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AREA AGENCIES ON AGING (AAA) REPORTING MANUAL

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FORWARD

The Iowa Department on Aging (IDA) requires that all Area Agencies on Aging (AAA) collect and provide IDA with program and fiscal performance information for services funded through the Older Americans Act (OAA) and related legislation (IAC 17-5.9(231)). The following manual provides the guidance AAAs shall follow in collecting and submitting the information to IDA. It includes service definitions and units of measure, in addition to required formats and due dates for program and fiscal reports.

Defined services and fiscal reports address funding source requirements that include but may not be limited to federal Title IIIB Supportive Services and Senior Centers Resources; Title IIIC Nutrition Services Resources, including Title IIIC(1) Congregate Nutrition Services and Title IIIC(2) Home Delivered Nutrition Services; Title IIID Disease Preventive Health Promotion; and Title IIIE Caregiver Support Program Resources.

To improve data integrity and consistency of service provision statewide, the AAAs are responsible for ensuring this manual or the information herein is available to all staff who may utilize it, including those involved in service provision, data management, and fiscal operations. AAAs are also responsible for ensuring integrity of the data provided, so that it is accurate and useable for analysis, and for training staff and providers, as needed, on the taxonomy. Service provision must align with the definitions provided, and units of service must be calculated as indicated. Obtaining and reporting necessary information from subgrantees, contractors, and subcontractors is solely the responsibility of the Area Agency on Aging (IAC 17-5.9(3)).

Data collection and reporting must adhere to federal and state statutes and regulations and other guidance provided by the IDA (e.g. service categories and definitions, etc.).

Statutory Authority and Governing Law

42 U.S.C. 3001 et seq; (Older Americans Act Reauthorization Act of 2016, Pub. L. No. 114-144)

45 C.F.R. Parts:

1321 – Grants to State and Community Programs on Aging

75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

Iowa Code Chapter 231 – Department on Aging – Older Iowans

Iowa Administrative Code Chapter 17 – Department on Aging

REPORTING MANUAL SCHEDULE

Activity	Issue Date	Effective Date	Location
<p>IDA will issue the Area Agencies on Aging (AAA) Reporting Manual effective for next fiscal year.</p> <ul style="list-style-type: none"> This version will include changes to reporting requirements to begin in the fiscal year starting July 1. 	February 1	July 1	https://www.iowaaging.gov/area-agencies-aging/aaa-professionals/area-plan-aging-guidance
<p>Revision: IDA will issue revisions to the current Area Agencies on Aging (AAA) Reporting Manual.</p> <ul style="list-style-type: none"> The revised version will include corrections or clarifications to existing information. New or modified reporting requirements for the current SFY reporting period will only be included when legislative action or administrative rule changes require it. 	October 1	October 1	https://www.iowaaging.gov/area-agencies-aging/aaa-professionals/area-plan-aging-guidance

CHAPTER ONE: GENERAL REPORTING INSTRUCTIONS

This chapter identifies the software systems, report deadlines, and report submission requirements for AAA service, fiscal, and other required information.

Reporting Requirements

The current service reporting software system is Wellsky™ Aging and Disability system (Wellsky), administered through contract by Northeast Iowa Area Agency on Aging (NEI3A). The financial reporting software system is the Iowa Aging Financial Reporting System (IAFRS) component of the Iowa Aging Information System (IAIS), administered by the IDA. IDA generates consumer, service and fiscal reports from data entered by the AAAs into these systems. For the service of Legal Assistance, the AAAs must also provide to the IDA the Title IIIB Legal Assistance Quarterly, Semi-Annual, and Annual Reports not currently entered in Wellsky.

Official Reports and Due Dates

Quarterly Reports	Refer to ...	Due Date	Submission Method
Required Consumer and Service Information	Chapter 3	22 nd October (Q1), January (Q2), April (Q3), and July (Q4)	Enter in Wellsky by due date.
Title IIIB Legal Assistance Quarterly Report *Semi-annual report	Chapter 3	22 nd October (Q1), January (Q2)*, April (Q3), and July (Q4)*	E-mail to aging@iowa.gov
Area Plan Cumulative Financial Status Report (IAFRS)	Chapter 6	22 nd October (Q1), January (Q2), April (Q3), and July (Q4)	Enter in IAFRS by due date. Mail signed Cover Sheet to Jeff Batz-IDA.

Annual Reports	Refer to ...	Due Date	Submission Method
Title IIIB Legal Assistance Annual Report	Chapter 3	July 22	E-mail to aging@iowa.gov
Provider and Staffing Report	Chapter 4	Dec 31	E-mail to aging@iowa.gov
Updated Area Plan Budget Report	Chapter 6	Feb 22	Enter in IAFRS by due date. Mail signed Budget Cover Sheet to Jeff Batz-IDA.
Reallocation of State & Federal Funds	Chapter 6	Apr 22	Mail to Jeff Batz – IDA.
Final Area Plan Cumulative Financial Status Report (IAFRS)	Chapter 6	Aug 15	Enter in IAFRS by deadline. Mail signed Budget Cover Sheet to Jeff Batz - IDA.
FY Two Year Variance Report	Chapter 7	December 15	E-mail to aging@iowa.gov

IDA must receive an agency’s official reports through mail or e-mail on or prior to the due date per the submission instructions detailed in the chapter identified. Due dates occurring on a weekend or State holiday are due the next business day. IDA must receive mailed, signed cover sheets for fiscal reports within 5 business days of the date the report information is due in IAFRS.

Late Reports

An official report received by the IDA after the due date will be considered late. Late reports or invoices may result in the delay or non-processing of claims by the IDA. Should the AAA anticipate the late submission of a report, the agency is required to contact the program coordinator to request an extension of the due date.

AAAs shall ensure that required consumer and service information for the previous quarter is entered into Wellsky by the 22nd day after the end of the quarter. (Refer to Official Reports and Due Dates tables above.) The IDA generates quarterly consumer, service, and fiscal reports on the 23rd day following the end of the quarter. AAA consumer, service, or fiscal information updated after the 22nd will not be reflected in the reports generated by the IDA for that quarter. IDA quarterly reports are cumulative from the previous quarter.

Due dates for reports associated with awards or contractual agreements not contained in the AAAs approved Area Plan on Aging will be processed in accordance with the terms of the specific award or contractual agreement. Examples include but are not limited to reports associated with community grants, foundation grants, Administration for Community Living (ACL) discretionary grants, and Medicare Improvements for Patients and Providers Act (MIPPA) funding.

■ CHAPTER TWO: SERVICE LISTING AND REQUIREMENTS

This chapter identifies services that AAAs may provide with Older Americans Act (OAA) and designated State funds, provides standard service descriptions and unit measures (taxonomy), and defines other service delivery requirements, including service expenditure requirements.

Evaluating OAA Service Selection and Projections

Each AAA shall annually provide projected consumers, units, and expenditures for the Older Americans Act services through the agency's Area Plan on Aging. The AAA shall conduct a comprehensive assessment to determine consumer need when planning for services and submitting service projections. The AAA shall promote its services to ensure that consumers are aware of their availability.

The AAA shall consider the number of individuals in the PSA who meet the conditions defined below when establishing annual consumers, units, and expenditures, subcontracting for services, and identifying service delivery strategies.

Greatest Economic Need. The need resulting from an income level at or below the poverty line.

Greatest Social Need. The need caused by noneconomic factors, which include:

- (A) Physical and mental disabilities;
- (B) Language barriers; and
- (C) Cultural social, or geographical isolation, including isolation caused by racial or ethnic status, that-
 - (i) Restricts the ability of an individual to perform normal daily tasks; or
 - (ii) Threatens the capacity of the individual to live independently.

At Risk for Institutional Placement. An individual that is unable to perform at least two activities of daily living without substantial assistance (including verbal reminding, physical cueing or supervision) and is determined by the State involved to be need of placement in a long-term care facility.

Frail. The older individual is determined to be functionally impaired because the individual:

- (A)(i) Is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or
- (ii) At the option of the State, is unable to perform at least three such activities without such assistance; or
- (B) Due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

Service Listing

AAAs must provide the Mandatory Services. AAAs may choose to offer some or all of the Optional Services.

In an effort to better organize offerings by AAAs, the available services have been organized in the following three broad categories: *Information & Service Assistance*, *Nutrition & Health Promotion*; and *Services to Promote Independence*. The organization of these three broad categories supports efforts for reporting and budgeting.

Information & Service Assistance (Mandatory)	Nutrition & Health Promotion (Mandatory)	Services to Promote Independence (Optional)	
<ul style="list-style-type: none"> • Case Management FC Case Management ORC Case Management - Optional EAPA Assessment & Intervention • FC Counseling • Information & Assistance FC Information & Assistance ORC Information & Assistance-Optional EAPA Consultation • Legal Assistance • Options Counseling FC Options Counseling ORC Options Counseling - Optional 	<ul style="list-style-type: none"> • Congregate Nutrition FC Congregate Nutrition – Optional ORC Congregate Nutrition – Optional • Health Promotion: Evidence-Based • Health Promotion: Non Evidence-Based (Optional) • Home Delivered Nutrition FC Home Delivered Nutrition - Optional ORC Home Delivered Nutrition- Optional • Nutrition Counseling • Nutrition Education 	<ul style="list-style-type: none"> • Adult Day Care / Health • Assisted Transportation • Behavioral Health Supports • Chore • Emergency Response System FC Emergency Response System ORC Emergency Response System • Homemaker • FC Information Services ORC Information Services 	<ul style="list-style-type: none"> • Material Aid FC Supplemental Services ORC Supplemental Services • Outreach • Personal Care • FC Respite Care ORC Respite Care • FC Support Groups ORC Support Groups • Training & Education FC Training ORC Training EAPA Training (Mandatory) • Transportation

Note: Older Relative Caregiver services align with Family Caregiver services, but they are all optional.

Service Budgeting & Expenditures

- Refer to the “Service Expenditure Requirements” section in this chapter for details on expenditure requirements.
- Refer to Chapter Six: Area Plan Financial Reporting for the SFY 2020 allowable funding expenditure tables, service budget codes, and additional fiscal reporting information.

Registered Services

Data Collection Requirements

AAA staff and/or contracted provider or purchase of service provider must collect General Aging Detailed Consumer Profile information or Caregiver Detailed Consumer Profile information (as appropriate) at least once per state fiscal year for lowans receiving at least one unit of a general aging or caregiver registered service.

- Refer to Chapter Three: Service Delivery Management for more information on the detailed consumer profile.
- Refer to Chapter Seven: AAA Performance Evaluation for information on data quality standards.

General Aging Registered Services

The following are the General Aging registered services.

- Adult Day Care / Health
- Assisted Transportation
- Case Management
- Chore
- Congregate Nutrition
- EAPA Assessment and Intervention
- EAPA Consultation
- Emergency Response System
- Health Promotion: Evidence-Based
- Health Promotion: Non-Evidence Based
- Home Delivered Nutrition
- Homemaker
- Information & Assistance
- Material Aid
- Nutrition Counseling
- Nutrition Education
- Options Counseling
- Personal Care
- Transportation

Family Caregiver/Older Relative Caregiver Registered Services

The following are the Caregiver registered services.

- Information & Assistance
- Case Management
- Congregate Nutrition
- Counseling
- Emergency Response System
- Home Delivered Nutrition
- Options Counseling
- Respite Care
- Support Groups
- Supplemental Service
- Training

Direct Service Waivers

In accordance with OAA, Sec 307(8)(A), Area Agencies on Aging shall not directly provide supportive services, nutrition services, or in-home services unless, in the judgment of the State agency, it is:

- a) necessary to assure an adequate supply of such services;
- b) such services are directly related to the area agency on aging's administrative functions; or
- c) such services can be provided more economically, and with comparable quality by the area agency on aging.

Iowa Administrative Code 17-6.12(231) contains the process for requesting a waiver to provide direct services.

Some services are exempt from this requirement. AAAs may provide the following services directly without submitting a waiver request to the IDA:

- Information and Assistance (which includes FC & ORC Information & Assistance)
- Outreach
- Case Management (including FC & ORC Case Management)
- Advocacy Representation
- Public Education (which includes Nutrition Education, Training and Education services, and FC & ORC Information Services)
- Employment Services
- Mental Health Outreach (including Behavioral Health Supports)
- Coordination of efforts concerning the prevention of elder abuse (which includes EAPA Assessment and Intervention and EAPA Consultation)
- Options Counseling (which includes FC & ORC Options Counseling)

Service Expenditure Requirements

Title IIIB Priority Services

Each AAA shall expend a minimum percentage of Older Americans Act Title III-B funds, less administration costs, for priority services within the categories of Access, In-Home, and Legal services. The services and the minimum percentage (%) of Title IIIB funding required to be expended within each service category is listed below.

Access Services (10%)

- Information and Assistance
- Assisted Transportation
- Transportation
- Case Management
- Outreach

In-Home Services (5%)

- Adult Day Care/ Health
- Chore
- Homemaker
- Personal Care

Legal Services (3%)

- Legal Assistance

Title IIIE Older Relative Caregivers

AAAs cannot exceed 10% of Total Family Caregiver program expenditures (i.e. Title III Caregiver Support authorization plus required minimum match) for Older Relative Caregiver services.

State General Funds for Elder Abuse Prevention and Awareness Program (EAPA)

All state general funds for EAPA (IAFRS IDA Resource-123) must be expended for EAPA services before expending other state and federal funds available.

State General Funds to Serve Iowans with Disabilities Aged 18 Years and Older

According to SF2418 state general funds may be used to provide two service lines in relation to the function of an Aging and Disability Resource Center:

1. To serve as Iowa's Aging and Disability Resource Center for citizens of Iowa who are 60 years of age and older; and
2. To provide information and options counseling for persons with disabilities who are 18 years of age and older.

Therefore, agencies may use state general funds to provide Information and Assistance and Options Counseling to individuals under the age of 60 who have a disability. Additionally, the funds may be used to provide Material Aid to individuals under the age of 60 who have a disability.

Currently, Iowa Administrative Code does not restrict agencies from prioritizing or targeting services to those individuals under the age of 60 who have a disability and are determined to be most in need. Further, code does not prohibit means testing, cost sharing, fee for service, or wait lists for this population.

Service Taxonomy

AAAs must utilize the General Aging service taxonomy and Caregiver service taxonomy in planning, providing services, and reporting consumers served, service units provided, and service funds expended. Service activity shall conform to the service definition in the taxonomy.

Unduplicated Consumer Count

When reporting consumer counts for services in the taxonomy, AAAs must provide an unduplicated consumer count for all registered. AAAs must establish and implement a consistent process to track and report an *estimated* unduplicated consumer count for non-registered services.

- Refer to “Reporting Examples” below for guidance on tracking and reporting consumer and service units.

Table of Services

Information & Service Assistance

MANDATORY SERVICES	Allowable IDA Funding Source (IAFRS Funding Line)									IAFRS Service Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
	Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)				
Case Management	X			X						06	Y	Y	N
FC Case Management	X							X		CG9	N/A	Y	N
ORC Case Management - <i>Optional</i>	X							X		GO9	N/A	Y	N
EAPA Assessment & Intervention	X		X*	X						C08	N	Y	N
FC Counseling	X							X		CG3	N/A	Y	Y
ORC Counseling - <i>Optional</i>	X							X		GO3	N/A	Y	Y
Information & Assistance	X	X		X						13	Y	Y	N
FC Information & Assistance	X	X						X		CG10	N/A	Y	N
ORC Information & Assistance <i>Optional</i>	X							X		GO10	N/A	Y	N
EAPA Consultation	X		X*	X						C07	N	Y	N
Legal Assistance	X			X						11	Y	N	Y
Options Counseling	X	X		X						E05	N	Y	N
FC Options Counseling	X	X						X		CG8	N/A	Y	N
ORC Options Counseling - <i>Optional</i>	X							X		GO8	N/A	Y	N

Nutrition & Health Promotion

MANDATORY SERVICES	Allowable IDA Funding Source (IAFRS Funding Line)									IAFRS Service Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
	Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)				
Congregate Nutrition	X				X				X	07	N/A	Y	Y
FC Congregate Nutrition <i>Optional</i>	X							X		CG13	N/A	Y	Y
ORC Congregate Nutrition <i>Optional</i>	X							X		GO13	N/A	Y	Y
Health Promotion: Evidence-Based	X			X			X			B07	N	Y	Y
Health Promotion: Non Evidence-Based <i>Optional</i>	X			X						B02	N	Y	Y
Home Delivered Nutrition	X					X			X	04	N/A	Y	Y
FC Home Delivered Nutrition <i>Optional</i>	X							X		CG7	N/A	Y	Y
ORC Home Delivered Nutrition <i>Optional</i>	X							X		GO7	N/A	Y	Y
Nutrition Counseling	X			X	X	X				08	N	Y	Y
Nutrition Education	X			X	X	X				12	N	Y	N

Services to Promote Independence

OPTIONAL SERVICES	Allowable IDA Funding Source (IAFRS Funding Line)									IAFRS Service Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
	Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)				
Adult Day Care / Health	X			X						05	Y	Y	Y
Assisted Transportation	X			X						09	Y	Y	Y
Behavioral Health Supports	X			X						B05	N	N	N
Chore	X			X						03	Y	Y	Y
Emergency Response System	X			X						B04	N	Y	Y
FC Emergency Response System	X							X		CG14	N/A	Y	Y
ORC Emergency Response System	X							X		GO14	N/A	Y	Y
Homemaker	X			X						02	Y	Y	Y
FC Information Services	X							X		CG4	N/A	N	N
ORC Information Services	X							X		GO4	N/A	N	N
Material Aid													
Assistive Tech/Durable Equip	X	X		X						F06	N	Y	Y
Consumable Supplies	X	X		X						F07	N	Y	Y
Home Modification/Repairs	X	X		X						A01	N	Y	Y
Other	X	X		X						F08	N	Y	Y
FC Supplemental Services	X							X		CG6	N/A	Y	Y
ORC Supplemental Services	X							X		CG6	N/A	Y	Y
Outreach	X			X						14	Y	N	N
Personal Care	X			X						01	Y	Y	Y
FC Respite Care: In-Home	X							X		CG23	N/A	Y	Y
ORC Respite Care: In-Home	X							X		GO23	N/A	Y	Y
FC Respite Care: Out-of-Home (Day)	X							X		CG24	N/A	Y	Y
ORC Respite Care: Out-of-Home (Day)	X							X		GO24	N/A	Y	Y
FC Respite Care: Out-of-Home (Overnight)	X							X		CG25	N/A	Y	Y
ORC Respite Care: Out-of-Home (Overnight)	X							X		GO25	N/A	Y	Y
FC Respite Care: Other	X							X		CG26	N/A	Y	Y
ORC Respite Care: Other	X							X		GO26	N/A	Y	Y

OPTIONAL SERVICES	Allowable IDA Funding Source (IAFRS Funding Line)									IAFRS Service Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
	Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)				
FC Support Group	X							X		CG11	N/A	Y	Y
ORC Support Group	X							X		GO11	N/A	Y	Y
Training & Education	X			X						D01	N	N	N
FC Training	X							X		CG12	N/A	Y	Y
ORC Training	X							X		GO12	N/A	Y	Y
EAPA Training (Mandatory)	X		X	X						CO9	N/A	N	N
Transportation	X			X						10	Y	Y	Y

Services, Definitions, & Unit Measures

Adult Day Care / Health - Optional											Unit Measure	
Services or activities provided to adults who require care and supervision in a protective setting for a portion of a 24-hour day. Includes out of home supervision, health care, recreation, and/or independent living skills training offered in centers most commonly known as Adult Day, Adult Day Health, Senior Centers, and Disability Day Programs. (Source: NAMRS)											Day - One (1) day is equal to eight (8) hours. Partial days may be reported using two decimal places.	
Allowable IDA Funding Source (IAFRS Funding Line)									IAFRS Service Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)				
X			X						05	Y	Y	Y
Assisted Transportation - Optional											Unit Measure	
Services or activities that provide or arrange for the travel, including travel costs, of individuals from one location to another. This service includes escort or other appropriate assistance for a person who has difficulties (physical or cognitive) using regular vehicular transportation. Does not include any other activity. (Source: NAMRS/HCBS Taxonomy)											One-way trip	
Allowable IDA Funding Source (IAFRS Funding Line)									IAFRS Service Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)				
X			X						09	Y	Y	Y
Behavioral Health Supports - Optional											Unit Measure	
Mental health outreach services to an older individual provided directly by an AAA or subcontracted to a recognized behavioral health provider within the community.											1 Consumer Contact	
Allowable IDA Funding Source (IAFRS Funding Line)									IAFRS Service Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)				
X			X						B05	N	N	N

- with the information and assistance services provided under the Older Americans Act;
- coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;
- periodic reassessment and revision of the status of the caregiver; and
- in accordance with the wishes of the caregiver, advocacy on behalf of the caregiver for needed services or resources.

(Source: OAA)

EAPA Assessment & Intervention - Mandatory

Provision of service to an EAPA program consumer that is either at risk of or experiencing abuse, neglect or financial exploitation and entails: (a) One-on-one discussions identifying what is important to the person and for the person with the consideration of dignity of risk; (b) Administration of a standardized assessment tool to identify existing impairments, situations, and to balance the identified service and resource options to achieve healthier and safer outcomes; (c) Advocacy, counseling, case documentation, and person centered intervention plan that defines services and assistance to address identified needs, timelines, and providers; (d) Inter-agency case coordination and service provision; (e) Ongoing follow-up and reassessment; (f) Evaluation of outcomes; and (g) Case closure planning (Source: IDA IAC)

	Allowable IDA Funding Source (IAFRS Funding Line)									IAFRS Service Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
	Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)				
Case Management	X			X						06	Y	Y	N
FC Case Management	X							X		CG9	N/A	Y	N
ORC Case Management	X							X		GO9	N/A	Y	N
EAPA Assessment & Intervention	X		X*	X						C08	N	Y	N

Chore - Optional

Unit Measure

Performance of heavy household tasks provided in a person's home and possibly other community settings. Tasks may include yard work or sidewalk maintenance in addition to heavy housework. (Source: HCBS Taxonomy)

Hour - Partial hour may be reported to two decimal places, e.g. 0.25 hours.

	Allowable IDA Funding Source (IAFRS Funding Line)									IAFRS Service Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
	Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)				
	X			X						03	Y	Y	Y

	Allowable IDA Funding Source (IAFRS Funding Line)									IAFRS Service Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
	Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)				
Congregate Nutrition	X				X				X	07	N/A	Y	Y
FC Congregate Nutrition	X								X	CG13	N/A	Y	Y
ORC Congregate Nutrition	X								X	GO13	N/A	Y	Y
FC Counseling – Mandatory												Unit Measure	
ORC Counseling - Optional													
Provision of counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles.												1 session per consumer	
	Allowable IDA Funding Source (IAFRS Funding Line)									IAFRS Budget Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
	Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)				
FC Counseling	X								X	CG3	N/A	Y	Y
ORC Counseling	X								X	GO3	N/A	Y	Y

Emergency Response System – Optional												Unit Measure	
Subcategories													
<ul style="list-style-type: none"> - FC Emergency Response System – Optional - ORC Emergency Response System - Optional 													
A service provided to a consumer that includes the installation and monthly fee for an emergency response system. (Source: IDA)												1 month payment	
	Allowable IDA Funding Source (IAFRS Funding Line)									IAFRS Service Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
	Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)				
Emergency Response System	X			X						B04	N	Y	Y
FC Emergency Response System	X							X		CG14	N/A	Y	Y
ORC Emergency Response System	X							X		GO14	N/A	Y	Y
Health Promotion: Evidence Based - Mandatory												Unit Measure	
Activities related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition). Activities must meet ACL/AoA's definition for an evidence-based program, as presented on ACL's website . (Source: OAA)												1 consumer per program	
	Allowable IDA Funding Source (IAFRS Funding Line)									IAFRS Service Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
	Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)				
	X			X				X		B07	N	Y	Y
Health Promotion: Non Evidence Based - Optional												Unit Measure	
Health promotion and disease prevention activities that do not meet ACL/AoA's definition for an evidence-based program as defined at ACL's website . Activities may include those defined in the OAA (Section 102(14)) for example: (A) health risk assessments; (B) routine health screening; (C) nutritional counseling and educational services for individuals and their primary caregivers**; (E) programs regarding physical fitness, group exercise, and music therapy, art therapy, and dance-movement therapy; (F) home injury control services; (G) screening for the prevention of depression, coordination of community mental and behavioral health services, provision of educational activities, and referral to psychiatric and psychological services; (H) educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.); (I) medication management screening and												1 Unit = Program: 1 Program Service: 1 Contact Assessment: 1 Assessment	

FC Home Delivered Nutrition - Optional
ORC Home Delivered Nutrition - Optional

A meal provided to a qualified individual in his/her place of residence. The meal is served in a program that is administered by SUAs and/or AAAs and meets all the requirements of the Older Americans Act and State/Local laws (Source: OAA).

Title III-E qualified individual. A Title III-E eligible individual is a caregiver who is 60 years of age or older or is the Home Delivered Meal participant's spouse.

NSIP Qualified Meal: Meal count used to determine a states allotment under the OAA Title III, Part A (Section 311).

A meal provided to a qualified individual in his/her place of residence through a program that meets all of the criteria for payment using OAA funds (see OAA Title III-C):

- Served to an eligible individual, i.e. a person who is qualified to receive services under the OAA as defined in Title III; and
- Served to an eligible person who has NOT been means-tested for participation; and
- Compliant with the nutrition requirements; and
- Served by an eligible agency, i.e. has a grant or contract with a SUA or AAA; and
- Served to a person who has an opportunity to contribute toward the cost of the meal.

