

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**ADMINISTRATION ON AGING
STEWARDSHIP OF TITLE III OF THE
OLDER AMERICANS ACT:
*The Methodology***



**Richard P. Kusserow
INSPECTOR GENERAL**

MARCH 1992

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OEI-02-91-01510

TABLE OF CONTENTS

INTRODUCTION

Purpose	1
Background	1

COMPLIANCE REVIEW METHODOLOGY

Sampling	3
Data Collection	4
Training	5
Analysis and Reporting	6
Schedule	7

APPENDIX A: Stewardship Compliance Review	A-1
--	------------

APPENDIX B: Targeting Compliance Review	B-1
--	------------

APPENDIX C: Financial Management Compliance Review	C-1
---	------------

APPENDIX D: Nutrition Services Compliance Review	D-1
---	------------

APPENDIX E: Ombudsman Compliance Review	E-1
--	------------

INTRODUCTION

PURPOSE

This report transmits the methodology for the review of State Units' on Aging (SUA) compliance with the requirements of Title III of the Older Americans Act (OAA).

BACKGROUND

In order to strengthen the Administration on Aging's (AoA) stewardship of the OAA, the Commissioner of AoA has requested technical assistance from the Office of Inspector General (OIG) in designing an assessment of their primary grantees -- SUAs. In June 1991, OIG staff met with key AoA headquarters and regional staff to identify traditional and current stewardship activities, and to discuss potential approaches for future efforts. As a result, participants agreed that in addition to reinstating the monitoring of individual States, there was a need to provide the Commissioner with an overview of how States are implementing key components of Title III -- Grants for State and Community Programs on Aging. Accordingly, OIG staff would assist AoA in developing national, standardized compliance review instruments for key components of Title III and in writing a report summarizing States' compliance with the Act. It was also agreed the compliance reviews would be conducted on a sample of States to conserve travel dollars.

Designing the compliance review took a number of steps. The first step was a meeting between OIG and selected AoA regional staff to brainstorm approaches and issues. This took place during a three-day session in Washington, D.C., where specific Federal reporting and operational requirements for SUAs and Area Agencies on Aging (AAAs) and potential monitoring strategies were discussed.

The second step was to draft the instruments which would contain the compliance review questions and criteria, and would serve as the one place to record all data. Two writing teams, composed of OIG and AoA staff, shared ideas and approaches initially, and then created early versions of the instruments. These were shared with AoA Headquarters staff and each regional office for comments, and then revised to reflect comments.

During the third step, OIG and AoA staff pre-tested the instruments and data collection methodology. This necessitated conducting actual compliance reviews for each of the five instruments in three different regions. We found, during the pre-test, that a great deal of time was lost explaining criteria (interpreting law and regulation) and searching for documentation. Based on these reviews, we modified each of the instruments and changed the data collection methodology. The most significant change to the methodology requires

sharing copies of the review instruments with the States prior to the site visit. We believe that if States are aware of and understand the review criteria being used during the compliance review, they will be better prepared to provide required documentation and to discuss specific compliance issues.

SAMPLE STATES			
Stratum 1	Stratum 2	Stratum 3	Stratum 4
California Pennsylvania New York Texas Florida	Michigan Indiana Massachusetts Georgia North Carolina	Wisconsin Colorado Oklahoma Maine Oregon	New Hampshire North Dakota Nevada District of Columbia Montana

We will also employ sampling techniques during our visits to the States for our reviews of AAA area plans and assessments. In some States, the number of AAAs could exceed 30 which would tax the limited resources available to the reviews. Therefore, prior to our visit to each State, we will select a simple, random sample of 10 AAAs to review on-site.

DATA COLLECTION

The actual data collection will be conducted in two phases -- a desk review and an on-site review at the SUA. During the desk review phase, AoA Regional Program Directors (RPD) will send a letter to each SUA selected in the sample announcing the compliance review, listing compliance review criteria, and requesting selected documents. The documents requested will include area plan guidance and program instructions for each of the review areas, as well as a copy of the State's assessment instruments for AAAs. The AoA staff will review these prior to the site visit to determine if they are consistent with Federal law and regulations. The desk review will also include an assessment of priority services waivers and a review of targeted populations participation data from the State Program Report.

Following the desk review, the RPD will send a second letter to each SUA in the sample. It will provide a proposed agenda for the site visit, a listing of the ten AAAs whose area plans and assessment reports will be reviewed, copies of the compliance review instruments (Appendices A-E), and findings from the desk review to be discussed during the site visit.

The instruments share a common approach to data collection. Initially, the instruments focus on the guidance SUAs issued to AAAs on key requirements of Title III, and on the instruments and procedures they use to assess AAA compliance with those requirements. A review of area plans will determine whether, and to what extent, they reflect OAA requirements. The review of area-specific assessment reports will determine compliance. The instruments also focus on the issues of SUA operating procedures, and on training and technical assistance activities. The Ombudsman instrument is an exception since all Ombudsman activities are carried out by the SUA and do not require the involvement of AAAs.

During the training, the procedures for conducting the compliance review will be discussed in detail. This will assure that each review team functions similarly on-site, that data are being collected in the proper sequence, and that all components of the five compliance reviews are being covered. With regard to sequencing, certain tasks will be identified for completion in a particular order.

The AoA staff will also need to develop key data collection skills -- interviewing and recording. The interviewing skills will assure that all questions will be asked the same way. Variance in how questions are asked can affect the integrity of the review findings. Recording conventions will be reviewed to assure that responses and quantitative data are recorded in the same manner by all review teams. Lastly, during the training sessions team members will receive some training in the analysis of open-ended questions.

ANALYSIS AND REPORTING

The analysis of the compliance review data will be led by AoA and OIG staff in Regions 2 and 6. In the lead Regions, OIG/AoA teams will enter data from the compliance review instruments into automated databases. The AoA regions will be given responsibility for the analysis of open-ended questions in different programmatic areas. This will give all AoA regions an opportunity to participate in the analysis phase of the report.

