

**SUA Resource Library:
Program Monitoring Materials**



Foreword

In 2012, the Administration for Community Living (ACL), an operating division of the US Department of Health and Human Services, began a comprehensive evaluation of its National Family Caregiver Support Program (NFCSP). This was the first comprehensive federal evaluation of the NFCSP, which serves over 800,000 family caregivers annually. The NFCSP evaluation has three broad goals to benefit policy and program decision-making:

1. Collect and analyze information on program processes and site operations;
2. Evaluate program efficiency and cost issues for approaches best suited to specific contexts; and
3. Evaluate effectiveness of the program's contribution to family caregivers in terms of maintaining their health and well-being, improving their caregiving skills, and avoiding or delaying institutional care of the care recipient.

As part of the evaluation survey, State Units on Aging (SUAs) were asked to submit relevant documents if they answered 'yes' to any of the following five questions:

- Do you have a statewide task force, commission or coalition specifically to examine family caregiver issues?
- Have community needs assessments for caregiver support services been conducted?
- Does your state have a standardized caregiver assessment?
- Does your SUA conduct routine programmatic monitoring of the NFCSP program?
- Do you use a uniform caregiver satisfaction survey across all AAAs?

ACL received assessment tools and grouped them into the following categories:

1. Community Assessment Materials
2. General Customer Satisfaction Survey Materials
3. Grandparent Assessment Materials
4. High-Level Administrative Materials
5. Program Monitoring Materials
6. State Caregiver Assessments
7. State Care Recipient Assessments
8. Task Force Materials
9. Uniform Satisfaction Materials
10. Other Materials

While ACL does not specifically endorse these tools, we are sharing them because they may be helpful to other programs. For more information on the NFCSP please go to:

<http://www.aoa.acl.gov/>. For more information on the evaluation of the NFCSP please go to: http://www.aoa.acl.gov/Program_Results/Program_Evaluation.aspx

Program Monitoring Materials

Colorado Programmatic Monitoring Tool.....	3
Idaho Monitoring Report	8
Idaho AAA National Family Caregiver Support Worksheet	40
Ohio Monitoring Results	41
Oregon Program Monitoring Assessment Tool 2014	44
South Carolina Report Codes	48
South Carolina Cumulative Quarterly and Annual Reports	49
South Carolina Service Definitions.....	51
Utah Caregiver Monitoring Tool Template.....	60
Vermont AAA Dementia Respite Grant with Monitoring Information	70

CAREGIVING SERVICES ON-SITE EVALUATION TOOL SFY15

Agency Name _____ Region _____

Date _____ Services Provided _____

Attendees Name 1. Todd Swanson _____ Title 1. Monitoring and Compliance Agency 1. SUA

Name 1. _____ Title 1. _____ Agency 1. _____

Name 1. _____ Title 1. _____ Agency 1. _____

Name 1. _____ Title 1. _____ Agency 1. _____

Overview	Issue to be resolved ?	Relevant Reference	Comments	Requirement	Compliance	
					Yes	No
Please give me an overview of your program. What challenges do you face?						
What are your strengths? What do you do exceptionally well?						
What assistive technology is available for visually impaired and deaf or hard of hearing clients?						
What processes do you currently have in place or plan to put in place to increase efficiencies in services and service delivery?						

Overview	Issue to be resolved ?	Relevant Reference	Comments	Requirement	Compliance Yes No	
I. TARGET POPULATIONS						
<p>A. Describe how the agency ensures targeting participants of greatest social need, economic need, low-income minority consumers, and consumers residing in rural areas.</p> <ol style="list-style-type: none"> 1. What type of media is used to complete outreach? 2. How is effectiveness measured? 3. What are the outcomes? 		<p>10.130 303.0 ASU #05-14</p>		<p>Examples</p> <p>Requirement in RFP and contract</p> <p>Outcomes Evaluate at minimum annual Included in 4-year plan</p>		
How do actual participants map to targeted populations?						
How are persons defined as “frail – 3 or more ADLs” targeted?						
II. PROVIDER/SUBCONTRACTOR MONITORING EVALUATION						
<p>When was the last time your agency received an on-site evaluation from the AAA?</p> <p>What is the process followed for an on-site evaluation?</p>		<p>10.240.9 C 10.260 ASU #05-16</p>		<p>New – within 90 calendar days of providing services Annually after</p>		

Overview	Issue to be resolved ?	Relevant Reference	Comments	Requirement	Compliance Yes No	
III. FISCAL OPERATIONS						
Is your agency a For Profit Agency? If yes, was your contract approved by SUA?				SUA Approval		
What are the procedures of the AAA reimbursements to your agency? Unit Reimbursement Documentation (employee time sheets)		10.319				
How do you collect program income?						
Describe how often Program Income is expended. What opportunities do you provide to receive program income? Have any programs received no or marginal program income? If so, why?		Contract		Example of Procedure in Place		
D. How is appropriate handling of cash donations ensured and monitored? Please provide MONTH		Audit 10.260 C		Full Price		

Overview	Issue to be resolved ?	Relevant Reference	Comments	Requirement	Compliance Yes No	
documentation of donations What is the suggested contribution for a unit of service? How do you maintain confidentiality of those who contribute and those who do not?		10.320.1 C 424.0				
Does your program stay on budget?						
IV. PROGRAM DEVELOPMENT/COORDINATION						
What key community partners do you work with to deliver your programs?						
Does your agency have a wait list, if yes how is it monitored?						
V. POLICIES						
A. How do you assess consumer needs?						
D. Background Check Reports		10.240.1 1 A 8 304.0 SUA #05-15		All employees, volunteers & Contractors who have direct contact with elderly		

Overview	Issue to be resolved ?	Relevant Reference	Comments	Requirement	Compliance Yes No	
				consumer		
E. Emergency Response Plans Including Telephone Reassurance						
VI. CONSUMER SATISFACTION						
What type of media is used to determine Consumer Satisfaction? Include Examples. Satisfaction Surveys Telephone Interviews and Visits		Contract Exhibit A Page 5 Paragraph 8		Example of Procedure in Place Outcomes		
Please give us an example of a recent consumer complaint and your procedure for handling it. Review Forms and Complaint Log		10.260 G, I Audit 10.260.3 B1		Example of Procedure in Place		
Where are the unserved area for your program?						
Are there things that you would like to change in order to operate your program more efficiently or effectively? What?						
When are you planning to implement these?						

ADDITIONAL NOTES

**SECTION I. Elderly Clients and Caregivers
A. Elderly Client Counts**

State ID: ID Fiscal Year: 2014

	Total
1. Unduplicated Count of Persons Served For Registered Services Supported by the OAA Title III (Number does not include caregivers served)	18,155
2. Estimated* Unduplicated Count of Persons Served For Unregistered Services Supported by the OAA Title III (Number does not include caregivers served)	42,081
3. Total Estimated Unduplicated Count of Persons Served Through Services Supported by the OAA Title III (Number does not include caregivers served)	55,974

* There is no prescribed method for developing this estimate.

SECTION I. Elderly Clients

B. General Characteristics of Elderly Clients Receiving Registered Services and Those Receiving Cluster 2 Registered Services

State ID: ID Fiscal Year: 2014

Total Registered Clients (Cluster 1 and Cluster 2) Congregate Meals Nutrition Counseling Assisted Transportation

Clients Receiving Registered Services

	Total	With Income Below Poverty	Age of Client 60-74	Age of Client 75-84	Age of Client 85+
Total Clients	18,155	3,811			
Total with Age Reported	18,112	3,807	7,080	6,245	4,424
Age Missing	43	4			
Female	11,214	2,539	4,277	3,856	2,840
Male	6,857	1,266	2,753	2,369	1,573
Gender Missing	84	6	50	20	11
Rural Clients	9,014	1,923	3,696	3,117	1,978
Rural Missing	218	1	141	51	19
Poverty Missing	566		322	135	93
Live Alone	6,826	2,061	2,240	2,340	2,159
Live Alone Missing	1,601	245	827	489	251
Clients by Ethnicity					
Hispanic / Latino	422	127	186	147	74
Not Hispanic or Latino	17,279	3,664	6,624	5,988	4,292
Ethnicity Missing	454	20	270	110	58
Clients by Race or Ethnicity					
White (Alone) - Non-Hispanic	16,526	3,442	6,292	5,734	4,140
Total Minorities					
White (Alone) - Hispanic	393	136	177	137	68
American Indian or Alaskan Native (Alone)	210	77	89	76	38
Asian (Alone)	78	21	27	26	22
Black / African American (Alone)	25	9	11	7	4
Native Hawaiian or Other Pacific Islander (Alone)	38	6	22	12	3
Persons Reporting Some Other Race	74	16	38	20	14
Persons Reporting 2 or More Races	75	27	24	30	21
Race Missing	736	77	400	203	114

Reported by: ID Idaho Commission on Aging

From Date: 10/01/2013 To Date: 09/30/2014

Idaho Monitoring Report

IB Page 4 (Total)

Print Date: 01/26/2015

SECTION I. Elderly Clients

B. General Characteristics of Elderly Clients Receiving Registered Services and Those Receiving Cluster 2 Registered Services

State ID: ID Fiscal Year: 2014

Total Registered Clients (Cluster 1 and Cluster 2) Congregate Meals Nutrition Counseling Assisted Transportation

Clients Receiving Registered Services

	Total	With Income Below Poverty	Age of Client 60-74	Age of Client 75-84	Age of Client 85+
Total Clients	14,039	2,545			
Total with Age Reported	14,000	2,541	5,905	4,893	2,874
Age Missing	39	4			
Female	8,541	1,669	3,547	2,966	1,807
Male	5,427	871	2,310	1,913	1,060
Gender Missing	71	5	48	14	7
Rural Clients	7,533	1,411	3,291	2,582	1,450
Rural Missing	214	1	141	48	18
Poverty Missing	483		306	108	54
Live Alone	4,537	1,253	1,528	1,642	1,287
Live Alone Missing	1,585	245	825	482	245
Clients by Ethnicity					
Hispanic / Latino	307	86	148	102	42
Not Hispanic or Latino	13,343	2,452	5,503	4,702	2,799
Ethnicity Missing	389	7	254	89	33
Clients by Race or Ethnicity					
White (Alone) - Non-Hispanic	12,753	2,285	5,238	4,492	2,699
Total Minorities					
White (Alone) - Hispanic	279	91	137	92	39
American Indian or Alaskan Native (Alone)	174	58	72	67	29
Asian (Alone)	63	14	23	22	15
Black / African American (Alone)	14	4	4	4	3
Native Hawaiian or Other Pacific Islander (Alone)	36	5	21	12	2
Persons Reporting Some Other Race	62	14	35	16	9
Persons Reporting 2 or More Races	49	16	15	25	9
Race Missing	609	58	360	163	69

Reported by: ID Idaho Commission on Aging

From Date: 10/01/2013 To Date: 09/30/2014

Idaho Monitoring Report

IB Page 4 (CM)

Print Date: 01/26/2015

SECTION I. Elderly Clients

B. General Characteristics of Elderly Clients Receiving Registered Services and Those Receiving Cluster 2 Registered Services

State ID: ID Fiscal Year: 2014

 Total Registered Clients (Cluster 1 and Cluster 2) Congregate Meals X Nutrition Counseling Assisted Transportation

Clients Receiving Registered Services

	Total	With Income Below Poverty	Age of Client 60-74	Age of Client 75-84	Age of Client 85+
Total Clients					
Total with Age Reported					
Age Missing					
Female					
Male					
Gender Missing					
Rural Clients					
Rural Missing					
Poverty Missing					
Live Alone					
Live Alone Missing					
Clients by Ethnicity					
Hispanic / Latino					
Not Hispanic or Latino					
Ethnicity Missing					
Clients by Race or Ethnicity					
White (Alone) - Non-Hispanic					
Total Minorities					
White (Alone) - Hispanic					
American Indian or Alaskan Native (Alone)					
Asian (Alone)					
Black / African American (Alone)					
Native Hawaiian or Other Pacific Islander (Alone)					
Persons Reporting Some Other Race					
Persons Reporting 2 or More Races					
Race Missing					

Reported by: ID Idaho Commission on Aging

From Date: 10/01/2013 To Date: 09/30/2014

Idaho Monitoring Report

IB Page 4 (NC)

Print Date: 01/26/2015

SECTION I. Elderly Clients

B. General Characteristics of Elderly Clients Receiving Registered Services and Those Receiving Cluster 2 Registered Services

State ID: ID Fiscal Year: 2014

 Total Registered Clients (Cluster 1 and Cluster 2) Congregate Meals Nutrition Counseling X Assisted Transportation

Clients Receiving Registered Services

	Total	With Income Below Poverty	Age of Client 60-74	Age of Client 75-84	Age of Client 85+
Total Clients					
Total with Age Reported					
Age Missing					
Female					
Male					
Gender Missing					
Rural Clients					
Rural Missing					
Poverty Missing					
Live Alone					
Live Alone Missing					
Clients by Ethnicity					
Hispanic / Latino					
Not Hispanic or Latino					
Ethnicity Missing					
Clients by Race or Ethnicity					
White (Alone) - Non-Hispanic					
Total Minorities					
White (Alone) - Hispanic					
American Indian or Alaskan Native (Alone)					
Asian (Alone)					
Black / African American (Alone)					
Native Hawaiian or Other Pacific Islander (Alone)					
Persons Reporting Some Other Race					
Persons Reporting 2 or More Races					
Race Missing					

Reported by: ID Idaho Commission on Aging

From Date: 10/01/2013 To Date: 09/30/2014

Idaho Monitoring Report

IB Page 4 (AT)

Print Date: 01/26/2015

SECTION I. Elderly Clients
C. Detailed ADL Characteristics of Elderly Clients Receiving Cluster 1 Services
 (Report information for all Cluster 1 services combined and each service separately.)

State ID: ID Fiscal Year: 2014

Total Cluster 1 Clients _____ **Personal Care** _____ **Homemaker**
 _____ **Chore** _____ **Home Delivered Meals** _____ **Adult Day Care/Health**
 _____ **Case Management**

ADL SUMMARY FOR	All Ages Total	All Ages 0 ADL	All Ages 1 ADL	All Ages 2 ADL	All Ages 3+ ADL	Age 60-74 Total	Age 60-74 0 ADL	Age 60-74 1 ADL	Age 60-74 2 ADL	Age 60-74 3+ ADL	Age 75-84 Total	Age 75-84 0 ADL	Age 75-84 1 ADL	Age 75-84 2 ADL	Age 75-84 3+ ADL	Age 85+ Total	Age 85+ 0 ADL	Age 85+ 1 ADL	Age 85+ 2 ADL	Age 85+ 3+ ADL
Total Clients	4,483	381	356	593	3,127															
Clients with Age Data	4,479	381	356	593	3,125	1,254	112	100	173	864	1,479	127	115	191	1,036	1,710	132	135	224	1,210
Age Missing	4	0	0	0	2															
ADLs Missing	26					5					10					9				
Female	2,927	198	200	400	2,117	779	59	54	110	554	972	66	66	133	701	1,155	70	79	154	848
Male	1,542	182	156	193	1,000	473	53	46	63	308	500	60	49	58	330	551	62	56	70	359
Gender Missing	14	1	0	0	10	2	0	0	0	2	7	1	0	0	5	4	0	0	0	3
Rural	1,699	166	160	206	1,162	454	49	42	52	310	614	56	57	76	424	617	56	59	76	424
Rural Missing	4	1	0	0	3	0	0	0	0	0	3	1	0	0	2	1	0	0	0	1
Income below Poverty Level	1,382	129	109	195	947	509	38	41	76	353	395	32	36	52	275	456	54	28	63	310
Poverty Missing	85	1	4	8	59	16	0	1	4	10	27	0	1	1	19	41	1	2	3	30
Live Alone	2,531	142	212	355	1,813	766	42	63	104	555	769	37	68	105	557	988	61	81	145	696
Live Alone Missing	16	0	0	1	5	2	0	0	0	1	7	0	0	0	2	6	0	0	1	2
Clients by Ethnicity																				
Hispanic / Latino	123	8	13	17	84	40	2	1	5	32	48	2	8	7	30	35	4	4	5	22
Not Hispanic or Latino	4,294	372	340	569	3,003	1,198	110	97	166	822	1,409	125	107	183	992	1,650	127	131	215	1,172
Ethnicity Missing	66	1	3	7	40	16	0	2	2	10	22	0	0	1	14	25	1	0	4	16
Clients by Race or Ethnicity																				
White (Alone) - Non-Hispanic	4,127	356	328	550	2,881	1,129	104	93	162	766	1,364	119	103	175	963	1,597	123	127	208	1,135
Total Minorities																				
White (Alone) - Hispanic	122	6	14	18	84	42	2	2	5	33	48	2	7	9	30	32	2	5	4	21
American Indian or Alaskan Native (Alone)	37	5	4	4	24	17	2	1	2	12	10	1	1	2	6	9	2	1	0	6
Asian (Alone)	16	2	1	5	8	4	0	0	1	3	5	2	1	1	7	0	0	0	3	4
Black / African American (Alone)	11	1	0	1	9	7	0	0	1	6	3	1	0	0	2	1	0	0	0	1
Native Hawaiian or Pacific Islander (Alone)	2	1	0	1	0	1	1	0	0	0	0	0	0	0	0	1	0	0	1	0
Persons Reporting Some Other Race	12	2	0	0	10	3	1	0	0	2	4	0	0	0	4	5	1	0	0	4
Persons Reporting 2 or More Races	28	4	2	5	17	11	0	1	2	8	5	2	0	0	3	12	2	1	3	6
Race Missing	128	4	7	9	94	40	2	3	0	34	40	0	3	4	27	46	2	1	5	33

Reported by: ID Idaho Commission on Aging

From Date: 10/01/2013 To Date: 09/30/2014

Idaho Monitoring Report

IC Page 5 (Total)

Print Date: 01/26/2015

SECTION I. Elderly Clients
C. Detailed ADL Characteristics of Elderly Clients Receiving Cluster 1 Services
(Report information for all Cluster 1 services combined and each service separately.)

State ID: ID Fiscal Year: 2014

 Total Cluster 1 Clients **X** **Personal Care** **Homemaker**
 Chore **Home Delivered Meals** **Adult Day Care/Health**
 Case Management

ADL SUMMARY FOR	All Ages Total	All Ages 0 ADL	All Ages 1 ADL	All Ages 2 ADL	All Ages 3+ ADL	Age 60-74 Total	Age 60-74 0 ADL	Age 60-74 1 ADL	Age 60-74 2 ADL	Age 60-74 3+ ADL	Age 75-84 Total	Age 75-84 0 ADL	Age 75-84 1 ADL	Age 75-84 2 ADL	Age 75-84 3+ ADL	Age 85+ Total	Age 85+ 0 ADL	Age 85+ 1 ADL	Age 85+ 2 ADL	Age 85+ 3+ ADL
Total Clients																				
Clients with Age Data																				
Age Missing																				
ADLs Missing																				
Female																				
Male																				
Gender Missing																				
Rural																				
Rural Missing																				
Income below Poverty Level																				
Poverty Missing																				
Live Alone																				
Live Alone Missing																				
Clients by Ethnicity																				
Hispanic / Latino																				
Not Hispanic or Latino																				
Ethnicity Missing																				
Clients by Race or Ethnicity																				
White (Alone) - Non-Hispanic																				
Total Minorities																				
White (Alone) - Hispanic																				
American Indian or Alaskan Native (Alone)																				
Asian (Alone)																				
Black / African American (Alone)																				
Native Hawaiian or Pacific Islander (Alone)																				
Persons Reporting Some Other Race																				
Persons Reporting 2 or More Races																				
Race Missing																				

Reported by: ID Idaho Commission on Aging

From Date: 10/01/2013 To Date: 09/30/2014

Idaho Monitoring Report

IC Page 5 (PC)

Print Date: 01/26/2015

SECTION I. Elderly Clients
C. Detailed ADL Characteristics of Elderly Clients Receiving Cluster 1 Services
 (Report information for all Cluster 1 services combined and each service separately.)

