

COMMUNITY SYSTEMS DEVELOPMENT

UNDER THE

OLDER AMERICANS ACT



OFFICE OF INSPECTOR GENERAL

OFFICE OF ANALYSIS AND INSPECTIONS

August 1987

Office of Inspector General

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This Report

Entitled "Community Systems Development Under the Older Americans Act," this study was conducted to determine whether Area Agencies on Aging (AAAs) have been successful in creating comprehensive systems of services for the elderly within their planning and service areas.

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RICHARD P. KUSSEROW
INSPECTOR GENERAL

AUGUST 1987

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EXECUTIVE SUMMARY

Purpose: The purposes of this inspection were to determine: (1) whether Area Agencies on Aging (AAAs) have created comprehensive systems of services for the elderly, (2) how AAAs are perceived within their communities, (3) whether AAAs are part of a national aging network, and (4) whether providing direct services interferes with an AAA's planning and coordination responsibilities.

Background: The Older Americans Act of 1965, as amended in 1973, required State Units on Aging (SUAs) to divide their States into planning and service areas (PSAs) and designate networks of AAAs to plan and develop comprehensive systems of services for the elderly within those areas. It is the responsibility of individual SUAs to develop policies and program directions for AAAs in the State. Within the framework of these policies and directions, AAAs are responsible for being catalysts and focal points within their PSAs for planning, coordinating, developing and pooling resources to create comprehensive systems of services for the elderly.

AAAs foster systems development through conducting needs assessments, developing area plans for State approval, contracting with local agencies to provide specific services, and working with other community entities to promote awareness of elderly concerns and stimulate additional funding sources. The Act requires that area plans include access, in-home, legal and nutrition services. Other types of services may also be included in area plans, based on needs identified by AAAs. Some area plans include case management as a supportive service. Case management is a process of client evaluation, development of an individualized service plan, ordering of services and regular monitoring.

The Act prohibits the direct provision of services by an AAA, except where the SUA determines that no other agencies are available or the AAA can provide the service more economically.

This inspection was conducted at the request of the Administration on Aging (AOA). It consisted of visits to 17 SUAs and 25 AAAs, plus discussions with 179 local community agencies and 122 elderly clients. Sites visited were not based on a statistically valid random sample, but were generally selected based on recommendations from AOA. Findings are based primarily upon discussions with SUA and AAA directors, and not upon in-depth reviews of individual agencies, programs or services, or extensive analysis of written documents.

Findings:

- o The AAAs visited in this inspection have generally been successful in community systems development which they universally consider their highest priority.
- o AAAs appear to be fulfilling their statutory focal point responsibilities, and are generally visible to other entities within their PSAs.
- o Most AAAs identify closely and effectively with State-wide networks, but are less knowledgeable about aging developments in other parts of the country. AOA is not seen as a strong national leader in the field of aging.
- o Although AAA director opinions varied, the provision of direct services does not appear to detract from attention to planning, coordination, advocacy and systems building in the AAAs visited.

Recommendation: AOA should step up its efforts to play a greater national leadership role to strengthen the national aging network, through initiatives such as those suggested by SUA and AAA directors.

Agency Comments and OIG Response: The Administration on Aging (AOA), within the Office of Human Development Services (OHDS), commented on the draft report.

AOA disagreed with our finding on the provision of direct services by AAAs. AOA felt the finding was not justified because the sample of AAAs visited was not statistically valid and nearly half of the AAA directors interviewed felt that AAA involvement in direct services could take time away from planning and coordination. Despite the fact that AAA director opinions varied, we saw no evidence in the AAAs visited that providing direct services interfered with their efforts in planning, coordination, advocacy and systems building. During our initial contacts with AOA, their top staff identified sites to visit and indicated they felt visiting these sites was preferable to a statistically valid random sample. However, since our sample was not statistically valid, we have revised our finding to limit it only to the AAAs visited during the inspection.