Meals served under Title III-E supplemental services [CG/GO Home Delivered Meal] may be included if all the above criteria are met. (Source: OAA)

	Allowable IDA Funding Source (IAFRS Funding Line)									IAFRS Service Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
	Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)				
Home Delivered Nutrition	X					X			X	04	N/A	Y	Y
FC Home Delivered Nutrition	X							X		CG7	N/A	Y	Y
ORC Home Delivered Nutrition	X							X		GO7	N/A	Y	Y

Homemaker - Optional												Unit Measure			
Performance of light housekeeping tasks provided in a person's home and possibly other community settings. Task may include preparing meals, shopping for personal items, managing money, or using the telephone in addition to light housework. (Source: HCBS Taxonomy)												Hour - Partial hour may be reported to two decimal places, e.g. 0.25 hours.			
Allowable IDA Funding Source (IAFRS Funding Line)												IAFRS Service Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)							
X			X						02	Y	Y				
Information and Assistance – Mandatory												Unit Measure			
Subcategories: <ul style="list-style-type: none"> - FC Information & Assistance - Mandatory - ORC Information & Assistance - Optional - EAPA Consultation - Mandatory 															
A service that: <ul style="list-style-type: none"> • provides the individual with current information on opportunities and services available within the communities, including information relating to assistive technology; • identifies the problems and capacities of the individual; • links the individual to the opportunities and services that are available; • to the maximum extent practicable, ensures that the individual receive the services needed and is aware of the opportunities available, by establishing adequate follow-up procedures; and • serves the entire community of older individuals, particularly— <ul style="list-style-type: none"> ○ older individuals with greatest social need; ○ older individuals with greatest economic need; and ○ older individuals at risk for institutional placement. (Source: OAA)												1 Contact			
FC Information & Assistance - Mandatory ORC Information & Assistance - Optional															
A service that: <ul style="list-style-type: none"> • provides the caregiver with current information on opportunities and services available within the community, including information relating to assistive technology; • identifies the problems and capacities of the caregiver; • links the caregiver to the opportunities and services that are available; 															

- to the maximum extent practicable, ensures that the caregiver receives the services needed and is aware of the opportunities available by establishing adequate follow-up procedures; and
- serves the entire community of older individuals, particularly—
 - caregivers who are older individuals with greatest social need;
 - older individuals with greatest economic need;
 - older relative caregivers of children with severe disabilities, or individuals with disabilities who have severe disabilities;

Family caregivers who provide care for individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction; and caregivers of “frail” individuals defined as: unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; and/or cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. (Source: OAA)

EAPA Consultation - Mandatory

Provision of service to a consumer or non-consumer who is calling on their own behalf or on behalf of a consumer, who is either at risk of, or experiencing abuse, neglect or financial exploitation through one-on-one discussion(s) identifying what is important to the person and for the person with the consideration of dignity of risk that may occur in person, by phone, or electronically, and results in: (a) An understanding of the EAPA consumer's situations and capacities; (b) Linking the EAPA consumer/non consumer to available community resources and services; and (c) To the maximum extent practicable, follow-up to ensure that the EAPA consumer/non consumer received services and is aware of the available resource options. (Source: IDA)

	Allowable IDA Funding Source (IAFRS Funding Line)									IAFRS Service Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
	Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)				
Information & Assistance	X	X		X						13	Y	Y	N
FC Information & Assistance	X	X						X		CG10	N/A	Y	N
ORC Information & Assistance	X							X		GO10	N/A	Y	N
EAPA Consultation	X		X*	X						C07	N	Y	N

FC Information Services – Optional ORC Information Services - Optional												Unit Measure		
A public and media activity that conveys information to caregivers about available services, which can include an in-person interactive presentation to the public conducted; a booth/exhibit at a fair, conference, or other public event; and a radio, TV, or Web site event. (Source: SHIP) Unlike Information and Assistance, this service is not tailored to the needs of the individual.												1 Activity		
	Allowable IDA Funding Source (IAFRS Funding Line)										IAFRS Service Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)						
FC Information Services	X						X			CG4	N/A	N	N	
ORC Information Services	X						X			GO4	N/A	N	N	
Legal Assistance - Mandatory												Unit Measure		
Legal advice and representation provided by an attorney to older individuals with economic or social needs as defined in the Older Americans Act, Sections 102(a)(23 and (24), and in the implementing regulation at 45 CFR Section 1321.71, and includes to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of a lawyer and counseling or representation by a non-lawyer where permitted by law (Source: OAA)												Hour <ul style="list-style-type: none"> Partial hour may be reported to two decimal places, e.g. 0.25 hours. 		
	Allowable IDA Funding Source (IAFRS Funding Line)										IAFRS Service Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)						
X			X							11	Y	N	Y	

Material Aid – Optional											Unit Measure		
Subcategory:													
<ul style="list-style-type: none"> - FC Supplemental Services - Optional - ORC Supplemental Services - Optional 													
Provision of aid on a limited basis in the form of goods or services such as food (not meals), smoke detectors, eyeglasses, medical equipment and supplies and security devices that support safety (excluding emergency response system). Prior to authorizing and delivering rental assistance or housing support, the AAA must ensure the benefit supports sustainable housing and directly supports the consumer and not supporting another household. No dollars should be paid directly to a consumer, family member other caregiver. Prior to use of this service, verify no other funding mechanism is available such as Medicare, private insurance, etc. (Source: IDA)													
Assistive Tech/ Durable Equip	Includes grab bars, smoke detectors, eyeglasses, medical equipment and supplies										1 Item		
Consumable Supplies	Includes incontinence supplies, emergency food (not meals), etc.										1 Item		
Home Modification / Repairs	Includes ramps, structural repairs, etc.										1 Item		
Other	Other goods and services provided using OAA funds in whole or in part, that does not fall into the previously defined supplemental service categories.										1 consumer contact/activity/ supply		
FC Supplemental Services - Optional													
ORC Supplemental Services - Optional													
Goods and services provided on a limited basis to complement the care provided by caregivers. (Source: OAA)													
	Allowable IDA Funding Source (IAFRS Funding Line)									IAFRS Service Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
	Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)				
Material Aid													
Assistive Tech/Durable Equip	X	X		X						F06	N	Y	Y
Consumable Supplies	X	X		X						F07	N	Y	Y
Home Modification/Repairs	X	X		X						A01	N	Y	Y
Other	X	X		X						F08	N	Y	Y
FC Supplemental Services	X							X		CG6	N/A	Y	Y
ORC Supplemental Services	X							X		GO6	N/A	Y	Y

FC Options Counseling - Mandatory ORC Options Counseling - Optional											Unit Measure		
<p>Service of providing an interactive process whereby caregivers receive guidance in their deliberations to make informed choices about long-term supports. The process is directed by the caregiver and may include others whom the individual chooses or those who are legally authorized to represent the individual. Options counseling includes the following: (1) a personal, face-to-face interview and assessment to discover strengths, values, and preference of the caregiver and screenings for entitlement program eligibility, (2) a facilitated decision-making process which explores resources and service options and supports the caregiver in weighing pros and cons, (3) developing action steps toward a goal or a long-term support plan and assistance in applying for and accessing support options, and (4) follow-up to ensure supports and decisions are assisting the caregiver.</p> <p>The Options Counseling enrollment period for a consumer shall not exceed 90 days. A consumer may have more than 1 enrollment period in a fiscal year.</p>											Hour - Partial hour may be reported to two decimal places, e.g. 0.25 hours.		
	Allowable IDA Funding Source (IAFRS Funding Line)									IAFRS Service Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
	Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)				
Options Counseling	X	X		X						E05	N	Y	N
FC Options Counseling	X	X						X		CG8	N/A	Y	N
ORC Options Counseling	X							X		GO8	N/A	Y	N
Outreach – Optional											Unit Measure		
<p>Provision of one on one interventions initiated by an agency or organization for the purpose of identifying potential consumers and encouraging their use of existing services and benefits. (Source: ACL) Outreach does not include social media posts, presentations, panel discussions, etc. Refer to Behavioral Health Support Service for mental health outreach.</p>											1 consumer contact		
	Allowable IDA Funding Source (IAFRS Funding Line)									IAFRS Service Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
	Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)				
	X			X						14	Y	N	N

Personal Care – Optional											Unit Measure																																								
Assistance (personal assistance, stand-by assistance, supervision or cues) with Activities of Daily Living (ADLs) and/or health-related tasks provided in a person’s home and possibly other community settings. Personal care may include assistance with Instrumental Activities of Daily Living (IADLs). (Source: HCBS taxonomy)											Hour - Partial hour may be reported to two decimal places, e.g. 0.25 hours.																																								
<table border="1"> <thead> <tr> <th colspan="10">Allowable IDA Funding Source (IAFRS Funding Line)</th> <th rowspan="2">IAFRS Service Code</th> <th rowspan="2">Title 3B Priority service?</th> <th rowspan="2">Registered service?</th> <th rowspan="2">Direct Service Waiver Req’d?</th> </tr> <tr> <th>Elderly Services (110)</th> <th>LifeLong Links (116)</th> <th>EAPA (123)</th> <th>T3B (180)</th> <th>T3C1 (190)</th> <th>T3C2 (200)</th> <th>T3D (220)</th> <th>T3E (215)</th> <th>NSIP (250)</th> <th></th> </tr> </thead> <tbody> <tr> <td>X</td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>01</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> </tbody> </table>											Allowable IDA Funding Source (IAFRS Funding Line)										IAFRS Service Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req’d?	Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)		X			X							01	Y	Y	Y			
Allowable IDA Funding Source (IAFRS Funding Line)										IAFRS Service Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req’d?																																						
Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)																																											
X			X							01	Y	Y	Y																																						
FC Respite - Optional ORC Respite Care – Optional											Unit Measure																																								
Service which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. (Source: Current SPR)																																																			
Respite (in-home)	A respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities. During such respite, other activities can occur which may offer additional support to either the caregiver or care receiver, including homemaker or personal care services. (Source: ACT committee)										Hour <ul style="list-style-type: none"> Partial hour may be reported to two decimal places, e.g. 0.25 hours. 																																								
Respite (out-of-home, day)	A respite service provided in settings other than the caregiver/care receiver’s home, including adult day care, senior center or other non-residential setting (in the case of older relatives raising children, day camps), where an overnight stay does not occur that allows the caregiver time away to do other activities. (Source: ACT committee)										Hour <ul style="list-style-type: none"> Partial hour may be reported to two decimal places, e.g. 0.25 hours. 																																								
Respite (out-of-home, overnight)	A respite service provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or, in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for a full 24 hour period of time. The service provides the caregiver with time away to do other activities. (Source: ACT committee)										Hour <ul style="list-style-type: none"> Partial hour may be reported to two decimal places, e.g. 0.25 hours. 																																								
Respite (other)	A respite service provided using OAA funds in whole or in part, that does not fall into the previously defined respite service categories.										Hour <ul style="list-style-type: none"> Partial hour may be reported to two decimal places, e.g. 0.25 hours. 																																								

	Allowable IDA Funding Source (IAFRS Funding Line)										Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
	Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)	IAFRS Service Code			
FC Respite Care: In-Home	X							X		CG23	N/A	Y	Y
ORC Respite Care: In-Home	X							X		GO23	N/A	Y	Y
FC Respite Care: Out-of-Home (Day)	X							X		CG24	N/A	Y	Y
ORC Respite Care: Out-of- Home (Day)	X							X		GO24	N/A	Y	Y
FC Respite Care: Out-of-Home (Overnight)	X							X		CG25	N/A	Y	Y
ORC Respite Care: Out-of- Home (Overnight)	X							X		GO25	N/A	Y	Y
FC Respite Care: Other	X							X		CG26	N/A	Y	Y
ORC Respite Care: Other	X							X		GO26	N/A	Y	Y
FC Support Groups – Optional ORC Support Groups - Optional												Unit Measure	
A service that is led by a trained individual, moderator, or professional, as required by state policy, to facilitate caregivers to discuss their common experiences and concerns and develop a mutual support system. Support groups are typically held on a regularly scheduled basis and may be conducted in person, over the telephone, or online. For the purposes of Title III-E funding, caregiver support groups would not include “caregiver education groups,” “peer-to-peer support groups,” or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator that possesses training and/or credentials as required by state policy. (See also definitions for training and counseling). (Source: ACT committee)												Session - A session is typically 30 minutes to 1 hour	
	Allowable IDA Funding Source (IAFRS Funding Line)										Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
	Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)	IAFRS Service Code			
FC Support Group	X							X		CG11	N/A	Y	Y
ORC Support Group	X							X		GO11	N/A	Y	Y

Training and Education – Optional												Unit Measure	
Subcategories: <ul style="list-style-type: none"> - FC Training - Optional - ORC Training – Optional - EAPA Training - Mandatory 													
Provision of activities meant to impart knowledge, experience, or skills to an individual or group. Topics may include: Information about and assistance in obtaining rights or benefits for individuals 60+; Aging policies, trends, programs, services, laws. Activities may include forums, outreach events, articles (electronic or print), newsletters, webinars, group training, speaking engagements, or media outreach. (Source: IDA)												1 Activity	
FC Training - Optional ORC Training – Optional EAPA Training – Mandatory												Unit Measure	
A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Training may include use of evidence-based programs; be conducted in-person or on-line, and be provided in individual or group settings. (Source: ACT committee)												Hour - Partial hour may be reported to two decimal places, e.g. 0.25 hours.	
	Allowable IDA Funding Source (IAFRS Funding Line)									IAFRS Service Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)					
Training & Education	X			X						D01	N	N	N
FC Training	X							X		CG12	N/A	Y	Y
ORC Training	X							X		GO12	N/A	Y	Y
EAPA Training	X		X	X						CO9	N/A	N	N
Transportation – Optional												Unit Measure	
Services or activities that provide or arrange for the travel, including travel costs, of individuals from one location to another. Does not include any other activity. (Source: NAMRS/HCBS)												One way trip	
	Allowable IDA Funding Source (IAFRS Funding Line)									IAFRS Service Code	Title 3B Priority service?	Registered service?	Direct Service Waiver Req'd?
Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)					
X			X							10	Y	Y	Y

Reporting Examples

The examples below are for illustrative purposes only, intended to provide AAA staff guidance in recording consumer and service units. They are not intended to direct agencies in the activities they are to perform under the service.

Behavioral Health Supports

Scenario: The first week of the month, the AAA mental health contractor provides mental health outreach to 5 seniors. In week 2, the contractor provides follow-up outreach to the same 5 seniors from week 1 and to 3 new seniors.

Week 1: 5 consumers, 5 units

Week 2: 3 consumers, 8 units (1 contact with each 5 returning seniors + 3 new seniors)

Total reported for month: 8 consumers; 13 total units

Health Promotion: Evidenced Based Health Activities

Scenario 1: 20 consumers start participating in a Matter of Balance course. All 20 consumers meet the completion standard.

Report: 20 consumers; 20 units

Scenario 2: 20 consumers start participating in a Matter of Balance course. Only 10 consumers meet the completion standard.

Report: 10 consumers; 10 units

Health Promotion: Non-Evidence Based

Scenario: AAA provides free health screenings at the mall on two Saturdays in May from 10:00 am – 12:00 pm. On the first Saturday, 20 consumers attend and complete the Intake process. On the second Saturday, 10 consumers from the first week attend again and 5 new consumers attend and complete the Intake process. An assessment was completed for all new consumers.

Week 1: 20 consumers; 20 units (a total of 20 consumer contacts)

Week 2: 5 consumers; 15 units (a total of 15 consumer contacts: 10 returning consumers + 5 new consumers)

Total Reported for the Month: 1 program; 25 consumers; 35 total units; 25 assessments; 2 sessions.

Information and Assistance

Scenario: The first week of the month, the AAA provides information and assistance to 115 consumers and completes required the Intake process for each. In the second week, the AAA provides information and assistance to 25 returning consumers and 110 new consumers. AAA completes the Intake process for the 110 new consumers.

Week 1: 115 consumers; 115 units (a total of 115 consumer contacts)

Week 2: 110 consumers; 135 units (a total of 135 consumer contacts: 25 returning consumers + 110 new consumers)

Total Reported for the Month: 225 consumers; 250 total units

Legal Assistance

Scenario: Agency sub-contractor provided 3,600 minutes (3600/60=60 hours) of Legal Assistance to 50 unduplicated consumers in one quarter.

Total reported for the quarter: 50 consumers; 60 total units

Nutrition Counseling

Scenario: In week 1, a dietitian provides nutrition counseling to 20 consumers who each complete the intake process. In week 2, the dietitian provides additional nutrition counseling to 10 of the 20 consumers from week 1 and 5 new consumers who complete the intake process.

Week 1: 20 consumers; 20 units (a total of 20 consumer contacts)

Week 2: 5 consumers; 15 units (a total of 15 consumer contacts: 10 returning consumers + 5 new consumers)

Total reported for month: 25 consumers; 35 total units

Options Counseling

Scenario: In one month, an Options Counselor provided Options Counseling to three consumers.

- The Options Counselor met with Ms. A for 1 hour in a follow-up discussion about her needs, potential services available, and how she might pay for them. Later the Options Counselor spent 25 minutes completing case notes and drafting a plan for Ms. A. Total service delivery time for Ms. A for that month 1 hour, 25 minutes.
- The Options Counselor spent 15 minutes (.25 hours) calling Mr. B. to discuss options counseling, schedule an appointment for the next month, and complete documentation for the call.
- For Mrs. C, the Options Counselor spent 2 hours and 20 minutes discussing her needs, exploring service options, setting up meetings with other providers, scheduling a future appointment, and completing documentation.

The Unit for Options Counseling is 1 hour but may be reported in increments of .25 hours.

Total Calculated for the Month:

- Ms. A: 1.5 hours or 1.5 units
- Mr. B: .25 hours or .25 units.
- Mrs. C: 2.3 hours or 2.25 units.

Outreach

Scenario: The first week of the month, the AAA provides outreach to 15 consumers. In week 2, the AAA provides additional outreach to the same 15 consumers from week 1 and to 10 new consumers.

Week 1: 15 consumers, 15 units (a total of 15 consumer contacts)

Week 2: 10 consumers, 25 units (a total of 25 consumer contacts: 15 returning consumers + 10 new consumers)

Total reported for month: 25 consumers; 40 total units

Training & Education (General Aging)

Scenario: AAA sends out a newsletter 4 times per year. The AAA estimates that the number of consumers aged 60+ that received the newsletter each mailing is 50,000. In that year, the same AAA holds one forum where 25 individuals aged 60+ attend and five speaking engagements where 75 individuals aged 60+ attend.

Consumers: 50,100 (50,000 newsletter recipients, 25 forum attendees, & 75 speaking engagement attendees)

Units: 10 (4 newsletters, 1 forum, 5 speaking engagements.)

Total reported for the year: 50,100 consumers; 10 total units

Transportation

Scenario: In week 1, the AAA provides 40 one-way trips to 20 consumers who complete the Intake process. In week 2, the AAA provides 20 one-way trips to 10 of the consumers from week 1 and 10 one-way trips to 5 new consumers who complete the Intake process.

Week 1: 20 consumers; 40 units (a total of 40 one-way trips)

Week 2: 5 consumers; 30 units (a total of 30 one-way trips)

Total reported for month: 25 consumers; 70 total units

Information & Assistance (Caregiver)

Scenario: The first week of the month, the AAA provides access information & assistance to 100 caregivers and completes for each the Caregiver Intake process; 15 of the 100 caregivers contact the AAA again in the first week. In the second week, the AAA provides access information and assistance to 25 returning caregivers and 105 new caregivers. AAA completes the Intake process for the 105 new consumers.

Week 1: 100 consumers; 115 units (a total of 115 consumer contacts: 100 initial consumers contact + 15 additional contacts)

Week 2: 105 consumers; 130 units (a total of 130 consumer contacts: 25 returning consumers + 105 new consumers)

Total Reported for the Month: 205 consumers; 245 total units

Information Services (Caregiver)

Scenario: AAA sends out a newsletter 4 times per year. The AAA estimates that the number of caregivers that received the newsletter each mailing is 4,500.

Total reported for the year: 4,500 consumers; 4 total units

Support Group (Caregiver)

Scenario: In week 1, the AAA conducts one 60 minute caregiver support group meeting for 10 new caregivers who each complete the Intake process.

In week 2, the AAA conducts one 60 minute caregiver support group meeting for 5 returning caregivers and 3 new caregivers who complete the caregiver Intake process.

Week 1: 10 consumers; 1 unit.

Week 2: 3 consumers (3 new support group attendees); 1 unit

Total reported for month: 13 consumers; 2 units (sessions).

Training (Caregiver)

Scenario 1: 20 consumers start participating in a Powerful Tools for Caregivers course. All 20 consumers meet the completion standard.

Report: 20 consumers; 20 units

■ CHAPTER THREE: SERVICE DELIVERY MANAGEMENT

This chapter defines policies AAAs shall use to manage service delivery implementation. It also outlines the consumer and service information that AAAs shall collect and have available for IDA reporting, data review, and evaluation purposes.

Person Centered Service Delivery

AAAs shall implement a person-centered planning (PCP) approach to service delivery. Person-centered planning (PCP) is a process directed by the person with long-term support needs that identifies the strengths, preferences, service and support needs and desired outcomes of the person in order to maximize their independence and ability to engage in self-direction of their services.

Service Utilization Review

The AAA shall conduct periodic service utilization reviews to evaluate resource usage and to implement a person-centered planning approach to service delivery. As part of the service utilization review, the AAA shall evaluate current consumer usage (provision of units) by service for registered services and assess whether:

- 1) Consumers are receiving service units at the appropriate level to meet their needs.
- 2) Consumers need or want additional services or service units.
- 3) Consumers need or want fewer service units.

Aging & Disability Resource Center: Community Navigation & Coordination System

The Aging and Disability Resource Center is a person-centered community navigation and coordination system that blends and braids service delivery methods and funding to ensure supports and services influence a consumer's ability to remain at home and in their community. Iowa's ADRC system shall provide the supports and services according to the consumer's wants and needs. (Refer to Attachment B for an illustration of how a consumer accesses the system, the types of consumers served and their level of need.)

ADRC Service Delivery

Whether the consumer enters the ADRC system by telephone, email, online chat, or in-person, the AAA staff person first determines whether the consumer is seeking caregiver services or services for an older individual, a person aged 18 – 59 with a disability, or a veteran. Those seeking services to assist them in their caregiver role shall be connected to a Family Caregiver Specialist. All other consumers shall receive Information and Assistance from an Information & Referral Specialist.

As part of the Information and Assistance service, the Information & Referral Specialist shall determine whether the consumer would benefit from Options Counseling.

Options Counselors shall provide assistance through an interactive process whereby individuals receive guidance in their deliberations to make informed choices about long-term supports. If the situation appears to be complex and support will be needed for longer than 90 days, the service of case management may be used.

If the Information & Referral Specialist believes the consumer is at risk of, or is experiencing abuse, neglect, or exploitation, the Information & Referral Specialist shall immediately make a referral to an Elder Rights Specialist.

Case Managers, including Family Caregiver Case Managers, shall work with consumers to identify wrap-around supports and service as identified in the consumer's person-centered planning process. Case managers assess the needs, and arrange, coordinate, and monitor an optimum package of services to meet the needs, of the older individual at the direction of the older individual or a family member of the individual.

If at any time the Information & Referral Specialist, Options Counselor, Elder Rights Specialist, or Case Manager/Caregiver Case Manager determines that the identified supports and services are not available via an OAA service, they shall make referrals to ADRC partners, including but not limited to those who specialize in mental health, financial management, oral health, disability resources, veterans assistance, housing, palliative care, and food assistance.

Required Consumer and Service Information

AAAs shall ensure that required consumer and service data for the previous quarter is entered into Wellsky no later than the due dates listed in Chapter One. Updates for the previous quarter made after the due date will not be included in reports IDA developed for that quarter. AAAs shall ensure the data is in a format prescribed by IDA and is retrievable by IDA following the end of the quarter or by the due date for year-end reporting.

Required Consumer and Service Information for Non-Registered Services

In order to meet federal and state reporting requirements, AAAs shall collect the following consumer information for general aging and family and older relative caregiver non-registered service(s) consumers:

- 1. Name of each non-registered service and total estimated, unduplicated consumers and total units associated with each service.**
- 2. Program that funded each non-registered service(s).**

Required Consumer and Service Information for Registered Services

In order to meet federal and state reporting requirements, AAAs shall collect the following information on consumers receiving registered services.

- 1. Detailed Consumer Profile for each consumer receiving a registered service(s).**
A detailed consumer profile shall be completed once during the state fiscal year for consumers who receive at least one unit of a registered service. The General Aging Detailed Consumer Profile and Caregiver Detailed Consumer Profile tables below identify the forms and assessments that AAAs shall use to collect a detailed consumer profile for registered services.
- 2. Name of each registered service(s) consumer received and number of units associated with each registered service(s) received.**
- 3. Program that funded each registered service(s).**

General Aging Detailed Consumer Profile

The following table identifies the form(s), assessment, and other detailed consumer profile information that must be completed for the general aging registered services identified.

Service	Aging & Disability Network Intake Form	Nutrition Screening	Assessment		EAPA Service Form	Plan (service or care) & Discharge Information
			(Case Management, Options Counseling, or EAPA Assessment & Intervention)			
Information & Assistance and; EAPA Consultation	X*					
Home Delivered Nutrition	X	X				
Congregate Nutrition	X	X				
Nutrition Counseling	X	X				
Case Management	X	X	X			X
Options Counseling	X	X**	X			X
EAPA Assessment & Intervention	X	X	X		X	X
All Other Registered Services	X					

*At a minimum, record the name, zip code, and age or birthdate of the person receiving Information and Assistance and/or EAPA Consultation. As a best practice, collect additional consumer information, including but not limited to contact information, gender, race, ethnicity, and primary language, as needed to facilitate service delivery and to obtain an unduplicated count of Information and Assistance and EAPA Consultation consumers.

Note: Age and additional demographic is not required for professionals, such as case managers or social workers, calling on behalf of a consumer.

**For Options Counseling, a nutrition screening is required when the consumer marks *Often* or *Sometimes* to at least one of these statements on the Aging & Disability Network Intake Form.

