

## **Supporting Statement for the State Program Performance Report for FY 2018-2021**

### **A. Justification**

#### **1. Circumstances Making the Collection of Information Necessary**

- This is a request for Office of Management and Budget (OMB) approval of the Administration for Community Living's (ACL) Administration on Aging (AoA) Title III and Title VII (Chapters 3 and 4) performance data. This collection is a revision of the 2016 approved version (Approval number 0985-0008).and that incorporates significant reduction in the amount of data collected.
- The Older Americans Act (OAA), P.L. 89-73, enacted July 14, 1965, last amended in April 2016, P.L. 114-144, requires the Department to submit an annual report Congress on the performance of Older Americans Act funded projects. (42 U.S.C. 3012).
- Data collection is essential to provide performance measures as required by Congress and the GPR Modernization Act of 2010 (GPRMA).

#### **2. Purpose and Use of Information Collection**

- The information submitted by Older Americans Act (OAA) Title III and VII (Chapters 3 and 4) grantees is AoA's principle source of information on programs and services funded under the (OAA). The State Performance Report (SPR) serves as the Program Performance Report for state grantees to meet their annual grantee reporting requirements and includes the data required by the OAA to be reported in the AoA Annual Report to Congress. The data collection is summary data of services for seniors and family caregivers provided or managed by State Units on Aging (SUA) and Area Agencies on Aging (AAA). Data is submitted annually by the 50 states, four Outlying Areas Territories (American Samoa, Guam, Commonwealth of the Northern Mariana Islands and U.S. Virgin Islands), Washington, D.C., and Puerto Rico. It includes information on the number of people served and their characteristics, the number of units of specific services, expenditures, number of state and local staff, and Aging Network description (e.g. staffing).

Data from the SPR are the primary source for performance measures in the Congressional budget justification; the HHS Annual Performance Plan and Report as well as the Annual Report to Congress referred to above. AoA also uses the data to respond to inquiries from stakeholders, the public, and the press as well as program and policy decision makers.

Information from the most recent SPR is available on-line on the Aging Integrated Database (AGID) website (<http://www.agid.acl.gov/>). Results are available annually.

**3. Use of Improved Information Technology and Burden Reduction**

- States are required to submit data electronically via an on-line internet based secure server.

**4. Efforts to Identify Duplication and Use of Similar Information**

- No other sources collect this specific data or similar information that could be used for this purpose.

**5. Impact on Small Businesses or Other Small Entities**

- Reporting is performed by State Units on Aging. No small businesses or other small entities will be involved in this information collection.

**6. Consequences of Collecting the Information Less Frequent Collection**

- The Older Americans Act requires the Department to report annually on the performance of this program. If the reports were made less frequently, AoA would not fulfill its statutory reporting responsibilities.

**7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

- **Requiring respondents to report information to the agency more often than quarterly;**

Not applicable. Reports are only required on an annual basis.

- **Requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;**

Not applicable.

- **Requiring respondents to submit more than an original and two copies of any document;**

Not applicable.

- **Requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records, for more than three years;**

Not applicable.

- **In connection with a statistical survey, that is not designed to produce valid and reliable results than can be generalized to the universe of study;**

Not applicable.

- **Requiring the use of a statistical data classification that has not been reviewed and approved by OMB;**

Not applicable.

- **That includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or that unnecessarily impedes sharing of data with other agencies for compatible confidential use; or**

Not applicable.

- **Requiring respondents to submit proprietary trade secrets, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.**

Not applicable.

#### **8. Comments in Response to the Federal Register Notice/Outside Consultation**

- A 60-day Federal Register Notice was published in the *Federal Register* on June 1, 2017, Vol. 82, No. 104, pp. 25293-25294. This notice is included below:

Cal. 1006), pertinent regulations and OMB policies and procedures.

**Christopher Beach,**  
Senior Grants Policy Specialist, Division of Grants Policy, Office of Administration, Administration for Children and Families.  
[FR Doc. 2017-11281 Filed 5-23-17; 8:45 am]  
BILLING CODE 4188-01-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Community Living**

**Agency Information Collection Activities; Comment Request; Redesign of Existing Data Collection; Older Americans Act Titles III and VII; State Program Performance Report**

**AGENCY:** Administration for Community Living, HHS.  
**ACTION:** Notice.

**SUMMARY:** The Administration for Community Living (ACL) is announcing an opportunity for the public to comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish a notice in the Federal Register concerning each proposed collection of information, including such proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on a proposed revision to an existing data collection related to the Older Americans Act Title III and VII State Program Performance Report (SPR) (OAA Rev.).

**DATES:** Submit written or electronic comments on the collection of information by July 31, 2017.

**ADDRESSES:** Submit electronic comments on the collection of information to: [SPRredesign.comments@acl.hhs.gov](mailto:SPRredesign.comments@acl.hhs.gov).

Submit written comments on the collection of information to: U.S. Department of Health and Human Services, Administration for Community Living, Washington, DC 20201, Attention: Jennifer Klocinski.

**FOR FURTHER INFORMATION CONTACT:** Jennifer Klocinski by telephone: (202) 795-7377 or by email: [SPRredesign.comments@acl.hhs.gov](mailto:SPRredesign.comments@acl.hhs.gov).

**SUPPLEMENTARY INFORMATION:** Under the PRA (44 U.S.C. 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. "Collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR

1.202.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the Federal Register concerning each proposed collection of information, including such proposed extension of an existing collection of information, before submitting the collection to OMB for approval.

To comply with the above requirement, ACL is publishing a notice of the proposed revision of a currently approved collection of information set forth in this document. With respect to the following collection of information, ACL invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of ACL's functions, including whether the information will have practical utility; (2) the accuracy of ACL's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques when appropriate, and other forms of information technology.

**Purpose**

The purpose of this data collection is to fulfill requirements of the Older Americans Act and the Government Performance and Results Modernization Act of 2010 (GPRAMA) and related program performance activities. Section 202(a)(16) of the OAA requires the collection of statistical data regarding the programs and activities carried out with funds provided under the OAA and Section 207(a) directs the Assistant Secretary for Aging to prepare and submit a report to the President and Congress based on those data. Section 202(f) directs the Assistant Secretary to develop a set of performance outcome measures for planning, managing, and evaluating activities performed and services provided under the OAA. Requirements pertaining to the measurement and evaluation of the impact of all programs authorized by the OAA are described in section 206(a). The State Performance Report is one source of data used to develop and report performance outcome measures and measure program effectiveness in achieving the stated goals of the OAA.

The Administration on Aging (now within the Administration for

Community Living) first developed a State Program Performance Report (SPR) in 1996 as part of its National Aging Program Information System (NAPIIS). The SPR collects information about the national Aging Network, how State Agencies on Aging expend their OAA funds, as well as funding from other sources for OAA authorized supportive services. The SPR also collects information on the demographic and functional status of the recipients and is a key source for ACL performance measurement.