State ID: ID Fiscal Year: 2014

 Total Cluster 1 Clients **Personal Care** X **Homemaker**
 Chore **Home Delivered Meals** **Adult Day Care/Health**
 Case Management

ADL SUMMARY FOR	All Ages Total	All Ages 0 ADL	All Ages 1 ADL	All Ages 2 ADL	All Ages 3+ ADL	Age 60-74 Total	Age 60-74 0 ADL	Age 60-74 1 ADL	Age 60-74 2 ADL	Age 60-74 3+ ADL	Age 75-84 Total	Age 75-84 0 ADL	Age 75-84 1 ADL	Age 75-84 2 ADL	Age 75-84 3+ ADL	Age 85+ Total	Age 85+ 0 ADL	Age 85+ 1 ADL	Age 85+ 2 ADL	Age 85+ 3+ ADL
Total Clients	1,075	24	42	100	907															
Clients with Age Data	1,074	24	42	100	907	361	9	23	36	293	345	7	7	30	301	358	8	12	32	305
Age Missing	1	0	0	0	0															
ADLs Missing	2					0					0					1				
Female	826	18	26	75	706	267	6	14	25	222	265	4	7	20	234	285	8	5	28	243
Male	245	6	16	25	198	93	3	9	11	70	78	3	0	10	65	73	0	7	4	62
Gender Missing	4	0	0	0	3	1	0	0	0	1	2	0	0	0	2	0	0	0	0	0
Rural	396	8	20	34	334	130	4	12	9	105	144	2	5	12	125	119	2	3	13	101
Rural Missing	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0
Income below Poverty Level	438	14	21	47	356	180	4	16	20	140	112	4	1	10	97	139	6	4	16	113
Poverty Missing	7	0	0	0	6	1	0	0	0	1	2	0	0	0	2	4	0	0	0	3
Live Alone	825	14	29	82	700	284	4	18	30	232	269	5	6	23	235	269	5	5	28	231
Live Alone Missing	2	0	0	0	1	0	0	0	0	0	1	0	0	0	1	1	0	0	0	0
Clients by Ethnicity																				
Hispanic / Latino	19	1	0	2	16	7	0	0	0	7	9	1	0	1	7	3	0	0	1	2
Not Hispanic or Latino	1,049	23	42	98	886	353	9	23	36	285	332	6	7	29	290	354	8	12	31	303
Ethnicity Missing	7	0	0	0	5	1	0	0	0	1	4	0	0	0	4	1	0	0	0	0
Clients by Race or Ethnicity																				
White (Alone) - Non-Hispanic	1,002	20	38	96	848	327	7	21	35	264	324	5	6	28	285	341	8	11	31	291
Total Minorities																				
White (Alone) - Hispanic	21	1	1	2	17	10	0	0	0	10	9	1	0	2	6	2	0	1	0	1
American Indian or Alaskan Native (Alone)	11	2	1	0	8	5	1	1	0	3	2	1	0	0	1	4	0	0	0	4
Asian (Alone)	6	0	1	0	5	3	0	0	0	3	2	0	1	0	1	1	0	0	0	1
Black / African American (Alone)	3	0	0	0	3	1	0	0	0	1	2	0	0	0	2	0	0	0	0	0
Native Hawaiian or Pacific Islander (Alone)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Persons Reporting Some Other Race	3	1	0	0	2	1	1	0	0	0	0	0	0	0	0	2	0	0	0	2
Persons Reporting 2 or More Races	7	0	1	1	5	7	0	1	1	5	0	0	0	0	0	0	0	0	0	0
Race Missing	22	0	0	1	19	7	0	0	0	7	6	0	0	0	6	8	0	0	1	6

SECTION I. Elderly Clients
C. Detailed ADL Characteristics of Elderly Clients Receiving Cluster 1 Services
 (Report information for all Cluster 1 services combined and each service separately.)

State ID: ID Fiscal Year: 2014

Total Cluster 1 Clients Personal Care Homemaker
 Chore Home Delivered Meals Adult Day Care/Health
 Case Management

ADL SUMMARY FOR	All Ages Total	All Ages 0 ADL	All Ages 1 ADL	All Ages 2 ADL	All Ages 3+ ADL	Age 60-74 Total	Age 60-74 0 ADL	Age 60-74 1 ADL	Age 60-74 2 ADL	Age 60-74 3+ ADL	Age 75-84 Total	Age 75-84 0 ADL	Age 75-84 1 ADL	Age 75-84 2 ADL	Age 75-84 3+ ADL	Age 85+ Total	Age 85+ 0 ADL	Age 85+ 1 ADL	Age 85+ 2 ADL	Age 85+ 3+ ADL
Total Clients	38	0	1	1	36															
Clients with Age Data	38	0	1	1	36	9	0	0	1	8	15	0	0	0	15	14	0	1	0	13
Age Missing	0	0	0	0	0															
ADLs Missing	0					0					0					0				
Female	31	0	0	1	30	6	0	0	1	5	13	0	0	0	13	12	0	0	0	12
Male	7	0	1	0	6	3	0	0	0	3	2	0	0	0	2	2	0	1	0	1
Gender Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rural	18	0	0	1	17	5	0	0	1	4	6	0	0	0	6	7	0	0	0	7
Rural Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Income below Poverty Level	8	0	0	1	7	3	0	0	1	2	3	0	0	0	3	2	0	0	0	2
Poverty Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Live Alone	31	0	0	0	31	8	0	0	0	8	11	0	0	0	11	12	0	0	0	12
Live Alone Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clients by Ethnicity																				
Hispanic / Latino	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Hispanic or Latino	38	0	1	1	36	9	0	0	1	8	15	0	0	0	15	14	0	1	0	13
Ethnicity Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clients by Race or Ethnicity																				
White (Alone) - Non-Hispanic	37	0	1	1	35	8	0	0	1	7	15	0	0	0	15	14	0	1	0	13
Total Minorities																				
White (Alone) - Hispanic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
American Indian or Alaskan Native (Alone)	1	0	0	0	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Asian (Alone)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Black / African American (Alone)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Native Hawaiian or Pacific Islander (Alone)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Persons Reporting Some Other Race	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Persons Reporting 2 or More Races	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Race Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I. Elderly Clients
C. Detailed ADL Characteristics of Elderly Clients Receiving Cluster 1 Services
(Report information for all Cluster 1 services combined and each service separately.)

State ID: ID Fiscal Year: 2014

 Total Cluster 1 Clients **Personal Care** **Homemaker**
 Chore **Home Delivered Meals** **Adult Day Care/Health**
 Case Management

ADL SUMMARY FOR	All Ages Total	All Ages 0 ADL	All Ages 1 ADL	All Ages 2 ADL	All Ages 3+ ADL	Age 60-74 Total	Age 60-74 0 ADL	Age 60-74 1 ADL	Age 60-74 2 ADL	Age 60-74 3+ ADL	Age 75-84 Total	Age 75-84 0 ADL	Age 75-84 1 ADL	Age 75-84 2 ADL	Age 75-84 3+ ADL	Age 85+ Total	Age 85+ 0 ADL	Age 85+ 1 ADL	Age 85+ 2 ADL	Age 85+ 3+ ADL
Total Clients	3,563	318	307	492	2,425															
Clients with Age Data	3,561	318	307	492	2,423	972	86	83	137	661	1,174	110	102	156	797	1,396	115	118	197	959
Age Missing	2	0	0	0	2															
ADLs Missing	21					5					9					7				
Female	2,258	158	171	328	1,591	583	44	42	85	410	744	54	58	109	518	922	58	70	134	657
Male	1,294	160	136	164	825	387	42	41	52	249	425	56	44	47	275	470	57	48	63	299
Gender Missing	11	0	0	0	9	2	0	0	0	2	5	0	0	0	4	4	0	0	0	3
Rural	1,336	137	139	168	889	348	38	36	42	231	483	49	49	62	322	499	47	53	63	335
Rural Missing	3	1	0	0	2	0	0	0	0	0	2	1	0	0	1	1	0	0	0	1
Income below Poverty Level	1,040	108	93	154	683	366	30	34	56	245	309	28	33	43	205	356	47	24	53	231
Poverty Missing	75	1	4	8	53	14	0	1	4	8	24	0	1	1	17	37	1	2	3	28
Live Alone	1,956	115	182	288	1,363	582	33	51	79	417	584	30	61	84	407	785	50	70	125	536
Live Alone Missing	11	0	0	1	3	2	0	0	0	1	5	0	0	0	1	4	0	0	1	1
Clients by Ethnicity																				
Hispanic / Latino	105	6	13	16	69	35	2	1	5	27	41	1	8	7	24	29	3	4	4	18
Not Hispanic or Latino	3,402	311	291	469	2,322	923	84	80	130	626	1,115	109	94	148	762	1,344	111	114	189	926
Ethnicity Missing	56	1	3	7	34	14	0	2	2	8	18	0	0	1	11	23	1	0	4	15
Clients by Race or Ethnicity																				
White (Alone) - Non-Hispanic	3,271	298	282	454	2,226	869	80	76	127	582	1,079	103	91	143	739	1,302	108	111	182	897
Total Minorities																				
White (Alone) - Hispanic	103	4	13	17	69	36	2	2	5	27	40	1	7	8	24	27	1	4	4	18
American Indian or Alaskan Native (Alone)	27	4	3	2	18	15	2	1	2	10	7	1	1	0	5	5	1	1	0	3
Asian (Alone)	12	2	0	4	6	2	0	0	1	1	4	2	0	1	1	6	0	0	2	4
Black / African American (Alone)	9	1	0	1	7	7	0	0	1	6	1	1	0	0	0	1	0	0	0	1
Native Hawaiian or Pacific Islander (Alone)	2	1	0	1	0	1	1	0	0	0	0	0	0	0	0	1	0	0	1	0
Persons Reporting Some Other Race	9	1	0	0	8	2	0	0	0	2	4	0	0	0	4	3	1	0	0	2
Persons Reporting 2 or More Races	22	4	2	4	12	6	0	1	1	4	5	2	0	0	3	11	2	1	3	5
Race Missing	108	3	7	9	79	34	1	3	0	29	34	0	3	4	21	40	2	1	5	29

SECTION I. Elderly Clients

**C. Detailed ADL Characteristics of Elderly Clients Receiving Cluster 1 Services
(Report information for all Cluster 1 services combined and each service separately.)**

State ID: ID Fiscal Year: 2014

<u> </u> Total Cluster 1 Clients	<u> </u> Personal Care	<u> </u> Homemaker
<u> </u> Chore	<u> </u> Home Delivered Meals	<u> </u> Adult Day Care/Health
<u> </u> Case Management		<u> </u> X

ADL SUMMARY FOR	All	All	All	All	All	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age	
	Ages	Ages	Ages	Ages	Ages	60-74	60-74	60-74	60-74	60-74	75-84	75-84	75-84	75-84	75-84	85+	85+	85+	85+	85+	
	Total	0	1	2	3+	Total	0	1	2	3+	Total	0	1	2	3+	Total	0	1	2	3+	
	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	
Total Clients																					
Clients with Age Data																					
Age Missing																					
ADLs Missing																					
Female																					
Male																					
Gender Missing																					
Rural																					
Rural Missing																					
Income below Poverty Level																					
Poverty Missing																					
Live Alone																					
Live Alone Missing																					
Clients by Ethnicity																					
Hispanic / Latino																					
Not Hispanic or Latino																					
Ethnicity Missing																					
Clients by Race or Ethnicity																					
White (Alone) - Non-Hispanic																					
Total Minorities																					
White (Alone) - Hispanic																					
American Indian or Alaskan Native (Alone)																					
Asian (Alone)																					
Black / African American (Alone)																					
Native Hawaiian or Pacific Islander (Alone)																					
Persons Reporting Some Other Race																					
Persons Reporting 2 or More Races																					
Race Missing																					

SECTION I. Elderly Clients
C. Detailed ADL Characteristics of Elderly Clients Receiving Cluster 1 Services
 (Report information for all Cluster 1 services combined and each service separately.)

State ID: ID Fiscal Year: 2014

 Total Cluster 1 Clients **Personal Care** **Homemaker**
 Chore **Home Delivered Meals** **Adult Day Care/Health**
 X **Case Management**

ADL SUMMARY FOR	All Ages Total	All Ages 0 ADL	All Ages 1 ADL	All Ages 2 ADL	All Ages 3+ ADL	Age 60-74 Total	Age 60-74 0 ADL	Age 60-74 1 ADL	Age 60-74 2 ADL	Age 60-74 3+ ADL	Age 75-84 Total	Age 75-84 0 ADL	Age 75-84 1 ADL	Age 75-84 2 ADL	Age 75-84 3+ ADL	Age 85+ Total	Age 85+ 0 ADL	Age 85+ 1 ADL	Age 85+ 2 ADL	Age 85+ 3+ ADL
Total Clients	1,050	96	85	144	722															
Clients with Age Data	1,049	96	85	144	722	288	34	25	41	188	328	28	29	51	219	413	31	28	49	304
Age Missing	1	0	0	0	0															
ADLs Missing	3					0					1					1				
Female	688	60	53	102	472	179	21	16	30	112	216	17	19	35	144	278	21	17	34	206
Male	361	35	32	42	250	109	13	9	11	76	111	10	10	16	75	135	10	11	15	98
Gender Missing	1	1	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0
Rural	410	39	44	57	268	113	14	15	16	68	139	12	17	20	90	151	11	11	20	108
Rural Missing	2	0	0	0	2	0	0	0	0	0	1	0	0	0	1	1	0	0	0	1
Income below Poverty Level	350	30	30	53	237	133	12	16	19	86	90	5	9	14	62	114	11	3	18	82
Poverty Missing	10	0	0	0	7	1	0	0	0	1	4	0	0	0	3	4	0	0	0	3
Live Alone	545	41	54	85	364	168	14	21	27	106	151	9	16	26	100	223	18	17	31	156
Live Alone Missing	3	0	0	0	1	0	0	0	0	0	1	0	0	0	0	1	0	0	0	1
Clients by Ethnicity																				
Hispanic / Latino	26	3	1	2	20	10	1	0	1	8	7	1	1	0	5	9	1	0	1	7
Not Hispanic or Latino	1,019	93	84	142	699	277	33	25	40	179	319	27	28	51	213	403	30	28	48	296
Ethnicity Missing	5	0	0	0	3	1	0	0	0	1	2	0	0	0	1	1	0	0	0	1
Clients by Race or Ethnicity																				
White (Alone) - Non-Hispanic	995	89	81	139	685	270	31	25	40	174	311	26	26	49	209	395	29	28	47	291
Total Minorities																				
White (Alone) - Hispanic	27	3	1	2	21	9	1	0	1	7	8	1	1	0	6	10	1	0	1	8
American Indian or Alaskan Native (Alone)	10	1	1	2	6	3	0	0	0	3	4	0	0	2	2	2	1	0	0	1
Asian (Alone)	7	1	1	1	4	2	0	0	0	2	2	1	1	0	0	3	0	0	1	2
Black / African American (Alone)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Native Hawaiian or Pacific Islander (Alone)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Persons Reporting Some Other Race	2	1	0	0	1	1	1	0	0	0	1	0	0	0	1	0	0	0	0	0
Persons Reporting 2 or More Races	3	0	0	0	3	1	0	0	0	1	1	0	0	0	1	1	0	0	0	1
Race Missing	6	1	1	0	2	2	1	0	0	1	1	0	1	0	2	0	0	0	0	1

Reported by: ID Idaho Commission on Aging

From Date: 10/01/2013 To Date: 09/30/2014

Idaho Monitoring Report

IC Page 5 (CM)

Print Date: 01/26/2015

SECTION I. Elderly Clients
D. Detailed IADL Characteristics of Elderly Clients Receiving Cluster 1 Services
 (Report information for all Cluster 1 services combined and each service separately.)

State ID: ID Fiscal Year: 2014

<u> X </u> Total Cluster 1 Clients	<u> </u> Personal Care	<u> </u> Homemaker
<u> </u> Chore	<u> </u> Home Delivered Meals	<u> </u> Adult Day Care/Health
<u> </u> Case Management		

IADL SUMMARY FOR	All Ages	All Ages	All Ages	All Ages	All Ages	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age
	Total	0 ADL	1 ADL	2 ADL	3+ ADL	60-74 Total	60-74 0 ADL	60-74 1 ADL	60-74 2 ADL	60-74 3+ ADL	75-84 Total	75-84 0 ADL	75-84 1 ADL	75-84 2 ADL	75-84 3+ ADL	85+ Total	85+ 0 ADL	85+ 1 ADL	85+ 2 ADL	85+ 3+ ADL
Total Clients	4,483	166	51	86	4,151															
Clients with Age Data	4,479	166	51	86	4,149	1,254	47	22	31	1,148	1,479	47	20	29	1,372	1,710	63	9	26	1,602
Age Missing	4	0	0	0	2															
IADLs Missing	29					6					11					10				
Female	2,927	94	26	52	2,741	779	26	14	24	713	972	30	9	15	911	1,155	35	3	13	1,099
Male	1,542	72	25	34	1,399	473	21	8	7	433	500	17	11	14	455	551	28	6	13	500
Gender Missing	14	0	0	0	11	2	0	0	0	2	7	0	0	0	6	4	0	0	0	3
Rural	1,699	76	23	37	1,557	454	21	9	14	409	614	17	9	14	572	617	34	5	9	567
Rural Missing	4	0	0	0	4	0	0	0	0	0	3	0	0	0	3	1	0	0	0	1
Income below Poverty Level	1,382	65	13	32	1,270	509	11	7	12	478	395	15	4	13	363	456	34	2	7	412
Poverty Missing	85	0	0	1	70	16	0	0	0	15	27	0	0	0	21	41	0	0	1	34
Live Alone	2,531	54	14	44	2,409	766	15	7	14	727	769	13	5	16	733	988	24	2	14	943
Live Alone Missing	16	0	0	0	6	2	0	0	0	1	7	0	0	0	2	6	0	0	0	3
Clients by Ethnicity																				
Hispanic / Latino	123	4	0	1	117	40	0	0	1	39	48	0	0	0	47	35	4	0	0	31
Not Hispanic or Latino	4,294	161	51	84	3,986	1,198	47	22	29	1,096	1,409	47	20	29	1,310	1,650	58	9	26	1,552
Ethnicity Missing	66	1	0	1	48	16	0	0	1	13	22	0	0	0	15	25	1	0	0	19
Clients by Race or Ethnicity																				
White (Alone) - Non-Hispanic	4,127	160	49	80	3,826	1,129	45	21	28	1,031	1,364	46	19	27	1,268	1,597	60	9	25	1,499
Total Minorities																				
White (Alone) - Hispanic	122	2	0	1	119	42	0	0	0	42	48	0	0	1	47	32	2	0	0	30
American Indian or Alaskan Native (Alone)	37	0	0	0	37	17	0	0	0	17	10	0	0	0	10	9	0	0	0	9
Asian (Alone)	16	0	1	0	15	4	0	0	0	4	5	0	1	0	4	7	0	0	0	7
Black / African American (Alone)	11	0	0	0	11	7	0	0	0	7	3	0	0	0	3	1	0	0	0	1
Native Hawaiian or Pacific Islander (Alone)	2	0	0	0	2	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1
Persons Reporting Some Other Race	12	1	0	1	9	3	1	0	0	2	4	0	0	0	4	5	0	0	1	3
Persons Reporting 2 or More Races	28	2	0	1	25	11	0	0	1	10	5	1	0	0	4	12	1	0	0	11
Race Missing	128	1	1	3	107	40	1	1	2	34	40	0	0	1	32	46	0	0	0	41

Reported by: ID Idaho Commission on Aging

ID Page 6 (Total)

From Date: 10/01/2013 To Date: 09/30/2014

Print Date: 01/26/2015

SECTION I. Elderly Clients

**D. Detailed IADL Characteristics of Elderly Clients Receiving Cluster 1 Services
(Report information for all Cluster 1 services combined and each service separately.)**

State ID: ID Fiscal Year: 2014

Total Cluster 1 Clients	X	Personal Care	Homemaker
Chore		Home Delivered Meals	Adult Day Care/Health
Case Management			

IADL SUMMARY FOR	All Ages Total	All Ages 0 ADL	All Ages 1 ADL	All Ages 2 ADL	All Ages 3+ ADL	Age 60-74 Total	Age 60-74 0 ADL	Age 60-74 1 ADL	Age 60-74 2 ADL	Age 60-74 3+ ADL	Age 75-84 Total	Age 75-84 0 ADL	Age 75-84 1 ADL	Age 75-84 2 ADL	Age 75-84 3+ ADL	Age 85+ Total	Age 85+ 0 ADL	Age 85+ 1 ADL	Age 85+ 2 ADL	Age 85+ 3+ ADL	
Total Clients																					
Clients with Age Data																					
Age Missing																					
IADLs Missing																					
Female																					
Male																					
Gender Missing																					
Rural																					
Rural Missing																					
Income below Poverty Level																					
Poverty Missing																					
Live Alone																					
Live Alone Missing																					
Clients by Ethnicity																					
Hispanic / Latino																					
Not Hispanic or Latino																					
Ethnicity Missing																					
Clients by Race or Ethnicity																					
White (Alone) - Non-Hispanic																					
Total Minorities																					
White (Alone) - Hispanic																					
American Indian or Alaskan Native (Alone)																					
Asian (Alone)																					
Black / African American (Alone)																					
Native Hawaiian or Pacific Islander (Alone)																					
Persons Reporting Some Other Race																					
Persons Reporting 2 or More Races																					
Race Missing																					

Reported by: ID Idaho Commission on Aging

ID Page 6 (PC)

From Date: 10/01/2013 To Date: 09/30/2014

Print Date: 01/26/2015

SECTION I. Elderly Clients
D. Detailed IADL Characteristics of Elderly Clients Receiving Cluster 1 Services
 (Report information for all Cluster 1 services combined and each service separately.)