AOA also expressed concern about our finding that AAAs do not see AOA as a strong national leader. AOA stated that it provides national leadership to SUAs, which in turn provide leadership to AAAs within their States. For this reason, AOA feels that AAAs are not in a position to make judgments relative to the leadership role of AOA. We recognize that AOA relates primarily to SUAs rather than AAAs. Nevertheless, we believe that AAA directors' opinions and suggestions can be useful to AOA in furthering its role as a national leader in the field of aging. We have therefore retained our finding unchanged.

INTRODUCTION

The Older Americans Act of 1965, as amended in 1973, required State Units on Aging (SUAs) to divide their States into planning and service areas (PSAs) and designate networks of Area Agencies on Aging (AAAs) to plan and develop comprehensive systems of services for the elderly within those areas. It is the responsibility of individual SUAs to develop policies and program directions for AAAs in the State. Within the framework of these policies and plans, AAAs are responsible for being catalysts and focal points within their PSAs for planning, coordinating, developing and pooling resources to create comprehensive systems of services for the elderly.

By law, the major function of AAAs is to assist communities to plan, develop and implement comprehensive and coordinated systems of services for the elderly. AAAs foster systems development through conducting needs assessments, developing area plans for State approval, contracting with local agencies to provide specific services, and working with other community entities to promote awareness of elderly concerns and stimulate additional funding sources.

The Older Americans Act requires that area plans include access, in-home, legal and nutrition services. Other types of services may also be included in area plans, based on needs identified by AAAs within the communities in their PSAs. Some area plans include case management as a supportive service. Case management is a process involving client evaluation, development of an individualized service plan, ordering of services and regular monitoring.

The Act prohibits the direct provision of services by an AAA, except where the SUA determines that no other agencies are available or the AAA can provide the service more economically.

This inspection was conducted at the request of the Administration on Aging (AOA), which administers the Older Americans Act within the Department of Health and Human Services (HHS). The inspection focused on four issues which were determined jointly by AOA and the Office of Inspector General:

1. whether AAAs have been successful in stimulating the creation of comprehensive and coordinated systems of services for the elderly in the communities within their PSAs;
2. whether AAAs are perceived within their communities as focal points for elderly concerns;

3. whether AAAs consider themselves part of a national aging network; and
4. whether the provision of direct services detracts from an AAA's statutory responsibilities for planning, coordination and advocacy.

Fieldwork consisted of visits to 17 SUAs and 25 AAAs. In addition to meetings with State and AAA representatives, discussions were held with 179 community entities and agencies and 122 elderly clients in the areas visited to determine whether they were familiar with their local AAAs.

The States and AAAs visited in this inspection were not based on a statistically valid random sample, but were generally selected based on recommendations from AOA. Fifteen of the AAAs visited were recommended by AOA. Nine of the 15 were rated as excellent in systems building by AOA. Inspection findings are based principally upon discussions with SUA and AAA directors, and not upon in-depth reviews of individual agencies, programs or services, or extensive analysis of written documents.

The results of our inspection are reflected in two reports. This report, entitled "Community Systems Development under the Older Americans Act," presents our inspection findings on the extent to which AAAs are fulfilling their statutory responsibilities for planning, coordination and advocacy.

Under separate cover is a companion report, entitled "Area Agencies on Aging -- Selected Best Practices." It describes innovative programs identified during the inspection.

Special Note:

Several months after completing the fieldwork phase of this inspection, we became aware of a proposed venture by the National Association of Area Agencies on Aging (NAAAA) known as the "Elder CARE Management" initiative. At that time, Elder CARE was envisioned as a fee-for-service case management activity provided by agencies meeting national certification standards established by NAAAA. The certified agencies could be AAAs or other community entities.

We reviewed the NAAAA plans for Elder CARE as described in a January 20, 1987 draft entitled, "Establishing the Area Agency Network as Elder CARE Managers," and CARE Reports #1 and #2, which describe proceedings of January and March 1987 meetings of the Advisory Task Force to NAAAA's Elder CARE Management initiative. We also met with NAAAA and the National Association of State Units on Aging (NASUA) to obtain their thinking on the initiative.