**Revisions**

Significant revisions to the SPR were last implemented in 2005. This proposed collection is a revision that will replace the currently approved version (effective 2017-2019). The factors that influenced the proposed revision of the SPR, include: (1) The need to reduce reporting burden while enhancing data quality; (2) the need to modernize the data structure to allow for more efficient reporting and the ability to use current technology for reporting and analysis; (3) an interest in aligning data elements within and across data collections; and (4) the need to consider alternative data elements that reflect the current Aging Network and long-term care services and supports. The proposed SPR revision reduces the number of data elements reported by 70% compared to the current SPR.

Reductions in data elements are found throughout the data collection, but are concentrated in the consumer demographic components. Due to the aggregate level nature of the SPR, information on combinations of demographic characteristics (e.g. number of women served who are 65 years or older and have 2 activity of daily living limitations) require exponentially larger numbers of data elements compared to single demographic characteristics (e.g. number of women served). To reduce reporting burden associated with the number of data elements, ACL is proposing to limit data element combinations. The remaining proposed demographic data elements include indicators of priority populations (i.e. social and economic vulnerability and frailty) found in the OAA and will allow ACL to continue to measure efforts to target services.

Limited expansions in data elements are found in the Title III-E National Family Caregiver Support Program service component. The proposal separates out three services that were reported as a whole (i.e. counseling, training and support group services).

25204 Federal Register / Vol. 82, No. 104 / Thursday, June 1, 2017 / Notices

Separation allows for support group services to be categorized as a non-registered service for which consumer demographic details are no longer reported. Additional information regarding the types of respite services provided under the OAA is sought. The proposal separates assistance services into two types: (1) Case management, and (2) information and assistance. Case management assistance services are categorized as registered, meaning caregiver demographic data are reported while information and assistance services do not include reporting of demographic data. Supplemental

services are reported in the same manner as "other services" under Title III-B, Home and Community-based Services (HCBS) program. Across the OAA services, greater detail regarding expenditure data is proposed. Under Title III-B, HCBS program, the proposed data collection expands data regarding legal assistance services. The ACL also seeks data on the OAA identified priority legal issues for closed cases.

Taken as a whole, the proposed reductions far exceed the proposed increases in data burden. The proposed reporting requirements may be found on the ACL Web site

under State Program Performance Report (SPR) Proposed Revisions for Comment, available at: <http://acl.gov/Default.aspx>.

The estimated hour burden per respondent for the SPR in FY 2019 (year of first report) will change from the 20 hours estimate in FY 2016 to 33.5 hours, a decrease due to a 70% reduction in the number of data elements reported. The number of hours is multiplied by 56 state units on aging, resulting in a total estimated hour aggregate burden of 1,876 hours (see table below).

TABLE—ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
States	State Performance Report	56	1	33.5	1,876

Dated: May 25, 2017.  
**Daniel P. Berge,**  
Acting Administrator and Assistant Secretary for Aging.  
[FR Doc. 2017-11281 Filed 5-23-17; 8:45 am]  
BILLING CODE 4188-01-P

Contact Person: Susan White Sammons, Ph.D., Scientific Review Officer, Office of Scientific Review/DGSA, National Heart, Lung, and Blood Institute, 6705 Rockledge Drive, Room 7102, Bethesda, MD 20892, [susan.white.sarberg@nih.gov](mailto:susan.white.sarberg@nih.gov).  
Name of Committee: National Heart, Lung,

Dated: May 25, 2017.  
**Michelle Trout,**  
Program Analyst, Office of Federal Advisory Committee Policy.  
[FR Doc. 2017-11281 Filed 5-23-17; 8:45 am]  
BILLING CODE 4188-01-P

ACL received comments from fourteen (14) organizations and one (1) individual about the State Performance Report (SPR) redesign. ACL reviewed all of the comments. However, some of the comments were deemed to not be relevant because they were: (a) about the data submission process itself; (b) did not request a change; (c) only related to format; (d) indicated topics for technical assistance and training for the final data collection; or (e) provided commentary

without reference to content of the SPR. For ease of review, the remaining comments and their responses have been grouped by topic or issue. The ACL responses for each topic/issue are detailed below:

<b>Topic/Issue</b>	<b>Comment</b>	<b>ACL Response</b>
Implementation Timeline	3 organizations requested that the new data elements be delayed from the proposed October 1, 2018 to allow for additional time for States to revise their systems in order to be able to report requested data.	In response to these comments, ACL is proposing that implementation of data collection under the new format be delayed by 12 months and begin in October 2019, which is the start of Federal Fiscal Year (FFY) 2020. The vast majority of the data elements are continued from the current reporting requirements. So, they would not require additional time. However, in several cases, such as for the proposed new data elements required related to legal services, additional time is proposed for coming into full compliance with select new data elements.
Cost	5 organizations submitted comments expressing concerns about the cost/burden to grantees related to the revised data collection.	While ACL recognizes that any revisions to its data collection and data collection systems may require allocation of resources by reporters, these data elements have not been revised for more than 10 years. Over the course of the past 4 years, ACL has worked with grantees and other stakeholders to craft the proposed revisions to the data elements to reduce overall reporting burden and to better ensure that the data collected accurately reflect the full scope and nuance of the programs funded under Title III of the Older Americans Act.
Burden	Two organizations requested clarification regarding the burden hours (33.5). The commenter asked if the estimate included the time spent by contracted legal service providers and indicated if the number did it was too low.	The burden hour estimate is an average based on the time required for the current reporting system, conversations with entities reporting similar data in the past, and working group members who have significantly contributed to this current information collection. ACL believes this is a fair representation of the hour burden and that no change is necessary.
	Two organizations commented that there is a need for more outcome focused data collection. One was an overall comment and the other was specific to the Legal	ACL appreciates the interest in outcomes and agrees that there is a need for more robust outcome oriented performance data. ACL’s dialogue with the Aging Network started with a discussion about outcome data. The current status of state data systems and the level of burden that this would require were considered not conducive to making a change in the SPR at this time. ACL is committed to working with states to identify ways to measure outcomes using a standardized approach.