Once the analysis is completed, the lead Regions will develop one-page briefing papers for each of the compliance review areas. These will serve as the basis for a story conference with the Commissioner. At the story conference, the lead teams will brief the Commissioner on findings, respond to questions, and discuss drafting the reports and recommendations.

Six compliance review reports will be written. One report will be written for each of the five compliance review instruments and will present findings based on a weighted-frequency distribution of key questions. A sixth report will present an overview or summary of the five programmatic reports and will focus on cross-cutting issues. The reports will contain, where appropriate, recommendations for strengthening SUA operations or AoA stewardship.

APPENDIX A

STEWARDSHIP COMPLIANCE REVIEW
HHS/AOA - 03/20/92

State _____ Date _____

Primary Respondent _____ Telephone _____

Review Team Leader _____ Telephone _____

1. *Prior to the on-site visit, obtain a copy of the Area Plan format provided to Area Agencies on Aging (AAAs) from the State Agency on Aging (State Agency). Review and determine whether or not the Area Plan format addresses the criteria identified in the following table. Indicate your responses with an X in the appropriate column reflecting these codes:*

Y (Yes) = Total Compliance with Criteria
P (Partial) = Partial Compliance with Criteria
N (No) = Not in Compliance with Criteria

	CRITERIA	Y	P	N	COMMENTS
a1	Sec. 306(a)(2) contain an assurance that an adequate proportion of Title III-B will be expended for access, in-home, and legal assistance,...				
a2	specify annually, amounts expended in previous fiscal year for access, in-home and legal assistance;				
b	Sec. 306(a)(3) & 1321.3 designate community focal points for services;				
c	Sec. 306(a)(4) establish and maintain information and referral services;				
d1	Sec. 306(a)(5) assure that preference is given to serving those of greatest economic or social needs (particularly low-income minorities)...				
d2	have proposed methods to serve those of greatest economic or social needs...				

	CRITERIA	Y	P	N	COMMENTS
d3	assure each service provider agreement will specify how the service provider will serve low-income minorities...in at least the same proportion...				
d4	identify numbers of and describe methods used to serve low-income minorities in previous fiscal year...				
d5	assure use of outreach methods...with special emphasis on rural elderly, greatest economic or social needs (with particular attention to low-income minorities), and severe disabilities;				
e1	Sec. 306(a)(6) conduct periodic (at least annually) evaluations				
e2	conduct public hearings on Area Plan activities...				
e3	conduct an annual evaluation on outreach...				
e4	provide technical assistance to service providers...				
e5	consider views of recipients of services in the development and administration of Area Plan...				
e6	monitor, evaluate, and comment on policies, actions...affecting elderly...				
e7	provide volunteer opportunities for older individuals in day care services for children and adults and respite for families...				
e8	establish an Area Agency advisory council...				
e9	develop and publish methods for determining priority of services...				
e10	establish procedures for coordinating Title III programs with other Federal programs as specified in Sec. 203(b)...				
e11	facilitate coordination with community-based, long-term care services...				
e12	identify agencies and organizations working in areas of abuse, neglect, and exploitation of older people...				
e13	determine unmet service needs of abused, neglected, and exploited older individuals...				
e14	facilitate involvement of long-term care providers in coordinating community-based long-term care services...				
e15	coordinate priority services with Alzheimer's disease organizations...				

9. Does the State Agency have any criteria for approving the direct provision of supportive services, nutrition services, or in-home services?

a. _____ Yes *(If yes), What are they?*

(2) _____ No

(3) _____ Don't Know *(Check if applicable)*

10. Are any AAAs approved by the State Agency to directly provide supportive services, nutrition services or in-home services?

a. _____ Yes

b. _____ No *(If No, skip to question 12)*

c. _____ Don't Know *(Check if applicable)*

11. What are the number of AAAs providing each?

a. _____ Number of AAAs directly providing supportive services

b. _____ Number of AAAs directly providing nutrition services

c. _____ Number of AAAs directly providing in-home services

d. _____ Don't Know, *(Identify whether Don't Know applies to a, b, c, or combination):*

12. State Agencies have the ability to waive the adequate proportion requirement for Title III-B for access services. How many AAAs have been granted waivers for: *(Fill-in with a-c and record response)*

a. _____ Access services?

b. _____ In-home services?

c. _____ Legal assistance services?

d. _____ Don't Know, *(Identify whether Don't Know applies to a, b, c, or combination):*

[NOTE: ATTACHMENT B PERTAINS TO IN-HOUSE DESK REVIEW OF AAA WAIVERS - IF ANY INFORMATION IS MISSING OR INDICATES DISCREPANCIES, ASK ABOUT THESE DURING THE ON-SITE VISIT AT THIS POINT]

	CRITERIA	Y	P	N	COMMENTS
d4	identify numbers of and describe methods used to serve low-income minorities in previous fiscal year...				
d5	assure use of outreach methods...with special emphasis on rural elderly, greatest economic or social needs (with particular attention to low-income minorities), and severe disabilities;				
e1	Sec. 306(a)(6) conduct periodic (at least annually) evaluations				
e2	conduct public hearings on Area Plan activities...				
e3	conduct an annual evaluation on outreach...				
e4	provide technical assistance to service providers...				
e5	consider views of recipients of services in the development and administration of Area Plan...				
e6	monitor, evaluate, and comment on policies, actions...affecting elderly...				
e7	provide volunteer opportunities for older individuals in day care services for children and adults and respite for families...				
e8	establish an Area Agency advisory council...				
e9	develop and publish methods for determining priority of services...				
e10	establish procedures for coordinating Title III programs with other Federal programs as specified in Sec. 203(b),..				
e11	facilitate coordination with community-based, long-term care services...				
e12	identify agencies and organizations working in areas of abuse, neglect, and exploitation of older people...				
e13	determine unmet service needs of abused, neglected, and exploited older individuals...				
e14	facilitate involvement of long-term care providers in coordinating community-based long-term care services...				
e15	coordinate priority services with Alzheimer's disease organizations...				
e16	coordinate Title III-B mental health services with the services of other mental health agencies and organizations...				

