

BY THE COMPTROLLER GENERAL

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Report To The Congress

OF THE UNITED STATES

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State Programs For Delivering Title XX Social Services To Supplemental Security Income Beneficiaries Can Be Improved

GAO reviewed social services programs funded under title XX of the Social Security Act in seven States to determine the extent to which the programs were serving elderly Supplemental Security Income beneficiaries. GAO also reviewed the coordination and delivery of social services by the States under title XX with those provided under title III of the Older Americans Act.

The report makes several recommendations to the Secretary of Health, Education, and Welfare for helping the States improve their social services programs.

AGC00022

GAO's review was made in response to a request from the Chairman, Senate Special Committee on Aging.

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COMPTROLLER GENERAL OF THE UNITED STATES
WASHINGTON, D.C. 20548

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To the President of the Senate and the
Speaker of the House of Representatives *CW000001*

This report describes how States are using programs funded under title XX of the Social Security Act to provide social services to elderly persons who receive Supplemental Security Income. It discusses what these persons' needs are and how the Department of Health, Education, and Welfare can help States improve their programs for delivering social services to the elderly.

Our review was made at the request of the Chairman, Senate Special Committee on Aging. At the request of the Committee, we did not take the time to obtain written agency comments. However, we discussed the information in the report with officials of the Administration for Public Services, the Administration on Aging, and the Social Security Administration and have considered their comments in preparing this report.

Because of the broad congressional interest in programs serving elderly persons, the Committee has requested that we issue our report to the Congress as a whole.

We are sending copies of this report to the Director, Office of Management and Budget, and the Secretary of Health, Education, and Welfare.

A handwritten signature in cursive script, reading "Thomas B. Atchefs".

Comptroller General
of the United States



D I G E S T

This report describes how States are using programs funded under title XX of the Social Security Act to provide social services to Supplemental Security Income beneficiaries. It discusses the needs of these persons and how the Department of Health, Education, and Welfare can help States improve their programs for delivering such services to the elderly.

to GAO made assessments in seven States and ^{*will reviewed*} determined that ^{*how*} elderly Supplemental Security Income beneficiaries ^{*had a program to ensure that elderly...*} had unmet needs for social services. (In one location, GAO attempted to use data from a local study but, because it was not compatible with data from the other six, these data are not included. See pp. 9 and 10.)

In the seven States, there were 310,000 elderly persons receiving financial assistance under the Supplemental Security Income program as of June 1978. Between 3 and 33 percent of these persons received some social services during fiscal year 1978 under the title XX program. States that served the lowest percentage of Supplemental Security Income elderly had more of these elderly persons relative to their total populations than the other States reviewed. (See pp. 6 to 8.)

7-C According to State and local officials in some of the seven States, one of the reasons for unmet needs was that the usual outreach method of informally advising elderly persons about social service programs when they apply for Supplemental Security Income and Medicaid did not effectively reach this group. (See p. 11.)

Four States conducted outreach programs designed to inform elderly persons of available services but had difficulty obtaining these persons' names and addresses. The Social Security Administration provides States with data that include the names and addresses of Supplemental Security Income persons residing in each county, but its instructions preclude States from routinely releasing this information for social services outreach. (See pp. 11 and 12.)

The social services provided in the seven States were generally directed toward helping the elderly improve, maintain, and safeguard their ability to function in their own homes. Title XX does not provide standard service definitions; instead it gives States latitude to define services in ways best suited to their individual circumstances. Because of this, service definitions varied among the States. (See p. 12.)

However, the largest number of Supplemental Security Income elderly were receiving what ~~one~~ characterized as

- health-related services,
- homemaker/chore services,
- individual and family counseling services,
- transportation services, and
- protective services. (See pp. 12 to 14.)

Inadequate resources prevented agencies from providing the amount of services they felt clients needed and from expanding services to include more clients. Local program officials said that homemaker/chore and transportation services were the types most often not provided with the frequency or to the extent needed because of inadequate resources. (See pp. 14 and 15.)

The States generally had not developed standards governing the delivery of adult day care,

foster care, homemaker, and meal services. Furthermore, many standards developed by some States were considered inadequate by local program officials. States need model standards to use in developing their own standards to assure that they provide suitable quality service. (See pp. 15 to 21.)

The Federal Government was the primary funding source for services to elderly Supplemental Security Income recipients in the seven States. State budgeting for social services was generally limited to no more than the 25-percent State-Federal match required by each State to obtain its full allocation of title XX funds. Based on their planned expenditures in fiscal year 1978, the States visited expected to receive from \$13.6 million to \$138.1 million in Federal title XX funds. (See pp. 23 to 25.)

Only one of the seven States included State supplemental funds (funds in excess of matching requirements) in its title XX plan. In the other six States, supplemental title XX funding would occur only if program expenditures exceeded total Federal allocations and required State matching funds. This occurred to a significant extent in only one State. (See pp. 28 to 30.)

State officials believed there was little potential for expanding the delivery of ~~title XX~~ social services to the elderly. Most States were spending all their ~~title XX~~ allocations on the mix of clients presently being served and could only expand services to the Supplemental Security Income elderly by reducing services to other client groups. (See p. 30.)

To assure that Supplemental Security Income elderly are afforded an opportunity to be aware of and compete for social services that are available, the Department of Health, Education, and Welfare should encourage the States to include outreach programs in their services for the elderly. (See p. 21.)

Seven States spent from 3.0 to 13.4 percent of their title XX funds for elderly Supplemental Security Income recipients. Nationwide, States spent 5.1 percent on elderly Supplemental Security Income recipients, 46.4 percent on persons whose income did not exceed 115 percent of the States' respective median incomes adjusted for family size, and 29.3 percent on persons receiving Aid to Families with Dependent Children. (See pp. 24 and 25.)

One State earmarked over 16 percent of its title XX funds for the elderly, three States earmarked 4.4 percent or less, and the other three States did not earmark any title XX funds for the elderly. (See pp. 25 to 28.)

The States' title XX plans generally included an amount for information and referral services; in all cases this was 6 percent or less of their estimated expenditures. Because such funds are used to provide information and referral to anyone seeking it, States did not allocate the cost to any client group. (See p. 28.)

Substantive coordination between agencies providing social services under title III and title XX occurred in only one of the seven States. State and local officials in the other States agreed that more program coordination was needed. They cited different eligibility requirements and different organizational structures as barriers to effective program coordination. (See pp. 31 to 36.)

States that used group eligibility for elderly persons lessened the problems caused by differing program eligibility requirements. Five of the seven States used some form of group eligibility in fiscal year 1978. (See pp. 36 and 37.)

RECOMMENDATIONS

The Secretary of Health, Education, and Welfare should have the Office of Human Development Services

- encourage States to operate outreach programs for the elderly to assure that they are aware of and can compete for available social services;
- determine which adult services should be subjected to standards and develop model standards that States can use to develop their own standards;
- encourage the States to develop standards; (see p. 22) and
- improve coordination between the title III and title XX programs by adopting policies that encourage State and local governments to make joint (1) needs assessments, (2) program development, and (3) assessment of allocation of resources and to use more jointly funded projects to deliver common services. (See p. 39.)