Topic/Issue	Comment	ACL Response
	Assistance measures.	
Outcome data	One organization requested that rural status not be collected for legal assistance consumers	The OAA identifies rural individuals as a priority group. AoA is required to report statistical data and analyze the effectiveness of the Aging Network in targeting services to this population. In order to determine rural status using RUCA codes, only a consumer's zip code is required as ACL will provide the Network with the zip code approximation file. Therefore, no change will be made in response to this comment.
Legal Assistance	One organization requested that household status not be collected for legal assistance consumers as the information is not pertinent to receiving services	Older adults that live alone are at an increased risk for losing independence and entering a long-term care facility. These data allow for the measurement of the Network's success at targeting services and is a required data element of all the Title III-B services that report consumer characteristics. Therefore, no change will be made in response to this comment.
	One organization requested that minority status be removed as a requirement for legal assistance services or be a duplicated count	Priority populations for OAA services include minority and low-income minority individuals. These data are required in order for AoA to report statistical data and analyze the effectiveness of the Aging Network in targeting services to this population. The Minority Status data element is required as the racial identity data element can no longer produce an unduplicated count of individuals. Minority status is an unduplicated count across racial identities. An individual with two or more racial identities would be counted once under the minority status data element. Therefore, no change will be made in response to this comment.
	Three organizations noted that data element CD26 [CD24 in the current version] Gender Identity – ADL 3+ was not applicable to legal assistance services	ACL agrees that Activities of Daily Living (ADL) status does not apply to legal assistance and that the cross with gender identity is also not applicable. However, these data elements will be removed.
	One organization requested that case type be collected on "open" cases as it would be helpful in determining workload for the following year	ACL appreciates the interest in future year planning. The State Performance Report's purpose is to measure accomplishments for the completed fiscal year. The addition of case type for open cases would increase burden without equivalent benefit for national performance measurement. States are encouraged to collect all necessary data to administer programs which may include data for workload planning. Therefore, no change will be made in response to this comment
	One organization	ACL agrees that this would be useful. The priority types under

Topic/Issue	Comment	ACL Response
	<p>requested a definition of “income” for LA 6 Number of Cases Closed – Income to ensure consistency in application between the OAA definition and the LSC definition.</p>	<p>income shall be listed as:</p> <p>Income:</p> <ul style="list-style-type: none"> <li>• SSI and Social Security eligibility, termination, reduction, overpayments,</li> <li>• pension disputes,</li> <li>• unemployment insurance eligibility, termination or reduction,</li> <li>• State and local income maintenance programs where available, including eligibility, terminations, and reductions, including state supplements to SSI and state-specific programs.</li> <li>• Income - Other</li> </ul>
	<p>One organization requested that “LA8 Number of Cases Closed – Long Term Care” be deleted and the data be captured under “health care”. Collecting data on closed cases by type of “Long Term Care” will be burdensome and require modifying our reporting system to this level of detail.</p>	<p>Long Term Care is a priority issue separate from health care under the Older Americans Act. To facilitate reporting ACL has identified a cross walk for providers that are Legal Services Corporation (LSC) grantees. LSC has a main code for health with sub-codes 54 for home and community based services and 56 for long term care facilities. The categories for health are:</p> <ul style="list-style-type: none"> <li>• Nursing home admission, discharge, room change, visitor access, refusal of facility to re-admit a resident after a hospitalization or other leave of absence, other residents rights,</li> <li>• Support for transitions from a nursing home to a community setting, or diversion from a nursing home to a community setting,</li> <li>• Home and Community Based Services - functional (not Medicaid) eligibility, amount and type of benefits, reduction, termination.</li> <li>• Long Term Care – Other</li> </ul> <p>These categories do not refer to the type of setting in which the client resides, but the type of LTC legal issues that emerged in the context of LTC. Therefore, no change will be made in response to this comment.</p>
	<p>One organization requested that legal</p>	<p>ACL has been and will continue to engage legal service developers, the Aging Network and other partners about data</p>

Topic/Issue	Comment	ACL Response
	<p>assistance remain an unregistered service for which no demographic data would be reported. The organization recommended that ACL work with states that do collect these data to evaluate their success and determine best practices.</p>	<p>gaps in terms of legal assistance data. In proposing the new data elements, ACL considered that, in 2014, nearly half of the states collected some or all of the data being proposed and, in states without state level data collection, many local legal assistance providers collect and report similar information as Legal Services Corporation grantees. Legal Assistance is a priority service under the OAA. This proposal will enable states and ACL to better understand how well services are targeted and priority issues are addressed. Therefore, rather than use the terms registered or unregistered in relation to the legal services data, ACL will characterize them as Restricted which will be defined as “A service, like legal services, in which demographic information is reported in aggregate, but no Personally Identifiable Information (PII) is included. The data are comprised of aggregated, de-identified information.”</p>
	<p>Two organizations requested that poverty status and specifically poverty status crossed with other demographic variables not be collected as this would require legal assistance providers to keep client profiles and violate client confidentiality, would be inconsistent with the prohibition to means test the service and is burdensome.</p> <p>One organization noted that poverty status crossed with other variables may be particularly difficult for legal assistance providers and that based on pilot testing delete the intersections if</p>	<p>Priority populations for OAA services include individuals who are socially and economically vulnerable. These data are required for AoA to report statistical data and analyze the effectiveness of the Aging Network in targeting services and is a required data element of all the Title III-B services that report consumer characteristics. ACL believes the proposed data will be relevant in most priority issue cases. Therefore, no change will be made in response to these comments.</p>

Topic/Issue	Comment	ACL Response
	<p>too burdensome.</p> <p>One organization requested that case type data elements be removed as the current system cannot maintain confidentiality and provide this data. The data would also be costly and burdensome to collect.</p> <p>Two organization requested that the case types match the priority issues in the OAA at §307(a)(11) (E). The commenter requested definitions be provided for each case type. The commenter requested that a crosswalk between LSC legal problem categories and case type be provided and recommended a crosswalk developed by an SUA. One of the organizations recommends including the Consumer/Finance category even through it is not an OAA priority issue due to it is recognized in the field as a serious issue effecting socially and economically vulnerable older adults.</p>	<p>ACL agrees and will revise the proposed categories to better align with the priority issues list in the OAA, which will maximize the likelihood of receiving meaningful data and the ability to cross walk categories to those used by LSC grantees.</p> <p>The revised proposed case types are as follows: Income, health care, long-term care, nutrition, housing, utilities, abuse/neglect, defense of guardianship and protective services, age discrimination, other/Miscellaneous.</p> <p>In order to place the least amount of burden on grantees and because it is not an OAA priority issue ACL will not be adding a Consumer/Finance category at this time but will consider it for future versions.</p>