In the past 30 days, how often were these statements true:

- *I have worried whether my food would run out before I got money to buy more.*
- *The food that I bought just didn't last and I didn't have money to get more.*

Caregiver Detailed Consumer Profile

The following table indicates the form(s), assessment, and other detailed consumer profile information that must be completed for the caregiver registered services identified.

Service	Family Caregiver or Older Relative Caregiver Intake Form	Options Counseling Assessment	Service Plan & Discharge Information
Options Counseling FC & ORC	X	X	X

All Other Registered Services	X
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Detailed Consumer Profile Forms & Required Fields

To ensure that the detailed consumer profile data is accessible to the IDA for analysis and reporting purposes, responses to the forms and assessments included in Attachment A shall be entered in Wellsky. AAAs shall use the fields and field options on intake forms and assessments included in Attachment A when collecting required information through paper forms or as the basis for collecting required information online through Wellsky. AAAs are *not* required to retain paper intake or assessment forms; however, the data must be available and accurate in Wellsky.

All fields on the Aging & Disability Network Intake Form, Family Caregiver Intake Form, and the Older Relative Caregiver Network Intake Form are required for registered services, except where noted for Information & Assistance and EAPA Consultation. Required fields for the Case Management Assessment, Options Counseling Assessment, FC & ORC Options Counseling and EAPA Service Form are noted on the forms in Attachment A.

Unmet Service Needs and Service Wait List

The Aging Network shall determine and document the unmet needs of older lowans in order to identify limitations in service availability which prevent eligible consumers from accessing a needed service and to assist in determining the extent of need for supportive services throughout the state and to establish criteria by which waiting lists for services will be implemented. AAAs shall evaluate unmet needs data for incorporation in planning and advocacy efforts, including area plan development and targeting of outreach, education, prevention, and service development.

Unmet Service Needs

A consumer shall be considered to have an **Unmet Need** when a service listed in the current Iowa Department on Aging Service taxonomy **cannot be provided** to the AAA consumer by the AAA or their subcontractor due to inadequate funding, no funding, no provider, unable to staff, or other reason. That consumer shall be considered as having an unmet need when:

1. The person is currently receiving at least one AAA service; however, the AAA or subcontractor is unable to provide additional services or the total number of service units the person needs.
2. The person is not currently receiving an AAA service, and the AAA or sub-contractor is unable to provide the service(s).

Determining Unmet Needs

The determination of an unmet need shall be identified through an Aging and Disability Network Intake, Caregiver Intake, or service assessment (such as Options Counseling

assessment, Case Management assessment, EAPA service assessment, etc.) or through an assessment completed by a sub-contractor.

Unmet Needs Reporting Requirements

The following information must be collected, reported in Wellsky, and be retrievable by IDA. AAAs are responsible for ensuring accurate data collection and reporting by their subcontractors.

Detailed Consumer Profile – Intake Form Information. Refer to the Detailed Consumer Profile information above for requirements related to the Intake Form portion of the profile. (Note: Some services require assessments or other information as part of the Detailed Consumer Profile. Agencies do not need to complete those portions for unmet needs individuals).

Service and Service Units. AAA staff must indicate which service need is not being met and the number of service units needed.

Unmet Needs Reasons. AAA staff must identify and document the reason a consumer’s service need cannot be met. The following reasons are valid.

Funding Inadequate. The AAA or subcontractor is unwilling or unable to provide the service because the unit cost allowed for reimbursement is below the provider’s unit cost for service delivery.

No funding. The AAA or subcontractor is unwilling or unable to provide the service because the client cannot pay for the service and no other funding source is available to the client. No Funding should be recorded when funding is not available, the person does not meet any known funding program’ criteria, or all available funds have been expended.

No Provider. The AAA or subcontractor is not available to provide the service for consumer or does not offer the service at time or location needed by the consumer (i.e., provider staff are not available on weekends, nights or evenings).

Unable to Staff. The AAA or subcontractor is not able to cover the number of hours needed by the client.

Other. Indicate “Other” if the reason for the unmet need does not conform to one of the definitions above. If this option is selected, staff must record a description of the unmet need.

Wait List

A wait list is a prioritized list of eligible consumers in need of a service listed in the current Iowa Department on Aging Service taxonomy that an AAA or subcontractor cannot provide at the

time the need is determined, but for whom the service is likely to become available within six months. If the estimated wait time list longer than six months, do not add individuals to the wait list and record the request as an unmet need.

Wait List Implementation

An AAA shall implement a wait list for a service when it lacks the capacity or resources to serve additional consumers but anticipates that resources will become available to serve them within six months.

Service Utilization Review

Prior to implementing the wait list for a service, the AAA shall conduct a service utilization review for current consumers of the service. The purpose of the Service Utilization Review prior to implementing the wait list is to ensure current usage is at its maximum level and to assist in estimating wait time for the service.

Wait List Exemptions

Individuals eligible for the Elder Abuse Prevention and Awareness (EAPA) program shall not be placed on a wait list for EAPA services and the AAA shall initiate service delivery (IAC 17 - 15.8).

IDA Notification

The AAA shall provide written notice to the IDA a minimum of fifteen (15) business days prior to implementing the wait list. The notification to IDA shall identify the affected service, the reason the wait list is being implemented, estimated wait time for wait list consumers, the counties affected, a detail of the uniform process used by the AAA to determine the wait list order, and include the wait list policy provided to consumers. The IDA shall confirm receipt of the notification and will inform the AAA within five (5) business days if the AAA must address questions or concerns prior to wait list implementation. The notification shall be e-mailed to aging@iowa.gov.

Wait List Prioritization

The AAA shall develop a uniform process to determine the wait list order.

Consumer Notification

If a wait list exists for a service, the AAA or its subcontractor must inform consumers in need of the service of the existence of the wait list and their estimated wait time and provide them the option of being placed on the list.

The AAA must have a written policy available to consumers choosing to be placed on the wait list. The policy must be communicated to the consumer and must address the following items:

- The consumer should report changes in health status or other issues specified by the agency that affect prioritization, as this may reduce the consumer's wait time for the service;

- The consumer may request to be removed from the wait list at any time;
- To ensure they are notified when the service becomes available, the consumer should inform the agency if their contact information changes;
- The agency may remove the consumer from the wait list if they reach the top of the list but cannot be contacted. Refer to the “Removal From Wait List” heading below.
- The consumer may be able to access the service on a fee-for-service basis until their name reaches the top of the wait list.

Removal from Wait List

An agency or subcontractor may remove a consumer from a wait list when:

- The service has become available to the consumer.
- The consumer requests removal from the wait list. The consumer’s request to be removed shall be documented in their consumer record.
- The service has become available for the consumer, but the consumer cannot be contacted through phone calls and/or a home visit after 3 attempts within 3 business days. The unsuccessful attempts to contact the consumer prior to wait list removal shall be documented in their consumer record.

Wait List Management

AAAs shall monitor wait list(s) weekly to determine whether services can be initiated for those at the top of the wait list, review wait list length, determine average wait time, close the wait list due to excessive wait (longer than six months), and identify locations of high need.

Nondiscrimination

AAAs and providers shall comply with the Civil Rights Act of 1964, 42 USC 2000d et. seq., and s. 504 of the Rehabilitation Act of 1973, as amended. Accordingly, providers may not exclude, deny or refuse to provide services to recipients on the grounds of race, color, gender, age, national origin or disability.

Title IIIB Legal Assistance Reporting Instructions

The goal of the legal assistance report is to develop a system that shows the types of legal problems older individuals are having, the population being served, the kinds of services being provided, the manner in which problems are being resolved and identify areas which are in need of policy change. Through this report, Iowa will obtain the information necessary to develop a strong and effective legal assistance network for older Iowans.

The AAA must complete the forms and submit them electronically to IDA by established due dates on the forms in Attachment A. The AAA Legal Assistance service contact shall collect and report the Quarterly, Semi-Annual, and Annual report information detailed below.

Title IIIB Legal Assistance Quarterly and Annual Report

The following information shall be reported quarterly. At the end of the State Fiscal Year, the information a cumulative year-end report shall be submitted.

Reporting Period - Quarterly. The Reporting Period is the three-month period in which services were provided. Three-month quarters are set according to the state fiscal year, starting July 1 and ending June 30 (Quarter 1 is July through September; Quarter 2 is October through December; Quarter 3 is January through March; and Quarter 4 is April through June).

Reporting Period - Annual. The Reporting Period for the annual report is the state fiscal year, starting July 1 and ending June 30.

Area Agency on Aging. The name of the Area Agency on Aging providing the Title IIIB contracted funds for the Legal Assistance service.

Legal Service Provider. The name of the agency contracted to provide the Legal Assistance service.

Counties Served by Contract. List all county names in which the provider agency is offering the Legal Assistance service.

Hours of Service Provided. Enter the total number of service units provided this reporting period. Provision of one hour of legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. One hour of service equals one service unit, but units may be reported in .25 hour increments.

Hours Paid for with AAA funds. Enter the total number of service units provided with AAA funds this reporting period. Provision of one hour of legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. One hour of service equals one service unit, but units may be reported in .25 hour increments.

Hours Provided by Legal Service Provider through Match. Enter the total number of service units provided using legal service provider match dollars this reporting period. Provision of one

hour of legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. One hour of service equals one service unit, but units may be reported in .25 hour increments.

Number of Estimated, Unduplicated Clients Served. Enter the total number of individuals who received assistance from the legal assistance provider once a case is opened. An eligible individual/client is a person 60 years of age or older, targeting those in greatest economic and/or social need. Use this field to report the total number of individuals served, not the number of cases per person.

Demographic Data. Provide data on **Race, Ethnicity, Age, Gender, Geographic Distribution** and **Household Status** for clients served. (Refer to Chapter Five: Consumer and Service Reporting Definitions for definitions.)

Total Number of Open/Closed Cases. Use the following information to complete the reporting information on Open and Closed Cases, and Case Type.

Case. A legal assistance matter provided to an eligible client by a legal assistance provider. A case encompasses one legal matter. Accordingly, a client may have more than one case simultaneously and/or during a calendar year. When matters in litigation move from one forum to another, such as upon filing of an appeal by the client or by an adversary or another litigant, a new case is to be opened.

Open Case. A case is open upon acceptance by a legal assistance provider and notification of the acceptance to the client. Notification of acceptance should be done in a manner appropriate to the case and in accordance with state practice rules and program procedures. For example, a Hotline or call center case would likely be accepted verbally before advice or limited representation is provided. A case is deemed to be open as of the date of the client's initial contact with the Title III-B legal assistance provider, regardless of the date data entry is completed.

Closed Case. A legal assistance case is closed when the legal assistance provider has completed work within the scope of representation, has otherwise reached a resolution of the client's legal issue and has, consistent with state rules, and program requirements, informed the client that the case is closed. Cases may also be closed after a reasonable period of time during which the client has not been in touch with the Title III-B legal provider, notwithstanding appropriate efforts to reach the client.

- **Advice.** A category of legal assistance case. An individualized evaluation of the facts of a client's situation, with counseling and/or provision of information or guidance about the client's legal circumstances, including presentation of options for responding to the circumstances presented by the client, or referral, such as from a legal hotline to a full service program or to another low-cost alternative, such as a law school clinic or Bar referral service, or to another legal resource for further assistance.

- **Limited Representation.** A category of legal assistance case. Brief service in addition to or more extensive than advice, such as document preparation or detailed direction as to how to take legal action pro se, including preparation of legal documents for use by a pro se litigant. Services delivered at self-help clinics or court-based advice programs could fall under advice or limited representation, depending upon the intensity and time expended on the service delivered. Program protocols and procedures may further assist in determinations of whether the services provided in a case constitute advice or limited representation.
- **Representation.** A category of legal assistance case. Full service legal intervention including but not limited to negotiation to settle a dispute, including settlements with administrative agencies, representation in an administrative forum or in a court of law.

Case Type

The type of legal case handled by a legal assistance provider is determined and reported for closed cases. Case types reflect the eight types of legal matters that are to be given priority by Title III-B legal assistance providers pursuant to the Older Americans Act. These are: **income, health care, long term care, nutrition, housing, utilities, abuse/neglect, defense of guardianship or protective services, age discrimination, and other/miscellaneous.**

- **Cases Closed – Abuse/Neglect.** The abuse/neglect legal case is determined and reported for closed cases and includes:
 - Orders of protection and associated matters.
 - Recovery of assets lost due to financial exploitation or abuse.
 - Actions to assert rights and remedies of elders against abuse, financial exploitation or neglect.
 - Abuse/Neglect – Other
 Legal Services Corporation legal problem categories and codes that best align are “Family” code 37, Domestic Abuse.
- **Cases Closed – Age Discrimination.** The age discrimination legal case type is determined and reported for closed cases and includes:
 - Employment or other age-related discrimination,
 - Housing discrimination claims
 - Other claims of discrimination based upon inclusion in a protected class.
 No Legal Services Corporation legal problem categories and codes align to this case type.

- **Cases Closed - Defense of Guardianship or Protective Services.** The defense of guardianship or protective services legal case type is determined and reported for closed cases and includes:
 - Representation to oppose imposition of guardianship
 - Removal of Guardian or limiting the terms of a guardianship
 - Restoration of rights
 - Assisting with alternatives to guardianship
 - Preparation of legal documents that preserve self-determination and mitigate risk of guardianship, and/or to enable a supported decision-making arrangement
 - Powers of Attorney,
 - Living Wills,
 - Health Care Proxies.
 - Defense of Guardianship and Protective Services - Other

If Legal Services Corporation legal problem category “Family” code 33, “Adult Guardian/Conservatorship” is used to identify cases, these must be in defense.

- **Cases Closed – Health Care.** The health care legal case type is determined and reported for closed cases and includes:
 - Medicaid, Medicare – eligibility, termination, reduction,
 - Medicare Savings Programs (Qualified Medicare Beneficiary, Specified Medicare beneficiary, Qualified Individual) eligibility, reduction, termination,
 - Veterans Administration benefits disputes,
 - Medigap disputes,
 - retiree health eligibility and/or benefits disputes,
 - private insurance disputes
 - Health-Other

Legal Services Corporation legal problem categories and codes that best align are “Health” codes 51 through 53; 55, 57 and 59 (exclude 54 Home and Community Based Care and 56 Long Term Health Care Facilities).

- **Cases Closed – Housing.** The housing legal case type is determined and reported for closed cases and includes:
 - Landlord tenant –
 - eviction,
 - warranty of habitability,
 - mobile home tenant issues,
 - Real property-
 - foreclosure,
 - real property-related predatory lending claims,
 - mortgage issues
 - Housing – Other

Legal Services Corporation legal problem categories and codes that best align are “Housing” codes 61 through 69.

- **Cases Closed – Income.** The income legal case type is determined and reported for closed cases and includes:
 - SSI and Social Security eligibility, termination, reduction, overpayments,
 - pension disputes,
 - unemployment insurance eligibility, termination or reduction,
 - State and local income maintenance programs where available, including eligibility, terminations, and reductions, including state supplements to SSI and state-specific programs.
 - Income – Other

Legal Services Corporation legal problem categories and codes that best align are “Income Maintenance” codes 71 through 79 (exclude code 73 Food Stamps).

- **Cases Closed – Long Term Care.** The long term care legal case type is determined and reported for closed cases and includes:
 - Nursing home admission, discharge, room change, visitor access, refusal of facility to re-admit a resident after a hospitalization or other leave of absence, other residents rights,
 - Support for transitions from a nursing home to a community setting, or diversion from a nursing home to a community setting,
 - Home and Community Based Services - level of care eligibility disputes, and/or amount, category and/or duration of benefits, reductions and terminations of such benefits. (Note Medicaid eligibility for home and community based services is to be recorded as a health care case).
 - Long Term Care – Other

These categories are intended to describe the type of legal case presented by a client and do not refer to the setting in which the client resides.

- **Cases Closed – Nutrition.** The nutrition legal case type is determined and reported for closed cases and includes:
 - SNAP eligibility, benefits, reduction, or termination.
 - Nutrition - Other

Legal Services Corporation legal problem categories and codes that best align are “Income Maintenance” code 73, Food Stamps.

- **Cases Closed – Other/Miscellaneous.** The other/miscellaneous legal case type is determined and reported for closed cases that do not fall into any other type and includes but is not limited to :
 - Medical and other debt collection, including repossession, bank account or wage garnishment, etc.,

- Fair Debt Collection Practices Act claims,
 - Predatory lending (housing and non-housing-related),
 - Unfair and deceptive sales or marketing claims,
 - Disputes over loans,
 - Asserting the rights and supporting the legal authority of grandparents raising grandchildren,
 - Disability rights (ex: 504 or ADA claims),
 - Other
- **Cases Closed – Utilities.** The utilities legal case type is determined and reported for closed cases and includes:
- Utilities shutoffs,
 - Utilities billing disputes,
 - Utilities deposit disputes,
 - Utility diversion disputes,
 - Utilities reasonable accommodation matters,
 - Utilities - Other

Legal Services Corporation legal problem categories and codes that best align are “Consumer/Finance” code 07, Public Utilities.

Executive Director Signature. The Executive Director of the provider agency must sign the submitted report. An electronic or scanned signature for electronic transmission is acceptable.

Title IIIB Legal Assistance Semi-Annual Report

Report all of the Quarterly Report information above along with the following items for the semi-annual and year-end reports.

Outcome Reporting (Narrative) – Provide a short summary of at least two cases on which the legal services provider has worked during the report period. Cases reported can be either examples of typical cases taken or cases that have a special significance. This space can also be used to give updates on previously reported cases.

Include outcome reporting and other information on how any client benefited or improved his or her situation as a result of the legal assistance, either monetarily or through prevention. Examples of outcomes persons may receive through Title IIIB legal assistance are: Home, Economic Stability, Health Care, Family and/or Autonomy.

Home - Maintained or improved the stability and quality of housing for client.

Economic Stability - Maintained or increased the income of the client or provided access to public benefits to the client.

Health Care - Ensured that client received the care to which they are entitled.

Family - Assisted client in maintaining chosen family relationships. Assisted victims of Elder Abuse in achieving safety.

Autonomy - Assisted client to maintain independence, their rights and control of their life and/or finances.

In regard to outcome reporting, information provided can apply to any and all clients served. Information provided relating to outcomes is not limited to those client summaries given in the narrative.

The narrative must be completed in **January** and **July**; however, a narrative report can be provided each quarter to share successes or concerns over policy areas. Please do not use client's real names. For consistency, use the client's first name and first letter of the last name.

Emerging Issues - Use this space to describe any activities, issues of concern, impact work, etc. that is not listed anywhere else on the report form.

Unmet Needs.

- a. Number of Clients.** Enter the total number of clients whose legal needs could not be met under this service.
- b. Estimated Number of Hours.** Enter the total estimated number that would need to be spent to meet the client's needs.
- c. Types of Cases with Unmet Needs.** Enter a brief description of the types of cases for which client needs could not be met with this service.

Executive Director Signature. The Executive Director of the provider agency must sign the submitted report. An electronic or scanned signature for electronic transmission is acceptable.

■ CHAPTER FOUR: AAA NETWORK INFORMATION

Provider & Staffing Information

AAAs must provide the following data to the IDA no later than December 31st of each year for the previous federal fiscal year (October 1 through September 30) in an IDA approved format:

1. Total Number of Service Providers excluding Area Agencies on Aging that provides direct services.
2. Total Number of Minority Providers excluding Area Agencies on Aging that provides direct services.
3. Total Number of Service Providers for each of the following services provided during the previous fiscal year:
 - Adult Day Care / Health
 - Assisted Transportation
 - Case Management
 - Chore
 - Congregate Nutrition
 - Home Delivered Nutrition
 - Homemaker
 - Information and Assistance
 - Legal Assistance
 - Nutrition Counseling
 - Nutrition Education
 - Options Counseling
 - Outreach
 - Personal Care
 - Transportation
4. The total number of full time equivalent employees.
5. The total number of full time equivalent Agency Executive/Management Staff employees.
6. The total number of full time equivalent Other Paid Professional Staff employees.
7. The total number of full time equivalent employees that volunteer.
8. The total number of minority full time equivalent employees.
9. The total number of minority full time equivalent Agency Executive/Management Staff employees.
10. The total number of minority full time equivalent Other Paid Professional Staff.
11. The total number of minority full time equivalent employees that volunteer.

Useful Tip / Computation of Full Time Equivalent (FTE's): To obtain the FTE for 3 individuals employed for less than 8 hours a day, determine the portion of an 8-hour day each person works and then add the portions. For example: if Person A worked 4 hours; Person B worked 4 hours; and Person C worked 2 hours then the FTE for the group would be 1.25, computed thusly: Person A = 4 hrs/8 hr. day or .5 FTE; Person B = 4 hrs/8 hr. day or .5 FTE; and Person C = 2 hrs/8 hr. day or .25 FTE and summed (.5 + .5 + .25 = 1.25 FTEs).

Meal Site, Senior Center, & Focal Point Information

AAAs must update the following data as needed and annually verify the accuracy of the information with their Area Plan submission.

For each Congregate Meal Site, Senior Center and Focal Point provide:

- Facility Name
- Facility Street Address
- Facility City
- Facility State
- Facility Zip code
- Facility Phone Number

For each congregate meal site the total days per week meals are served.

CHAPTER FIVE: CONSUMER AND SERVICE REPORTING DEFINITIONS

AAAs shall use the following terms and associated definitions when collecting and entering data.

AAA or Area Agency on Aging or Area Agency. An entity designated under section 305(a)(2)(A) of the Older Americans Act or a State agency performing the functions of an area agency on aging under section 305(b)(5). (Source: OAA)

Activities of Daily Living (ADL) (Older Adult). Indicates the person’s total score on the Katz Index of Independence in Activities of Daily Living (ADL). Activities include bathing, dressing, toileting, transferring, continence, and feeding. Permissible values are 0-6. A limitation is defined as unable to perform the activity without substantial assistance (including verbal reminding, physical cuing, or supervision). (Source: National Adult Maltreatment Reporting System - NAMRS; OAA)

0-1	Indicates a person has no or 1 ADL limitation.
2	Indicates a person has between 2 ADL limitations.
3+	Indicates a person have 3 or more ADL limitations.

Adult with disabilities receiving care. An individual with a disability, as defined in section 3 of the Americans with Disabilities Act of 1990 (42. U.S.C 12012), who is not less than age 18 and not more than age 59; and receives informal care from an eligible “older relative caregiver”. (Source: OAA)

Age. A person’s age in years.

Agency Executive/Management Staff. Personnel such as SUA director, deputy directors, directors of key divisions and other positions which provide overall leadership and direction for the State or Area Agency on Aging.

Agency ID Number. The unique planning and service area number assigned by the IDA that identifies the Area Agency on Aging. The numbers are:

PSA ID Number	Agency Name
1	Elderbridge Agency on Aging
2	Northeast Iowa Area Agency on Aging (NEI3A)
3	Aging Resources of Central Iowa
4	The Heritage Agency on Aging
5	Milestones Area Agency on Aging
6	Connections Area Agency on Aging

Annual Household Income. Total annual income of all persons including the client’s income living in the client’s home.

At Risk for Institutional Placement. An individual that is unable to perform at least two activities of daily living without substantial assistance (including verbal reminding, physical cuing or supervision) and is determined by the State to be need of placement in a long-term care facility.

Child Receiving Care. An individual who is not more than 18 years of age who lives with and receives informal care from an eligible “older relative caregiver”. (Source: OAA) .

Consumer Date of Birth. Consumer’s date of birth in format “MM/DD/YYYY”.

Congregate Meal Site. A facility designated for provision of congregate meals or other nutrition-related services.

Consumer. An individual who receives a service funded in whole or in part with OAA funds.

Consumer Date of Birth. Consumer’s date of birth in format “MM/DD/YYYY”.

Consumer Identification (ID) Number. A unique number assigned to each client that receives a registered service.

Detailed Consumer Profile. The data elements to be collected and reported to IDA for a client receiving a registered service(s). Refer to Chapter Three: Service Delivery Management for required Detailed Consumer Profile information.

Disability. An individual with a disability, as defined in section 3 of the Americans with Disabilities Act of 1990 (42. U.S.C 12012)

Elder Abuse Prevention and Awareness Program (EAPA) Assessment Type. Type of EAPA Assessment and Intervention Service as defined as one of the following:

Single - Elder Rights Specialist completed the assessment alone.

Single/Legal Rep - Elder Rights Specialist completed the assessment with a legal representative of the consumer.

Joint - Elder Rights Specialist completed the assessment with DHS staff.

Joint/Legal Rep - Elder Rights Specialist completed the assessment with DHS staff and a legal representative of the consumer.

Elder Abuse Prevention and Awareness Program (EAPA). The Elder Abuse Prevention and Awareness Program (EAPA) focuses on the prevention, intervention, detection, and reporting of elder abuse, neglect, and financial exploitation by presenting older lowans with options to

enhance their lifestyle. The program includes the following services: EAPA Consultation Service and Assessment and Intervention Service.

Elder Abuse Prevention and Awareness Program (EAPA) Consumer. An EAPA consumer is a person age 60 or older who is at risk of, or experiencing, abuse, neglect, or financial exploitation.

Elder Abuse Prevention and Awareness Program (EAPA) Priority Status. Priority of EAPA Admit as defined as one of the following:

1 - Priority 1. The at-risk older individual's health or safety is in immediate danger, and the individual requires immediate intervention. The contractor shall contact appropriate agencies such as the Department of Human Services, emergency medical services, and law enforcement. A face-to-face visit with the at-risk older individual and completion of the assessment form shall occur after the life-threatening situation is resolved and within one (1) business day.

2 - Priority 2. The at-risk older individual's health or safety is not in immediate danger, but the risk is real and foreseeable in the future. A face-to-face visit with the at-risk older individual and completion of the assessment shall be made within four (4) working days.

3 - Priority 3. The at-risk older individual's health or safety is not in immediate danger, but there is potential risk for abuse, neglect, self-neglect, or exploitation. Contact with the at-risk older individual is required within ten (10) working days.

