

Instructions for Self-monitoring Older Americans Act Federal Reporting Requirements

How to tell if your organization is meeting federal reporting requirements for consumer information in SAMS

As recipients of Older Americans Act funds, we are required to report certain pieces of information about the consumers we serve. NAPIS (National Aging Program information System) spells out these federal reporting requirements (see chart beginning on page 12). The consumer information that you report in SAMS is used to justify to Congress the continued federal funding of Older Americans Act services.

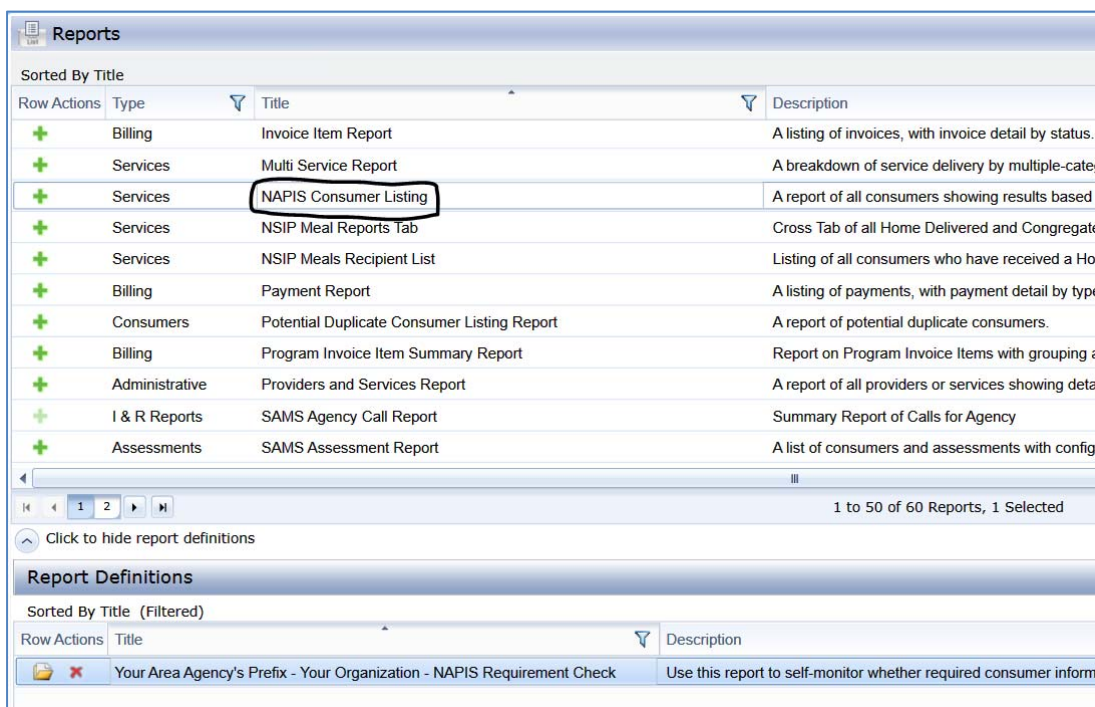
NAPIS Consumer Listing Report

One way to ensure that you are including all the required NAPIS data elements in your reporting is to use the *NAPIS Consumer Listing* report template in SAMS. This report will show you which consumer records are missing required data.

1. Click on **Reports** in the Navigation Bar at the top of your screen.



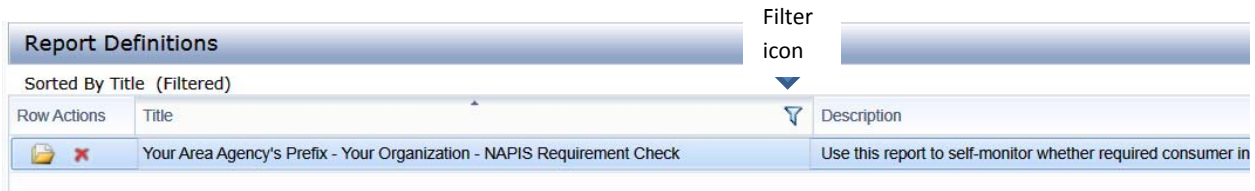
2. Scroll to find the report template entitled “**NAPIS Consumer Listing.**” Click *once* on the title to select this report. Once you select a report template, specific reports using that template will appear in the Report Definition section at the bottom of the screen. The report entitled “**Your Area Agency’s Prefix – Your Organization – NAPIS Requirement Check**” is a statewide template that you can copy and modify for your organization’s use. (Don’t worry; you can’t ruin the original template).