State ID: ID Fiscal Year: 2014

 Total Cluster 1 Clients

 Personal Care

 X **Homemaker**

 Chore

 Home Delivered Meals

 Adult Day Care/Health

 Case Management

IADL SUMMARY FOR	All	All	All	All	All	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age	
	Ages	Ages	Ages	Ages	Ages	60-74	60-74	60-74	60-74	60-74	60-74	75-84	75-84	75-84	75-84	75-84	85+	85+	85+	85+	85+
	Total	0 ADL	1 ADL	2 ADL	3+ ADL	Total	0 ADL	1 ADL	2 ADL	3+ ADL	Total	0 ADL	1 ADL	2 ADL	3+ ADL	Total	0 ADL	1 ADL	2 ADL	3+ ADL	
Total Clients	1,075	5	8	11	1,049																
Clients with Age Data	1,074	5	8	11	1,049	361	3	3	5	350	345	1	5	3	336	358	1	0	3	353	
Age Missing	1	0	0	0	0																
IADLs Missing	2					0					0					1					
Female	826	4	7	8	806	267	2	3	4	258	265	1	4	3	257	285	1	0	1	282	
Male	245	1	1	3	240	93	1	0	1	91	78	0	1	0	77	73	0	0	2	71	
Gender Missing	4	0	0	0	3	1	0	0	0	1	2	0	0	0	2	0	0	0	0	0	
Rural	396	0	1	5	390	130	0	1	3	126	144	0	0	2	142	119	0	0	0	119	
Rural Missing	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	
Income below Poverty Level	438	4	3	4	427	180	2	3	2	173	112	1	0	1	110	139	1	0	1	137	
Poverty Missing	7	0	0	0	6	1	0	0	0	1	2	0	0	0	2	4	0	0	0	3	
Live Alone	825	3	4	8	810	284	2	3	2	277	269	1	1	3	264	269	0	0	3	266	
Live Alone Missing	2	0	0	0	1	0	0	0	0	0	1	0	0	0	1	1	0	0	0	0	
Clients by Ethnicity																					
Hispanic / Latino	19	0	0	0	19	7	0	0	0	7	9	0	0	0	9	3	0	0	0	3	
Not Hispanic or Latino	1,049	5	8	11	1,025	353	3	3	5	342	332	1	5	3	323	354	1	0	3	350	
Ethnicity Missing	7	0	0	0	5	1	0	0	0	1	4	0	0	0	4	1	0	0	0	0	
Clients by Race or Ethnicity																					
White (Alone) - Non-Hispanic	1,002	4	8	10	980	327	2	3	4	318	324	1	5	3	315	341	1	0	3	337	
Total Minorities																					
White (Alone) - Hispanic	21	0	0	0	21	10	0	0	0	10	9	0	0	0	9	2	0	0	0	2	
American Indian or Alaskan Native (Alone)	11	0	0	0	11	5	0	0	0	5	2	0	0	0	2	4	0	0	0	4	
Asian (Alone)	6	0	0	0	6	3	0	0	0	3	2	0	0	0	2	1	0	0	0	1	
Black / African American (Alone)	3	0	0	0	3	1	0	0	0	1	2	0	0	0	2	0	0	0	0	0	
Native Hawaiian or Pacific Islander (Alone)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Persons Reporting Some Other Race	3	1	0	0	2	1	1	0	0	0	0	0	0	0	0	2	0	0	0	2	
Persons Reporting 2 or More Races	7	0	0	1	6	7	0	0	1	6	0	0	0	0	0	0	0	0	0	0	
Race Missing	22	0	0	0	20	7	0	0	0	7	6	0	0	0	6	8	0	0	0	7	

Reported by: ID Idaho Commission on Aging

ID Page 6 (Homemaker)

From Date: 10/01/2013 To Date: 09/30/2014

Print Date: 01/26/2015

SECTION I. Elderly Clients
D. Detailed IADL Characteristics of Elderly Clients Receiving Cluster 1 Services
 (Report information for all Cluster 1 services combined and each service separately.)

State ID: ID Fiscal Year: 2014

Total Cluster 1 Clients **Personal Care** **Homemaker**
 Chore **Home Delivered Meals** **Adult Day Care/Health**
 Case Management

IADL SUMMARY FOR	All Ages	All Ages 0	All Ages 1	All Ages 2	All Ages 3+	Age 60-74	Age 60-74	Age 60-74	Age 60-74	Age 60-74	Age 75-84	Age 75-84	Age 75-84	Age 75-84	Age 75-84	Age 85+	Age 85+	Age 85+	Age 85+	Age 85+
	Total	ADL	ADL	ADL	ADL	Total	ADL	ADL	ADL	ADL	Total	ADL	ADL	ADL	ADL	Total	ADL	ADL	ADL	ADL
Total Clients	38	0	0	0	38															
Clients with Age Data	38	0	0	0	38	9	0	0	0	9	15	0	0	0	15	14	0	0	0	14
Age Missing	0	0	0	0	0															
IADLs Missing	0					0					0					0				
Female	31	0	0	0	31	6	0	0	0	6	13	0	0	0	13	12	0	0	0	12
Male	7	0	0	0	7	3	0	0	0	3	2	0	0	0	2	2	0	0	0	2
Gender Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rural	18	0	0	0	18	5	0	0	0	5	6	0	0	0	6	7	0	0	0	7
Rural Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Income below Poverty Level	8	0	0	0	8	3	0	0	0	3	3	0	0	0	3	2	0	0	0	2
Poverty Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Live Alone	31	0	0	0	31	8	0	0	0	8	11	0	0	0	11	12	0	0	0	12
Live Alone Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clients by Ethnicity																				
Hispanic / Latino	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Hispanic or Latino	38	0	0	0	38	9	0	0	0	9	15	0	0	0	15	14	0	0	0	14
Ethnicity Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clients by Race or Ethnicity																				
White (Alone) - Non-Hispanic	37	0	0	0	37	8	0	0	0	8	15	0	0	0	15	14	0	0	0	14
Total Minorities																				
White (Alone) - Hispanic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
American Indian or Alaskan Native (Alone)	1	0	0	0	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Asian (Alone)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Black / African American (Alone)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Native Hawaiian or Pacific Islander (Alone)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Persons Reporting Some Other Race	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Persons Reporting 2 or More Races	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Race Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Reported by: ID Idaho Commission on Aging

ID Page 6 (Chore)

From Date: 10/01/2013 To Date: 09/30/2014

Print Date: 01/26/2015

SECTION I. Elderly Clients
D. Detailed IADL Characteristics of Elderly Clients Receiving Cluster 1 Services
 (Report information for all Cluster 1 services combined and each service separately.)

State ID: ID Fiscal Year: 2014

Total Cluster 1 Clients	Personal Care	Homemaker
Chore	X Home Delivered Meals	Adult Day Care/Health
Case Management		

IADL SUMMARY FOR	All	All	All	All	All	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age	
	Ages	Ages	Ages	Ages	Ages	60-74	60-74	60-74	60-74	60-74	60-74	75-84	75-84	75-84	75-84	75-84	85+	85+	85+	85+	85+
Total	0	1	2	3+	Total	0	1	2	3+	Total	0	1	2	3+	Total	0	1	2	3+	Total	
ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL	ADL
Total Clients	3,563	136	41	71	3,291																
Clients with Age Data	3,561	136	41	71	3,289	972	32	16	23	895	1,174	40	16	24	1,084	1,396	57	9	24	1,298	
Age Missing	2	0	0	0	2																
IADLs Missing	24					6					10					8					
Female	2,258	75	19	40	2,112	583	17	10	18	536	744	25	6	10	697	922	31	3	12	872	
Male	1,294	61	22	31	1,170	387	15	6	5	357	425	15	10	14	383	470	26	6	12	423	
Gender Missing	11	0	0	0	9	2	0	0	0	2	5	0	0	0	4	4	0	0	0	3	
Rural	1,336	63	19	31	1,219	348	15	6	10	316	483	15	8	12	446	499	30	5	9	454	
Rural Missing	3	0	0	0	3	0	0	0	0	0	2	0	0	0	2	1	0	0	0	1	
Income below Poverty Level	1,040	53	11	26	948	366	6	5	9	345	309	13	4	11	281	356	30	2	6	317	
Poverty Missing	75	0	0	1	64	14	0	0	0	13	24	0	0	0	19	37	0	0	1	32	
Live Alone	1,956	43	9	34	1,861	582	9	3	10	557	584	12	4	12	554	785	20	2	12	747	
Live Alone Missing	11	0	0	0	4	2	0	0	0	1	5	0	0	0	1	4	0	0	0	2	
Clients by Ethnicity																					
Hispanic / Latino	105	3	0	1	100	35	0	0	1	34	41	0	0	0	40	29	3	0	0	26	
Not Hispanic or Latino	3,402	132	41	69	3,149	923	32	16	21	850	1,115	40	16	24	1,032	1,344	53	9	24	1,254	
Ethnicity Missing	56	1	0	1	42	14	0	0	1	11	18	0	0	0	12	23	1	0	0	18	
Clients by Race or Ethnicity																					
White (Alone) - Non-Hispanic	3,271	133	39	66	3,022	869	32	15	21	797	1,079	39	15	22	1,000	1,302	55	9	23	1,211	
Total Minorities																					
White (Alone) - Hispanic	103	1	0	1	101	36	0	0	0	36	40	0	0	1	39	27	1	0	0	26	
American Indian or Alaskan Native (Alone)	27	0	0	0	27	15	0	0	0	15	7	0	0	0	7	5	0	0	0	5	
Asian (Alone)	12	0	1	0	11	2	0	0	0	2	4	0	1	0	3	6	0	0	0	6	
Black / African American (Alone)	9	0	0	0	9	7	0	0	0	7	1	0	0	0	1	1	0	0	0	1	
Native Hawaiian or Pacific Islander (Alone)	2	0	0	0	2	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1	
Persons Reporting Some Other Race	9	0	0	1	7	2	0	0	0	2	4	0	0	0	4	3	0	0	1	1	
Persons Reporting 2 or More Races	22	2	0	0	20	6	0	0	0	6	5	1	0	0	4	11	1	0	0	10	
Race Missing	108	0	1	3	92	34	0	1	2	29	34	0	0	1	26	40	0	0	0	37	

Reported by: ID Idaho Commission on Aging

ID Page 6 (HDM)

From Date: 10/01/2013 To Date: 09/30/2014

Print Date: 01/26/2015

SECTION I. Elderly Clients
D. Detailed IADL Characteristics of Elderly Clients Receiving Cluster 1 Services
 (Report information for all Cluster 1 services combined and each service separately.)

State ID: ID Fiscal Year: 2014

Total Cluster 1 Clients	Personal Care	Homemaker
Chore	Home Delivered Meals	<u>X</u> Adult Day Care/Health
Case Management		

IADL SUMMARY FOR	All Ages Total	All Ages 0 ADL	All Ages 1 ADL	All Ages 2 ADL	All Ages 3+ ADL	Age 60-74 Total	Age 60-74 0 ADL	Age 60-74 1 ADL	Age 60-74 2 ADL	Age 60-74 3+ ADL	Age 75-84 Total	Age 75-84 0 ADL	Age 75-84 1 ADL	Age 75-84 2 ADL	Age 75-84 3+ ADL	Age 85+ Total	Age 85+ 0 ADL	Age 85+ 1 ADL	Age 85+ 2 ADL	Age 85+ 3+ ADL
Total Clients																				
Clients with Age Data																				
Age Missing																				
IADLs Missing																				
Female																				
Male																				
Gender Missing																				
Rural																				
Rural Missing																				
Income below Poverty Level																				
Poverty Missing																				
Live Alone																				
Live Alone Missing																				
Clients by Ethnicity																				
Hispanic / Latino																				
Not Hispanic or Latino																				
Ethnicity Missing																				
Clients by Race or Ethnicity																				
White (Alone) - Non-Hispanic																				
Total Minorities																				
White (Alone) - Hispanic																				
American Indian or Alaskan Native (Alone)																				
Asian (Alone)																				
Black / African American (Alone)																				
Native Hawaiian or Pacific Islander (Alone)																				
Persons Reporting Some Other Race																				
Persons Reporting 2 or More Races																				
Race Missing																				

SECTION I. Elderly Clients
D. Detailed IADL Characteristics of Elderly Clients Receiving Cluster 1 Services
 (Report information for all Cluster 1 services combined and each service separately.)

State ID: ID Fiscal Year: 2014

Total Cluster 1 Clients Personal Care Homemaker
 Chore Home Delivered Meals Adult Day Care/Health
 Case Management

IADL SUMMARY FOR	All Ages Total	All Ages 0 ADL	All Ages 1 ADL	All Ages 2 ADL	All Ages 3+ ADL	Age 60-74 Total	Age 60-74 0 ADL	Age 60-74 1 ADL	Age 60-74 2 ADL	Age 60-74 3+ ADL	Age 75-84 Total	Age 75-84 0 ADL	Age 75-84 1 ADL	Age 75-84 2 ADL	Age 75-84 3+ ADL	Age 85+ Total	Age 85+ 0 ADL	Age 85+ 1 ADL	Age 85+ 2 ADL	Age 85+ 3+ ADL
Total Clients	1,050	32	11	17	987															
Clients with Age Data	1,049	32	11	17	987	288	14	7	7	260	328	7	3	5	312	413	9	1	5	397
Age Missing	1	0	0	0	0															
IADLs Missing	3					0					1				1					
Female	688	19	7	11	650	179	8	5	5	161	216	4	2	3	206	278	6	0	3	269
Male	361	13	4	6	336	109	6	2	2	99	111	3	1	2	105	135	3	1	2	128
Gender Missing	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0
Rural	410	15	5	4	384	113	7	4	2	100	139	2	1	1	135	151	5	0	1	144
Rural Missing	2	0	0	0	2	0	0	0	0	0	1	0	0	0	1	1	0	0	0	1
Income below Poverty Level	350	12	2	8	328	133	3	2	5	123	90	2	0	2	86	114	6	0	1	107
Poverty Missing	10	0	0	0	7	1	0	0	0	1	4	0	0	0	3	4	0	0	0	3
Live Alone	545	11	5	11	517	168	6	4	5	153	151	1	1	3	146	223	4	0	3	215
Live Alone Missing	3	0	0	0	1	0	0	0	0	0	1	0	0	0	0	1	0	0	0	1
Clients by Ethnicity																				
Hispanic / Latino	26	1	0	0	25	10	0	0	0	10	7	0	0	0	7	9	1	0	0	8
Not Hispanic or Latino	1,019	31	11	17	959	277	14	7	7	249	319	7	3	5	304	403	8	1	5	388
Ethnicity Missing	5	0	0	0	3	1	0	0	0	1	2	0	0	0	1	1	0	0	0	1
Clients by Race or Ethnicity																				
White (Alone) - Non-Hispanic	995	29	11	17	937	270	12	7	7	244	311	7	3	5	295	395	8	1	5	381
Total Minorities																				
White (Alone) - Hispanic	27	1	0	0	26	9	0	0	0	9	8	0	0	0	8	10	1	0	0	9
American Indian or Alaskan Native (Alone)	10	0	0	0	10	3	0	0	0	3	4	0	0	0	4	2	0	0	0	2
Asian (Alone)	7	0	0	0	7	2	0	0	0	2	2	0	0	0	2	3	0	0	0	3
Black / African American (Alone)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Native Hawaiian or Pacific Islander (Alone)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Persons Reporting Some Other Race	2	1	0	0	1	1	1	0	0	0	1	0	0	0	1	0	0	0	0	0
Persons Reporting 2 or More Races	3	0	0	0	3	1	0	0	0	1	1	0	0	0	1	1	0	0	0	1
Race Missing	6	1	0	0	3	2	1	0	0	1	1	0	0	0	1	2	0	0	0	1

Reported by: ID Idaho Commission on Aging

ID Page 6 (CM)

From Date: 10/01/2013 To Date: 09/30/2014

Print Date: 01/26/2015

SECTION I. Caregivers

E. Summary Characteristics of Caregivers Serving Elderly Individuals (National Family Caregiver Support Program - Title III-E)*

Note: Data is for Title III-E Group 1 Services only - See Section II-B for specifics.

State ID: ID Fiscal Year: 2014

Caregiver Characteristics	All Caregivers	Age of the Caregiver Under 60	Age of the Caregiver Age 60-74	Age of the Caregiver Age 75-84	Age of the Caregiver Age 85+
Total Caregivers	610				
Caregivers with Age Data	608	79	205	191	133
Age Missing	2				
Female	338	49	140	99	48
Male	271	30	65	91	85
Gender Missing	1	0	0	1	0
Rural	212	19	67	71	55
Rural Missing	0	0	0	0	0
Caregivers by Ethnicity					
Hispanic / Latino	11	2	5	2	2
Not Hispanic or Latino	586	76	196	184	129
Ethnicity Missing	13	1	4	5	2
Caregivers by Race or Ethnicity					
White (Alone) - Non-Hispanic	558	70	190	175	123
Total Minorities					
White (Alone) - Hispanic	13	3	3	2	5
Am. Ind./Alaska Native (Alone)	1	0	1	0	0
Asian (Alone)	2	1	1	0	0
Black / African American (Alone)	1	0	0	0	0
Native Hawaiian or Other Pacific Islander (Alone)	1	0	1	0	0
Persons Reporting Some Other Race	2	0	2	0	0
Persons Reporting 2 or More Races	2	0	1	1	0
Race Missing	30	5	6	13	5
Caregivers by Relationship					
Husband	143	4	36	62	41
Wife	162	7	59	67	29
Son/Son-in-Law	30	20	7	1	2
Daughter/Daughter-in-Law	61	27	33	1	0
Other Relative	6	2	4	0	0
Non-Relative	9	2	4	1	2
Relationship Missing	335	38	114	106	75

SECTION I. Caregivers

F. Summary Characteristics of Grandparents and Other Elderly Caregivers Serving Children* (National Family Caregiver Support Program - Title III-E)

Note: Data is for Title III-E Group 1 Services only - See Section II-C for specifics.