Based on our understanding of the initiative as of June 1987, we noted three areas of possible conflict with the intent and provisions of the Older Americans Act.

- o The initiative did not address the role of the State Unit on Aging. Without further clarification, Elder CARE could appear to violate the Older Americans Act prohibition of direct services except when approved by the State Unit on Aging.
- o The charging of fees for services is not permitted under the Older Americans Act.
- o If client fees are charged, Elder CARE could pose a potential conflict in that the AAA would at least appear to have a financial incentive to provide case management services directly, rather than referring clients to other providers in the community.

FINDINGS

The Older Americans Act assigns Area Agencies on Aging (AAAs) responsibility for planning, coordinating, developing and pooling resources to insure the establishment of comprehensive systems of services for the elderly at the substate level. The Act also designates State Units on Aging (SUAs) and AAAs as the advocates and focal points for elderly concerns and requires AAAs to designate focal points for comprehensive service delivery in local communities within their planning and service areas (PSAs).

Systems Development

We asked SUA and AAA directors for their perceptions on the extent to which AAAs are fulfilling their responsibility to develop comprehensive systems of services in communities within their PSAs.

All SUAs and AAAs visited identified community systems development as their highest priority. Fourteen of 17 SUA directors (82 percent) rated AAAs in their States as moderately to highly successful in stimulating the development of systems of services in most communities within their PSAs. Of the remaining 3 SUAs (18 percent), one felt that about half of the AAAs in the State needed to do more work in this area, one indicated that AAA systems building efforts were improving, and one declined to rate AAAs in the State.

AAA director responses were similar. Thirteen (52 percent) rated their AAAs as doing a good job in systems development, while acknowledging room for improvement. Nine others (36 percent) rated themselves as successful except in some rural areas, where major gaps exist. AAA directors felt these gaps are due in large part to lack of resources and logistical problems in providing services in these areas. The 3 remaining AAA directors (12 percent) did not rate their degree of success, but instead identified examples of efforts to develop systems.

According to both SUA and AAA directors, the existence of a relatively comprehensive system of services does not necessarily mean that a full range of services will be available in sufficient quantity to meet all service needs. SUAs and AAAs identified specific services which are either in short supply or do not exist at all in some communities. Those most frequently mentioned included community-based services for the frail elderly, mental health services, transportation (especially in rural areas), respite and adult day care, and a continuum of affordable housing alternatives for the elderly.

The SUAs and AAAs visited were not selected on the basis of a statistical sample. Nevertheless, the fact that all SUAs and AAAs identified systems development as their highest priority, coupled with the fact that 82 percent of the SUAs visited rated AAAs in their States as at least moderately successful in systems development indicates both awareness and attention to this responsibility.

Finding: AAAs visited in this inspection have generally been successful in community systems development which they universally consider their highest priority.

Community Perception of AAAs

The Older Americans Act requires AAAs to "serve as the advocate and focal point for the elderly by monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect the elderly [Sec. 306(a)(6)(D)]." It also requires AAAs to "designate, where feasible, a focal point for comprehensive service delivery in each community [Sec. 306(a)(3)]."

AOA asked us to review AAA efforts in carrying out their focal point responsibilities and to determine how AAAs are perceived within their communities. We discussed these issues with AAAs in the context of their views on the role and responsibilities of AAAs. We also asked AAA directors how AAAs were perceived within their communities, and contacted 179 local community entities in the PSAs visited during the inspection to determine whether they were familiar with their local AAAs.

All AAAs visited were mindful of their statutory responsibilities to monitor, evaluate and comment on matters affecting the elderly. Several AAAs cited specific activities relating to policy development, participation in hearings, and publicizing the needs and concerns of the elderly. Establishing linkages with other community entities was also mentioned as a continuing priority, as a means to stimulate community interest and action.