Topic/Issue	Comment	ACL Response
	One organization asked if expenditure data would be “tied to each subcomponent” and that if that was so it would be “... a massive undertaking for Fiscal.”	ACL is not proposing for expenditure data to be reported in association with the “3.7 legal assistance subcomponent”. The expenditure data proposed is at the service level and is similar to the data current requested for each service. As such, no change is necessary.
	Two organizations noted that it was unclear that confidential services (legal assistance) could not be included in the SC1 or SC2 unduplicated counts of clients across services due to the services confidential nature.	ACL agrees that including confidential services in the unduplicated count of individuals served by one or more registered services (SC1) is not feasible. The definition and notes will clarify that, rather than being called confidential services, Legal services will be listed as restricted services, which are defined as services in which demographic information is reported in aggregate, and no PII is associated with it. The data includes only aggregated, de-identified information. ACL agrees that including restricted services in the estimated unduplicated count of individuals served by one or more unregistered services (SC2) does not conform to the definition as restricted services are a unique category. The definition and note will be clarified to reflect this. While individuals receiving restricted services are not included in SC1 and SC2, ACL does expect an estimate will be included in the SC3 of total older adult consumers served.
	Two organizations requested that in the data element tables (3.1) under the “Services” column that Confidential service: Legal Assistance be revised to include “estimated unduplicated”.	ACL recognizes the importance of maintaining the confidentiality of individuals receiving legal assistance. For those individuals receiving legal assistance on more than one occasion during the federal fiscal year from the same provider, the provider shall report an unduplicated count of persons. ACL will provide technical assistance and training to insure that grantees do not violate confidentiality through the reporting process. No change is necessary.
	One organization noted that some of their members would prefer to collect poverty status for the individual income rather than household income for legal assistance.	ACL recognizes that defining poverty status can be difficult and that different programs may use different approaches. A standard approach across OAA services is needed. ACL is proposing that the poverty guidelines be consistent with other HHS programs.
	One organization requested that data	ACL believes that the additional language retains the interest in brevity while increasing the understanding of the data element.

Topic/Issue	Comment	ACL Response
	<p>element LA1 “Total Number of Open Cases” description be modified to more clearly indicate that these are cases that were open at any time during the reporting period.</p> <p>Two organizations commented that the definition of “open case” includes cases that were opened prior to the reporting period and that some organization members strongly prefer that only cases that were opened during the reporting period be included.</p>	<p>The language “at any time” will be added. ACL is interested in collecting information about all cases that were addressed during a reporting period, so we will not restrict the definition to only cases opened during the reporting period.</p>
	<p>One organization recommended that the data element “closed cases” be changed to “case closed”</p>	<p>ACL appreciates interest in insuring accurate definitions and the best language used to facilitate accurate data collection. The construction of the data element LA3 and related elements LA4-5 is “Number of closed cases” and is a parallel construction to LA1 “Number of open cases”. For consistency, no change is proposed.</p>
	<p>Two organizations requested that the data elements LA3-5 (service level data) be revised to align with the data collected currently by Legal Service Corporation (LSC) grantees. One recommendation is to use “Counsel and Advice” rather than “Advice”; use “Limited Action” rather than “Limited Representation”; and</p>	<p>The data elements are easily mapped to LSC categories. TA will be provided related to this mapping. Therefore, no change will be made in response to this comment.</p>

Topic/Issue	Comment	ACL Response
	<p>use Extended Service” rather than “Representation”. The other is to use just the two main LSC levels of service “Limited” and “Extended”</p>	
	<p>One organization found a typographical error in the “legal assistance” definition. The organization is otherwise in support of the definition.</p>	<p>ACL agrees and will fix the typographical error. And the definition is  “Legal assistance means legal advice and representation provided by an attorney to older individuals with economic or social needs as defined in the Older Americans Act, Sections 102(a)(23 and (24), and in the implementing regulation at 45 CFR Section 1321.71, and includes to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of a lawyer and counseling or representation by a non-lawyer where permitted by law”  (Source: OAA)</p>
	<p>Two organizations recommended a wording change to the definition of “Confidential Service” to “... (PII) is not shared or recorded at other than at the provider level.”</p>	<p>ACL agrees and will modify the definition to change the categorization of the services to Restricted rather than Confidential and it will be defined as: “A service, like legal services, in which demographic information is reported in aggregate, but no Personally Identifiable Information (PII) is included. The data are comprised of aggregated, de-identified information”</p>
	<p>Two organizations requested that the definition of “Case” be modified to emphasize a distinction between general legal information and legal advice. One organization specified that legal information would not qualify as legal assistance nor would it qualify as a case.</p>	<p>Any services provided that do not meet the definition of a “case” may be reported under <u>Other Services (Title III-B) Subcomponent</u>. Therefore, no change will be made in response to this comment.</p>
	<p>One organization</p>	<p>The change has been made.</p>

Topic/Issue	Comment	ACL Response
	<p>suggested that there was a typographical error in the definition of “Limited Representation. “ Services delivered at self-help clinics or court-based advice programs could fall under advice or limited representation, <del>and could</del>, depending upon the intensity and time expended on the service delivered.”</p>	
	<p>One organization requested that the term “matter” not be used in the definition of a “Case”. The organization also recommended that a new case is not opened when representation moves from one forum to another. That a case involving multiple levels of assistance be reported only at the highest level. This definition would be consistent with LSC definitions</p>	<p>ACL believes that “matter” is synonymous with “case” and is commonly used legal terminology. We will provide TA and training but no change will be made in response to this comment.</p>
	<p>Two organizations requested that Medicaid beneficiary status not be collected. One found the data “unnecessary and perhaps intrusive...” One commented that this is too burdensome for</p>	<p>ACL recognizes that challenges that states face in collecting Medicaid status. While the Aging Networks understanding of a consumer’s Medicaid status and eligibility is important to the formation of a coordinated and comprehensive of long term services and supports, ACL will remove this data element and work with states on approaches for collecting the data in the future.</p>

Topic/Issue	Comment	ACL Response
	<p>legal assistance providers</p> <p>Two organizations commented that the information would be difficult to collect and self-reporting is inaccurate. Recommended only collecting Medicaid beneficiary status from Medicaid HCBS clients receiving case management from the Aging Network.</p> <p>One organization asked who the Medicaid status applies under the caregiver program (caregiver or care recipient) and why the data is necessary.</p>	
Medicaid Status	One organization requested that household size be added to the data collection. Rationale pertained to the need to collect household size to determine poverty status	<p>ACL appreciates the interest in collecting information about household size. The data element household status does capture whether the individuals lives alone or with others. Living alone is a risk factor for loosing independence and entering an institution. Therefore, AoA has an interest in capturing this information. To keep reporting burden to a minimum, greater detail in the annual report was determined not to be needed. While determination of poverty level does include an assessment of household size, that level of detail is not needed in the annual performance report. AoA uses other data collection mechanisms to gather additional information on consumers’ socioeconomic and demographic status. Therefore, no change will be made in response to this comment.</p>
Request additional data elements	Two organizations recommended changing transportation services to be a “registered” service requiring	<p>ACL recognizes the importance of transportation services. During the redesign process ACL considered changing transportation services to a registered service as some states treat the services as such. ACL heard from a number of states that do not treat transportation services as registered and the burden of changing the designation. Therefore, no change will be made in response to this comment. ACL will consider changing the status</p>