State ID: ID Fiscal Year: 2014

Grandparent/Relative Caregiver Characteristics	All Caregivers	Age of the Caregiver 55-74	Age of the Caregiver 75-84	Age of the Caregiver Age 85+
Total Caregivers	1			
Caregivers with Age	1	0	0	1
Age Missing	0			
Female	1	0	0	1
Male	0	0	0	0
Gender Missing	0	0	0	0
Rural	0	0	0	0
Rural Missing	0	0	0	0
Caregivers by Ethnicity				
Hispanic / Latino	0	0	0	0
Not Hispanic or Latino	1	0	0	1
Ethnicity Missing	0	0	0	0
Caregivers by Race or Ethnicity				
White (Alone) - Non-Hispanic	1	0	0	1
Total Minorities				
White (Alone) - Hispanic	0	0	0	0
American Indian/Alaska Native (Alone)	0	0	0	0
Asian (Alone)	0	0	0	0
Black or African American (Alone)	0	0	0	0
Native Hawaiian or Other Pacific Islander (Alone)	0	0	0	0
Persons Reporting Some Other Race	0	0	0	0
Persons Reporting 2 or More Races	0	0	0	0
Race Missing	0	0	0	0
Caregivers by Relationship				
Grandparents	0	0	0	0
Other Elderly Relative	1	0	0	1
Other Elderly Non-Relative	0	0	0	0
Relationship Missing	0	0	0	0
Total Children 18 or younger receiving care	0			
Total persons with disabilities 19 - 59 years old receiving care	1			

Reported by: ID Idaho Commission on Aging

From Date: 10/01/2013 To Date: 09/30/2014

Idaho Monitoring Report

IF Page 8

Print Date: 01/26/2015

SECTION II. Utilization and Expenditure Profiles
A. Title III Utilization, Expenditure Profile (Except Title III-E)

State ID: ID Fiscal Year: 2014

A. Title III Utilization, Expenditure, and Program Income Received Profile (Except Title III-E)

Cluster 1: Registered Services - Requiring Detailed Client Profile

For Selected Services	Number of Providers	# of AAAs Direct Services Provision	Unduplicated Persons Served	# Persons Served at High Nutrition Risk	Service Units	Title III Expenditure	Total Service Expenditure	Program Income Received	OAA Title III Expenditures (\$) Part B	OAA Title III Expenditures (\$) Part C1	OAA Title III Expenditures (\$) Part C2	OAA Title III Expenditures (\$) Part D
1. Personal Care	0	0	0		0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00
2. Homemaker	49	16	1,075		58,020.10	\$47,044.97	\$878,181.06	\$41,976.10	\$47,044.97			\$0.00
3. Chore	3	1	38		197.25	\$3,257.63	\$5,861.29	\$15.50	\$3,257.63			\$0.00
4. Home Delivered Meals	72	14	3,563	2,642	451,273.00	\$884,846.49	\$2,653,055.66	\$929,636.56			\$884,846.49	\$0.00
4a. NSIP Home Delivered Meals					477,961.00							
5. Adult Day Care/Health	0	0	0		0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00
6. Case Management	9	7	1,050		2,067.44	\$0.00	\$317,393.28	\$0.00	\$0.00			\$0.00

Cluster 2: Registered Services - Requiring Summary Client Profile

7. Assisted Transportation	0	0	0		0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00
8. Congregate Meals	83	16	14,039	2,475	482,061.00	\$1,339,147.72	\$3,289,610.44	\$1,751,194.15		\$1,339,147.72		\$0.00
8a. NSIP Congregate Meals					481,078.00							
9. Nutrition Counseling	0	0	0	0	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Cluster 3: Non-Registered Services - No Client Profile Required

10. Transportation	32	5			88,664.00	\$176,481.26	\$395,776.02	\$86,342.76	\$176,481.26			\$0.00
11. Legal Assistance	7	2			1,321.99	\$75,614.02	\$75,614.02	\$0.00	\$75,614.02			\$0.00
12. Nutrition Education	52	13			2,798.00	\$1.00	\$1.00	\$0.00	\$0.00	\$1.00	\$0.00	\$0.00
13. Information and Assistance	8	5			29,489.75	\$747,353.85	\$747,353.85	\$0.00	\$747,353.85			\$0.00
14. Outreach	24	3			18,853.00	\$1,562.27	\$1,562.27	\$0.00	\$1,562.27			\$0.00
15. Other Services						\$1.00	\$1.00	\$0.00	\$1.00			\$0.00
16. Health Promotion and Disease Control	21	17	56			\$51,635.64	\$51,635.64	\$0.00	\$0.00	\$0.00	\$0.00	\$51,635.64
17. Self-Directed Care			0			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total (Unduplicated)	171	42		4,955		\$3,326,945.85	\$8,416,045.53	\$2,809,165.07	\$1,051,315.00	\$1,339,148.72	\$884,846.49	\$51,635.64

Reported by: ID Idaho Commission on Aging

From Date: 10/01/2013 To Date: 09/30/2014
 Idaho Monitoring Report

IIA Page 9

Print Date: 01/26/2015
 29

SECTION II. Utilization and Expenditure Profiles

B. Title III-E Utilization, Expenditure, and Program Income Received Profile for Caregivers Serving Elderly Individuals

State ID: ID

Fiscal Year: 2014

Caregiver Support Categories:	Title III-E Expenditures (Federal \$)	Total Service Expenditures (All Sources)	Program Income Received	# Caregivers Served	Units of Service	# of Providers (unduplicated)
Group 1				Unduplicated number of caregivers:		
1. Counseling/Support Groups/ Caregiver Training	\$28,367.50	\$28,367.50		71	397.00	3
2. Respite Care	\$201,061.97	\$426,760.94	\$163.20	291	31,890.35	59
3. Supplemental Services	\$135,353.60	\$143,848.26	\$8,494.67	287	27,835.70	30
4. Self-Directed Care						

Caregiver Support Categories:	Title III-E Expenditures (Federal \$)	Total Service Expenditures (All Sources)	Program Income Received	# Caregivers Served	Units of Service	# of Providers (unduplicated)
Group 2				Estimated unduplicated number of caregivers:		
5. Access Assistance	\$185,091.38	\$185,091.38		1,886	4,276.25	7
				Estimated Audience Size:	# Activities:	
6. Information Services	\$36,697.18	\$36,697.18		3,725	539.00	3

Caregiver Support Categories:	Title III-E Expenditures (Federal \$)	Total Service Expenditures (All Sources)	Program Income Received	# Caregivers Served	Units of Service	# of Providers (unduplicated)
Totals (unduplicated)	\$586,571.63	\$820,765.26	\$8,657.87			92

SECTION II. Utilization and Expenditure Profiles

C. Title III-E Utilization, Expenditure, and Program Income Received Profile for Grandparents and Other Elderly Caregivers Serving Children

State ID: ID Fiscal Year: 2014

Caregiver Support Categories:	Title III-E Expenditures (Federal \$)	Total Service Expenditures (All Sources)	Program Income Received	# Caregivers Served	Units of Service	# of Providers (unduplicated)
Group 1				Unduplicated number of caregivers:		
1. Counseling/Support Groups/ Caregiver Training						
2. Respite Care						
3. Supplemental Services	\$9,774.00	\$9,774.00		1	245.00	1
4. Self-Directed Care						

Caregiver Support Categories:	Title III-E Expenditures (Federal \$)	Total Service Expenditures (All Sources)	Program Income Received	# Caregivers Served	Units of Service	# of Providers (unduplicated)
Group 2				Estimated unduplicated number of caregivers:		
5. Access Assistance	\$2,103.94	\$2,103.94		4	16.50	2
				Estimated Audience Size:	# Activities:	
6. Information Services						

Caregiver Support Categories:	Title III-E Expenditures (Federal \$)	Total Service Expenditures (All Sources)	Program Income Received	# Caregivers Served	Units of Service	# of Providers (unduplicated)
Totals (unduplicated)	\$11,877.94	\$11,877.94				3

**SECTION II. Utilization and Expenditure Profiles
D. Title VII Expenditures by Chapter**

State ID: _____ ID _____ Fiscal Year: _____ 2014

C. Title VII Expenditure By Chapter	Title VII Expenditure	Total Service Expenditure
Chapter 3: Elder Abuse Prevention	\$35,901.00	\$35,901.00
Chapter 4: Legal Assistance Development		

**SECTION II. Utilization and Expenditure Profiles
E. Other Services Profile**

State ID: ID Fiscal Year: 2014

Service Name (Up to 50 Characters)	Service Unit Name (Up to 15 Characters)	Mission/ Purpose Category	OAA Service Expenditure Amount	Total Service Expenditure Amount	Estimated Unduplicated Persons Served	Estimated Service Units
Public Information	Activity	F. Services which support other goals/outcomes	\$1.00	\$1.00	1,698	76.00

SECTION III. Network Profiles
A. State Unit on Aging Staffing Profile

State ID: ID Fiscal Year: 2014

SUA Personnel Categories	Total FTEs	Minority FTEs
1. Agency Executive / Management Staff	3.00000	1.00000
2. Other Paid Professional Staff (By Functional Responsibility)		
A. Planning	1.00000	0.00000
B. Development	5.00000	1.00000
C. Administration	3.00000	0.00000
D. Service Delivery	0.00000	0.00000
E. Access / Care Coordination	0.00000	0.00000
F. Other	0.00000	0.00000
3. Clerical / Support Staff	1.00000	1.00000
4. Total SUA Staff	13.00000	3.00000

SECTION III. Network Profiles
B. Area Agency on Aging Staffing Profile

State ID: ID Fiscal Year: 2014 Total # of AAA's: 6

AAA Personnel Categories	Total FTEs	Minority FTEs
1. Agency Executive / Management Staff	5.00000	0.00000
2. Other Paid Professional Staff (By Functional Responsibility)		
A. Planning	1.83000	0.00000
B. Development	2.75000	0.00000
C. Administration	8.00000	0.00000
D. Service Delivery	13.00000	1.00000
E. Access / Care Coordination	22.45000	2.00000
F. Other	1.00000	0.00000
3. Clerical / Support Staff	1.70000	0.00000
4. Volunteers	82.00000	0.00000
5. Total AAA Staff	137.73000	3.00000

SECTION III. Network Profiles

C. Provider Profile (Excluding Area Agencies on Aging providing direct services)

State ID: ID Fiscal Year: 2014

	Total # of Providers
Total	185
Minority	29
Rural	68

SECTION III. Network Profiles
D. Profile of Community Focal Points and Senior Centers

State ID: ID Fiscal Year: 2014

	Number
1. Total Number of Focal Points Designated Under Section 306(a)(3) of the Act in Operation in the Past Year.	0
2. Total Number of Focal Points in Item 1., the Number That Were Senior Centers.	0
3. Total Number of Senior Centers in the State in the Past Fiscal Year.	110
4. Total Number of Senior Centers in Item 3. That Received OAA Funds During the Past Fiscal Year.	98

SECTION IV. DEVELOPMENTAL ACCOMPLISHMENTS
a. FOR HOME AND COMMUNITY BASED PROGRAMS*

State ID: ID Fiscal Year: 2014

Identification of Three Top Accomplishments
<p>1. Area I has continued to develop and fine tune the Area s strategic marketing plan that focuses on providing outreach; focusing on identifying seniors who have the greatest economic and/or social need; paying attention to low-income minority or those seniors living in rural communities who are severely disabled. Area I has also been able to increase the number of community presentations about the agency to promote our services with an area of focus on Adult Protection Services.</p>
<p>Type of Development: 1. Public Education/Awareness,2. Resource Development</p>
<p>2. Area IV, in collaboration with the Magic Valley Health Education Forum, presented an Alzheimer s Conference to an audience of over 290 individuals at the College of Southern Idaho in March 2014 with Boise State University providing the keynote speaker. Area IV began working with ICOA on the Medicare Improvements for Patients and Providers Act and Senior Medicare Patrol grants this year. The Ombudsman program has added and trained a volunteer ombudsman coordinator to assist with monitoring the volunteers and data. Volunteer Ombudsman hours have increased 371% this year.</p>
<p>Type of Development: 2. Resource Development,3. Training/Education</p>
<p>3. Area VI now offers transportation services to seniors for the first time since 2008. Transportation services were provided to seniors age 60 and older, free of charge, by the South Fremont, Mackay, Salmon Senior Center, Lost River Senior Centers and the Targhee Regional Public Transit Authority. Also, Area VI increased the number of Home Delivered Meals served in by 14.4% from 2013 to 2014.</p>
<p>Type of Development: 2. Resource Development</p>

**SECTION IV. DEVELOPMENTAL ACCOMPLISHMENTS
B. FOR A SYSTEM OF ELDER RIGHTS**

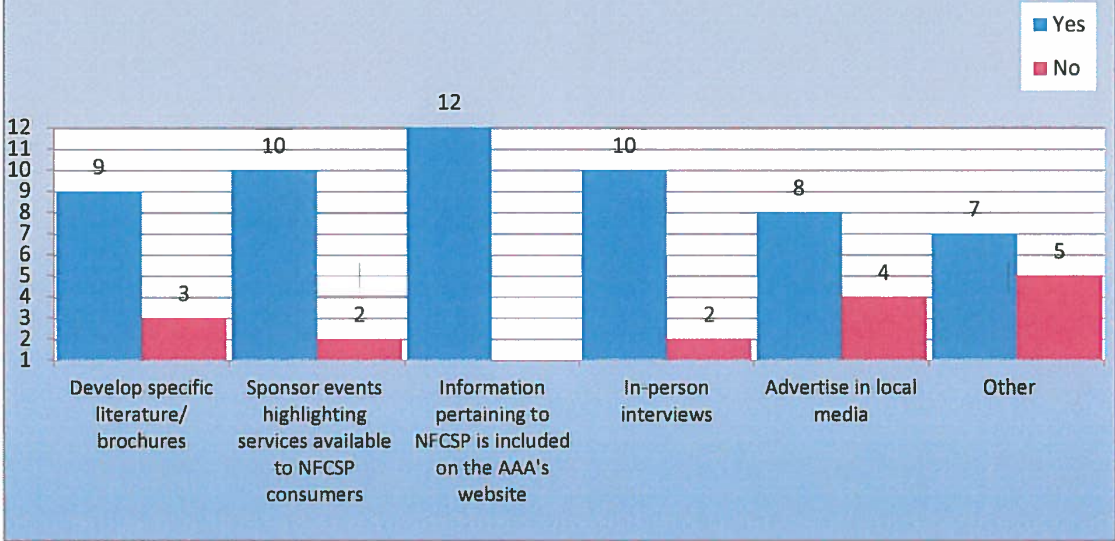
State ID: _____ ID _____ Fiscal Year: _____ 2014

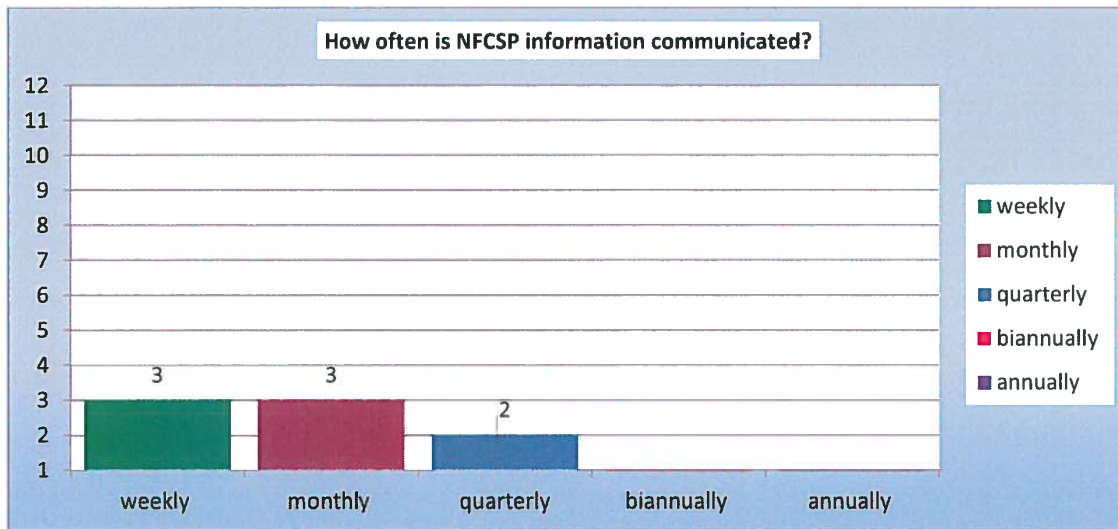
Identification of Three Top Accomplishments
<p>1. Area I has been able to increase the number of community presentations about the agency to promote our services with an area of focus on Adult Protection Services. Incoming calls to Information and Assistance has increased by 13% and Adult Protection Services calls have increased by 8%.</p>
<p>Type of Development: 2. Resource Development, 3. Training/Education</p>
<p>2. Area II's Volunteer Ombudsman Corps is over 33 members strong with volunteers contributing 2,292 hours of service in regional nursing homes and assisted living facilities, an in-kind value of \$45,652.00.</p>
<p>Type of Development: 2. Resource Development</p>
<p>3. AAA V coordinated with the Fort Hall Reservation to sponsor an Elder Abuse Conference; educating over 200 attendees.</p>
<p>Type of Development: 3. Training/Education</p>

Idaho AAA National Family Caregiver Support Worksheet

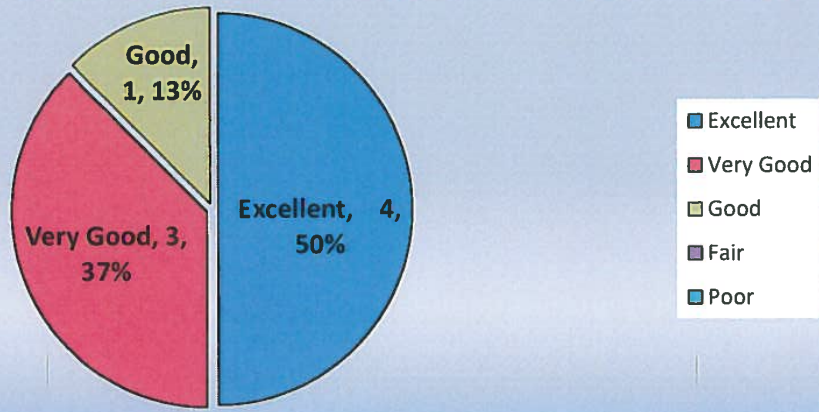
Review Section	Information Required to Submit to ICOA	ICOA Staff	Requirement Reference
15-NF-01	Provide an example of written information that is provided to caregivers describing caregiver support services (1.information, 2. assistance gaining access to services, 3. individual counseling, support groups or caregiver training, 4. respite, and 5. supplemental services)		OAA Title III, Part E, Section. 373. (b) (1)
15-NF-02	Provide the procedure that the AAA uses to prioritize family caregivers who provide care for older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction.		OAA Title III, Part E, Section. 372., (b) (1)
15-NF-03	Provide the procedure that the AAA uses to prioritize for grandparents or older individuals who are relative caregivers for children with severe disabilities.		OAA Title III, Part E, Section. 372., (b) (2) and Section. 373. (c) (2) (B)

Measures used to ensure current NFCSP consumers are aware of all services available





Rate the impact the AAA outreach measures have on NFCSP



Oregon State Unit on Aging

OAA Family Caregiver Support Program Assessment Tool 2014

Due 5/23/2014. Please submit only to SUA.Email@dhsosha.state.or.us.

AAA: _____ Date of Assessment: _____

Contact person for assessment questions: _____ Contact phone number: _____

Part 1: Desk Audit on Program Condition

Family Caregiver Support Program Standards	Yes	No	Comments or Required Description
1. The AAA provides which of the following core services to individuals who meet the eligibility program of the FCGSP: <i>(check all that apply)</i>			
a. Information Services	<input type="checkbox"/>	<input type="checkbox"/>	
b. One-on-one family caregiver information	<input type="checkbox"/>	<input type="checkbox"/>	
c. Counseling	<input type="checkbox"/>	<input type="checkbox"/>	
d. Training	<input type="checkbox"/>	<input type="checkbox"/>	
e. Support Groups	<input type="checkbox"/>	<input type="checkbox"/>	
f. Respite Care	<input type="checkbox"/>	<input type="checkbox"/>	
g. Supplemental Services	<input type="checkbox"/>	<input type="checkbox"/>	
2. Units of service are accounted for in Oregon ACCESS according to the matrices outlined in the DHS "Service Units and Definitions for Older American's Act and Oregon Project Independence Programs" (Group 1 and Group 2 for Caregiver Services)	<input type="checkbox"/>	<input type="checkbox"/>	
3. The FCGSP provides access to caregiver training (e.g. Powerful Tools for Caregivers, or other evidenced based caregiver training).	<input type="checkbox"/>	<input type="checkbox"/>	Please specify which training programs:
4. Staff and/or partners have been trained to provide caregiver trainings listed in Question 3.	<input type="checkbox"/>	<input type="checkbox"/>	Please who conducts the trainings.

Family Caregiver Support Program Standards	Yes	No	Comments or Required Description
5. The FCGSP partners with other agencies (private or public programs, businesses, faith organizations, health agencies) either on formal or informal basis to provide services or information that benefits caregivers.	<input type="checkbox"/>	<input type="checkbox"/>	Please provide a brief description of your FCSGP partnerships:
6. There is a process (i.e. satisfaction surveys) in place that demonstrates that services provided help family caregivers successfully meet challenges of caregiving that allow the care receiver to remain in their home longer.	<input type="checkbox"/>	<input type="checkbox"/>	Please describe your FCGSP process:
<p>7. Please describe how your AAA ensures that clients meet eligibility criteria for FCGSP services which includes</p> <ul style="list-style-type: none"> • Caregiver to a person age 60 or older • Caregiver to a person with dementia of any age • Grandparent/relative caregiver age 55 or older to a child age 18 years or younger • Grandparent/relative caregiver age 55 or older of an adult child (18 years or older) with disabilities. <p>RESPONSE:</p>			
<p>8. Please describe the process for assessing the caregiver’s need for support and offering services that can be of benefit to them: <i>(Please include a copy of the assessment or evaluation tool that you use.)</i></p> <p>RESPONSE:</p>			
<p>9. Please describe how services are provided to “at risk” family caregivers (“At risk groups” include people who speak limited English, specific ethnic groups, Tribes, caregivers at risk of institutionalization, non-traditional family caregivers, relatives raising children):</p> <p>RESPONSE:</p>			
<p>10. Please describe how the program identifies and provide services to caregivers who are:</p> <p>(a) older individuals with the greatest social and economic need; and</p> <p>(b) older individuals providing care to individuals (including children) with severe disabilities,</p> <p style="padding-left: 40px;">-- Per OAA Title III Part E, Section 373 (2) (A) (B) <i>(Please include or reference any tools that you may use to determine this.)</i></p> <p>RESPONSE:</p>			

Part 2: Cause, Effect & Recommendations

In the Five Findings model described in the AAA Monitoring Instructions, **CAUSE** explains the difference between program standards (criteria) and what is actually happening (your program’s condition). **EFFECT** is the impact of that difference.