All AAA directors felt that most local officials and agencies which provide services to the elderly would be aware of the AAA's existence, and at least somewhat familiar with the AAA role as advocate, planner and coordinator, and funding source for specific services. Our contacts with community groups confirmed that AAAs had generally been successful in establishing linkages with a wide range of other community entities, including public agencies, private nonprofit providers, volunteer groups, churches, senior advocacy groups and public officials. Eighty-seven percent of the local entities contacted were familiar with their local AAA, although few were able to articulate AAA responsibilities with any specificity. See Appendix A for more detail.

With respect to designating community focal points for service delivery, a number of SUAs and AAAs indicated that AAAs purposely remain in the background while establishing other agencies as visible focal points for services in each community. Senior centers or meal sites are visible to seniors and are often the access point for those in need of services. A western PSA, covering a four-county mostly

rural area, has facilitated the establishment of a network of senior centers spaced every 10-20 miles to serve as focal points for seniors seeking to enter the service system. In a midwestern State, AAAs have set up focal points in communities throughout their PSAs to relate directly to clients. An AAA in a New England State has designated local councils of aging as the focal points for services.

We contacted 122 seniors to discuss their familiarity with the AAAs in their area. Nearly half of the seniors contacted were familiar with the local AAA. Of 95 individuals interviewed at senior centers, 46 (48 percent) indicated they were familiar with the AAA. Of the remaining 27 seniors contacted, 12 (44 percent) said they had heard of the AAA. Additional detail is provided in Appendix A.

Finding: AAAs appear to be fulfilling their statutory focal point responsibilities, and are generally visible to other entities within their PSAs.

National Aging Network

At AOA's request, we asked AAAs whether they feel part of a national aging network, and how often they receive referrals from or make referrals to AAAs in other parts of the country.

Most AAAs indicated that they feel they are part of a State-wide aging network dealing with aging issues and systems. AAA directors tend to be quite knowledgeable about issues and developments within their own States, but less knowledgeable about programs in other States. Their major source of information on aging in other States is the National Association of Area Agencies on Aging, although not all AAAs are members.

In general, AAAs do not see either the national or regional offices of AOA as major sources of information, guidance or technical assistance. AOA is seen as a funding source rather than as a national leader in the field of aging.

Several State and Area Agency directors feel that AOA could strengthen the national aging network by stepping up its efforts to play a greater leadership role. Specific items suggested include:

- o becoming more visible as a national advocate for the elderly;
- o providing technical assistance and guidance to States and AAAs on such issues as long term care, housing, and transportation;
- o publicizing the existence, mission and activities of AAAs through articles in national popular magazines which would be read by family caregivers;
- o focusing national attention on continuing unmet needs of the elderly, e.g., mental health services;
- o facilitating information sharing among States, especially sharing the results of AOA research and demonstration projects;
- o in cooperation with other HHS components, developing an annual film updating Medicare coverage and benefits, which would be available for rental or purchase by AAAs and others; and

- o negotiating agreements with other Federal agencies to enable AAAs to work out cooperative arrangements at the local level. The Department of Housing and Urban Development, Department of Transportation, and Social Security Administration are among the Federal agencies mentioned by AAA directors.

Regarding referrals to or from AAAs in other parts of the country, all AAAs indicated that such referrals are received and made from time to time. AAAs in popular retirement areas tend to make and receive more referrals than other AAAs. A few AAAs said they actually follow up on these referrals to make sure that appropriate action has been taken.

Finding: Most AAAs identify closely and effectively with State-wide aging networks, but are less knowledgeable about aging developments in other parts of the country. The National Association of Area Agencies on Aging is considered by some AAAs to be a national aging network and source of information. AOA is not seen as a strong national leader in the field of aging.

Recommendation: AOA should step up its efforts to play a greater national leadership role to strengthen the national aging network, through initiatives such as those suggested by SUA and AAA directors.

Direct Services

The Older Americans Act prohibits the provision of direct services by an AAA except where "necessary to assure an adequate supply of such services...or where such services of comparable quality can be provided more economically" by the AAA [Sec. 307(a)(10)]. In order to provide a service directly, an AAA is required to request and receive approval of a waiver from the SUA. The request must document the reasons why the AAA proposes to provide the service directly, rather than contracting out.