The Secretary should also direct the Commissioner of the Social Security Administration to continue pursuing actions to eliminate the barriers that prevent title XX outreach organizations from obtaining the names and addresses of elderly Supplemental Security Income beneficiaries from Social Security records. The Secretary should also direct the Commissioner to continue exploring the feasibility of releasing the names and addresses to outreach programs operated under the Older Americans Act. (See p. 22.)

- AGC00026

AGENCY COMMENTS

At the request of the Senate Special Committee on Aging, GAO did not take the additional time to obtain written comments on this report from the Department of Health, Education, and Welfare. Oral comments were obtained, however, from the Administration for Public Services, the Administration on Aging, and the Social Security Administration. Their comments were considered in preparing this report. The agency officials agreed with the thrust of GAO's findings and conclusions. (See pp. 22 and 39.)



C o n t e n t s

		<u>Page</u>
DIGEST		i
CHAPTER		
1	INTRODUCTION	1
	The Supplemental Security Income program	2
	The title XX program	2
	Title III of the Older Americans Act	3
	Scope of review	4
2	SERVICES PROVIDED TO SSI BENEFICIARIES	5
	Elderly SSI beneficiaries	6
	Unmet need for social services	9
	Outreach methods not effective for SSI elderly	11
	Services received by SSI elderly recipients	12
	Problems in delivering services	14
	State standards for providing services	15
	Conclusions	21
	Recommendations to the Secretary of HEW	22
	Agency comments	22
3	FUNDING OF SERVICES FOR SSI ELDERLY RECIPIENTS	23
	Funds spent for title XX social services provided to SSI elderly	23
	Earmarking of title XX funds for the elderly	25
	State supplemental funding for title XX program	28
	Limited potential for expanding title XX services to the elderly	30
4	COORDINATION OF TITLE III AND TITLE XX SERVICES	31
	Title III of the Older Americans Act	31
	Extent of coordination between title XX and title III programs	32
	Constraints on program coordination	36
	Conclusions	38
	Recommendations to the Secretary of HEW	39
	Agency comments	39

APPENDIX

I	Analyses of interviews of elderly SSI recipients in five U.S. counties and Cleveland, Ohio	40
II	Number of elderly SSI beneficiaries in the seven States visited	57
III	Units of service most frequently delivered to the elderly per quarter in fiscal year 1978	58
IV	Service definitions	59
V	Non-title XX Federal funds allocated for the elderly in fiscal year 1979	62

ABBREVIATIONS

GAO	General Accounting Office
HEW	Department of Health, Education, and Welfare
OARS	Older Americans Resources Survey
SSA	Social Security Administration
SSI	Supplemental Security Income

CHAPTER 1

INTRODUCTION

The Chairman, Senate Special Committee on Aging, by letter dated May 23, 1978, asked us to study how States use funds available under title XX of the Social Security Act 1/ to provide social services to elderly Supplemental Security Income (SSI) beneficiaries. We were to obtain information on:

- The number of elderly who are SSI beneficiaries.
- The number of elderly SSI beneficiaries who are receiving title XX services, the types of services they are receiving and what they consist of, and the dollar value of such services.
- Which of the States studied have recently implemented group eligibility and whether this resulted in more elderly persons using social services.
- The extent to which the selected States have supplemented title XX funds and services, and the extent to which such funds have been directed to elderly SSI beneficiaries.
- The extent of State legislative initiatives to earmark State title XX resources for programs for the elderly as compared to other recipient groups.
- The communication and coordination between the State agency administering title XX and the State agency administering programs under the Older Americans Act, particularly with reference to the planning and delivery of services to the States' elderly populations.
- The selected States' experience in developing standards for in-home services provided under title XX (i.e., home health, homemaker, and day care services) and the use of title XX funds for developing and implementing information and referral services for the elderly.

1/Hereinafter referred to as the title XX program.

THE SUPPLEMENTAL SECURITY INCOME PROGRAM

The SSI program provides financial assistance to the aged, blind, and disabled. This federally administered program guarantees all eligible persons a minimum monthly income. As of July 1978, the guaranteed monthly income amounts were \$189 for an individual and \$284 for a couple. The program is administered by the Social Security Administration (SSA) through its various district and branch offices. The agency makes payments to eligible persons but does not provide social services. SSI beneficiaries get such services under State-administered programs.

THE TITLE XX PROGRAM

In 1974, the Congress amended the Social Security Act by adding a new provision, title XX, authorizing and delineating a comprehensive program of social services intended to attain the following five broad national goals:

- To help people become or remain economically self-supporting.
- To help people become or remain self-sufficient.
- To protect children and adults who cannot protect themselves from abuse, neglect, and exploitation and to help families stay together.
- To prevent and reduce inappropriate institutional care as much as possible by making home and community services available.
- To arrange for appropriate placement and services in an institution when this is in a person's best interest.

Title XX permits States and their citizens to tailor social services programs to the needs of people in local communities. Every service in a State's plan must be directed toward at least one of the above goals, and every State plan must include at least one service directed toward the goals. At least three services must be available for SSI beneficiaries.

States, under title XX, offer services to persons who receive cash payments under the Aid to Families With Dependent Children or SSI programs, and to persons whose income does not exceed 115 percent of the State's median income adjusted for family size.

Federal funds for title XX are paid to State government agencies. The \$2.7 billion 1/ available annually for title XX services was allocated among the States on the basis of their populations. The Federal Government reimbursed States for 90 percent of their family planning costs and 75 percent of all other social service program costs up to their respective title XX ceilings.

Within the Department of Health, Education, and Welfare (HEW), the Office of Human Development Services' Administration for Public Services is responsible for administering the title XX program at the Federal level. HEW is responsible for

--evaluating State programs and

--providing technical assistance to States on the content of their service programs and on the planning, reporting, administration, and evaluation of the programs.

HEW does not have the authority to approve or disapprove States' service plans.

TITLE III OF THE OLDER AMERICANS ACT

Title III 2/ of the Older Americans Act of 1965, as amended (42 U.S.C. 3021 (1976)), authorizes grants for State and community programs on aging. These grants encourage State and local agencies to comprehensively plan and coordinate services to older persons. Elderly persons are eligible for services regardless of income. The program objectives are to

--secure and maintain maximum independence and dignity in a home environment for older persons capable of self-care with appropriate supportive services and

--remove individual and social barriers to economic and personal independence for older persons.

The Federal Government funded the title III program for \$172 million during fiscal year 1978. Overall administration of the program is the responsibility of HEW's Commissioner,

1/For fiscal years 1977 and 1978, the title XX ceiling was \$2.7 billion. For fiscal year 1979, the ceiling was increased to \$2.9 billion.

2/Hereinafter referred to as the title III program.

Administration on Aging. At the regional level, the Commissioner's responsibilities are carried out by the Office of Aging within the Office of Human Development Services.