Cause should detail what is preventing your AAA from fully meeting the standards, or is enabling the AAA to exceed the standards. An example for cause would be where Question # 1 asks about the core services that the AAA provides. If you reported the AAA does not provide all core services and would like to provide more, what additional services would you like to provide? What are the barriers? If the AAA is able to provide all or most core services, discuss the strategies that your agency has used to ensure that these services are provided.

Effect should detail the result of not fully meeting, or of exceeding, program standards. Effect can be either positive or negative. An example of effect would be where Questions #3 & 4 asks about caregiver training. If the AAA is not able to provide these trainings, the effect may be caregivers who may feel less empowered in their caregiver role. Conversely if the AAA does provide these trainings, the effect may be caregivers who are more capable in supporting their loved one.

Please identify items from the checklist above where your AAA is either not fully meeting, or is exceeding, the standards. Explain the cause, effect and recommendation for each in the table below.

Issue from the monitoring checklist above where the AAA is not meeting, or is exceeding, standards.	Cause	Effect	Recommendation to continue success or remedy lack of compliance	Goal date for completion
A.				
B.				
C.				
D.				

Issue from the monitoring checklist above where the AAA is not meeting, or is exceeding, standards.	Cause	Effect	Recommendation to continue success or remedy lack of compliance	Goal date for completion
E.				
F.				
G.				
H.				
I.				
J.				
K.				
L.				
M.				
N.				
O.				
P.				

Due 5/23/2014. Please submit only to SUA.Email@dhsosha.state.or.us.

AIM Reports	
ID	Name
	Reports that should be used to clean-up bad or missing information
HHS09	List of All Clients with Null Genders
HHS10	List of All Clients with Null Race Code
HHS11	List of All Clients with Null Income
HHS12	List of All Clients with Null Rural/Urban Designation
HHS13	List of All Clients with Irregular Birthdates
HHS14a	LIST of AAA-funded Clients Missing GENDER
HHS15a	List of AAA-funded Clients Missing Race or Ethnicity
HHS16a	List of AAA-funded Clients Missing INCOME
HHS17a	List of AAA-funded Clients w/ No RURAL/URBAN
HHS18a	List of AAA-funded Clients Missing Valid BIRTHDATES
HHS18b	List of Clients Missing Valid BIRTHDATES w/Any Service
HHS19a	Count of AAA-funded Clients Demographics
HHS25a	List of AAA-Funded Clients Missing Assessments or Assess. Info.
HHS26a	Count AAA Clients Missing Assessment or Assess.Info.
HHS31	List of All clients Having Irregular County Information
	Other Reports
LG28c	Client Counts by County Code
LG40a	Mailing List of Caregivers/SRC Served during Given Date Range
LG51b	List of PENDING Clients w/Priority and Nutrition Scores
LG52	Data for a Single Client
LG64	Waiting List Info-All Dates for Given Agency Sort ABC
LG65a	Waiting List Info-Current Clients for Given Activity Sort ABC
LG68a	Counts of Clients Currently on Waiting Lists by Groups
LG93a	List of Caregivers and Services for Date Range
LG93b	List of SRC's and Services for Date Range
LG98	Caregiver Group Services Report
LG98a	SRC Group Services Report
LG103	Caregiver Check Register by Date Range
LG104c	Alphabetical Active Caregivers/SRC Report by Provider
LG104d	Alphabetical Active Care Receiver Report by Provider
LG104f	Alpha Caregiver/SRC Email Report by Provider
LG105	Authorized Budget by Agency
LG106	\$Authorized/\$Spent by Services and Client
LG107	Activity Group - All Undup
LG107a	SRC Activity Group - All Undup
LG107b	Caregiver Activity Group - All Undup
LG108	Alphabetical Caregiver/SRC Report Without Care Receiver by Provider
LG108a	LG108a Alphabetical Caregiver/SRC Report With Care Receiver by Provider
LG120	Caregiver Group Services for Provider
LG135	List of clients with Emergency Contact by Activity Group
SC04	Alphabetical Client Report by Provider
SC72	List of Clients by NAPIS Group



Cumulative Quarterly Report

Report Period: _____ to _____
Due Date: Fifteen (15) days after end of quarter
Date of Submission: _____
Area Agency on Aging: _____
Signature of Director: _____

Attached please find our Family Caregiver Support Program Report including reports dated July 1, _____ to _____:
last day of quarter

FCSP Data Report for Fiscal Year – Caregiver
Source documents: AIM-CG Report **LG107b CG Activity Group – All Undup**,

FCSP Data Report for Fiscal Year – Seniors Raising Children (SRC)
Source documents: AIM-CG Report **LG107a SRC Activity Group – All Undup**

FCSP Use of Volunteers
Source documents: AIM-CG Report **LG120 SRC Activity Group – All Undup**

FCSP Group Counseling, Training, Support
Source documents: OLSA Reports ***Access Assistance & Information to Groups*** - Caregiver
OLSA Reports ***Access Assistance & Information to Groups*** – SRC

FCSP Unauthorized Units
Source documents: AIM-CG Report **LG 105, Units Unauthorized**

Copy of minutes of FCSP Regional Advisory Committee Meeting from this quarter only

Special Issues/Comments:



Annual Report

Report Period: July 1, _____ to June 30, _____
Due Date: July 31
Date of Submission: _____
Area Agency on Aging: _____
Signature of Director: _____

Attached please find our Family Caregiver Support Program Annual Report. The following reports and source documents are attached (using dates July 1, _____ to June 30, _____):

- FCSP Data Report for Fiscal Year** – Caregiver
Source documents: AIM-CG Report **LG107b CG Activity Group – All Undup**.
- FCSP Data Report for Fiscal Year** – Seniors Raising Children (SRC)
Source documents: AIM-CG Report **LG107a SRC Activity Group – All Undup**
- FCSP Use of Volunteers**
Source documents: AIM-CG Report **LG120 SRC Activity Group – All Undup**
- FCSP Group Counseling, Training, Support**
Source documents: OLSA Reports ***Access Assistance & Information to Groups*** - Caregiver
OLSA Reports ***Access Assistance & Information to Groups*** – SRC
- FCSP Unauthorized Units**
Source documents: AIM-CG report **LG-105, Units Unauthorized**
- Copy of minutes of FCSP Regional Advisory Committee Meeting** from the last quarter only.
- Justification**
A description of how Title III-E funds were used to provide services and other major activities. Include accomplishments, best practices, or innovations. Also mention problems or barriers and how they were overcome. *Please explain any variances from the previous year greater than or equal to 8%.*
- Three (3) caregiver stories/vignettes** that briefly describe how the FCSP made a difference in the lives of caregivers in the region.
- A description of any **new caregiver resources** identified in the region.
- Copies of any **new outreach materials**, newspaper articles, flyers for trainings or support groups, brochures, satisfaction survey comments or notes.



South Carolina Family Caregiver Support Program

SERVICE DEFINITIONS*

***Please note: When using the name of these services/activities, the name should be followed by the program initials, SRC or CG.**

For example: I Community Education/Outreach-CG or I Community Education/Outreach-SRC

Revised April 2014

I: INFORMATION TO GROUPS

A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. [Note: Service units for information services are for activities directed to large audiences of current or potential caregivers such as disseminating publications, conducting media campaigns, and other similar activities.]

Service Name	Unit of Service	Individual or Group Services	Definition
I Community Education/ Outreach	1 Activity	Group	Intervention with groups of individuals initiated by an agency or organization for the purpose of identifying potential clients (or their care givers) and encouraging their use of existing services and benefits.
I Community Events Participant	1 Activity	Group	Presentation of FCSP information via speaking engagements, written or other media, exhibits, or promotional materials at community fairs, educational workshops, senior conferences and other gatherings.
I Publicity Campaign	1 Press Release /Event	Group	A targeted public information / publicity campaign including press releases and public announcements of services, through the press, television, and/or radio. Note: Number of people served can't be reported for this service.
I Resource Development/ Community Assessment & Planning	1 Activity	Group	Working closely with community leaders and key stakeholders to evaluate needs, establish common goals and a common vision, create partnerships, pool existing resources, avoid duplication of effort, and involve the community in building and supporting a variety of caregiver support services. May also include activities such as technical assistance and development of volunteer programs. <u>Technical Assistance:</u> Consultation and/or information to assist an organization, group or individual to develop a new support group, training opportunity, or service or to energize, stabilize or expand an existing program or service. <u>Volunteer Development:</u> Activities related to the development of volunteer programs and the recruitment and training of volunteers. <u>Community Assessment & Planning:</u> New program start-up activities including focus groups, planning meetings and other group gatherings directed towards community needs assessment and program planning to enhance or create needed caregiver services. Note: Number of people served cannot be reported for this service.

II. ACCESS ASSISTANCE

A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures.

Service Name	Unit of Service	Individual/ Group Svc	Definition
A Assessment/Screening	1 Contact	Individual	Administering standard examinations, procedures or tests for the purpose of gathering information about a client to determine need and/or eligibility for services. Information collected may include health status, financial status, activities of daily living status, etc.
A Assessment / Screening In-Home	1 Contact	Individual	Assessment/Screening – In-Home includes visits provided in the home or other community setting convenient to the caregiver.
A Care Coordination	1 Contact	Individual	<p>Assistance either in the form of access or care coordination in circumstances where the older person or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of care coordination include assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment. as required.</p> <p>Activities also include counseling the caregiver on issues related to consumer directed services, training caregivers on hiring and managing in-home respite care workers, arranging services during emergency situations, and overseeing payment/reimbursement for services. Services may be provided in the home or other community setting convenient to the caregiver.</p>
A Follow-Up / Evaluation	1 Contact	Individual	Determining the quality and/or effectiveness of a service provided to an individual client. Usually performed as a component of care coordination, and/or to assess the results of information / referral.
A Information and Assistance	1 Contact	Individual	Information and assistance to caregivers is an access service, i.e., a service that: (A) provides individuals with information on services available within their communities; (B) links individuals to the services and opportunities that are available in the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site "hits" are to be counted only if information is requested and supplied. Activities involving contacts with several elderly persons or potential clients at a time continue to be reported as Group Information, e.g. Community/Public Education.

III. SUPPORT GROUPS

A service to caregivers to assist them in making decisions and solving problems relating to their caregiver roles.

Service Name	Unit of Service	Individual or Group Service	Definition
S Individual Support	1 Session per participant	Individual	Reducing social isolation, listening, encouraging and providing an opportunity to express feelings by visiting a person.
S Individual Support -Home	1 Session per participant	Individual	
S Group Support	1 Session per participant	Individual Group	A group that allows caregivers to meet in a comfortable environment to share common issues and concerns. Caregivers may learn coping and caregiving skills, have a chance to express their feelings and gain information about resources that can provide additional help. The group is led by a professional or qualified volunteer.

IV. TRAINING

A service to caregivers to assist them in making decisions and solving problems relating to their caregiver roles.

Service Name	Unit of Service	Individual or Group Service	Definition
T Individual Training	1 Session per participant	Individual	Providing formal or informal opportunities for individuals to acquire knowledge, experience or skills. Designed to increase awareness or to increase caregiving skills. Training may be provided in the home.
T Group Training	1 Session per participant	Group	Providing formal or informal opportunities for individuals to acquire knowledge, experience or skills. Designed to increase awareness or to increase caregiving skills. Training may be provided in the workplace.

V. COUNSELING

A service to caregivers to assist them in making decisions and solving problems relating to their caregiver roles.

Service Name	Unit of Service	Individual or Group Service	Definition
C Group Counseling	1 Session per participant	Group	Provision of guidance and assistance with problem resolution to caregivers, including grandparents or other relatives raising grandchildren. Counseling is provided by qualified paid or volunteer staff and may be provided individually, or in a group setting. Topics may include, solving problems related to the caregiver role, support in making decisions related to the caregiver role, mental health, family dynamics, legal, financial and long term planning, health and nutrition and lifestyle changes.
C Individual Counseling	1 Session per participant	Individual	

VI. RESPITE

Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite care includes: (1) In-home respite (personal care, homemaker and other in-home respite); (2) respite provided by attendance of the care recipient at a senior center or other nonresidential program; (3) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. **[If the specific service units purchased via a voucher or reimbursement can be tracked, the unit of service is one hour. If the service is a direct payment to the caregiver, the unit of service is one direct payment.]**

Service Name	Unit of Service	Individual or Group Service	Definition
R Respite at Adult Day Care R Child Day Care R After School /Summer Programs	1 Hour	Individual	Provision of care for dependent adults in a supervised, protective, congregate setting during some portion of a twenty-four hour day in order to provide the caregiver with a break from caregiving responsibilities. Services offered in conjunction with Adult Day Care typically include social and recreational activities, training, counseling, and meals. Adult Day Health services include rehabilitation, medication assistance, and personal care services.
R Group Respite	1 Hour (3-4 hours day)	Individual	Provision of care for dependent adults in a supervised, safe, congregate setting for fewer than four hours per day to provide a break for the caregiver from caregiving responsibilities.
R In-Home Respite	1 Hour	Individual	Provision of temporary substitute supports or supervision for a care receiver in the home in order to provide a brief period of rest or relief for family members or other caregivers.
R Facility Respite	1 Hour (1 day = 24 hours)	Individual	Provision of temporary substitute care or living arrangements for a dependent care receiver out of the home in a residential setting including assisted living facility, nursing home or hospital to provide temporary relief for the caregiver.

VII. SUPPLEMENTAL SERVICES

Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies. Note: III-E funds may only be used to purchase supplemental services when other funds are unavailable. Advocates will need to partner with community organizations and other agencies to find home modification, legal, transportation, meal supplements, and other resources.

Service Name	Unit of Service	Individual or Group Service	Definition
SS Assistive Technology	1 Piece of equipment	Individual	Any item, piece of equipment, or product/ system that is used to increase, maintain or improve functional capabilities of individuals with disabilities. Any service or too, which can help individual perform activities that might otherwise be difficult or not possible. (shower chair, transport wheelchair, lift chair, walker, transfer bench)
SS Emergency Response Installation SS Emergency Response Monitoring	1 Installation 1 Month Service	Individual	Installation of an in-home electronic support system which provides two-way communication, to geographically and socially isolated individuals, enabling them to remain in their own homes. The electronic system provides 24-hour-a-day access to a medical control center on a daily basis.
SS Home Modification	1 Dollar	Individual	Improving or maintaining residence, appliances, etc. to aid the caregiver in providing care. Includes environmental modifications such as wheelchair ramps, grab bars.
SS Incontinence Supplies	1 case	Individual	Provision of incontinence supplies, including pads, briefs, and gloves.

SS Legal Services	1 Hour	Individual	Legal advice, counseling and representation provided by an attorney or other person under the supervision of an attorney. Includes counseling or representation by a non-lawyer, where permitted by law.
SS Nutrition, Supplements	1 Meal	Individual	Nutritional supplements to augment the diet of a care receiver or caregiver who has difficulty eating regular meals.
SS OTHER	1 Item	Individual	Other services or resources identified by the caregiver. Supplemental Service –Other is an allowable III-E service, but it may only be used with prior approval of the FCSP Program Manager. [Note: Allocation of funding for 'Other' requires documentation (in AIM) of the reason for authorizing an item not specified on the allowable services list.]
SS School Related Fees	1 item, 1 registration/fee	Individual	Summer camp, after school tutoring, boys and girls club/scouting/YMCA activities, homework center, school supplies, school clothes, shoes, books, school fees, extra-curricular school clubs. [Examples of items that may not be purchased with III-E funds include: school yearbooks, class rings, computers, holiday and birthday presents, party supplies, prom dresses, jewelry, etc.]
SS Transportation Coordinated Transportation	1 One-Way Trip	Individual <i>Group*</i>	Provides a means of going from one location to another. Does not include any other activity. As defined by the caregiver, to assist them in their caregiving role. (Transportation to medical appointment) FCSP may offer a mini-grant if local transportation is not available to provide the type of transportation needed by the caregiver and care receiver. Example: CG needs cancer treatment at a medical center in another town. The caregiver's neighbor agrees to drive him back and forth for 6 weeks in exchange for gas money. <i>* For the purpose of entering data and tracking service activity, AAAs have the option of treating the Coordinated Transportation service as a Group service.</i>

DHS STANDARD MONITORING TOOL
 UTAH CAREGIVER SUPPORT PROGRAM
 UTAH ADMINISTRATIVE CODE 510-401
 UCA 62A-3-104

- Monitor should review all of the following areas annually.
- Compliance ratings: Y=Yes; N=No; N/ A=Not Applicable.
- When AAA is not in compliance, the following ratings will apply to actions taken to bring issue into compliance:
 Verbal Warning; Written Warning; Corrective Action DHS Procedure.

Rule Reference 510-401	Monitoring Issue/Area	Compliance Rating & Action	Comments
Contractor/AAA:		Date:	
Contract Number:			

4. Eligibility for Services - 4(1) 1	Services listed in R510-401-5 (a-e) are available to caregivers, grandparents and older individuals who are relative caregivers		
Eligibility for Services - 4(2)	Services are provided to:		
4. Eligibility for Services - 4(2)(a) 2	Caregivers who are older individuals with greatest social need, and older individuals with greatest economic need (with particular attention to low income older individuals)		
4. Eligibility for Services - 4(2)(b) 3	Family caregivers who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction		
4. Eligibility for Services - 4(2)(c) 4	Older individuals providing care to individuals with severe disabilities, including children with severe disabilities; and		
4. Eligibility for Services - 4(2)(d) 5	Grandparents or older individuals who are relative caregivers who provide care for children with severe disabilities		
4. Eligibility for Services - 4(3)	Respite care and Supplemental Services are available to caregivers who are:		
4. Eligibility for Services - 4(3)(a) 6	<ul style="list-style-type: none"> • Caregivers of adults 60 years of age or older 		
4. Eligibility for Services - 4(3)(b) 7	<ul style="list-style-type: none"> • Adult family members (age 18 years or older) or other adult informal caregivers providing care to individuals of any age with Alzheimer's disease and related disorder 		
4. Eligibility for	<ul style="list-style-type: none"> • Caregivers 60 years of age or older 		

DHS STANDARD MONITORING TOOL
 UTAH CAREGIVER SUPPORT PROGRAM
 UTAH ADMINISTRATIVE CODE 510-401
 UCA 62A-3-104

- Monitor should review all of the following areas annually.
- Compliance ratings: Y=Yes; N=No; N/ A=Not Applicable.
- When AAA is not in compliance, the following ratings will apply to actions taken to bring issue into compliance: Verbal Warning; Written Warning; Corrective Action DHS Procedure.

Rule Reference 510-401	Monitoring Issue/Area	Compliance Rating & Action	Comments
Contractor/AAA:		Date:	
Contract Number:			

Services - 4(3)(c) 8	caring for persons with mental retardation or related developmental disabilities		
4. Eligibility for Services - 4(3)(d) 9	<ul style="list-style-type: none"> • Grandparents or older individual (not biological or adoptive parents) 55 years of age and older who are relative caregivers of a child not more than 18 years of age 		
4. Eligibility for Services - 4(3)(e) 10	<ul style="list-style-type: none"> • Grandparents and other relatives (not biological or adoptive parents) 55 years of age and older providing care to adults, age 18-59 years, with disabilities. 		
4. Eligibility for Services - 4(4)	To provide Respite and Supplemental Services to eligible caregivers the care receiver must be:		
4. Eligibility for Services - 4(4)(a) 11	<ul style="list-style-type: none"> • Functionally impaired because the individual is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing or supervision; 		
4. Eligibility for Services - 4(4)(b) 12	<ul style="list-style-type: none"> • 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 		
4. Eligibility for Services - 4(4)(c) 13	<ul style="list-style-type: none"> • A child physically or mentally impaired because the individual is unable to perform at least two areas of major life activity. 		
4. Eligibility for Services - 4(4)(d)	The caregiver: <ul style="list-style-type: none"> • must demonstrate a medium-to high risk score according to the DAAS- 		

DHS STANDARD MONITORING TOOL
 UTAH CAREGIVER SUPPORT PROGRAM
 UTAH ADMINISTRATIVE CODE 510-401
 UCA 62A-3-104

- Monitor should review all of the following areas annually.
- Compliance ratings: Y=Yes; N=No; N/ A=Not Applicable.
- When AAA is not in compliance, the following ratings will apply to actions taken to bring issue into compliance:
 Verbal Warning; Written Warning; Corrective Action DHS Procedure.