Attachment

How to Copy the Report

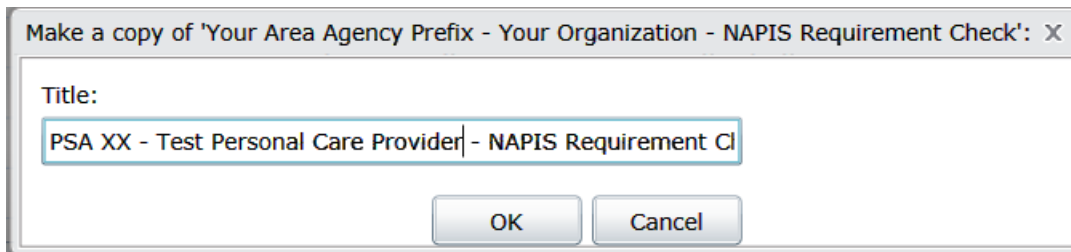
3. Select the report definition entitled “**Your Area Agency’s prefix – Your Organization – NAPIS Requirement Check**” by clicking on it *once*. (If you need to, you can quickly find this report by clicking on the filter icon in the Title column. Type in the report name and apply the filter.)



4. Click on **Copy**.



5. **Change the name of the report** for your organization. Begin with your area agency’s prefix (see chart below). The prefix is important for filtering purposes. Add your organization’s name. Finish the Title with “NAPIS Requirement Check.” Then click **OK**.



Area Agency on Aging	Prefix
Council on Aging of Southwestern Ohio	PSA 1
Area Agency on Aging, PSA 2	PSA 2
Area Agency on Aging 3	PSA 3
Area Office on Aging of Northwestern Ohio, Inc.	NW
Ohio District 5 Area Agency on Aging, Inc.	PSA 5
Central Ohio Area Agency on Aging	COAAA
Area Agency on Aging District 7, Inc.	PSA 7
Area Agency on Aging 8	PSA 8
Area Agency on Aging Region 9, Inc.	PSA 9
Western Reserve Area Agency on Aging	WR
Area Agency on Aging 10B, Inc.	PSA 10B
Area Agency on Aging 11, Inc.	AAA11

Attachment

How to Customize the Report for Your Organization

- Under **Shared With**, select **Provider** (or **Agency** if you are an area agency). In any case, do not select All.

Report Definition - NAPIS Consumer Listing - PSAXX - Test Personal Care Provider - NAPIS Requirement Check

Save | Save and Close | Close | Open Audits | Preview

Details


Title: PSAXX - Test Personal Care Provider - N
Subtitle:
Description: Use this report to self-monitor whether
Shared With: Provider
Shared with Organization: TEST PERSONAL CARE PROVIDER

Modifications Allowed: (None)

Selection	Who the report will be shared with
None	The person creating (or copying) the report only
All	The entire state
Agency	The selected Area Agency on Aging
Provider	The selected Provider
State Unit	The Ohio Department of Aging

- Under **Shared With Organization**, your organization's name should auto-populate.
- Under **Modifications Allowed**, determine to what extent a SAMS user in your organization should be allowed to modify the report parameters. The person who created the report can modify the parameters at any time.

(None)
(All)
Date Fields Only

- Open the Service Delivery section by clicking on the  icon.

Details

Title: PSAXX - Test Personal Care Provider - N
Subtitle:
Modifications Allowed: (None)

- Report Settings (7/11)
- NAPIS (0/7)
- Ethnicity (0/2)
- Residential Location (0/5)
- Care Providers (0/2)
- Personal (0/9)
- Characteristics (0/16)
- Report Header (0/1)
- Service Delivery (4/15)
- Consumer Details (0/5)
- Custom Field (0/1)

Attachment

10. Make sure the dates are set for the federal fiscal year that you will be monitoring. The Administration for Community Living collects data at the end of each federal fiscal year which runs from October 1 through September 30. The dates in the report are currently set for federal fiscal year 2013.