SCOPE OF REVIEW

Our work was done primarily at public social services agencies in Pueblo County, Colorado; Bernalillo County, New Mexico; Dade County, Florida; Baltimore City, Maryland; Hinds County, Mississippi; Hamilton County, Ohio; and Allegheny County, Pennsylvania. We also visited State social services departments responsible for administering the title XX program in the seven States. In addition, we did work at State and area agencies on aging, SSA district and branch offices, and HEW regional offices.

We did our fieldwork from July to October 1978. We reviewed statistical reports prepared under the SSI, title III, and title XX programs and case files maintained by county social services agencies and contractors. We interviewed HEW regional and headquarters officials and State and county officials responsible for administering programs providing social services to the elderly.

We also administered a needs assessment questionnaire to 250 elderly SSI recipients residing in five of the counties. We analyzed these questionnaire results, along with the results of a questionnaire from a GAO study involving 158 elderly SSI recipients in Cleveland, Ohio. (See app. I.)

At the request of the Senate Special Committee on Aging, we did not take the additional time to obtain written HEW comments on this report. However, we discussed the matters in the report with officials of the Administration for Public Services, the Administration on Aging, and SSA, and we considered their comments in preparing this report.

CHAPTER 2

SERVICES PROVIDED TO SSI BENEFICIARIES

In the seven States visited, the number of elderly persons receiving financial assistance under the SSI program decreased slightly from 1974 to 1978. The percentage of these elderly SSI beneficiaries receiving title XX social services varied from 3 to 33 percent in those States during fiscal year 1978. States serving the lowest percentage of SSI elderly had higher proportions of such persons relative to their total populations than the other States.

We made needs assessments in six States visited. We interviewed elderly SSI recipients in one county in each of five of these States and analyzed data from our 1976 study made in Cleveland. The assessments showed that about 35 percent of elderly persons studied in the five counties and about 23 percent studied in Cleveland needed three or more services that they were not receiving.

The usual outreach practice of informing the SSI elderly about the social service programs when they apply for SSI or Medicaid benefits was not effective in reaching them. This was because elderly persons often are reluctant to request services from a welfare agency, do not retain information about social service programs, or lack the initiative to take advantage of services. Outreach programs in the States were hindered by the difficulty they had in obtaining names and addresses of elderly SSI recipients.

The social services provided in these States are generally directed toward helping the elderly improve, maintain, and safeguard their functioning in their own homes. The most significant services provided were health-related services, homemaker/chore services, individual and family counseling, transportation, and protective services. Inadequate resources hampered the delivery of services. Local program officials said that homemaker/chore and transportation services were the types that were most often not provided with the frequency or to the extent needed because of inadequate resources.

Four of the States had standards governing the quality of social services provided to adults, but they were limited to a few services; local title XX officials generally believed they did not provide an adequate basis to assure a suitable quality of service.

ELDERLY SSI BENEFICIARIES

The number of elderly persons receiving financial assistance under the SSI program in the seven States decreased from 346,000 in December 1974 to 310,000 in June 1978. Nationwide, the number of elderly SSI beneficiaries decreased from 2.3 million to 2 million in the same period. As illustrated in the graphs on the following page, the trend in the seven States was similar to the national trend. SSA officials believed the primary reason the number of elderly SSI beneficiaries is declining is that fewer persons are becoming eligible for SSI benefits because of increased benefits under the Old Age Survivors and Disability Insurance program. Data for the States visited are shown in appendix II.

The percentage of elderly SSI beneficiaries receiving social services under the title XX program during fiscal year 1978 varied from 3 to 33 percent in the seven States. The following table includes information showing, for the States visited, percentage of elderly SSI beneficiaries receiving social services 1/ during the early part of fiscal year 1978. The number of SSI beneficiaries in each State was obtained from SSA statistical reports. The number of open elderly SSI social services cases in each State was obtained from the Social Services Reporting Requirements reports submitted quarterly to HEW by the States. We did not verify the statistical data in the table. Furthermore, the percentages presented should be regarded as approximations because none of the States visited had developed a reliable Social Services Reporting Requirements system.

<u>State</u>	<u>Average monthly number of elderly SSI beneficiaries</u>	<u>Average monthly number of SSI elderly receiving service</u>	<u>Percentage of SSI elderly beneficiaries receiving social services</u>
Pennsylvania	65,998	<u>a/22,061</u>	33.4
Maryland	17,497	<u>b/3,901</u>	22.0
Colorado	16,684	<u>a/3,457</u>	20.7
New Mexico	11,450	<u>b/1,392</u>	12.0
Ohio	44,211	<u>a/3,374</u>	7.6
Florida	88,424	<u>a/3,854</u>	4.3
Mississippi	71,370	<u>a/2,226</u>	3.1

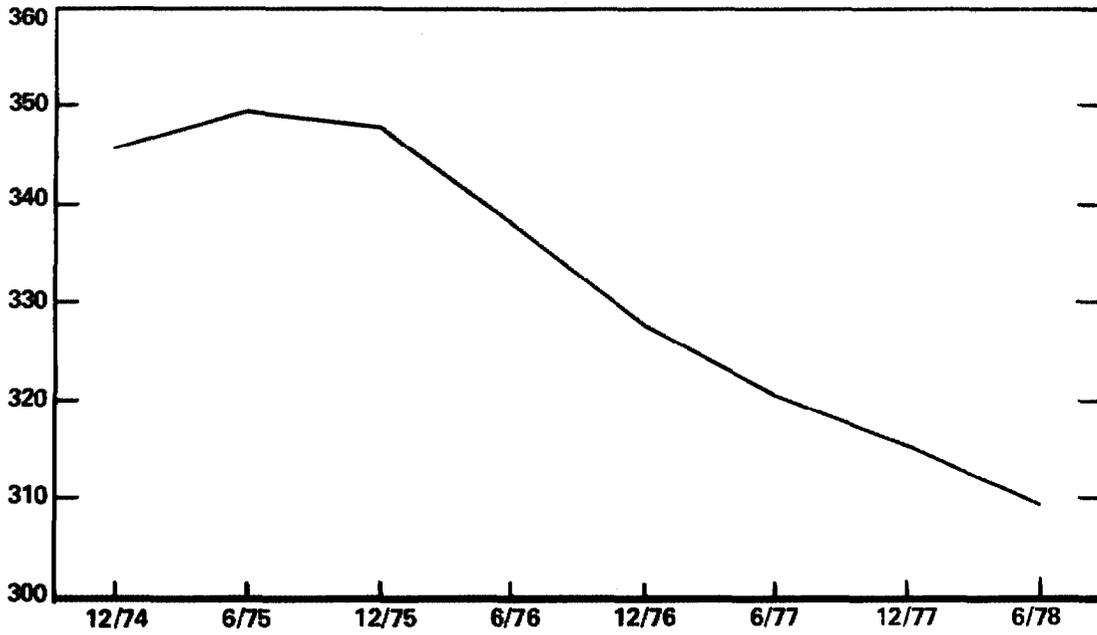
a/Average was based on the quarterly reports submitted to HEW, and not all States had submitted the same number of reports during the early part of fiscal year 1978.

b/Estimate prepared by State officials since fiscal year 1978 reports had not been submitted to HEW at the time of our review.

1/Hereinafter we use the term "social services" to mean social services funded under the title XX program.