Rule Reference 510-401	Monitoring Issue/Area	Compliance Rating & Action	Comments
Contractor/AAA:		Date:	
Contract Number:			

14	Approved Demographic Intake and Screening tool		
15	<ul style="list-style-type: none"> • must complete the DAAS-Approved Assessment 		
16	<ul style="list-style-type: none"> • must complete DAAS- Approved Caregiver Strain Index 		
17	4. Eligibility for Services - 4(5) In the event that there is insufficient funds to bring an individual on the program and Agency shall maintain a list of potential applicants. All potential applicants will be served in turn by using the DAAS-approved Demographic Intake and Risk Screening tool, and a Caregiver Burden score to determine eligibility for services.		
18	5. Responsibilities of the Division - 5(1)(d) Pursuant to DCA 62A-3-104, the Division shall: define minimal documentation and client assessment standards to include: <ul style="list-style-type: none"> • Authorization for release of confidential information • Nutritional Score on Caregiver and Care Receiver • Client rights and responsibilities • Client notification of grievance procedure • Client notification of right to appeal 		
19	6. Program Content - 6 (2) The Area Agency on Aging shall use the DAAS approved Demographic Intake and Risk Screening form and assessment tool to determine eligibility for respite and supplemental services and said tools shall be kept in the client file.		
6. Program	Prior to receiving respite or supplemental		

DHS STANDARD MONITORING TOOL
 UTAH CAREGIVER SUPPORT PROGRAM
 UTAH ADMINISTRATIVE CODE 510-401
 UCA 62A-3-104

- Monitor should review all of the following areas annually.
- Compliance ratings: Y=Yes; N=No; N/ A=Not Applicable.
- When AAA is not in compliance, the following ratings will apply to actions taken to bring issue into compliance:
 Verbal Warning; Written Warning; Corrective Action DHS Procedure.

Rule Reference 510-401	Monitoring Issue/Area	Compliance Rating & Action		Comments
Contractor/AAA:		Date:		
Contract Number:				

Content - 6(3) 20	services the Area Agency on Aging shall develop a written service plan including goals and objectives for the caregiver, which shall be kept in the client file.			
6. Program Content - 6(4) 21	The Area Agency on Aging shall ensure the provision of the full range of caregiver support services in the community by coordinating its activities with the activities of other community agencies and voluntary organizations providing supportive services to family caregivers and grandparents or older individuals who are relative caregivers of children.			
	Older Americans Act information and services shall be provided to family caregivers in a direct and helpful manner. In cases where caregiver support programs already exist within the community, coordination of these programs and the UCSP is essential to maximize the dollars available for family caregivers and avoid duplication of services.			
6. Program Content - 6(6)	To assure coordination of caregiver services in the planning and service area, the Area Agency on Aging shall convene a minimum of one joint planning meeting annually with other local providers who currently provide support services to family caregivers. As practical, the Area Agency on Aging shall coordinate the activities under this program with other community agencies and voluntary organizations providing services to			

DHS STANDARD MONITORING TOOL
 UTAH CAREGIVER SUPPORT PROGRAM
 UTAH ADMINISTRATIVE CODE 510-401
 UCA 62A-3-104

- Monitor should review all of the following areas annually.
- Compliance ratings: Y=Yes; N=No; N/ A=Not Applicable.
- When AAA is not in compliance, the following ratings will apply to actions taken to bring issue into compliance: Verbal Warning; Written Warning; Corrective Action DHS Procedure.

Rule Reference 510-401	Monitoring Issue/Area	Compliance Rating & Action		Comments
Contractor/AAA:		Date:		
Contract Number:				

23	caregivers.			
6. Program Content - 6 (7)	Funds allocated on an annual basis under the UCSP for services provided by and Area Agency on Aging shall be expended as follows:			
6. Program Content – 6 (7)(a) 24	<ul style="list-style-type: none"> • Information to caregiver about available services 			
6. Program Content – 6 (7)(b) 25	<ul style="list-style-type: none"> • Assistance to caregivers in gaining access to the services 			
6. Program Content – 6 (7)(c) 26	<ul style="list-style-type: none"> • Individual counseling, organization of support groups, and caregiver training to caregivers to assist the caregivers in the areas of health, nutrition and financial literacy and in making decisions and solving problems relating to their caregiving roles. 			
6. Program Content – 6 (7)(d) 27	<ul style="list-style-type: none"> • Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities. 			
6. Program Content – 6 (7)(e) 28	<ul style="list-style-type: none"> • Supplemental services, on a limited basis, to complement the care provided by caregivers. 			
6. Program Content – 6 (7)(f) 29	The Area Agency on Aging shall spend no more than ten percent of funds on services provided to grandparents and other individuals who are relative caregivers of a child not more than 18 years of age.			
6. Program Content – 6 (8)	If a client discontinues Respite and/or Supplemental Services before the end of the twelve-month period and before the			

DHS STANDARD MONITORING TOOL
 UTAH CAREGIVER SUPPORT PROGRAM
 UTAH ADMINISTRATIVE CODE 510-401
 UCA 62A-3-104

- Monitor should review all of the following areas annually.
- Compliance ratings: Y=Yes; N=No; N/ A=Not Applicable.
- When AAA is not in compliance, the following ratings will apply to actions taken to bring issue into compliance:
 Verbal Warning; Written Warning; Corrective Action DHS Procedure.

Rule Reference 510-401	Monitoring Issue/Area	Compliance Rating & Action	Comments
Contractor/AAA:		Date:	
Contract Number:			

30	annual established service expenditure limit per client is reached, the case shall be closed.		
31	6. Program Content – 6 (8)(a) If funds are available, the caregiver may be readmitted to the program subsequent to the case closing but shall do so within twelve months from the original date of enrollment.		
32	6. Program Content – (8)(b) If no funds are available, the person will be placed at the top of the list to be the first person to be admitted to the program if the person still has time left on the program.		
33	6. Program Content – 6 (8)(c) If funds become available, but there is not time remaining based on the original admission, then the caregiver needs to reapply and be considered for admission to the program with all other applicants.		
34	6. Program Content – 6(9) The Area Agency on Aging shall make use of trained volunteers to expand the provision of available resources and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community settings.		
35	7. Caregiver Advisory Council - 7(1) The Area Agency on Aging shall develop and maintain a Caregiver Advisory Council		
	7. Caregiver Advisory Council The Caregiver Advisory Council may be a subgroup of the Area Agency on Aging		

DHS STANDARD MONITORING TOOL
 UTAH CAREGIVER SUPPORT PROGRAM
 UTAH ADMINISTRATIVE CODE 510-401
 UCA 62A-3-104

- Monitor should review all of the following areas annually.
- Compliance ratings: Y=Yes; N=No; N/ A=Not Applicable.
- When AAA is not in compliance, the following ratings will apply to actions taken to bring issue into compliance:
 Verbal Warning; Written Warning; Corrective Action DHS Procedure.

Rule Reference 510-401	Monitoring Issue/Area	Compliance Rating & Action	Comments
Contractor/AAA:		Date:	
Contract Number:			

- 7(2) 36	Advisory Council providing they meet the requirements set forth in the rule.		
7. Caregiver Advisory Council- 7(2)(a) 37	The Caregiver Advisory Council may be comprised of no less than five members, some of who shall be caregivers.		
7. Caregiver Advisory Council - 7(3) 38	The Caregiver Advisory Council shall meet no less than semiannually, and meetings shall be scheduled by each Area Agency on Aging.		
7. Caregiver Advisory Council - 7(4) 39	The primary duty of the Caregiver Advisory Council shall include but not be limited to conducting an annual caregiver satisfaction survey for the caregiver program.		
7. Caregiver Advisory Council - 7(5) 40	The Caregiver Advisory Council shall advise the Area Agency on Aging in determining service needs and developing action plans. When there is a concern over the use of limited resources for Respite Care and Supplemental Services, the Area Agencies on Aging, in consultation with their Caregiver Advisory Council, may further limit the amount of services provided to an individual caregiver. This local policy decision shall be in writing and shall be uniform for all caregivers for the current fiscal year.		
8. Voluntary Contributions - 8(1) 41	Individuals receiving services from this program may be encouraged to participate in voluntary contributions for services, provided that the method or solicitation is non-coercive.		
8. Voluntary	Voluntary contributions shall in no way		

DHS STANDARD MONITORING TOOL
 UTAH CAREGIVER SUPPORT PROGRAM
 UTAH ADMINISTRATIVE CODE 510-401
 UCA 62A-3-104

- Monitor should review all of the following areas annually.
- Compliance ratings: Y=Yes; N=No; N/ A=Not Applicable.
- When AAA is not in compliance, the following ratings will apply to actions taken to bring issue into compliance:
 Verbal Warning; Written Warning; Corrective Action DHS Procedure.

Rule Reference 510-401	Monitoring Issue/Area	Compliance Rating & Action	Comments
Contractor/AAA:		Date:	
Contract Number:			

Contributions - 8(2) 42	be based on a means test of an individual client's income.		
8. Voluntary Contributions - 8(3)	Each Area Agency on Aging shall implement procedures for voluntary contributions in the UCSP, and shall comply, at a minimum, with the following:		
8. Voluntary Contributions - 8(3)(a) 43	<ul style="list-style-type: none"> • Provide each recipient with an opportunity to voluntarily contribute to the cost of the services. 		
8. Voluntary Contributions - 8(3)(b) 44	<ul style="list-style-type: none"> • Clearly inform each recipient that there is no obligation to contribute and that the contribution is purely voluntary. 		
8. Voluntary Contributions 8 - (3)(c) 45	<ul style="list-style-type: none"> • Protect the privacy and confidentiality of each recipient with respect to the recipient's contribution or lack of contribution 		
8. Voluntary Contributions - 8(3)(d) 46	<ul style="list-style-type: none"> • Establish appropriate procedures to safeguard and account for voluntary contributions. 		
8. Voluntary Contributions - 8(4) 47	Use all collected voluntary contributions to expand the service for which such contributions were given.		
8. Voluntary Contributions - 8(5) 48	In no instance shall services be denied if individuals do not participate in voluntary contributions.		
8. Voluntary Contributions - 8(6)	Area Agencies on Aging will consult with relevant service providers and older individuals in their planning and service		

DHS STANDARD MONITORING TOOL
 UTAH CAREGIVER SUPPORT PROGRAM
 UTAH ADMINISTRATIVE CODE 510-401
 UCA 62A-3-104

- Monitor should review all of the following areas annually.
- Compliance ratings: Y=Yes; N=No; N/ A=Not Applicable.
- When AAA is not in compliance, the following ratings will apply to actions taken to bring issue into compliance:
 Verbal Warning; Written Warning; Corrective Action DHS Procedure.

Rule Reference 510-401	Monitoring Issue/Area	Compliance Rating & Action	Comments
Contractor/AAA:		Date:	
Contract Number:			

49	area to determine the best method for accepting voluntary contributions.		
9. Reporting - 9(1) 50	The Area Agency on Aging shall collect data and maintain records relating to the UCSP in the format specified by the Division		
9. Reporting - 9(2) 51	The Area Agency on Aging shall furnish the records to the DAAS as specified.		
9. Reporting - 9(3) 52	The Area Agency on Aging shall report to DAAS, as specified, the activities and determinations of the Caregiver Advisory Council.		
9. Reporting - 9(4) 53	The Area Agency on Aging shall report to DAAS any mechanisms used with caregivers regarding information about and access to various services so that the persons can better carry out their caregiver responsibilities.		
10. Waiver Requests for Respite and Supplemental Services - 10(1) 54	An Area Agency on Aging may request in writing a waiver for Respite and Supplemental Services in order to enable the caregiver to carry out their duties in assisting the care receiver. In requesting a waiver, the Area Agency on Aging must demonstrate that effort has been made to access other sources of services or funds. The Agency Director, or designee, may grant a waiver for Supplemental Services or Respite on a case-by-case basis provided that such waiver is consistent with the law. A copy of the approved waiver request must be placed in the client file and a copy sent in writing to the Division.		

DHS STANDARD MONITORING TOOL
 UTAH CAREGIVER SUPPORT PROGRAM
 UTAH ADMINISTRATIVE CODE 510-401
 UCA 62A-3-104

- Monitor should review all of the following areas annually.
- Compliance ratings: Y=Yes; N=No; N/ A=Not Applicable.
- When AAA is not in compliance, the following ratings will apply to actions taken to bring issue into compliance: Verbal Warning; Written Warning; Corrective Action DHS Procedure.

Rule Reference 510-401	Monitoring Issue/Area	Compliance Rating & Action		Comments
Contractor/AAA:		Date:		
Contract Number:				

	Make note if race and ethnicity are tracked at intake/assessment.			
--	---	--	--	--

SUMMARY:

1. **Parties:** This is a Grant Agreement for services between the State of Vermont, Department of Disabilities, Aging, and Independent Living (DAIL), (hereinafter called “State”) and Central Vermont Council on Aging, Inc. (CVCOA), with a principal place of business in Barre, VT (hereinafter called “Grantee”). It is the Grantee’s responsibility to contact the Vermont Department of Taxes to determine if, by law, the Grantee is required to have a Vermont Department of Taxes Business Account Number.
2. **Subject Matter:** The subject matter of this Grant Agreement is to provide supportive services for individuals with Alzheimer’s disease and related disorders and for their families and caregivers. Detailed services to be provided by the Grantee are described in Attachment A.
3. **Maximum Amount:** In consideration of the services to be performed by Grantee, the State agrees to pay Grantee, in accordance with the payment provisions specified in Attachment B, a sum not to exceed \$46,094. The State program code for this Grant is 43500.
4. **Grant Term:** The period of Grantee’s performance shall begin on July 1, 2014 and end on June 30, 2015.
5. **Relationship:** The State does not consider the Grantee a subrecipient per OMB Circular A-133 for the purposes of this Grant.
6. **Prior Approval:** Approval by the Attorney General’s Office is required.
7. **Contact persons for this award:**
Grantee’s contact person for this award: Elizabeth Stern
Telephone#: (802) 479-0531 E-mail Address: bstern@cvcoa.org
State’s contact person for this award:
Name & Dept./Division: Will Rowe, DAIL
Telephone#: (802) 871-3207 E-mail: will.rowe@state.vt.us
8. **Amendment:** No changes, modifications, or amendments in the terms and conditions of this Grant shall be effective unless reduced to writing, numbered, and signed by the duly authorized representative of the State and Grantee.
9. **Cancellation:** This Grant Agreement may be suspended or cancelled by either party by giving written notice at least thirty (30) days in advance.
10. **Attachments:** This Grant consists of thirty-one (31) pages including the following attachments which are incorporated herein:
 - Attachment A - Specifications of Work to be Performed
 - Attachment B - Payment Provisions
 - Attachment C - Customary Provisions for Contracts and Grants
 - Attachment D - Modifications of Insurance – Does Not Apply
 - Attachment E - Business Associate Agreement
 - Attachment F - AHS Customary Grant Provisions
 - Attachment G – Dementia Respite Program Report
 - Attachment H – Dementia Respite Quarterly Grand Expenditure Report

Attachment I – Dementia Respite Quarterly Service Report
Attachment J – Dementia Respite Caregiver Survey
Attachment K – Caregiver Survey Results

The order of precedence of these documents shall be as follows:

- This document
- Attachment D – Does Not Apply
- Attachment C
- Attachment A
- Attachment B
- Attachment E
- Attachment F
- Attachment G
- Attachment H
- Attachment I
- Attachment J
- Attachment K

WE, THE UNDERSIGNED PARTIES, AGREE TO BE BOUND BY THIS GRANT.

APPROVED AS TO FORM

GRANTEE

Signature: _____
Attorney General’s Office

Signature: _____

Date: _____

Date: _____

Name: Elizabeth Stern

BY THE STATE OF VERMONT

Signature: _____
Susan Wehry, MD, Commissioner
Department of Disabilities, Aging, and
Independent Living

Title: _____

Date: _____

Mailing Address:
59 North Main St, Suite 200
Barre, VT 05641

**ATTACHMENT A
SPECIFICATIONS OF WORK TO BE PERFORMED**

A. PROGRAM DESCRIPTION:

The Grantee will operate a dementia respite program in the project service areas they serve in the counties of Lamoille, Orange and Washington. Grantee will provide respite grants and Information and Support to eligible program participants. Respite grants are intended to strengthen family and community capacity to care for the individual with dementia and support the unpaid family caregiver. Information and Support are intended to help caregivers understand and utilize a variety of caregiver supports and promote the development and implementation of Self-Care Plans by and for caregivers. Program funds may be used for services and activities that promote caregiver well-being and health or provide periods of respite from caregiving including in-home and out-of-home respite services (e.g. respite in residential care homes or nursing homes), attendance of the care recipient at adult day centers, home care personal services, chore and companion services, and other services that provide caregivers with a break from the responsibilities and stress associated with caregiving. Individuals eligible for the dementia respite program may receive up to \$2,000.00 per year in reimbursement for respite services, such amount to be determined by the Grantee. Grantee may, under certain circumstances, be granted a waiver to increase the total amount of funding available to an individual by obtaining written approval from the State dementia program director.

B. SERVICE DESCRIPTION

1. **Service Description:** Grantee will administer the Dementia Respite program funds and provide program management services including all of the following:
 - a. Outreach and public information activities to ensure that the public, potential applicants for assistance, community organizations, health care service providers and others are aware of the Dementia Respite program;
 - b. Assistance to respite program applicants, including determination of their financial and programmatic eligibility, informing them of eligibility status, granting respite funding assistance and providing referral to other programs and services;
 - c. Completion of an Independent Living Assessment (ILA) for each applicant including Section 0 (A-D); Section 1(1.A.1-1.H.1 inclusive) which shall be entered in the Social Assistance Management System (SAMS) using the service code for Dementia Respite;
 - d. Interviews with primary caregivers to assess the need for support, education, assistance, case management, information, assistance and referrals as needed;

- e. Collaboration with the Aging and Disabilities Resource Connection (ADRC), the Alzheimer's Association, and other community organizations providing other services to the individuals with Alzheimer's disease and related disorders (ADRD) and their caregivers, to ensure integration of services across the system of care;
- f. Participation of key staff (Dementia Respite Grant Manager, National Family Caregiver Support Program Coordinator, case management staff, etc.) in State sponsored training related to community-based dementia caregiver services;
- g. Participation by the Dementia Respite Grant Manager in quarterly statewide meetings, to share information, ideas and strategies that promote effective management of dementia respite care funding and to conduct RBA reviews of Program;
- h. Referral of respite grant recipients/caregivers to ADRD education and /or support group programs and other services appropriate to applicant and household needs;
- i. Collection and maintenance of demographic data required for the annual Dementia Respite Program Report (Attachment G) due July 31, 2015;
- j. Tracking and quarterly reporting of expenditures and services using the Dementia Respite Program Quarterly Expenditure Report (Attachment H) and the Dementia Respite Program Quarterly Service Report (Attachment I);
- k. By September 30, 2014, Grantee will collaboratively develop with DAIL and all Dementia Respite Coordinators a "Caregiver Self-help Plan" template to be utilized with participating caregivers;
- l. By September 30, 2014, Grantee will develop or enhance a Dementia Resource document that lists relevant national, state, and local dementia care and caregiver support resources; and
- m. The Grantee must spend at least 85% of the Grant funds for reimbursement to families for respite services. The Grantee may use up to 15% of expended Grant funds for administration.

2. Target Population and Eligibility Criteria

Eligible applicants:

- a. Have annual incomes no greater than 300% of the federal poverty level (FPL) per calendar year for an individual or couple (\$35,010 for a single person and \$47,190 of the FPL for a married or civil union couple).