Topic/Issue	Comment	ACL Response
	demographic data	in future revisions.
	One organization recommended changing health promotion – evidence based services to a “registered” service requiring demographic data	ACL recognizes the importance of evidence-based health promotion services. In ACL’s deliberation it was determined that while demographic information on the individuals receiving evidence-based health promotion interventions would be beneficial the burden to collect at this time is too great. Therefore, no change will be made in response to this comment. ACL will consider changing the status in future revisions.
	One organization recommended adding Limited English Proficiency (LEP) as a consumer characteristic as it is a priority population under the OAA. The organization recommended using need for an interpreter as a definition.	ACL recognizes the importance of assessing whether a consumer is LEP. In ACL’s deliberation, it was determined that a standard approach to defining, collecting and reporting this consumer characteristic would be beneficial but too burdensome to achieve at this time. Therefore, no change will be made in response to this comment. ACL will consider adding this consumer characteristic in future revisions.
	One organization requested additional data elements under the Title VII Chapter 4 legal assistance development to describe the sources of funding for legal assistance development. The commenter stated that a barrier to strengthening state legal services development programs is the very limited funding in most states.	ACL appreciates the interest in collecting information about the sources of funding for Title VII Chapter 4 legal assistance development. While Title VII Chapter 4 requires SUAs to provide the services of an individual who shall be known as a State legal assistance developer and the assistance of other personnel to meet the OAA assurances the need for additional data on this topic is not considered sufficient to increase reporting burden. Therefore, no change will be made in response to this comment.
	One organization requested that the definition of Home-delivered and congregate meals exclude “meals	ACL appreciates the feedback on inclusion language in the definitions. The definition for home-delivered and congregate nutrition services are not proposed for change. The functions of the Assistant Secretary on Aging includes the coordination and assistance in the planning and development by public and private organizations or programs for older individuals with a view to

Topic/Issue	Comment	ACL Response
	provided through means tested programs.”	the establishment of a nationwide network of comprehensive, coordinated services and opportunities for such individuals. ACL is interested in gathering data on services provided through the Aging Network that reflect comprehensive and coordinated services.
Improving definitions and language	One organization requested ACL label “counseling”, “training”, “respite,” and “supplemental” as caregiver services	These are recognized categories under the Caregiver program and ACL is revising the definitions document to more clearly organize the definitions to make this clear.
	Provide definition of “trained facilitator” within the definition of Support Group services	ACL will address this is through training and technical assistance.
	One organization requested clarity regarding the relationship categories associated with the two caregiver program populations, caregivers of older adults and older relative caregivers. The organization noted that “parent” is not a relationship under caregivers of older adults. How are “parents to be captured?”	Respondents should record parents using the “other Relatives’ response category. Therefore, no change will be made in response to this comment.
	One organization requested that the full-time staff definition be revised to 30 hours from 35 hours and Part-time staff definition to be less than 30 hours	ACL recognizes that there are varying definitions regarding full-time and part-time employment. ACL’s definition is based on U.S. Census, Current Population Survey which states that “Full time is 35 hours or more per week; part time is 1 to 34 hours per week”. Therefore, no change will be made in response to this comment.
	One organization questioned how to define and capture SV1 “SUA Staff	ACL is revising the definitions document to more clearly indicate that the SV5 data element “SCSEP staff” are not staff managing or overseeing the SCSEP program, but SCSEP beneficiaries hired by the SUA. If those individuals are full time

Topic/Issue	Comment	ACL Response
	(paid) Full Time compared to SV5 “SCSEP Staff”. The comment spoke to SUA staff (SV1) who administer the SCSEP program.	paid staff, they would be captured within SV1 and, if part time, SV2.
	One organization questioned if the reference to OAA Title III-A should be Title III-C for data element EX6 – NSIP Expenditures	The data element is correctly described. The Nutrition Service Incentive Program (NSIP) is a grant authorized under OAA Title III Part A section 311. The funds received under Title III-A are to be spent solely on the purchase of domestically produced food, including USDA commodities for the nutrition projects (Title III-C). ACL has added language to clarify that NSIP grants are awarded under Title III-A.
	One organization recommended that ACL specify whether program income is received during the fiscal year or expended during the fiscal year and that using expended would provide better expenditures per unit analysis.	Program income is defined as Gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance, except as provided in §75.307(f). (See <i>Period of performance</i> .) Program income includes, but is not limited to, income from fees for services performed, the use or rental of real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also §§75.307, 75.407 and 35 U.S.C. 200-212 (applies to inventions made under Federal awards)
	One organization recommended that the unit of service for Adult Day Care allow for fractions of units (e.g. 0.50).	ACL agrees that partial unit reporting may lead to more accurate data and not increase burden. The unit definition will allow for partial units. Specifically “1 day is equal to 8 hours and partial day reporting allowed (i.e., 1 hour equals .12 days, 2 hours equals .25 days, 4 hours equals .5 days, and 6 hours equals .75 days)”
	One organization asked that the definition of counselor under the Title III-E program be more clearly	ACL will address this is through training and technical assistance. Therefore, no change will be made in response to this comment.

Topic/Issue	Comment	ACL Response
	defined, specifically the qualifying professional degree.	
	One organization requested clarity regarding the inclusion and calculation on “in-kind” contributions or “in-direct” costs in the reporting of expenditures.	ACL recognizes that the reporting of in-kind expenditures within the State Performance Report has not been consistent, and that an additional data element to capture in-kind expenditures may add to data quality. However, in order to keep reporting burden as low as possible, an additional data element is not being proposed. The value of donated or in-kind goods and labor should be incorporated into the proposed expenditure categories. ACL will work to improve our technical assistance to facilitate a standard methodology for calculating in-kind expenditures. Therefore, no change will be made in response to this comment.
	One organization requested clarity regarding “other services”. Does the “other services” include services funded through Title III Parts B, C and D or only Part B?	Other services can be funded by Title III B or C. Title III Part D funds are only allowed for evidence-based health promotion activities which is an identified service category. Therefore, no change will be made in response to this comment.
	One organization asked that definitions be provided for codes and values under subcomponent 3.8 “Other services”	ACL assumes that the question pertains to proposed data element OS3 Service Domain. These are broad domains to assist in better understanding the state defined other services not specific responses. Therefore, no change will be made in response to this comment.
	One organization noted that nutrition counseling and education are provided as examples of activities associated with health promotion services. The organization recommended that ACL clarify when nutrition counseling and nutrition education is counted under these services	Nutrition Education and Counseling should be reported separate from Health Promotion and Disease Prevention services. We can acknowledge that these services do promote health and prevent disease. The OAA identifies these as specific services under both Nutrition Services Programs and for reporting purposes ACL is proposing to collect and report on these two services separate from other health promotion and disease prevention services. Therefore, no change will be made in response to this comment.

