

Kansas Department for Aging & Disability Services

OAA Reporting Changes for FFY2022

September 16, 2021

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Agenda

- Introduction
- Summary of Changes
- Service Taxonomy
- Assessment Forms
- KAMIS
- Reporting
- Wrap Up

Introduction

- KDADS in accordance with the Administration for Community Living (ACL), believes collecting data is fundamental to understanding the communities we serve and measuring the impact and effectiveness of the programs.
- Program data collection is critical to make informed decisions, find solutions to problems, provide strategic approach and improve the lives of older Kansans and the Older Americans Act services.
- KDADS is improving OAA Title III E data collection to “*Ensure uniform tracking of Title III E Family Caregiver Support Program data to demonstrate the needs of Kansas caregivers to improve quality of services for family caregivers.*” As indicated on the Kansas State Plan on Aging FY2022-FY2025. <https://www.kdads.ks.gov/commissions/commission-on-aging>

Introduction

The Kansas State Profile of Older Americans Act data, as submitted in the annual State Performance Report (SPR), may be viewed in the Aging, Independence and Disability (AGID) Program Data Portal. Here, Kansas-specific data as well as comparison and national data may be viewed. Currently, KDADS is in the process of transitioning to an updated reporting form and utilizing the new federal reporting system Older Americans Act Performance System (OAAPS) in order to ensure accurate data and monitoring. It is scheduled to be implemented **October 1, 2021** (Fiscal Year 2022). www.agid.acl.gov



Data-at-a-Glance

Quick estimates in map, chart, or tabular form



State Profiles

State-level summaries and comparisons



Custom Tables

Detailed multi-year tables



Data Files

Download data files and documentation

Summary of Changes

- How the data are entered
- Data elements
- Definitions



Service Taxonomy

Changes revised from 10-01-2021



- III E Assistance, information and assistance definition updated.
- III E Assistance, case management added.
- III E Caregiver Information removed.
- III E Public Information Services (Caregiver) added.
- III D Nutrition education definition updated.
- III E Four respite codes and definitions added.

Service Taxonomy

Assistance – information and Assistance

Activity Definition	Activity (Service) Code	KDADS Administered Funding Sources	Unit Definition
<p>Assistance – Information and Assistance: A service that:</p> <ul style="list-style-type: none"> • provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; • assesses the problems and capacities of the individuals; • links the individuals to the opportunities and services that are available; • to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and • serves the entire community of older individuals, particularly— <ul style="list-style-type: none"> ○ caregivers who are older individuals with greatest social need; ○ older individuals with greatest economic need; ○ older relative caregivers of children with severe disabilities, or individuals with disabilities who have severe disabilities; ○ family caregivers who provide care for individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction; and <p>caregivers of “frail” individuals defined as: unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; and/or cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. (Source: OAA)</p>	ASSI	OAA III E	1 contact

Service Taxonomy

Assistance-Case Management

Activity Definition	Activity (Service) Code	KDADS Administered Funding Sources	Unit Definition
<p>Assistance – Case Management: Means a service provided to a caregiver, at the direction of the caregiver:</p> <ul style="list-style-type: none"> • by an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in subparagraph; and • to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the caregiver; and <p>Includes services and coordination such as—</p> <ul style="list-style-type: none"> • comprehensive assessment of the caregiver (including the physical, psychological, and social needs of the individual); • development and implementation of a service plan with the caregiver to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the caregiver, including coordination of the resources and services— <ul style="list-style-type: none"> o with any other plans that exist for various formal services; and o with the information and assistance services provided under the Older Americans Act; o coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided; o periodic reassessment and revision of the status of the caregiver; and o in accordance with the wishes of the caregiver, advocacy on behalf of the caregiver for needed services or resources. 	<p>ASCM</p>	<p>OAA III E</p>	<p>1 hour</p>

Service Taxonomy

Public Information Services-Caregiver

Activity Definition	Activity (Service) Code	KDADS Administered Funding Sources	Unit Definition
Individual Counseling: Providing one-on-one counseling for caregivers to assist in making decisions and resolving problems related to their caregiving roles. Individual counseling includes, but is not limited to grief counseling and mental health counseling.	INDC	OAA III E	1 event
Infant/Toddler Subsidy: Subsidy paid to defray costs related to infant/toddler screenings and/or early intervention services. Including but not limited to Tiny K website, etc.	INFT	DISAST DDSA	1 dollar
Information – Age Related Disorders: Information concerning diagnosis, prevention, treatment, and rehabilitation of age-related diseases and chronic disabling conditions including osteoporosis, cardiovascular diseases, and Alzheimer's disease and related disorders with neurological and organic brain dysfunction.	IARD	DISAST OAA III D*	1 contact
Public Information Services – Caregiver: A public and media activity that conveys information to caregivers about available services, which can include an in-person interactive presentation to the public conducted; a booth/exhibit at a fair, conference, or other public event; and a radio, TV, or Web site event. (Source: SHIP)	INFOP	OAA III E	1 activity

