



ORIENTATION PRIMER

for

New York State

Area Agency on Aging

Advisory Councils

**Andrew M. Cuomo
Governor**

**Greg Olsen
Acting Director**

June 2013

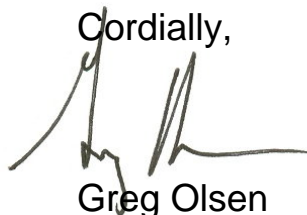
Dear Advisory Council Member:

For many years, the New York State Office for the Aging (NYSOFA) and area agencies on aging (AAAs) have used advisory councils to help advance new policies, review program and service effectiveness, assist with public hearings and serve as an intermediary between the senior community and NYSOFA or the AAAs they serve.

Advisory council members are the eyes and ears at the local level. NYSOFA relies on council input to help ensure the needs and concerns of older New Yorkers and their families are being heard and responded to. Advisory councils and advisory council members are a key link in the success of the aging network and are embedded within the Federal Older Americans Act (OAA).

This updated Orientation Primer is designed to provide current members and incoming members with an overview of the aging network and member responsibilities. It contains a great deal of useful information that will help you to serve as an effective advocate for older adults.

Cordially,

A handwritten signature in dark ink, appearing to read 'Greg Olsen', with a stylized, flowing script.

Greg Olsen
Acting Director

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Preface

The purpose of this Orientation Primer is to provide an overview of New York State's aging network and the role that it plays in the nation's aging network. The Primer highlights the unique contribution of local Advisory Councils to the network.

Informed and concerned Advisory Councils have been an integral part of the aging network since its inception. Their role will become even more important because of the increase in the number of older individuals that is occurring.

In fact, the State's older population is growing much faster than the rest of the population, with the most rapid growth occurring among the oldest of the old, older women, minorities and older people living alone. Since these individuals require stronger advocacy and more assistance to be economically secure and to remain independent and healthy, they should receive special attention from Advisory Councils and the rest of the aging network.

This Primer, prepared by the New York State Office for the Aging (NYSOFA) should be helpful to Advisory Council members and to all who are concerned about the well-being of older New Yorkers.

AGING NETWORK

Professionals and paraprofessionals in health and social services use the terms “network on aging” or “aging network” quite loosely, assuming that everyone understands them. Unfortunately, this is not the case. Individuals within a community may be aware of a service available to older adults, but may be unaware of its origin or relationship to the aging network. Even area agencies on aging (AAAs) may be known locally under various names, such as the county office for the aging, or department for the aging. Most people are unaware of the part that federal, state, area agencies on aging and the private/voluntary sector play in advocating, planning, and funding services that are provided for older adults at the community level.

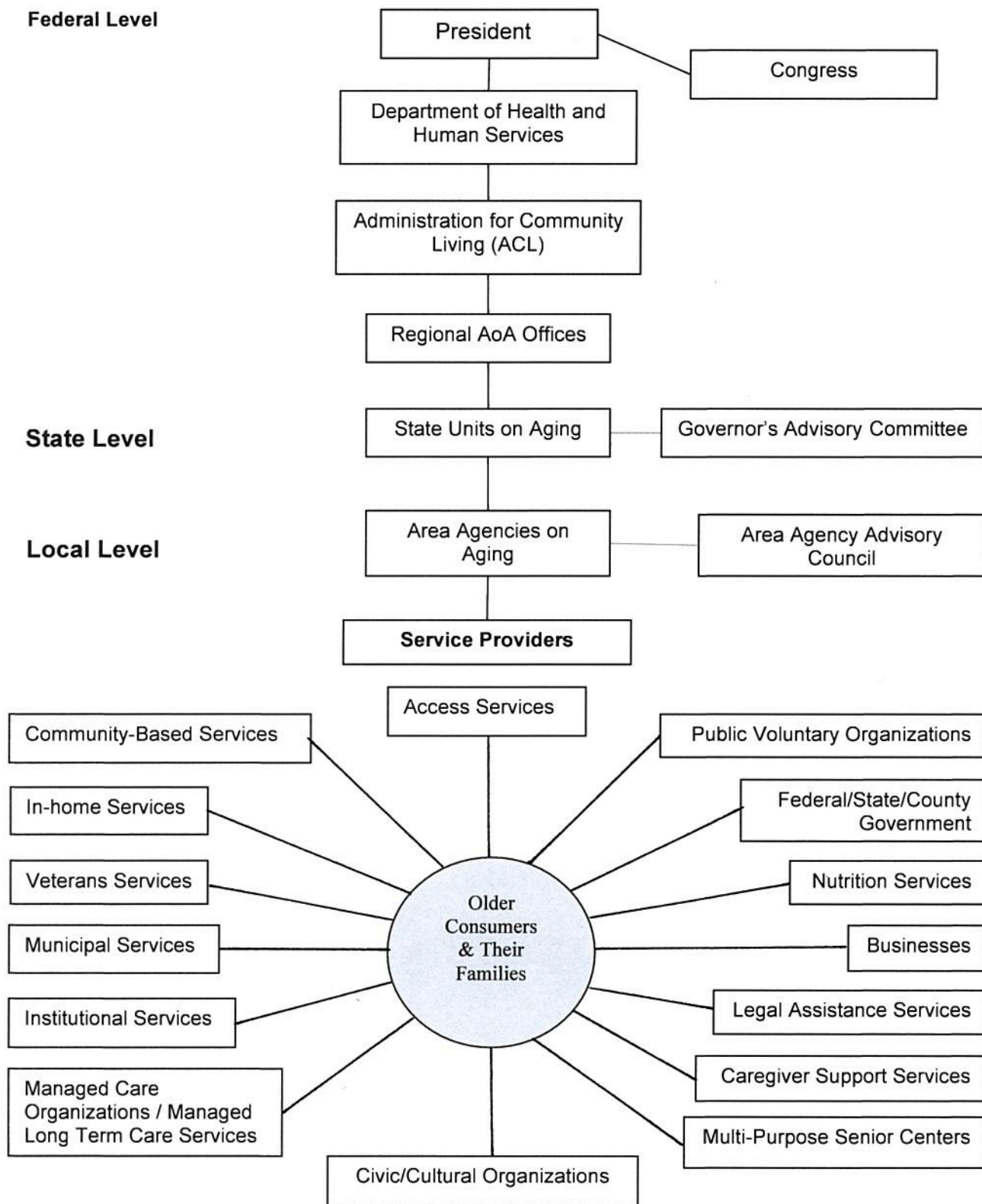
The development of the network is both complex and unique. The most effective way to explain the complexities is to review the network’s evolution, its internal relationships and its relationships with various service systems.

The administrative core of the aging network includes the Administration for Community Living, which oversees the Administration on Aging (AoA) at the federal level, ten AoA regional offices, 56 State Units on Aging (SUA) designated by the governors of each state, some 629 area agencies on aging at the planning and service level, 244 Tribal organizations and 2 Native Hawaiian organizations. In addition, the network extends into other public and private service providers and agencies such as nutrition sites, social service departments, multi-purpose senior centers, advisory councils and advocacy groups, as well as the private, voluntary and corporate sectors. Agencies at these levels are linked by an administrative and funding relationship under the Older Americans Act (OAA) and are considered integral parts of a comprehensive national aging network.

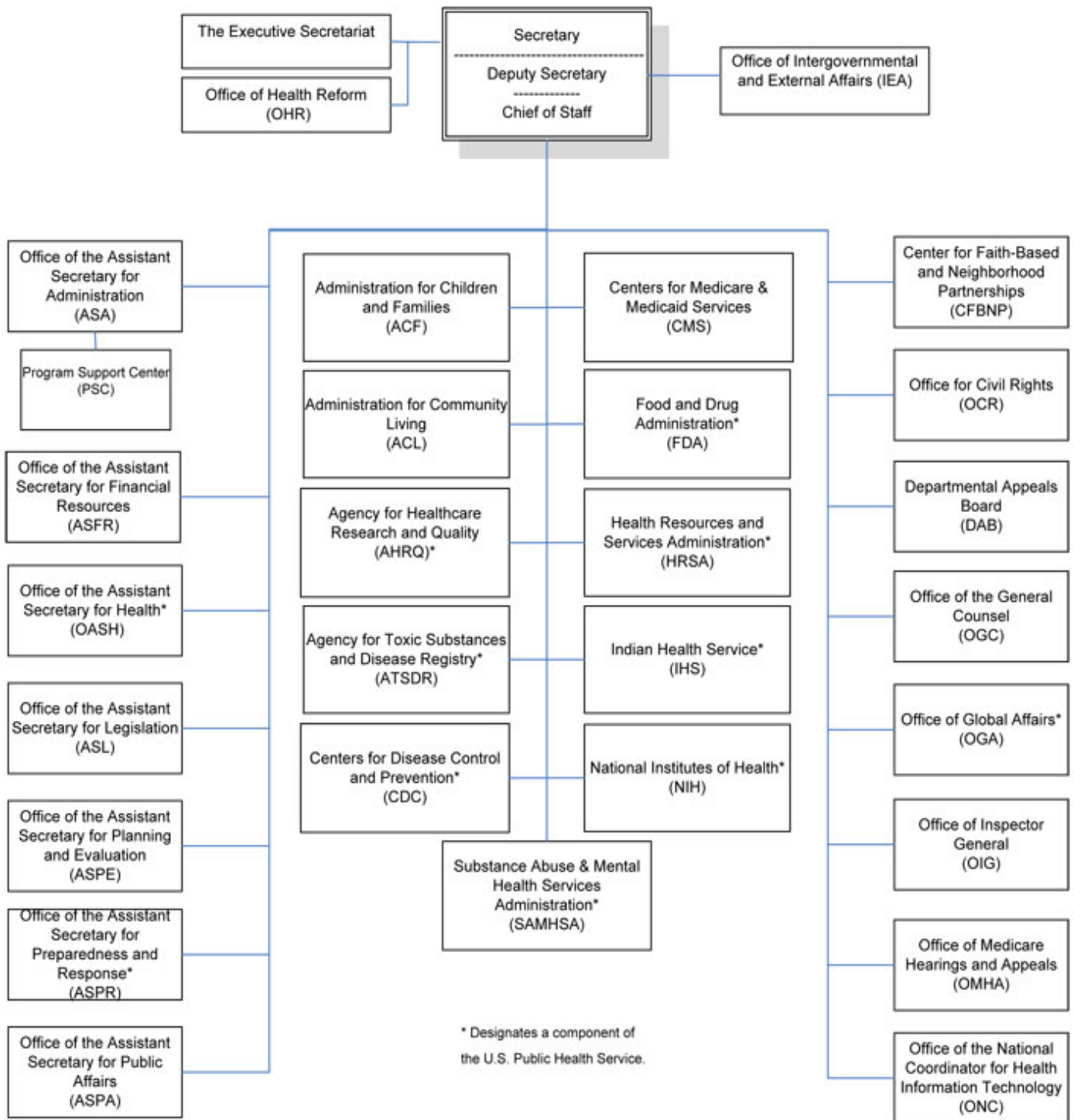
In New York, State government has improved the ability of the State Office and AAAs to serve older adults who need help in order to remain at home and to participate in family and community life. This core structure of the aging network is the foundation for the development of a more comprehensive network that encompasses older individuals, consumers of services, national organizations, other federal agencies, private industry, the general public and many others.