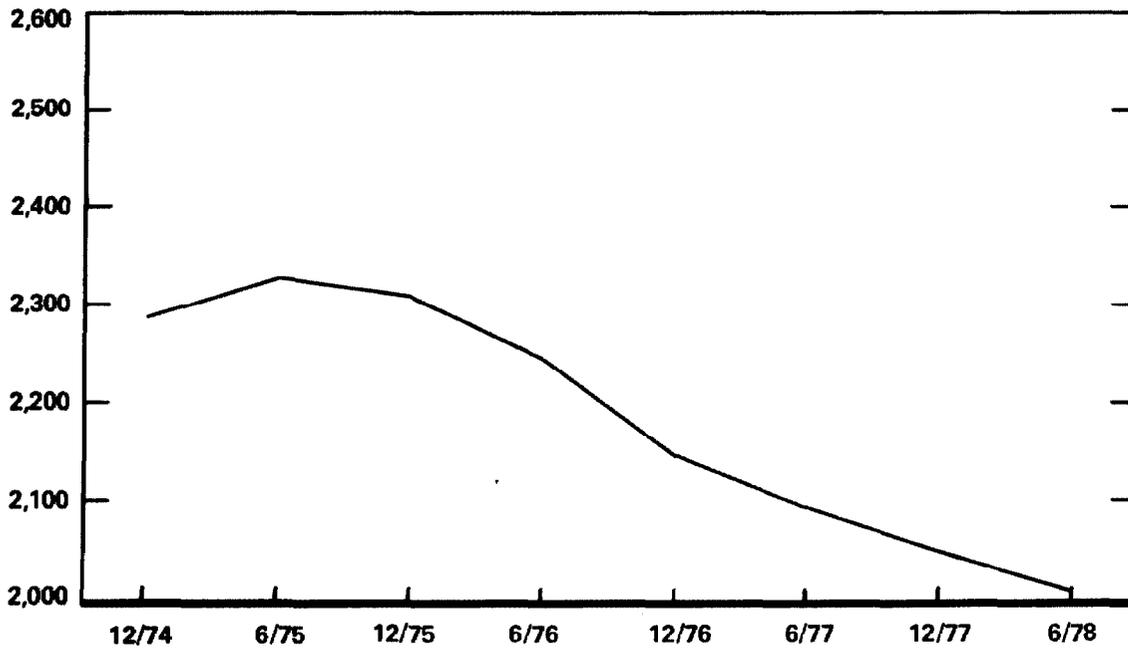
**NUMBER OF ELDERLY SSI BENEFICIARIES
IN SEVEN STATES**

THOUSANDS



**NUMBER OF ELDERLY SSI BENEFICIARIES
NATIONWIDE**

THOUSANDS



We visited a county in each State and determined the percentage of elderly SSI beneficiaries receiving services during June 1978. The percentages of SSI elderly receiving services at the county level were similar to those found at the State level. For instance, Pennsylvania and Maryland were serving the highest percentages of SSI elderly, and Florida and Mississippi were serving the lowest percentages. Of the seven counties visited, those in Pennsylvania and Maryland were serving the highest percentages of SSI elderly, and those in Florida and Mississippi were serving the lowest percentages.

We attempted to determine why such significant differences existed among the States visited in the percentages of SSI elderly receiving services.

Our analysis of the seven States disclosed that those providing services to the lowest percentages of elderly SSI beneficiaries generally had the highest numbers of SSI elderly relative to their total populations. Title XX allocations are based on total State populations; they do not recognize differences in SSI elderly populations. The following table shows the title XX funding, the number of SSI elderly, and the percentage of SSI elderly to total State population.

<u>State</u>	<u>Title XX allocation</u>	<u>Fiscal year 1978 average monthly number of SSI elderly</u>	<u>Percent of SSI elderly to total State population (note a)</u>
	(000 omitted)		
Ohio	\$124,500	44,211	0.4
Maryland	48,263	17,542	.4
Pennsylvania	138,149	65,998	.6
Colorado	30,083	16,684	.7
New Mexico	13,603	11,585	1.0
Florida	98,074	88,424	1.1
Mississippi	27,416	71,370	3.1

a/Computed using Bureau of the Census data included in its 1975 Statistical Abstract of the United States and the average monthly number of SSI elderly recipients residing in the States during fiscal year 1978.

As shown on the previous page, Mississippi and Florida received the smallest title XX allocations relative to their populations of elderly SSI beneficiaries. These were also the States providing social services to the lowest percentages of SSI elderly.

UNMET NEED FOR SOCIAL SERVICES

The social services delivery system was not reaching all SSI elderly who needed services in any of the six locations in six States where we made needs assessments. 1/ In these assessments, we interviewed elderly SSI recipients in one county in each of five States visited and analyzed data from a 1976 study we made in Cleveland. 2/ The assessments showed that about 35 percent of the SSI elderly studied in the five counties and about 23 percent 3/ studied in Cleveland needed three or more services that they were not receiving.

Our five-county analysis is based on an overall random sample of 250 elderly SSI recipients. The sample used permits statistical projections of findings to approximately 25,000 of the 45,000 SSI elderly residing in the five counties. 4/

We also analyzed the results of interviews conducted in 1976 in Cleveland. Our analysis was based on a random sample

1/We planned to use data from a Maryland city agency survey of the elderly to represent a seventh location, but the data were not sufficiently compatible with the data collected in the other six locations.

2/"The Well-Being of Older People in Cleveland, Ohio" (HRD-77-70, Apr. 19, 1977).

3/Our Cleveland study considered 11 services, whereas our five-county study considered 14 services.

4/For a number of reasons (listed in app. I) some elderly selected for the sample were not interviewed. Therefore, we cannot project to the nearly 20,000 elderly represented by those we could not interview. It is likely that these elderly also have unmet needs and, therefore, our reported number of elderly with unmet needs in these five counties is understated.

of 158 elderly SSI recipients. The sample used permits statistical projections of findings to about 5,800 of the 9,800 SSI elderly residing in Cleveland. (Our methodology and other details are presented in app. I.)

We identified 14 title XX services that an SSI elderly person could have needed. The following table shows the number of SSI elderly having no unmet needs, one or two unmet needs, or three or more unmet needs in the five counties surveyed.

<u>SSI elderly with</u>	<u>Number in sample</u>	<u>Estimated number at the five locations</u>	<u>Percent (rounded to the nearest 0.1)</u>
No unmet needs	53	5,769	23.1
One or two unmet needs	97	10,338	41.5
Three or more unmet needs	<u>100</u>	<u>8,828</u>	<u>35.4</u>
Total	<u>250</u>	<u>24,935</u>	<u>100.0</u>

The following table shows the number of SSI elderly in our five-county sample who had an unmet need for each of the 14 services identified.