Service Taxonomy

Nutrition Education

Activity Definition	Activity (Service) Code	KDADS Administered Funding Sources	Unit Definition
Miscellaneous: This is a one-time purchase OR a one-time or short-term service (duration of less than three (3) months) which does not meet any other service definition. It is intended to address a gap in a customer's service as identified by the case manager and should not be used to meet on-going service or purchase needs. This definition could include eye glasses, air conditioner, etc.	MISC	DISAST SCA	1 dollar
Mobility Aids: Those items that enable the customer to continue functioning with the greatest independence. Includes items such as transfer bench, walker, cane, lift chair, reachers, and wheelchair.	MOBL	DISAST SCA	1 dollar
Newsletter: To provide older customers with a newspaper or newsletter containing items predominantly of interest to and affecting the wellbeing of older customers.	NEWS	OAA III B	1 letter or paper to 1 older customer
Nutrition Counseling: Provision of advice and guidance to an individual customer, who is at nutritional risk, because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status. This activity is performed by a health professional in accordance with state law and policy.	NCOU	DISAST OAA III C1 OAA III C2 OAA III D*	1 hour
Nutrition Education: An intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the Dietary Guidelines for Americans; is accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and is overseen by a registered dietitian or individual of comparable expertise as defined in the OAA. (Source: National Nutrition Monitoring and Related Research Act of 1990 and Input Committee)	NEDU	DISAST OAA III C1 OAA III C2 OAA III D*	1 session

Service Taxonomy

Respite

<p>Respite – In-home: A respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities. During such respite, other activities can occur which may offer additional support to either the caregiver or care receiver, including homemaker or personal care services.</p>	RRIH	OAA III E	1 hour
<p>Respite – Out-of-home, day: A respite service provided in settings other than the caregiver/care receiver’s home, including adult day care, senior center or other non-residential setting (in the case of older relatives raising children, day camps), where an overnight stay does not occur that allows the caregiver time away to do other activities.</p>	ROHD	OAA III E	1 hour
<p>Respite – Out-of-home, overnight: A respite service provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or, in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for a full 24 hour period of time. The service provides the caregiver with time away to do other activities.</p>	ROHN	OAA III E	1 hour
<p>Respite – Other: A respite service provided using OAA funds in whole or in part, that does not fall into the previously defined respite service categories.</p>	ROTH	OAA III E	1 hour

Assessment Forms

Forms impacted:

- Standard Intake
- Uniform Program Registration (UPR)
- Uniform Assessment Instrument (UAI)
- Abbreviate Uniform Assessment Instrument
- Caregiver Assessment Plan (CAP)



Standard Intake

Kansas Department for Aging and Disability Services				Standard Intake & Information Form					
PSA:	Interviewer:	Date:	Intake Type:	<input type="checkbox"/> CARE	<input type="checkbox"/> In-Home Services				
Intake Relate to:	<input type="checkbox"/> FE	<input type="checkbox"/> PD	<input type="checkbox"/> TBI	<input type="checkbox"/> OAA	<input type="checkbox"/> SCA	<input type="checkbox"/> Other:			
Intake Source:	<input type="checkbox"/> 3160	<input type="checkbox"/> Telephone – Customer	<input type="checkbox"/> Telephone – Family	<input type="checkbox"/> Telephone – Provider	<input type="checkbox"/> Other				
CUSTOMER INFORMATION									
Customer Name:				Birth Date:			Age:		
Social Security #			KAMIS #:			Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other



- Gender Other Added

Uniform Program Registration (UPR)

Kansas Department for Aging and Disability Services Uniform Program Registration

Registration Date: _____		PSA: _____	
CUSTOMER INFORMATION			
First Name: _____		Middle Name: _____	
Last Name: _____		Age: _____	
Birth Date: _____		Social Security #: _____	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Other 	
Residence Street Address: _____		City _____	
County _____		State _____	
Zip _____		Phone _____	
Emergency Contact Name: _____		Emergency Contact Address: _____	
Street _____		City _____	
County _____		State _____	
Zip _____		Phone _____	
Alt Phone _____		Race 	
Ethnicity	Race		
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> White	
<input type="checkbox"/> Ethnicity Missing	<input type="checkbox"/> Black or African American		

- Gender Other Added
- Two or more races, some other race and white non-Hispanic removed.