The screenshot shows a 'Service Delivery (4/15)' filter form with the following fields and values:

Service Start Date (on or after)	Service End Date (on or before)	Agency	Provider	Provider Role
10/1/2012	9/30/2013	(Any)	TEST PERSONAL CARE PROVIDER	(Any)
Care Program	Care Program/Services	Site	Service Category	Service
(Any)	(Any)	(Any)	(Any)	(2 Items selected)
Subservice	Caregiver	Place of Service	Fund Identifier	Subprovider
(Any)	(Any)	(Any)	(Any)	(Any)

11. Enter your **organization** as the provider.
12. Select the **service(s)** that you want to monitor. If you leave the service selection on (Any), all of your organization's services will show up on one report.

For AAAs:

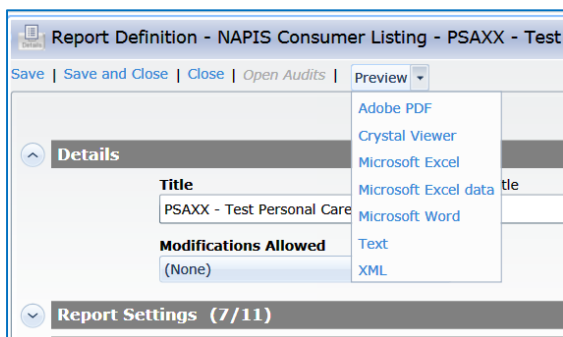
To create a report that will give you all of your area's consumers by service by provider, select the following:

- In the Report Settings section, select "Provider" under the "Group by" parameter,
- In the Service Delivery section, select your Agency but do not specify a provider,
- In the Service Delivery section, select the service you want to monitor.

There are multiple ways to adjust the report criteria to get what you need. This is just one of them, but a good start.

How to View and Review Your Report

13. To view your report, select a **preview mode**, like Adobe PDF.



Attachment

14. Your report will list consumers based on the report criteria (service dates, provider, services, etc.).

Each service has a different set of required data elements determined by the federal Administration for Community Living. The attached chart shows which data elements are required for the service(s) that you are monitoring.

In the sample report below, the provider is monitoring two services: FCSP Personal Care and Personal Care. Let's look at these two services.

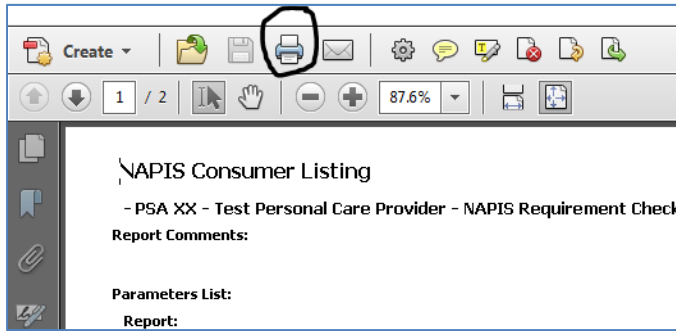
The FCSP Personal Care service requires Date of Birth (DOB), Gender, Ethnic Race, Ethnicity, Is Rural, and Caregiver by Relationship (which does not appear on this report). In reviewing the report, notice that all of the consumers of FCSP Personal Care are missing Ethnic Race and Ethnicity.

The Personal Care service requires Date of Birth (DOB), Gender, Ethnic Race, Ethnicity, Lives Alone, In Poverty, Is Rural, ADLs and IADLs. Notice that the first consumer has no missing data (since High Nutrition Risk is not a required element for the Personal Care service); the second consumer is only missing Ethnic Race; and the third consumer is missing several required data elements.

NAPIS Consumer Listing												Service Period: From 10/1/2012 to 9/30/2013		10/31/2013	
- PSAXX - Test Personal Care Provider - NAPIS Requirement Check															
Client ID	Last Name	First Name	MI	DOB	Gender	Ethnic Race	Ethnicity	Lives Alone	In Poverty	High Nutr Risk	Is Rural	ADLs	IADLs		
Service: FCSP Personal Care															
1347965313	Taylor	Sheriff Andy		07/23/1953	M	-	-	-	-	-	Y	-	-		
1371881830	Walton	John Boy		05/14/1950	M	-	-	-	-	-	N	-	-		
Missing Total Group By															
	0	0		0	0	2	1	2	2	2	0	2	2		
												Subtotal: 2 consumers			
Service: Personal Care															
1328166144	CONSUMER	TEST4		02/13/1929	F	Asian	Not Hispanic or Latino	N	Y	-	N	2	1		
1339251346	Taylor	Aunt Bea		03/14/1929	F	-	Not Hispanic or Latino	N	N	-	Y	2	4		
1336708575	Walton	Grandpa		09/24/1925	M	-	-	-	-	-	Y	-	-		
Missing Total Group By															
	0	0		0	0	2	1	1	1	3	0	1	1		
												Subtotal: 3 consumers			
												Total: 5 consumers			
Missing Grand Total															
	0	0		0	0	4	3	3	3	5	0	3	3		
Summary: 5 Clients; 0 Groups.															