Each part of this comprehensive network has different expectations and different sets of perspectives and experiences that directly or indirectly impact the lives of older adults, but all work together in an integrated fashion as shown in the diagrams depicting the National Aging Services Network on the following pages.

DIAGRAM OF NATIONAL AGING SERVICES NETWORK (Revised 2013)

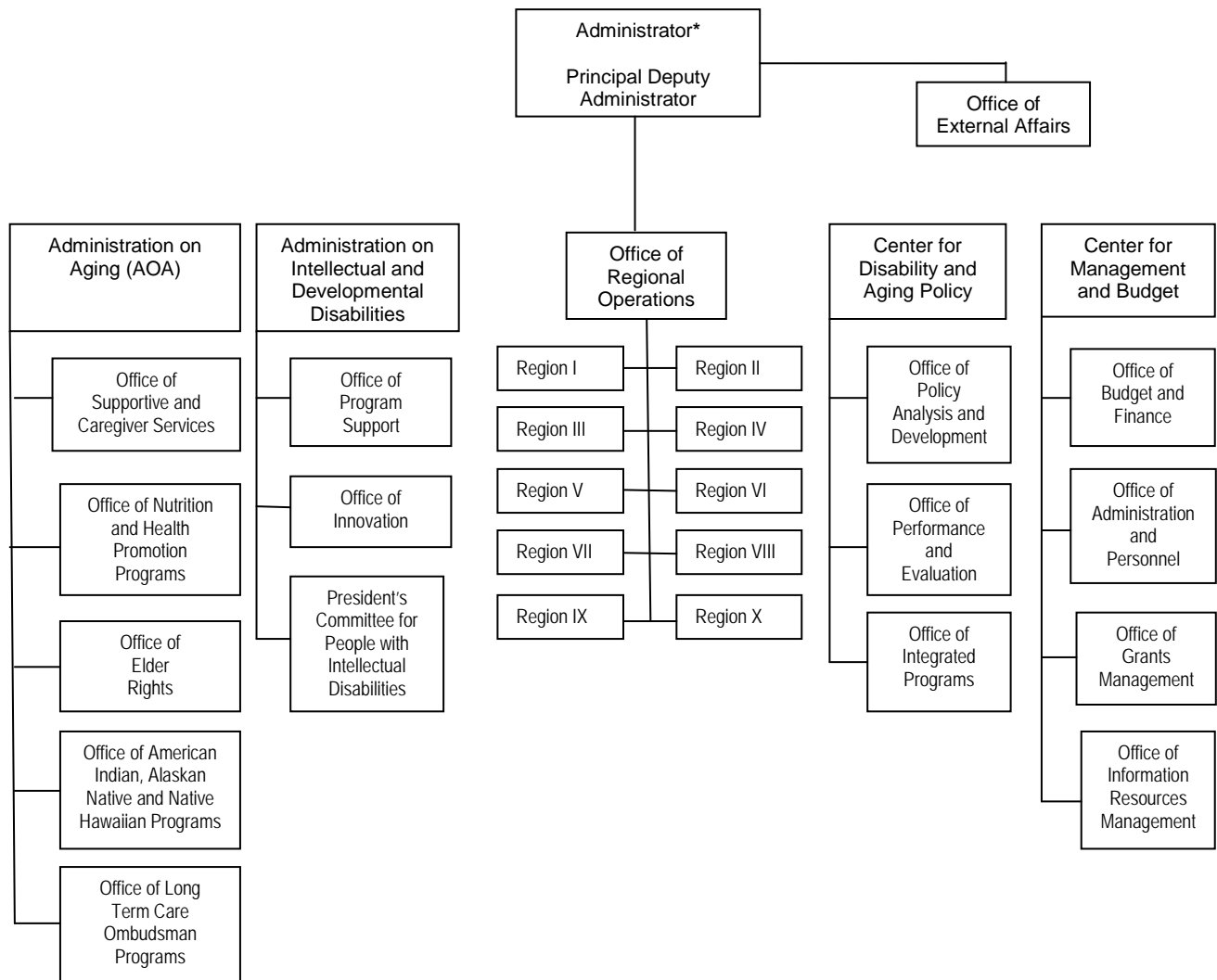


US Department of Health and Human Services Organization Chart



Administration for Community Living (ACL)

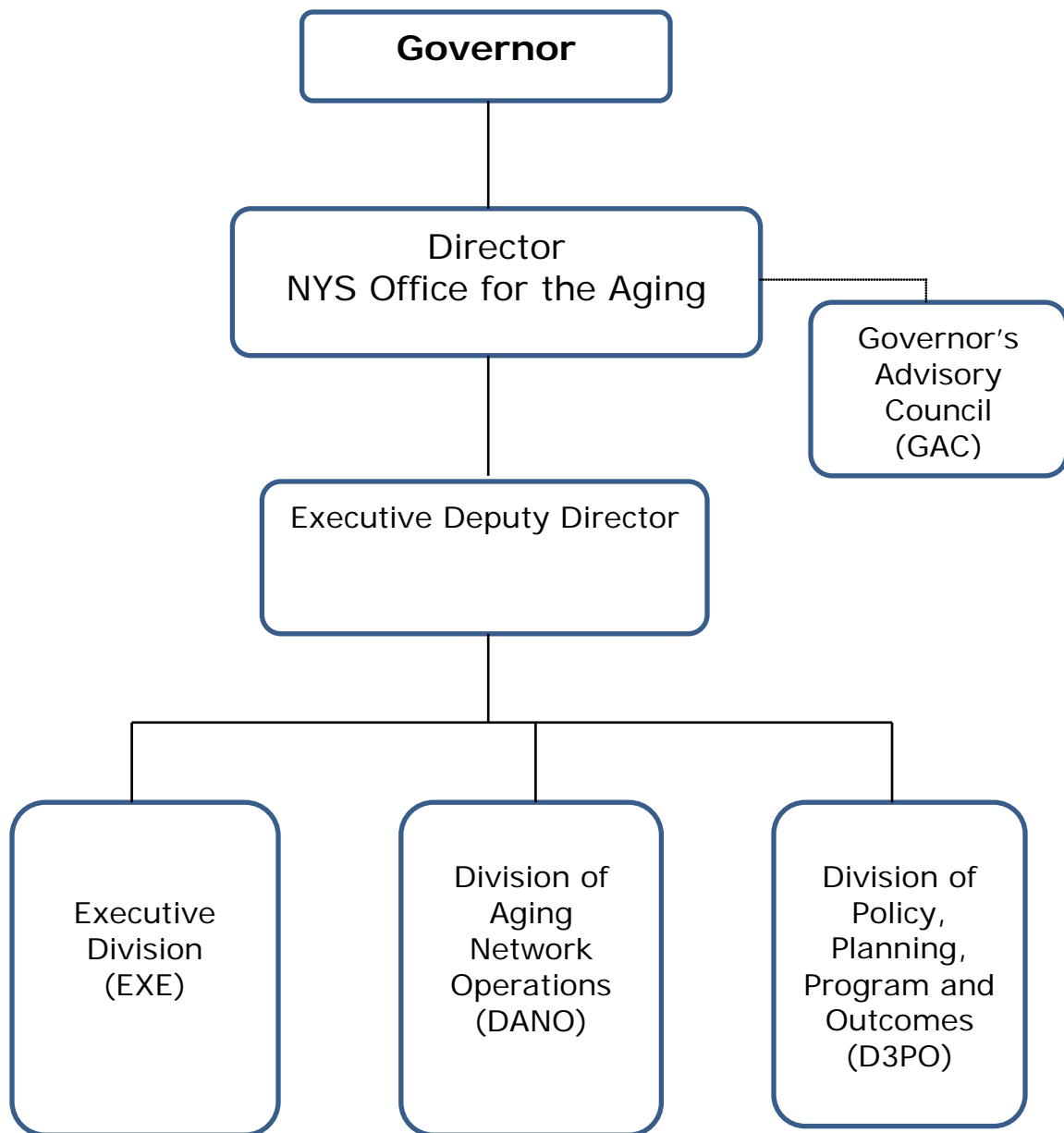
Organizational Chart



*Also serves as **Assistant Secretary for Aging**

April 2013

NEW YORK STATE OFFICE FOR THE AGING ORGANIZATIONAL CHART



OVERVIEW OF THE KEY COMPONENTS OF THE AGING NETWORK

A. The U. S. Congress

Congress has taken responsibility for enacting national legislation to assure the dignity and well-being of older adults. The Older Americans Act (OAA) is the authority at the national level from which the administrative aging network has evolved. Since its enactment in 1965, Congress has continued to reauthorize the OAA to assure that its objectives are realized.

B. The Administration for Community Living (ACL)

The Administration on Aging (AoA) was established with the passage of the Older Americans Act in 1965 and is an agency within the Department of Health and Human Services (DHHS), under the direction of an Assistant Secretary for Aging. In April of 2012 the Administration for Community Living was established and brought together the Administration on Aging, the Office on Disability and the Administration on Developmental Disabilities into a single agency that supports both cross-cutting initiatives and efforts focused on the unique needs of individual groups, such as children with developmental disabilities or older adults with dementia. This new agency works on increasing access to community supports and achieving full community participation for people with disabilities and older adults. For more information, please visit <http://www.hhs.gov/acl>.

ACL serves as a visible focal point, effective advocate and coordinating agency for all matters pertaining to people with disabilities and older adults at the federal level. The Assistant Secretary for Aging is appointed by the President and confirmed by the Senate.

ACL's major responsibility is to implement federally mandated programs authorized under various titles of the Older Americans Act. ACL disseminates information related to the needs and interests of older adults and professionals in the field of aging. ACL is also responsible for administering the training, research, demonstration and national training program authorized under Title IV of the OAA. These OAA programs are designated to help frail, vulnerable older adults remain independent in their own homes by providing a full range of sound supportive services.

Ten Regional AoA offices operate throughout the United States as the focal points for aging activities at the federal level. The regional offices work directly with the State Units on Aging in their respective region and review State Plans and funding formulas, which are then approved by the Assistant Secretary. They also monitor and provide technical assistance to State Units and collaborate with other federal departments, organizations or businesses to encourage the targeting of their resources to those age 60 and older and to ensure coordination throughout the aging network.