Ethnicity. Self-identification of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin. (Source: OMB)

- **Hispanic or Latino.** Of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- **Not Hispanic or Latino.** Not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

*When questions on race and ethnicity are administered, respondents are to be asked about their ethnicity and race as two separate questions. Respondents should ideally be given the opportunity for self-identification, and are to be allowed to designate all categories that apply to them. (OMB)

Family Caregiver. An adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction. (Source: OAA) "Informal" means that the care is not provided as part of a public or private formal service program.

Family Caregiver Registered Service(s). Services that require collection and reporting of a Family Caregiver Detailed Consumer Profile information to IDA. Refer to Chapter Two: Service Listing and Taxonomy for the Family Caregiver registered service listing.

Family Caregiver Detailed Consumer Profile. Data elements to be collected and reported to the IDA for a family caregiver receiving a registered service through the Title III E Family Caregiver Program. Refer to Chapter Three: Service Delivery Management for required Detailed Consumer Profile information.

Family Relationship to Care Recipient. The familial relationship of the caregiver to the care recipient. (Source: NAMRS)

Husband	Partner in a marriage (male).
Wife	Partner in a marriage (female).
Domestic Partner, including civil union	Adults in a committed relationship with another adult, including both same sex and opposite-sex relationships.
Son/Son-in-Law	Biological child (male), adoptive child, or step-child and spouse of biological, adoptive or step-daughter.
Daughter/Daughter-in-Law	Biological child (female), adoptive child, or step-child and spouse of biological, adoptive or step-son.
Sister	Female child or offspring have one or both parents in common; a female sibling (by blood, adoption, marriage).
Brother	Male child or offspring have one or both parents in common; a male sibling (by blood, adoption, marriage).
Grandparent	Parent of one's mother or father (by blood, adoption, marriage).
Parent	A person who brings up and cares for the care recipient by blood adoption, or marriage.
Other Relative	Another family member not captured by the defined relationships, including in-laws.
Non-Relative	No kinship relationship.

Focal Point. A facility established to encourage the maximum co-location and coordination of services for older individuals that has been designated in Area Plans for comprehensive service delivery. (Source: OAA)

Frail. The older individual is determined to be functionally impaired because the individual:
 (A)(i) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or
 (ii) At the option of the State, is unable to perform at least three such activities without such assistance; or

(B) Due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

Full-time staff (paid). Persons who work 35 hours or more per week in a compensated (paid) position as of September 30th of the reporting year (federal fiscal year). (Source: U.S. Census Bureau, Current Population Survey)

Gender. One’s inner sense of one’s own gender.

Female. One’s inner sense of one’s own gender is female.

Male. One’s inner sense of one’s own gender is male.

Other. One’s inner sense of one’s own gender is neither female nor male.

Geographic Distribution. Type of developed environment in which the consumer lives as defined by the rural-urban commuting area (RUCA) codes defined at the zip code level. (Source: USDA/HRSA)

Rural	RUCA code: 4.0, 4.2, 5.0, 5.2, 6.0, 6.1, 7.0, 7.2, 7.3, 7.4, 8.0, 8.2, 8.3, 8.4, 9.0, 9.1, 9.2, 10.0, 10.2, 10.3, 10.4, 10.5, and 10.6.
Non-Rural	RUCA code: 1.0, 1.1, 2.0, 2.1, 3.0, 4.1, 5.1, 7.1, 8.1, and 10.1.

Greatest Economic Need. The need resulting from an income level at or below the poverty line.

Greatest Social Need. The need caused by noneconomic factors, which include (OAA)

- (D) Physical and mental disabilities;
- (E) Language barriers; and
- (F) Cultural social, or geographical isolation, including isolation caused by racial or ethnic status, that-
 - (iii) Restricts the ability of an individual to perform normal daily tasks; or
 - (iv) Threatens the capacity of the individual to live independently.

Home City. The city name where the client’s home is located.

Home County. The county name where the client’s home is located.

Home Zip. The city zip code for the city where the client’s home is located.

Household Status. A household includes all the people who occupy a housing unit (such as a house or apartment) as their usual place of residence.

A household includes the related family members and all the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit such as partners or roomers, is also counted as a household. (Source: U.S. Census Bureau)

Lives Alone	A one-person household. An individual who occupies a housing unit as their usual place of residence and no other person occupies the housing unit as a usual place of residence.
Lives with Others	A multi-person household. An individual who occupies a housing unit as their usual place of residence with other persons (related and unrelated) who occupy the housing unit as their usual place of residence.
Lives in Long Term Care (LTC) Facility	Any skilled nursing facility, as defined in section 1819(a) of the Social Security Act (42 U.S.C. 1395i-3(a)); any nursing facility, as defined in section 1919(a) of the Social Security Act (42 U.S.C. 1396r(a)); a board and care facility; and any other adult care home, including an assisted living facility, similar to a facility or institution described above as a skilled nursing facility or nursing facility. (Source: OAA)

Household Size. The number of persons meeting the household definition living in the client’s home.

Instrumental Activities of Daily Living (IADL). Indicates the person’s total score on the Lawton Instrumental Activities of Daily Living (IADL). Activities include ability to use telephone, shopping, food preparation, housekeeping, laundry, mode of transportation, medication management, and ability to manage finances.

A limitation is defined as unable to perform the activity without substantial assistance (including verbal reminding, physical cuing, or supervision). (Source: NAMRS/OAA)

0-1	Indicates a person has no or 1 IADL limitation.
2	Indicates a person has between 2 IADL limitations.
3+	Indicates a person has 3 or more IADL limitations.

Legal Assistance Development. Activities carried out by the State Legal Assistance Developer and designed to coordinate and enhance State and local Legal Services and Elder Rights Programs.

Limited English Proficiency. Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English.

Lives Alone. *See Household Status.*

Lives in a Long-Term Care Facility. *See Household Status.*

Lives with Others. *See Household Status.*

Mandatory Service. A service the AAA must offer in its area plan on aging and promote to ensure that consumers are aware of their availability.

Minority Service Provider. A service provider that meets any one of the following criteria: 1) a not for profit organization with a controlling board comprised of at least 51% of individuals in the racial and ethnic categories listed below; 2) a private business concern that is at least 51% owned by individuals in the racial and ethnic categories listed below; and 3) a publicly owned business having at least 51% of its stock owned by one or more individuals and having its management and daily business controlled by one or more individuals in the racial and ethnic categories listed below. The applicable racial and ethnic categories include:

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Minority Status. Racial and ethnic minority populations are defined as:

Asian American, Black or African American, Hispanic or Latino, Native Hawaiian and Pacific Islander, American Indian and Alaska Native.

- **Minority.** A person's self-reported racial and ethnic identity includes one or more of the following: Asian American, Black or African American, Hispanic or Latino, Native Hawaiian and Pacific Islander, American Indian and Alaska Native.
- **Not Minority.** A person's self-reported racial and ethnic identity does **not** include any of the following: Asian American, Black or African American, Hispanic or Latino, Native Hawaiian and Pacific Islander, American Indian and Alaska Native.

Non-Registered Service(s). A service(s) not included as part of the Registered Service(s) definition.

NSIP Meals (Nutrition Services Incentive Program). Meal count used to determine a states allotment under the OAA Title III, Part A (Section 311).

NSIP qualified meal – Congregate:

A meal provided to a qualified individual in a congregate or group setting through a program that meets all of the criteria for payment using OAA funds (see OAA Title III-C):

- Served to an eligible individual, i.e. a person who is qualified to receive services under the OAA as defined in Title III; and
- Served to an eligible person who has NOT been means-tested for participation; and
- Compliant with the nutrition requirements; and
- Served by an eligible agency, i.e. has a grant or contract with a SUA or AAA; and
- Served to a person who has an opportunity to contribute toward the cost of the meal.

NSIP qualified meal - Home-Delivered:

A meal provided to a qualified individual in his/her place of residence through a program that meets all of the criteria for payment using OAA funds (see OAA Title III-C):

- Served to an eligible individual, i.e. a person who is qualified to receive services under the OAA as defined in Title III; and
- Served to an eligible person who has NOT been means-tested for participation; and
- Compliant with the nutrition requirements; and
- Served by an eligible agency, i.e. has a grant or contract with a SUA or AAA; and
- Served to a person who has an opportunity to contribute toward the cost of the meal.

Meals served under Title III-E supplemental services may be included if all the above criteria are met. (Source: OAA)

Nutrition Risk Score. The person’s total score on the DETERMINE your Nutritional Risk checklist published by the Nutrition Screening Initiative. (Source: current SPR)

0-5	Indicates a person’s Nutrition Risk Score is between 0 and 5.
6+	Indicates a person’s Nutrition Risk Score is 6 or more.

Nutritional Risk Screening. The series of questions on the Nutritional Risk checklist used to determine the consumer’s nutritional risk score for a consumer receiving one or more of the services listed below.

1. **For all clients receiving congregate nutrition, home-delivered nutrition, nutrition counseling, case management, and EAPA Assessment & Intervention:** The provider will assess the nutrition risk screening data at the time the service is first initiated for the client. Thereafter, the provider will assess the data on an annual basis.

2. **For options counseling:** The provider will assess the nutrition risk screening data at the time the service is first initiated for the options counseling consumer who marked *Often* or *Sometimes* for both of the following Aging and Disability Network Intake statements:
In the past 30 days, how often were these statements true:
- a. I have worried whether my food would run out before I got money to buy more.
 - b. The food that I bought just didn't last and I didn't have money to get more.

Older Adult/Individual. A person age 60 or older (OAA).

Older Relative Caregiver. An caregiver who is aged 55 or older; and lives with, is the informal provider of in-home and community care to, **and** is the primary caregiver for, a child or an individual with a disability;

In the case of a caregiver for a child, is the grandparent, step grandparent, or other relative (other than the parent) by blood, marriage, or adoption, of the child; is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the child; and has a legal relationship to the child, such as legal custody, adoption, or guardianship, or is raising the child informally. In the case of a caregiver for an individual with a disability, is the parent, grandparent, or other relative by blood, marriage, or adoption, of the individual with a disability. (Source: OAA)

Older Relative Caregiver Detailed Consumer Profile. Data elements collected and reported to the IDA for an Older Relative Caregiver receiving a registered service through the Title III E Family Caregiver Program. Refer to Chapter Three: Service Delivery Management for required Detailed Consumer Profile information.

Older Relative Caregiver Registered Service(s). Services that require collection and reporting of an Older Relative Caregiver Detailed Consumer Profile to IDA. Refer to Chapter Two: Service Listing and Taxonomy for the Older Relative Caregiver registered service listing.

Older Relative Caregiver Relationship to Care Recipient. The relationship of the older relative caregiver receiving a registered service through the Title III E Caregivers Support Program to the care recipient.

Other Paid Professional Staff. Personnel who are considered professional staff who are not responsible for overall agency management or direction setting but carry out key responsibilities or tasks associated with the State or Area Agency in the following areas:

Planning. Includes such responsibilities as needs assessment, plan development, budgeting/resource analysis, inventory, standards development and policy analysis.

Development. Includes such responsibilities as public education, resource development, training and education, research and development and legislative activities.

Administration. Includes such responsibilities as bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring, and quality assurance.

Access/Care Coordination. Includes such responsibilities as outreach, screening, assessment, case management, information and referral.

Service Delivery. Includes those activities associated with the direct provision of a service that meets the needs of an individual older person and/or caregiver.

Clerical/Support Staff. All paid personnel who provide support to the management and professional staff.

Part-time staff (paid). Persons who work less than 35 hours per week in a compensated (paid) position as of September 30th of the reporting year (federal fiscal year). (Source: U.S. Census Bureau, Current Population Survey)

Person Served. An individual who receives a service funded in whole or in part with OAA funds (see Consumer). For non-registered service for which an “estimated audience size” is to be reported (nutrition education, and information and assistance) an unduplicated count of participants may not be feasible and therefore audience size is acceptable.

Planning and Service Area (PSA). An area designated by a State agency under the OAA section 305(a)(1)(E), including a single planning and service area described in section 305(b)(5)(A). (Source: OAA)

Poverty Status. An individual’s household income as it relates to the U.S. Department of Health and Human Services (HHS) poverty guidelines as published each year in the Federal Register. (Source: HHS)

At or Below Poverty. Persons considered to be at or below poverty are those whose household income is at or below the official poverty guidelines as provided by HHS.

Above Poverty. Persons considered to be above poverty are those whose household income is above the official poverty guidelines as provided by HHS.

Program. A grouping of services which by the nature of eligibility requirements or type of client can only be funded with certain funding sources. The two programs are the General Aging Program and Title III-E Family Caregiver Program.

Provider. An organization or person, which provides services to individuals under a formal contractual or grant arrangement with an AAA or SUA. When the mechanism of service delivery is direct cash payment or vouchers are made to an older adult or caregiver and the ultimate provider is unknown, the number of providers may be omitted. (Source: current SPR)

Providers (Congregate Nutrition). A contracted nutrition project/provider plans for and administers the Title IIIC-1 program within a specific geographic area.

This nutrition project/provider does not plan nor administer the home-delivered project (OAA Title IIIC-2 projects).

Providers (Home Delivered Nutrition). A contracted nutrition project/provider plans and administers the Older Americans Act Title IIIC-2 program to home bound participants residing within a specific geographic location.

This nutrition project provider does not plan nor administer the congregate nutrition projects (OAA Title IIIC-1 projects).

Providers (Home-Delivered and Congregate Nutrition). A contracted nutrition project/provider plans and administers both the Title IIIC-1 program and the Title IIIC-2 program within a specific geographic area.

Providers (Information and Assistance). An organization that provides information and assistance as defined in the service definitions section.

Race/Ethnicity Status. The following reflect the requirements of the Office of Management and Budget (OMB) for obtaining information from individuals regarding race and ethnicity. It constitutes what OMB classifies as the “two-question format”. When questions on race and ethnicity are administered, respondents are to be asked about their ethnicity and race as two separate questions. Respondents should ideally be given the opportunity for self-identification, and are to be allowed to designate all categories that apply to them. Consistent with OMB requirements, the following are the race and ethnicity categories to be used for information collection purposes:

Race. Self-identification with a national origin or sociocultural group. (Source: U.S. Census Bureau/OMB)

American Indian or Alaska Native	Having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Asian	Having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American	Having origins in any of the black racial groups of Africa.
Native Hawaiian or Pacific Islander	Having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
White	Having origins in any of the original peoples of Europe, the Middle East, or North Africa.

*When questions on race and ethnicity are administered, respondents are to be asked about their ethnicity and race as two separate questions. Respondents should ideally be given the opportunity for self-identification, and are to be allowed to designate all categories that apply to them. (OMB)

Registered Service(s). Services that require collection and reporting of a detailed consumer profile to IDA. Refer to Chapter Two: Service Listing and Taxonomy for the registered services listing.

Restricted Service. A service provided using OAA funds in whole or in part for which demographic and consumer characteristics are reported in aggregate and consumer, personal identifying information (PII) is not shared or recorded at other than the provider level. This primarily applies to Legal Assistance.

Respite Voucher. A payment mechanism for caregiver respite services. A voucher is a document that shows respite services have been bought or respite services have been rendered, and authorizes payment.

Rural. All areas identified as rural defined by the rural-urban commuting area (RUCA) codes defined at the zip code level. (Source: USDA/HRSA). See *“Geographic Distribution”*.

Rural Provider. Providers of service to clients who live in rural areas. Rural providers are not necessarily providers of services to only rural clients. They may also be providers of services to clients in urban areas. (See definition of rural).

SCSEP. Senior Community Service Employment Program. The program is authorized under Part V of the Older Americans Act.

SCSEP Beneficiaries Hired. Senior Community Service Employment Program. The program is authorized under Part V of the Older Americans Act.

Self-direction. An approach to providing services (including programs, benefits, supports, and technology) under the OAA intended to assist an individual with activities of daily living, in which—

- (A) such services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of such individual;

(B) such individual is provided with such information and assistance as are necessary and appropriate to enable such individual to make informed decisions about the individual's care options;

(C) the needs, capabilities, and preferences of such individual with respect to such services, and such individual's ability to direct and control the individual's receipt of such services, are assessed by the area agency on aging (or other agency designated by the area agency on aging) involved;

(D) based on the assessment made under subparagraph

(C), the area agency on aging (or other agency designated by the area agency on aging) develops together with such individual and the individual's family, caregiver or legal representative—

(i) a plan of services for such individual that specifies which services such individual will be responsible for directing;

(ii) a determination of the role of family members (and others whose participation is sought by such individual) in providing services under such plan; and

(iii) a budget for such services; and

(E) the area agency on aging or State agency provides for oversight of such individual's self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under the OAA. (Source: OAA)

Senior Center(s). A community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental and behavioral health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals. (Source: OAA)

Service(s). The service(s) and definition(s) determined by the IDA.

Service Provider. See "Provider".

Service(s) Unit. The unit of service(s) determined by the IDA.

Unmet Need. A service listed in the current service taxonomy that cannot be provided to a consumer of the AAA or their subcontractor due to inadequate funding, no funding, or no provider.

Urban. See definition for "Non-Rural" under "Geographic Distribution".

Volunteer. Uncompensated individual who provides services or support on behalf of older individuals. Only staff working under the AAA, not the AAA Contractors, shall be included.

Volunteer Hours. Hour of uncompensated work performed during the reporting year by an uncompensated individual who provides services or support on behalf of older individuals. Only hours worked under the AAA, not the AAA contractors, shall be included.

Wait List Implementation. An agency or its subcontractor shall implement a wait list for a service when it lacks the capacity to serve additional consumers but anticipates that the resources will become available to serve them within a designated period. *Consumers experiencing elder abuse, neglect or financial exploitation are not eligible to be placed on a wait list.*

■ CHAPTER SIX: AREA PLAN FINANCIAL REPORTING

Financial Information

Introduction. Area Agencies on Aging (AAAs) shall utilize a format provided by the IDA to report the accrued receipt and expenditure of award or contract related funds utilized for area agency on aging operations. Information provided must be reconcilable to the area agency on aging's books of account.

Initial Notice of Award. At the beginning of the state fiscal year, Initial Notice of Grant Awards (NGAs) are sent to the AAAs detailing current authorization levels for funding sources passed-through the IDA and contained in the area agency on aging's approved Area Plan. Typically, this will include the entire fiscal year's state appropriation and approximately 25% of the fiscal year's projected federal Title III and NSIP funding. Additional NGAs will be issued as necessary to reflect changes in authorization levels.

The IDA sends General Accounting Expenditure (GAX) documents to the AAAs to facilitate the processing of all pass-through funding contained in the area agency on aging's approved Area Plan with the exception of NSIP funding. GAXs must be signed and returned prior to any processing of Area Plan funding. They are only necessary for the initial processing (i.e. first monthly/first quarterly) of funding contained in the approved agency's Area Plan. Signed GAXs not received by the stated due date will be held and processed collectively with all other late forms.

Disbursement Processing. The IDA will process state funding quarterly by the seventh (7th) of the month beginning each quarter (except as otherwise noted). Automatic/Direct deposit should make funding available within 3 business days of the processing date. A form for automatic/direct deposit is available upon request from the IDA. Disbursement schedules for State and Federal funds are located in Tables 1 and 2 on the next page.

The IDA will process federal funding monthly by the seventh (7th) of each month (except as otherwise noted). Automatic/Direct deposit should make funding available within 3 business days of the processing date. A form for automatic/direct deposit is available upon request from the IDA. Primary adjustments will occur on the November, February and May processing dates; however, adjustments may occur in other months as necessary to limit unexpended cash balances. Please refer to Table 1: State Funds Disbursement Schedule for Elderly Services and Table 2: Federal Funds Disbursement Schedule for Title IIIB, IIIC(1), IIIC(2), IIID and IIIE on the next page. Federal disbursements will factor in approved transfer requests to the extent possible.

All processing is contingent upon adequate funding and expenditure adjustment, if necessary.

State and Federal Funds Disbursement Tables

Table 1: State Funds Disbursement Schedule for Elderly Services

Disbursement	Month	Warrants Processed	Amount of Warrant
1	July	July 24 [anticipated]	Allotment Table Amount $\frac{1}{4}$
2	October	October 7	Allotment Table Amount $\frac{1}{4}$
3	January	January 7	Allotment Table Amount $\frac{1}{4}$
4	April	April 7	Allotment Table Amount $\frac{1}{4}$
5		August 31	+/- Final FSR receivable/Balance

Table 2: State Funds Disbursement Schedule for Elder Abuse Prevention & Awareness Program and LifeLong Links

Disbursement	Month	Warrants Processed	Amount of Warrant
1	July	July 24 [anticipated]	Allotment Table Amount $\frac{1}{4}$
2	November	November 7	Allotment Table Amount $\frac{1}{4}$ +/- Q1 FSR receivable/balance
3	February	February 7	Allotment Table Amount $\frac{1}{4}$ +/- Q2 FSR receivable/balance
4	May	May 7	Allotment Table Amount $\frac{1}{4}$ +/- Q3 FSR receivable/balance
5		August 31	+/- Final FSR receivable/Balance

Table 3: Federal Funds Disbursement Schedule for Title IIB, IIC(1), IIC(2), IID, IIE, and NSIP

Disbursement	Month	Warrants Processed	Amount of Warrant
1	July	July 24 [anticipated]	Allotment Table amount 1/12 (e.g. \$240,000 1/12 = \$20,000)
2	August	August 7	Allotment Table amount 1/12
3	September	September 7	Allotment Table amount 1/12
4	October	October 7	Allotment Table amount 1/12
5	November	November 7	Allotment Table amount 1/12, +/- Q1 FSR receivable/balance
6	December	December 7	Allotment Table amount 1/12, +/- Q1 FSR receivable/balance
7	January	January 7	Allotment Table amount 1/12, +/- Q1 FSR receivable/balance
8	February	February 7	Allotment Table amount 1/12, +/- Q2 FSR receivable/balance
9	March	March 7	Allotment Table amount 1/12, +/- Q2 FSR receivable/balance
10	April	April 7	Allotment Table amount 1/12, +/- Q2 FSR receivable balance
11	May	May 7	Allotment Table amount 1/12, +/- Q3 FSR receivable/balance
12	June	June 7	Allotment Table amount 1/12, +/- Q3 FSR receivable/balance
13		August 7 (optional)	+/- Q4 FSR receivable/balance
14		August 31	+/- Final FSR receivable/balance

Area Plan Cumulative Financial Status Report Instructions

Area Plan Cumulative Financial Status Report Instructions. The periodic submission of the Area Plan Cumulative Financial Status Report is required to continue receiving funding under the AAA’s approved Area Plan from the IDA. The report displays the accrued receipt and expenditure (i.e. detailed service utilization) of funding resources contained in the approved Area Plan. Agencies complete the accrual basis report using the Iowa Financial Reporting System (IAFRS) component of the Iowa Aging Information System (IAIS) located at <https://ida-infosys.iowa.gov>. Report files will be made available to the AAA for completion of Q1-Q4 reports by the 3rd of the month following the reporting period and by August 3rd for the Final report. A report file for the Closeout reflecting all financial transactions for the fiscal year will be made available by September 30th and requires no action by the area agency on aging. Availability of report files will be communicated to AAA Financial Managers via email.

Financial Entry. Accrued Receipts and Accrued Expenditures for quarterly periods (Q1-Q4) and the Final period are entered in the IAFRS component as displayed below:

Iowa Aging Financial Reporting System Layout

The following table describes the IAFRS tabs and information contained in each tab.

Program Cluster (tab)	Summary View	Data Entry View
Summary	Budget, Resources & Expenditures by funding source across all program clusters	Receipts by funding source and Expenditures by service across all programs
General Aging	Budget, Resources & Expenditures by funding source	Receipts by funding source and Expenditures by service (entry required)
Senior Living Program [Inactive]	Budget, Resources & Expenditures by funding source	Receipts by funding source and Expenditure by service (entry required)
Caregiver (IIIE)	Budget, Resources & Expenditures by funding source	Receipts by funding source and Expenditures by service (entry required)

- ✓ Enter Accrued Receipts by funding source within each of two (2) program clusters (General Aging and Caregiver). They may be either in the form of “Prior Yr. Receipts” or “Current Yr. Receipts” and are either passed through the IDA (Resources – IA Dept. on Aging) or flow directly to the AAA (Resources – Non-IA Dept. on Aging).
- ✓ Enter Accrued Expenditures (i.e. funding source utilization) by funding source & service within each of the two (2) program clusters. Refer to Chapter Two for service definitions.

Area Plan Cumulative Financial Status Report

Funding Resources	Prior Receipts	Current Receipts	Expenditures
IDA Resources IDA Pass-through funding to AAAs (Resources – IA Dept. on Aging).	Approved carryover funding earned as of the end of the reporting period.	Funding earned, less Prior Receipts, as of the end of the reporting period.	Total costs of all goods & property received or services
Non-IDA Resources Direct funding to AAAs (Resources – Non- IA Dept. on Aging)	Unexpended funding received & reported during the previous fiscal year (ending balances).	Funding received, less Prior Receipts, as of the end of the reporting period.	performed as of the end of the reporting period, whether or not a cash payment has occurred.

Allowable Resource Uses. Allowable funding expenditures are those uses of funding contained within the area agency on aging’s approved Area Plan. Allowable Area Plan funding expenditures are determined by the combination of (1) program cluster (General Aging or Caregiver), (2) funding source, and (3) service. (Refer to the Allowable Area Plan Funding Expenditure Tables below for more information.) In the event a resource has been precluded from use, the area agency shall submit a written justification to the IDA. The IDA will make an allowability determination within five business days and communicate the determination to the area agency.

Financial Status Report Validations. The successful completion and submission of the Area Plan Cumulative Financial Status Report is subject to numerous rules and requirements (e.g., approved expenditure, funding authorization, period of availability, match, etc.). The IAFRS performs a number of these checks during the validation process.

Match requirements for funding are calculated by each funding component or group and administrative sub-component if applicable (i.e. Elderly Services; Title IIIB, IIIC(1), IIIC(2); and IIIE). To qualify as match, the allowable match funding must be expended in the same service and program cluster as the funding to be matched.

