will continue to monitor the complaint resolution rate to assure it remains at the current high level of performance.

Performance Measure 1: Improve Program Efficiency

For FY 2011, the efficiency measure has been replaced by an additional outcome measure.

Performance Results (Efficiency)

The FY 2008 performance target was not achieved for this indicator. The FY 2008 target was 11,439 complaints resolved or partially resolved per million dollars of OAA funding. Actual 2008 performance was 10,089. As noted above, current program efforts are focused on minimizing complaints by increased facility visitation and consultations. Therefore, the total number of complaints is declining while resolution rates remain relatively constant. This measure does not reflect the current program focus and has been discontinued.

Performance Measure 2: Improve Client Outcomes and Maintain a High Level of Service Quality

The existing measure for the Ombudsman program assesses the efforts of States to improve the successful resolution of complaints by residents of nursing homes and other institutions.

Indicator 2.7: Improve Ombudsman complaint resolution rates.

This measure is subject to much state by state fluctuation and, while complaint resolution is of paramount importance, some States are solving complaints at such a high rate, improvement for them is unrealistic. This indicator, along with Indicator 1.2 is being discontinued. See above for discussion of new indicators.

Performance Results (Outcomes)

The FY 2008 performance target of 30 was not met. FY 2008 data indicates that the Ombudsman complaint resolution rates improved in 24 States. For each of the past five years, at least 24 States have shown improvement, with annual fluctuations. While the total number of complaints is declining, States are improving their resolution rates even as the focus shifts to prevention. The continuous program performance improvement demonstrates that it is of the greatest importance that complaints involving the most vulnerable of the elderly are successfully resolved. However, establishing annual targets is unrealistic given that improvement rates vary from year to year.

Performance Targets (Outcomes)

For new Indicator 2.12, decrease the number of complaints per LTC facility, the FY 2010 target is 4.06 and the FY 2011 target is 3.9.

For new Indicator 2.13, decrease the percentage of complaints for Abuse, Gross Neglect and Exploitation in nursing homes, the FY 2010 target is 20% and the FY 2011 target is 19.5%.

AoA anticipates that serious fiscal and personal constraints will hinder the proactive efforts; consultations, regular facility visits and FTE levels are expected to decline in FY 2009 and FY 2010.

Performance Measure 3: Effective Targeting to Vulnerable Elders

Since the Ombudsman Program is already targeted to a vulnerable population and serves a prevention purpose, a formal targeting measure is not applicable. However, the frequency of visits to facilities by Ombudsmen is an effective indicator and was discussed by the Institute of Medicine (IOM) as a measure of program effectiveness in the 1995 evaluation of the program.

In FY 2008, 83% of the 16,749 nursing facilities nationwide received at least quarterly visits not in relation to a complaint from the Ombudsman Program with 18 States reporting 100% of facilities visited at least quarterly.

IV. Network Support and Demonstrations

Health and Long-Term Care Programs

Table 11. Health and Long-Term Care

LTC.2: Percent of individuals who indicate ADRC information and counseling contribute to informed decision making. (Developmental)

FY	Target	Result
2011	New in FY 2013	Baseline

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

The performance measurement for Long-Term Care Programs focuses on the key intent of these programs which is to aid individuals in making informed decisions about alternatives to institutional care, and enabling individuals with disabilities to remain in the community.

Performance Measure LTC.2: Informed decision making through ADRC

> **Indicator LTC.2:** Percent of individuals who indicate ADRC information and counseling contribute to informed decision making.

Performance Results

This is a developmental indicator and results are expected to be available in late 2011. The baseline will be used to identify targets for 2013 and beyond.

Performance Targets (Outcomes)

Targets will be set for 2013 and subsequent years once baseline data is available.

Program Innovations

The knowledge generated through Program Innovations grants helps to ensure that AoA's core programs maintain and improve performance. Program Innovations support program performance for AoA's core programs, Health and Independence services, Family Caregiver Services, Services to Native Americans, Protection of Vulnerable Older Americans, and Aging Services Network Support Activities. Program Innovations outcomes are reflected in performance targets for Health and Independence services and Protection of Vulnerable Older Americans.