20. Provide a brief description of how each process is used to monitor the performance of AAAs. *(Description should be provided for each applicable response provided in question 19)*

21. What were the most common deficiencies revealed in the last cycle of assessments of the Area Agencies?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____ Don't Know *(Check if applicable)*

26. Have you analyzed the: *(Fill-in the remainder of the question with a, b, and c. Indicate response for each)*

a. evaluation of activities?

(1) _____ Yes *(If Yes)*, What are your primary observations based on the analysis?

(2) _____ No

(3) _____ Don't Know *(Check if applicable)*

b. results of public hearings?

(1) _____ Yes *(If Yes)*, What are your primary observations based on the analysis?

(2) _____ No

(3) _____ Don't Know *(Check if applicable)*

c. evaluation of outreach?

(1) _____ Yes *(If Yes)*, What are your primary observations based on the analysis?

(2) _____ No

(3) _____ Don't Know *(Check if applicable)*

29. Does the State Agency have any unmet training or technical assistance needs related to stewardship activities?

a. Yes (If yes), Please describe:

b. No

c. Don't Know (Check if applicable)

30. *The preselected sample of 10 Area Agencies on Aging were identified prior to the on-site visit. This sample is to be used throughout the compliance review process for all five areas, the first compliance review being Stewardship.*

For the sample AAAs, obtain the most current Area Plan. Review each Area Plan and determine the extent to which the plan addresses the statutory and regulatory criteria identified in Attachment A. Record your responses on the following table using these codes:

- Y (Yes) = Total Compliance with Criteria*
- P (Partial) = Partial Compliance with Criteria*
- N (No) = Not in Compliance with Criteria*
- NSC = No State Criteria (State Agency does not assess this Federal criteria - identified through in-house review of State Agency's assessment tool and related materials)*
- O = Other Finding (provide explanation and indicate by report number and criteria number in the Comments section following the table)*

AAA Name										
Sample Number	1	2	3	4	5	6	7	8	9	10
Criteria										
a1										
a2										
b										

AAA Name										
e12										
e13										
e14										
e15										
e16										
e17										
e18										
f										
g										

COMMENTS:

AAA Name										
d5										
e1										
e2										
e3										
e4										
e5										
e6										
e7										
e8										
e9										
e10										
e11										
e12										
e13										
e14										
e15										
e16										

STEWARDSHIP CRITERIA

a1	Sec. 306(a)(2) contain an assurance that an adequate proportion of Title III-B will be expended for access, in-home, and legal assistance,...
a2	specify annually, amounts expended in previous fiscal year for access, in-home and legal assistance;
b	Sec. 306(a)(3) & 1321.3 designate community focal points for services;
c	Sec. 306(a)(4) establish and maintain information and referral services;
d1	Sec. 306(a)(5) assure that preference is given to serving those of greatest economic or social needs (particularly low-income minorities)...
d2	have proposed methods to serve those of greatest economic or social needs...
d3	assure each service provider agreement will specify how the service provider will serve low-income minorities...in at least the same proportion...
d4	identify numbers of and describe methods used to serve low-income minorities in previous fiscal year...
d5	assure use of outreach methods...with special emphasis on rural elderly, greatest economic or social needs (with particular attention to low-income minorities), and severe disabilities;
e1	Sec. 306(a)(6) conduct periodic (at least annually) evaluations
e2	conduct public hearings on Area Plan activities...
e3	conduct an annual evaluation on outreach...
e4	provide technical assistance to service providers...
e5	consider views of recipients of services in the development and administration of Area Plan...
e6	monitor, evaluate, and comment on policies, actions...affecting elderly...

AOA IN-HOUSE DESK REVIEW OF AAA WAIVERS

1. *Identify from in-house documents those AAAs which have received an approved waiver. On the following table list each. Review the in-house documentation and determine whether each AAA addresses questions a-e. Record your responses on the table using these codes:*

- Y Yes*
- N No (provide explanation and indicate by AAA)*
- D Discrepancy (provide explanation and indicate by AAA what the discrepancy is in the Comment section)*
- M Missing information (provide explanation and indicate by AAA what the discrepancy is in the Comment section)*

- a. Prior to the submission of the waiver, did the Area Agency conduct a public hearing?
- b. *If the answer to question a was yes*, was the record of the hearing submitted with the waiver request to the State Agency?
- c. Prior to the granting of the waiver, did the State Agency publish the intention to grant such a waiver with the justification at least 30 days prior to the effective date of the decision to grant the waiver?
- d. Were any hearings convened by the State Agency during the 30-day period in response to requests from individuals or service providers from the area?
- e. Did the State Agency provide to the U.S. Commissioner on Aging, through the appropriate AoA Regional Office, a report regarding the waiver along with a copy of the notice of public hearing and minutes of the hearings conducted by the Area Agency and the State Agency (if appropriate)?

AAA WITH WAIVER	PUBLIC HEARING HELD BEFORE SUBMISSION OF WAIVER (a)	HEARING RECORD SUBMITTED WITH WAIVER REQUEST, IF HEARING HELD (b)	STATE PUBLISHED INTENT 30 DAYS PRIOR TO EFFECTIVE DATE OF DECISION (c)	STATE HEARING DURING 30 DAYS IN RESPONSE TO REQUESTS (IF ANY) (d)	STATE PROVIDED AOA REPORT ON WAIVER WITH COPY OF NOTICE OF HEARING AND MINUTES OF ANY HEARINGS (e)

APPENDIX B

TARGETING COMPLIANCE REVIEW
HHS/AOA - 03/20/92

State _____ Date _____

Primary Respondent _____ Telephone _____

Review Team Leader _____ Telephone _____

1. In our earlier interview on stewardship, we discussed how your assessment instrument addresses targeting. What other procedures do you use to review and evaluate each Area Agency on Aging's (AAAs) performance in targeting? (eg. on-site/desk review)?