Attachment

15. To **print** the report, click on the printer icon at the top of the screen.



16. The final and most important step is to enter the missing data elements in the individual consumer records.

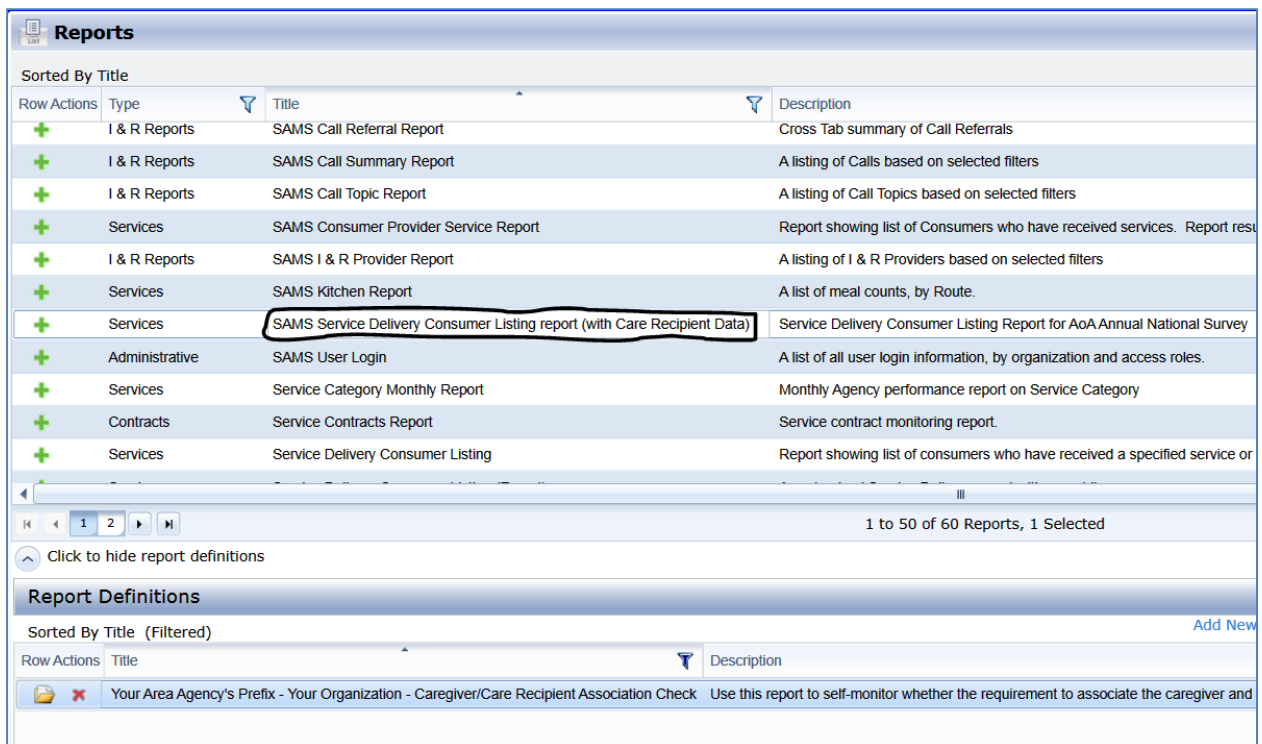
SAMS Service Delivery Consumer Listing Report (with Care Recipient Data)

If you serve caregivers through the Family Caregiver Support Program, one of the requirements is to associate the caregiver record with the care recipient's record. The *SAMS Service Delivery Consumer Listing Report (with Care Recipient Data)* will show you whether the records have been properly associated.

1. Click on **Reports** in the Navigation Bar at the top of your screen.



2. Scroll to find the report entitled **“SAMS Service Delivery Consumer Listing Report (with Care Recipient Data).”** Click *once* on the title to select this report. Once you select a report template, specific reports using that template will appear in the Report Definition section at the bottom of the screen. The report entitled **“Your Area Agency’s Prefix – Your Organization – Caregiver/Care Recipient Association Check”** is a statewide template that you can copy and modify for your organization’s use. (Don’t worry; you can’t ruin the original template).



