September 13, 2016

Jennifer Klocinski
Elena Fazio
U.S. Administration on Aging, Administration for Community Living
Department of Health and Human Services
330 Independence Ave., SW
Washington, DC 20201

Re: Request for comments on proposed revisions to the State Program Report

Dear Ms. Klocinski and Ms. Fazio:

On behalf of the National Association of Area Agencies on Aging (n4a), which represents the country's 622 Area Agencies on Aging (AAAs), I am writing in response to the proposed revisions to the State Program Report.

Given that AAAs are the lead source of local level information that is reported to the U.S. Administration on Aging (AoA) through the State Program Report (SPR), n4a appreciates the opportunity to comment and weigh in on this important topic. We applaud the thoughtful and thorough approach that ACL has taken in developing the SPR changes. n4a lends its support to the majority of the proposed changes and we recognize the vast amount of work that has gone into developing this proposal.

Overall, n4a supports the reduction in measures. Reducing the number of required measures from approximately 7,000 to fewer than 2,000 by focusing on data quality and data utilization is impressive. While in the long run, there will be potential savings due to these changes, particularly savings in staff time, we also recognize that there will be short-term cost increases as agencies implement the changes. We hope AoA will provide targeted financial support to agencies to assist with the transition. We also urge AoA to gather data to speak to the anticipated costs saved by reducing the data collection burden which we believe will be important in messaging these changes to the Aging Network. Our specific comments are organized by section of the State Program Report.

Services: Older Adult Consumer

Care Transitions: n4a understands that AoA is considering adding care transitions as a service category. We believe this change should be given additional thought, particularly in terms of how a care transitions program is defined. AAAs offer many services that could be considered components of a care transitions program, such as personal care, homemaker, chore, home-delivered meals, case management, transportation and others. Depending on the model implemented, a care transitions initiative may be an evidence-based program as well. Adding a care transitions category may result in duplication of reporting. We encourage AoA to consider a strategy similar to the approach developed for self-directed services and instead define services as care transitions activities, instead of creating a separate category for care transitions.

Services: Caregiver

Counseling/Support Groups/ Trainings: We understand the approach to classify counseling, support groups and training as separate services in the SPR, however, we encourage AoA to consider defining support groups and trainings as non-registered services. While intakes and assessments with demographic information are routinely conducted for counseling services, AAAs less commonly conduct intakes or assessments for support groups and trainings that often depend on an "open access" approach to reach the greatest number of caregivers possible. We believe shifting support groups and trainings to the non-registered category while keeping counseling in the registered status will preserve open access to services and provide valuable information about the amount of services provided, while reducing the data burden but maintaining or increasing data accuracy.

Consumer Demographics and Characteristics

Poverty Status: n4a believes that detailed information on the income level of consumers served through OAA funding is critical for advocacy efforts demonstrating the value of home and community-based services. We understand the SPR may not be the best place to report and track these data, and that AoA instead captures this information in the National Survey of OAA Participants. n4a recommends the continued collection of poverty in the National Survey, and we further encourage AoA to ensure data are easily accessible on the AoA/ACL website or through other publicly available sites.

Other Data Components and Network Profile

Legal Services: We understand and support the intent behind moving Legal Services from a non-registered to registered status to increase collected information on the provision of legal services, which will in turn allow for greater justification to Congress and other policy makers as to the value of this vital service. However, since this is a substantive change affecting AAA and legal services providers' data collection and reporting, and will have cost and staff time implications, we urge thoughtful consideration as to whether all the registered demographics are necessary. In the current SPR, certain services are considered "Cluster 2 Registered Services" that require summary client demographic profiles as opposed to detailed client demographic profiles. A similar option may be appropriate for legal services.

Business Acumen Activities: n4a agrees that it is important to track business acumen–related activities occurring within the Aging Network as AAAs respond to the changing service provision and payment environment. It is critical, however, that questions about contracts must be clearly written and defined or data quality will suffer. Our experiences in this arena can inform the formation of such questions. For example, one way to phrase this question may be: "Does your AAA have a contract or business relationship with a health care entity that results in payment for your work? Examples of health care entities include, but are not limited to, health plans, Medicaid managed care plans, hospitals, accountable care organizations, and patient-centered medical homes."

Comment Boxes: As proposed, there are two optional comment fields, one asking State Units on Aging (SUAs) to comment on the "number of AAAs and providers and the services they provide" and one asking about Aging Network volunteers. n4a strongly recommends removing the comment boxes. Removing the comment boxes is in alignment with the rationale for the vast majority of the other proposed changes—to not collect data that is unlikely to be used. Additionally, SUAs and AAAs may have different perspectives on these areas, and providing the opportunity to comment to only the SUAs encourages a potentially biased perspective by neglecting to solicit AAA feedback.

Support to Agencies: n4a's final recommendation concerns funding support of the Aging Network as these changes are implemented. Many of these changes have information technology and staff time implications. A few examples of changes that will require system configurations include: changes to race, ethnicity and minority status; changes to the age categories for older adults and consumers; addition of legal services as a registered service; reporting under the new respite care categories; and many others. While ultimately data burden will be reduced over the long-term, in the short-term AAAs will need dedicated funding and staff time to address these changes. We urge AoA to provide funding support for all AAAs as implementation to the new SPR moves forward but at a minimum to provide additional support to the pilot sites.

Again, we want to thank AoA for the thorough review of the SPR and for engaging stakeholders in the process. We look forward to continuing to work with you on this important topic.

Sincerely,

Sandy Markwood
Chief Executive Officer