C. State Units on Aging (SUA)

The SUA is the designated agency in each State responsible for developing and administering a multi-year Plan and serves as the primary advocate for older residents. There are 56 State Units on Aging located in all 50 States and 14 territories.

The Older Americans Act requires ACL to allocate OAA funds to State Units primarily based on the number of people age 60 and older in the state/territory with some adjustments as shown on page 12. These funds serve as the nucleus for developing the aging network in each state by developing supportive and community-based services. SUAs receive funds for nutrition, supportive services, elder rights, long term care ombudsman, legal services, outreach, abuse prevention efforts and caregiver support services.

It is also significant to point out Governors and state legislators have a direct impact on the aging network within their respective states. State policies and procedures may impose additional requirements on the implementation of the OAA programs at the State and local levels. State funds may also be earmarked for use through the aging network.

As one of its major responsibilities, the State Unit divides the State into planning and service areas (PSAs) and designates an AAA within each area. Each AAA is required to complete and submit an Area Plan to the State Unit, which describes how OAA funds will be allocated for specific programs targeted to the older population. Upon approval of an Area Plan, the State Unit approves distribution of OAA Title III and State funds based on an approved formula. The State Unit monitors the implementation of the AAA's Area Plan, conducts fiscal reviews and provides technical assistance and training to the area agency on aging to ensure it is satisfying the requirement as well as the goals and objectives outlined to serve the needs of the older adults at the local level.

An active State Advisory Committee should be established in each state to:

- Advise the State Unit on the development and implementation of the State Plan;
- Assist in conducting public hearings;
- Represent the interests of older adults at the State level; and,
- Review and comment on State and national policies, which affect the older population.

The Governor's Advisory Committee on Aging (GAC) serves as the Advisory Council for the New York State Office for the Aging (NYSOFA). The GAC's overall goal is to identify the issues and concerns of New York's older population and assist in affecting change to benefit them. Guidelines for the committee begin on page 17.

The GAC advises on issues relating to State and Federal Policy impacting older adults, legislative issues, and the role of NYSOFA. Members are appointed by the Governor. This State Committee, which may or may not include Advisory Council representatives from the area agencies on aging, also serves as an advisory body to the State Unit on other matters as deemed necessary.

D. Area Agencies on Aging (AAAs)

The AAA plans, coordinates, advocates and initiates the development of a comprehensive service delivery system at the local level to meet the short and long-term needs of older adults in a PSA. AAAs work with Federal, State and local officials, senior constituents, service providers, and the private/voluntary sectors to coordinate existing services and to stimulate new ones. Each AAA prepares a multi-year Area Plan with annual updates, which identifies the needs of that area's older adults; existing services; gaps between needs and services; sets objectives and priorities; and specifies which services will be provided to meet those needs.

The Area Plan represents a formal contract between the State Unit and the AAA, which explains how the AAA plans to carry out its responsibilities under the Older Americans Act. This Area Plan also describes in detail how federal and state funds will be used by the AAA during the program period.

The AAA, in most cases, enters into contractual agreements with both non-profit and proprietary service providers to deliver a variety of services outlined in the Area Plan. Under the Older Americans Act, local service providers are used to provide services to persons age 60 and older with greatest economic or social need, with particular attention to low-income minorities.

E. Older Consumer Services

To meet the growing and diverse needs of the older consumer, OAA services fall under many categories including:

- Access services such as outreach, information and assistance, assessment and case-management;
- In-home services, which includes home health care, homemaking/personal care, house-keeping/chore, in-home contact, home delivered meals and home repair;
- Community-based services, including senior centers, congregate meals, social adult day care, nursing home ombudsman, elder abuse prevention, legal assistance, employment counseling and referral, health promotion and fitness programs; and,
- Caregiver services such as respite, counseling, support groups and education programs.

Services are designed to enhance federal, state and local commitments to offer a continuum of services that directly benefit and meet the varied needs of the older consumer.

F. Service Providers

Local service providers are a key component to service delivery. They are defined in Federal regulations as the entity that is awarded a sub-grant or contract from an AAA under the Area Plan. The service provider is in direct contact with older adults, they translate dollars into tangible services.

G. Summary

As this section illustrates, each component of the aging network plays a unique role in the development of a comprehensive service delivery system for older adults at the local level. The ability of the network to achieve its goal of meeting the needs of older adults depends upon how well each partner comprehends and carries out its individual roles and responsibilities.

STATE UNITS ON AGING

A. Purpose and Designation

The State Unit on Aging is the government agency designated by the Governor and or state legislature to function as the focal point for all activities related to the needs and services for older adults within a state. The State Unit's goal is to improve the quality of life for older adults by serving as their advocate at the State level and by helping the AAAs develop comprehensive and coordinated service delivery systems at the local level. The SUA is also responsible for planning, coordinating, funding and evaluating Older Americans Act programs.

In New York State, the SUA is the New York State Office for the Aging and is a single purpose organization in the Executive Branch. The Director is a member of the Governor's Cabinet.

B. Roles and Responsibilities of State Units on Aging

The basic responsibilities of the State Unit are to:

- Develop and administer the State Plan;
- Conduct public hearings on the State Plan and other pertinent issues;
- Serve as an effective and visible advocate for all older adults in the State;
- Divide the State into Public Service Areas;
- Designate and fund an AAA within each PSA; and,
- Assist AAAs in the development of comprehensive and coordinated service delivery systems and coordinate all systems and activities in the state relating to the purposes of the OAA.

C. State Plan Development

The Administration for Community Living requires that a two, three and four-year plan must be developed by the SUA to set forth the manner in which the responsibilities under the OAA will be carried out. In order to ensure that the objectives of the State and AAA plans are consistent, the State Plan must be built on the approved Area Plans for each PSA. The New York State Plan on Aging can be found at the following link:

<http://www.aging.ny.gov/NYSOFA/PlanOnAging.pdf>

The State Plan is also based on information gathered from periodic consultations between the SUA and AAAs. Through this direct contact with the AAAs, the State can better assess the needs of older adults, establish statewide priorities, examine procedures for State Plan implementation and assure consistency among State and AAA objectives.

The Administration for Community Living is responsible for approving the State Plan and allocating OAA funds to the State Units on Aging. The SUA, coordinating with all AAAs, then develops a funding formula based upon statutory requirements to allocate OAA

funds to each PSA throughout the state. The formula considers various factors related to the needs of the intended customer, either the older adults or their caregivers.

In New York State, current formula factors used in determining allocations for each AAA for Titles III-B, III-C-1, III-C-2 and III-D are:

- total population age 60 and older;
- total population age 75 and older;
- total minority population age 60 and older; and,
- total population age 60 and older with incomes at or below 100% of the federal poverty guideline.

There is a minimum base allocation for less populated AAAs in rural areas. The prior year's allocation is also used as a factor. State formulas are reviewed and may be changed with each new State Plan.

Formula factors used in determining Title III-E allocations to AAAs include:

- the population age 75 and older;
- the minority population age 60 and older;
- the population age 60 and older with income at or below 150% of the federal poverty guidelines;
- the population age 60 and older who live with others; and,
- the population age 60 and older with mobility impairments.

The funding formula minimizes year-to-year fluctuations in allocations for all AAAs, and ensures a stable minimum base allocation (in years when the State's III-E allotment from ACL does not decrease) for less populated rural AAAs.

D. Planning and Service Area Designations

State Units on Aging are responsible for dividing the State into PSAs, which are geographic regions composed of one or more local government bodies. The following factors must be considered when identifying PSAs:

- Distribution of persons age 60 and older, including those with the greatest economic or social needs;
- Services needed and resources available to meet those needs;
- Views of local public officials; and,
- Boundaries of local governments, regional planning councils, Native American reservations and economic development districts.

After the PSAs are identified, the State Unit designates and funds an AAA in each area to develop comprehensive coordinated service delivery systems to meet the needs of older adults in the local communities. In New York State the PSA designations are primarily within county geographical boundaries. The two Native American reservations have also been designated as PSAs.

E. Public Participation

State Units hold public hearings on the proposed State Plan and other pertinent issues. The State is required to have a mechanism to obtain and consider the views of older adults in developing and administering its State Plan.

F. State Unit Functions

Generally, the State Units have two basic functions:

- Conduct activities to enhance the development of service delivery systems at the local level; and,
- Advocate for older adults.

1. Horizontal State Level Activities

Activities that enhance the development of services include:

- Creating linkages with other agencies and departments at the State level;
- Testing service delivery models;
- Training;
- Technical Assistance;
- Coordinating and pooling resources; and,
- Program evaluation.

The State Unit works to improve existing relationships and establish new linkages among federal, state, area, and community agencies and organizations to enhance the coordination of service delivery to older adults. Linkages are often established on the State level, which facilitate parallel relationships at the local level. For example, coordination between the State Unit and the State Mental Health Agency can stimulate coordination at the local level between community mental health centers and AAAs. Therefore, it is important for State Units to build and maintain good relationships with all components of State government, including the State Legislature.

State Units frequently test the viability of new models for delivering services at the local level. AAAs can then use the analysis of these model projects in their planning for services at the community level. For example, a community care program initially funded with State funds as a model project can develop into a statewide program administered by AAAs, totally funded with State dollars and local matching funds.

Providing technical assistance to AAAs is another important function of the SUA. The State Unit can respond to an AAA request or to an identified need in providing assistance during the on-site monitoring of AAAs. This technical assistance is designed to strengthen the ability of AAAs to carry out their responsibilities at the local level.

State Units can also provide technical assistance by developing information documents, which address, for example, program policies, procedures, guidelines, fiscal mandates and

management practices. These documents, coupled with policy interpretations by the SUA, help AAAs define priorities, establish necessary services, monitor, evaluate and provide technical assistance to service providers and maintain program and fiscal accountability.

Another important function of the SUA is to coordinate resources, which can often be directed toward providing services to the more at-risk population at the local level. This coordination is often achieved through interagency agreements using Memoranda of Understanding (MOU) or Memoranda of Agreement (MOA) with other state departments and agencies.

The State Unit also has the ongoing responsibility to monitor and evaluate the performance of individual AAAs to ensure program and fiscal accountability and adequate progress in implementing and achieving the objectives and goals set forth in their Area Plan.

2. State Level Advocacy for Older Adults

The State Unit serves as the most visible and effective advocate for older constituents in three ways:

- Engaging in direct action on behalf of older adults;
- Encouraging and supporting participation by older adults in activities, which help them promote their own interests; and,
- Assuming a strong leadership role in guiding, directing, and supporting other state advocacy efforts for aging residents.