The screenshot shows the 'Reports' interface. At the top, there is a 'Reports' header and a 'Sorted By Title' dropdown. Below this is a table with columns for 'Row Actions', 'Type', 'Title', and 'Description'. The table lists various reports, with 'SAMS Service Delivery Consumer Listing report (with Care Recipient Data)' highlighted and circled in black. Below the table, there is a pagination control showing '1 to 50 of 60 Reports, 1 Selected'. A blue arrow points to the 'Report Definitions' section, which is expanded to show a list of report definitions. The first definition is 'Your Area Agency's Prefix - Your Organization - Caregiver/Care Recipient Association Check' with a description: 'Use this report to self-monitor whether the requirement to associate the caregiver and'.

Row Actions	Type	Title	Description
+	I & R Reports	SAMS Call Referral Report	Cross Tab summary of Call Referrals
+	I & R Reports	SAMS Call Summary Report	A listing of Calls based on selected filters
+	I & R Reports	SAMS Call Topic Report	A listing of Call Topics based on selected filters
+	Services	SAMS Consumer Provider Service Report	Report showing list of Consumers who have received services. Report res
+	I & R Reports	SAMS I & R Provider Report	A listing of I & R Providers based on selected filters
+	Services	SAMS Kitchen Report	A list of meal counts, by Route.
+	Services	SAMS Service Delivery Consumer Listing report (with Care Recipient Data)	Service Delivery Consumer Listing Report for AoA Annual National Survey
+	Administrative	SAMS User Login	A list of all user login information, by organization and access roles.
+	Services	Service Category Monthly Report	Monthly Agency performance report on Service Category
+	Contracts	Service Contracts Report	Service contract monitoring report.
+	Services	Service Delivery Consumer Listing	Report showing list of consumers who have received a specified service or

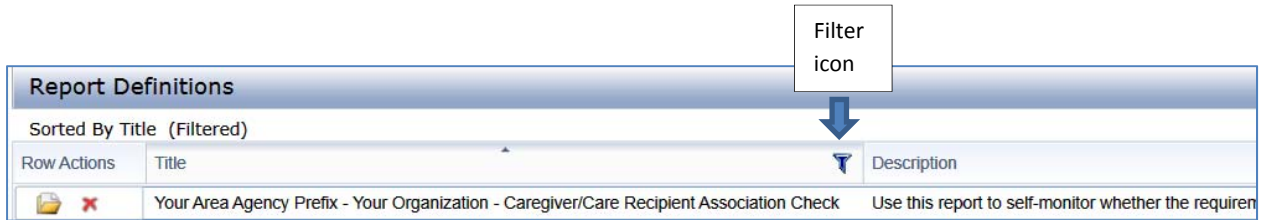
1 to 50 of 60 Reports, 1 Selected

Click to hide report definitions

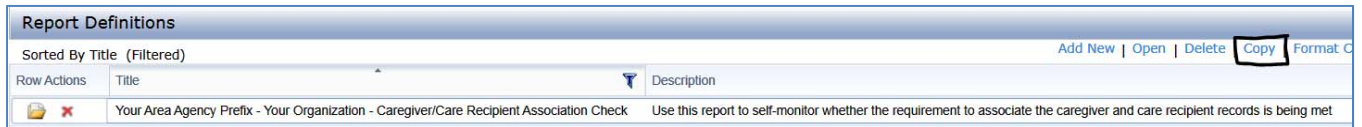
Row Actions	Title	Description
📁 ✖	Your Area Agency's Prefix - Your Organization - Caregiver/Care Recipient Association Check	Use this report to self-monitor whether the requirement to associate the caregiver and