AOA asked us to review the issue of contracting versus direct services by AAAs. AOA's concern is that if an AAA provides a service directly, administrative staff may be diverted from planning and coordination activities to the point where the AAA's core administrative functions would suffer.

One area of particular concern to AOA is case management. Case management is generally defined as the development and management of an individualized plan of community-based services designed to enable frail individuals to live independently. However, we found a variety of definitions for case management at sites visited. Definitions range from an expanded information and referral function to a complex process involving client evaluation, development of an individualized service plan, ordering of services and regular monitoring. AOA was concerned that a staff intensive function such as case management could divert the agency's attention from its community systems building responsibilities.

We found a range of interpretations of the contracting out provision in the 17 States we visited.

- o One State indicated it never grants a waiver and AAAs never provide direct services.
- o Eight States grant waivers rarely. Three of these States noted, however, that case management is the one service which they believe should be provided directly, and that a waiver for this service would be granted routinely.
- o Six States indicated a willingness to grant waivers readily, as long as the AAA demonstrates that no other qualified providers are available, or that the AAA can provide the service more economically. Three of these States prefer that case management be provided directly.
- o Two States, while following the waiver procedure, will grant waivers almost automatically if an AAA requests one. They believe that AAAs are in the best position

to determine not only which services are needed, but also whether they should be provided directly or through contract.

Even though State practices differ with respect to granting waivers, and six States prefer that case management be provided as a direct service, all SUAs visited indicated that most services are being performed by contract.

We also asked AAA directors which services, if any, are provided directly by their AAAs.

- o Seven AAAs in five States reported that they do not provide any services directly.
- o Three AAAs in three other States provide only case management directly. All other services are provided through contract.
- o Fifteen AAAs in nine States indicated that they provide one or more services directly. Case management is one of the direct services provided by 8 of the 15 AAAs. Nutrition, information and referral, and ombudsman were frequently mentioned as services which are provided directly. Other direct services include homemaker, respite, employment and transportation.

We asked SUA and AAA directors what effect the provision of direct services would have on an AAA's systems building activities. Seven SUA directors felt that direct services could have a negative effect on systems building, three felt that the effect would be positive in that the AAAs' planning activities would be enhanced, and two saw no problem. The remainder did not express firm opinions. Two SUA directors indicated that AAAs in their States are required to have a core administrative staff (director, planner, program coordinator/monitor, and fiscal specialist) to ensure adequate attention to planning and systems building.

AAA directors' opinions also varied as to whether providing services directly would interfere with their systems building role. In addition to the seven AAAs which provide no direct services, five which provide a few services directly stated a preference for contracting out. These 12 AAA directors felt that AAA involvement in direct services could take time away from planning and coordination, and reduce their ability to monitor services objectively.

Eight other directors of AAAs which provide one or more direct services indicated that separate staffs are employed to provide the service, and the small amount of time required to supervise the directors of these separate units

has not had a significant negative impact on the ability of the director and planning staff to carry out their systems building responsibilities.

Directors of AAAs which provide case management directly do not see this as detrimental to the AAA's planning function, because the two functions are performed by different staffs. Instead, they feel that being in the same organization actually enhances the ability of case managers to feed information obtained through individual case activity into the AAA's planning process.

Finding: Although AAA director opinions varied, the provision of direct services does not appear to detract from attention to planning, coordination, advocacy and systems building in the AAAs visited.

RECOMMENDATION

National Aging Network

Most AAAs identify closely with State-wide aging networks, but are less knowledgeable about aging developments in other parts of the country. AOA is seen as a funding source, rather than a national leader in the field of aging. Many States and AAAs believe that a more active leadership role by AOA at the national level would increase the visibility of the needs of the elderly, and would enhance the ability of AAAs to stimulate interest in programs for the elderly at the local level.

Recommendation: AOA should step up its efforts to play a greater national leadership role to strengthen the national aging network, through initiatives such as those suggested by SUA and AAA directors.