- a. _____

b. _____ Don't Know (Check if applicable)

2. Did the State Agency undertake specific activities in support of targeting during the last two Federal fiscal years?

- a. _____ Yes (If Yes, go to question 3)
b. _____ No (If No, go to question 4)
c. _____ Don't Know (If Don't Know, go to question 4)

3. Describe and give examples of the following activities undertaken by the State Agency in support of targeting during the last two fiscal years? (*Read list and check those with affirmative responses. For each affirmative response, identify 2 examples of that activity, where applicable.*)

	ACTIVITY	EXAMPLES OF ACTIVITY
a.	<input type="checkbox"/> Altered funding formula	Not Applicable
b.	<input type="checkbox"/> Monitored/assessed AAAs	(1) _____ _____ (2) _____ _____
c.	<input type="checkbox"/> Conducted training conferences, meetings, workshops	(1) _____ _____ (2) _____ _____
d.	<input type="checkbox"/> Disseminated technical assistance/information	(1) _____ _____ (2) _____ _____
e.	<input type="checkbox"/> Conducted data analysis	Not Applicable
f.	<input type="checkbox"/> Formed State-level task force or advisory committee	(1) _____ _____ (2) _____ _____
g.	<input type="checkbox"/> Implemented specific objectives in the State Plan	(1) _____ _____ (2) _____ _____

	ACTIVITY	EXAMPLES OF ACTIVITY
n.	_____ Established participation targets	(1) _____ _____ (2) _____ _____
o.	_____ Other, (<i>Identify</i>): n1. _____ _____ n2. _____ _____	n1(1) _____ _____ n1(2) _____ _____ n2(1) _____ _____ n2(2) _____ _____

4. Describe and give examples of activities implemented by AAAs to increase the participation of targeted populations. (*Probe for information on: outreach, specialization of services designed for specific target groups, staffing, provider and site selection*)

	TARGET ACTIVITIES	EXAMPLES OF TARGET ACTIVITIES
a.	Outreach	(1) _____ _____ (2) _____ _____
b.	Specialization of Services Designed for Specific Target Group	(1) _____ _____ (2) _____ _____

6. Prior to this visit, we sent you a table entitled "Target Population Participation." The data come from your State Program Reports for the last three years. What factors affect your trends?

- a. _____
- b. _____
- c. _____
- d. _____

7. The next few questions focus on the service needs of low-income-minorities. Does the State Agency have difficulty in obtaining the required low income-minority data?

a. _____ Yes, Please explain the difficulties being encountered by the State Agency:

- b. _____ No
- c. _____ Don't Know (*Check if applicable*)

8. Do the AAAs have difficulty in obtaining the required low income-minority data?

a. _____ Yes, Please explain: _____

- b. _____ No
- c. _____ Don't Know (*Check if applicable*)

9. What are examples of the "successful" methods used by service providers to satisfy the service needs of low-income minority individuals (*as contained in the service plan of providers complying with OAA Sec. 306(a)(5)(A)(ii) and Regulation 1321.65(b)*)?

- a. _____
- b. _____
- c. _____
- d. _____ Don't Know (*Check if applicable*)

13. What are some examples of successful outreach techniques used by AAAs in reaching targeted populations?

- a. _____
- b. _____
- c. _____
- d. _____ Don't Know (*Check if applicable*)

14. If identified, how does the State Agency address outreach deficiencies of the AAAs?

- a. _____

- b. _____ Don't Know (*Check if applicable*)

15. Did the State Agency conduct an annual evaluation last year of its effectiveness in outreach to targeted populations, as stipulated in Section 307(a)(8)?

- a. _____ Yes (*If Yes*) What outreach activities were found to be most effective?
 - (1) _____

 - (2) _____ Don't Know (*Check if applicable*)
- b. _____ No
- c. _____ Don't Know (*Check if applicable*)

19. What do you see as the major success of the State Agency's targeting effort?

- a. _____

b. _____ Don't Know (*Check if applicable*)

20. What are the major obstacles to effective targeting that still must be addressed (*at either the State or AAA level*)?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

f. _____ Don't Know (*Check if applicable*)

21. What specific activities should AoA undertake to assist State Agencies' and AAAs' targeting efforts?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

f. _____ Don't Know (*Check if applicable*)

22. Are there any other issues or comments regarding targeting you would like to share with us?

[INTERVIEW COMPLETED]

b. _____

c. _____

3. For each targeted population, identify the source of the data and the year that the data was available. (For example, a source could be identified as the Bureau of Census, 1990).

TARGETED POPULATIONS	DATA SOURCE	DATA AVAILABLE
a. 60+ population		
b. Minority population		
c. Frail/Disabled		
d. Rural		
e. Low-income non-minority		
f. Low-income minority		
g. Other, <i>Specify:</i>		
(1)		
(2)		
(3)		

I. Frail/Disabled	'89	_____	_____	_____	_____	<u>NA</u>
	'90	_____	_____	_____	_____	<u>NA</u>
	'91	_____	_____	_____	_____	_____
J. Rural	'89	_____	_____	_____	_____	<u>NA</u>
	'90	_____	_____	_____	_____	<u>NA</u>
	'91	_____	_____	_____	_____	_____
K. Low-Income Non-Minority	'89	_____	_____	_____	_____	<u>NA</u>
	'90	_____	_____	_____	_____	<u>NA</u>
	'91	_____	_____	_____	_____	_____
L. Low-Income Minority	'89	_____	_____	_____	_____	<u>NA</u>
	'90	_____	_____	_____	_____	<u>NA</u>
	'91	_____	_____	_____	_____	_____

APPENDIX C

**FINANCIAL MANAGEMENT COMPLIANCE REVIEW
HHS/AOA - 03/20/92**

State _____ Date _____

Primary Respondent _____ Telephone _____

Review Team Leader _____ Telephone _____

1. *Prior to the on-site visit, obtain copies of policies, procedures, and other guidance to Area Agencies on Aging (AAAs) on financial management from the State Agency on Aging (State Agency). Review and determine whether or not these issuances address the criteria identified in the following table. Indicate your responses with an X in the appropriate column reflecting these codes:*

*Y (Yes) = Total Compliance with Criteria
P (Partial) = Partial Compliance with Criteria
N (No) = Not in Compliance with Criteria*

During the desk review, if the policy materials do not include those items necessary to make a determination of compliance (Y, P, or N), mark NA (Not Available) in the Comments section of the table.