Aging Network Support Activities

Table 12. Aging Network Support Activities

Measure 1.4: For Senior Medicare Patrol, increase the number of beneficiaries trained per million dollars of AoA funding. (Outcome)

FY	Target	Result
2010	Discontinued	
2009	41,230	Sep 30, 2010
2008	49,600	36,479 (Target Not Met)
2007	48,980	39,216 (Target Not Met)
2006	37,200	42,767 (Target Exceeded)

Measure 1.5: SMP projects will increase the total dollar amount referred for further action. (Outcome)

FY	Target	Result
2011	$2,750,000	Sep 30, 2012
2010	$2,500,000	Sep 30, 2011
2009	New in FY 2010	Sep 30, 2010
2008		$2,345,299 (Target Not In Place)
2007		$1,517,360 (Target Not In Place)

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

Performance measurement for Aging Services Network Support Activities is focused on *1) Improving Program Efficiency.* These activities provide on-going support for the National Aging Services Network and help seniors and their families obtain information about care options and benefits. The Senior Medicare Patrol Program (SMP) will provide the representative performance measures for this section.

Performance Measure 1: Improve Program Efficiency

For FY 2011, there is one efficiency indicator that directly measures Network Support and Demonstrations.

Indicator 1.5: SMP projects will increase the total dollar amount referred for further action.

This indicator, replacing Indicator 1.4, is new in FY 2010.

Performance Results (Efficiency)

The FY 2008 performance target for Indicator 1.4 was not achieved. In FY 2008, Senior Medicare Patrols reported training 36,479 beneficiaries per million dollars of funding.

There are two factors which explain the FY 2008 performance shortfall. First, we believe that much of this decline is attributed to the extensive involvement of the aging services network in Medicare prescription drug enrollment which resulted in misleadingly high numbers in FY 2005. The FY 2008 performance target had been revised upward based on FY 2005 performance. Lacking any special initiative or new funding source it was unrealistic to project that performance would be sustained at FY 2005 levels. In addition, a new reporting system was implemented in FY 2007 and there have been reporting problems.

Performance Targets (Efficiency)

Indicator 1.4 has been replaced by Indicator 1.5. The total number of beneficiaries trained will fluctuate from year to year (1.4) and is subject to economic downturns and other program initiatives. Indicator 1.5 which measures the dollar amount, referred for further action, should show steady increase as the program successfully matures.

The performance target for FY 2010 is $2,500,000 and the performance target for FY 2011 is $2,750,000.

Discussion of AoA Support for HHS Strategic Plan

The mission of the AoA is to help individuals maintain their dignity and independence in their homes and communities through comprehensive, coordinated, and cost effective systems of long-term care, and livable communities across the U.S. To carry out this mission, AoA has developed a strategic plan with five strategic goals.

- **Goal 1:** Empower older people, their families and other consumers to make informed decisions about, and to be able to easily access, existing health and long term care options.

- **Goal 2:** Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

- **Goal 3:** Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.

- **Goal 4:** Ensure the rights of older people and prevent their abuse, neglect and exploitation.

- **Goal 5:** Maintain effective and responsive management.

AoA's budget funds a variety of services to seniors and their family caregivers including home and community-based supportive and nutrition services, and protection of vulnerable elders. AoA program performance and outcome data demonstrate that these services are effective. AoA's strategic goals and program activities contribute to the achievement of all the strategic priorities of the Department and are linked to 12 specific HHS objectives. The following crosswalk shows the links between the AoA and HHS Strategic Goals and Objectives:

Link to HHS Strategic Plan

Table 13. Link to HHS Strategic Plan

The table below shows the alignment of AoA's strategic goals with HHS Strategic Plan goals.