The State Unit acts as a direct advocate by representing the interests of older adults before legislative and other formal bodies at the local, state and national levels. This can involve proposing legislation, proposing changes to legislation and regulations, as well as sending legislative advocacy alerts to the state's aging network. The SUA also reviews and comments on other state legislative or regulatory proposals that directly or indirectly impact older adults or the network of aging services.

One of the SUA's primary responsibilities has been the establishment and operation of a statewide Long Term Care Ombudsman Program (LTCOP). Ombudsmen are authorized to act on behalf of older adults and persons with disabilities who live in long-term care facilities by:

- Investigating and resolving complaints made by or for older adults in institutional settings;
- Monitoring laws and other regulations that relate to long-term care facilities;
- Informing the public about problems that may exist in long-term care institutions; and,
- Training volunteers who can assist in Ombudsman related activities in counties throughout New York State.

In New York, NYSOFA has contracts with the AAAs and community-based not-for-profits to administer LTCOP locally. These programs provide a critical protective and advocacy mechanism for the residents in local institutions.

G. Governor's Advisory Committee on Aging (GAC) Guidelines

Purpose of the Committee:

- To advise the Governor and the Director of the New York State Office for the Aging on issues relating to State and Federal policy affecting older adults, legislative issues of concern to the state's older population, as well as to recommend actions that can be taken by NYSOFA to promote change that will benefit older New Yorkers and their families.
- To advise the Director and staff of the NYSOFA on matters concerning the administration of programs authorized under the Older Americans Act and those funded by New York State. The Committee is advisory only as described in Section 210 of Title 1 of Article 2 of the Elder Law.

Membership:

The Committee shall consist of not more than 35 members appointed by the Governor.

- A Chairperson of the Committee is selected by the Governor and shall serve as chairperson at the pleasure of the Governor;
- at least 60% of the members should be 60 years of age or older and/or who are actively involved in programs for the elderly at the state and local level;
- members are selected from all regions of the state and do not serve as representatives of a specific organization; and,
- all members are appointed for terms of three years. Any member chosen to fill a vacancy created other than by a term expiration will be appointed for the unexpired term of the member(s) he/she succeeds.

Responsibilities of Members:

- To attend regularly scheduled meetings in person. If a member has three consecutive absences, the term may be deemed vacant for purposes of nomination and appointment of a successor;
- To review materials specific to agenda items sent prior to meetings in order to discuss issues;
- To advise the Director of NYSOFA on issues relating to State and Federal policy affecting older adults, legislative issues and the role of the state office;
- To become knowledgeable about aging problems, issues, and programs. To accomplish this, members should engage in the following activities;
 - Visiting Older Americans Act and state funded programs in their area as well as participating in other activities involving older adults;

- Communicating with members of local Area Agencies on Aging Advisory Committees, participants in Older Americans Act and state funded programs, people in the community who are unaffiliated with aging programs, as well as service providers and elected officials in order to learn of their view points and concerns;
- Be knowledgeable about the needs and concerns of the most frail, in-need older New Yorkers who are the primary beneficiaries of the Older Americans Act and state funded programs;
- Be knowledgeable about the needs and concerns of minority older adults and those with disabilities;
- Be actively involved in the preparation of the State Plan for the Older Americans Act; and,
- Be actively involved in the preparation and chairing of NYSOFA's public forums.

Responsibilities of the New York State Office for the Aging to the GAC

The Office for the Aging will provide the Governor's Advisory Committee with:

- staff designated by the Director to support the Committee in fulfilling its functions;
- additional staff resources for consultation and technical assistance as indicated by agenda items;
- background information and materials necessary to assist in the development of Committee recommendations; and,
- travel expenses where feasible to attend meetings pursuant to agency travel guidelines, a meeting place, and provisions for communications with staff between meetings.

Meeting Information:

- Committee meetings will be held 2-3 times a year.
- The Director and/or the Executive Deputy Director or their designee will attend all meetings and ensure participation of appropriate NYSOFA staff. In the absence of a Chairperson, the Director will appoint an Acting Chairperson to conduct a meeting.
- The exact dates, location and times of meetings will be determined by NYSOFA in consultation with the Committee Chairperson. Members will be given sufficient notification.
- Committee agendas are developed by the Chairperson in consultation with the NYSOFA Director. Members may submit items for meeting agendas. Minutes will be sent to all members.
- All meetings will be open to the public in accordance with the New York State Open Meetings Law.

AREA AGENCIES ON AGING

An area agency on aging is the formal linkage between the SUA and the local community. New York State has 59 AAAs. Four AAAs are sponsored by private, non-profit organizations, 53 are sponsored by local government, and/or the City of New York, which covers all five boroughs, and two Native American tribal organizations which have been designated as AAAs.

A. Area Agency Purpose and Designations

An AAA is the focal point at the sub-state level through which aging programs are funded and integrated. These agencies plan, coordinate, and advocate for the development of a comprehensive and coordinated system which serves all older adults in a PSA. They provide program funds for a full range of in-home and social services to persons 60 years of age and older with the greatest economic or social need.

As with the State Units, designated AAAs are not always referred to by the same name throughout the country. In New York State, AAAs are called county offices for the aging, departments for the aging, commissions on aging, area agencies on aging, and so forth.

B. Functions and Responsibilities of Area Agencies on Aging

To fulfill its major responsibilities, an AAA must:

- Develop a comprehensive coordinated service delivery system to meet the needs of older adults in the PSA, and,
- Serve as the advocate and focal point for the older population in the PSA.

1. Service System Development

Area Plan

A major step in the development of a comprehensive coordinated service delivery system is the development of an Area Plan. Each AAA is responsible for preparing a Four Year Plan with annual updates which identify and prioritize the needs of older residents and what services will be provided to meet those needs.

Each Area Plan has **three** objectives:

1. To serve as a planning document that describes program and service information and sets forth resources for service delivery and an allocation plan to be undertaken by the AAA on behalf of older residents of the PSA;

2. To describe its plans to utilize Older Americans Act, State and local funds and carry out its administrative functions; and,
3. To serve as a “blueprint for action” that represents a commitment by the AAA to fulfill its roles as the primary planner/advocate for services on behalf of older adults.

Essential to the development of the Area Plan is a thorough knowledge of the demographics of the PSA, including census, demographic and targeting information on veterans, Lesbian, Gay, Bisexual, Transgender (LGBT), the frail and disabled, and local population data on persons age 60 and older, low-income and minority elders and others.

Other important plan components include:

- Assessing and prioritizing the needs of older adults in the PSA;
- Identifying program services to meet these needs;
- Identifying gaps in service and the barriers to the delivery of services; and,
- Identifying alternative solutions, activities, or services to satisfy unmet needs, bridge gaps and/or correct deficiencies in the service delivery system.

The Area Plan identifies the programs and services to be administered during the annual plan year. Services may include, but are not limited to: congregate meals, home-delivered meals, nutrition education, outreach, transportation, homemaking, personal care, housekeeping/chore services, health screenings, case management and legal assistance. Coordination of these community-based and in-home services with designated community focal points for service delivery is also set forth in the Area Plan.

The Plan must ensure that an AAA spends an adequate portion of its OAA Title III-B supportive services allotment to provide specified services, unless they document to the State Unit that services from other sources meet the needs of older adults in the PSA for that category of service.

Specified services include:

- Access services that facilitate access to existing services in the community, including case management, transportation, outreach, and information and assistance.
- In-home services that enable older adults to remain in their homes and in their communities for as long as possible. These services, which may help prevent premature institutionalization, may include housekeeping/chore, home-making/personal care, home health aide, in-home contact, and support and caregiver services.
- Legal assistance that increases the availability of this assistance to older adults to secure their rights, benefits and entitlements. These services include legal counsel and representation by an attorney (to the extent feasible) and other appropriate legal assistance.

The OAA also requires that the Area Plan include outreach services designed to seek out and identify hard-to-reach, isolated and withdrawn elders or serve more older adults residing in rural areas with multiple needs, severe disabilities or having Alzheimer's Disease or other related dementia.

AAAs generally enter into contracts with local providers to furnish these services at the community level. In some instances, the provision of direct services by the AAA has been authorized by the SUA. The OAA prohibits the use of a means test to determine eligibility for services.

The Older Americans Act regulations mandate that AAAs ensure that contractors give participants an opportunity to contribute toward the cost of the service and services are not denied if the person will not, or cannot, contribute. Any contributions collected are subsequently used to expand the service provided at the community level. Confidentiality must be maintained with regard to contributions to protect the privacy of each older adult.

Special efforts must be undertaken by the AAA to focus its service delivery in those areas having a high concentration of older adults with economic or social need, with particular attention to low-income minority individuals. The Older Americans Act defines "greatest economic need" as the need resulting from an income level at or below the federal poverty line. "Greatest social need" is defined as need caused by non-economic factors. These include physical and mental disabilities, language barriers and cultural or social isolation that may be caused by racial or ethnic status that may either restrict an individual's ability to perform normal daily tasks or threaten his or her capacity to live independently.

The Area Plan also includes Standard Assurances requiring the AAA's compliance relative to Affirmative Action plans, Civil Rights Act requirements, with Limited English Proficiency (LEP) requirements, and with Section 504 of the Rehabilitation Act of 1973, as amended.

2. Designation of Community Focal Points for Service Delivery

AAAs are required to designate, if feasible, a focal point for comprehensive service delivery within each community. The AAAs must specify in the Area Plan those communities in which they propose to designate and develop focal points. In making the determination, the following factors must be considered:

- Communities with the largest concentration of older adults and persons with greatest social or economic need;
- Service delivery patterns including those funded under the OAA as well as from other sources;
- Location of multi-purpose senior centers;
- Geographic boundaries of communities and neighborhoods; and,
- Location of the facility.

Special considerations must be given to multi-purpose senior centers when designating community focal points for service delivery. Such centers may already provide meals, information and assistance, counseling, case management, adult day care, health screening, recreation, and other services. The center may also disseminate information on Food Stamps, Social Security, Medicare, Medicaid and the preparation of income tax forms, or house a Retired and Senior Volunteer Program (RSVP). Library, educational facilities, and computer access are frequently important parts of multi-purpose senior centers.

3. Area Agency Budget

The Area Plan also includes information on the administration of the proposed budget for the PSA. The budget must include proposed expenditures for planning, advocacy activities, program development and service provision under the Plan. To demonstrate the AAA's efforts to coordinate resources from other agencies, the Plan must indicate the amount of resources (other than OAA funds and non-federal matching funds) that support the development of a comprehensive and coordinated service delivery system in the PSA.