	CRITERIA	Y	P	N	COMMENTS
a.	State Agency approves all AAA contracts with profitmaking grantees OAA Sec. 212				
b.	Title III expenditures in rural areas equal or exceed 105% of specified expenditures in FY 1978 OAA Sec. 307(a)(3)(B)				
c.	AAA administrative expenditures statewide do not exceed the 10% limitation OAA Sec. 304(d)(1)(A)				
d.	There is no funding at the 85-15 match for program development and coordinated activities until the specified percentage is expended statewide for AAA administration 45 CFR 1321.17(f)(14)				

	CRITERIA	Y	P	N	COMMENTS
e.	Each AAA retains records for 3 yrs after the date that the AAA submits its final expenditure report or the date on which resolution of audit exceptions, litigation, etc. occurs (whichever date is later) 45 CFR 92.42 & 74 Subpart D				
f.	Participants are given an opportunity to make voluntary contributions 45 CFR 1321.67(a)(1)				
g.	Limitations on transfers between congregate and home-delivered meal allotments 45 CFR 1321.45				
h.	Privacy of contributions 45 CFR 1321.67(a)(2)				
i.	Safeguards and accounting for contributions 45 CFR 1321.67(a)(3)				
j.	Support services contributions are used to expand support services 45 CFR 1321.67				
k.	In applying program income, the deduction alternative is not used 45 CFR 1321.73				
l.	AAA administration is funded from Title III B and/or Title III C, only OAA Sec. 303(c)				
m.	Statewide transfers between Title III B & C do not exceed 30% OAA Sec. 308(b)(5)(B)				
n.	Retention of Federal government financial interest in senior centers OAA Sec. 312				
o.	AAAs spend State Agency prescribed percentages on specified categories of services OAA Sec. 307(a)(22) and 306(a)(2)				
p.	Audits for governmental and non-governmental AAAs OMB Circulars A-128, A-133				
q.	Nutrition services contributions are used to increase meals, for access, or for authorized services. OAA 307(a)(13)(C)(ii) & 45 CFR 1321.67				

(If additional space is required, use the back of the previous page)

Note: Under the Single Audit concept, the term "grantee" refers to the AAA, when the AAA is an independent agency or organization. Otherwise, the term "grantee" refers to the multipurpose agency or organization, when the AAA is a separate organizational unit within such multipurpose agency or organization.

3. How does the State Agency ensure that audits of its grantees will be conducted in accordance with the law and the regulations? *(i.e., through which methods)*
- a. _____ AAAs must budget funds for audits
 - b. _____ grantees are directed to have audits conducted in accordance with specified OMB Circulars
 - c. _____ Other *(Identify the specific procedure and explain)*

4. What was the last fiscal year during which audits were made of the State Agency's grantees?
- a. Beginning date - _____
 - b. Ending date - _____

Questions 4c - 4f pertain to the last fiscal year in which audits were made:

- c. **Prior to the on-site visit, list the sample grantees below. In preparation for the on-site visit, ask the State Agency to have available for each sample AAA:**
 - 1) **the type of audit conducted (A-128 or A-133) for the last fiscal year (identified at question 4 a and b) and**
 - 2) **the name of the audit agency conducting that audit.**

For each of the sample AAAs, fill-in the appropriate information on the following table.

f. *Prior to the on-site visit, list the sample grantees below. In preparation for the on-site visit, ask the State Agency to have available audit findings for the most recently completed A-128 or A-133 audit of each sample AAA. For each of the sample AAAs, place a check mark in each appropriate column to designate any deficiency/ies that were specified in that AAA's audit findings.*

AUDIT FINDINGS (Check all applicable)					
	GRANTEE	Internal Control Weakness	Non-compliance with Law or Regulations	Questioned Costs	Other (Identify)
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

8. The Final SF-269 Report shows that \$_____ (fill-in amount prior to on-site visit) in Title III funds was allocated for State Agency administration. What was the actual amount expended?

a. _____ (Indicate amount)

I need to review documentation confirming this information. *Check as appropriate:*
Documentation is provided _____, is unavailable _____, or will be made available _____ by _____ on (date) _____.

b. _____ Don't Know (Check if applicable)

If received, review the documentation and determine whether the documented expenditures indicate that more than \$300,000, or more than 5 percent of the Title III allotments (whichever is greater) was spent on State Agency administration. This may require your calculating the 5 percent figure.

Indicate your finding: a. _____ More than \$300,000 or more than 5 percent was spent

b. _____ \$300,000 or less than 5% was spent

c. _____ Don't Know (Check if applicable)

Only if the documented expenditures are more than \$300,000 or more than 5 percent, ask question 9. Otherwise, skip to question 10.

9. What is the reason(s) for the additional expenditures? (More funds could have been spent if an additional .75 percent was approved by AoA (OAA 308(b).))

a. _____

b. _____ Not Applicable

10. The Final SF-269 Report shows that \$_____ (fill-in amount prior to on-site visit) was allocated for the State ombudsman program from Title III-B resources. What was the actual amount expended?

a. _____ (Indicate amount)

I need to review documentation confirming this information. *Check as appropriate:*
Documentation is provided _____, is unavailable _____, or will be made available _____ by _____ on (date) _____.

b. _____ Don't Know (Check if applicable)

Prior to the on-site visit, determine if the State Agency reported any transfers among allotments during the last Federal fiscal year. If none were reported, go to question 16. If transfers were reported, ask the following appropriate questions (pre-marked prior to the on-site visit), depending upon the type of transfer(s) which occurred.

14. Prior to our visit, we reviewed fiscal data to determine if any transfers occurred among allotment during the last Federal fiscal year. The State Agency reported (*Fill-in with a, b, or both a and b as review indicated*):

a. Transfers between Title III-B and Title III-C in the amount of : \$ _____
(*fill-in amount prior to on-site visit*).