HHS Strategic Goals	**AoA Goal 1:** Empower older people and their families to make informed decisions about, and be able to easily access, existing home and community based options.	**AoA Goal 2:** Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services including supports for family caregivers.	**AoA Goal 3:** Empower older people to stay active and healthy through Older Americans Act Services and the new prevention benefits under Medicare.	**AoA Goal 4:** Ensure the rights of older people and prevent their abuse, neglect, and exploitation.
1 Health Care Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.				
1.1 Broaden health insurance and long-term care coverage.	X	X		
1.2 Increase health care service availability and accessibility.	X	X		
1.3 Improve health care quality, safety and cost/value.	X	X	X	X
1.4 Recruit, develop, and retain a competent health care workforce.		X		X
2 Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats.				
2.1 Prevent the spread of infectious diseases.			X	
2.2 Protect the public against injuries and environmental threats.			X	
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.	X		X	X
2.4 Prepare for and respond to natural and man-made disasters.	X			

HHS Strategic Goals	**AoA Goal 1:** Empower older people and their families to make informed decisions about, and be able to easily access, existing home and community based options.	**AoA Goal 2:** Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services including supports for family caregivers.	**AoA Goal 3:** Empower older people to stay active and healthy through Older Americans Act Services and the new prevention benefits under Medicare.	**AoA Goal 4:** Ensure the rights of older people and prevent their abuse, neglect, and exploitation.
3 Human Services Promote the economic and social well-being of individuals, families, and communities.				
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan.	X	X	X	
3.2 Protect the safety and foster the well being of children and youth.				
3.3 Encourage the development of strong, healthier and supportive communities.	X	X	X	X
3.4 Address the needs, strengths and abilities of vulnerable populations.	X	X	X	X
4 Scientific Research and Development Advance scientific and biomedical research and development related to health and human services.				
4.1 Strengthen the pool of qualified health and behavioral science researchers.				
4.2 Increase basic scientific knowledge to improve human health and human development.				
4.3 Conduct and oversee applied research to improve health and well-being.				
4.4 Communicate and transfer research results into clinical, public health and human service practice.	X	X	X	X

HHS Strategic Goal 1 Health Care - Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.

All four objectives under HHS's first strategic goal are supported by the AoA Strategic Plan. Specific AoA strategies supporting the *Health Care* objective include AoA's Goal 1, Strategic Objective 1.1: provide streamlined access to health and long-term care through Aging and Disability Resource Center (ADRC) demonstration projects. In addition, AoA and the Aging Services network has succeeded in increasing by 27% the number of severely disabled individuals who receive in-home and community based services from 397,000 in FY2005 to more than 506,000 in FY 2008. Nursing home eligible clients who receive services in their own home report high levels of quality with their services; 92% of home delivered meal clients reporting that the meals help them stay longer in their own home.

HHS Strategic Goal 2 Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness - Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats.

As with HHS's first strategic goal, AoA's Strategic Plan supports all four objectives under HHS Goal 2. AoA's Strategic Objective 3.2: promote the use of the prevention benefits under Medicare is one example of how AoA is working toward the HHS goal of public health promotion and disease prevention. AoA and the Aging Services Network were natural and essential partners with CMS in the implementation of Medicare Part D and are now using this partnership to help beneficiaries understand and effectively utilize Medicare prevention benefits, thereby, advancing HHS Objective 2.1: prevent the spread of infectious disease and Objective 2.2: promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.

HHS Strategic Goal 3 Human Services - Promote the economic and social well-being of individuals, families and communities.

All four AoA Strategic Goals link to HHS Objectives 3.1, 3.3 and 3.4. Objective 3.2 is not included since it is specific to children and youth. HHS Goal 3 is closely tied to the strategic objectives and activities under AoA Goal 2: enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers. Most older people entering nursing homes are private pay individuals, and those who end up on Medicaid, usually do so as a result of spending down their income and assets. AoA is also providing opportunities for seniors to maintain their independence through less costly home and community-based services and supporting HHS Objective 3.1: promote the economic independence and social well-being of individuals, family and communities through the promotion of consumer-directed approaches to home and community-based services.

HHS Strategic Goal 4 Scientific Research and Development - Advance scientific and biomedical research and development related to health and human services.

HHS Objective 4.4: communicate and transfer research results into clinical, public health and human service practice – is tied to all four of AoA's Strategic Goals. AoA continues to work with national partners including AHRQ, CDC and NIA to deploy, through the Aging Services Network, the use of evidence-based disease and disability prevention programs for older people at the community level – AoA's Strategic Objective 3.1. These interventions involve tools and techniques seniors can use to better manage their chronic conditions, reduce their risk of falling, and improve their nutrition and their physical and mental health.