Funding balance limits at various times during the fiscal year are enforced for all Title III subparts; NSIP and all program income types (except program income other). They are not included in the IAFRS validations, and you will not receive conditional notices on their status during the validation process.

- Title III Funding – Funding balances for the quarterly report period ending September 30 are limited to 25% of the prior fiscal year allotment amounts (see IAPI 2007-22). Allowable September 30 balance and availability amounts are detailed on each NGA issuance.
- Program Income – Funding balances for the quarterly report period ending 9/30 must equal zero (see IAPI 2007-22).

- NSIP Cash – Cash received in conjunction with any Federal fiscal year ending September 30 must be reported as expended on the following Final Financial Status Report for the period ending June 30 (see IAPI 2004-09).

Financial Status Report Updates. Occasionally, it may be necessary or desired to update a previously submitted report. The AAA shall contact Jeff Batz for updates. All report updates are accepted through July 24th following the end of the fiscal year. The timeline for submission of report updates which are referenced for validation purposes varies according to the report type which includes the reference. Please remember that report type B is referenced in all other report types and report type Q1 is referenced in all other report types except B. Updates to the Final reporting period after August 15th are required when a service expenditure funding source is reduced; requested by the Department; or an audit of the area agency on aging warrants action.

A submission summary is displayed below.

Current Reporting Period	Current Reporting Period Due Date	Reporting Period Due Date for Update	Due Date for Referenced Reporting Period inclusion in Current Reporting Period	
			B (Budget)	Q1
B (Budget) 7/1/XX – 6/30/XX	Various	24-Jul		
Q1 7/1/XX – 9/30/XX	22-Oct	24-Jul	24-Sep	
Q2 7/1/XX – 12/31/XX	22-Jan	24-Jul	24-Dec	24-Dec
Q3 7/1/XX – 3/31/XX	22-Apr	24-Jul	24-Mar	24-Mar
Q4 7/1/XX – 6/30/XX	22-Jul	24-Jul	24-Jun	24-Jun
F (Final) 7/1/XX – 6/30/XX	15-Aug	see above	24-Jul	24-Jul
Closeout	No action required by AAA Only Transmits final Cumulative Cash Transactions Report Data for display in “Data Reports” component of the IAFRS			

If financial updates are determined to be necessary, you will be prompted prior to submission to validate that report. Both expenditure and performance data imported from Wellsky by the Department will be accessed during that validation. Therefore, any related financial change to performance data within Wellsky for the period being updated will also need to be updated. Conversely, updates to performance data in Wellsky will not prompt you for validation of the financial report but should nevertheless be followed by re-validation of the financial report inclusive of the period being updated once the performance data is imported from Wellsky by the Department.

Notice of Grant Awards (NGAs). Notice of Grant Awards (NGAs) establish the authorization to expend funds associated with an approved Area Plan. Disbursed funding to the AAAs will not exceed the amount authorized by the most current NGA. NGAs will be issued as often as necessary to reflect changes in authorization levels and include a *REMARKS SECTION* detailing the award action being taken. Final NGAs will be issued by September 15th following the end of the fiscal year. Federal Title III grants are comprised of the following components:

Allotment		Proportionate		Reallocated		Approved		Total
Table Amt.	+ / (-)	Transfers	+ / (-)	Funding	+	Carryover	=	NGA

Cumulative Cash Transactions Report. A complete and detailed accounting of all disbursement and authorization transactions is included in the IAFRS report made available for each reporting period. The information can be accessed via Reports on the IAFRS main toolbar by selecting Cumulative Cash Transactions from the IAFRS dropdown list and the report period criteria. Amounts contained in the report must be reconcilable to the agency’s annual audit conducted for the fiscal year period. Particular attention should be given to the following transactions:

- Authorization Per Final APCFSR (Area Plan Cumulative Financial Status Report)
- Deferrals
- Adjusting Entry
- Miscellaneous Reversions

Carryover Funding Request (Final FSR only). A Carryover Funding Request must be completed for the Final Area Plan Cumulative Financial Status Report. It is accessed via the IAFRS Menu dropdown from within the Final Report (zeros for all must be entered at a minimum). Carryover funding exists if there is a positive balance between the most current NGA authorization amount and the amount of funding reported as expended (i.e. NGA minus expended amount >\$0). All Title III carryover not requested, whether previously disbursed to the area agency or not, will be available for redistribution to all AAAs.

Reversion of Funding. All unexpended funding disbursed by the Department and remaining at the area agency on aging at fiscal year-end (except those funds allowed and applied for as carryover funding) must be returned to the Department with the signed Final Area Plan Cumulative Financial Status Report Cover Sheet. Detailed identification of the amount by funding source and period of availability must accompany the return. Funding source is to include the CFDA # as well as the Program # where applicable (both can be found on the Cumulative Cash Transactions Report for that period). Make checks payable to the Iowa Department on Aging.

Allowable Funding Expenditure Tables for SFY 2020

Figure 1a: Allowable Expenditures SFY 2020

	Admin 01A	Personal Care 01	Homemaker 02	Chore 03	* Home Delivered Nutrition 04	Adult Day Care / Adult Day Health 05	* Case Mgmt 06	* Congregate Nutrition 07	* Nutrition Counseling 08	Assisted Transportation 09
Resources - IDA										
110 Elderly Services General	GA - CG	GA	GA	GA	GA	GA	GA	GA	GA	GA
116 LifeLong Links	GA									
123 Elder Abuse Prevention Awareness Pgm	GA									
180 Title IIIB Supportive Services	GA	GA	GA	GA		GA	GA		GA	GA
190 Title IIIC(1) Congregate Meals	GA							GA	GA	
200 Title IIIC(2) HD Meals	GA				GA				GA	
215 Title IIIE Caregiver Support	CG									
220 Title IIID Preventive Health										
250 NSIP Cash					GA			GA		
Sub-total IDA										
Resources - Non-IDA										
280 Federal Non-IDEA	GA - CG	GA	GA	GA	GA	GA	GA	GA	GA	GA
290 State Non-IDEA	GA - CG	GA	GA	GA	GA	GA	GA	GA	GA	GA
300 Local Public Funds	GA - CG	GA	GA	GA	GA	GA	GA	GA	GA	GA
310 Other Local Cash	GA - CG	GA	GA	GA	GA	GA	GA	GA	GA	GA
320 Non-Cash	GA - CG	GA	GA	GA	GA	GA	GA	GA	GA	GA
330 Pgm Inc IIIB Supportive Svcs	GA	GA	GA	GA		GA	GA		GA	GA
340 Pgm Inc IIIC(1) Cong Meals	GA				GA			GA	GA	
350 Pgm Inc IIIC(2) HD Meals	GA				GA			GA	GA	
363 Pgm Inc IIIE Caregiver Support	CG									
365 Prog Inc IIID Preventive Health										
370 Program Income Other	GA - CG	GA	GA	GA	GA	GA	GA	GA	GA	GA
Sub-total Non-IDA										
Total Resources										
Total Cash										

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Figure 1b: Allowable Expenditures SFY 2020

	Transportation 10	* Legal Assistance 11	* Nutrition Education 12	* Information & Assistance 13	Outreach 14	Material Aid: Home Modification Repair A01	Health Promotion: Non Evidence -Based B02	Emergency Response System B04	Behavioral Health Supports B05	Health Promotion: Evidence -Based B07
Resources - IDA										
110 Elderly Services General	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
116 LifeLong Links				GA						
123 Elder Abuse Prevention Awareness Pgm										
180 Title IIIB Supportive Services	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
190 Title IIIC(1) Congregate Meals			GA							
200 Title IIIC(2) HD Meals			GA							
215 Title IIIE Caregiver Support										
220 Title IIID Preventive Health										GA
250 NSIP Cash										
Sub-total IDA										
Resources - Non-IDA										
280 Federal Non-IDEA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
290 State Non-IDEA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
300 Local Public Funds	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
310 Other Local Cash	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
320 Non-Cash	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
330 Pgm Inc IIIB Supportive Svcs	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
340 Pgm Inc IIIC(1) Cong Meals			GA							
350 Pgm Inc IIIC(2) HD Meals			GA							
363 Pgm Inc IIIE Caregiver Support										
365 Prog Inc IIID Preventive Health										GA
370 Program Income Other	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
Sub-total Non-IDA										
Total Resources										
Total Cash										

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Figure 1c: Allowable Expenditures SFY 2020

	* EAPA Consultation C07	* EAPA Assessment & Intervention C08	Training/ Education D01	* Options Counseling E05	Material Aid: Asst Tech/ Durable Med Equipment F06	Material Aid: Consumable Supplies F07	Material Aid: Other F08	* Counseling CG3	Information Services CG4	Supplemental Services CG6
Resources - IDA										
110 Elderly Services General	GA	GA	GA	GA	GA	GA	GA	CG	CG	CG
116 LifeLong Links				GA						
123 Elder Abuse Prevention Awareness Pgm	GA	GA								
180 Title IIIB Supportive Services	GA	GA	GA	GA	GA	GA	GA			
190 Title IIIC(1) Congregate Meals										
200 Title IIIC(2) HD Meals										
215 Title IIIE Caregiver Support							CG	CG	CG	
220 Title IIID Preventive Health										
250 NSIP Cash										
Sub-total IDA										
Resources - Non-IDA										
280 Federal Non-IDEA	GA	GA	GA	GA	GA	GA	GA	CG	CG	CG
290 State Non-IDEA	GA	GA	GA	GA	GA	GA	GA	CG	CG	CG
300 Local Public Funds	GA	GA	GA	GA	GA	GA	GA	CG	CG	CG
310 Other Local Cash	GA	GA	GA	GA	GA	GA	GA	CG	CG	CG
320 Non-Cash	GA	GA	GA	GA	GA	GA	GA	CG	CG	CG
330 Pgm Inc IIIB Supportive Svcs	GA	GA	GA	GA	GA	GA	GA			
340 Pgm Inc IIIC(1) Cong Meals										
350 Pgm Inc IIIC(2) HD Meals										
363 Pgm Inc IIIE Caregiver Support							CG	CG	CG	
365 Prog Inc IIID Preventive Health										
370 Program Income Other	GA	GA	GA	GA	GA	GA	GA	CG	CG	CG
Sub-total Non-IDA										
Total Resources										
Total Cash										

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Figure 1d: Allowable Expenditures SFY 2020

	Home Delivered Nutrition CG7	* Options Counseling CG8	* Case Management CG9	* Information & Assistance CG10	Support Groups CG11	Training CG12	Congregate Nutrition CG13	Emergency Response System CG14	Respite Care: In-Home CG23	Respite Care: Out-of Home (Day) CG24
Resources - IDA										
110 Elderly Services General	CG	CG	CG	CG	CG	CG	CG	CG	CG	CG
116 LifeLong Links		CG		CG						
123 Elder Abuse Prevention Awareness Pgm										
180 Title IIIB Supportive Services										
190 Title IIIC(1) Congregate Meals										
200 Title IIIC(2) HD Meals										
215 Title IIIE Caregiver Support	CG	CG	CG	CG	CG	CG	CG	CG	CG	CG
220 Title IIID Preventive Health										
250 NSIP Cash										
Sub-total IDA										
Resources - Non-IDA										
280 Federal Non-IDEA	CG	CG	CG	CG	CG	CG	CG	CG	CG	CG
290 State Non-IDEA	CG	CG	CG	CG	CG	CG	CG	CG	CG	CG
300 Local Public Funds	CG	CG	CG	CG	CG	CG	CG	CG	CG	CG
310 Other Local Cash	CG	CG	CG	CG	CG	CG	CG	CG	CG	CG
320 Non-Cash	CG	CG	CG	CG	CG	CG	CG	CG	CG	CG
330 Pgm Inc IIIB Supportive Svcs										
340 Pgm Inc IIIC(1) Cong Meals										
350 Pgm Inc IIIC(2) HD Meals										
363 Pgm Inc IIIE Caregiver Support	CG	CG	CG	CG	CG	CG	CG	CG	CG	CG
365 Prog Inc IIID Preventive Health										
370 Program Income Other	CG	CG	CG	CG	CG	CG	CG	CG	CG	CG
Sub-total Non-IDA										
Total Resources										
Total Cash										

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Figure 1e: Allowable Expenditures SFY 2020

	Respite Care: Out-of Home (Overnight)	Respite Care: Other	Counseling	Information Services	Supplemental Services	Home Delivered Nutrition	Options Counseling	Case Management	Information & Assistance	Support Groups
	CG25	CG26	GO3	GO4	GO6	GO7	GO8	GO9	GO10	GO11
Resources - IDA										
110 Elderly Services General	CG	CG	GO	GO	GO	GO	GO	GO	GO	GO
116 LifeLong Links										
123 Elder Abuse Prevention Awareness Pgm										
180 Title IIIB Supportive Services										
190 Title IIIC(1) Congregate Meals										
200 Title IIIC(2) HD Meals										
215 Title IIIE Caregiver Support	CG	CG	GO	GO	GO	GO	GO	GO	GO	GO
220 Title IIID Preventive Health										
250 NSIP Cash										
Sub-total IDA										
Resources - Non-IDA										
280 Federal Non-IDEA	CG	CG	GO	GO	GO	GO	GO	GO	GO	GO
290 State Non-IDEA	CG	CG	GO	GO	GO	GO	GO	GO	GO	GO
300 Local Public Funds	CG	CG	GO	GO	GO	GO	GO	GO	GO	GO
310 Other Local Cash	CG	CG	GO	GO	GO	GO	GO	GO	GO	GO
320 Non-Cash	CG	CG	GO	GO	GO	GO	GO	GO	GO	GO
330 Pgm Inc IIIB Supportive Svcs										
340 Pgm Inc IIIC(1) Cong Meals										
350 Pgm Inc IIIC(2) HD Meals										
363 Pgm Inc IIIE Caregiver Support	CG	CG	GO	GO	GO	GO	GO	GO	GO	GO
365 Prog Inc IIID Preventive Health										
370 Program Income Other	CG	CG	GO	GO	GO	GO	GO	GO	GO	GO
Sub-total Non-IDA										
Total Resources										
Total Cash										

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Figure 1f: Allowable Expenditures SFY 2020

	Training	Congregate Nutrition	Emergency Response System	Respite Care: In-Home	Respite Care: Out-of Home (Day)	Respite Care: Out-of Home (Overnight)	Respite Care: Other			
	GO12	GO13	GO14	GO23	GO24	GO25	GO26			
Resources - IDA										
110 Elderly Services General	GO	GO	GO	GO	GO	GO	GO			
116 LifeLong Links										
123 Elder Abuse Prevention Awareness Pgm										
180 Title IIIB Supportive Services										
190 Title IIIC(1) Congregate Meals										
200 Title IIIC(2) HD Meals										
215 Title IIIE Caregiver Support	GO	GO	GO	GO	GO	GO	GO			
220 Title IIID Preventive Health										
250 NSIP Cash										
Sub-total IDA										
Resources - Non-IDA										
280 Federal Non-IDEA	GO	GO	GO	GO	GO	GO	GO			
290 State Non-IDEA	GO	GO	GO	GO	GO	GO	GO			
300 Local Public Funds	GO	GO	GO	GO	GO	GO	GO			
310 Other Local Cash	GO	GO	GO	GO	GO	GO	GO			
320 Non-Cash	GO	GO	GO	GO	GO	GO	GO			
330 Pgm Inc IIIB Supportive Svcs										
340 Pgm Inc IIIC(1) Cong Meals										
350 Pgm Inc IIIC(2) HD Meals										
363 Pgm Inc IIIE Caregiver Support	GO	GO	GO	GO	GO	GO	GO			
365 Prog Inc IIID Preventive Health										
370 Program Income Other	GO	GO	GO	GO	GO	GO	GO			
Sub-total Non-IDA										
Total Resources										
Total Cash										

Revised 1/16/2019

Fiscal Definitions

Accrued Expenditures. Cash Distributions for direct changes for goods and services, the amount of indirect expense incurred, the value of in-kind contributions applied and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received; services performed by employees, contractors, sub recipients and other payees; and other amounts becoming owed under programs for which no current services or performance are required.

Accrued Revenues. Earnings during a given period from services performed by the recipient; goods and other tangible property delivered to purchasers; and amounts becoming owed to the recipient for which no current services or performance is required by the recipient.

Administration. State appropriated funds to the Iowa Department on Aging for Area Agency on Aging administration.

Administration Cost. A cost of providing overall leadership, direction, and support for the Area Agency on Aging. It includes the cost for such activities as agency management, policy and plan development, budgeting, bidding, contract negotiation, reporting, accounting, auditing, monitoring, and quality assurance.

Allocable Costs. A cost is allocable to a particular cost or objective, such as a grant, contract, project, service or other activity, in accordance with the relative benefits received. A cost is allocable to an award if it is treated consistently with other costs incurred for the same purpose in like circumstances and if it: (1) Is incurred specifically for the award; (2) Benefits both the award and other work and can be distributed in reasonable proportion to the benefits received; or (3) Is necessary to the overall operation of the organization, although a direct relationship to any particular cost objective cannot be shown. Determination of costs and the benefits received are the responsibility of the Area Agency and must remain consistent with the terms of the grant agreement.

Carryover. Grant related funds not expended for goods or services received by the last day of the budget fiscal year which can be requested for use in the next budget fiscal year.

Contractually Linked. The inclusion of expenditures from whatever source into a written contract such that their exclusion would constitute a breach of contract terms.

Direct Costs. Direct costs are those that can be specifically identified with a particular final cost objective (i.e., a particular award, project, service, or other direct activity of an organization).

Elder Abuse Prevention and Awareness Program (EAPA). State appropriated funds to the Iowa Department on Aging for the Elder Abuse Prevention and Awareness Program.

Elderly Services. State appropriated funds to the Iowa Department on Aging for Elderly Services Programs.

Equipment. Includes any single unit item costing \$5,000.00 or more, with an anticipated life of one or more years. A permanent record and identification of purchased equipment must be maintained.

Equivalent Support. In-kind contribution of services, goods, volunteer support, or other support reasonably determined by the Department as equivalent to a dollar amount.

Federal (Non-IDA). Funds from other Federal agencies such as Housing and Urban Development that are included in the Area Agency budget but do not pass through the Department.

Indirect Costs. Indirect costs are those costs that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective.

LifeLong Links. State appropriated funds to the Iowa Department on Aging for LifeLong Links, Iowa's resource for older adults, adults with disabilities, veterans and caregivers who are planning for long-term independent living and the unmet needs identified through LifeLong Links.

Local Match. Cash and the fair market value of non-cash third party in-kind contributions made available by local sources (e.g. local public funds, other local cash, and program income) to support the grantee share of project or program expenditures.

Local Public Funds. Funds generated from taxes established by local taxing bodies such as County Boards of Supervisors, City Councils, and Area Community Colleges.

Match. Cash and the fair market value of non-cash third-party in-kind resources used to support the grantee share of project or program expenditures.

Non-Cash. The fair market value of all third-party in-kind resources such as donated equipment, space, supplies and services of individuals etc.

NSIP Cash. Nutrition Services Incentive Program which provides food assistance through the election of cash instead of commodities.

Other Costs. Includes all of the costs not identifiable to other line items. If the Area Agency does not contract for printing, attorney fees, data processing, etc., such costs should be included in this category. Other costs may be postage, dues and memberships, subscriptions, advertising, agency brochure, etc.

Other Local Cash. Funds from charitable organizations, such as United Way, private foundations, gifts, bequests, and donations from individuals.

Personnel and Fringe Benefits. Includes the salaries and wages for directors, staff, support and clerical personnel. Fringe benefits include but are not limited to FICA benefits, workman's compensation, unemployment, health, life and disability insurance and retirement.

Premise Expense. Includes the cost of office support, maintenance, custodial services, utilities, telephone, insurance, and other expenses in maintaining an office space.

Priority Services. Service in areas of Access, In-Home and Legal that require minimum expenditures of Title IIIB funding.

Prior Receipts (IDA). Approved carryover funding earned as of the end of the reporting period.

Prior Receipts (Non-IDA). Unexpended funding earned & reported during the previous fiscal year.

Program Cost. A cost incurred by an area agency in managing and delivering services, including salary, fringe, travel, training, personnel costs, equipment, supplies, and non-personnel expenses of service delivery.

Program Income or Project Income or Contributions. Grant related income or gross income earned by a grantee or its subcontractors from activities, part or all of the cost of which is borne as a direct cost by a grant, or counted as a direct cost toward meeting a cost sharing or matching requirement of a grant, such as fees or participant contributions for services performed during the grant or sub-grant period, proceeds from the sale of tangible property, usage or rental fees, and patent or copyright royalties. All Title III program income sources do not qualify as Match.

State (Non-IDA). Funds from other State agencies such as the Iowa Department of Transportation that are included in the Area Agency's budget but do not pass through the Department.

Supplies. Includes all general supplies and single unit item purchases not meeting the definition of equipment.

Title IIIB. Title III of the Older Americans Act for grants to State and community programs on aging, part B, of the Act for Supportive Services.

Title IIIC(1). Title III, part C, subpart I of the OAA for Congregate Nutrition Services.

Title IIIC(2). Title III, part C, and subpart 2 of the OAA for Home-Delivered Nutrition Services.

Title IIID. Title III, part D, of the OAA for Preventive Health Services.

Title IIIE. Title III, part E, of the OAA for the National Family Caregiver Support Program.

Total Service Expenditures. Expenditures for the service “contractually linked” to State or Federal funds received from the IDA by the AAAs through contract or grant funds include match resources, overmatch, program income or other State and Federal program funds.

Travel and Meetings. Includes the travel and meeting expenses for in-state and out-of-state meetings required for the successful and proper management of the delivery system, and meetings to enhance the skills of the staff.

■ CHAPTER SEVEN: AAA PERFORMANCE EVALUATION

Area Plan on Aging Quarterly & Annual Performance Review

Each AAA's approved Area Plan on Aging identifies planned strategies based upon a comprehensive assessment and includes annual performance targets and consumer, unit & expenditure service projections. This chapter identifies the data and information that IDA will review on a quarterly and annual basis to evaluate the AAAs progress toward achieving performance targets, consumer, unit & expenditure projections, and to identify potential data quality issues. In addition, IDA staff will compare data outcomes to service strategies identified in the agency's Area Plan on Aging.

As part of the annual and quarterly reviews, IDA staff will retrieve the AAA's consumer, service, and expenditure data from the WellSky reporting system and IAFRS on the 23rd day of the month following the end of the quarter.

Performance Measure Targets. IDA staff will review AAA progress toward performance measure targets as defined in the agency's Area Plan.

Consumer Population. IDA staff will review AAA reach to target populations: a) Individuals age 60 or older; b) Individuals age 18 or older living with a disability; c) Family and Older Relative Caregivers; and d) Veterans.

Consumer, Unit, and Budget Projections to Actuals. IDA staff will review projected consumers served, units provided, and budgeted expenditures as defined in the agency's Area Plan to actual reported data to determine whether agency is progressing toward consumer, unit, and expenditure projections. IDA will also review historical consumer, unit, and budgeted / expenditure data to identify service trends.

Consumer Served Demographics. IDA staff will compare consumer demographic data to total 60+ individuals, 60+ individuals who are minorities, 60+ individuals who are minorities with income below poverty, 60+ individuals with income below poverty, and 60+ individuals living in a rural area in the agency's planning and service area. The data may also be used for additional service analysis purposes, such as determining reach and assessing need.

Data Collection Performance. IDA will review the percentage of consumers who complete the required Detailed Consumer Profile information once during the state fiscal year in which they received a registered service. IDA will also review completion of required fields to determine the percentage of missing and/or erroneous data. The following standards will be utilized to evaluate data quality.

- Intake Completion Rate for Registered Services: 90%
- Assessment Completion Rate for Case Management and Options Counseling: 90%

- Missing / Erroneous Data Rate: 10%

Fiscal Data Review. IDA will review expenditures each quarter in comparison to consumers / units provided and in comparison to FY 2020 budget submitted with the Area Plan. Following the submission of the updated Area Plan Budget Report in February, IDA will review AAA service priorities and place greater emphasis on the review of actual to budget variances. AAA use of carryover, transfers, and history of reversions may be considered in analysis of fiscal data. If feedback is required from the AAA regarding the findings, the IDA will request such feedback.

Area Plan Review Response

The IDA will provide quarterly and annual Area Plan reports to each AAA. If IDA identifies issues in any given quarter or state fiscal year regarding the progress being made toward performance targets, consumer, unit, and/or expenditure projection to actuals, or data quality issues, the IDA will request an Area Plan Review response.

Fiscal Year – State Performance Program Report (SPPR) Requirements

Finalize Federal Fiscal Year (FFY) Data

AAA must have all Federal Fiscal Year (FFY) consumer, unit, and other required reportable data for General Aging and Family Caregiver services accurately entered in WellSky no later than the due date specified in Chapter One: General Reporting Instructions.

The AAAs and IDA shall combine the FFY (July through September) with already verified state fiscal year data (October through June) to develop end-of-year federal reports. These reports and any future reports that reference the FFY data will not reflect information updated after the due date.

Two Year Service and Service Unit – Expenditure Variance Reports.

The AAAs shall submit to IDA two-year comparison review report of service unit expenditures by service AND a two year comparison review report of consumers served, units provided, and funds expended by service. In the report, the AAA shall provide explanations for occurrences of $\pm 10\%$ variance from the previous state fiscal year. These variance reports are due to IDA no later than the due date specified in Chapter One: General Reporting Instructions. IDA will utilize information in these reports to prepare similar reports for the state to submit as part of its federal Nutrition Services Incentive Program (NSIP) and State Performance Program Report reporting requirements.

The AAAs must use the variance reporting tool and format as prescribed by the Administration on Community Living's reporting tool in the production of this report.

Performance Measure Requirements

AAAs shall set annual targets and track agency performance on the measures for each goal as defined below. IDA staff will review AAA progress toward performance measure targets as defined in the agency's Area Plan each quarter and at the end of the fiscal year.