4. Monitoring and Evaluation

AAAs are also required to monitor and evaluate the performance of contracted services to determine their effectiveness in delivering services to older adults. To implement this process, AAAs must develop written policies and procedures based on Older Americans Act requirements and implementing regulations. These policies and procedures must reflect procedural requirements specified by the SUA. Annually, the AAA's contact with local service providers must include on-site visits to assess their operations, and provide technical assistance or training as necessary.

5. Training and Technical Assistance

An AAA may provide training and technical assistance within the PSA. This may be accomplished through a variety of mechanisms including orientation sessions for Advisory Council members, workshops or conferences for service provider staff, monthly staff and project director meetings. These training activities can have a positive impact on the level of productivity of AAA staff and the efficiency of service provider staff and Advisory Councils.

C. Advocacy/Leadership Responsibilities

Advocacy is publicly recommending a certain course of action. In a broad, comprehensive and systematic manner, AAAs advocate by working with federal, state and local officials, elder constituents, service providers, various advocacy organizations and the private/voluntary sectors to plan and coordinate the delivery of services. On a more individual level, AAAs can advocate by providing opportunities for older adults to represent their own interests and have these communicated to the public-at-large.

AAAs convert these broad advocacy functions into specific actions. They coordinate activities with other organizations and agencies to reduce duplication and bridge gaps in services, which can ultimately promote benefits and opportunities for older adults.

AAAs also advocate on behalf of older adults as they monitor, evaluate and comment on community policies, programs and actions that affect them. They provide opportunities for direct input from older members of the community by sponsoring public forums on the needs of older adults and an annual public hearing on their Area Plan.

To effectively represent the interests and concerns of older adults to public officials, public and private agencies and other organizations, AAAs can appear or testify before city councils, county boards of supervisors and State and congressional legislative committees.

The AAA can further enhance its advocacy efforts by maintaining close contact with State and congressional representatives to solidify alliances and support for local programs and services. Certain restrictions apply to the use of federal funds for lobbying and other specified political activities.

Reviewing the roles and responsibilities of AAAs in planning, coordination and advocacy functions, the magnitude of the effort involved in formulating and implementing the Area Plan becomes apparent. AAAs play a critical role in assuring the continuity and quality of services provided to older adults.

The involvement of older New Yorkers in programs funded under the OAA has numerous benefits. Older community members have skills and talents that can be used in the operation of programs. They can be very effective spokespersons for themselves and others as members of the AAA Advisory Council.

D. Summary

Programs funded under the Area Plan, including those from the OAA as well as from the state and other public and private sources, provide the foundation for developing a comprehensive and coordinated service delivery system as required by the OAA. The major objectives of this system include:

- Securing and maintaining maximum independence in a home environment for older adults who are capable of self-care with appropriate supportive services;
- Removing individual and social barriers to economic and personal independence;
- Preventing unnecessary or premature institutionalization;
- Helping older adults become involved with other people in the community, thereby reducing isolation and loneliness; and,
- Helping them enjoy better health through improved nutrition, health screening and wellness programs.

The Area Plan can be viewed as a plan of action to achieve these objectives, which emphasize the AAAs overall advocacy efforts on behalf of older adults.

AREA AGENCY ON AGING ADVISORY COUNCILS

A. What is an Area Agency on Aging Advisory Council?

The Federal Older Americans Act and the New York State Elder Law concerning aging network activities require each AAA to establish an Advisory Council to represent the interests of older adults and review and comment on community policies, programs and actions, which affect older adults with the intent of assuring maximum coordination and responsiveness to older adults. The Advisory Council is a key link between the community and the AAA in communicating the needs and concerns of older New Yorkers.

The representation of the interests of older adults is enhanced by Advisory Council members' direct participation in programs and communication with service recipients. Council members' relationships with community groups and senior organizations and their relationships with AAA staff and oversight groups (e.g., county legislators or boards of directors) also play an important role in enhancing the members' ability to effectively represent older individuals. It is essential that Advisory Council members have a clear understanding of their role and responsibilities to the AAA and to the community which they represent.

An Advisory Council's most important obligation is to help the AAA carry out the intent and objectives of the Older Americans Act and State-funded programs for older adults such as the Community Services for the Elderly Program (CSE), the Expanded In-home Services for the Elderly Program (EISEP) and the senior component of the Wellness in Nutrition (WIN), formerly known as Supplemental Nutrition Assistance Program (SNAP). The Council fulfills this obligation by working with AAA staff, oversight committees (usually a legislative committee or chief elected official for county-sponsored AAAs and boards of directors for AAAs sponsored by not-for-profit organizations), Advisory Council committees and leaders in the community.

B. What is the difference between an Advisory Council and a Legislative Committee or Board of Directors?

A board of directors or legislative oversight committee (or in some instances, the county chief elected official) is a governing body elected or appointed that establishes policy and develops operating procedures for the AAA to follow. An Advisory Council offers advice and recommendations to the Board, committee, or chief elected official to help accomplish the AAA's goals. The Advisory Council has no official governing power, and its influence is derived from its ability to enhance the expertise and understanding of elected officials or board members with respect to the needs, services, problems and opportunities to improve service delivery to the local older adult population.

Basic differences between a legislative oversight committee, chief elected official (CEO) or board and an Advisory Council includes:

- Committee/CEO/board sets policy - Council advises on policy;
- Committee/CEO/board hires AAA director - Council may review resumes and makes recommendations;
- Committee/CEO/board authorizes AAA budget and fiscal expenditures - Council makes recommendations; and,
- Committee/CEO/board supervises AAA director - Council offers advice and assistance.

As can be seen from these distinctions, the Council does not have the same authority or well-defined role as an oversight committee or person, but the oversight body may delegate some authority to the Council when so disposed. Both entities have common processes and procedures, and their officers can be appointed or elected. Both may rely on committee structures to perform duties and responsibilities. It is crucial that each work toward establishing effective relationships with the other, with the AAA staff, and with the community.

C. Relationship of AAA Staff to Advisory Councils

Advisory Councils depend largely on the support of AAA staff to carry out their roles and responsibilities. Council members are volunteers and must rely on agency staff to do much of the necessary “leg work.” However, Council members must also be sensitive to the limitations of AAA staff and budget constraints. Examples of ways the AAA staff can assist Council members include:

- Orienting Advisory Council members;
- Sharing agency information with Council members;
- Briefing members about upcoming programs and problems affecting older adults;
- Providing legislative updates;
- Developing meeting agendas;
- Providing training;
- Reviewing and drafting recommendations;
- Contacting absent Council members; and,
- Providing a budget to cover expenses relating to meetings, travel, telephone, typing, duplicating or printing when possible and appropriate.

AAA staff can also assist Council members by providing technical support by:

- Developing meeting agendas and selecting locations;
- Mailing meeting reminders;
- Providing training;
- Reviewing and drafting recommendations;
- Preparing minutes and reports;
- Preparing briefing papers;
- Preparing demographic data;

- Giving special attention to inexperienced Council members;
- Contacting absent Council members; and,
- Alerting members to emerging issues that may require advocacy efforts.

AAA staff should respond to Council recommendations, provide follow-up and report back to the Council on their status.

Council members need encouragement from AAA staff to gather information, ideas and suggestions from those they represent in the community. They must also be encouraged to report back to older adults, organizations and the community at-large about programs and services as well as unmet needs.

It is sensible and reasonable to expect AAA staff and Council members to know each other personally, which can be facilitated by rotating staff presentations at Council meetings, sharing minutes of meetings with staff and assigning staff to Council committees.

A cooperative working relationship, based on mutual trust and respect among AAA staff, the Council and the AAA's oversight sponsor is crucial. Although leadership responsibilities are shared among Council members, AAA staff, along with the Council Chairperson, should supply overall direction by:

- Stimulating discussion to initiate work;
- Regulating work flow with established time limitations;
- Communicating needed information and encouraging constructive feedback;
- Fostering a cooperative environment and minimizing tension;
- Providing opportunity for all members to contribute in the decision-making process; and,
- Conveying genuine interest in the well-being of older adults.

These recommendations can be achieved through coordination and interaction among the Chairperson, AAA staff and Council members. This process will ensure that Council input will be effective and useful for the AAA.

D. Composition of Advisory Councils

The Council should include individuals and representatives of community organizations who will help to enhance the leadership role of the area agency in developing community-based systems of services. The Council should be made up of:

- More than 50 percent older persons, age 60 and older, including minority individuals who are participants or who are eligible to participate in programs;
- Representatives of older persons, or family caregivers of such individuals;
- Representatives of health care provider organizations, including providers of veterans' health care (if appropriate);
- Representatives of supportive services providers organizations;
- Persons with leadership experience in the private and voluntary sectors;

- Local elected officials; and,
- The general public.

Size

The AAAs usually set minimum and maximum limits on the number of Council members.

Geographic Representation

Another factor considered by AAAs in determining Council composition is geographic representation. Agencies usually work to ensure a representative geographic mix.

Membership Selection Criteria

Council members may be appointed, or elected, or a combination thereof, but in all cases, selection can be made only after a thorough discussion of the qualifications of potential members. Appointments can be made by the chief elected officials or county government board, or a presiding AAA board of directors of a privately sponsored AAA. Selections for appointments are normally joint responsibilities of the governing body, AAA staff and outgoing Council members.

Potential Council members should have qualities that enable them to function effectively. They should be able to recognize older adults' needs at the community level and take an active role in working toward building a continuum of care system. Important personal qualifications include, but are not limited to:

- Demonstrated ability for leadership;
- Demonstrated ability to positively interact with others;
- Commitment to representing the interests of all older adults;
- Willingness to devote time and effort to the Council's goals; and,
- Commitment to the purpose of the AAA.

Length of Terms

To avoid stagnation, AAAs usually create a procedure for membership turnover. Members can serve for one, two, three or more years depending on the choice of the local AAA. Continuity on the Council is usually established through staggered terms and retaining the outgoing Advisory Council Chairperson for a specific period of time.

E. Advisory Council By-Laws

By-laws provide for the creation and operation of boards, councils and committees. They represent the formal operating procedures and organization of the AAA Advisory Council. Council by-laws can specify:

- The roles and responsibilities of the Advisory Council;
- Number of members;

- Terms of memberships; and,
- Frequency of meetings.

Other major elements typically addressed by Advisory Council by-laws include:

- Statement of agency purpose or “Mission Statement;”
- Functions, objectives and responsibilities of the Council;
- Membership, composition, size and selection process, including the filling of vacancies that occur between election appointment periods;
- Officers, positions, manner of election/appointment, terms of office and number of consecutive terms allowed;
- Rules for withdrawal or removal of members;
- Number of meetings per year, including special meetings;
- Voting procedures/quorum; and,
- Council committees, structure, duties and appointment and tenure of Chairperson.