AoA activities are designed and managed to advance AoA's strategic priorities; to reduce the institutional bias in our long-term care system and to support livable communities where Americans are able to stay at home, remain connected to the community, easily access the resources they need, and are empowered to drive their own future. An overarching strategy is to help the Aging Services Network, local aging organizations and their community service providers to develop sustainable, cost-efficient and effective programs that not only serve the needs of older adults today but also facilitate systems changes at the State and local level that will better position these same organizations for the future.

Table 14. Summary of Full Cost Table

Summary of Full Cost
(*Budgetary Resources in Millions*)
Administration on Aging

HHS Strategic Goals & Objectives	FY 2009	FY 2010	FY 2011
1: Health Care - Improve the safety, quality, affordability, and accessibility of health care, including behavioral health and long-term care.	63.172	48.163	48.078
1.1 Broaden health insurance and long-term care coverage.	46.070	30.997	30.913
1.2 Increase health care availability and accessibility.	-	-	-
1.3 Improve health care quality, safety, cost and value.	17.102	17.166	17.165
1.4 Recruit, develop, and retain a competent health care workforce.	-	-	-
2: Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness - Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infectious, occupational, environmental, and terrorist threats.	21.289	21.307	21.321
2.1 Prevent the spread of infectious diseases.	-	-	-
2.2 Protect the public against injuries and environmental threats.	-	-	-
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery.	21.289	21.307	21.321
2.4 Prepare for and respond to natural and manmade disasters.	-	-	-
3: Human Services - Promote the economic and social well-being of individuals, families and communities.	1,430.118	1,450.116	1,558.613
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan.	1,184.834	1,200.865	1,304.959
3.2 Protect the safety and foster the well-being of children and youth.	-	-	-
3.3 Encourage the development of strong, healthy, and supportive communities.	-	-	-
3.4 Address the needs, strengths, and abilities of vulnerable populations.	245.284	249.251	253.654
4: Scientific Research and Development - Advance scientific and biomedical research and development related to health and human services.	-	-	-
4.1 Strengthen the pool of qualified health and behavioral science researchers.	-	-	-
4.2 Increase basic scientific knowledge to improve human health and human development.	-	-	-
4.3 Conduct and oversee applied research to improve health and well-being.	-	-	-
4.4 Communicate and transfer research results into clinical, public health, and human service practice.	-	-	-
Total	1,514.579	1,519.586	1,628.012

Note: The FY 2011 Performance Budget reflects the decision made in conjunction with OMB assessments to move to one consolidated GPRA program that covers all programmatic activities. The full cost of this consolidated program is equal to the total program level for AoA, which includes administrative resources and demonstration activities funded through annual appropriations as well as resources from the Medicare trust fund, which are used to support health care anti-fraud, waste and abuse activities (HCFAC) and to provide Medicare enrollment assistance (MIPPA). It does not include accrued liabilities not directly paid by AoA, such as employee health benefits and Federal retirement costs. Because the Performance Budget contains three measures (efficiency, consumer outcomes, and effective targeting) that each separately cover the full scope of AoA's program activities, and therefore reflect the full cost of all program activities, AoA has not included separate full cost by measure tables in the Performance Budget. AoA has provided a display of its program line items allocated by HHS Strategic Plan objective. AoA's programs as a whole impact all four HHS strategic plan goals. However, for this exhibit AoA used professional judgment to allocate programs to HHS Strategic Objective based on predominance of a given program. Program Administration costs have been allocated proportionally to each objective based on total program funding within that objective.

Summary of Findings and Recommendations from Completed Program Evaluations

As a part of AoA's commitment to program improvement, program evaluation activities underwent a transformation in which a comprehensive framework and approach was adopted that involves process, impact and cost analyses. Through these efforts The Title III-C Elderly Nutrition Services Program and Title VI Nutrition, Supportive and Family Caregiver Services to Native Americans evaluations have been designed. A contract to implementation the Title III-C Elderly Nutrition Services Program evaluation was awarded in FY 2009. This comprehensive multi-year evaluation is scheduled to be complete in FY 2012. Using the framework, evaluation design for the Title III-E National Family Caregiver Support Program will be finalized in FY 2010.