Goal: Iowa Aging Network will protect and enhance the rights; and prevent the abuse, neglect, and exploitation of older Iowans.

Elder Abuse Prevention and Awareness (EAPA) Performance Measure	Purpose - Evaluate Agency's Ability:	Requirements
Percentage of EAPA Consultation consumers whose needs are met through provider referrals for self-advocacy.	To provide information & referrals for self-advocacy in resolving abuse, neglect, or exploitation situation.	<ul style="list-style-type: none"> Record the outcome of each individual consultation. Track the number & percentage of consultation outcomes missing or refused assistance.
Percentage of EAPA Assessment & Intervention consumer cases closed with EAPA services no longer needed.	To resolve consumer's abuse, neglect, or exploitation situation.	<ul style="list-style-type: none"> Record the outcome of each Assessment and Intervention case at case closure. Track the percentage of cases closed because service was no longer needed compared to other closure reasons.

Goal: Iowa Aging Network will work with older Iowans, Iowans with disabilities, and caregivers as they fully engage and participate in their communities, make informed decisions, and exercise self-determination and control about their independence, well-being, and health.

- LifeLong Links Performance Measure on LLL callers includes data from the services of Information & Assistance, FC/ORC Information & Assistance, and EAPA Consultation.
- LifeLong Links Performance Measure on Options Counseling includes data from both Options Counseling and FC/ORC Options Counseling.

LifeLong Links Performance Measure	Purpose - Evaluate Agency's Ability:	Requirements
Percentage of LifeLong Links callers indicating they received the information they were seeking.	To assess and provide information appropriate to caller's need (from consumer's perspective).	<ul style="list-style-type: none"> Ask "Do you receive the information you were seeking today?" of each person contacting agency for Information and Assistance, FC/ORC Information & Assistance, and EAPA Consultation. Record I&A outcome following each call. Track the number & percentage of consumer indicating a positive response

**LifeLong Links
Performance
Measure**

Purpose - Evaluate
Agency's Ability:

Requirements

		in comparison to those indicating a negative response.
Percentage of Options Counseling and FC/ORC Options Counseling consumers who indicate they were provided information to make an informed decision on goal and service need.	To conduct an interactive process where individuals receive guidance in their deliberations to make informed choices about long-term supports.	<ul style="list-style-type: none"> • Ask “Did you receive the information/referrals needed to make an informed choice regarding goals/service need?” • Record the OC and FC/ORC Options Counseling outcome at discharge from Care Enrollment. • Track the number & percentage of consumers indicating a positive response in comparison to those indicating a negative response.

Nutrition Education & Nutrition Counseling

**Performance
Measure**

Purpose - Evaluate
Agency's Ability:

Requirements

Of all congregate nutrition consumers identified as high nutrition risk, percentage receiving nutrition education.	To ensure those at risk for poor nutrition and health status receive information so that they have better health enhancing options.	<ul style="list-style-type: none"> • Track the number of Congregate Nutrition consumers whose nutrition risk screening indicates they are at high nutrition risk and ensure they receive nutrition education.
Percent change in consumers receiving nutrition counseling from previous FY (percentage and number).	To ensure those at risk for poor nutrition and health status receive counseling so that they have the opportunity to improve their health literacy and information for optimal nutrient intake.	<ul style="list-style-type: none"> • Track the number of nutrition counseling consumers from previous year and in relation to area plan projections.

Goal: Iowa Aging Network will enable Older Iowans to remain in their own residence and community of choice.

**Case Management
Performance Measure**

Purpose - Evaluate
Agency's Ability:

Requirements

Percentage of Case Management cases closed because case management service was no longer needed.	To ensure Case Management clients receive the supports and services they need to remain at	<ul style="list-style-type: none"> • Record the closure reason for each case. • Track the percentage of cases closed because service was no
---	--	---

Case Management Performance Measure	Purpose - Evaluate Agency's Ability:	Requirements
	residence of choice for as long as they need or desire them.	longer needed compared to other closure reasons.
Average number of months a Case Management consumer experiencing independent living impairments is able to remain safely at home prior to transitioning to facility.	To ensure Case Management clients receive the supports and services they need to remain at residence of choice for as long as they need or desire them.	<ul style="list-style-type: none"> Track the number of months Case Management cases from open to close and the average number of months from open to close for cases with "transition to facility" as the closure reason.

Service: Congregate Nutrition and Home Delivered Nutrition

Performance Measure	Purpose - Evaluate Agency's Ability:	Requirements
Of congregate nutrition consumers served who may be socially isolated, percentage eating 4 meals at meal site in a month.	To ensure those congregate nutrition consumers who are potentially socially isolated have the opportunity to socialize in their community.	<ul style="list-style-type: none"> Track the number of Congregate Nutrition consumers whose intake and nutrition screening indicate that they may be socially isolated and ensure they receive a minimum of 4 meals each month at a meal site.
Of home delivered nutrition consumers served who may be socially isolated, percentage receiving at least 8 meals in a month.	To ensure those home delivered nutrition consumers who are potentially socially isolated receive regular contact with a meal delivery person.	<ul style="list-style-type: none"> Track the number of Home Delivered Nutrition consumers whose intake and nutrition screening indicate that they may be socially isolated and ensure they receive a minimum of 8 meals each month.

Service: Caregiver Respite / Counseling

- Performance measure includes data from the services of FC/ORC Respite and FC/ORC Counseling. It does NOT include data from FC/ORC Options Counseling.

Performance Measure	Purpose - Evaluate Agency's Ability:	Requirements
Percentage of caregiver consumers indicating caregiver counseling and/or respite care service allowed them to maintain their caregiver role.	To ensure caregivers receive the supports and services they need to continue to provide informal care to the care recipient.	<ul style="list-style-type: none"> Are (respite and/or counseling) services helping to maintain your caregiving role. Record the outcome after two consecutive months of service. Track the number & percentage of consumer indicating a positive response in comparison to those indicating a negative response.

■ SUMMARY OF CHANGES

Summary of Version 20-v4 Changes

General

- Cover Page – **new version and effective date** – VERSION: 20-V4 ISSUE DATE: OCTOBER 1, 2019
- Page 2 – Reporting Manual Schedule – **updated hyperlink** only_ <https://www.iowaaging.gov/area-agencies-aging/aaa-professionals/area-plan-aging-guidance>.
- Page 3 – Official Reports and Due Dates – **changed e-mail link**, now aging@iowa.gov.

Chapter Two

- Page 6- Service Listing chart - **added EPA Training** under *Promote Independence (Optional)/Training & Education*.
- Page 14 – OPTIONAL SERVICES chart **added EPA Training**; also added allowable funding source information (IAFRS Funding Line).
- Page 31 - Training and Education – Optional Subcategories chart - **added EPA Training**; also added allowable funding source information (IAFRS Funding Line).

Chapter Three

- Page 42 – IDA Notification – **changed e-mail link**, now aging@iowa.gov.

Chapter Four

- Page 51 – Provider & Staffing Information – **changed listing** - under #3, bullet 8, now *Information & Assistance*.

Summary of Changes

- Page 87

Attachment A: Official Forms

- Page 93 & 96 – *Intake Forms*, – **title shortened to Older Relative Caregiver Intake Form** to match Title on Intake Form.

Behavioral Health Supports, Outreach, Training & Education Service Data Collections

- Page 97 –Behavioral Health Supports and Outreach – **clarified what does not** need to be included. For Training & Education – **clarified what does** need to be collected (reference IAOG 2019 – A-01, August 19, 2019).

Summary of Version 20-v3 Changes

- Forms and assessments previously omitted have been inserted in attachments

Summary of Version 20-v2 Changes

- Inconsistencies in labeling of FC Counseling and FC Support Groups as Mandatory or Optional were addressed.
 - FC Counseling is now identified as Mandatory on both page 6 and page 19.
 - FC Support Groups is now identified as Optional on both page 6 and page 30.

Summary of Version 20-v1 Changes

General

- Updated SFY, effective date, version number, and date of issuance on Cover Page and footers.
- Updated Table of Contents.
- Changed references from Mediware© SAMS to Wellsky Aging and Disability system or Wellsky.

Chapter One – General Reporting Instructions

- Changed address for emailed reports to general mailbox; changed person to direct reports to when mailed (pgs. 3-4) to the subject matter expert for those reports.
- Listed the Legal Assistance “Semi-Annual” report in the narrative under Reporting Requirements (p3) and in Legal Services section, along with the Quarterly and Annual reports.
- Removed “Uniform Cost Report” and “Final Uniform Cost Report” from table of Official Reports and Due Dates.
- Changed “FFY State Program Report (SPR) Two-Year Variance Report” to simply “FY Two Year Variance Report”.
- Date that IDA generates quarterly reports adjusted by one day – from “24th day following end of the quarter” to the “23rd” (p4).

Chapter Two – Service Listing and Requirements

- Removed the term “General Aging” from Service Listing (p. 6)

- Changes have been made to services offered, service definitions, unit measures, and categorization of services. These changes are reflected throughout the chapter and the manual. Services changes are indicated below:
 - Service Changes:
 - FC Case Management is a new service and is mandatory.
 - Behavioral Health Supports is a new service.
 - EAPA Non-Consumer Consultation and EAPA Consumer Consultation are no longer separate services, but should be reported under EAPA Consultation.
 - EAPA Training and Education is no longer a separate service. It should be reported under Training and Education.
 - Emergency Response Systems is a separate, distinct service now. It should no longer be recorded under Material Aid.
 - Material Aid now has sub categories.
 - Self-Directed Care (including FC & ORC) is no longer a service.
 - FC & ORC Support Groups are separate, distinct services and are registered services now. It should no longer be reported under FC & ORC Counseling.
 - FC & ORC Training are separate, distinct services and are subcategories under Training and Education.
 - FC & ORC Respite now requires reporting of new sub-categories.
 - Service Name Changes:
 - Adult Day Care/Adult Day Health is now called “Adult Day Care/Health”
 - FC Access Assistance and FC Case Management are subcategories of Information & Service Assistance services and referenced as “FC & ORC Case Management” and “FC & ORC Information & Assistance”
 - Evidence Based Health Activities (Title IIID) is now “Health Promotion: Evidence-Based”. (Health Promotion: Non-Evidence Based (Title IIIB) remains a service as it was before.)
 - Home Delivered Meals and Congregate Meals are now called “Home Delivered Nutrition” and “Congregate Nutrition”.
- Unit measures have changed. Many are now reported as hours and can be reported in increments of .25 hours.
- Many service definitions have been updated to align with language used in SPPR definitions.
- Inserted table listing services by the three categories (Information & Assistance, Nutrition & Health Promotion, Services to Promote Independence), and narrative explanation added to Service Listing (p. 6). This replaces the list of “Mandatory Core

Services” and “Additional Services” in SFY19-v2 version, as it also indicates Mandatory and Optional services.

- Registered Service list updated to reflect service name changes and removal of Self-Directed Care (including FC/ORC).
- Updated Direct Service Waiver section, to include FC & ORC Information & Assistance; FC & ORC Case Management; and Behavioral Health Supports. Removed reference to services renamed or removed (EAPA Non-Consumer Consultation, EAPA Consumer Consultation, EAPA Training and Education, Self-Directed Care services).
- Under Service Expenditure Requirements (p9) changed language under Title IIIE Older Relative Caregivers to “authorization plus required minimum match” from “all expenditures less administration”.
- Under Service Expenditure Requirements (p9) under State General Funds for EAPA added IAFRS Code to clarify funding source referenced.
- Under Service Taxonomy, removed paragraph “Determining Units for Hour Measures” related to rounding to one hour increments – units can now be in .25 increments.
- Removed “Minimum Service Level: Case Management, Options Counseling, and EAPA Assessment and Intervention” as services may be reported in .25 increments.
- New Service Table inserted identifying services, definitions, funding sources and new service unit measures. This replaces the previous service taxonomy table and includes more detail.
- A face-to-face requirement has been added to the Options Counseling service delivery.
- Clarifications to the Material Aid definition specify that it is a time-limited service and food does not include meals.
- Changes made to Reporting Examples to reflect new definitions and unit measures. EAPA Training and Education was removed.

Chapter 3 – Service Delivery Management

- References to Case Managers include FC Case Managers.
- Tables and narrative updated to reflect new service listing (removal of EAPA Non-Consumer Consultation, etc.)
- Notification contact at IDA when waitlists are being implemented was changed. (p40)

Title IIIB Legal Assistance Reporting Instructions

- The Reporting Form has changed along with some definitions. Number of reports to be submitted (quarterly, semi-annual, annual) remains the same.
- Definitions that do not apply to the new report have been removed.
- New terms/definitions that reflect new SPPR terms and align with the new Legal Assistance Reports have been added.

- Cases Served data is less extensive than in previous reporting manuals. It is included on the Reporting Form. The additional Level of Service report is no longer required.

Chapter 4 – AAA Network Information

- No Changes.

Chapter 5 – Consumer and Service Reporting Definitions

- Several definitions have been changed to align with changes in federal definitions used in the SPPR.

Chapter 6 – Area Plan Financial Reporting

- Expenditure tables have been updated to reflect service changes.

Chapter 7 – AAA Performance Evaluation

- Performance Measure for LifeLong Links callers shall continue to include data for I&A and FC Information & Assistance but will also include EAPA Consultation.

Attachments

- SFY has been updated on all forms.
- Federal poverty levels have been updated for the 2019 calendar year.

Aging and Disability Services Intake Forms

- Gender fields aligned with new federal SPPR categories. “Other” is used instead of “Transgender”
- Responses to Nutrition Screening questions on Aging and Disability Services Intake Form have been changed from “Yes/No” to “True/False”.
- Services (with checkboxes) at the end of the forms were adjusted to align with the new service listing.

Family Caregiver Intake Form

- Gender fields aligned with new federal SPPR categories. “Other” is used instead of “Transgender”
- Income Range has been added as a question.
- Question “Total Number of People in Your Household” has been added.
- Relationships on Family Caregiver Intake Form have been updated.
- Services (with checkboxes) at the end of the forms were adjusted to align with the new service listing.
- Caregiver definition added to end of form.

Older Relative Caregiver Intake Form

- Gender fields aligned with new federal SPPR categories. “Other” is used instead of “Transgender”
- Income Range has been added as a question.
- “Grandparent Age 55+” added as a response under “Caring for an Adult with a Disability
- Question “Total Number of People in Your Household” has been added.
- Services (with checkboxes) at the end of the forms were adjusted to align with the new service listing.
- Language of Older Relative Caregiver definition updated to align with new SPPR definitions.

Behavioral Health Supports, Outreach, and Training & Education Service Data

- Listings of Service Data that must be collected for Behavioral Health Supports, Outreach, and Training & Education have been added as an attachment.

Legal Assistance Report Form

- New Reporting Form
- “Emerging Issues” and “Unmet Needs” questions now part of the Semi-Annual Report.
- Questions on Cases Handled are new on Quarterly Report. New categories (defined in manual) for Type of Case/Closed Cases. The Level of Service table is no longer required.
- Annual Report is the same as quarterly report, but data will be cumulative for the year.

ATTACHMENT A: OFFICIAL FORMS

Intake Forms

Aging & Disability Network Consumer Intake Form
Aging & Disability Network Consumer Intake Form with Nutrition Screening
Family Caregiver Consumer Intake Form
Older Relative Caregiver Intake Form

Behavioral Health Supports, Outreach, and Training & Education Service Data Collection

Assessments

Case Management Assessment
EAPA Service Form
Options Counseling Assessment

Report Forms

Title IIIB Legal Assistance Report Forms
Reallocation of State & Federal Funds Form

Aging & Disability Network Consumer Intake Form



AGING & DISABILITY SERVICES INTAKE FORM

The service you are receiving is paid for entirely or partially by funds from the federal Older American's Act and the State of Iowa. Your responses on this form are confidential. The Department on Aging uses this information to comply with reporting requirements and research the needs of older Iowans. Thank you.

Today's Date: _____ **First Name:** _____ **MI:** _____ **Last Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: (_____) _____ **Cell Phone:** (_____) _____ **Email:** _____

Date of Birth: ____/____/____ **or Age:** _____

Total number of people in your household (including yourself): _____

Do you live alone? Yes No

Check Your Annual Total Household Income Range:

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$12,490 | <input type="checkbox"/> \$12,491 - \$16,910 | <input type="checkbox"/> \$16,911 - \$21,330 |
| <input type="checkbox"/> \$21,331 - \$25,750 | <input type="checkbox"/> \$25,751 - \$30,170 | <input type="checkbox"/> \$30,171 - \$34,590 |
| <input type="checkbox"/> \$34,591 - \$39,010 | <input type="checkbox"/> \$39,011 - \$43,430 | <input type="checkbox"/> \$43,431 - or Above |

Veteran Status: Not a Veteran Veteran Veteran Spouse/Dependent

Gender: Female Male Other

Check the racial category or categories that apply to you:

- White African American/Black American Indian/Alaskan Native Asian
- Native Hawaiian/Other Pacific Islander

Are you Hispanic or Latino? Yes No

Primary language? English Other: _____

Does Medicaid pay for some of the services you receive in your home, such as homemaker, transportation, organizing your medications, bathing assistance, or meals?

- Yes No Don't Know

In the past 30 days, how often were these statements true?

I have worried whether my food would run out before I got money to buy more.

- Often Sometimes Never

The food that I bought just didn't last and I didn't have money to get more.

- Often Sometimes Never

During the past 7 days, how would you rate your ability to complete these routine activities?

	I didn't need help	I needed help sometimes	I always needed help	Activity did not occur
Shop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage your medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>IADL – Data Entry:</i>	Independent	Sometimes dependent or limited assistance	Totally dependent	

How would you rate your ability to complete these activities?

	I don't need help	I need help sometimes	I always need help	Activity does not occur
Manage Money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do heavy housework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do light housework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>IADL – Data Entry:</i>	Independent	Sometimes dependent or limited assistance	Totally dependent	

During the past 7 days, how would you rate your ability to complete these physical activities?

	I didn't need help	I needed help sometimes	I always needed help
Walk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get Out Of Bed Or Chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>ADL – Data Entry:</i>	Independent	Sometimes dependent or limited assistance	Totally dependent

This section to be completed by provider.

Provider / Site: _____

New Intake Form:

Updated Intake Form:

Check the box next to the service provided:

- | | |
|---|---|
| <input type="checkbox"/> Adult Day Care / Health | <input type="checkbox"/> Assisted Transportation |
| <input type="checkbox"/> Chore | <input type="checkbox"/> Emergency Response System |
| <input type="checkbox"/> Health Promotion: Evidence-Based | <input type="checkbox"/> Health Promotion: Non Evidence-Based |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Nutrition Education |
| <input type="checkbox"/> Material Aid (<i>indicate type below</i>): | <input type="checkbox"/> Options Counseling |
| <input type="checkbox"/> Asst Technology/Durable Equip. | <input type="checkbox"/> Personal Care |
| <input type="checkbox"/> Consumable Supplies | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Home Modification/Repair | |
| <input type="checkbox"/> Other | |

Aging & Disability Network Consumer Intake Form with Nutrition Screening



AGING & DISABILITY SERVICES INTAKE FORM w/ NUTRITION SCREENING

The service you are receiving is paid for entirely or partially by funds from the federal Older American's Act and the State of Iowa. Your responses on this form are confidential. The Department on Aging uses this information to comply with reporting requirements and research the needs of older Iowans. Thank you.

Today's Date: _____ First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____ Email: _____

Date of Birth: ____/____/____ or Age: _____

Total number of people in your household (including yourself): _____

Do you live alone? Yes No

Check Your Annual Total Household Income Range:

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$12,490 | <input type="checkbox"/> \$12,491 - \$16,910 | <input type="checkbox"/> \$16,911 - \$21,330 |
| <input type="checkbox"/> \$21,331 - \$25,750 | <input type="checkbox"/> \$25,751 - \$30,170 | <input type="checkbox"/> \$30,171 - \$34,590 |
| <input type="checkbox"/> \$34,591 - \$39,010 | <input type="checkbox"/> \$39,011 - \$43,430 | <input type="checkbox"/> \$43,431 - or Above |

Veteran Status: Not a Veteran Veteran Veteran Spouse/Dependent

Gender: Female Male Other

Check the racial category or categories that apply to you:

- White African American/Black American Indian/Alaskan Native Asian
 Native Hawaiian/Other Pacific Islander

Are you Hispanic or Latino? Yes No

Primary language? English Other: _____

Does Medicaid pay for some of the services you receive in your home, such as homemaker, transportation, organizing your medications, bathing assistance, or meals?

- Yes No Don't Know

In the past 30 days, how often were these statements true?

I have worried whether my food would run out before I got money to buy more.

- Often Sometimes Never

The food that I bought just didn't last and I didn't have money to get more.

- Often Sometimes Never

During the past 7 days, how would you rate your ability to complete these routine activities?

	I didn't need help	I needed help sometimes	I always needed help	Activity did not occur
Shop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage your medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>IADL – Data Entry:</i>	Independent	Sometimes dependent or limited assistance	Totally dependent	

How would you rate your ability to complete these activities?

	I don't need help	I need help sometimes	I always need help	Activity does not occur
Manage Money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do heavy housework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do light housework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>IADL – Data Entry:</i>	Independent	Sometimes dependent or limited assistance	Totally dependent	

During the past 7 days, how would you rate your ability to complete these physical activities?

	I didn't need help	I needed help sometimes	I always needed help
Walk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get Out Of Bed Or Chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>ADL – Data Entry:</i>	Independent	Sometimes dependent or limited assistance	Totally dependent

Nutrition Risk Screening

1. I have an illness or condition that made me change the kind and/or amount of food I eat: True False

2. I eat fewer than two meals per day: True False

3. I eat few fruits. (Less than 1 ½ cups daily): True False

4. I eat few vegetables. (Less than 2 cups daily): True False

5. I eat and/or drink few milk products. (Less than 3 cups daily): True False

6. I have three or more drinks of beer, liquor or wine almost every day:
 True False

7. I have tooth or mouth problems that make it hard for me to eat: True False

8. I don't always have enough money to buy the food I need: True False

9. I eat alone most of the time: True False

10. I take 3 or more different prescribed or over-the-counter drugs a day:
 True False

11. I have gained or lost 10 pounds in the last 6 months, without wanting to:
 True False

12. I am not always physically able to do one or more of: shopping, cooking, or feeding myself: True False

This section to be completed by provider.

Provider / Site: _____

New Intake Form:

Updated Intake Form:

Check the box next to the service provided:

Case Management

Congregate Nutrition

Home Delivered Nutrition

Nutrition Counseling

Nutrition Education

Options Counseling

EAPA Assessment & Intervention

Family Caregiver Consumer Intake Form & Older Relative Caregiver Intake Form



Family Caregiver Intake Form

I am an adult caregiver providing informal in-home or community care to a person aged 60 or older OR to a person of any age with Alzheimer’s disease or a related disorder with neurological/ organic brain dysfunction.

The service you are receiving is paid for entirely or partially by funds from the federal Older Americans Act and the State of Iowa. Your responses are confidential. The Department on Aging uses this information to comply with reporting requirements, research the needs of caregivers and the people for whom caregivers provide informal care.

Today's Date:

Caregiver's First Name:

MI:

Last:

Caregiver's Address:

City:

State:

Zip:

Caregiver's Phone:

Cell Phone:

Email:

Caregiver's Demographic Information

Date of Birth: or Age:

Gender: Female Male Other

Please check the racial category or categories that apply to you:

White African American/Black American Indian/Alaskan Native Asian

Native Hawaiian/Other Pacific Islander

Are you Hispanic or Latino? Yes No

Total number of people in your household (including yourself): _____

Please check your annual Total household income range:

\$0 - \$12,490

\$12,491 - \$16,910

\$16,911 - \$21,330

\$21,331 - \$25,750

\$25,751 - \$30,170

\$30,171 - \$34,590

\$34,591 - \$39,010

\$39,011 - \$43,430

\$43,431 - or Above

My relationship to the person to whom I provide informal care is:

Wife

Husband

Domestic Partner/Civil Union

Daughter/Daughter-in-Law

Son/Son-in-law

Other Relative

Sister

Brother

Non-Relative

Information about the Person Being Cared For:

First Name:

MI:

Last Name:

Address:

City:

State:

Zip:

Date of Birth:

or Age:

Gender: Female Male Other

Family Caregiver Intake Form

Consumer: _____

This section to be completed by provider.

Provider Name: _____

New Intake Form

Updated Intake Form

Check the box next to the service provided:

- FC Information & Assistance
- FC Case Management
- FC Counseling
- FC Congregate Nutrition
- FC Emergency Response System
- FC Home Delivered Nutrition
- FC Options Counseling

- FC Respite (*indicate type below*):
 - In-Home
 - Out-of-Home (Day)
 - Out-of-Home (Night)
 - Other
- FC Support Groups
- FC Supplemental Services
- FC Training

A Caregiver means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction. (Source: OAA)



Older Relative Caregiver Intake Form

The service you are receiving is paid for entirely or partially by funds from the federal Older American’s Act and the State of Iowa. Your responses are confidential. The Department on Aging uses this information to comply with reporting requirements and to research the needs of older caregivers who are the primary caregivers of children or adults who are disabled.