Topic/Issue	Comment	ACL Response
	in the Services for Older Adults (Title III B/C/D) section and when they are counted as health promotion.	
	One organization recommended that caregivers of older adults and older relative caregivers be defined	ACL will include information on these populations under the OAA Title III- E National Family Caregiver Support Program supporting documents. The language better reflects the Older Americans Act of 1965 as amended. Therefore, no change will be made in response to this comment.
	One organization recommended that the data element tables include information on what source of funds can be used for each service	ACL recommends that grantees with questions about the appropriate use of funds for services work with ACL regional office state liaisons to better understand program requirements. No change in the data collection is necessary.
	One organization requested definition clarity and questioned the need for SP4 Providers (Home Delivered Meals); SP5 Providers (Congregate Meals); and SP6 Providers (Home-Delivered and Congregate Meals). The comment indicated that senior center and provider data are duplicative	The current data collection includes SP4 and SP5, only SP6 is a new data element. Senior centers and nutrition service providers are not the same. However, during discussions with stakeholders and as a result of the recently completed process evaluation component of the Nutrition Program evaluation, it has become clear that many providers of nutrition services provide both congregate and home-delivered nutrition services. The proposed data collection provides a more accurate reflection of the provider network for nutrition services. ACL will continue to provide technical assistance regarding the definition of provider, which is not proposed to be changed. Therefore, no change will be made in response to this comment.
	One organization requested that the definition of a unit of service for nutrition counseling remain unchanged “1 session per participant.	In order to be consistent with other ACL data collections, the unit of service will be “person hours”.
	One organization asked for gender identity category “other” to be defined.	ACL has proposed that “other” be defined as: One’s inner sense of one’s own gender is neither female nor male. ACL will provide technical assistance and training for grantees to insure understanding of data element definitions. Therefore, no change

Topic/Issue	Comment	ACL Response
		will be made in response to this comment.
	One organization asked that the data element documentation include an indication of what is required, what is optional and what funding source can be used for each category.	All data elements are required, although, ACL is proposing to provide states an additional year to comply with selected new data elements. In these instances, the documentation will clearly indicate the applicable data elements. Grantees that require technical assistance regarding program requirements, including funding restrictions, should contact their ACL Regional Office State Liaison for assistance.
	One organization recommended that CD5 explicitly state Household Income at or below 100% FPL and Household income >100% FPL	ACL appreciates the need to be clear with data labels while balancing the need to have data labels that are brief. Many of the data elements could have longer more descriptive labels. ACL’s approach is to provide a short data label with a more detailed but brief description and a full description in the definitions document. ACL will revise the data element description in the definitions document and will fix a typographical error associated with CD5.
	Two organizations questioned whether there was an error associated with data element EX2 Part B Expenditures. The far right column labeled “Services” indicates “health promotion: evidence-based services”. Should this be “Title IIIB services”?	The information in the document is correct. The current SPR does include data elements for expenditures by Part of the Older Americans Act by each service. The proposal eliminates this data in all but a few instances. Health promotion: evidence-based services is one. In 2012 Congress required that Title III-D appropriations be spent on only evidence based services. ACL has an interest in better understanding how much Title III-B appropriations are also used to support this service. No change to the data collection form is necessary.
	One organization recommended modifying the Section 1 Data Model figure so that “Other Services (Title III B/C/D)” reads “Services Other Than Legal Assistance (Title III B/C/D)”	The label as proposed regarding Title III B is intentional by ACL. ACL will make a change to remove “D”. Title III-D funds can only be used for evidence-based health promotion services, which is a defined service in the proposal. “Other Services” captures any service provided using Title III-B or C appropriations that do not meet the pre-defined services. In order for the proposed change to be accurate would require it to list all the pre-defined services (case management, personal care, transportation...) in addition to legal assistance, which would be unwieldy. Therefore, no change will be made in response to this comment
	One organization recommended that the racial and ethnic	This will be addressed through training and technical assistance. Therefore, no change will be made in response to this comment.

Topic/Issue	Comment	ACL Response
	sub-category definitions start with the phrase found in the categories “Self identifies as having...”	
	Three organizations commented that “frontier” could be included under geography categories.	ACL appreciates the interest in older adults living in frontier areas. The OAA identifies older adults living in rural areas as a priority population. However, in order to keep reporting burden to a minimum, ACL will not expand the geographic categories at this time.
Changes to Data Elements	One organization commented that an unduplicated count of individuals served with unregistered services is difficult to estimate and that there is no standard methodology	ACL recognizes the challenge in estimating an unduplicated count of people receiving unregistered services. In order to capture the full extent of services provided and people served through the OAA and the coordinated system created through the OAA, an estimate is needed. However, to not do so would greatly under count the accomplishments of the OAA. While estimates may be difficult, many services that are defined as “unregistered” for purposes of annual reports to ACL are “registered” by states or by Area Agencies on Aging enabling accurate estimation. No change is recommended at this time.
	One organization requested the category “Middle Eastern/North African” be included under racial identity	ACL appreciates the interest in capturing additional racial identities. However, the current Census and OMB approved racial categories do not include “Middle Eastern/North African”. If in the future the category is added to the standard categories, ACL will revise this data collection. In the meantime, no change will be made in response to this comment.
	One organization requested that ADL limitation and IADL limitation categories be changed to 0-1, 2, and 3 or more.	ACL agrees to the change as it better reflects the OAA target population of frail seniors (S.102(22)). The term “frail” means, with respect to an older individual in a State, that the older individual is determined to be functionally impaired because the individual— (A)(i) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or (ii) at the option of the State, is unable to perform at least three such activities without such assistance; or (B) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.
	One organization requested that the nutrition risk score categories be expanded for 0-5 and	ACL appreciates the interest in capturing additional categories of risk to include low and moderate risk. However, to keep reporting burden to a minimum, ACL focused on the number of consumers at high risk to measure the effectiveness of the Aging Network targeting services. Therefore, no change will be made