In FY 2008, the study, Evaluation of Select Consumer, Program, and System Characteristics under the Supportive Services Program (Title III-B) of the Older Americans Act that examined the Title III-B Home and Community-Based Supportive Services was released. The study found that the Title III-B program had successfully extended services to the targeted population – vulnerable older adults at risk for nursing home placement. High risk of nursing home placement was defined as living alone, having three or more Activities of Daily Living (ADL) impairments and older age (aged 75+). The percent of program participants exhibiting high risk characteristics increased over the study period between 3 and 10 percentage points depending on the service received (personal care, homemaker or chore services). Users of transportation services relied heavily on these services, with over half reporting that the service was used for at least 75% of their trips. Most of these participants lived alone and were at least 75 years old.

The study found that home care usage was low given the frailty of the population. The average number of home care hours per person per week was 1 to 2 hours. This likely reflects the gap filling use of the program. The aging network typically refers participants to other programs or providers of care (state-provided home care, Medicaid, and private providers) whenever possible, reserving OAA services for those seniors ineligible for other programs. These findings were similar for case management services with the typical client receiving 10 hours per year. This is consistent with Title III-B case management's role as a temporary brokerage service linking individuals to other supportive services rather than providing an ongoing service.

In addition, participants were highly satisfied. For example, over 80% of survey respondents rated home care services as positive. Finally, Title III-B program funds are highly leveraged. Depending on the service, the study found that for every $1 of Title III-B funding, local programs leverage $2 to $6 from other sources. Overall, the study found that the Title III-B program is a key component of the Older Americans Act and is performing as intended; assisting vulnerable older adults to remain independent and active in their communities. The final report can be accessed at http://www.aoa.gov/AoARoot/Program_Results/docs/Program_Eval/III-B%20Final%20Report_6_26_07.doc.

Data Source and Validation Table

Table 15. Data Source and Validation Table

Agency Macro Program: Health and Independence

Measure	Data Source	Data Validation
1.1 3.3 3.4	State Program Report data is annually submitted by states.	The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and state staff. AoA staff follow-up with states to assure validity and accuracy. After revisions, states certify the accuracy of their data.
2.10	State Program Report and National Survey.	This is a composite measure that utilizes data from multiple sources. One source is the State Program Report. Another source is the National Survey. State Program Report data is annually submitted by states. The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and state staff. AoA staff follow-up with states to assure validity and accuracy. After revisions, states certify the accuracy of their data. The National Survey draws a sample of Area Agencies is used to obtain a random sample of clients receiving selected services. Trained staff administers telephone surveys. Results are analyzed and compared to client population to assure representative sample.

Agency Program: Home and Community-Based Supportive Services

Measure	Data Source	Data Validation
1.1 2.11	State Program Report data is annually submitted by states.	The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and state staff. AoA staff follow-up with states to assure validity and accuracy. After revisions, states certify the accuracy of their data.

Measure	Data Source	Data Validation
2.9b	National Survey	AoA's national survey uses a range of quality assurance procedures to validate data on OAA participants and services which covers all the steps in the survey process. The surveys have consistently achieved a cooperation rate of over 80% for the sampled Area Agencies on Aging and over 90% for the sample of clients who are currently participating in OAA programs. These high cooperation rates occur because of several important steps in the quality assurance process, including intensive follow-up to contact and interview as many service participants as possible, and calling back at times that are convenient for respondents. After the surveys are complete, range and consistency checks and edits, in conjunction with the CATI software applications, ensure that only correct responses appear in the data files. The data is weighted during three post-survey steps to ensure accuracy. This includes using the inverse of the probability of selection to weight the sample of agencies and clients, adjusting for any non-response patterns and bias that might otherwise occur, and post-stratification of control totals to ensure consistency with official administrative records.
2.10	State Program Report and National Survey.	This is a composite measure that utilizes data from multiple sources. One source is the State Program Report. Another source is the National Survey. State Program Report data is annually submitted by states. The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and state staff. AoA staff follow-up with states to assure validity and accuracy. After revisions, states certify the accuracy of their data. The National Survey draws a sample of Area Agencies is used to obtain a random sample of clients receiving selected services. Trained staff administers telephone surveys. Results are analyzed and compared to client population to assure representative sample.