COMMENTS RECEIVED AND OIG RESPONSE

Comments on the draft report were received from the Administration on Aging (AOA) within the Office of Human Development Services (OHDS).

AOA disagreed with our finding on the provision of direct services by AAAs. AOA felt that the finding was not justified because the sample of AAAs visited was not statistically valid and nearly half of the AAA directors interviewed felt that AAA involvement in direct services could take time away from planning and coordination. Despite the fact that AAA director opinions varied, we saw no evidence in the AAAs visited that providing direct services interfered with their efforts in planning, coordination, advocacy and systems building. During our initial contacts with AOA, their top staff identified sites to visit and indicated they felt visiting these sites was preferable to a statistically valid random sample. However, since our sample was not statistically valid, we have revised our finding to limit it only to the AAAs visited during the inspection.

AOA also expressed concern about our finding that AAAs do not see AOA as a strong national leader. AOA stated that it provides national leadership to SUAs, which in turn provide leadership to AAAs within their States. For this reason, AOA feels that AAAs are not in a position to make judgments relative to the leadership role of AOA. We recognize that AOA's primary relationship is with SUAs rather than AAAs. Nevertheless, we believe that AAA directors' opinions and suggestions can be useful to AOA in furthering its role as a national leader in the field of aging. We have therefore retained this finding unchanged.

AOA suggested that we strengthen our definition of case management in the Executive Summary and Introduction to the report. This has been done.

Finally, AOA suggested that we change the final paragraph of our discussion of Elder Care to the effect that AAAs should assist communities to plan, develop and coordinate services and should not provide direct services. It is true that the Older Americans Act prohibits direct services by AAAs except when approved by the SUA. However, since this is covered earlier in our discussion of Elder Care, we have not changed the wording of the final paragraph.

The full text of AOA's comments appears at Appendix B.

COMMUNITY PERCEPTION OF AREA AGENCIES ON AGING

SUAs and AAAs felt that most local community agencies, interest groups focusing on the elderly, and local officials are familiar with the AAA and tend to see it as an advocate for the elderly and/or a funder of services. AAAs in some areas felt they are somewhat less well known by agencies not focusing on the elderly, and by churches, unless special efforts have been made to work with them.

We spoke with representatives of 179 local entities in the areas we visited around the country to discuss their knowledge of the AAAs in their area. The following chart summarizes the results of these discussions.

PROVIDER FAMILIARITY WITH AAA

Provider Type	Knows AAA		Does Not Know AAA	Total
	Receives AAA Funds	No AAA Funding		
Private Agency	77 (52.0%)	56 (37.8%)	15 (10.1%)	148
Public Agency	4 (16.0%)	14 (56.0%)	7 (28.0%)	25
Interest Group	1 (16.7%)	4 (66.7%)	1 (16.7%)	6
SUBTOTAL	82 (45.8%)	74 (41.3%)		
TOTAL	156 (87.2%)		23 (12.8 %)	179

A total of 148 private entities were contacted, including United Way, churches, nursing homes, senior centers, and a variety of private social service provider agencies. Nearly 90 percent had at least heard of their local AAA. Seventy-seven (52 percent) received some funding from their AAA and so naturally were familiar with it. Of 56 private agencies not funded by AAAs, 51 (34.5 percent) were somewhat knowledgeable about AAAs' role and function, while 5 (3.4 percent) had heard of the AAA but knew nothing about it. Fifteen private agencies (10.1 percent) had not heard of the AAA.

Twenty-five public social service agencies were also contacted. These included social security offices, social services departments, housing authorities, health departments and offices of local elected officials. Seven (28 percent) had no knowledge of the AAA at all. The remaining 18 agencies (72 percent) knew of the AAA and had a referral relationship with it.

Five of six interest groups contacted were familiar with the AAA.

We contacted over 120 elderly individuals, mostly clients at senior centers suggested by AAAs, to test out the view expressed by most AAAs visited that the elderly already participating in the service system would be familiar with their particular provider agency or staff, but not necessarily with the AAA.