Topic/Issue	Comment	ACL Response
	6 or more to 0-2, 3-5, and 6 or more.	in response to this comment.
	Three organizations asked that additional categories be included under poverty status. Recommendations included below 200% of poverty, 125% FPL, 150% FPL, 250% FPL, 101% - 151% of poverty, 151% to 175% of poverty.	ACL appreciates the interest in capturing additional levels of poverty. However, the OAA identifies priority populations to include individuals with the “greatest economic need”, which is defined as the need resulting from an income level at or below the poverty line. AoA is required to report statistical data and analyze the effectiveness of the Aging Network in targeting services to this population. To keep reporting burden to a minimum, ACL does not include multiple categories of poverty status. AoA uses other data collection mechanisms, such as the National Survey of Older Americans Act Participants, to gather additional information on consumers’ socioeconomic status. Therefore, no change will be made in response to this comment.
	<p>One organization commented that “self-direction” as a network component is confusing and recommends the data be captured in a service context rather than a network component. The commenter referenced “option counseling”.</p> <p>One organization asked for clarification of the definition. Also indicated that tracking expenditures would be burdensome as those are tracked by service.</p> <p>One organization stated that providing data on self-direction would be burdensome and that self-directed care is duplicative of data on the use of vouchers for respite</p>	<p>ACL appreciates the challenge around adequately capturing the changing nature of service delivery in the Aging Network. Self-direction is a data element within services of the current SPR. Data is captured on people served and expenditures. The definition for self-direction is not proposed to change.</p> <p>The OAA defines “self-directed care” as an approach to providing services (including programs, benefits, supports, and technology) under this Act intended to assist an individual with activities of daily living, in which—  (A) such services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of such individual;  (D) based on the assessment made under subparagraph (C), the area agency on aging (or other agency designated by the area agency on aging) develops together with such individual and the individual’s family, caregiver (as defined in paragraph (18)(B)), or legal representative— (i) a plan of services for such individual that specifies which services such individual will be responsible for directing;</p> <p>Base on this definition, self-direction is not a service but a mechanism by which consumers direct and control the planning, budgeting and purchase of services. To capture the degree to which this approach to service delivery is used within the Aging Network, AoA has included data elements regarding the number of persons using self-direction and amount of funding used. The services which are received shall be captured within the appropriate service category.</p> <p>Options counseling services may be captured under case</p>

<b>Topic/Issue</b>	<b>Comment</b>	<b>ACL Response</b>
	services.	<p>management services if the definition of case management captures the service delivered or included within the “other services” component.</p> <p>ACL will provide technical assistance and training regarding the difference between self-directed service delivery mechanisms and the use of vouchers as a service delivery mechanism. The use of vouchers does not meet the definition of self-directed service delivery for purposes of the State Performance Report.</p> <p>Therefore, no change will be made in response to this comment.</p>

Topic/Issue	Comment	ACL Response
	<p>One organization requested that the “Expenditures-III Other” not be added as a category for Title III services. Other federal funding streams outside of OAA may not flow through the state and Area Agencies on Aging and too difficult to collect and report.</p> <p>Two organizations indicated that reporting NC2 Other Federal Funds would be burdensome and require systems changes. The comments suggested that the organizations understood this data element to require specific expenditure amounts.</p>	<p>ACL was unclear as to which data elements that the comment was referring. Proposed data element NC2 “Other Federal Funds” within the Network Component is a check box to indicate which other non-OAA federal funds are included in the expenditures reported with in the service specific expenditure data. The amount and service is not requested in order to maintain a lower reporting burden. These data illustrate that the Aging Network has created a comprehensive and coordinated system of long-term services and supports as intended under the OAA.</p> <p>The other data element that includes expenditures from non-OAA federal sources is EX5 “Other – Non-State Expenditure”. This data is designed to collect any known non OAA and non-State funding that supports the delivery of the reported services.</p> <p>During input collected from OAA partners, an interest was expressed for more granular data to describe the funding used to provide the services reported within the SPR. Many states have included non-state and non-OAA sources of expenditures within the total expenditures reported in the SPR. ACL recognizes that funds raised by local providers may not be fully reported, but better understanding of funding sources and relative amounts will allow for a better understanding of the comprehensive and coordinated system of long-term service and supports that has been created by the Aging Network. As such, no change will be made in response to these comments.</p>

Topic/Issue	Comment	ACL Response
	One organization stated that collecting and reporting volunteer hours would be too difficult	ACL recognizes that for states that are not currently tracking volunteer hours, this will require a change. The Aging Network widely uses volunteers to provide services and frequently uses this donated labor for matching dollars. Common metrics for volunteers includes the number of volunteers; hours worked; and estimated dollar value of donated time. These three are required for use as matching funds. The current data collection includes the number of volunteers. The proposed data collection adds the hours worked, which will provide a better indicator of the magnitude of the contribution made by volunteers. Therefore, no change will be made in response to this comment.
	One organization recommended removing of SF1 “Senior Centers” as the state does not have a means to collect information on the number of senior centers not funded through the OAA.	ACL notes that this is not a new data element and therefore retaining this data element should not increase reporting burden or effort. ACL also believes the data remains useful. As such, no change will be made in response to this comment.
	One organization referenced subcomponent 3.8 Other Services and expressed a concern that, if expenditures and data are reported in “these categories,” it would result in substantial “Programmatic, IT and Fiscal changes.”	The current data collection requires expenditure data associated with each “other service” reported. ACL’s proposal is to modify the expenditure categories so that rather than reporting Title III expenditures, Total expenditures and Program income that states report the categories that comprise the total and that the reporting system calculate the total. Other (non-Title III expenditures) are divided into state expenditures and non-state expenditures. If Title III expenditures and the total expenditures are currently reported, then the other expenditures that are included in the title are known and would require minimal additional effort to disaggregate while providing beneficial information on the nature of leveraged resources. Therefore, no change will be made in response to this comment.
	One organization expressed confusion over the non-evidence based health promotion service	The current SPR data collection includes health promotion disease prevention as a service requiring data. Therefore, no change will be made in response to this comment.
	Two organizations requested clarity around household status and how to classify individuals living in a long-term	ACL agrees that an additional category is required under household status. Legal assistance under Title III-B is unique in that services can be provided to individuals living in an institutional or congregate setting. A category for congregate/institution housing will be added that includes nursing facilities, skilled nursing facilities, Intermediate

Topic/Issue	Comment	ACL Response
	care facility.	care facilities, board and care homes, and assisted living facilities, including multi-level facilities.
	Two organizations asked for clarification regarding the definition of Respite (in-home) in relation to other in-home services such as homemaker and personal care services and supplemental services which lists homemaker, chore and personal care as examples.	If the recipient of a service is a caregiver and the service is arranged for the benefit of a caregiver (i.e., doing a task that a caregiver would otherwise do), the service should counted as a respite service. Otherwise the service should be counted under Title III-B. This distinction will be addressed through training and technical assistance.
Caregiver Program	One organization asked for clarification of the definition of priority populations for Access – Information and Assistance services. There is an “and” that implies disorders must be present.	The language has been changed to “and/or”
	One organization asked for clarity on reporting out-of-home respite that includes transportation services (e.g. transportation to adult day care). The organization asked how to capture this data.	ACL will change “Respite unknown” to Other Respite. This includes respite services for which the service does not fit the respite sub-categories and the type is not known to the states.
	One organization asked for clarity around the definition of Information Services (public) compared to the Access service categories.	Training and technical assistance materials will reflect that this category is meant to include services that cannot be linked to an individual (e.g., PSAs). Similar services that can be linked to an individual should be counted elsewhere.