Today's Date:

Caregiver's First Name: _____ **MI:** _____ **Last:** _____
Caregiver's Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Caregiver's Phone: _____ **Cell Phone:** _____ **Email:** _____

Caregiver's Demographic Information

Date of Birth: _____ **or Age:** _____

Gender: Female Male Other

Check the racial category or categories that apply to you:

White African American/Black American Indian/Alaskan Native Asian

Native Hawaiian/Other Pacific Islander

Are you Hispanic or Latino? Yes No

My relationship to the person(s) that I care for is:

Caring for Children

Grandparent Age 55+ Other Relative Age 55+ Other Non-Relative Age 55+

Total number of children aged 18 and younger that I care for: _____

OR

Caring for Adult with Disability

Parent Age 55+ Grandparent Age 55+ Other Relative Age 55+

Other Non-Relative Age 55+

Total number of persons who are disabled and between 19-59 years old that I care for: _____

Total number of people in your household (including yourself): _____

Check Your Annual Total Household Income Range:

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$12,490 | <input type="checkbox"/> \$12,491 - \$16,910 | <input type="checkbox"/> \$16,911 - \$21,330 |
| <input type="checkbox"/> \$20,331 - \$25,750 | <input type="checkbox"/> \$25,751 - \$30,170 | <input type="checkbox"/> \$30,171 - \$34,590 |
| <input type="checkbox"/> \$34,591 - \$39,010 | <input type="checkbox"/> \$39,011 - \$43,430 | <input type="checkbox"/> \$43,431 - or Above |

Older Relative Caregiver Intake Form

Consumer: _____

This section to be completed by provider.

Provider Name: _____

New Intake Form

Updated Intake Form

Check the box next to the service provided:

- ORC Information & Assistance
- ORC Case Management
- ORC Counseling
- ORC Congregate Nutrition
- ORC Emergency Response System
- ORC Home Delivered Nutrition
- ORC Options Counseling

- ORC Respite (*indicate type below*):
 - In-Home
 - Out-of-Home (Day)
 - Out-of-Home (Night)
 - Other
- ORC Support Groups
- ORC Supplemental Services
- ORC Training

Older Relative Caregiver means a caregiver who is 55 years of age or older; and lives with, is the informal provider of in-home and community care to, and is the primary caregiver for, a child or an individual with a disability.

In the case of a caregiver for a child -

- a) is the grandparent, step grandparent, or other relative (other than the parent) by blood, marriage, or adoption, of the child;
- b) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the child; and
- c) has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally.

In the case of a caregiver for an individual with a disability, is the a parent, grandparent, or other relative by blood, marriage, or adoption, of the individual with a disability. (Source: OAA)

Children Receiving Care means an individual who is not more than 18 years of age who lives with and receives informal care from an eligible "older relative caregiver". (Source: OAA)

Adults with disabilities receiving care means an individual with a disability, as defined in section 3 of the Americans with Disabilities Act of 1990 (42. U.S.C 12012), who is not less than age 18 and not more than age 59; and receives informal care from an eligible "older relative caregiver". (Source: OAA)

Behavioral Health Supports, Outreach, and Training & Education Service Data Collection

The data collection for Behavioral Health Supports and Outreach **do not** need to include:

- Subject Matter
- Staff Involved
- Date & Time
- Location
- Target Audience
- Number of People Affected

For Training and Education the data below is required to be collected for presentations, training or targeted publications. This additional information is to be collected and available during monitoring rather than entered into WellSky.

- Training Topic
- Session Purpose
- Sign-in Sheet
- Staff Involved
- Date & Time
- Location
- Target Audience

In addition, EPA Training and Education is a category under Training and Education and is to be entered as such in WellSky. This subcategory has been added to accurately capture the amount of public awareness and education and in what manner (presentations, billboards, flyers, etc.)

Case Management Service Data Collection

The following consumer data must be collected for each consumer admitted to case management.

- Aging & Disability Network Consumer Intake Form with Nutrition Screening
- Case Management Assessment
- Care Plan. The Care Plan shall consist of these elements:
 - Goals
 - Objectives (may include provider information, potentially funding sources, and/or other relevant information that assists the consumer in achieving their identified goals.)
 - Goals Achieved Date
- Discharge Information

Case Management Assessment

SECTION 2: LIVING ARRANGEMENT

* Current living arrangement:	<input type="checkbox"/> LIVES ALONE	<input type="checkbox"/> WITH SPOUSE/PARTNER	<input type="checkbox"/> WITH SPOUSE & CHILD
	<input type="checkbox"/> WITH CHILD/CHILDREN	<input type="checkbox"/> WITH OTHERS	<input type="checkbox"/> INFORMATION UNAVAILABLE
* Consumer other living arrangement:	<input type="checkbox"/> ALONE	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> NURSING FACILITY
	<input type="checkbox"/> CHILD	<input type="checkbox"/> HOMELESS	<input type="checkbox"/> N/A
	<input type="checkbox"/> FAMILY MEMBER	<input type="checkbox"/> ASSISTED LIVING	<input type="checkbox"/> OTHER
	<input type="checkbox"/> FRIEND	<input type="checkbox"/> ICF/IDD FACILITY	
	<input type="checkbox"/> ROOMMATE	<input type="checkbox"/> MENTAL HEALTH FACILITY	
* Total number in household, including consumer:			

SECTION 3: DENTAL STATUS

* Consumer has a dentist:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
* Last time consumer saw a dentist:	<input type="checkbox"/> MORE THAN 1 YEAR AGO	<input type="checkbox"/> WITHIN THE PAST YEAR	<input type="checkbox"/> WITHIN THE PAST 6 MONTHS
* If the consumer has not seen a dentist, does he/she need assistance locating one?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
* Consumer has dental insurance:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

SECTION 4: POWER OF ATTORNEY (Data in this section not collected by the IDA)

Consumer has a power of attorney:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Type of power of attorney:	<input type="checkbox"/> GENERAL	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> GENERAL & MEDICAL
	<input type="checkbox"/> LIMITED		
Power of attorney information:			
FIRST NAME		LAST NAME	
PHONE NUMBER		POWER OF ATTORNEY EFFECTIVE DATE (MM/DD/YYYY)	

SECTION 5: CONSUMER RESOURCES

Employment	
Consumer currently employed:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Employment status:	
<input type="checkbox"/> YES, FULL-TIME	<input type="checkbox"/> VOLUNTEER
<input type="checkbox"/> YES, PART-TIME	<input type="checkbox"/> DISABLED
<input type="checkbox"/> YES, FULL-/PART-TIME NOT SPECIFIED	<input type="checkbox"/> RETIRED
<input type="checkbox"/> SOMETIMES	<input type="checkbox"/> UNEMPLOYED
<input type="checkbox"/> TEMPORARY JOBS	<input type="checkbox"/> DON'T KNOW
<input type="checkbox"/> SEEKING EMPLOYMENT	<input type="checkbox"/> NO RESPONSE
<input type="checkbox"/> PARTICIPATING IN PRE-EMPLOYMENT ACTIVITIES/SUPPORTS	<input type="checkbox"/> N/A

Employment (cont.)

Consumer's desired employment status:

- | | |
|--|---|
| <input type="checkbox"/> FULL-TIME | <input type="checkbox"/> INTERESTED IN WORKING, BUT NEEDS EMPLOYMENT SUPPORTS |
| <input type="checkbox"/> PART-TIME | <input type="checkbox"/> NOT INTERESTED |
| <input type="checkbox"/> TEMPORARY JOBS | <input type="checkbox"/> N/A DUE TO CHILD'S AGE |
| <input type="checkbox"/> INTERESTED IN A NEW JOB | |

Financial Resources

* Current payment source(s) for services:

- | | |
|--|---|
| <input type="checkbox"/> COMMUNITY OPTIONS/COMMUNITY INTEGRATION PROGRAM | <input type="checkbox"/> MEDICARE SAVINGS PROGRAM |
| <input type="checkbox"/> LONG-TERM CARE INSURANCE | <input type="checkbox"/> OTHER GOVERNMENT (e.g., CHAMPUS, VA, etc.) |
| <input type="checkbox"/> LOW-INCOME SUBSIDY | <input type="checkbox"/> PRIVATE INSURANCE |
| <input type="checkbox"/> MEDICAID | <input type="checkbox"/> PRIVATE PAY |
| <input type="checkbox"/> MEDICALLY NEEDY | <input type="checkbox"/> QMB-LIMITED MEDICAID |
| <input type="checkbox"/> MEDICARE ADVANTAGE | <input type="checkbox"/> SELF-PAY |
| <input type="checkbox"/> MEDICARE PART A | <input type="checkbox"/> SLMB-LIMITED MEDICAID |
| <input type="checkbox"/> MEDICARE PART B | <input type="checkbox"/> SSI-RELATED MEDICAID |
| <input type="checkbox"/> MEDICARE PART D | <input type="checkbox"/> WORKER'S COMPENSATION |

* Income source(s):

- | | |
|---|---|
| <input type="checkbox"/> ANNUITIES | <input type="checkbox"/> SENIOR COMMUNITY SERVICE EMPLOYMENT |
| <input type="checkbox"/> DIVIDENDS/INTEREST | <input type="checkbox"/> SOCIAL SECURITY (SS) |
| <input type="checkbox"/> MILITARY RETIREMENT | <input type="checkbox"/> SOCIAL SECURITY DISABILITY INCOME (SSDI) |
| <input type="checkbox"/> OTHER NON-WORK INCOME | <input type="checkbox"/> SUPPLEMENTAL SOCIAL SECURITY (SSI) |
| <input type="checkbox"/> PENSION/RETIREMENT BENEFITS | <input type="checkbox"/> UNEMPLOYMENT BENEFITS |
| <input type="checkbox"/> PUBLIC ASSISTANCE/CASH ASSISTANCE | <input type="checkbox"/> VETERANS BENEFITS |
| <input type="checkbox"/> PUBLIC ASSISTANCE-TANF | <input type="checkbox"/> WORK INCOME |
| <input type="checkbox"/> RAILROAD RETIREMENT BENEFITS (RRB) | <input type="checkbox"/> WORKER'S COMPENSATION |

Self-declared assets and resources:

CONSUMER HAS STOCK/BONDS/CDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY INCOME FROM STOCK/BONDS/CDS \$	
CONSUMER HAS INSURANCE SETTLEMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY INCOME FROM INSURANCE SETTLEMENTS \$	
CONSUMER HAS SAVINGS ACCOUNTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL BALANCE OF SAVINGS ACCOUNTS \$	
CONSUMER HAS CHECKING ACCOUNTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL BALANCE OF CHECKING ACCOUNTS \$	
CONSUMER HAS IRA/PENSION ACCOUNTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY INCOME FROM IRA/PENSION ACCOUNTS \$	
CONSUMER HAS VETERANS BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY INCOME FROM VETERANS BENEFITS \$	
CONSUMER HAS SOCIAL SECURITY/SSDI/SSI BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY INCOME FROM SOCIAL SECURITY/SSDI/SSI BENEFITS \$	
CONSUMER RECEIVES MONTHLY INCOME FROM FARM RENTAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	FARM PROPERTY VALUE \$	MONTHLY FARM RENTAL INCOME \$
CONSUMER HAS ANNUITY INCOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY INCOME FROM ANNUITIES \$	

SECTION 6: PHYSICIANS/HOSPITALIZATIONS *(Data in this section not collected by the IDA unless in aggregate form)*

Physicians	
Consumer has a primary care physician: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Primary care physician information:	
FIRST NAME	LAST NAME
SPECIALTY	
ADDRESS	CITY, STATE ZIP
PHONE NUMBER	EMAIL ADDRESS
Reason for last visit to primary care physician:	
Primary care physician follow-up date (MM/DD/YYYY):	
Consumer has seen other physicians/specialists in the past year (outside of a hospital or nursing facility setting): <input type="checkbox"/> YES <input type="checkbox"/> NO	
Specialist/other physician information:	
FIRST NAME	LAST NAME
PHONE NUMBER	DATE OF LAST VISIT (MM/DD/YYYY)
Reason for last visit to specialist/other physician:	

Hospitalizations	
Consumer's primary hospital:	
Phone number:	
Time elapsed since consumer was last discharged from an in-patient setting:	
<input type="checkbox"/> CURRENTLY IN HOSPITAL	<input type="checkbox"/> MORE THAN 30 DAYS
<input type="checkbox"/> 1-7 DAYS (WITHIN THE PAST WEEK)	<input type="checkbox"/> MORE THAN 90 DAYS
<input type="checkbox"/> 8-14 DAYS	<input type="checkbox"/> MORE THAN 180 DAYS
<input type="checkbox"/> 15-30 DAYS	<input type="checkbox"/> NO HOSPITALIZATION
Reason(s) for consumer's hospitalization:	
<input type="checkbox"/> CARDIAC PROBLEMS	<input type="checkbox"/> NAUSEA/DEHYDRATION/MALNUTRITION/CONSTIPATION
<input type="checkbox"/> CHEMOTHERAPY	<input type="checkbox"/> PSYCHOTIC EPISODE
<input type="checkbox"/> DEEP VEIN THROMBOSIS/PULMONARY EMBOLISM	<input type="checkbox"/> RESPIRATORY PROBLEMS
<input type="checkbox"/> GI BLEEDING OR OBSTRUCTION	<input type="checkbox"/> SCHEDULED SURGICAL PROCEDURE
<input type="checkbox"/> HYPO/HYPERGLYCEMIA OR DIABETES	<input type="checkbox"/> UNCONTROLLED PAIN
<input type="checkbox"/> IMPROPER MEDICATION	<input type="checkbox"/> URINARY TRACT INFECTION
<input type="checkbox"/> INJURY CAUSED BY FALL/ACCIDENT	<input type="checkbox"/> WOUND CARE
<input type="checkbox"/> IV CATHETER-RELATED INFECTION	<input type="checkbox"/> OTHER
<input type="checkbox"/> MYOCARDIAL INFARCTION/STROKE	
Most recent discharge date (MM/DD/YYYY):	

Mental Health

Ask the consumer the following questions to screen for depression:

- | | | |
|--|----------------------------------|---------------------------------|
| 1) ARE YOU BASICALLY SATISFIED WITH YOUR LIFE? | <input type="checkbox"/> YES = 0 | <input type="checkbox"/> NO = 1 |
| 2) HAVE YOU DROPPED MANY OF YOUR ACTIVITIES AND INTERESTS? | <input type="checkbox"/> YES = 1 | <input type="checkbox"/> NO = 0 |
| 3) DO YOU FEEL THAT YOUR LIFE IS EMPTY? | <input type="checkbox"/> YES = 1 | <input type="checkbox"/> NO = 0 |
| 4) DO YOU OFTEN FEEL BORED? | <input type="checkbox"/> YES = 1 | <input type="checkbox"/> NO = 0 |
| 5) ARE YOU IN GOOD SPIRITS MOST OF THE TIME? | <input type="checkbox"/> YES = 0 | <input type="checkbox"/> NO = 1 |
| 6) ARE YOU AFRAID SOMETHING BAD IS GOING TO HAPPEN TO YOU? | <input type="checkbox"/> YES = 1 | <input type="checkbox"/> NO = 0 |
| 7) DO YOU FEEL HAPPY MOST OF THE TIME? | <input type="checkbox"/> YES = 0 | <input type="checkbox"/> NO = 1 |
| 8) DO YOU OFTEN FEEL HELPLESS? | <input type="checkbox"/> YES = 1 | <input type="checkbox"/> NO = 0 |
| 9) DO YOU PREFER TO STAY AT HOME RATHER THAN GOING OUT AND DOING NEW THINGS? | <input type="checkbox"/> YES = 1 | <input type="checkbox"/> NO = 0 |
| 10) DO YOU FEEL YOU HAVE MORE PROBLEMS WITH MEMORY THAN MOST? | <input type="checkbox"/> YES = 1 | <input type="checkbox"/> NO = 0 |
| 11) DO YOU THINK IT IS WONDERFUL TO BE ALIVE NOW? | <input type="checkbox"/> YES = 0 | <input type="checkbox"/> NO = 1 |
| 12) DO YOU FEEL PRETTY WORTHLESS THE WAY YOU ARE NOW? | <input type="checkbox"/> YES = 1 | <input type="checkbox"/> NO = 0 |
| 13) DO YOU FEEL FULL OF ENERGY? | <input type="checkbox"/> YES = 0 | <input type="checkbox"/> NO = 1 |
| 14) DO YOU FEEL THAT YOUR SITUATION IS HOPELESS? | <input type="checkbox"/> YES = 1 | <input type="checkbox"/> NO = 0 |
| 15) DO YOU THINK MOST PEOPLE ARE BETTER OFF THAN YOU ARE? | <input type="checkbox"/> YES = 1 | <input type="checkbox"/> NO = 0 |

* Calculate the score (add total number of points from Yes/No columns above):

- 0-5 = NO OR FEW SYMPTOMS OF DEPRESSION
- 6-10 = MILD TO MODERATE SYMPTOMS OF DEPRESSION
- 11-15 = SEVERE DEPRESSION SYMPTOMS

If the consumer scores 6 or above, ask the following questions:

- | | | |
|--|------------------------------|-----------------------------|
| 1) OVER THE LAST TWO WEEKS, HAVE YOU HAD THOUGHTS THAT YOU WOULD BE BETTER OFF DEAD OR THAT YOU WANT TO HURT YOURSELF IN SOME WAY? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2) DO YOU FEEL THESE THOUGHTS ARE A PROBLEM FOR YOU OR SOMETHING YOU MIGHT ACT ON? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If the consumer answers "yes" to either question, direct him/her to medical attention. If intent, plan and means are indicated, refer IMMEDIATELY and contact supervisor.

Mood/Emotional Function

Has the consumer been bothered by little interest or pleasure in doing things?

- | | |
|--|---|
| <input type="checkbox"/> YES, OFTEN | <input type="checkbox"/> NO, NEVER |
| <input type="checkbox"/> YES, MOST OF THE TIME | <input type="checkbox"/> UNABLE TO ASSESS |
| <input type="checkbox"/> YES, SOME OF THE TIME | <input type="checkbox"/> DECLINED TO DISCLOSE |
| <input type="checkbox"/> RARELY | |

* Have the consumer's mood indicators become worse as compared to his/her last assessment?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> THIS IS CONSUMER'S FIRST ASSESSMENT |
|------------------------------|-----------------------------|--|

SECTION 7: Services

*** Consumer is participating in the following service(s) or program(s):**

- | | |
|--|---|
| <input type="checkbox"/> ADULT DAY CARE | <input type="checkbox"/> PERSONAL CARE |
| <input type="checkbox"/> ASSISTED TRANSPORTATION | <input type="checkbox"/> SELF-DIRECTED CARE |
| <input type="checkbox"/> CASE MANAGEMENT | <input type="checkbox"/> TRAINING & EDUCATION |
| <input type="checkbox"/> CHORE | <input type="checkbox"/> TRANSPORTATION |
| <input type="checkbox"/> CONGREGATE MEALS | <input type="checkbox"/> EAPA ASSESSMENT & INTERVENTION |
| <input type="checkbox"/> COUNSELING | <input type="checkbox"/> EAPA CONSULTATION |
| <input type="checkbox"/> EVIDENCE-BASED HEALTH ACTIVITIES | <input type="checkbox"/> EAPA TRAINING & EDUCATION |
| <input type="checkbox"/> HEALTH PROMOTION & DISEASE PREVENTION | <input type="checkbox"/> CG/GO COUNSELING |
| <input type="checkbox"/> HOME-DELIVERED MEALS | <input type="checkbox"/> CG/GO HOME-DELIVERED MEALS |
| <input type="checkbox"/> HOMEMAKER | <input type="checkbox"/> CG/GO INFORMATION SERVICES |
| <input type="checkbox"/> INFORMATION & ASSISTANCE | <input type="checkbox"/> CG/GO OPTIONS COUNSELING |
| <input type="checkbox"/> LEGAL ASSISTANCE | <input type="checkbox"/> CG/GO RESPITE |
| <input type="checkbox"/> MATERIAL AID | <input type="checkbox"/> CG/GO SUPPLEMENTAL SERVICES |
| <input type="checkbox"/> NUTRITION COUNSELING | <input type="checkbox"/> MENTAL HEALTH OUTREACH |
| <input type="checkbox"/> NUTRITION EDUCATION | <input type="checkbox"/> HOME HEALTHAIDE |
| <input type="checkbox"/> OPTIONS COUNSELING | <input type="checkbox"/> NURSING |
| <input type="checkbox"/> OUTREACH | <input type="checkbox"/> OTHER |

*** Are the services/programs meeting his/her needs?**

- | | |
|------------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> SOMETIMES |
| <input type="checkbox"/> NO | <input type="checkbox"/> UNCLEAR RESPONSE |

*** Do any of the following help the consumer with his/her care?**

- | | |
|--|--|
| <input type="checkbox"/> AAA PROVIDED | <input type="checkbox"/> RESIDENTIAL HEALTH CARE |
| <input type="checkbox"/> CAREGIVER | <input type="checkbox"/> SIBLING |
| <input type="checkbox"/> DAUGHTER | <input type="checkbox"/> SON |
| <input type="checkbox"/> FRIEND | <input type="checkbox"/> SPOUSE |
| <input type="checkbox"/> INDEPENDENT | <input type="checkbox"/> VOLUNTEER |
| <input type="checkbox"/> PARENT | <input type="checkbox"/> OTHER RELATIVE |
| <input type="checkbox"/> PRIVATE PAID HELP | <input type="checkbox"/> SERVICE NEEDS |

*** Which service(s) or program(s) does the consumer need:**

- | | |
|--|--|
| <input type="checkbox"/> ADULT DAY CARE | <input type="checkbox"/> SELF-DIRECTED CARE |
| <input type="checkbox"/> ASSISTED TRANSPORTATION | <input type="checkbox"/> TRAINING & EDUCATION |
| <input type="checkbox"/> CASE MANAGEMENT | <input type="checkbox"/> TRANSPORTATION |
| <input type="checkbox"/> CHORE | <input type="checkbox"/> CG/GO ACCESS ASSISTANCE |
| <input type="checkbox"/> CONGREGATE MEALS | <input type="checkbox"/> CG/GO COUNSELING |
| <input type="checkbox"/> EVIDENCE-BASED HEALTH ACTIVITIES | <input type="checkbox"/> CG/GO HOME-DELIVERED MEALS |
| <input type="checkbox"/> HEALTH PROMOTION & DISEASE PREVENTION | <input type="checkbox"/> CG/GO INFORMATION SERVICES |
| <input type="checkbox"/> HOME-DELIVERED MEALS | <input type="checkbox"/> CG/GO OPTIONS COUNSELING |
| <input type="checkbox"/> HOMEMAKER | <input type="checkbox"/> CG/GO RESPITE |
| <input type="checkbox"/> INFORMATION & ASSISTANCE | <input type="checkbox"/> CG/GO SELF-DIRECTED CARE |
| <input type="checkbox"/> LEGAL ASSISTANCE | <input type="checkbox"/> CDAC SERVICES |
| <input type="checkbox"/> NUTRITION COUNSELING | <input type="checkbox"/> MENTAL HEALTH OUTREACH |
| <input type="checkbox"/> NUTRITION EDUCATION | <input type="checkbox"/> HOME HEALTHAIDE |
| <input type="checkbox"/> OPTIONS COUNSELING | <input type="checkbox"/> NURSING |
| <input type="checkbox"/> OUTREACH | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> PERSONAL CARE | <input type="checkbox"/> NO SERVICES NEEDED AT THIS TIME |

EAPA Service Form

The following consumer data must be collected for each consumer admitted to EAPA.

- Aging & Disability Network Consumer Intake Form with Nutrition Screening
- EAPA Service Form
- EAPA Service Plan. Service plan shall consist of elements as defined in the EAPA manual.
- Discharge Information



* Date (MM/DD/YYYY): _____

EAPA Service Form

Prior to completing this form, please ensure the Aging & Disability Network Consumer Intake Form is complete and current. All fields on this form marked with an asterisk (*) are required fields; the form will not be considered complete unless all required fields are marked.