AAAs thought clients not involved in the system would probably not know about the AAA. As the following chart shows, nearly half of the clients interviewed were familiar with the AAA. Of those who were not, many were participants in some sort of AAA-funded program, most notably congregate meals at a senior center.

CLIENT KNOWLEDGE OF AAA

Familiar with AAA	Not Familiar with AAA	Total
58 (47.5%)	64 (52.5%)	122

We asked providers and elderly clients where they would turn for help if needed. Provider responses are summarized below.

WHERE THE ELDERLY TURN FOR HELP
(Provider Opinions)*

AAA or Senior Center	120
Welfare Office or SSA	49
Church/Clergy	44
Physician/Hospital/Clinic	15
Local Elected Officials	8

*Some providers gave more than one response.

Most senior center clients interviewed said they would seek help from someone there, or ask family or friends.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Assistant Secretary
Washington DC 20201

OFFICE OF THE ASSISTANT SECRETARY

1987 JUL 27 PM 3:24

JUL 24 1987

TO : Richard P. Kusserow
Inspector General

FROM : Assistant Secretary for
Human Development Services-Designate

SUBJECT: Response to Draft Report on
Community Systems Development

IG
DIG
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AIG-AI
AIG-I
ADM
OGC/IG
EX SEC
DATE SENT 7/27

Thank you for sending the revised draft of the Inspector General's Report entitled "Community Systems Development Under the Older Americans Act." The Administration on Aging was pleased to have the opportunity to work with you on the revisions. We have reviewed the document and are pleased to note that there are significant revisions to the first draft.

This second draft makes it clear that the report reflects the perceptions of a small number of State Units on Aging and Area Agencies on Aging (AAAs) and is not an in-depth review of a statistically valid sample of agencies. Additionally, we appreciate your clarifying language in the original draft regarding the "focal point" responsibilities of AAAs.

Although the report now includes a strong statement that the major function of AAAs is to assist communities to plan, develop and implement comprehensive and coordinated systems of services, we still have a major disagreement with your finding regarding direct service provision by AAAs. Your finding (page 12) that "Although AAA director opinions varied, the provision of direct services does not appear to detract from their ability to carry out planning, coordination, advocacy and systems building" is misleading. These findings were not based on a statistically valid sample and 12 (of 25) "AAA directors felt that AAA involvement in direct services could take time away from planning and coordination". Therefore, we believe that such a definitive statement can not be made. It is our recommendation that the following statement would be more appropriate: "No conclusion can be drawn concerning the direct provision of services because of the limited scope and nature of this study.

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Page 2 - Richard P. Kusserow

It was determined that a more comprehensive study, focusing on a number of agencies, in addition to Area Agencies on Aging, would be necessary to produce valid findings on this topic."

An additional concern that AoA discussed with you is the conclusion on pages ii, 8 and 9 that AoA is not seen as a strong national leader in the field of aging by AAAs. It is important to consider the relationship between AAA's and the Administration on Aging. State Agencies on Aging establish, monitor, and provide leadership and guidance to the AAA's. AoA provides leadership and direction to these State Agencies on Aging. Therefore, AAA's are not in a position to make judgements relative to the leadership role of AoA. We strongly suggest that you delete this conclusion from your report.

Other changes which AoA still believes would help to improve the report are as follows:

- o On pages i and 1, the definition of case management should be strengthened. As the report correctly indicates on page 10, case management involves a process of client evaluation, development of an individualized service plan, ordering and monitoring of services.
- o On page 3, change the paragraph that begins "If client fees are charged..." The point of the paragraph should be that the Elder Care concept conflicts with the Older Americans Act because AAAs should assist communities to plan, develop and coordinate services and should not be in the business of providing direct services in competition with service providers.

Thank you for the opportunity to provide further comments on the report before it is finalized.

Jean K. Elder
Jean K. Elder, Ph.D.

Page 2 - Richard P. Kusserow

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Jean K. Elder, Ph.D.