Uniform Assessment Instrument (UAI)

AAA/CME _____ Assessor Name	 Kansas Department for Aging and Disability Services Uniform Assessment Instrument	Disaster Red Flag	Electric
Assessor Phone _____			Physical Impairment
Assessment Date : _____	Expedited Services : Yes _____ No _____		Medication Assist
Customer Legal Name & Address: Nickname _____	Birth Date _____ / _____ / _____ month / day / year		Cognitive/MH issues
First _____ M.I. _____	Age _____ Male _____ Female _____ Other _____		No Informal Support
Last _____	Marital Status: Single _____ Married _____ Widowed _____ Divorced _____		None
Residence Address _____	Veteran or Spouse of Veteran? Yes _____ No _____		
City _____	Receive Veteran Benefits? Yes _____ No _____		
County _____ State _____ Zip _____	Income below poverty level? Yes _____ No _____		
Phone _____	Does Customer live alone? Yes _____ No _____		
Directions _____			
Mailing or Alternative Address	Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____ Ethnicity Missing _____		
Street _____	Race: _____		
City _____	White _____		
County _____ State _____ Zip _____	American Indian/Alaskan Native _____		
Phone _____	Asian _____		
	Black or African American _____		
	Native Hawaiian or Other Pacific Islander _____		

- Gender Other Added
- Two or more races, some other race and white non-Hispanic removed.
- Rural/Urban checkboxes removed

Abbreviate Uniform Assessment Instrument (AUAI)

PSA: _____	 <p>Kansas Department for Aging and Disability Services</p> <p>Abbreviated Uniform Assessment Instrument</p>	Disaster/Red Flag	Electric
Assessor Name: _____			Physical Impairment
Assessor Phone: _____			Medication Assist
_____			Cognitive/MH Issues
			No Informal Support
			None

Customer Legal Name & Address: Nickname _____	Birth Date _____ / _____ / _____ 
First _____ M.I. _____	Age _____ Male _____ Female _____ Other _____
Last _____	Marital Status: Single _____ Married _____
Residence Address _____	Widowed _____ Divorced _____
City _____	Veteran or Spouse of Veteran? Yes _____ No _____
County _____ State _____ Zip _____	Receive Veteran Benefits: Yes _____ No _____
Primary Phone _____	Income below poverty level? Yes _____ No _____
Secondary _____	Ethnicity:  Hispanic or Latino _____
Directions _____	Not Hispanic or Latino _____
Customer Social Security # _____	Ethnicity Missing _____
Customer KAMIS ID #  _____	Race: _____
Does Customer live alone? Yes _____ No _____	White _____
	American Indian/Alaskan Native _____
	Asian _____
	Black or African American _____
	Native Hawaiian or Other Pacific Islander _____

- Gender Other Added
- Two or more races, some other race and white non-Hispanic removed.
- Rural/Urban checkboxes removed

Caregiver Assessment Plan (CAP)

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
III-E CAREGIVER ASSESSMENT PLAN KAMIS ID #

I. INTAKE
Interviewer _____ PSA _____ Date of Assessment _____ Initial Reassessment

II. CAREGIVER CATEGORY
 Caregiver (Complete Sec. III, V, VI, and VII)
 Older Relative: Caring for child(ren) < 19 years of age (Complete Sec. III, IV, and VII)
 Caring for disabled adult(s) 19-59 years of age (Complete Sec. III, IV, VI, and VII)

III. CAREGIVER INFORMATION
Name (First, Middle, Last) _____ DOB _____ SSN _____ Male Female
Ethnicity: Not Hispanic or Latino Hispanic or Latino Other
Race: African American Native Hawaiian/Pacific Islander White Asian Other
Income below poverty level? Yes No

Address _____ City _____ County _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____ Cell Phone _____

IV. CAREGIVER for Child(ren) or Disabled Adult(s):
Number of children cared for: _____ Number of disabled adults cared for: _____
Relationship to Child(ren)/Disabled Adult(s) Grandparent Elderly Relative Elderly Non-relative Parent

V. CAREGIVER for Adult: Relationship to Recipient: Husband Wife Domestic partner, including civil union
 Daughter/Daughter-in-law Son/Son-in-law Sister Brother Other relative Non-relative

VI. ADULT CARE RECIPIENT #1 INFORMATION
Qualifying Care Recipient: Senior 60 years or older Adult Alzheimer's <60 Disabled Adult 19-59

Name (First, Middle, Last) _____ DOB _____ Recipient SSN _____ Male Female Other
Address _____ City _____ County _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____ Cell Phone _____

ADLS _____ IADLS _____

- Grandparent changed to Older Relative
- Gender Other Added
- Two or more races, some other race and white non-Hispanic removed.
- Income below poverty added
- Older relative caregiver relationship parent added.
- Caregiver for older adults relationships added: Domestic partner, including civil union, Sister, Brother
- Rural/Urban checkboxes removed

Caregiver Assessment Plan (CAP)

VIII. ADULT CARE RECIPIENT #2:

CAREGIVER for Adult - Relationship to Recipient: Husband Wife Domestic partner, including civil union
 Daughter/Daughter-in-law Son/Son-in-law Brother Sister Other Relative Non-relative