Individuals with incomes above 300% of FPL, while ineligible for a dementia respite grant, may utilize other service components such as Information and Referral, caregiver education, supportive services from the respite grant manager, case management and other Area Agency on Aging and community services for which they may be eligible;

- b. Have a physician's diagnosis of Alzheimer's disease or a related disorder;
- c. Are permanent residents of Vermont; and
- d. Are not receiving services comparable in scope and intent to the dementia respite program through the Choices for Care Medicaid Waiver Program (CFC); the Attendant Services Program (ASP), respite services provided under the National Family Caregiver Support Program (NFCSP) or Veterans Independence Program (VIP). This restriction does not apply to other non-respite NFCSP services.

The Grantee may, under certain circumstances, be granted a waiver to eligibility restrictions listed in Section 2(d) by obtaining written approval from the State Dementia Respite Program Director. In the event that a waiver is granted the dementia respite funds are used to pay for services pending eligibility for programs identified in Section 2(d), the Grantee will make every effort to recover those funds from the providers.

3. Geographic Area

The area served is the same as the service area served by the Grantee Area Agency on Aging.

4. Length of Time

- a. July 1, 2014 through June 30, 2015.

C. SERVICE OUTCOMES, PROGRAM PERFORMANCE

1. Program Performance Measures

Grantee will track each of the following Results Based Accountability (RBA) Performance Measures utilizing RBA report questions in Attachment G and Attachment I and review at quarterly, statewide program meetings as described in B(1)(g) above:

a. How much has been done?

- i. Number of caregivers receiving grants.
- ii. Number of caregivers who receive other services including information, referral, and support.
- iii. Number of persons with dementia receiving care services.

b. How well has the work been done?

- i. Percentage of caregivers who receive follow-up check-in contact.
- ii. Percentage of caregivers utilizing service supports like Powerful Tools, Dementia Café, Alzheimer's Association Caregiver Supports, or other supports.
- iii. Percentage Dementia Respite Grant staff participation in Alzheimer's Disease and other dementia training.
- iv. Percentage of caregivers who develop and implement Self-Care Plans.
- v. Percentage of grant funds expended for respite grants.

c. How are caregivers better off?

- i. Percentage of Caregiver participants that indicate they agree or strongly agree that the Dementia Respite program helped by: a) giving them a break from caregiving responsibilities; b) helped them maintain their physical health; c) helped them maintain their emotional well-being; d) helped them care for their family member; e) gave them flexibility to select the respite support most helpful to them.
- ii. Percentage of participating caregivers that develop and implement Self-Care Plans.

**ATTACHMENT B
PAYMENT PROVISIONS**

The maximum dollar amount payable under this Grant is not intended as any form of a guaranteed amount. The Grantee will be paid for products or services specified in Attachment A, or services actually performed, up to the maximum allowable amount specified in this Grant. The payment schedule for delivered products, or rates for services performed, and any additional reimbursements, are included in this attachment. The following provisions specifying payments are:

1. For its part, in consideration of the services delivered by Grantee pursuant to this Grant, the State agrees to make payments as follows:

The State will pay the Grantee in four payments:

The first payment of \$11,523.50 will be paid upon execution of this Grant agreement.

A second payment of \$11,523.50 will be made upon receipt and approval of the first quarter reports (Attachment H, I) due on or before October 31, 2014.

A third payment of \$11,523.50 will be made upon receipt and approval of the 2nd quarter reports (Attachment H, I) due on or before January 31, 2015.

The final payment of \$11,523.50 will be made upon receipt and approval of the 3rd quarter reports (Attachment H, I, and J) due on or before April 30, 2015.

2. The total amount of carry forward from SFY 14 in combination with SFY 15 award must be spent down to at least 5% or greater of the SFY 15 award. No more than 5% of SFY 15 award shall be carried forward for SFY 15.

Reports shall be mailed to

Will Rowe

Department of Disabilities, Aging and Independent Living

103 South Main Street,

Waterbury, VT 05671-1601

**ATTACHMENT C
CUSTOMARY PROVISIONS FOR CONTRACTS AND GRANTS**

1. **Entire Agreement.** This Agreement, whether in the form of a Contract, State Funded Grant, or Federally Funded Grant, represents the entire agreement between the parties on the subject matter. All prior agreements, representations, statements, negotiations, and understandings shall have no effect.
2. **Applicable Law.** This Agreement will be governed by the laws of the State of Vermont.
3. **Definitions:** For purposes of this Attachment, “Party” shall mean the Contractor, Grantee or Subrecipient, with whom the State of Vermont is executing this Agreement and consistent with the form of the Agreement.
4. **Appropriations:** If appropriations are insufficient to support this Agreement, the State may cancel on a date agreed to by the parties or upon the expiration or reduction of existing appropriation authority. In the case that this Agreement is funded in whole or in part by federal or other non-State funds, and in the event those funds become unavailable or reduced, the State may suspend or cancel this Agreement immediately, and the State shall have no obligation to fund this Agreement from State revenues.
5. **No Employee Benefits For Party:** The Party understands that the State will not provide any individual retirement benefits, group life insurance, group health and dental insurance, vacation or sick leave, workers compensation or other benefits or services available to State employees, nor will the state withhold any state or federal taxes except as required under applicable tax laws, which shall be determined in advance of execution of the Agreement. The Party understands that all tax returns required by the Internal Revenue Code and the State of Vermont, including but not limited to income, withholding, sales and use, and rooms and meals, must be filed by the Party, and information as to Agreement income will be provided by the State of Vermont to the Internal Revenue Service and the Vermont Department of Taxes.
6. **Independence, Liability:** The Party will act in an independent capacity and not as officers or employees of the State.

The Party shall defend the State and its officers and employees against all claims or suits arising in whole or in part from any act or omission of the Party or of any agent of the Party. The State shall notify the Party in the event of any such claim or suit, and the Party shall immediately retain counsel and otherwise provide a complete defense against the entire claim or suit. The Party shall notify its insurance company and the State within 10 days of receiving any claim for damages, notice of claims, pre-claims, or service of judgments or claims, for any act or omissions in the performance of this Agreement.

After a final judgment or settlement the Party may request recoupment of specific defense costs and may file suit in Washington Superior Court requesting recoupment. The Party shall be entitled to recoup costs only upon a showing that such costs were entirely unrelated to the defense of any claim arising from an act or omission of the Party.

The Party shall indemnify the State and its officers and employees in the event that the State, its officers or employees become legally obligated to pay any damages or losses arising from any act or omission of the Party.

7. **Insurance:** Before commencing work on this Agreement the Party must provide certificates of insurance to show that the following minimum coverage is in effect. It is the responsibility of the Party to maintain current certificates of insurance on file with the state through the term of the Agreement. No warranty is made that the coverage and limits listed herein are adequate to cover and protect the interests of the Party for the Party's operations. These are solely minimums that have been established to protect the interests of the State.

Workers Compensation: With respect to all operations performed, the Party shall carry workers' compensation insurance in accordance with the laws of the State of Vermont.

General Liability and Property Damage: With respect to all operations performed under the Agreement, the Party shall carry general liability insurance having all major divisions of coverage including, but not limited to:

Premises - Operations
Products and Completed Operations
Personal Injury Liability
Contractual Liability

The policy shall be on an occurrence form and limits shall not be less than:

\$1,000,000 Per Occurrence
\$1,000,000 General Aggregate
\$1,000,000 Products/Completed Operations Aggregate
\$ 50,000 Fire/ Legal/Liability

Party shall name the State of Vermont and its officers and employees as additional insureds for liability arising out of this Agreement.

Automotive Liability: The Party shall carry automotive liability insurance covering all motor vehicles, including hired and non-owned coverage, used in connection with the Agreement. Limits of coverage shall not be less than: \$1,000,000 combined single limit.

Party shall name the State of Vermont and its officers and employees as additional insureds for liability arising out of this Agreement.

Professional Liability: Before commencing work on this Agreement and throughout the term of this Agreement, the Party shall procure and maintain professional liability insurance for any and all services performed under this Agreement, with minimum coverage of \$ na per occurrence, and \$ na aggregate.

8. **Reliance by the State on Representations:** All payments by the State under this Agreement will be made in reliance upon the accuracy of all prior representations by the Party, including but not limited to bills, invoices, progress reports and other proofs of work.

9. Requirement to Have a Single Audit: In the case that this Agreement is a Grant that is funded in whole or in part by federal funds, the Subrecipient will complete the Subrecipient Annual Report annually within 45 days after its fiscal year end, informing the State of Vermont whether or not a single audit is required for the prior fiscal year. If a single audit is required, the Subrecipient will submit a copy of the audit report to the granting Party within 9 months. If a single audit is not required, only the Subrecipient Annual Report is required.

For fiscal years ending before December 25, 2015, a Single Audit is required if the subrecipient expends \$500,000 or more in federal assistance during its fiscal year and must be conducted in accordance with OMB Circular A-133. For fiscal years ending on or after December 25, 2015, a Single Audit is required if the subrecipient expends \$750,000 or more in federal assistance during its fiscal year and must be conducted in accordance with 2 CFR Chapter I, Chapter II, Part 200, Subpart F. The Subrecipient Annual Report is required to be submitted within 45 days, whether or not a Single Audit is required.

10. Records Available for Audit: The Party will maintain all books, documents, payroll papers, accounting records and other evidence pertaining to costs incurred under this agreement and make them available at reasonable times during the period of the Agreement and for three years thereafter for inspection by any authorized representatives of the State or Federal Government. If any litigation, claim, or audit is started before the expiration of the three year period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved. The State, by any authorized representative, shall have the right at all reasonable times to inspect or otherwise evaluate the work performed or being performed under this Agreement.

11. Fair Employment Practices and Americans with Disabilities Act: Party agrees to comply with the requirement of Title 21 V.S.A. Chapter 5, Subchapter 6, relating to fair employment practices, to the full extent applicable. Party shall also ensure, to the full extent required by the Americans with Disabilities Act of 1990, as amended, that qualified individuals with disabilities receive equitable access to the services, programs, and activities provided by the Party under this Agreement. Party further agrees to include this provision in all subcontracts.

12. Set Off: The State may set off any sums which the Party owes the State against any sums due the Party under this Agreement; provided, however, that any set off of amounts due the State of Vermont as taxes shall be in accordance with the procedures more specifically provided hereinafter.

13. Taxes Due to the State:

- a. Party understands and acknowledges responsibility, if applicable, for compliance with State tax laws, including income tax withholding for employees performing services within the State, payment of use tax on property used within the State, corporate and/or personal income tax on income earned within the State.
- b. Party certifies under the pains and penalties of perjury that, as of the date the Agreement is signed, the Party is in good standing with respect to, or in full compliance with, a plan to pay any and all taxes due the State of Vermont.
- c. Party understands that final payment under this Agreement may be withheld if the Commissioner of Taxes determines that the Party is not in good standing with respect

to or in full compliance with a plan to pay any and all taxes due to the State of Vermont.

- d. Party also understands the State may set off taxes (and related penalties, interest and fees) due to the State of Vermont, but only if the Party has failed to make an appeal within the time allowed by law, or an appeal has been taken and finally determined and the Party has no further legal recourse to contest the amounts due.

14. Child Support: (Applicable if the Party is a natural person, not a corporation or partnership.) Party states that, as of the date the Agreement is signed, he/she:

- a. is not under any obligation to pay child support; or
- b. is under such an obligation and is in good standing with respect to that obligation; or
- c. has agreed to a payment plan with the Vermont Office of Child Support Services and is in full compliance with that plan.

Party makes this statement with regard to support owed to any and all children residing in Vermont. In addition, if the Party is a resident of Vermont, Party makes this statement with regard to support owed to any and all children residing in any other state or territory of the United States.

15. Sub-Agreements: Party shall not assign, subcontract or subgrant the performance of his Agreement or any portion thereof to any other Party without the prior written approval of the State. Party also agrees to include in subcontract or subgrant agreements a tax certification in accordance with paragraph 13 above.

Notwithstanding the foregoing, the State agrees that the Party may assign this agreement, including all of the Party's rights and obligations hereunder, to any successor in interest to the Party arising out of the sale of or reorganization of the Party.

16. No Gifts or Gratuities: Party shall not give title or possession of anything of substantial value (including property, currency, travel and/or education programs) to any officer or employee of the State during the term of this Agreement.

17. Copies: All written reports prepared under this Agreement will be printed using both sides of the paper.

18. Certification Regarding Debarment: Party certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, neither Party nor Party's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs, or programs supported in whole or in part by federal funds.

Party further certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, Party is not presently debarred, suspended, nor named on the State's debarment list at: <http://bgs.vermont.gov/purchasing/debarment>

19. Certification Regarding Use of State Funds: In the case that Party is an employer and this Agreement is a State Funded Grant in excess of \$1,001, Party certifies that none of these State funds will be used to interfere with or restrain the exercise of Party's employee's rights with respect to unionization.

ATTACHMENT E
BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (“Agreement”) is entered into by and between the State of Vermont Agency of Human Services, operating by and through its Department of Disabilities, Aging and Independent Living, (“Covered Entity”) and Central Vermont Council on Aging, Inc. (“Business Associate”) as of July 1 2014 (“Effective Date”). This Agreement supplements and is made a part of the contract/grant to which it is attached.

Covered Entity and Business Associate enter into this Agreement to comply with standards promulgated under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), including the Standards for the Privacy of Individually Identifiable Health Information, at 45 CFR Parts 160 and 164 (“Privacy Rule”), and the Security Standards, at 45 CFR Parts 160 and 164 (“Security Rule”), as amended by Subtitle D of the Health Information Technology for Economic and Clinical Health Act (HITECH), and any associated federal rules and regulations.

The parties agree as follows:

1. Definitions. All capitalized terms used but not otherwise defined in this Agreement have the meanings set forth in 45 CFR Parts 160 and 164 as amended by HITECH and associated federal rules and regulations.

“Agent” means those person(s) who are agents(s) of the Business Associate, in accordance with the Federal common law of agency, as referenced in 45 CFR § 160.402(c).

“Breach” means the acquisition, access, use or disclosure of protected health information (PHI) which compromises the security or privacy of the PHI, except as excluded in the definition of Breach in 45 CFR § 164.402.

“Business Associate shall have the meaning given in 45 CFR § 160.103.

“Individual” includes a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).

“Protected Health Information” or PHI shall have the meaning given in 45 CFR § 160.103, limited to the information created or received by Business Associate from or on behalf of Agency.

“Security Incident” means any known successful or unsuccessful attempt by an authorized or unauthorized individual to inappropriately use, disclose, modify, access, or destroy any information or interference with system operations in an information system.

“Services” includes all work performed by the Business Associate for or on behalf of Covered Entity that requires the use and/or disclosure of protected health information to perform a business associate function described in 45 CFR § 160.103 under the definition of Business Associate.

“Subcontractor” means a person or organization to whom a Business Associate delegates a

function, activity or service, other than in the capacity of a member of the workforce of the Business Associate. For purposes of this Agreement, the term Subcontractor includes Subgrantees.

2. Identification and Disclosure of Privacy and Security Offices. Business Associate and Subcontractors shall provide, within ten (10) days of the execution of this agreement, written notice to the Covered Entity's contract/grant manager the names and contact information of both the HIPAA Privacy Officer and HIPAA Security Officer. This information must be updated any time either of these contacts changes.

3. Permitted and Required Uses/Disclosures of PHI.

3.1 Except as limited in this Agreement, Business Associate may use or disclose PHI to perform Services, as specified in the underlying grant or contract with Covered Entity. The uses and disclosures of Business Associate are limited to the minimum necessary, to complete the tasks or to provide the services associated with the terms of the underlying agreement. Business Associate shall not use or disclose PHI in any manner that would constitute a violation of the Privacy Rule if used or disclosed by Covered Entity in that manner. Business Associate may not use or disclose PHI other than as permitted or required by this Agreement or as Required by Law.

3.2 Business Associate may make PHI available to its employees who need access to perform Services provided that Business Associate makes such employees aware of the use and disclosure restrictions in this Agreement and binds them to comply with such restrictions. Business Associate may only disclose PHI for the purposes authorized by this Agreement: (a) to its agents and Subcontractors in accordance with Sections 9 and 17 or, (b) as otherwise permitted by Section 3.

3.3 Business Associate shall be directly liable under HIPAA for impermissible uses and disclosures of the PHI it handles on behalf of Covered Entity, and for impermissible uses and disclosures, by Business Associate's Subcontractor(s), of the PHI that Business Associate handles on behalf of Covered Entity and that it passes on to Subcontractors.

4. Business Activities. Business Associate may use PHI received in its capacity as a Business Associate to Covered Entity if necessary for Business Associate's proper management and administration or to carry out its legal responsibilities. Business Associate may disclose PHI received in its capacity as Business Associate to Covered Entity for Business Associate's proper management and administration or to carry out its legal responsibilities if a disclosure is Required by Law or if Business Associate obtains reasonable written assurances via a written agreement from the person to whom the information is to be disclosed that the PHI shall remain confidential and be used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the Agreement requires the person or entity to notify Business Associate, within two (2) business days (who in turn will notify Covered Entity within two (2) business days after receiving notice of a Breach as specified in Section 6.1), in writing of any Breach of Unsecured PHI of which it is aware. Uses and disclosures of PHI for the purposes identified in Section 3 must be of the minimum amount of PHI necessary to accomplish such purposes.

5. Safeguards. Business Associate, its Agent(s) and Subcontractor(s) shall implement and use appropriate safeguards to prevent the use or disclosure of PHI other than as provided for by this Agreement. With respect to any PHI that is maintained in or transmitted by electronic media, Business Associate or its Subcontractor(s) shall comply with 45 CFR sections 164.308 (administrative safeguards), 164.310 (physical safeguards), 164.312 (technical safeguards) and 164.316 (policies and procedures and documentation requirements). Business Associate or its Agent(s) and Subcontractor(s) shall identify in writing upon request from Covered Entity all of the safeguards that it uses to prevent impermissible uses or disclosures of PHI.

6. Documenting and Reporting Breaches.

6.1 Business Associate shall report to Covered Entity any Breach of Unsecured PHI, including Breaches reported to it by a Subcontractor, as soon as it (or any of its employees or agents) becomes aware of any such Breach, and in no case later than two (2) business days after it (or any of its employees or agents) becomes aware of the Breach, except when a law enforcement official determines that a notification would impede a criminal investigation or cause damage to national security.

6.2 Business Associate shall provide Covered Entity with the names of the individuals whose Unsecured PHI has been, or is reasonably believed to have been, the subject of the Breach and any other available information that is required to be given to the affected individuals, as set forth in 45 CFR § 164.404(c), and, if requested by Covered Entity, information necessary for Covered Entity to investigate the impermissible use or disclosure. Business Associate shall continue to provide to Covered Entity information concerning the Breach as it becomes available to it. Business Associate shall require its Subcontractor(s) to agree to these same terms and conditions.

6.3 When Business Associate determines that an impermissible acquisition, use or disclosure of PHI by a member of its workforce is not a Breach, as that term is defined in 45 CFR § 164.402, and therefore does not necessitate notice to the impacted individual(s), it shall document its assessment of risk, conducted as set forth in 45 CFR § 402(2). When requested by Covered Entity, Business Associate shall make its risk assessments available to Covered Entity. It shall also provide Covered Entity with 1) the name of the person(s) making the assessment, 2) a brief summary of the facts, and 3) a brief statement of the reasons supporting the determination of low probability that the PHI had been compromised. When a breach is the responsibility of a member of its Subcontractor's workforce, Business Associate shall either 1) conduct its own risk assessment and draft a summary of the event and assessment or 2) require its Subcontractor to conduct the assessment and draft a summary of the event. In either case, Business Associate shall make these assessments and reports available to Covered Entity.

6.4 Business Associate shall require, by contract, a Subcontractor to report to Business Associate and Covered Entity any Breach of which the Subcontractor becomes aware, no later than two (2) business days after becomes aware of the Breach.

7. Mitigation and Corrective Action. Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to it of an impermissible use or disclosure of PHI,

even if the impermissible use or disclosure does not constitute a Breach. Business Associate shall draft and carry out a plan of corrective action to address any incident of impermissible use or disclosure of PHI. If requested by Covered Entity, Business Associate shall make its mitigation and corrective action plans available to Covered Entity. Business Associate shall require a Subcontractor to agree to these same terms and conditions.

8. Providing Notice of Breaches.

8.1 If Covered Entity determines that an impermissible acquisition, access, use or disclosure of PHI for which one of Business Associate's employees or agents was responsible constitutes a Breach as defined in 45 CFR § 164.402, and if requested by Covered Entity, Business Associate shall provide notice to the individual(s) whose PHI has been the subject of the Breach. When requested to provide notice, Business Associate shall consult with Covered Entity about the timeliness, content and method of notice, and shall receive Covered Entity's approval concerning these elements. The cost of notice and related remedies shall be borne by Business Associate.