The Advisory Council by-laws provide the structure and organization for carrying out identified responsibilities and functions. They can be used by the AAA to delegate specific authority within regulatory and legal limits and should be revised or amended at the discretion of the AAA and its Council.

In developing Council by-laws, the AAA should solicit input from older constituents. A sound set of by-laws enhances the Council’s effectiveness and helps avoid conflict when procedural questions arise.

F. Advisory Council Committee Structure

Advisory Councils carry out their responsibilities primarily through committees where much of the work, debate and interaction occur. Successful committee functioning includes:

- Effective chairpersons;
- Effective AAA staff support;
- Specificity of mission; and,
- Effectively run meetings.

An effective committee is composed of persons who grasp the importance of their duties and have the conviction to carry them out.

The use of the committee varies according to the size of the Advisory Council and the extent of AAA staff support. For this reason, the Councils must decide individually the extent of committee activity.

Councils frequently use the following committee structure:

- Full Council;
- Executive Committee;

- Standing Committee; and,
- Ad Hoc Committees or Task Forces.

1. Full Council

The Full Council meeting usually consists of scheduled reports or program updates from AAA staff, information sharing, public input, committee reports and other relevant communications. Approval or rejection of recommendations made by committee and follow-up on previous recommendations also may occur.

The Advisory Council cannot make policy or commit funds, but the Full Council can recommend to the AAA that certain policies and procedures be established or altered and that funds be channeled into particular programs. Small Councils may accomplish much of their work in full council meetings, while larger Councils may rely more heavily on sub-committees to develop recommendations for Full Council action. Advisory Councils must make this determination individually.

2. Executive Committee

The Executive Committee is generally composed of the elected officers of the Advisory Council and is responsible for influencing decisions about the needs of older adults in the community. This committee is usually the most involved with AAA staff and takes the lead in enhancing the effectiveness of the Council, setting the agenda, arranging the logistics of Council meetings, and acting for the Council-at-large between regularly scheduled meetings. The Executive Committee, in coordination with AAA staff, generally provides orientation to new Council members.

3. Standing Committee

AAA Advisory Councils can establish Standing Committees that assume responsibility for a particular area of concern to the Council. They focus on one of the service priority areas, management areas or other specific issues of concern to the AAA and to the older adults in the community. Frequently established Standing Committees may include: Grants or Contracts, Review Committee, Legislative Committee, Education and Training, Advocacy and Nutrition Committees.

4. Ad Hoc Committees or Task Forces

Special or ad hoc committees are temporary and are usually created in response to specific or temporary issues. An example is a committee formed to participate in a governmental task force or serve in a planning capacity for the White House Conference on Aging Community Forums. Once the special event or plan is completed, the committee is dissolved.

G. Advisory Council Roles and Responsibilities

1. Advisory Council Chairperson

The Advisory Council Chairperson initiates and stimulates the Council to make recommendations and take appropriate action on issues and topics of concern to older adults in the community. The Chairperson is responsible for assuring that all Council members are given an opportunity to openly express their views and contribute to decisions reached by the Council.

2. Role of Council Members

Council members should reflect a genuine commitment to improving the lives of older adults through appropriate social change. Their motivation and willingness to attend meetings, speak out for the constituents they represent, reflect the needs of older adults, assure the development of a continuum of care for those in their community, and keep informed and active in the community is necessary for the Council to effectively represent the needs and concerns of the older adults of the community.

To effectively carry out the roles and responsibilities of the Advisory Council, each member should have a good understanding of the Older Americans Act, the aging network, the political process, the local service delivery system, the needs of older adults and particularly, geographic and demographic characteristics of the PSA. AAA staff can help Advisory Council members acquire this knowledge through orientation sessions and on-going training initiatives.

AAA Advisory Councils assume a variety of responsibilities, but according to OAA regulations, all Councils must advise the AAA in the following areas:

- Developing and administering the Area Plan before submission to the SUA;
- Conducting and attending public hearings;
- Representing the interests of older adults (advocacy); and,
- Reviewing and commenting on community policies, programs, and actions which affect older persons with the intent of assuring maximum coordination and responsiveness to older adults.

Additional Responsibilities often assumed by Advisory Councils are:

- Assisting with performing needs assessments;
- Advising on fiscal matters and budgetary reviews;
- Reviewing and commenting on proposals submitted for funding;
- Assisting in developing strategies to reach isolated older residents;
- Assisting in monitoring and evaluating service providers and service delivery;
- Fostering communication among the State Unit, AAA and the community;
- Testifying or making presentations at local and State legislative hearings or meetings;

- Assisting AAAs in carrying out grievance procedures; and,
- Assisting in recruiting and training of volunteers.

a. Area Plan Development and Implementation

The Advisory Council advises the AAA during the development of the Area Plan. The AAA must submit the area plan and amendments to the Council for review and comment before it is transmitted to the State Unit on Aging for approval. This process may involve the Council in identifying the needs of older adults through a formal or informal needs assessment. The Council can develop an instrument or use one developed by the AAA staff. Council members can visit program sites, talk with groups of consumers of services to identify their needs and hold hearings on the needs of older adults in the community. The Council can facilitate this process and/or play an ancillary role, but its input will influence the Area Plan and the objectives established to meet the needs of the older adults in the PSA.

Council members can enhance community awareness about services provided as a result of AAA activities by fostering greater communication between the AAA and the community. Consumers of services, too, are in a unique position to participate in the development of the Area Plan and experience its implementation through the services delivered to the older population.

The Council can provide special assistance by identifying gaps in services or deficiencies in the service delivery system. AAA staff and its governing board may not always identify all gaps or deficiencies. Council members can play a role in helping minimize duplication in the AAA service delivery systems and ensure program coordination among the service providers.

The Council can also play a key role in assisting the AAA with selecting service providers to receive OAA funds. The AAA may ask the Council to make recommendations to its staff by reviewing and commenting on various funding proposals, particularly when there is close competition between or among service providers or when a final determination has strong political implications. Council members can provide further service in the monitoring and evaluation process. Area agencies may choose to use Council members on teams with AAA staff to conduct on-site monitoring and evaluation of service providers. This process, which has been very successful in some AAAs, requires prior training for the Advisory Council members.

b. Conducting Public Hearings

Advisory Councils are required to assist the AAA in the Area Plan public hearing process. The public hearing process is required by Federal and State regulations, and at least one must be scheduled, publicized and held no later than 30 days prior to the AAA submitting the Area Plan to the SUA. Also, a public notice must be publicized in local newspapers of general circulation at least 21 days before the

hearing. This is to encourage older adults to openly express their concerns, needs and recommendations regarding the service delivery system in their community. The hearing also allows the general public and other interested groups and parties to be part of the AAA planning process. Advisory Councils can assist in this process by suggesting hearing times and locations, which afford greater opportunity for older adults to attend.

With the AAA's guidance, the Council members may also take a leading role in publicizing the hearings among the groups, clubs and organizations they represent. For example, Council members have taken the initiative to work with AAA staff to develop a summary document on the Area Plan and have made it available in large print.

AAAs encourage Council members to assume responsibility for conducting the public hearings and also ensure that suggestions made by them during the hearings are considered for inclusion in the final version of the Area Plan.

c. Advocacy - Representing the Interests of Older Adults

Advisory Council members are also obligated to assist the AAA in representing the interests of all older adults with emphasis on those with the greatest need.

There are other ways the Councils can carry out their advocacy responsibilities, some of which are critical:

Council Members can:

- Advocate on behalf of older adults by testifying or making presentations at local and State legislative hearings or meetings;
- Serve as a catalyst by meeting with local elected officials to inform them of the needs of older adults within their respective jurisdictions and the specific actions the AAA has identified to satisfy these needs;
- Assist older adults in promoting their own interests by putting them in touch with advocacy groups, coalitions, community forums, legislators, club and faith-based groups;
- Support the efforts of the AAA to enhance the statewide Long Term Care Ombudsman Program;
- Stimulate needed changes in service delivery within the PSA;
- Assist in developing strategies to help the private and voluntary sectors work in concert with the Area Plan;
- Supplement staff efforts by helping to conduct surveys and prepare reports or legislative updates;
- Help to recruit and train volunteers;
- Help to recruit Advisory Council members to ensure the highest possible representation from various segments of the older population, particularly the minority community;
- Help assure adequate representation of the rural older adults;

- Encourage local community groups and government to provide financial support to the AAA and its service providers; and,
- Help the AAA develop or amend Advisory Council by-laws. AAAs must seek the talents and skills of Advisory Council members and give them visibility, support and recognition. They must continue to rely on their knowledge and expertise and explore additional ways to use their many talents to enhance the operation of the AAA.

GLOSSARY OF KEY TERMS

Access Services - Currently, one of three priority areas designated by the Older Americans Act to help meet the needs of the older adults. Access Services refers to such services as transportation, outreach, and information and case management that help to facilitate “access” to existing supportive services.

Accountability - Being held answerable or responsible for the terms of a grant or contract as stated in the letter of award (something that states the conditions that are necessary to fulfill the terms of the grant/contract).

Administration for Community Living - The principal agency within the U.S. Department of Health and Human Services having responsibility for administering Older Americans Act (OAA) programs at the federal level. Advocates at the Federal level for the needs, concerns and interests of older adults throughout the nation. ACL is the oversight agency for the Administration on Aging (AOA).

Advocacy - An instrument for social and policy change. A process whereby the needs of older adults are brought to the attention of decision-makers at all levels of government and in the private and non-profit sectors of society. It includes the delineation of problems and possible solutions. The goal of advocacy is to bring about change through the formulation of policy issues, recommendations concerning resource allocation and the analysis of social trends, as they are likely to affect America’s older adult population.

Aging Network - A highly complex and differentiated system of federal, State and local agencies, organizations and institutions that are responsible for serving and/or representing the needs of older adults. The network is involved in service systems development, advocacy, planning, research, coordination, policy development, training, education, administration and direct service provision. The core structures in the network include the Administration on Aging (AoA), 56 State Units on Aging (SUAs), some 629 Area Agencies on Aging (AAAs) and numerous service providers.

Amendment - An alteration of a law proposed or enacted by legislative procedure. It is usually printed, debated and voted upon in the same manner as a bill.

Appropriation - Provides the actual monies to operate programs authorized by Congress and signed into law by the President or authorized by a State Legislature and signed by the Governor.

Area Agency on Aging (AAA) - An agency designated by the state unit on aging (SUA) within a planning and service area (PSA) whose primary responsibility is to develop and administer the Area Plan for a comprehensive and coordinated system of aging services.

Area Plan - A document submitted by an AAA to the SUA in order to receive sub-grants or contracts from the SUA’s allotment under Title III of the Older Americans Act.