SECTION 1: GENERAL INFORMATION

* Consumer name (as it appears on the Aging & Disability Network Consumer Intake Form):		
FIRST NAME	MI	LAST NAME
* Name of person completing this form:		
FIRST NAME	LAST NAME	
AGENCY/ORGANIZATION		PHONE NUMBER

SECTION 2: EAPA REFERRAL INFORMATION

EAPA referral date (MM/DD/YYYY):	
EAPA referral source (select one):	
<input type="checkbox"/> CASE MANAGEMENT	<input type="checkbox"/> LAW ENFORCEMENT
<input type="checkbox"/> DEPT. OF HUMAN SERVICES	<input type="checkbox"/> LIFELONG LINKS WEBSITE
<input type="checkbox"/> ELDER RIGHTS SPECIALIST	<input type="checkbox"/> MEDICAL PROVIDER
<input type="checkbox"/> FAMILY MEMBER	<input type="checkbox"/> OPTIONS COUNSELOR
<input type="checkbox"/> FAMILY CAREGIVER SPECIALIST	<input type="checkbox"/> SERVICE PROVIDER
<input type="checkbox"/> FINANCIAL	<input type="checkbox"/> SELF REFERRAL
<input type="checkbox"/> FRIEND	<input type="checkbox"/> OTHER
<input type="checkbox"/> I & R SPECIALIST	
EAPA allegation type:	
<input type="checkbox"/> FINANCIAL EXPLOITATION	<input type="checkbox"/> SELF NEGLECT
<input type="checkbox"/> NEGLECT	<input type="checkbox"/> SEXUAL ABUSE
<input type="checkbox"/> PHYSICAL ABUSE	<input type="checkbox"/> OTHER (DESCRIBE) _____
<input type="checkbox"/> EMOTIONAL ABUSE	

SECTION 3: ALLEGED PERPETRATOR (Data in this section not collected by the IDA unless in aggregate form)

<input type="checkbox"/> SAME AS CONSUMER (SELF NEGLECT)	
FIRST NAME	LAST NAME
ADDRESS	CITY, STATE ZIP
PHONE NUMBER	GENDER
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANSGENDER

Alleged Perpetrator (cont.)**Relationship to consumer:**

- | | |
|--|----------------------------------|
| <input type="checkbox"/> CHILD | <input type="checkbox"/> PARENT |
| <input type="checkbox"/> SPOUSE/DOMESTIC PARTNER (INCLUDING CIVIL UNION) | <input type="checkbox"/> SIBLING |
| <input type="checkbox"/> GRANDCHILD | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> GRANDPARENT | |

Pertinent Information (e.g., employment status, work hours, drugs in home, etc.)**Intake Information (e.g., concerns, allegations, etc.)****Collateral Information (people aware of the situation)**

FIRST NAME	LAST NAME
ADDRESS	CITY, STATE ZIP
PHONE NUMBER	RELATIONSHIP TO CONSUMER

FIRST NAME	LAST NAME
ADDRESS	CITY, STATE ZIP
PHONE NUMBER	RELATIONSHIP TO CONSUMER

FIRST NAME	LAST NAME
ADDRESS	CITY, STATE ZIP
PHONE NUMBER	RELATIONSHIP TO CONSUMER

SECTION 4: EAPA CONSULTATION

*EAPA consultation type: <input type="checkbox"/> NON-CONSUMER CONSULTATION		<input type="checkbox"/> CONSUMER CONSULTATION	
* EAPA consultation date (MM/DD/YYYY):			
* EAPA consultation length (in minutes):			
* EAPA consultation outcome:			
<input type="checkbox"/> CONSUMER WILL SELF-ADVOCATE	<input type="checkbox"/> REFERRED TO FAMILY CAREGIVER PROGRAM		
<input type="checkbox"/> EAPA ASSESSMENT & INTERVENTION	<input type="checkbox"/> REFERRED TO LAW ENFORCEMENT		
<input type="checkbox"/> EAPA CONSUMER CONSULTATION	<input type="checkbox"/> REFERRED TO LEGAL SERVICES HOTLINE		
<input type="checkbox"/> EAPA NON-CONSUMER CONSULTATION	<input type="checkbox"/> REFERRED TO OPTIONS COUNSELOR		
<input type="checkbox"/> REFERRED TO CASE MANAGEMENT	<input type="checkbox"/> REFERRED TO OSDM		
<input type="checkbox"/> REFERRED TO DEPT. OF HUMAN SERVICES	<input type="checkbox"/> REFERRED TO SERVICE PROVIDER		
<input type="checkbox"/> REFERRED TO DEPT. OF INSPECTIONS & APPEALS	<input type="checkbox"/> REFUSED ASSISTANCE		
<input type="checkbox"/> REFERRED TO DOMESTIC VIOLENCE/SEXUAL ASSAULT PROVIDER	<input type="checkbox"/> OTHER		
* Priority status (1, 2 or 3):			
* Consult only: <input type="checkbox"/> YES		<input type="checkbox"/> NO	

SECTION 5: EAPA ASSESSMENT

* EAPA assessment date (MM/DD/YYYY):	
* EAPA assessment type: <input type="checkbox"/> INITIAL ASSESSMENT	
<input type="checkbox"/> REASSESSMENT	
* Name of person conducting this assessment:	
FIRST NAME	LAST NAME
AGENCY/ORGANIZATION	PHONE NUMBER
Name and relationship to consumer of others present at this assessment:	
NAME	RELATIONSHIP
NAME	RELATIONSHIP
Release of Information: <input type="checkbox"/> YES	
<input type="checkbox"/> NO	
* EAPA assessment type:	
<input type="checkbox"/> SINGLE	<input type="checkbox"/> JOINT
<input type="checkbox"/> SINGLE/LEGAL REP	<input type="checkbox"/> JOINT/LEGAL REP

SECTION 6: AREAS OF CONCERN

General Concerns	NO CONCERNS	SOME CONCERNS	STRONG CONCERNS
* CLOTHING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* GROOMING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* PHYSICAL HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cognition/Mental Health

	NO CONCERNS	SOME CONCERNS	STRONG CONCERNS
* ORIENTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* POTENTIAL MEMORY LOSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* DIAGNOSED DEMENTIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* IMPAIRED DECISION-MAKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* POTENTIAL MENTAL ILLNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* DIAGNOSED MENTAL ILLNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Substance Abuse

	NO CONCERNS	SOME CONCERNS	STRONG CONCERNS
* ALCOHOL/DRUG ABUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* RECEIVING ASSISTANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* MEDICATION ABUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Housekeeping/Environmental

	NO CONCERNS	SOME CONCERNS	STRONG CONCERNS
* ANIMALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* BATHROOM DIRTY/NOT USABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* BUG INFESTATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* DIRTY DISHES STACKED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* FLOORS DIRTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* GARBAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* HOARDING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* KITCHEN DIRTY/NOT USABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* ODOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* STRUCTURAL CONCERNS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consumer Isolation

	NO CONCERNS	SOME CONCERNS	STRONG CONCERNS
* GEOGRAPHIC LOCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* SELF ISOLATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* CAREGIVER ISOLATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Self Care

	NO CONCERNS	SOME CONCERNS	STRONG CONCERNS
* REQUIRES 24-HOUR CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* REQUIRES 24-HOUR SUPERVISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* UNABLE TO DETERMINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Caregiver Concerns

	NO CONCERNS	SOME CONCERNS	STRONG CONCERNS
* UNABLE TO PROVIDE APPROPRIATE CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* UNWILLING TO PROVIDE APPROPRIATE CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* FRAIL/HAS SIGNIFICANT HEALTH/MENTAL ISSUES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* DENIES OBVIOUS PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* SUSPECTED ABUSE/NEGLECT OF CONSUMER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* SHOWS SIGNS OF CAREGIVER BURNOUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Financial Concerns

	NO CONCERNS	SOME CONCERNS	STRONG CONCERNS
* NEEDS BILL-PAYING ASSISTANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* UNABLE TO MANAGE MONEY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 7: INTERPRETATION SERVICES

Interpreter needed:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
Reason for interpreter:	<input type="checkbox"/> PRIMARY LANGUAGE	<input type="checkbox"/> PRIMARY LANGUAGE AT HOME	<input type="checkbox"/> SIGN LANGUAGE
Interpreter's availability:	<input type="checkbox"/> ALWAYS <input type="checkbox"/> SOMETIMES	<input type="checkbox"/> DAYTIME <input type="checkbox"/> WEEKENDS	<input type="checkbox"/> NIGHTS

SECTION 8: LIVING ARRANGEMENT

* Current living arrangement:	<input type="checkbox"/> LIVES ALONE <input type="checkbox"/> WITH CHILD/CHILDREN	<input type="checkbox"/> WITH SPOUSE/PARTNER <input type="checkbox"/> WITH OTHERS	<input type="checkbox"/> WITH SPOUSE & CHILD <input type="checkbox"/> INFORMATION UNAVAILABLE
* Consumer other living arrangement:	<input type="checkbox"/> ALONE <input type="checkbox"/> CHILD <input type="checkbox"/> FAMILY MEMBER <input type="checkbox"/> FRIEND <input type="checkbox"/> ROOMMATE	<input type="checkbox"/> SPOUSE <input type="checkbox"/> HOMELESS <input type="checkbox"/> ASSISTED LIVING <input type="checkbox"/> ICF/IDD FACILITY <input type="checkbox"/> MENTAL HEALTH FACILITY	<input type="checkbox"/> NURSING FACILITY <input type="checkbox"/> N/A <input type="checkbox"/> OTHER
* Total number in household, including consumer:			

SECTION 9: DENTAL STATUS

* Consumer has a dentist:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
* Last time consumer saw a dentist:	<input type="checkbox"/> MORE THAN 1 YEAR AGO	<input type="checkbox"/> WITHIN THE PAST YEAR	<input type="checkbox"/> WITHIN THE PAST 6 MONTHS
* If the consumer has not seen a dentist, does he/she need assistance locating one?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
* Consumer has dental insurance:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

SECTION 10: POWER OF ATTORNEY (Data in this section not collected by the IDA)

Consumer has a power of attorney:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Type of power of attorney:	<input type="checkbox"/> GENERAL <input type="checkbox"/> LIMITED	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> GENERAL & MEDICAL
Power of attorney information:			
FIRST NAME		LAST NAME	
PHONE NUMBER		POWER OF ATTORNEY EFFECTIVE DATE (MM/DD/YYYY)	

SECTION 11: CONSUMER RESOURCES

Employment	
Consumer currently employed:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Employment status:	
<input type="checkbox"/> YES, FULL-TIME	<input type="checkbox"/> VOLUNTEER
<input type="checkbox"/> YES, PART-TIME	<input type="checkbox"/> DISABLED
<input type="checkbox"/> YES, FULL-/PART-TIME NOT SPECIFIED	<input type="checkbox"/> RETIRED
<input type="checkbox"/> SOMETIMES	<input type="checkbox"/> UNEMPLOYED
<input type="checkbox"/> TEMPORARY JOBS	<input type="checkbox"/> DON'T KNOW
<input type="checkbox"/> SEEKING EMPLOYMENT	<input type="checkbox"/> NO RESPONSE
<input type="checkbox"/> PARTICIPATING IN PRE-EMPLOYMENT ACTIVITIES/SUPPORTS	<input type="checkbox"/> N/A
Consumer's desired employment status:	
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> INTERESTED IN WORKING, BUT NEEDS EMPLOYMENT SUPPORTS
<input type="checkbox"/> PART-TIME	<input type="checkbox"/> NOT INTERESTED
<input type="checkbox"/> TEMPORARY JOBS	<input type="checkbox"/> N/A DUE TO CHILD'S AGE
<input type="checkbox"/> INTERESTED IN A NEW JOB	

Financial Resources	
* Current payment source(s) for services:	
<input type="checkbox"/> COMMUNITY OPTIONS/COMMUNITY INTEGRATION PROGRAM	<input type="checkbox"/> MEDICARE SAVINGS PROGRAM
<input type="checkbox"/> LONG-TERM CARE INSURANCE	<input type="checkbox"/> OTHER GOVERNMENT (e.g., CHAMPUS, VA, etc.)
<input type="checkbox"/> LOW-INCOME SUBSIDY	<input type="checkbox"/> PRIVATE INSURANCE
<input type="checkbox"/> MEDICAID	<input type="checkbox"/> PRIVATE PAY
<input type="checkbox"/> MEDICALLY NEEDY	<input type="checkbox"/> QMB-LIMITED MEDICAID
<input type="checkbox"/> MEDICARE ADVANTAGE	<input type="checkbox"/> SELF-PAY
<input type="checkbox"/> MEDICARE PART A	<input type="checkbox"/> SLMB-LIMITED MEDICAID
<input type="checkbox"/> MEDICARE PART B	<input type="checkbox"/> SSI-RELATED MEDICAID
<input type="checkbox"/> MEDICARE PART D	<input type="checkbox"/> WORKER'S COMPENSATION

Financial Resources (cont.)

*** Income source(s):**

- | | |
|---|---|
| <input type="checkbox"/> ANNUITIES | <input type="checkbox"/> SENIOR COMMUNITY SERVICE EMPLOYMENT |
| <input type="checkbox"/> DIVIDENDS/INTEREST | <input type="checkbox"/> SOCIAL SECURITY (SS) |
| <input type="checkbox"/> MILITARY RETIREMENT | <input type="checkbox"/> SOCIAL SECURITY DISABILITY INCOME (SSDI) |
| <input type="checkbox"/> OTHER NON-WORK INCOME | <input type="checkbox"/> SUPPLEMENTAL SOCIAL SECURITY (SSI) |
| <input type="checkbox"/> PENSION/RETIREMENT BENEFITS | <input type="checkbox"/> UNEMPLOYMENT BENEFITS |
| <input type="checkbox"/> PUBLIC ASSISTANCE/CASH ASSISTANCE | <input type="checkbox"/> VETERANS BENEFITS |
| <input type="checkbox"/> PUBLIC ASSISTANCE-TANF | <input type="checkbox"/> WORK INCOME |
| <input type="checkbox"/> RAILROAD RETIREMENT BENEFITS (RRB) | <input type="checkbox"/> WORKER'S COMPENSATION |

Self-declared assets and resources:

CONSUMER HAS STOCK/BONDS/CDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY INCOME FROM STOCK/BONDS/CDS \$
CONSUMER HAS INSURANCE SETTLEMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY INCOME FROM INSURANCE SETTLEMENTS \$
CONSUMER HAS SAVINGS ACCOUNTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL BALANCE OF SAVINGS ACCOUNTS \$
CONSUMER HAS CHECKING ACCOUNTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL BALANCE OF CHECKING ACCOUNTS \$
CONSUMER HAS IRA/PENSION ACCOUNTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY INCOME FROM IRA/PENSION ACCOUNTS \$
CONSUMER HAS VETERANS BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY INCOME FROM VETERANS BENEFITS \$
CONSUMER HAS SOCIAL SECURITY/SSDI/SSI BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY INCOME FROM SOCIAL SECURITY/SSDI/SSI BENEFITS \$
CONSUMER RECEIVES MONTHLY INCOME FROM FARM RENTAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	FARM PROPERTY VALUE \$ MONTHLY FARM RENTAL INCOME \$
CONSUMER HAS ANNUITY INCOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY INCOME FROM ANNUITIES \$

SECTION 12: DISCHARGE INFORMATION

*** EAPA discharge date (MM/DD/YYYY):**

*** EAPA discharge reason:**

- | | |
|---|--|
| <input type="checkbox"/> MOVED INTO A NURSING FACILITY | <input type="checkbox"/> RISK OF HARM TO CONTRACTOR/SERVICE PROVIDER |
| <input type="checkbox"/> MOVED OUT OF STATE/OUTSIDE SERVICE AREA | <input type="checkbox"/> SERVICES NO LONGER NEEDED/ABUSE ISSUES RESOLVED |
| <input type="checkbox"/> REFUSES TO PROVIDE INFORMATION NEEDED FOR PLAN | <input type="checkbox"/> UNWILLING/UNABLE TO MEET INTERVENTION PLAN |
| <input type="checkbox"/> REQUESTS TERMINATION OF SERVICES | <input type="checkbox"/> OTHER |

*** EAPA discharge to (select one):**

- | | |
|---|--|
| <input type="checkbox"/> ASSISTED LIVING PROGRAM | <input type="checkbox"/> LEGAL SERVICES PROVIDER |
| <input type="checkbox"/> CASE MANAGEMENT | <input type="checkbox"/> OPTIONS COUNSELOR |
| <input type="checkbox"/> FAMILY CAREGIVER PROGRAM | <input type="checkbox"/> OFFICE OF SUBSTITUTE DECISION MAKER |
| <input type="checkbox"/> FAMILY MEMBER | <input type="checkbox"/> SERVICE PROVIDER |
| <input type="checkbox"/> FRIEND | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> GUARDIAN/CONSERVATOR | <input type="checkbox"/> NONE |

Options Counseling Service Data Collection

Options Counseling (Older Iowan or Adult with Disability 18 or older)

- Aging & Disability Network Consumer Intake Form with Nutrition Screening
OR
- Aging & Disability Network Consumer Intake Form with Nutrition Screening
A nutrition screening is required when the consumer marks *Often* or *Sometimes* to at least one of these statements on the Aging & Disability Network Intake Form.
In the past 30 days, how often were these statements true:
 - *I have worried whether my food would run out before I got money to buy more.*
 - *The food that I bought just didn't last and I didn't have money to get more.*
- Options Counseling Assessment
- Options Counseling Service Plan. Service plan shall consist of these elements:
 - Goals
 - Objectives (may include provider information, potentially funding sources, and/or other relevant information that assists the consumer in achieving their identified goals.)
 - Goals Achieved Date
- Discharge Information
Discharge Reason: Reason the consumer as discharged from options counseling as defined as one of the following:
 - Consumer goals achieved
 - Consumer moved out of state
 - Consumer requested discharge
 - Consumer Institutionalized
 - Consumer refused to provide information
 - Consumer Death

Options Counseling (Caregiver)

- Caregiver Registered Services (Refer to above) Family Caregiver Consumer Intake Form
OR
- Older Relative Caregiver of Children or Adults with Disabilities Consumer Intake Form
- Options Counseling Assessment (complete fields that are relevant to the caregiver)
- Options Counseling Service Plan. Service plan shall consist of these elements:
 - Goals
 - Objectives (may include provider information, potentially funding sources, and/or other relevant information that assists the consumer in achieving their identified goals.)
 - Goals Achieved Date

- Discharge Information
Discharge Reason: Reason the consumer as discharged from Caregiver Options Counseling as defined as one of the following:
 - Consumer goals achieved
 - Consumer moved out of state
 - Consumer requested discharge
 - Consumer Institutionalized
 - Consumer refused to provide information
 - Consumer Death

Options Counseling Assessment

Title IIIB Legal Assistance Report Forms



Title IIIB Legal Assistance Report Form Quarterly and Annual

Reporting Period:

- Quarter 1 (July-Sept) Quarter 2 (Oct-Dec) Quarter 3 (Jan-March) Quarter 4 (Apr-June)
 Annual Year-End Report (July-June)

Area Agency on Aging:**Legal Service Provider:****Counties Served by Contract:****_____ Hours of Service Provided:**

- _____ Hours paid for with AAA funds
 _____ Hours provided by legal service provider through match

_____ Estimated Number of Unduplicated Consumers Served***Demographic Data***

Please provide the information requested below for the consumers served.

Race

- _____ American Indian/Alaska Native
 _____ Asian
 _____ Black or African American
 _____ Native Hawaiian or Pacific Islander
 _____ White
 _____ Race Missing

Age

- _____ <60
 _____ 60-64
 _____ 65-74
 _____ 75-84
 _____ 85+
 _____ Age Missing

Geographic Distribution

- _____ Rural
 _____ Non-Rural
 _____ Geographic Distribution Missing

Ethnicity

- _____ Hispanic/Latino
 _____ Not Hispanic/Latino
 _____ Ethnicity Missing

Poverty Status

- _____ At or Below
 _____ Above
 _____ Poverty Status Missing

Gender

- _____ Female
 _____ Male
 _____ Other
 _____ Gender Missing

Household Status

- _____ Lives Alone
 _____ Lives with Others
 _____ Lives in Long-Term Care Facility
 _____ Household Status Missing



Title IIIB Legal Assistance Report Form Quarterly and Annual

Legal Assistance Cases

_____ Total Number of Open Cases

_____ Total Number of Closed Cases

_____ Number of Closed Cases – Advice

_____ Number of Closed Cases – Limited Representation

_____ Number of Closed Cases – Representation

Please indicate the number of cases handled in each of the following categories:

Total #	Case Type	Total #	Case Type
_____	Abuse/Neglect	_____	Income
_____	Age Discrimination	_____	Long-term Care
_____	Defense of Guardianship or Protective Services	_____	Nutrition
_____	Health Care	_____	Other/Miscellaneous
_____	Housing	_____	Utilities

Semi-Annual Outcome Report

Semi-Annually (January and July) please respond to the following questions, and attach the required Legal Service Narrative.

Emerging Issues

Describe below any activities, issues of concern, etc. not addressed elsewhere in report.

Unmet Needs

Provide the following information on clients whose legal needs could not be met under this service.

_____ Number of Clients

_____ Estimated Number of Hours

Types of Cases with Unmet Needs:

.....
I certify that the above information is true and accurate.

_____ Executive Director	_____ Date
-----------------------------	---------------



* Date (MM/DD/YYYY): _____

Options Counseling Assessment Form

Prior to completing this form, please ensure the Aging & Disability Network Consumer Intake Form is complete and current. All fields on this form marked with an asterisk (*) are required fields; the form will not be considered complete unless all required fields are marked.

SECTION 1: GENERAL INFORMATION

* Consumer name (as it appears on the Aging & Disability Network Consumer Intake Form):		
FIRST NAME	MI	LAST NAME
* Type of assessment: <input type="checkbox"/> INITIAL ASSESSMENT <input type="checkbox"/> REASSESSMENT		
* Name of person completing this assessment:		
FIRST NAME	LAST NAME	
AGENCY/ORGANIZATION	PHONE NUMBER	
Interpreter needed:	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
Reason for interpreter:	<input type="checkbox"/> PRIMARY LANGUAGE	<input type="checkbox"/> PRIMARY LANGUAGE AT HOME <input type="checkbox"/> SIGN LANGUAGE
Interpreter's availability:	<input type="checkbox"/> ALWAYS	<input type="checkbox"/> DAYTIME <input type="checkbox"/> NIGHTS
	<input type="checkbox"/> SOMETIMES	<input type="checkbox"/> WEEKENDS

SECTION 2: LIVING ARRANGEMENT

* Current living arrangement:	<input type="checkbox"/> LIVES ALONE	<input type="checkbox"/> WITH SPOUSE/PARTNER	<input type="checkbox"/> WITH SPOUSE & CHILD
	<input type="checkbox"/> WITH CHILD/CHILDREN	<input type="checkbox"/> WITH OTHERS	<input type="checkbox"/> INFORMATION UNAVAILABLE
* Consumer other living arrangement:	<input type="checkbox"/> ALONE	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> NURSING FACILITY
	<input type="checkbox"/> CHILD	<input type="checkbox"/> HOMELESS	<input type="checkbox"/> N/A
	<input type="checkbox"/> FAMILY MEMBER	<input type="checkbox"/> ASSISTED LIVING	<input type="checkbox"/> OTHER
	<input type="checkbox"/> FRIEND	<input type="checkbox"/> ICF/IDD FACILITY	
	<input type="checkbox"/> ROOMMATE	<input type="checkbox"/> MENTAL HEALTH FACILITY	
* Total number in household, including consumer:			

SECTION 3: DENTAL STATUS

* Consumer has a dentist:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
* Last time consumer saw a dentist:	<input type="checkbox"/> MORE THAN 1 YEAR AGO	<input type="checkbox"/> WITHIN THE PAST YEAR <input type="checkbox"/> WITHIN THE PAST 6 MONTHS
* If the consumer has not seen a dentist, does he/she need assistance locating one?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
* Consumer has dental insurance:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 4: CONSUMER RESOURCES

Financial Resources

*** Current payment source(s) for services:**

- | | |
|--|---|
| <input type="checkbox"/> COMMUNITY OPTIONS/COMMUNITY INTEGRATION PROGRAM | <input type="checkbox"/> MEDICARE SAVINGS PROGRAM |
| <input type="checkbox"/> LONG-TERM CARE INSURANCE | <input type="checkbox"/> OTHER GOVERNMENT (e.g., CHAMPUS, VA, etc.) |
| <input type="checkbox"/> LOW-INCOME SUBSIDY | <input type="checkbox"/> PRIVATE INSURANCE |
| <input type="checkbox"/> MEDICAID | <input type="checkbox"/> PRIVATE PAY |
| <input type="checkbox"/> MEDICALLY NEEDY | <input type="checkbox"/> QMB-LIMITED MEDICAID |
| <input type="checkbox"/> MEDICARE ADVANTAGE | <input type="checkbox"/> SELF-PAY |
| <input type="checkbox"/> MEDICARE PART A | <input type="checkbox"/> SLMB-LIMITED MEDICAID |
| <input type="checkbox"/> MEDICARE PART B | <input type="checkbox"/> SSI-RELATED MEDICAID |
| <input type="checkbox"/> MEDICARE PART D | <input type="checkbox"/> WORKER'S COMPENSATION |

*** Income source(s):**

- | | |
|---|---|
| <input type="checkbox"/> ANNUITIES | <input type="checkbox"/> SENIOR COMMUNITY SERVICE EMPLOYMENT |
| <input type="checkbox"/> DIVIDENDS/INTEREST | <input type="checkbox"/> SOCIAL SECURITY (SS) |
| <input type="checkbox"/> MILITARY RETIREMENT | <input type="checkbox"/> SOCIAL SECURITY DISABILITY INCOME (SSDI) |
| <input type="checkbox"/> OTHER NON-WORK INCOME | <input type="checkbox"/> SUPPLEMENTAL SOCIAL SECURITY (SSI) |
| <input type="checkbox"/> PENSION/RETIREMENT BENEFITS | <input type="checkbox"/> UNEMPLOYMENT BENEFITS |
| <input type="checkbox"/> PUBLIC ASSISTANCE/CASH ASSISTANCE | <input type="checkbox"/> VETERANS BENEFITS |
| <input type="checkbox"/> PUBLIC ASSISTANCE-TANF | <input type="checkbox"/> WORK INCOME |
| <input type="checkbox"/> RAILROAD RETIREMENT BENEFITS (RRB) | <input type="checkbox"/> WORKER'S COMPENSATION |

Self-declared assets and resources:

CONSUMER HAS STOCK/BONDS/CDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY INCOME FROM STOCK/BONDS/CDS \$
CONSUMER HAS INSURANCE SETTLEMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY INCOME FROM INSURANCE SETTLEMENTS \$
CONSUMER HAS SAVINGS ACCOUNTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL BALANCE OF SAVINGS ACCOUNTS \$
CONSUMER HAS CHECKING ACCOUNTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL BALANCE OF CHECKING ACCOUNTS \$
CONSUMER HAS IRA/PENSION ACCOUNTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY INCOME FROM IRA/PENSION ACCOUNTS \$
CONSUMER HAS VETERANS BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY INCOME FROM VETERANS BENEFITS \$
CONSUMER HAS SOCIAL SECURITY/SSDI/SSI BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY INCOME FROM SOCIAL SECURITY/SSDI/SSI BENEFITS \$
CONSUMER RECEIVES MONTHLY INCOME FROM FARM RENTAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	FARM PROPERTY VALUE MONTHLY FARM RENTAL INCOME \$ \$
CONSUMER HAS ANNUITY INCOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY INCOME FROM ANNUITIES \$

SECTION 5: POWER OF ATTORNEY *(Data in this section not collected by the IDA)*

Consumer has a power of attorney:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Type of power of attorney:	<input type="checkbox"/> GENERAL <input type="checkbox"/> LIMITED	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> GENERAL & MEDICAL
Power of attorney information:			
FIRST NAME	LAST NAME		
PHONE NUMBER	POWER OF ATTORNEY EFFECTIVE DATE (MM/DD/YYYY)		

Reallocation of State & Federal Funds Form

**■ ATTACHMENT B: AGING & DISABILITY
RESOURCE CENTER: COMMUNITY
NAVIGATION & COORDINATION SYSTEM**

Aging & Disability Resource Center: Community Navigation & Coordination System

January 2019