How to Copy the Report Template

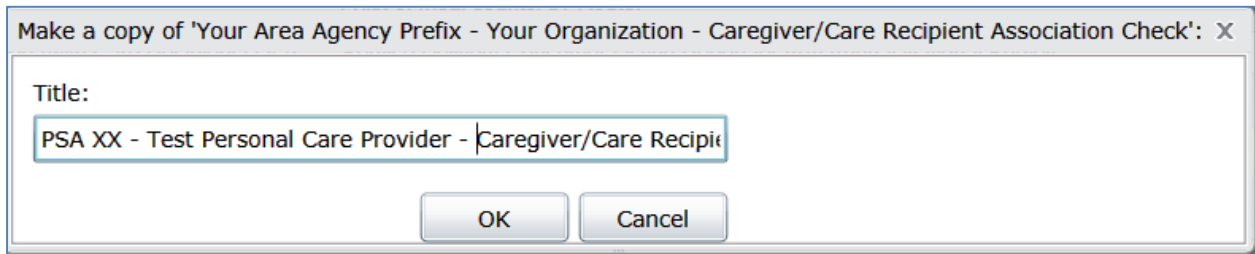
3. Select the report definition entitled “**Your Area Agency’s Prefix – Your Organization – Caregiver/Care Recipient Association Check**” by clicking on it *once*. (If you need to, you can quickly find this report by clicking on the filter icon in the Title column. Type in the report name and apply the filter.)



4. Click on **Copy**.



5. **Change the name of the report** for your organization. Begin with your area agency’s prefix (see chart below). The prefix is important for filtering purposes. Add your organization’s name. Finish the Title with “Caregiver/Care Recipient Association Check.” Then click **OK**.



Area Agency on Aging	Prefix
Council on Aging of Southwestern Ohio	PSA 1
Area Agency on Aging, PSA 2	PSA 2
Area Agency on Aging 3	PSA 3
Area Office on Aging of Northwestern Ohio, Inc.	NW
Ohio District 5 Area Agency on Aging, Inc.	PSA 5
Central Ohio Area Agency on Aging	COAAA
Area Agency on Aging District 7, Inc.	PSA 7
Area Agency on Aging 8	PSA 8
Area Agency on Aging Region 9, Inc.	PSA 9
Western Reserve Area Agency on Aging	WR
Area Agency on Aging 10B, Inc.	PSA 10B
Area Agency on Aging 11, Inc.	AAA11

Attachment

How to Customize the Report for Your Organization

6. Under **Shared With**, select **Provider** (or **Agency** if you are an area agency). In any case, **do not** select All.

Report Definition - SAMS Service Delivery Consumer Listing report (with Care Recipient Data) - PSAXX - Test Personal Care Provider - Caregiver/Care Recipient Association Check

Save | Save and Close | Close | Open Audits | Preview

Details


Title: PSAXX - Test Personal Care Provider - C Subtitle: Description: Use this report to self-monitor whether Shared With: Provider Shared with Organization: TEST PERSONAL CARE PROVIDER

Modifications Allowed: (None)

Selection	Who the report will be shared with
None	The person creating the report only
All	The entire state
Agency	The selected Area Agency on Aging
Provider	The selected Provider
State Unit	The Ohio Department of Aging

7. Under **Shared With Organization**, your organization's name should auto-populate.
8. Under **Modifications Allowed**, determine to what extent a SAMS user in your organization should be allowed to modify the report parameters. The person who created the report can modify the parameters at any time.

(None)
(All)
Date Fields Only

9. Open the Service Delivery section by clicking on the  icon.

Details

Title: PSAXX - Test Personal Care Provider - N Subtitle: Modifications Allowed: (None)

- Report Settings (7/11)
- NAPIS (0/7)
- Ethnicity (0/2)
- Residential Location (0/5)
- Care Providers (0/2)
- Personal (0/9)
- Characteristics (0/16)
- Report Header (0/1)
- Service Delivery (4/15)
- Consumer Details (0/5)
- Custom Field (0/1)

Attachment

10. Make sure the **dates** are set for the federal fiscal year that you will be monitoring. The Administration for Community Living collects data at the end of each federal fiscal year which runs from October 1 through September 30. The dates in the report template are currently set for federal fiscal year 2013.

The screenshot shows a form titled "Service Delivery (5/19)" with the following fields and values:

Service Start Date (on or after): 10/1/2012	Service End Date (on or before): 9/30/2013	Agency: (Any)	Provider: TEST PERSONAL CARE PROVIDER	Provider Role: (Any)
Subprovider: (Any)	Care Program/Services: (Any)	Service Category: (Any)	Service: FCSP Personal Care	Fund Identifier: (Any)
Place of Service: (Any)	Level of Care: (Any)	Service Program: National Family Caregiver Progra	Care Program: (Any)	Subservice: (Any)
Site: (Any)	Caregiver: (Any)	NSIP Meal Eligible: (Any)	Eligibility Type: (Any)	

11. Enter your **organization** as the provider.

12. Select the **service(s)** that you want to monitor.

For the purposes of this report, do not change the Report Format setting (in the Report Settings section) or the Service Program setting (in the Service Delivery section).