Topic/Issue	Comment	ACL Response
	<p>One organization asked where outreach activities would be captured under the NFCSP</p>	<p>These can be captured under Information Services (Public). This is non- specific /not personalized</p>
	<p>Three organizations requested that respite service remain as one overall service and that the sub-categories be removed due to the potential for small numbers reported which could be interpreted as meaning the service is not desired when the reason for low use is the cost. Other reasons given were the need to change policies, procedures and reporting systems which would require too much staff time.</p>	<p>This data collection will provide an insight into how the service is being provided, at the same time reporting on the total amount of respite provided. It is important to better understand how this vital service is being delivered. While some states may report low use of some forms of respite, that does not carry a judgement as to what forms of a respite is better or worse. Therefore, no change will be made in response to this comment.</p>
	<p>One organization stated that reporting the use of Respite Vouchers from the state’s Lifespan Respite program would be difficult and that the data is currently reported through the Lifespan Respite grant received from ACL</p> <p>One organization requested that the expenditure data elements be deleted and only the number of individuals be retained as this data</p>	<p>ACL agrees with the commenters that these data elements are unnecessarily burdensome. The forms will be revised such that these data elements are reduced to check boxes to indicate whether vouchers were or were not used rather than requiring submission of expenditure data.</p>

Topic/Issue	Comment	ACL Response
	was too difficult to collect	
	One organization commented that “the service list by demographic requirement are sub-categories within in-home day; out-of-home day; out-of-home overnight; and type unknown. In order to capture this breakout, state level system changes will be needed and will be a workload burden for a small subset of Title III funds.”	The data collection does not request that demographic data be crossed with the types of respite. Rather, demographic data is to be reported in aggregate for all Caregiver services. Therefore, no change will be made in response to this comment.
	One organization referred to Subcomponents 3.9 and 3.10 “Supplemental Services” and asked if the “codes” are required and if the “codes” are defined? The organization commented that if the “codes” are tied to expenditures, it will require a great deal of expansion and require IT to rewrite the SPR program.	Yes. The codes for OS3 and SCG3 “Service Domain” are required. Training and technical assistance will be provided rather than formal definitions.  SUA’s define the services that do not meet the definitions of the defined services (e.g. case management, transportation). Rather than assigning “Mission/Purpose Categories” ACL has proposed assigning broad service domains to each state defined service. The “service domain” categories are not tied to expenditures but the state defined service should include expenditure data.
	One organization noted that before Tables 3.1, 3.2, and 3.3, the phrase “Note some variables are not required for the first 3-years of data collection appears,” but that no data elements are	ACL realized that the statement was a holdover from a previous version of the document and has removed it. All data elements are required to be reported.

Topic/Issue	Comment	ACL Response
Data elements not required at start of data collection	designated as such One organization noted that the data collection does not allow for analysis by service provider or data analysis at the individual level and recommended that analytic reports allow for data to be filtered by provider and “show” the consumer.	ACL agrees that more granular analysis would be beneficial. However, the recommended analysis would require individual-level consumer data and that service provider data be collected at the consumer level or at minimum service level. This amount of data is currently considered too burdensome to request of grantees. Therefore, no change will be made at this time.
Request for sub-state and individual level data	One organization noted that the data collection does not allow for analysis by service provider or data analysis at the individual level and recommended that analytic reports allow for data to be filtered by provider and “show” the consumer.	ACL agrees that more granular analysis would be beneficial. However, the recommended analysis would require individual-level consumer data and that service provider data be collected at the consumer level or at minimum service level. This amount of data is considered too burdensome to request of grantees. Therefore, no change will be made at this time.

**9. Explanation of any Payment/Gift to Respondents** – not applicable.

**10. Assurance of Confidentiality Provided to Respondents**

- ACL has conducted a Privacy Impact Assessment (PIA) which shows that individuals are not identified in the SPR (State Program Report) data collection. Individual level/person level data is not collected; therefore PII (Personally Identifiable Information) is not applicable. SPR reporting contains only aggregate level data

**11. Justification for Sensitive Questions**

- No information of a sensitive nature is being asked or collected.

**12. Estimates of Annualized Burden Hours (Total Hours & Wages)**

- The information below shows the estimated annualized burden hours and costs for states to enter their data.

#### 12A. Estimated Annualized Burden Hours

- The burden hours are based on the number of grantees (50 States, five Territories (American Samoa, Guam, Puerto Rico, Commonwealth of the Northern Mariana Islands and Virgin Islands), and Washington, D.C), at an estimated average time of 33.5 hours per year submitted annually for 1,876 hours. The average time per year is based on grantee feedback.

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
States	State Performance Report	56	1	33.5	1,876

12B. Costs to Respondents

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
State Units on Aging staff	1,876	\$34.54 per hour <sup>1</sup>	\$64,798

**13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/ Capital Costs**

- There should not be any additional costs to the projects beyond those already identified in Item 12 above.

**14. Annualized Cost to Federal Government**

- The estimated annualized cost to the Federal Government is \$787,912.
- Based on the estimated mid-point payscale for grades 12 & 13:

<u>Staff Hours/Costs</u>	
200 hrs. x \$40.50 per hour	\$ 8,100
200 hrs. x \$34.06 per hour	\$ <u>6,812</u>
	\$ 14,912
Contract for database	\$773,000
Total Cost to Federal Government	\$787,912

**15. Explanation for Program Changes or Adjustments**

<sup>1</sup> The Hourly Wage Rate of \$34.54 per hour is derived from the Bureau of Labor Statistics 2016 National Industry-Specific Occupational Employment and Wage Estimates, mean hourly wage of the Business and Financial Operations Occupations, occupation code 13-000. Link: [https://www.bls.gov/oes/2016/may/oes\\_nat.htm#13-0000](https://www.bls.gov/oes/2016/may/oes_nat.htm#13-0000)

- These reporting requirements are a revision of those which are currently in effect (2016-2019). The factors that influenced the revision of the SPR, include: 1) the need to modernize the data structure to allow for more efficient reporting and the ability to use current technology for reporting and analysis; 2) the interest in aligning data elements within and across data collections; 3) the need to consider alternative data elements that reflect the current Aging Network and long-term care services and supports; and 4) the need to reduce reporting burden through decreased data elements while enhancing data quality. The revised SPR reduces the number of data elements reported by 70% compared to the 2016-2019 SPR. This is a reduction of 874 hours from the previous version.

#### **16. Plans for Tabulation and Publication and Project Time Schedule**

- Results from State Program Report are uploaded to the Aging Integrated Database (AGID) available on-line at <http://www.agid.acl.gov/> . Results are available annually. ).

#### **17. Reason(s) Display of OMB Expiration Date is Inappropriate**

- We are not seeking approval to not display the expiration date for OMB approval of the information collected.

#### **18. Exceptions to Certification for Paperwork Reduction Act Submissions**

- There are no exceptions to this request for certification.

**B. Collection of Information Employing Statistical Methods. If statistical methods will not be used to select respondents and item 17 on Form 83-I is checked “No” use this section to describe data collection procedures.**

- These collections do not employ statistical methods.