Agency Program: Nutrition Services

Measure	Data Source	Data Validation
1.1 3.2	State Program Report data is annually submitted by states.	The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and state staff. AoA staff follow-up with states to assure validity and accuracy. After revisions, states certify the accuracy of their data.

Measure	Data Source	Data Validation
2.9a	National Survey	AoA's national survey uses a range of quality assurance procedures to validate data on OAA participants and services which covers all the steps in the survey process. The surveys have consistently achieved a cooperation rate of over 80% for the sampled Area Agencies on Aging and over 90% for the sample of clients who are currently participating in OAA programs. These high cooperation rates occur because of several important steps in the quality assurance process, including intensive follow-up to contact and interview as many service participants as possible, and calling back at times that are convenient for respondents. After the surveys are complete, range and consistency checks and edits, in conjunction with the CATI software applications, ensure that only correct responses appear in the data files. The data is weighted during three post-survey steps to ensure accuracy. This includes using the inverse of the probability of selection to weight the sample of agencies and clients, adjusting for any non-response patterns and bias that might otherwise occur, and post-stratification of control totals to ensure consistency with official administrative records.
2.10	State Program Report and National Survey.	This is a composite measure that utilizes data from multiple sources. One source is the State Program Report. Another source is the National Survey. State Program Report data is annually submitted by states. The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and state staff. AoA staff follow-up with states to assure validity and accuracy. After revisions, states certify the accuracy of their data. The National Survey draws a sample of Area Agencies is used to obtain a random sample of clients receiving selected services. Trained staff administers telephone surveys. Results are analyzed and compared to client population to assure representative sample.

Agency Program: Native American Nutrition and Supportive Services

Measure	Data Source	Data Validation
1.3	Title VI Reporting System, Budget amounts as appears in the Congressional Justification	Annual reports submitted by grantees, reviewed by AoA staff who follow-up with questions. Tribal officials certify report is accurate. AoA staff review record keeping system during regular on-site monitoring.

Agency Macro Program: Family Caregiver Support Services

Measure	Data Source	Data Validation
1.1 2.6 3.1	State Program Report data is annually submitted by states.	The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and state staff. AoA staff follow-up with states to assure validity and accuracy. After revisions, states certify the accuracy of their data.
2.9c	National Survey	AoA's national survey uses a range of quality assurance procedures to validate data on OAA participants and services which covers all the steps in the survey process. The surveys have consistently achieved a cooperation rate of over 80% for the sampled Area Agencies on Aging and over 90% for the sample of clients who are currently participating in OAA programs. These high cooperation rates occur because of several important steps in the quality assurance process, including intensive follow-up to contact and interview as many service participants as possible, and calling back at times that are convenient for respondents. After the surveys are complete, range and consistency checks and edits, in conjunction with the CATI software applications, ensure that only correct responses appear in the data files. The data is weighted during three post-survey steps to ensure accuracy. This includes using the inverse of the probability of selection to weight the sample of agencies and clients, adjusting for any non-response patterns and bias that might otherwise occur, and post-stratification of control totals to ensure consistency with official administrative records.
2.10	State Program Report and National Survey.	This is a composite measure that utilizes data from multiple sources. One source is the State Program Report. Another source is the National Survey. State Program Report data is annually submitted by states. The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and state staff. AoA staff follow-up with states to assure validity and accuracy. After revisions, states certify the accuracy of their data. The National Survey draws a sample of Area Agencies is used to obtain a random sample of clients receiving selected services. Trained staff administers telephone surveys. Results are analyzed and compared to client population to assure representative sample.

Agency Program: Services for Native American Caregivers

Measure	Data Source	Data Validation
2.6 3.1	State Program Report data is annually submitted by states.	The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and state staff. AoA staff follow-up with states to assure validity and accuracy. After revisions, states certify the accuracy of their data.