8.2 If Covered Entity or Business Associate determines that an impermissible acquisition, access, use or disclosure of PHI by a Subcontractor of Business Associate constitutes a Breach as defined in 45 CFR § 164.402, and if requested by Covered Entity or Business Associate, Subcontractor shall provide notice to the individual(s) whose PHI has been the subject of the Breach. When Covered Entity requests that Business Associate or its Subcontractor provide notice, Business Associate shall either 1) consult with Covered Entity about the specifics of the notice as set forth in section 8.1, above, or 2) require, by contract, its Subcontractor to consult with Covered Entity about the specifics of the notice as set forth in section 8.1.

8.3 The notice to affected individuals shall be provided as soon as reasonably possible and in no case later than 60 calendar days after Business Associate reported the Breach to Covered Entity.

8.4 The notice to affected individuals shall be written in plain language and shall include, to the extent possible, 1) a brief description of what happened, 2) a description of the types of Unsecured PHI that were involved in the Breach, 3) any steps individuals can take to protect themselves from potential harm resulting from the Breach, 4) a brief description of what the Business Associate is doing to investigate the Breach, to mitigate harm to individuals and to protect against further Breaches, and 5) contact procedures for individuals to ask questions or obtain additional information, as set forth in 45 CFR § 164.404(c).

8.5 Business Associate shall notify individuals of Breaches as specified in 45 CFR § 164.404(d) (methods of individual notice). In addition, when a Breach involves more than 500 residents of Vermont, Business Associate shall, if requested by Covered Entity, notify prominent media outlets serving Vermont, following the requirements set forth in 45 CFR § 164.406.

9. Agreements with Subcontractors. Business Associate shall enter into a Business Associate Agreement with any Subcontractor to whom it provides PHI received from Covered

Entity or created or received by Business Associate on behalf of Covered Entity in which the Subcontractor agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such PHI. Business Associate must enter into this Business Associate Agreement before any use by or disclosure of PHI to such agent. The written agreement must identify Covered Entity as a direct and intended third party beneficiary with the right to enforce any breach of the agreement concerning the use or disclosure of PHI. Business Associate shall provide a copy of the Business Associate Agreement it enters into with a subcontractor to Covered Entity upon request. Business associate may not make any disclosure of PHI to any Subcontractor without prior written consent of Covered Entity.

10. Access to PHI. Business Associate shall provide access to PHI in a Designated Record Set to Covered Entity or as directed by Covered Entity to an Individual to meet the requirements under 45 CFR § 164.524. Business Associate shall provide such access in the time and manner reasonably designated by Covered Entity. Within three (3) business days, Business Associate shall forward to Covered Entity for handling any request for access to PHI that Business Associate directly receives from an Individual.

11. Amendment of PHI. Business Associate shall make any amendments to PHI in a Designated Record Set that Covered Entity directs or agrees to pursuant to 45 CFR § 164.526, whether at the request of Covered Entity or an Individual. Business Associate shall make such amendments in the time and manner reasonably designated by Covered Entity. Within three (3) business days, Business Associate shall forward to Covered Entity for handling any request for amendment to PHI that Business Associate directly receives from an Individual.

12. Accounting of Disclosures. Business Associate shall document disclosures of PHI and all information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528. Business Associate shall provide such information to Covered Entity or as directed by Covered Entity to an Individual, to permit Covered Entity to respond to an accounting request. Business Associate shall provide such information in the time and manner reasonably designated by Covered Entity. Within three (3) business days, Business Associate shall forward to Covered Entity for handling any accounting request that Business Associate directly receives from an Individual.

13. Books and Records. Subject to the attorney-client and other applicable legal privileges, Business Associate shall make its internal practices, books, and records (including policies and procedures and PHI) relating to the use and disclosure of PHI received from Covered Entity or created or received by Business Associate on behalf of Covered Entity available to the Secretary in the time and manner designated by the Secretary. Business Associate shall make the same information available to Covered Entity, upon Covered Entity's request, in the time and manner reasonably designated by Covered Entity so that Covered Entity may determine whether Business Associate is in compliance with this Agreement.

14. Termination.

14.1 This Agreement commences on the Effective Date and shall remain in effect until terminated by Covered Entity or until all of the PHI provided by Covered Entity to Business Associate or created or received by Business Associate on behalf of Covered Entity is destroyed or returned to Covered Entity subject to Section 18.7.

14.2 If Business Associate breaches any material term of this Agreement, Covered Entity may either: (a) provide an opportunity for Business Associate to cure the breach and Covered Entity may terminate the contract or grant without liability or penalty if Business Associate does not cure the breach within the time specified by Covered Entity; or (b) immediately terminate the contract or grant without liability or penalty if Covered Entity believes that cure is not reasonably possible; or (c) if neither termination nor cure are feasible, Covered Entity shall report the breach to the Secretary. Covered Entity has the right to seek to cure any breach by Business Associate and this right, regardless of whether Covered Entity cures such breach, does not lessen any right or remedy available to Covered Entity at law, in equity, or under the contract or grant, nor does it lessen Business Associate's responsibility for such breach or its duty to cure such breach.

15. Return/Destruction of PHI.

15.1 Business Associate in connection with the expiration or termination of the contract or grant shall return or destroy, at the discretion of the Covered Entity, all PHI received from Covered Entity or created or received by Business Associate on behalf of Covered Entity pursuant to this contract or grant that Business Associate still maintains in any form or medium (including electronic) within thirty (30) days after such expiration or termination. Business Associate shall not retain any copies of the PHI. Business Associate shall certify in writing for Covered Entity (1) when all PHI has been returned or destroyed and (2) that Business Associate does not continue to maintain any PHI. Business Associate is to provide this certification during this thirty (30) day period.

15.2 Business Associate shall provide to Covered Entity notification of any conditions that Business Associate believes make the return or destruction of PHI infeasible. If Covered Entity agrees that return or destruction is infeasible, Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible for so long as Business Associate maintains such PHI. This shall also apply to all Agents and Subcontractors of Business Associate.

16. Penalties and Training. Business Associate understands that: (a) there may be civil or criminal penalties for misuse or misappropriation of PHI and (b) violations of this Agreement may result in notification by Covered Entity to law enforcement officials and regulatory, accreditation, and licensure organizations. If requested by Covered Entity, Business Associate shall participate in training regarding the use, confidentiality, and security of PHI.

17. Security Rule Obligations. The following provisions of this section apply to the extent that Business Associate creates, receives, maintains or transmits Electronic PHI on behalf of Covered Entity.

17.1 Business Associate shall implement and use administrative, physical, and technical safeguards in compliance with 45 CFR sections 164.308, 164.310, and 164.312 with respect to the Electronic PHI that it creates, receives, maintains or transmits on behalf of Covered Entity. Business Associate shall identify in writing upon request from Covered Entity all of the safeguards that it uses to protect such Electronic PHI.

17.2 Business Associate shall ensure that any Agent and Subcontractor to whom it provides Electronic PHI agrees in a written agreement to implement and use administrative, physical, and technical safeguards that reasonably and appropriately protect the Confidentiality, Integrity and Availability of the Electronic PHI. Business Associate must enter into this written agreement before any use or disclosure of Electronic PHI by such Agent or Subcontractor. The written agreement must identify Covered Entity as a direct and intended third party beneficiary with the right to enforce any breach of the agreement concerning the use or disclosure of Electronic PHI. Business Associate shall provide a copy of the written agreement to Covered Entity upon request. Business Associate may not make any disclosure of Electronic PHI to any Agent or Subcontractor without the prior written consent of Covered Entity.

17.3 Business Associate shall report in writing to Covered Entity any Security Incident pertaining to such Electronic PHI (whether involving Business Associate or an Agent or Subcontractor). Business Associate shall provide this written report as soon as it becomes aware of any such Security Incident, and in no case later than two (2) business days after it becomes aware of the incident. Business Associate shall provide Covered Entity with the information necessary for Covered Entity to investigate any such Security Incident.

17.4 Business Associate shall comply with any reasonable policies and procedures Covered Entity implements to obtain compliance under the Security Rule.

18. Miscellaneous.

18.1 In the event of any conflict or inconsistency between the terms of this Agreement and the terms of the contract/grant, the terms of this Agreement shall govern with respect to its subject matter. Otherwise, the terms of the contract/grant continue in effect.

18.2 Business Associate shall cooperate with Covered Entity to amend this Agreement from time to time as is necessary for Covered Entity to comply with the Privacy Rule, the Security Rule, or any other standards promulgated under HIPAA.

18.3 Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule, Security Rule, or any other standards promulgated under HIPAA.

18.4 In addition to applicable Vermont law, the parties shall rely on applicable federal law (e.g., HIPAA, the Privacy Rule and Security Rule, and the HIPAA omnibus final rule) in construing the meaning and effect of this Agreement.

18.5 As between Business Associate and Covered Entity, Covered Entity owns all PHI provided by Covered Entity to Business Associate or created or received by Business Associate on behalf of Covered Entity.

18.6 Business Associate shall abide by the terms and conditions of this Agreement with respect to all PHI it receives from Covered Entity or creates or receives on behalf of

Covered Entity even if some of that information relates to specific services for which Business Associate may not be a “Business Associate” of Covered Entity under the Privacy Rule.

18.7 Business Associate is prohibited from directly or indirectly receiving any remuneration in exchange for an individual’s PHI. Business Associate will refrain from marketing activities that would violate HIPAA, including specifically Section 13406 of the HITECH Act. Reports or data containing the PHI may not be sold without Agency’s or the affected individual’s written consent.

18.8 The provisions of this Agreement that by their terms encompass continuing rights or responsibilities shall survive the expiration or termination of this Agreement. For example: (a) the provisions of this Agreement shall continue to apply if Covered Entity determines that it would be infeasible for Business Associate to return or destroy PHI as provided in Section 14.2 and (b) the obligation of Business Associate to provide an accounting of disclosures as set forth in Section 11 survives the expiration or termination of this Agreement with respect to accounting requests, if any, made after such expiration or termination.

(Rev: 9/21/13)

ATTACHMENT F
AGENCY OF HUMAN SERVICES' CUSTOMARY GRANT PROVISIONS

1. **Agency of Human Services – Field Services Directors** will share oversight with the department (or field office) that is a party to the grant for provider performance using outcomes, processes, terms and conditions agreed to under this grant.
2. **2-1-1 Data Base:** The Grantee providing a health or human services within Vermont, or near the border that is readily accessible to residents of Vermont, will provide relevant descriptive information regarding its agency, programs and/or contact and will adhere to the "Inclusion/Exclusion" policy of Vermont's United Way/Vermont 211. If included, the Grantee will provide accurate and up to date information to their data base as needed. The "Inclusion/Exclusion" policy can be found at www.vermont211.org
3. **Medicaid Program Grantees:**

Inspection of Records: Any grants accessing payments for services through the Global Commitment to Health Waiver and Vermont Medicaid program must fulfill state and federal legal requirements to enable the Agency of Human Services (AHS), the United States Department of Health and Human Services (DHHS) and the Government Accounting Office (GAO) to:

Evaluate through inspection or other means the quality, appropriateness, and timeliness of services performed; and inspect and audit any financial records of such Grantee or subgrantee.

Subcontracting for Medicaid Services: Having a subcontract does not terminate the Grantee, receiving funds under Vermont's Medicaid program, from its responsibility to ensure that all activities under this agreement are carried out. Subcontracts must specify the activities and reporting responsibilities of the Grantee or subgrantee and provide for revoking delegation or imposing other sanctions if the Grantee or subgrantee's performance is inadequate. The Grantee agrees to make available upon request to the Agency of Human Services; the Department of Vermont Health Access; the Department of Disabilities, Aging and Independent Living; and the Center for Medicare and Medicaid Services (CMS) all grants and subgrants between the Grantee and service providers.

Medicaid Notification of Termination Requirements: Any Grantee accessing payments for services under the Global Commitment to Health Waiver and Medicaid programs who terminates their practice will follow the Department of Vermont Health Access, Managed Care Organization enrollee notification requirements.

Encounter Data: Any Grantee accessing payments for services through the Global Commitment to Health Waiver and Vermont Medicaid programs must provide encounter data to the Agency of Human Services and/or its departments and ensure that it can be linked to enrollee eligibility files maintained by the State.

Federal Medicaid System Security Requirements Compliance: All Grantees and subcontractors must provide a security plan, risk assessment, and security controls review document within three months of the start date of this agreement (and update it annually thereafter) to support audit compliance with 45CFR95.621 subpart F, *ADP (Automated Data Processing) System Security Requirements and Review Process*.

4. **Non-discrimination Based on National Origin as evidence by Limited English Proficiency**

The Grantee agrees to comply with the non-discrimination requirements of Title VI of the Civil Rights Act of 1964, 42 USC Section 2000d, et seq., and with the federal guidelines promulgated pursuant to Executive Order 13166 of 2000, which require that Grantees and subgrantees receiving federal funds must assure that persons with limited English proficiency can meaningfully access services. To the extent the Grantee provides assistance to individuals with limited English proficiency through the use of oral or written translation or interpretive services in compliance with this requirement, such individuals cannot be required to pay for such services.

5. **Voter Registration.** When designated by the Secretary of State, the Grantee agrees to become a voter registration agency as defined by 17 V.S.A. §2103 (41), and to comply with the requirements of state and federal law pertaining to such agencies.

6. **Drug Free Workplace Act.** The Grantee will assure a drug-free workplace in accordance with 45 CFR Part 76.

7. **Privacy and Security Standards.**

Protected Health Information: The Grantee shall maintain the privacy and security of all individually identifiable health information acquired by or provided to it as a part of the performance of this grant. The Grantee shall follow federal and state law relating to privacy and security of individually identifiable health information as applicable, including the Health Insurance Portability and Accountability Act (HIPAA) and its federal regulations.

Substance Abuse Treatment Information: The confidentiality of any alcohol and drug abuse treatment information acquired by or provided to the Grantee or subgrantee shall be maintained in compliance with any applicable state or federal laws or regulations and specifically set out in 42 CFR Part 2.

Other Confidential Consumer Information: The Grantee agrees to comply with the requirements of AHS Rule No. 08-048 concerning access to information. The Grantee agrees to comply with any applicable Vermont State Statute, including but not limited to 12 VSA §1612 and any applicable Board of Health confidentiality regulations. The Grantee shall ensure that all of its employees and subgrantees performing services under this agreement understand the sensitive nature of the information that they may have access to and sign an affirmation of understanding regarding the information's confidential and non-public nature.

Social Security numbers: The Grantee agrees to comply with all applicable Vermont State Statutes to assure protection and security of personal information, including protection from identity theft as outlined in Title 9, Vermont Statutes Annotated, Ch. 62.

8. **Abuse Registry.** The Grantee agrees not to employ any individual, use any volunteer, or otherwise provide reimbursement to any individual in the performance of services connected with this agreement, who provides care, custody, treatment, transportation, or supervision to children or vulnerable adults if there is a substantiation of abuse or neglect or exploitation against that individual. The Grantee will check the Adult Abuse Registry in the Department of Disabilities, Aging and Independent Living. Unless the Grantee holds a valid child care license or registration from the Division of Child Development, Department for Children and Families, the Grantee shall also check the central Child Protection Registry. (See 33 V.S.A. §4919(a)(3) & 33 V.S.A. §6911(c)(3)).

9. **Reporting of Abuse, Neglect, or Exploitation.** Consistent with provisions of 33 V.S.A. §4913(a) and §6903, any agent or employee of a Grantee who, in the performance of services connected with this agreement, has contact with clients or is a caregiver and who has reasonable cause to believe that a child or vulnerable adult has been abused or neglected as defined in Chapter 49 or abused, neglected, or exploited as defined in Chapter 69 of Title 33 V.S.A. shall make a report involving children to the Commissioner of the Department for Children and Families within 24 hours or a report involving vulnerable adults to the Division of Licensing and Protection at the Department of Disabilities, Aging, and Independent Living within 48 hours. This requirement applies except in those instances where particular roles and functions are exempt from reporting under state and federal law. Reports involving children shall contain the information required by 33 V.S.A. §4914. Reports involving vulnerable adults shall contain the information required by 33 V.S.A. §6904. The Grantee will ensure that its agents or employees receive training on the reporting of abuse or neglect to children and abuse, neglect or exploitation of vulnerable adults.

10. **Intellectual Property/Work Product Ownership.** All data, technical information, materials first gathered, originated, developed, prepared, or obtained as a condition of this agreement and used in the performance of this agreement - including, but not limited to all reports, surveys, plans, charts, literature, brochures, mailings, recordings (video or audio), pictures, drawings, analyses, graphic representations, software computer programs and accompanying documentation and printouts, notes and memoranda, written procedures and documents, which are prepared for or obtained specifically for this agreement - or are a result of the services required under this grant - shall be considered "work for hire" and remain the property of the State of Vermont, regardless of the state of completion - unless otherwise specified in this agreement. Such items shall be delivered to the State of Vermont upon 30 days notice by the State. With respect to software computer programs and / or source codes first developed for the State, all the work shall be considered "work for hire," i.e., the State, not the Grantee or subgrantee, shall have full and complete ownership of all software computer programs, documentation and/or source codes developed.

The Grantee shall not sell or copyright a work product or item produced under this agreement without explicit permission from the State.

If the Grantee is operating a system or application on behalf of the State of Vermont, then the Grantee shall not make information entered into the system or application available for uses by any other party than the State of Vermont, without prior authorization by the State. Nothing herein shall entitle the State to pre-existing Grantee's materials.

11. **Security and Data Transfers.** The State shall work with the Grantee to ensure compliance with all applicable State and Agency of Human Services' policies and standards, especially those related to privacy and security. The State will advise the Grantee of any new policies, procedures, or protocols developed during the term of this agreement as they are issued and will work with the Grantee to implement any required.

The Grantee will ensure the physical and data security associated with computer equipment - including desktops, notebooks, and other portable devices - used in connection with this agreement. The Grantee will also assure that any media or mechanism used to store or transfer data to or from the State includes industry standard security mechanisms such as continually up-to-date malware protection and encryption. The Grantee will make every

reasonable effort to ensure media or data files transferred to the State are virus and spyware free. At the conclusion of this agreement and after successful delivery of the data to the State, the Grantee shall securely delete data (including archival backups) from the Grantee's equipment that contains individually identifiable records, in accordance with standards adopted by the Agency of Human Services.

12. **Computing and Communication:** The Grantee shall select, in consultation with the Agency of Human Services' Information Technology unit, one of the approved methods for secure access to the State's systems and data, if required. Approved methods are based on the type of work performed by the Grantee as part of this agreement. Options include, but are not limited to:
1. Grantee's provision of certified computing equipment, peripherals and mobile devices, on a separate Grantee's network with separate internet access. The Agency of Human Services' accounts may or may not be provided.
 2. State supplied and managed equipment and accounts to access state applications and data, including State issued active directory accounts and application specific accounts, which follow the National Institutes of Standards and Technology (NIST) security and the Health Insurance Portability & Accountability Act (HIPAA) standards.

The State will not supply e-mail accounts to the Grantee.

13. **Lobbying.** No federal funds under this agreement may be used to influence or attempt to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, continuation, renewal, amendments other than federal appropriated funds.
14. **Non-discrimination.** The Grantee will prohibit discrimination on the basis of age under the Age Discrimination Act of 1975, on the basis of handicap under section 504 of the Rehabilitation Act of 1973, on the basis of sex under Title IX of the Education Amendments of 1972, or on the basis of race, color or national origin under Title VI of the Civil Rights Act of 1964. No person shall on the grounds of sex (including, in the case of a woman, on the grounds that the woman is pregnant) or on the grounds of religion, be excluded from participation in, be denied the benefits of, or be subjected to discrimination, to include sexual harassment, under any program or activity supported by state and/or federal funds.

The grantee will also not refuse, withhold from or deny to any person the benefit of services, facilities, goods, privileges, advantages, or benefits of public accommodation on the basis of disability, race, creed, color, national origin, marital status, sex, sexual orientation or gender identity under Title 9 V.S.A. Chapter 139.

15. **Environmental Tobacco Smoke.** Public Law 103-227, also known as the Pro-children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, child care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds.

The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, & Children (WIC) coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

Grantees are prohibited from promoting the use of tobacco products for all clients. Facilities supported by state and federal funds are prohibited from making tobacco products available to minors.

Attachment F- Revised AHS- 12/10/10