For AAAs:

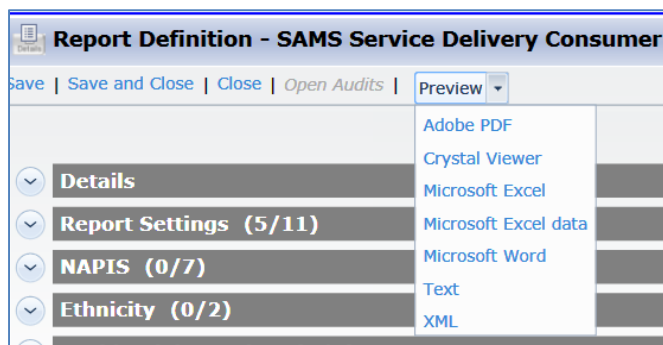
To create a report that will give you all of your area's FCSP consumers by provider, select the following:

- In the Service Delivery section, select your Agency but do not specify a provider, and
- Select all the FCSP services that you offer in your area.

There are multiple ways to adjust the report criteria to get what you need. This is just one of them, but a good start.

How to View and Review Your Report

13. To view your report, select a **preview mode**, like Adobe PDF. If you want to sort your data, select the Microsoft Excel data option.



Attachment

14. Your report will list consumers based on the report criteria (service dates, provider, service, etc.).

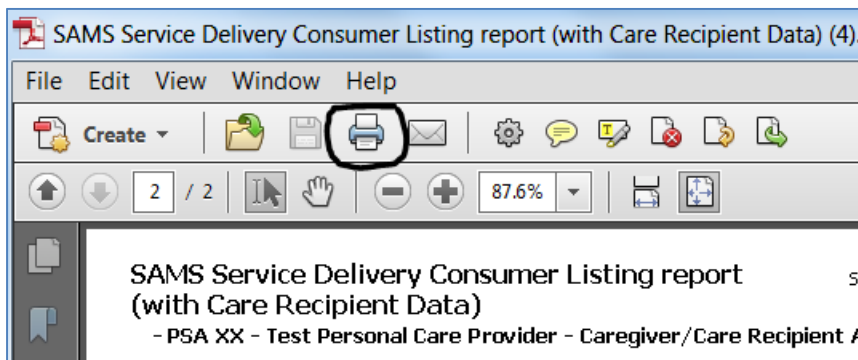
All Family Caregiver Support Program (FCSP) services require the association of the caregiver record with the care recipient record (with the exception FCSP Information, Referral and Assistance, FCSP Outreach, and FCSP Mass Outreach).

In the sample report below, the client/consumer is the caregiver (shown in the first two columns of the report). The first and second caregivers do not have the care recipient record associated with the caregiver record. The third and fourth caregiver records are properly associated with the care recipient record.

Note: You may see multiple rows for the same consumer. This is a current feature of this report and can't be changed by adjusting settings. Each row represents a service record.

SAMS Service Delivery Consumer Listing report (with Care Recipient Data)												
- Your Area Agency Prefix - Your Organization - Caregiver/Care Recipient Association Check										Service Period: From 01/01/2013 to 12/31/2013		10/08/2013
Client First Name	Client Last Name	Primary Phone	DOB	Gender	Residential Address	Residential Town	State	Zip	Provider	Care Recipient Name	Care Recipient DOB	Care Recipient Gender
Care	Giver 1	(740) 555-6598	06/07/1943	F	309 High St.,	Loudonville	OH	44842	TEST PERSONA			
Care	Giver 2	(740) 555-2473	07/27/1950	F	7004 Main St.,	Geneva	OH	44041	TEST PERSONA			
Sheriff Andy	Taylor	(740) 555-3631	07/23/1953	M	511 Mayberry Lane,	West Union	OH	45693	TEST PERSONA	Taylor, Aunt Bea	03/14/1929	F
John Boy	Walton	(740) 555-9517	05/14/1950	M	300 Waltons Mountain,	Donnelsville	OH	45319	TEST PERSONA	Walton, Grandpa	09/24/1925	M

15. To **print** the report, click on the printer icon at the top of the screen.



16. The final and most important step is to associate the caregiver and care recipient records where that association is missing.