_____ Not Applicable

(*If applicable*) I need to review documentation confirming this information. *Check as appropriate: Documentation is provided _____, is unavailable _____, or will be made available _____ by _____ on (date)*
_____.

Review the documentation and indicate below whether or not documented transfers between Title III-B and Title III-C exceed 30 percent of either of these allotments.

- a. _____ Yes
- b. _____ No
- c. _____ Don't Know

b. Transfers between Title III-C-1 and Title III-C-2 in the amount of: \$ _____
(*fill-in amount prior to on-site visit*).

_____ Not Applicable

(*If applicable*) I need to review documentation confirming this information. *Check as appropriate: Documentation is provided _____, is unavailable _____, or will be made available _____ by _____ on (date)*
_____.

Review the documentation and indicate below whether or not documented transfers between Title III-C-1 and Title III-C-2 exceed 30 percent of either of these allotments.

- a. _____ Yes (*If YES, ask question 15*)
- b. _____ No (*If NO, go to question 16*)
- c. _____ Don't Know (*If Don't Know, go to question 16*)

Review and determine whether or not the assessment instruments address the financial management criteria identified in the following table. Indicate your responses with an X in the appropriate column reflecting these codes:

Y (Yes) = Total Compliance with Criteria
P (Partial) = Partial Compliance with Criteria
N (No) = Not in Compliance with Criteria

During the desk review, if the assessment instrument and related materials do not include those items necessary to make a determination of compliance (Y, P, or N), mark NA (Not Available) in the Comments section of the table.

	CRITERIA	Y	P	N	COMMENTS
a.	State Agency approves all AAA contracts with profitmaking grantees OAA Sec. 212				
b.	NOT APPLICABLE TO AAA				
c.	AAA administrative expenditures statewide do not exceed the 10% limitation OAA Sec. 304(d)(1)(A)				
d.	There is no funding at the 85-15 match for program development and coordinated activities until the specified percentage is expended statewide for AAA administration 45 CFR 1321.17(f)(14)				
e.	Each AAA retains records for 3 yrs after the date that the AAA submits its final expenditure report or the date on which resolution of audit exceptions, litigation, etc. occurs (whichever date is later) 45 CFR 92.42 & 74 Subpart D				
f.	Participants are given an opportunity to make voluntary contributions 45 CFR 1321.67(a)(1)				
g.	Limitations on transfers between congregate and home-delivered meal allotments 45 CFR 1321.45				
h.	Privacy of contributions 45 CFR 1321.67(a)(2)				
i.	Safeguards and accounting for contributions 45 CFR 1321.67(a)(3)				
j.	Support services contributions are used to expand support services 45 CFR 1321.67				

Questions 23 and 24 apply to the most recent area plan year:

23. How many contracts did AAAs award to profitmaking firms?

- a. _____ *(Indicate number)*
- b. _____ Don't Know *(Check if applicable)*
- c. _____ None

24. If any contracts were made with profitmaking firms, how many firms were approved by the State Agency?

- a. _____ *(Indicate number)*
- b. _____ Don't Know *(Check if applicable)*

25. In Fiscal Year 1978, what was the total amount of the expenditures in rural areas from Title III, Title V (multipurpose senior centers), and Title VII (nutrition)?

- a. _____ Title III Expenditures
- b. _____ Title V Expenditures
- c. _____ Title VII Expenditures
- d. _____ Don't Know *(Check if applicable)*

26. What was the total amount of the Title III expenditures (only) in rural areas included in the most recent Final SF-269 Report?

- a. \$ _____
- b. _____ Don't Know *(Check if applicable)*

27. ***The preselected sample of 10 Area Agencies on Aging were identified prior to the on-site visit. This sample is to be used throughout the compliance review process for all five areas, the first compliance review being Stewardship.***

AAA Name										
Sample Number	1	2	3	4	5	6	7	8	9	10
j.										
l.										
n.										
o.										
p.										
q.										

COMMENTS:

[INTERVIEW COMPLETED]

APPENDIX D

NUTRITION SERVICES COMPLIANCE REVIEW
HHS/AOA - 03/20/92

State _____ Date _____

Primary Respondent _____ Telephone _____

Review Team Leader _____ Telephone _____

1. *Prior to the on-site visit, obtain copies of policies, procedures, and other guidance to Area Agencies on Aging (AAAs) on nutrition services from the State Agency on Aging (State Agency). Review and determine whether or not these issuances address the criteria identified in the following table. Indicate your responses with an X in the appropriate column reflecting these codes:*

Y (Yes) = Total Compliance with Criteria
P (Partial) = Partial Compliance with Criteria
N (No) = Not in Compliance with Criteria

During the desk review, if the policy materials do not include those items necessary to make a determination of compliance (Y, P, or N), mark NA (Not Available) in the Comments section of the table.

	CRITERIA	Y	P	N	COMMENTS
a.	1. Eligibility for Congregate Meals 60+ OAA 307(a)(13)(A)				
b.	Handicapped (<60) living with participant OAA 307(a)(13)(I)				
c.	Handicapped (<60) living at meal site OAA 307(a)(13)(A)				
d.	Spouse (<60) of participant OAA 307(a)(13)(A)				
e.	Volunteer (<60) worker OAA 307(a)(13)(I)				
f.	2. Eligibility for Home Delivered Meals 60+ OAA 307(a)(13)(A)(B)				