<u>Service</u>	<u>SSI elderly needing services</u>		
	<u>Number in sample</u>	<u>Estimated number at the five locations</u>	<u>Percent (rounded to the nearest 0.1)</u>
Social recreation	88	10,080	40.4
Counseling-mental health	104	9,796	39.3
Medical	68	5,519	22.1
Transportation	46	4,407	17.7
Nutrition	50	3,946	15.8
Homemaker--home management	44	3,484	14.0
Home repair	42	3,264	13.1
Homemaker--personal care	37	3,246	13.0
Physical therapy	25	2,849	11.4
Periodic contact	14	1,922	7.7
Relocation-housing	15	1,591	6.4
Constant supervision	14	1,355	5.4
Escort	14	1,254	5.0
Administrative and legal	14	941	3.8

The methodology of our analyses, a more detailed presentation, and similar results on the Cleveland SSI elderly are included in appendix I.

OUTREACH METHODS NOT
EFFECTIVE FOR SSI ELDERLY

The usual ways of informing the SSI elderly about the title XX social services programs in the States were by making brochures available or informally advising them of the program when they applied for benefits under the SSI and Medicaid programs. The brochures generally identified the social services available and advised the SSI elderly to contact the public social service agency for further information. We asked State and county officials to comment on why more SSI elderly were not receiving social services. The more significant reasons stated were that the SSI elderly

- are reluctant to request services from a welfare agency,
- do not retain information on what social services are available, and
- lack initiative to take advantage of the program.

One State official stated that the service delivery system was designed to help those who seek it out--that is, those who are aggressive and willing to ask for help. He believed that most of the SSI elderly were not inclined to be so assertive.

In one State, the county social services agency we reviewed operated an outreach program for persons 65 years old and older. The agency interviewed persons in their homes, identified their needs, referred persons requiring services to providers, and provided general information on services to elderly persons. The agency identified persons to contact using information from such sources as visits to congregate meal sites and lists of persons who received public assistance for the aged before the program became federally administered.

In three other States, organizations operating under contracts awarded by the area agencies on aging provided outreach to elderly persons. These organizations attempted to identify elderly persons needing services by such means as door-to-door canvassing.

SSA provides States with data which include the names and addresses of SSI elderly persons residing in each county. SSA's instructions to State agencies, however, do not allow States to release this data to organizations providing social services outreach without the individual recipient's consent. SSA officials recognize that release of the data for title XX outreach would be beneficial. Therefore, they are developing the necessary modifications to agency instructions and operating procedures that would authorize States to release the data to organizations approved by the Secretary of HEW that use title XX funds to perform outreach. In January 1979, SSA was considering the need to also routinely release data to organizations which use Older Americans Act funds to provide outreach, but it had not begun to develop changes to its instructions and procedures. SSA, under 5 U.S.C. 552 a(b)(3) and 5 U.S.C. 552 a(a)(7) of the Privacy Act, is authorized to release data on individuals for purposes defined by HEW as routine use.

SERVICES RECEIVED BY SSI
ELDERLY RECIPIENTS

The social services provided to the elderly in the seven States were generally directed toward helping them improve, maintain, and safeguard their functioning in their own homes. Title XX does not provide standard service definitions; instead, it gives States latitude to tailor service definitions to their individual circumstances. Because of this, definitions varied among the States. However, our review of service characteristics showed the largest numbers of elderly were receiving what we characterized as

- health-related services,
- homemaker/chore services,
- individual and family counseling services,
- transportation services, and
- protective services.

A description of these services and the activities they include are presented below. (For a list of the most significant services delivered in each State and a definition of each, see apps. III and IV, respectively.)

Health-related service

This service is intended to assist individuals in attaining and maintaining a favorable condition of health by helping them identify their health needs and obtain necessary medical treatment. Social service caseworkers performed the following types of activities in providing this service:

- Helping persons identify their health needs.
- Making appointments for persons to receive medical assistance.
- Helping persons to take medicine.

Homemaker/chore services

These services are intended to help elderly persons to continue living in their own homes. Homemaker services include two components--home management and personal care services. Home management included such services as helping the SSI elderly clean their homes and do their laundry, ironing, and mending. Personal care services helped them with such things as bathing, grooming, and dressing. Chore services helped them perform simple household tasks, such as minor household repair, lawn care, and snow shoveling.

Individual and family counseling services

These services are directed toward helping the elderly accept and adjust to the physical, emotional, social, and economic problems of the aged. For example:

- A client was advised to stop paying premiums on a life insurance policy that she could not afford.
- A client was provided supportive counseling to alleviate her concern about rehabilitation and placement after having a leg amputated.

Transportation services

These services are intended to help the elderly achieve or maintain self-sufficiency by providing assistance in traveling to and from community facilities and resources.

Protective services

Protective services are intended for adults unable to protect their own interests because of physical or mental impairments or lack of knowledge or who are unable to remove themselves from neglectful, harmful, or hazardous conditions. For example:

- A social worker found a client at home in very bad condition and had the client placed in a hospital.
- A caseworker telephoned the housing authority about the condition of a client's home.

PROBLEMS IN DELIVERING SERVICES

Inadequate resources prevented agencies from providing the amount of service they felt clients needed and from expanding services to include more clients. Local program officials said that homemaker/chore and transportation services were the types most often not provided with the frequency or to the extent needed because of inadequate resources.

Homemaker/chore services

County officials in five States said that a lack of resources prevented them from providing adequate homemaker services. They cited the following examples to demonstrate the severity of the problem:

- Over 500 clients in one county were awaiting homemaker services because funds were not available to hire more staff.
- If a client needed homemaker services for more than 2 hours a day once a week, they were difficult, if not impossible, to obtain.
- The homemaker services have been limited to one-half day of service per week because of the many requests for services.
- The homemaker services provided were not sufficient because they were limited to 4 hours every 2 weeks.

Transportation services

Agency officials in five States said they could not provide adequate transportation services because of a lack of resources. The following comments were provided regarding this service:

- Many elderly asked for transportation to get to and from the grocery store, doctor's office, church, etc., but it could not be provided because of limited funding.
- A client was refused admission to all local shelter homes. A placement was finally arranged in a home 90 miles away, but the client could not get transportation to the home.
- Transportation generally could not be provided on short notice (i.e., the day requested).
- There is a greater demand for transportation than could be provided with current funding.
- Inadequate transportation hampered the delivery of many social services.

The limited potential for expanding the delivery of title XX social services to the elderly because of funding problems is discussed in chapter 3.

STATE STANDARDS FOR PROVIDING SERVICES

HEW does not require the States to adhere to any specific standards for title XX adult services to assure acceptable quality. We reviewed existing State standards for adult day care, foster care, homemaker services, and meal preparation and delivery. These were the services we believed warranted standards. States generally lacked standards for such services, and where standards existed, local title XX officials considered many inadequate to assure suitable quality. Some States lacking standards were developing them at the time of our review. The situation regarding standards for the above services in the seven States is presented below.

Foster care

This service provides care for persons outside their homes for extended periods. Five of the seven States provided foster care for SSI elderly. Two of the States had developed

standards for such services, and the other three States were developing standards. The standards developed in the two States are described below.

Colorado

This State's standards require that foster care facilities

- provide evidence they meet fire, safety, and sanitation requirements;
- have sufficient staff on duty all hours of the day;
- be limited to caring for no more than 15 residents and provide adequate sleeping, eating, and recreational areas; and
- provide adequate sleeping areas of no less than 60 square feet per resident and no more than two residents per room, unless otherwise specifically authorized.