Qualifying Care Recipient: Senior 60 years or older Adult w/Alzheimer's <60 Disabled Adult < 60

ADULT CARE RECIPIENT #2 INFORMATION

Name (First, Middle, Last) _____ DOB _____ Recipient SSN _____
 Male Female Other

Address _____ City _____ County _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

ADLS
 Bathing Walking/Mobility Meal Preparation Use of Telephone
 Dressing Eating Shopping Laundry/Housekeeping
 Toileting Money Management Medication Mgmt/Treatment
 Transfer Transportation

IADLS

IX. ADULT CARE RECIPIENT #3:

CAREGIVER for Adult - Relationship to Recipient: Husband Wife Domestic partner, including civil union
 Daughter/Daughter-in-law Son/Son-in-law Brother Sister Other Relative Non-relative

Qualifying Care Recipient: Senior 60 years or older Adult w/Alzheimer's <60 Disabled Adult < 60

ADULT CARE RECIPIENT #3 INFORMATION

Name (First, Middle, Last) _____ DOB _____ Recipient SSN _____
 Male Female Other

Address _____ City _____ County _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

- Caregiver for older adults relationships added: Domestic partner, including civil union, Sister, Brother
- Gender Other Added
- Rural/Urban checkboxes removed

Caregiver Assessment Plan Instructions

Pages 3-4

- Updated to reflect Older Relative change from Grandparent

KAMIS

- Person Table
- KAMIS Assessment Data Entry
- Problem Report, KDADS Help Desk:
KDADS.HELPDESK@ks.gov

KAMIS

Add a Caregiver Role

To add one of the Caregiver roles to a Person record, go to the person's *Person Admin/Home* page and use the Person Roles region to add the appropriate Caregiver role.

The screenshot displays the 'Person Administration' page for a user named CONSUMER143. A modal window titled 'Role Administration' is open, showing a list of role types. The 'CAREGIVER' and 'CAREGIVER OLDER RELATIVE' options are highlighted with a red box. A red arrow points from the 'Create New Role' button in the 'Person Roles' section of the main page to the highlighted role options in the modal.

Person Administration

NAME: CONSUMER143 (First) (Middle)

Date of Birth: 01/23/1967

Gender: MALE

Marital Status: MARRIED

Race: WHITE NON-HISPANIC

Ethnicity: NOT HISPANIC OR LATINO

Speaks: ENGLISH

Interpreter Needed: No

Role Administration

Select Role Type

- ADMINISTRATOR
- APPLICANT EMPLOYEE
- APPLICANT VOLUNTEER
- ASSESSOR
- ASSOCIATE
- CARE RECIPIENT
- CAREGIVER
- CAREGIVER OLDER RELATIVE
- CASE MANAGER
- CONTRACT TEACHER
- DOCTOR
- EMPLOYEE
- EMPLOYEE CAREGIVER
- FOSTER GRANDPARENT
- FOSTER PARENT
- INTERN
- MFEI ASSESSOR
- NURSE
- OPTIONS COUNSELOR
- SOCIAL WORKER
- STUDENT NURSE
- VOLUNTEER

Status: ACTIVE

Effective Date: 09/02/2021

Person Roles

Edit	Role Type	Effective Date	Role Status	Termination Date
EDIT	CUSTOMER	01/28/2019	ACTIVE	

1 - 1

KAMIS ID: 821335 Name: ADRC04, CONSUMER165 Customer Status: ACTIVE ;CAREGIVER OLDER RELATIVE
Orgs: Primary: JAYHAWK AREA AGENCY ON AGING No Secondary
(ISD; as JOBAUER, PSA 4.) Note that MCOs are in PERSON_PSA, not -MCO; fix if/when MCOs pulled from _PSA.

Caregiver Assessment

Assessment Nbr:

Form Status
WORK IN PROGRESS

PSA
4 - JAYHAWK AREA AGENCY ON AGING

* **Interviewer**

* **Assessment Date**

* **Caregiver Category**
OLDER RELATIVE CAREGIVER FOR CHILD(REN)
OLDER RELATIVE CAREGIVER FOR CHILD(REN)
OLDER RELATIVE CAREGIVER FOR DISABLED ADULT(S)

* **Assessment Type**
~Select-

Poverty Status
Select Poverty Status ...

Reassessment Date

* **Number Of Children**

* **Relationship to Child(ren)/Disabled Adult(s):**
 PARENT(S) GRANDPARENT(S) ELDERLY NON-RELATIVE ELDERLY RELATIVE

Reporting

- Annual manual report due to KDADS in November 2022 will be updated and shared with the AAAs

Wrap Up

- Changes go into effect October 1, 2021 for Federal Fiscal Year 2022 ending September 30, 2022. Make sure all staff are aware, though changes impact reporting more so than service delivery.

OAA Reporting Changes for FFY2022