Federally Required Consumer Data Elements
For NAPIS (National Aging Program Information System)

If a service does not appear on this list, there are no federally required consumer data elements for that service. However, you may elect to gather this information for services not on this list to help you make better decisions for your consumers.

Traditional Older Americans Act Services										
Services	Gender	Birth date	In Poverty	Lives Alone	Nutr Risk	Rural	ADL/ IADL	Ethnicity & Ethnic Race	Relationship to CareRecipient	Disabled*
Adult Day Services - Basic	X	X	X	X		X	X	X		X
Adult Day Services - Enhanced	X	X	X	X		X	X	X		X
Adult Day Services - Intensive	X	X	X	X		X	X	X		X
Case Management	X	X	X	X	X	X	X	X		X
Chore	X	X	X	X		X	X	X		X
Congregate Meals	X	X	X	X	X	X		X		X
Escort - Assisted Transportation	X	X	X	X		X		X		X
Home-Delivered Meals	X	X	X	X	X	X	X	X		X
Homemaker	X	X	X	X		X	X	X		X
Nutrition Consultation	X	X	X	X	X	X		X		X
Personal Care	X	X	X	X		X	X	X		X
Transportation	X	X	X	X		X		X		X
Alzheimer's Services										
Alzheimer's Adult Day Services - Basic	X	X	X	X		X	X	X		X
Alzheimer's Adult Day Services - Enhanced	X	X	X	X		X	X	X		X
Alzheimer's Adult Day Services - Intensive	X	X	X	X		X	X	X		X
Alzheimer's Institutional Care	X	X				X		X		X
Alzheimer's Homemaker	X	X	X	X		X	X	X		X
Alzheimer's Personal Care	X	X	X	X		X	X	X		X
Alzheimer's Respite Voucher	X	X				X		X		X
Alzheimer's Visiting	X	X				X		X		X

Note: The consumer characteristic "disabled" is an Ohio requirement, and while still required, does not appear on the list of federal NAPIS requirements in the SAMS report.

Attachment

Family Caregiver Support Services (Caregiver characteristics)										
Services	Gender	Birth date	In Poverty	Lives Alone	Nutr Risk	Rural	ADL/ IADL	Ethnicity & Ethnic Race	Relationship to CareRecipient	Disabled*
FCSP Adult Day Services - Basic	X	X				X		X	X	
FCSP Adult Day Services - Enhanced	X	X				X		X	X	
FCSP Adult Day Services - Intensive	X	X				X		X	X	
FCSP Caregiver Support Group*	X	X				X		X	X	
FCSP Caregiver Training*	X	X				X		X	X	
FCSP Case Management	X	X				X		X	X	
FCSP Chore	X	X				X		X	X	
FCSP Congregate Meals	X	X				X		X	X	
FCSP Counseling*	X	X				X		X	X	
FCSP Emergency Response System - Installation*	X	X				X		X	X	
FCSP Emergency Response System*	X	X				X		X	X	
FCSP Escort - Assisted Transportation	X	X				X		X	X	
FCSP Homemaker	X	X				X		X	X	
FCSP Home Maintenance*	X	X				X		X	X	
FCSP Home Medical Equipment*	X	X				X		X	X	
FCSP Home-Delivered Meals	X	X				X		X	X	
FCSP Institutional Care*	X	X				X		X	X	
FCSP Legal Assistance*	X	X				X		X	X	
FCSP Personal Care	X	X				X		X	X	
FCSP Respite Voucher *	X	X				X		X	X	
FCSP Supplemental Services: Other*	X	X				X		X	X	
FCSP Transportation	X	X				X		X	X	
FCSP Visiting*	X	X				X		X	X	

Note: Care recipient characteristics are based on the traditional service which best matches the FCSP service provided to the caregiver. For example, if the caregiver received FCSP Personal Care, the care recipient's characteristics would be based on the traditional Older Americans Act service, Personal Care.

Services	Gender	Birth date	In Poverty	Lives Alone	Nutr Risk	Rural	ADL/ IADL	Ethnicity & Ethnic Race	Relationship to Care Recipient	Disabled*
FCSP Personal Care (caregiver)	X	X				X		X	X	
Personal Care (care recipient)	X	X	X	X		X	X	X		X

For the FCSP services with an asterisk, only the name and birth date is required for the care recipient.