Provisions contained in the Act require the AAA to administer programs and services funded under Title III in accordance with all federal requirements.

Authorization - Provides a limit on the amount of monies that can be used to finance a program.

Bill - A legislative proposal for general law which may originate in either house of Congress. Bills are designated HR (House of Representatives) or S (Senate) according to their "House of Origin," followed by a number assigned in the order in which they are introduced from the beginning of the two-year Congressional Session.

Block Grant - An intergovernmental transfer of federal funds to states and local governments for broad purposes, such as health, education or community development. A block grant has few requirements for how the money is to be spent, instead offering State and local discretion within general guidelines established by Congress and the Executive Branch. Annual program plans or applications are normally required.

Case Management - A client-service approach in which a single entity is responsible for conducting an initial assessment of a client's needs, arranging for necessary services and providing appropriate follow-up.

Categorical Grant - Federal assistance to State and local governments, institutions, agencies, organizations and individuals to carry out specified activities in the public's interest. In contrast to "Block Grants" money is to be spent for a particular purpose or for the benefit of a particular class or group of individuals, such as America's older adults.

Coalition - A temporary and mutually beneficial alliance of individuals, groups and/or organizations that is entered into for some specific purpose. A coalition of a broad range of groups enlarges the base of support for policy changes.

Coalition Building - Refers to the process of building working majorities among the public and among government officials in support of specific policy alternatives. To be effective, coalitions must include a number of disparate interest groups and/or individuals.

Community Focal Point - A central place or mobile unit in a community or neighborhood that is designated by the AAA for bringing together a wide range of supportive services to older residents.

Comprehensive and Coordinated Service Delivery System - A program of interrelated services, including health, social and nutrition, designated by the State and AAA in a particular PSA to meet the needs of older adults.

Conference Committee - A meeting between selected members of the House and Senate committees with jurisdiction over a program or funding area that seeks to

reconcile differences between the two houses over provisions of a bill. Elaborate rules govern the conduct of the Conference committees.

Congregate Meals - A program authorized under Title III-C-1 of the Older Americans Act, which provides at least one hot meal or other appropriate meals to persons 60 years and older, and eligible spouses, up to five days per week in a group setting. Congregate Nutrition Programs also include Nutrition Counseling and Education and other appropriate services for older adults.

Congressional Committee - A subdivision within the House or Senate that prepares legislation for action by the parent legislative chamber or investigates issues.

Congressional Hearings - Committee sessions called for the purpose of hearing witnesses. At hearings on legislation, witnesses usually include specialists in the subject matter under study, government officials and spokespersons for individuals or groups affected by the bill(s).

Congressional Record - Published daily, contents include proceedings and debates of both chambers. It is bound with an index and history of bills and resolutions at the conclusion of each congressional session.

Continuing Appropriation - Applies when a fiscal year begins and Congress has not yet passed all the regular appropriations bills for that year. A joint resolution is normally passed for “continuing appropriations” to government agencies, with amounts generally based on their previous year’s appropriations.

Contract - A binding agreement between one or more parties for a specific purpose. Contracted activities must be accomplished within a definite time period and comply with criteria stated in the letter of award.

Discretionary Grant - Federal assistance for purposes not mandated.

Enactment - A bill or resolution that has been passed by Congress and signed into law by the President.

Entitlement Funds - Federal assistance, which is computed and assigned, based on compliance with requirements specified in law.

Expenditures - The actual spending of money as distinguished from an appropriation. The disbursing agents of the Executive Branch make expenditures; Congress enacts appropriations. Totals may represent the funds appropriated for one, two or more years.

Federal Assistance - Federal funds available for States, local governments and non-profit, private and voluntary organizations, agencies and individuals to carry out activities in the public’s interest.

Federal Fiscal Year (FFY) - Refers to the federal accounting period of 12 months from October 1st to September 30th. Accounting periods in States and sub-State jurisdictions do not necessarily conform to the Federal governments.

Federal Register - Published daily, contents include Presidential proclamations, Executive Orders and Federal agency orders, regulations and notices, and general documents of public applicability and legal effect. Regulations published in the Federal Register amend the "Code of Federal Regulations."

Formula Grant - Federal assistance to State and local governments in accordance with a distribution formula established by law or regulation. The actual payment is usually based on such factors as: population characteristics, per capita income, substandard housing, or rate of unemployment. Formulas indicate the total to which recipients are entitled if the requirements, regulations or other criteria of the law are met.

Forward Funding - The practice of obligating funds in one fiscal year for programs that are to operate in a subsequent year.

Grant - Federal assistance for research or other type of activity which originates or is defined by a non-federal agency, institution or individual. The grants generally are directed to assisting the accomplishment of the purposes and goals within the boundaries of the public's overall interest.

Grant-In-Aid (GIA) - Another name for the categorical grant, federal or State assistance designed to help the recipient carry out and/or administer specific programs, services or activities in the public's interest.

Grantee - A grant recipient.

Greatest Economic Need - The Older Americans Act defines "greatest economic need" as an income level at or below the federal poverty level as established by federal law and regulation.

Greatest Social Need - The Older Americans Act defines greatest social need as those non-economic factors, which include physical and mental disabilities, language barriers, cultural or social isolation, including that caused by racial or ethnic status, which restrict an individual's ability to perform normal daily tasks or that threaten his or her capacity to live independently.

Home-Delivered Meals - A program authorized under Title III-C-2 of the Older Americans Act, which provides at least one hot home-delivered or other appropriate meal up to five days per week to persons who are 60 years and older, incapacitated due to illness, injury or frailty, and unable to prepare their own meals.

House - The House of Representatives, as distinct from the Senate, although each body is a separate chamber in Congress.

Human Services - A collective term for supportive, social or health services.

Impoundment - Any action or inaction by the Executive Branch that precludes obligation or expenditure of budget authority.

In-Home Services - Currently, one of three priority areas designated by the Older Americans Act to help meet the needs of older adults. It refers to such services as home health aide, homemaking/personal care, housekeeping/chore, in-home contact and support and caregiver services that enables older adults to remain in their homes for as long as possible.

In-kind Services - A human or other non-cash resource or capability located within an agency, organization or institution.

Interest Group - A body of individuals or organizations sharing one or more common interests who collectively try to create a climate of favorable opinion to effect a desired course of action on a particular policy issue.

Joint Committee - A congressional committee composed of a specified number of Members of both the House and Senate. Normally, a joint committee is investigative in nature.

Joint Resolution - May originate in either the House or Senate. There is little practical difference between a "bill" and a "joint resolution." They both require the approval of the House and Senate and the signature of the President. Generally speaking, joint resolutions are used in dealing with limited matters, such as a single appropriation for a specific purpose. It is also used to continue appropriations when appropriation bills have not been enacted at the start of the federal fiscal year.

Law - An act of Congress that has been signed by the President or passed over his veto by Congress. Laws are listed numerically by Congress, for example, the Older Americans Act Amendment of 2000 became Public Law 106-501 during the 106th Congress.

Leadership Council of Aging Organizations - A coalition of national organizations with an interest in older adults and aging that meet regularly to exchange information and views on issues of timely concern to America's elders. The Council also engages from time to time in joint efforts, as appropriate, for the benefit of older adults.

Legal Assistance - Currently, one of three priority areas designated by the Older Americans Act to help meet the needs of older adults with economic or social needs. It refers to such services as legal advice or representation by an attorney. It may also include to the extent possible, counseling or other appropriate assistance by a paralegal or law student, under the supervision of an attorney, and includes representation by a non-lawyer where permitted by law to older individuals.

Long Term Care (LTC) - A term used to represent a range of services that address the health, social and personal care needs of individuals who, for one reason or another, have never developed or have lost some capacity for self-care. Services may be continuous or intermittent. However, it is generally presumed that they will be delivered for the “long term,” (that is, indefinitely to persons who have a demonstrated need that is usually measured by some index of functional incapacity).

Mandate - A formal order from Congress or the Executive Branch to federal, State and local levels of policy and decision-making to carry out programs as provided in the law.

Marking Up A Bill - The action of going through a legislative measure, usually in committee, taking it section by section, revising language and penciling in new phrases. If the bill is extensively revised, another version may be introduced as a separate bill.

Match - Certain grants require that the grantee contribute a percentage of the resources necessary for carrying out the grant program. The usual resource is cash (hard match), but some programs accept in-kind match that can include personnel and/or use of facility space donated by a third party in lieu of cash.

Multipurpose Senior Center - A community or neighborhood facility established to provide a broad spectrum of supportive services, including health, social, nutritional, educational, recreational and/or group activities for older adults.

Notice of Proposed Rulemaking (NPRM) - Draft regulations developed by the appropriate administrative agency in federal government for implementing a particular law. They are published in the Federal Register for the purpose of soliciting public comment.

Older Americans Act of 1965 - Federal legislation that is directed toward improving the lives of America’s older adults, particularly in relation to economic security, health, housing, employment, retirement and community services.

Ombudsman - An official or representative trained to receive and investigate reported complaints made by individuals regarding elder abuse, to report their findings, and help bring about equitable solutions that are in the best interest of the client.

Planning and Service Area - A geographical area designated by a State Unit on Aging in a state or state jurisdiction that is selected for purposes of planning, development, delivery and overall administration of services under an Area Plan.

Policy - A definite course or method of action selected from alternatives in light of given conditions to help guide present and future decisions. It also refers to a high level, overall plan of action that embraces the general goals and accepted procedures of a governmental body.

Priority Service - Designated by the Older Americans Act “to better meet the most crucial needs of the elderly.” They include the following categories of services: access, in-home and legal assistance.

Regulation - An authoritative rule having the force of law, dealing with details or procedures for implementing governmental programs. Regulations are issued by executive authority of the federal government and published in the Federal Register or by State government in the State Register.

Rescission – Legislation enacted by Congress that voids or cancels the availability of budgetary resources previously appropriated but not yet spent. It may also cancel budget authority previously approved prior to the time when the authority would otherwise have lapsed.

Select or Special Committee - A Congressional committee set up for a special purpose and usually for a limited time by resolution of either Congressional Chamber. Most are investigative in purpose and, as such, do not act on specific legislation.

Service Effectiveness - Refers to a service provider’s capacity to provide a defined service. This may include considerations of service quality and delivery criteria such as adequacy, quantity, accessibility and timeliness.

Service Efficiency - Refers to the relative cost of providing a unit of service.

Service Provider - Any organization that is awarded a sub-grant or contract for services by an AAA under its Area Plan.

Standing Committee - A permanent committee of the House or Senate having jurisdiction over certain subject matters of legislation. All measures affecting a particular area of the law are referred to the standing committee that has jurisdiction over it.