State social services personnel said the foster care standards were adequate.

Florida

This State's standards included requirements that foster care facilities provide

- a comfortable furnished bedroom for the client;
- regular nutritious meals;
- adequate heating that meets health and safety standards;
- adequate supervision; and
- care for no more than three foster care clients in any one home, depending on available space and capability to provide needed care.

According to local program officials, the title XX program lacked adequate standards for this service. They believed that a more specific standard would permit better program monitoring to assure quality service.

Adult day care

This service provided care for adults outside their homes for periods of less than 24 hours a day. Two of the six States providing adult day care services had developed standards governing this service, while two others were developing standards. The standards developed in the two States are described below.

Mississippi

This State's standards included requirements that adult day care facilities

- comply with safety requirements, including fire and health department regulations for the number of people who can be accommodated;
- provide a minimum of 50 square feet per client, including a room large enough for all participants for occasional large group activities;
- provide a full-time paid director and a minimum staff-to-client ratio of 1 to 10;
- provide a qualified staff with skills and knowledge in such areas as social work, nursing, group interaction, crafts, limitations of the aged, family counseling, and community resources;
- acquaint all staff members with signs of emotional or physical distress;
- train all staff members in first aid; and
- provide one meal daily containing one-third the nutritional requirement per day.

Local program officials believed these standards were adequate.

Florida

This State had standards for title III adult day care services. State officials said that, since title III services are identical to title XX services, title III standards should be applied to title XX services. The State's title III standards included requirements that adult day care facilities provide

- a registered or licensed practical nurse;
- an area for group activities, a dining room, restrooms, office space, and rest areas;
- compliance with all regulations pertaining to the health and safety of participants;
- meals providing at least one-third the recommended dietary allowances;
- staff trained in first aid and able to recognize distress symptoms; and
- adequate space, depending on program size and types of services provided.

Local program officials were not aware of the title III standards and, therefore, could not comment on their adequacy. They stated that the title XX program lacked an adequate standard for monitoring the quality of care for this service.

Homemaker/chore services

Homemaker services were provided to the SSI elderly in all seven States. Four of the States had standards governing the delivery of this service. The standards in these States described the program, prescribed what homemakers could or could not do for clients, and established recordkeeping requirements. The major differences in the States' regulations related to the homemaker's qualifications. The qualifications prescribed by the various States are described below.

Mississippi

The homemaker must work under supervision and

- have a current health card;
- be at least 21 and not over 65 years of age;
- be able to read and understand instructions and have at least an elementary school education; and
- have ability to assume responsibility for caring for adults, managing a household, and maintaining a wholesome atmosphere in the home.

Local program officials believed the State's homemaker standards were adequate to assure suitable care.

Colorado

The State required job descriptions for county homemaker staff to be on file in each of the county's social services departments. In addition, the county departments were required to try to recruit mature persons with adequate knowledge of food preparation and housekeeping procedures, good judgment, patience, considerable skill in human relationships, and possibly a sense of humor to help him or her meet all sorts of typical home situations. The State also provided general criteria to help evaluate a potential homemaker. The local homemaker administrator believed the State's standards for homemaker services were too vague and that more specific criteria were needed to assure suitable care.

Florida

This State had standards for title III homemaker services. State officials said that, since title III services are identical to title XX services, title III standards could apply to title XX services. The State's title III standards required that homemakers work under professional supervision and

- be able to read and write;
- have a valid driver's license, if driving, or a reliable means of transportation;
- be a mature person with skills and experience in home maintenance and personal care; and
- be in good mental and physical health.

Local program officials were not aware of the title III standards and, therefore, could not comment on the adequacy. They stated that the title XX program lacked an adequate standard for monitoring the quality of care for this service.

Maryland

This State's regulations for homemakers did not include any provision about homemaker qualifications. Local title XX agency officials believed the State lacked adequate standards for homemaker services.

Meal preparation and delivery

Meals were provided to the SSI elderly either in their own homes (meals on wheels) or outside their homes (congregate meals) in five of the seven States. Two of the States had standards governing the preparation and delivery of meals. The standards in these two States are described below.

Mississippi

This State's standards for home delivered meals required that

- meals be delivered ready to eat and prepared fresh daily;
- meals be delivered at proper serving temperatures and facilities be capable of maintaining temperatures for as least 2 hours;
- contractors have at least one registered dietitian and one food service manager;
- all equipment used in preparation of the food meet standards set by public health department and be approved by the National Sanitation Foundation;
- hot food temperatures be 140 degrees Fahrenheit or higher and cold food be 45 degrees Fahrenheit or lower, at the time served; and
- all food handlers have a food handlers card or a physical examination report.

This State's standards were considered adequate by local program officials.

Florida

This State's title III standards for home delivered meals required that

- all staff preparing and serving meals be supervised by a person who will insure that they use hygienic techniques and practices;

- all food used meet the quality, sanitation, and safety standards applying to commercially processed food;
- home-delivered meals be hot and served at a minimum of 140 degrees Fahrenheit;
- at least 4 hours consultation per month be provided by a registered dietitian or other qualified person with training in nutrition to each project funded solely for home delivered meals;
- menus be certified in writing as providing one-third of the daily recommended dietary allowance; and
- State and local fire, health, sanitation, and safety regulations applicable to the particular types of food preparation and meal delivery systems used by the project be adhered to.

We did not obtain comments from program officials in this State about the adequacy of these standards.

CONCLUSIONS

The title XX program was not reaching all SSI elderly who needed services. According to State and county officials, this unmet need exists largely because usual outreach methods, such as advising the elderly about services during the SSI and Medicaid application processes, were not effective for this client group. This occurred because the elderly are often reluctant to seek welfare services, often do not retain information on what services are available, and frequently lack initiative to take advantage of the programs.

To seek out SSI elderly who may need services, States should be encouraged to include outreach as part of their services to the elderly. In addition, we believe organizations approved by the Secretary of HEW that perform outreach services should be provided the names and addresses of elderly SSI beneficiaries to minimize the difficulties involved in identifying and locating them. As discussed in chapter 3, State and county officials said that any expansion of services to the elderly could only be obtained by reducing services to other client groups or by increasing funding. To assure that the elderly are afforded an opportunity to be aware of and compete for available social services, we believe that outreach programs for the elderly should be encouraged.

Most of the services provided to the SSI elderly are not the type requiring standards. However, we believe that all States need standards to assure suitable quality for such services as adult day care, foster care, homemaker services, and meal preparation and delivery. Adequate standards for these services were not established in all of the seven States at the time of our visit.

RECOMMENDATIONS TO THE SECRETARY OF HEW

We recognize that title XX of the Social Security Act gives the States great latitude in administering their social services programs. Nevertheless, to assure that suitable quality services are provided and to make services available to all SSI elderly who need them, we recommend that the Secretary have the Office of Human Development Services

- encourage the States to include outreach programs in their services for the SSI elderly to assure that they are aware of and can compete for available social services,
- determine which adult services should be subjected to standards and develop model standards that States can use to develop their own standards for such services, and
- encourage the States to develop standards.