Measure	Data Source	Data Validation
2.9c	National Survey	AoA's national survey uses a range of quality assurance procedures to validate data on OAA participants and services which covers all the steps in the survey process. The surveys have consistently achieved a cooperation rate of over 80% for the sampled Area Agencies on Aging and over 90% for the sample of clients who are currently participating in OAA programs. These high cooperation rates occur because of several important steps in the quality assurance process, including intensive follow-up to contact and interview as many service participants as possible, and calling back at times that are convenient for respondents. After the surveys are complete, range and consistency checks and edits, in conjunction with the CATI software applications, ensure that only correct responses appear in the data files. The data is weighted during three post-survey steps to ensure accuracy. This includes using the inverse of the probability of selection to weight the sample of agencies and clients, adjusting for any non-response patterns and bias that might otherwise occur, and post-stratification of control totals to ensure consistency with official administrative records.

Agency Macro Program: Protection of Vulnerable Older Americans

Measure	Data Source	Data Validation
1.2 2.7 2.12 2.13	National Ombudsman Reporting System	State Program Report data is annually submitted by states. Multi-year comparison reports are reviewed by AoA. AoA staff follow-up with states to assure validity and accuracy.

Agency Program: Aging Network Support Activities

Measure	Data Source	Data Validation
1.4 1.5	SMP state program directors submit data semiannually to HHS OIG.	Program data is reviewed by SMP Resource Center for input discrepancies; follow-up as needed to ensure validity and accuracy. OIG reviews SMP performance report submissions, validating documentation of savings reported.

National Survey Data

AoA's national survey employs a range of quality assurance procedures to guarantee the validity of data on OAA participants and services. These quality assurance procedures cover all steps in the survey process, from the development of the samples of agencies and service recipients, to the computer-assisted telephone interviewing (CATI) editing that occurs during the survey, and the post-survey weighting of the data to assure that the sample is truly representative of the universe of clients and services.

Senior statisticians have designed a sample of agencies and service recipients that ensure an accurate representation of OAA programs, and the project staff focus their attention on achieving a high response rate, which maximizes the survey's precision. The surveys have consistently achieved a cooperation rate of over 80% for the sampled Area Agencies on Aging and for the sample of clients who are currently participating in OAA programs. These high cooperation rates occur because of several important steps in the quality assurance process, including intensive follow-up to contact and interview as many service participants as possible, calling back at times that are convenient for respondents.

After the surveys are complete, range and consistency checks and edits, in conjunction with the CATI software applications, ensure that only correct responses appear in the data files. Also, the statisticians weight the data during three important post-survey steps to ensure accuracy. First, the sample of agencies and clients is weighted using the inverse of the probability of selection. Second, there is an adjustment for any non-response patterns and bias that might otherwise occur. Third, the data are post-stratified to known control totals to ensure consistency with official administrative records.

Discontinued Performance Measures Table

Table 16. Discontinued Measures

Macro Program: Health and Independence

Program: Home and Community-Based Supportive Services

Measure 2.2: Maintain high client satisfaction with transportation services. (Outcome)

FY	Target	Result
2007	82%	82.3% (Target Exceeded)
2006	82%	85% (Target Exceeded)

Measure 2.9: 90% or more of Title III service recipients rate services good to excellent (Outcome)

FY	Target	Result
2007	90%	92.4% (Target Exceeded)
2006	N/A	95.2% (Target Not In Place)

Measure	Data Source	Data Validation
2.2 2.9	National Survey	AoA's national survey uses a range of quality assurance procedures to validate data on OAA participants and services which covers all the steps in the survey process. The surveys have consistently achieved a cooperation rate of over 80% for the sampled Area Agencies on Aging and over 90% for the sample of clients who are currently participating in OAA programs. These high cooperation rates occur because of several important steps in the quality assurance process, including intensive follow-up to contact and interview as many service participants as possible, and calling back at times that are convenient for respondents. After the surveys are complete, range and consistency checks and edits, in conjunction with the CATI software applications, ensure that only correct responses appear in the data files. The data is weighted during three post-survey steps to ensure accuracy. This includes using the inverse of the probability of selection to weight the sample of agencies and clients, adjusting for any non-response patterns and bias that might otherwise occur, and post-stratification of control totals to ensure consistency with official administrative records.