State Plan - Required under Title III of the Older Americans Act. It encompasses the entire specific programmatic and financial commitments that a SUA will administer, coordinate or supervise over a multi-year period.

State Unit on Aging (SUA) - An agency of State government designated by the Governor and State legislature as the focal point for all matters relating to the needs of older adults within the State. Currently, there are 56 State Units on Aging located in the 50 States, the District of Columbia and U.S. Territories.

Targeting - Although not wholly limited to, implies the kinds of services, the concentration of programs and the distribution of funds provided under the Older Americans Act that should be directed to assisting those older adults with the greatest economic or social need, with particular attention to low-income minorities. The OAA amendments of 2000 include numerous references to older adults residing in rural areas.

Title - A subdivision of a piece of legislation that may contain multiple programs and/or policies. The Older Americans Act, for example, has several titles, which are numbered consecutively. "Grants for State and Community Programs on Aging" are authorized under Title III.

Unit of General Purpose Local Government - A political subdivision of the state whose authority is general and not limited to one function or combination of related functions. Also refers to Native American tribal organizations.

Veto - The act of disapproval by the President or a Governor of a bill or resolution, other than one proposing an amendment to the Constitution. When Congress is in session, the President must veto a bill within 10 days, excluding Sundays, after receiving it. Otherwise, it becomes a law with or without his signature. After a veto, the President returns the bill to its house of origin with a message stating his objections. Congress may "override" a veto by a two-thirds vote in each chamber. Also, some governors have veto and override powers in the states.

White House Conference on Aging (WHCoA) - Planned and conducted under the direction of the Secretary of Health and Human Services, a national conference to review existing policies, which affect older adults and their families and make recommendations on how those policies can be strengthened and improved. This conference brings together representatives of Federal, State and local governments, professional and lay people who are working in the aging field and representatives of the American public, including older adults. The first National Conference on Aging was held in 1950. Subsequent White House Conferences on Aging have been held in 1961, 1971, 1981, 1995, and 2005.

NYSOFA Acronyms

ACRONYM	DESCRIPTION
AA	Advocacy Alert or Affirmative Action
AAA	Area Agency on Aging
AAAA	Association of Area Agencies on Aging
AAARIN	Area Agencies on Aging Resource and Information Network
ACL	Administration for Community Living
ACT	Accounting Section
ACUU	Aging Concerns Unite Us
ADA	Americans with Disabilities Act
ADC	Adult Day Care
ADLs	Activities of Daily Living
ADRC	Aging Disabilities Resource Center
AG	Attorney General
AGS	Albany Guardian Society
AIP	Annual Implementation Plan
ALP	Assisted Living Program
ALR	Assisted Living Residence
AOA	Administration on Aging
APS	Adult Protective Services
ASA	American Society on Aging
AsNet	Aging Services Network
ASR	Aging Services Representative
BIP	Balancing Incentive Program
CAARS	Consolidated Area Agency Reporting System
CBLTC	Community - Based Long Term Care
CBS	Client Based System
CDHS	Center for Development of Human Services
CDIS	Consumer Directed In-Home Services
CDPAP	Consumer Directed Personal Assistance Program
CDSMP	Chronic Disease Self-Management Program
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CHHA	Certified Home Health Agency

CI	Computer Infrastructure Unit
CIL	Cash-in-Lieu of Commodity Foods (now known as NSIP)
CMS	Centers for Medicare and Medicaid Services
CNCS	Corporation for National and Community Service
COB	Carryover Balance or Close of Business
COFA	County Office for the Aging
COI	Certificate of Incorporation
COMPASS	Comprehensive Assessment for Aging Network CBLTS
COTS	Commercial, Off-the Shelf
CPU	Cost per Unit
CQCAPD	Commission on Quality of Care and Advocacy for Persons with Disabilities
CR#	Charities Registration Number
CRC	Caregiver Resource Centers
CS	Civil Service
CSCS	Council of Senior Centers and Services of New York City, Inc.
CSE	Community Services for the Elderly Program
CSEA	Civil Service Employees Association
CSI	Congregate Services Initiative
CSP	Consolidated Spending Plan
CTI	Care Transitions Intervention
CY	Calendar Year
DASNY	Dormitory Authority of the State of New York
DDPC	Developmental Disabilities Planning Council
DFTA	Department for the Aging (New York City)
DHHS	Department of Health & Human Services
DIR	Director
DMV	Department of Motor Vehicles
DOB	Division of the Budget
DOH	Department of Health
DSS	Department of Social Services
EAP	Employee Assistance Program
EBI	Evidence Based Interventions
EDI	Electronic Data Interchange
EI	Early Interventions

EISEP	Expanded In-Home Services for the Elderly Program
EPIC	Elderly Pharmaceutical Insurance Coverage Program
EPP	Electronic Payments Program
ESP	Empire State Plaza
ESTDP	Economically Sustainable Transportation Demonstration Program
EXE	Executive Division
F-SHRP	Federal State Health Reform Partnership
FAQ	Frequently Asked Questions
FCC	Family Caregiver Council
FFY	Federal Fiscal Year
FGP	Foster Grandparents Program
FML	Family and Medical Leave
FMNP	Farmers Market Nutrition Program
FOIL	Freedom of Information Law
FR	Federal Relations
FS	Food Stamps (http://www.fns.usda.gov/fns/ or http://otda.ny.gov/programs/food-stamps/)
FSR	Financial Status Report
FY	Fiscal Year
GAO	General Accounting Office
GIA	Grants-in-Aid
GOER	Governor's Office of Employee Relations
GORR	Governor's Office of Regulatory Reform
GPRA	Government Performance and Results Act
GTSC	Governor's Traffic Safety Committee
HDM	Home Delivered Meals
HEAP	Home Energy Assistance Program
HHS	Health and Human Services
HIICAP	Health Insurance Information, Counseling and Assistance Program
HIICAP-CAP	Health Insurance Information, Counseling and Assistance Program - Consumer Advocacy Project
HIICAP-MIPPA	Health Insurance Information, Counseling and Assistance Program – Medicare Improvements for Patients and Providers Act
HIPAA	Health Insurance Portability and Accountability Act
I&A	Information and Assistance
IADLs	Instrumental Activities of Daily Living

IC	Internal Controls
IFF	Intrastate Funding Formula
ILC	Independent Living Center
IM	Information Memorandum
JT	Journal Transfer
LAN	Local Area Network
LDSS	Local Districts of Social Services
LEP	Limited English Proficiency
LFC	Legislative Finance Committee
LG	Lieutenant Governor
LGBT	Lesbian, Gay, Bisexual or Transgender
LIF	Local Initiative Form
LIHEAP	Low-income Home Energy Assistance Program
LM	Legislative Memorandum
LTC	Long Term Care
LTCC	Long Term Care Council
LTCIRC	Long Term Care Insurance Resource Center
LTCOP	Long Term Care Ombudsman Program
LTHCP	Long Term Health Care Program
LDSS	Local Department of Social Services
M&O	Maintenance and Operations
MA	Medicaid (https://www.cms.gov/home/medicare.asp or http://www.health.ny.gov/health_care/medicaid/)
MAN	Metropolitan Area Network
MC	Medicare or Management Confidential
MDS	Minimum Data Set
MFP	Money Follows Person
MIPPA	Medicare Improvements for Patients and Providers Act
MIPS	Millions of Instructions per Second
MISCC	Most Integrated Setting Coordinating Council
MLTC	Managed Long Term Care
MOU/MOA	Memorandum of Understanding/Memorandum of Agreement
MOW	Meals on Wheels
N4A	National Association of Area Agencies on Aging
NAPIS	National Aging Program Information System

NASUAD	National Association of States United for Aging & Disabilities
NCOA	National Council on Aging
NFCSP	National Family Caregiver Support Program
NGA	Notification of Grant Award
NHTD	Nursing Home Transition and Diversion Waiver
NIA	National Institute on Aging
NNORC	Neighborhood Naturally Occurring Retirement Community
NORC	National Ombudsman Resource Center
NORC-SSP	Naturally Occurring Retirement Community Supportive Services Program
NORS	National Ombudsman Reporting System
NPS	Non-Personal Services
NSIP	Nutrition Services Incentive Program (previously known as CIL)
NYSARA	New York State Alliance for Retired Americans
NYSARH	New York State Association for Rural Health
NYSOFA	New York State Office for the Aging
OAA	Older Americans Act
OASAS	Office of Alcoholism and Substance Abuse
OCFS	Office of Children and Family Services
OFT	Office for Technology
OGS	Office of General Services
OIG	Office of Inspector General
OMB	Office of Management and Budget (federal)
OMH	Office of Mental Health
OMRDD	Office of Mental Retardation and Developmental Disabilities
OPWDD	Office for Persons with Developmental Disabilities
OSC	Office of the State Comptroller
OSHA	Occupational Safety and Health Act
OTDA	Office of Temporary and Disability Assistance
OTPS	Other Than Personal Services
PDS	Provider Data System
PEF	Public Employees Federation
PESH	Public Employee Safety & Health
PHL	Public Health Law
PI	Program Instruction
PLN	Planning

POMP	Performance Outcomes Measurements Project
PPO	Preferred Provider Organization
PPR	Program Progress Report
PRI	Patient Review Instrument
PS	Personal Services
PY	Program Year
RAB	Renewal Amendment Beginning
RAP	Resident Advisor Program
RAPP	Relatives as Parents Program
RCF	Residential Care Facility
RFA/RFP	Request for Applications/Request for Proposals
RFI	Request for Information
RFID	Radio Frequency Identification
RSVP	Retired and Senior Volunteer Program
SADS	Social Adult Day Services Program
SAMS	Social Assistance Management System
SCH	Senior Citizens Helpline
SCRCNY	Statewide Caregiving and Respite Coalition of New York
SCRIE	Senior Citizen Rent Exemption Program
SCSEP	Senior Community Service Employment Program (Title V)
SEMO	State Emergency Management Office
SFY	State Fiscal Year
SI	Systems Integration
SME	Subject Matter Expert
SNC	Skilled Nursing Care
SMP	Senior Medicare Patrol
SNAP	Supplemental Nutrition Assistance Program (see WIN)
SP	Special Projects
SPAP	State Pharmaceutical Assistance Program
SSA	Social Security Administration
SSI	Supplemental Security Income
STAR	School Tax Relief
SUA	State Unit on Aging
TA	Technical Assistance
TAM	Technical Assistance Memorandum

TBI	Traumatic Brain Injury
TRN	Training
UA	University at Albany
USDA	U.S. Department of Agriculture
VA	Veterans Administration
VNS	Visiting Nurse Services
VO	Voucher
WHCoA	White House Conference on Aging
WIN	Wellness in Nutrition (previously known as SNAP)
WRAP	Weatherization Referral Assistance Program