We also recommend that the Secretary direct the Commissioner of the Social Security Administration to continue pursuing actions to eliminate barriers that prevent title XX outreach organizations from obtaining the names and addresses of elderly SSI beneficiaries from SSA records. The Secretary should also direct the Commissioner to continue exploring the feasibility of releasing names and addresses to outreach programs operated under the Older Americans Act.

AGENCY COMMENTS

Officials of the Administration for Public Services, the Administration on Aging, and SSA agreed with the thrust of our conclusions and recommendations.

CHAPTER 3

FUNDING OF SERVICES FOR SSI ELDERLY RECIPIENTS

The Federal Government was the primary source of funding for social services provided to the SSI elderly in the seven States. State budgeting for social services was generally limited to that required to meet the Federal-State matching requirements. 1/ In addition:

- About 5.1 percent of the seven States' title XX expenditures were for the SSI elderly--States' expenditures ranged from 3.0 to 13.4 percent.
- In one of the seven States, the State legislature earmarked title XX funds for the elderly.
- Three of the seven States earmarked funds for the elderly through State plans.
- Officials in the seven States believed there was little, if any, potential to expand title XX services to the elderly given current funding limits.

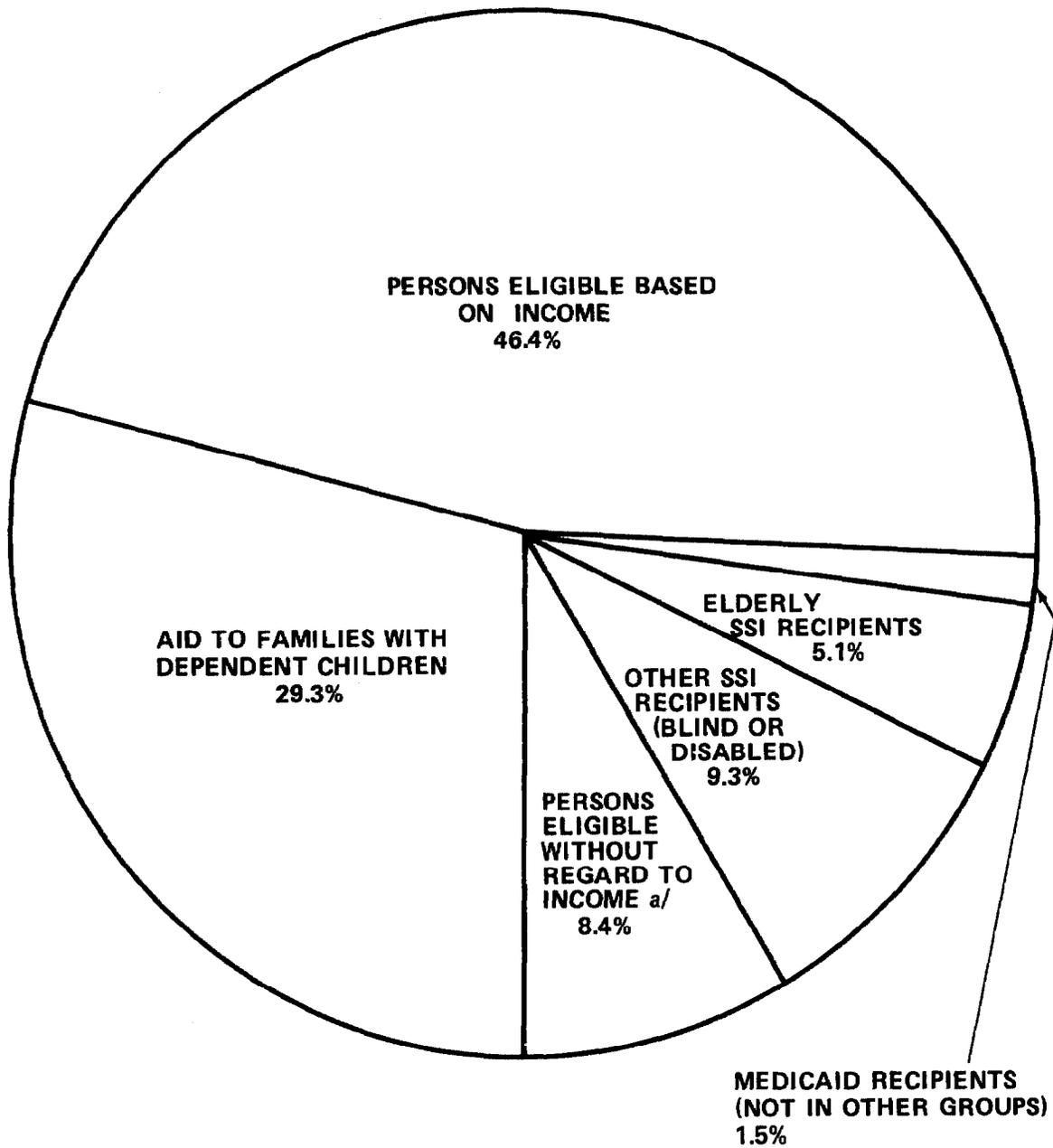
FUNDS SPENT FOR TITLE XX SOCIAL SERVICES PROVIDED TO SSI ELDERLY

The seven States visited were allocated a total of \$480 million in title XX funds during fiscal year 1978. We estimated, based on reports submitted to HEW by the States, that about 5.1 percent of such funds, or \$24 million, was used to provide social services to the SSI elderly.

The States report social services expenditures to HEW by client eligibility groups (Income Eligibles, Aid to Families With Dependent Children, SSI, Medicaid, and Without Regard to Income). None of the States had developed a precise method of summarizing expenditures made for each group. Most costs were allocated on a sampling basis.

The extent to which title XX program funds were expended on the various client groups in the seven States is shown in the chart on the following page.

1/States' title XX plans did not identify specific matching requirements for the program. The plans only showed the total matching requirements for all Federal programs funding social services in the title XX plans. Therefore, in this chapter, we were not able to show the amount of States' matching funds for the title XX program.



a/ Two services are provided to all persons without regard to income-- protective services and information and referral.

The percentages shown in the chart are based on expenditure reports for fiscal year 1978 in five States. Expenditure reports for fiscal year 1977 were used for the other two States because 1978 reports were not available at the time of our review.

The percentage of title XX funds expended for the SSI elderly ranged from 3.0 to 13.4 percent in the States visited. The following table shows the percentage of title XX funds expended for the SSI elderly in each State. Also presented are the estimated fiscal year 1978 expenditures for providing social services to the SSI elderly based on the available 1978 data.

<u>State</u>	<u>Fiscal year 1978 title XX allocation</u>	<u>Percent of expenditures for SSI elderly</u>	<u>Estimated expenditures for SSI elderly (note a)</u>
	(000 omitted)		(000 omitted)
New Mexico	\$ 13,603	b/13.4	\$ 1,823
Colorado	30,083	8.6	2,587
Pennsylvania	138,149	6.6	9,118
Maryland	48,263	b/5.7	2,751
Mississippi	27,416	4.5	1,234
Florida	98,074	3.7	3,629
Ohio	<u>124,500</u>	3.0	<u>3,735</u>
Total	<u>\$480,088</u>		<u>\$24,877</u>

a/Based on Federal allocation of title XX funds.

b/Based on fiscal year 1977 expenditure reports.