	CRITERIA	Y	P	N	COMMENTS
g.	Handicapped (<60) living with participant OAA 307(a)(13)(I); 45 CFR 1321.17(f)(12); AoA-PI-89-02				
h.	Spouse (<60) of participant OAA 307 (a)(13)(A); 45 CFR 1321.69B				
i.	Volunteer (<60) worker OAA 307 (a)(13)(I)				
j.	I&R for other participant needs 45 CFR 1321.65(d)(f)				
k.	Provide canned, frozen, or supplemental meals OAA Part C-2, Section 336				
l.	Meals in weather emergency 45 CFR 1321.65(e)				
m.	3. USDA Cash/Commodities Used by Title III-C funded providers for the provision of eligible meals regardless of the funding source OAA 311(a)(1) & (2)				
n.	Cash purchases only U.S.-grown food OAA 311(b)(2)				
o.	Prompt reporting to USDA OAA 311(c)(1)(B), 311(b)(2); USDA Food Distribution Regulations, Part 250.42(C)(5)(i)				
p.	Food service management companies receiving donated foods have contract with the nutrition service provider USDA Regulations, Part 250, Subpart B(12)(c)				
q.	Only IIC grantees get USDA reimbursement OAA 311(a)(1)				
r.	Maintain for 3 years records of cash received and distributed USDA Food Distribution Regulations, Part 250.42(c)(iii)				
s.	Establish procedures for the prompt and equitable disbursement of USDA cash received OAA 311(b)(2)				
t.	4. Nutrition Services Location of nutrition sites OAA 307(a)(13)(D)				

Review and determine whether or not the assessment instruments address the nutrition service criteria identified in the following table. Indicate your responses with an X in the appropriate column reflecting these codes:

Y (Yes) = Total Compliance with Criteria
P (Partial) = Partial Compliance with Criteria
N (No) = Not in Compliance with Criteria

During the desk review, if the assessment instrument and related materials do not include those items necessary to make a determination of compliance (Y, P, or N), mark NA (Not Available) in the Comments section of the table.

	CRITERIA	Y	P	N	COMMENTS
a.	1. Eligibility for Congregate Meals 60+ OAA 307(a)(13)(A)				
b.	Handicapped (<60) living with participant OAA 307(a)(13)(I)				
c.	Handicapped (<60) living at meal site OAA 307(a)(13)(A)				
d.	Spouse (<60) of participant OAA 307(a)(13)(A)				
e.	Volunteer (<60) worker OAA 307(a)(13)(I)				
f.	2. Eligibility for Home Delivered Meals 60+ OAA 307(a)(13)(A)(B)				
g.	Handicapped (<60) living with participant OAA 307(a)(13)(I); 45 CFR 1321.17(f)(12); AoA-PI-89-02				
h.	Spouse (<60) of participant OAA 307 (a)(13)(A); 45 CFR 1321.69B				
i.	Volunteer (<60) worker OAA 307 (a)(13)(I)				
j.	I&R for other participant needs 45 CFR 1321.65(d)(f)				
k.	Provide canned, frozen, or supplemental meals OAA Part C-2, Section 336				
l.	Meals in weather emergency 45 CFR 1321.65(e)				

	CRITERIA	Y	P	N	COMMENTS
y.	Other nutrition services OAA Part C - Section 331(3) <i>List other nutrition services in State:</i>				
z.	Special menus OAA 307(a)(12)(G) <i>List special menus in State:</i>				
aa.	Assure competition in provider selection OAA Sec. 501(b), Comprehensive Older Americans Act Amendment of 1984; 45 CFR Part 92, 36(8) "Procurement"				
bb.	5. Voluntary Contributions Collect and safeguard cash OAA 307(a)(13)(C)(i)				
cc.	Collection of food stamps 45 CFR 1321.65(c)				
dd.	Confidentiality 45 CFR 1321.67(a)(2)				
ee.	6. Health and Safety State and local licensing requirements 45 CFR 1321.75				
ff.	Health department inspections 45 CFR 1321.75				
gg.	Fire department inspections 45 CFR 1321.75				

For each criteria 4a-4gg indicating an entry of NO, PARTIAL, or NOT AVAILABLE, list it in the first column of question 5 prior to the on-site interview. NOTE: For those items marked NA as a result of the desk review, State Agency responses may indicate converting the NA to Y, P, N, or to NA (State Agency meets criteria at the State level) or NSC (State Agency does not address this applicable Federal criteria). Ask question 5 during the on-site visit.

A few weeks ago, AoA also requested a copy of the assessment instrument and any applicable tools used by the State Agency to assess compliance and performance of AAAs with nutrition service law and regulations. These were reviewed against specific nutrition service criteria contained in the Older Americans Act and the Title III regulations. During this review, we identified issuances which only partially addressed specific criteria, or we were unable to identify issuances addressing specific criteria. For these, I need to understand:

(If additional space is required, use the back of the previous page)

6. What criteria, not required by Federal law or regulation, has the State Agency included in its assessment instrument for nutrition programs?

a. _____

b. _____ Don't Know *(Check if applicable)*

7. How often does the State Agency assess the Title III-funded nutrition programs?

- a. _____ Annually
- b. _____ Every 6 months
- c. _____ Every quarter
- d. _____ Monthly
- e. _____ Other *(Define)* _____

8. What are the start and end dates for the last completed cycle of on-site assessments?

- a. Start date - _____
- b. End date - _____

11. Which of the following activities does the State Agency use to monitor the Title III-funded nutrition programs? (*Read the following list and check responses.*)

a. Review of reports (USDA, Program Performance, or other State reports regarding the planned number of meals to be served contrasted with the number of meals actually served).

b. Commodity withdrawals

c. USDA cash disbursements

d. Other (*Explain*):

e. Don't Know (*Check if applicable*)

12. What are the most common deficiencies in the nutrition program in this State?

a.

b.

c.

d.

e.

f. Don't Know (*Check if applicable*)

13. What technical assistance or training has the State provided to address these deficiencies?

a.

b. Don't Know (*Check if applicable*)

16. What factors does the State use in determining the cost of meals:

FACTORS		
	CONGREGATE MEALS	HOME DELIVERED MEALS
a.		
b.		
c.		
d.		
e.		
f.	Uses unit cost per meal <i>(Circle if applicable)</i>	
g.	Don't Know <i>(Circle if applicable)</i>	

17. Of the following, which USDA option did the State choose?

- a. Cash
- b. Commodities
- c. Cash and Commodities
- d. Don't Know *(Check if applicable)*

18. Why was this option chosen?

a.