Program: Nutrition Services

Measure 2.1: Maintain high client satisfaction with Home Delivered Meals. (Outcome)

FY	Target	Result
2007	93%	94.5% (Target Exceeded)
2006	93%	94% (Target Exceeded)

Measure 2.4: Maintain high client satisfaction with congregate meals (Outcome)

FY	Target	Result
2007	93%	94% (Target Exceeded)
2006	93%	97% (Target Exceeded)

Measure	Data Source	Data Validation
2.1 2.4	National Survey	AoA's national survey uses a range of quality assurance procedures to validate data on OAA participants and services which covers all the steps in the survey process. The surveys have consistently achieved a cooperation rate of over 80% for the sampled Area Agencies on Aging and over 90% for the sample of clients who are currently participating in OAA programs. These high cooperation rates occur because of several important steps in the quality assurance process, including intensive follow-up to contact and interview as many service participants as possible, and calling back at times that are convenient for respondents. After the surveys are complete, range and consistency checks and edits, in conjunction with the CATI software applications, ensure that only correct responses appear in the data files. The data is weighted during three post-survey steps to ensure accuracy. This includes using the inverse of the probability of selection to weight the sample of agencies and clients, adjusting for any non-response patterns and bias that might otherwise occur, and post-stratification of control totals to ensure consistency with official administrative records.

Macro Program: Family Caregiver Support Services

Measure 2.3: Maintain high client satisfaction with caregiver of elders. (Outcome)

FY	Target	Result
2007	87%	95.5% (Target Exceeded)
2006	87%	95% (Target Exceeded)

Measure 2.5: Increase percent of caregivers who report that services helped them care longer for older individuals (Outcome)

FY	Target	Result
2007	75%	77% (Target Exceeded)
2006	68%	57% (Target Not Met but Improved)

Measure	Data Source	Data Validation
2.3 2.5	National Survey	AoA's national survey uses a range of quality assurance procedures to validate data on OAA participants and services which covers all the steps in the survey process. The surveys have consistently achieved a cooperation rate of over 80% for the sampled Area Agencies on Aging and over 90% for the sample of clients who are currently participating in OAA programs. These high cooperation rates occur because of several important steps in the quality assurance process, including intensive follow-up to contact and interview as many service participants as possible, and calling back at times that are convenient for respondents. After the surveys are complete, range and consistency checks and edits, in conjunction with the CATI software applications, ensure that only correct responses appear in the data files. The data is weighted during three post-survey steps to ensure accuracy. This includes using the inverse of the probability of selection to weight the sample of agencies and clients, adjusting for any non-response patterns and bias that might otherwise occur, and post-stratification of control totals to ensure consistency with official administrative records.

Macro Program: Protection of Vulnerable Older Americans

Measure 1.2: For Title VII Services, increase the number of Ombudsman complaints resolved or partially resolved per million dollars of AoA funding. (Outcome)

FY	Target	Result
2010	Discontinued	
2009	11,346	Sep 30, 2010
2008	11,439	Sep 30, 2009
2007	11,811	10,801 (Target Not Met but Improved)
2006	10,062	10,745 (Target Exceeded)

Measure 2.7: Improve the Ombudsman complaint resolution rates. (Outcome)

FY	Target	Result
2010	Discontinued	
2009	32	Sep 30, 2010
2008	30	24 (Target Not Met)
2007	15	35 (Target Exceeded)
2006	15	27 (Target Exceeded)

Measure	Data Source	Data Validation
1.2 2.7	National Ombudsman Reporting System	State Program Report data is annually submitted by states. Multi-year comparison reports are reviewed by AoA. AoA staff follow-up with states to assure validity and accuracy.

Macro Program: Network Support and Demonstrations

Measure 1.4: For Senior Medicare Patrol, increase the number of beneficiaries trained per million dollars of AoA funding. (Outcome)

FY	Target	Result
2010	Discontinued	
2009	41,230	Sep 30, 2010
2008	49,600	36,479 (Target Not Met)
2007	48,980	39,216 (Target Not Met)
2006	37,200	42,767 (Target Exceeded)

Measure	Data Source	Data Validation
1.4	SMP state program directors submit data semiannually to HHS OIG.	Program data is reviewed by SMP Resource Center for input discrepancies; follow-up as needed to ensure validity and accuracy. OIG reviews SMP performance report submissions, validating documentation of savings reported.