- b. Don't Know *(Check if applicable)*

AAA Name										
Sample Number	1	2	3	4	5	6	7	8	9	10
Criteria a.										
b.										
c.										
d.										
e.										
f.										
g.										
h.										
i.										
j.										
k.										
l.										
m.										
n.										
o.										
p.										

AAA Name										
Sample Number	1	2	3	4	5	6	7	8	9	10
gg.										

COMMENTS:

[INTERVIEW COMPLETED]

q.	Only IIC grantees get USDA reimbursement OAA 311(a)(1)
r.	Maintain for 3 years records of cash received and distributed USDA food distribution regulations, Part 250.42(c)(iii)
s.	Establish procedures for the prompt and equitable disbursement of USDA cash received OAA 311(b)(2)
t.	4. Nutrition Services Location of nutrition sites OAA 307(a)(13)(D)
u.	Outreach to eligible individuals OAA 307(a)(13)(E)
v.	Each meal provides a minimum of 1/3 RDA OAA Part C - Section 331(1)
w.	Provide at least one meal, 5 or more days per week OAA Part C - Section 331(1)
x.	Nutrition education services OAA Part C - Section 331(3)
y.	Other nutrition services OAA Part C - Section 331(3)
z.	Special menus OAA 307(a)(12)(G)
aa.	Assure competition in provider selection OAA Sec. 501(b), Comprehensive Older Americans Act Amendments of 1984; 45 CFR Part 92, 36(8) "Procurement"
bb.	5. Voluntary Contributions Collect and safeguard cash OAA 307(a)(13)(C)(i)
cc.	Collection of food stamps 45 CFR 1321.65(c)
dd.	Confidentiality 45 CFR 1321.67(a)(2)
ee.	6. Health and Safety State and local licensing requirements 45 CFR 1321.75
ff.	Health department inspections 45 CFR 1321.75
gg.	Fire department inspections 45 CFR 1321.75

APPENDIX E

OMBUDSMAN COMPLIANCE REVIEW
HHS/AOA - 03/20/92

State _____ Date _____

Ombudsman _____ Telephone _____

Review Team Leader _____ Telephone _____

[All citations refer to the Older Americans Act]

1. Is the Office of the Long-Term Care Ombudsman located in the State Agency on Aging?
(Hereafter the State Agency on Aging will be referred to as the State Agency)

- a. _____ Yes *(If Yes, go to question 2)*
- b. _____ No *(If No):*

(1) Where is it located?

(2) Is there a contract between this agency and the State Agency?

- (a) _____ Yes *(If Yes, get copy)*
- (b) _____ No
- (c) _____ Don't Know *(Check if applicable)*

2. Is the agency that sponsors (houses) the Ombudsman responsible for licensing long-term care (LTC) facilities or an association affiliated with LTC facilities?

a. _____ Yes *(If Yes, discuss):*

b. _____ No

3. Is there a State law governing the Ombudsman Program?

- a. Yes (*If Yes, get copy*)
- b. No
- c. Don't Know (*Check if applicable*)

4. Does the Office of the Long-Term Care Ombudsman utilize sub-State ombudsmen?

- a. Yes (*If Yes, go to question 5*)
- b. No (*If No, go to question 7*)

5. Describe the organizational relationship between the sub-State ombudsmen and the State Office of the Ombudsman.

6. Are there any reporting or operations problems with sub-State ombudsman? (*Probe both*)

c. _____ Local laws, regulations, and policies regarding LTC facilities, *(If No)*: When was the last time training was conducted?

d. _____ Investigative techniques, *(If No)*: When was the last time training was conducted?

17. Is there a formal (written) in-service training curriculum for employees?

a. _____ Yes *(If Yes, get copy)*

b. _____ No

18. What are examples of the types of training provided in the last year to: *(Complete question using a, b, and c)*

a. paid full-time staff?

b. paid part-time staff?

c. volunteers?

19. How do you coordinate activities with the protection and advocacy systems for individuals with developmental disabilities and mental illness? [Sec. 307(a)(12)(H)(v)] *(Get examples)*

23. How do you encourage the participation by citizen organizations in the Ombudsman program? [307(A)(12)(A)(ii)]

24. How does the State Agency identify and resolve any potential conflicts of interest affecting the Ombudsman, or any employee or representative of the Office of the Ombudsman? [Sec. 307(a)(12)(F)(i),(ii),(iii)]

25. How does the State ensure that no representative of the Office of the Ombudsman will be held liable for the performance of official duties? [Sec. 307(a)(12)(I)]

40. How do you ensure that the identity of any complainant or resident of a facility will not be disclosed? [Sec. 307(a)(12)(D)]

41. Has your Office had to identify the complainant or resident of a facility without his or her permission?

a. Yes (*If Yes*), Please discuss the circumstances and under what grounds the Office disclosed this information.

b. No

42. How is legal counsel made available to the Office of the Ombudsman?

46. What was the date of your last annual report?[Sec. 307(a)(12)(H)]

____ / ____ / ____

(The "annual report" pertains to Ombudsman report as per Sec. 307(1)(12)(H)

47. Were policy, regulatory, and legislative recommendations made in this report?

a. ____ Yes

b. ____ No

48. Was the annual report submitted to the State agency responsible for licensing or certifying LTC facilities?

a. ____ Yes

b. ____ No

49. Was it submitted to the State legislature?

a. ____ Yes

b. ____ No

50. In general, who else routinely receives the report?

OMBUDSMAN COMPLIANCE CRITERIA

307(a)(12)(A)	Full time ombudsman
307(a)(12)(A)ii	Promote citizen organization participation
307(a)(12)(B)	Protect confidentiality of records and files
307(a)(12)(C)	Uniform reporting system
307(a)(12)(D)	Non disclosure of identity of complainant
307(a)(12)(E)	Solicit views of AAAs, providers, & elderly
307(a)(12)(F)	Conflict of interest
307(a)(12)(G)ii	Ability to pursue remedies
307(a)(12)(I)	Representatives not held liable
307(a)(12)(J)ii	Prohibit retaliation
307(a)(12)(J)iii	Provide sanction authority
307(a)(12)(K)	Investigative training