EARMARKING OF TITLE XX
FUNDS FOR THE ELDERLY

The legislature in only one of the seven States earmarked Federal title XX funds specifically for the elderly. In three other States the department responsible for administering title XX earmarked Federal title XX funds for the elderly. None of the States earmarked Federal title XX funds for information and referral services for the SSI elderly. These services were available to any person seeking information on social services. The extent to which earmarking of Federal title XX funds for elderly persons occurred is described below.

Pennsylvania's General Assembly earmarked about \$24 million in Federal title XX funds to provide social services to the elderly during its fiscal year 1979. These funds were supplemented with about \$9 million in State funds. The State's Department of Public Welfare then earmarked the funds as follows:

<u>Service</u>	<u>Amount</u>
	(000 omitted)
Center service for the elderly	\$ 9,470
Chore	1,398
Counseling	750
Day care-adult	230
Employment	59
Home-delivered meals	1,318
Homemaker	8,095
Housing	152
Information and referral	2,154
Legal	413
Life skills education	5
Placement-adult	1,214
Protective-adult	2,746
Service planning/case management	2,749
Socialization/recreation	6
Transportation	<u>1,703</u>
Total	<u>\$32,462</u>

In Mississippi, Florida, and Maryland, the departments responsible for administering title XX earmarked Federal funds to provide services specifically for the elderly.

The following table shows, for the four States, planned earmarking for the elderly compared with the planned title XX expenditures.

<u>State</u>	<u>Planned earmark- ing of Federal title XX funds for the elderly</u>	<u>Total Federal title XX planned expenditures (note a)</u>	<u>Percent of funds earmarked for the elderly</u>
(000 omitted)			
Pennsylvania (note b)	\$24,374	\$149,084	16.3
Florida (note c)	4,415	100,444	4.4
Maryland (note c)	1,919	48,869	4.0
Mississippi (note c)	380	27,500	1.4

a/State title XX plans are prepared before the States know what their exact title XX allocation will be; therefore, planned expenditures differ slightly from actual Federal allocations.

b/Pennsylvania's data are for its fiscal year 1979.

c/These States' data are for their fiscal year 1978.

The \$380,000 in title XX Federal funds earmarked in Mississippi for the elderly was primarily to provide nutritious meals. Maryland earmarked \$1.9 million in Federal title XX funds for community home care services exclusively for the elderly. Florida allocated \$4.4 million of Federal title XX funds for services to the aged in its title XX plan and earmarked the funds as follows:

<u>Service</u>	<u>Amount</u>
(000 omitted)	
Adult day care	\$ 270
Alternate placement	20
Chore	116
Companionship	32
Consumer education and protection	3
Counseling	99
Escort	343
Health support	261
Home-delivered meals	357
Home management	268
Homemaker	1,566
Housing improvement	2
Information and referral	423
Protective services	1
Social group	262
Training and related	2
Transportation	390
Total	<u>\$4,415</u>

In the remaining States, earmarking only occurred to the extent that the State plan allocated total program costs to specific services. However, such earmarking did not show the amounts included in any specific service for the SSI elderly.

Information and referral services

The States' title XX plans generally included an amount for information and referral services. Such services were available to anybody seeking social services information; therefore, there was no earmarking of funds to any particular client group.

The following table shows the amount of Federal title XX funds that each of the seven States planned to spend for information and referral services during fiscal year 1978.

<u>State</u>	Estimated expenditures for information and referral services (note a)	Percent of total title XX budget
	(000 omitted)	
Colorado	\$ 1,700	4.3
New Mexico	75	.4
Mississippi (note b)	-	-
Florida	6,075	4.6
Ohio	3,475	1.8
Pennsylvania	14,707	6.0
Maryland	570	.8

a/Estimates are for fiscal year 1978 except Pennsylvania and Maryland, which are for fiscal year 1979.

b/Mississippi expended funds for information and referral but did not specifically allocate funds for this purpose in its title XX plan.

STATE SUPPLEMENTAL FUNDING
FOR TITLE XX PROGRAM

Only one State (Pennsylvania) included State supplemental funds (funds in excess of matching requirements) in its title XX State plan. In the other six States, supplemental funding would occur only if program expenditures exceeded the total of Federal allocations and required State matching funds. This occurred to a significant extent in only one of these States. The following sections describe the extent to which State supplemental funding occurred.

Pennsylvania

Pennsylvania provided \$22.7 million above the amount required to meet its Federal title XX matching requirements in its fiscal year 1979 budget. This supplemental funding was budgeted for the child development program (\$18,361,273) and the aging program (\$4,354,946). The aging program provided funds for services to SSI elderly as well as non-SSI elderly. No amounts were specified for either group.

Florida

If it did not have a title XX ceiling, Florida could have received \$115.1 million in Federal funds during its fiscal year ended June 30, 1978, based on its spending for social services. However, the State could not receive more than its Federal allocation of \$105.2 million for the period July 1, 1977, to June 30, 1978. Thus, Florida independently funded about \$10 million of its title XX program.

Ohio

This State budgeted only for the matching funds required to receive its full fiscal year 1978 title XX allocation of \$124.5 million. No other State funds were available. Any additional funding needs had to be provided by local or other Federal sources.

Colorado and New Mexico

These two States did not supplement the title XX program during fiscal year 1977. In that year the States' title XX expenditures were slightly below those required to earn their full title XX allocation of \$29.5 million in Colorado and \$13.3 million in New Mexico. Colorado officials expected to spend more than that required to earn their full title XX allocation of about \$30 million during fiscal year 1978. They also believed that spending for children's services, such as day care and foster care, would account for most of the increase in spending during fiscal year 1978.

Mississippi

This State did not earn its full title XX allocation of \$27.5 million in fiscal year 1977 and did not expect to earn its allocation of \$27.4 million in fiscal year 1978. State officials said Mississippi had problems providing the matching funds for the title XX program.

Maryland

The State Department of Human Resources did not provide State funds in excess of the matching funds needed to receive its full fiscal year 1978 allocation of \$48.3 million. The State Office on Aging, however, had several programs which were funded with State general funds not required for any Federal match. These programs totaled about \$455,000 for fiscal year 1978.

LIMITED POTENTIAL FOR EXPANDING TITLE XX SERVICES TO THE ELDERLY

Based on the fiscal year 1978 title XX funding levels, officials of all of the States reviewed believed that there would be little, if any, expansion of social services for SSI elderly. Most States spend virtually all their title XX allocations on the mix of clients presently being served. Thus, any expansion of services to the SSI elderly could only be attained by reducing services to other client groups or increasing funding. However, some officials stated that the SSI elderly have access to funds provided under the Older Americans Act. The following schedule shows the amount of non-title XX Federal funds budgeted for social services in the States' title III plans 1/ for fiscal year 1979.

<u>State</u>	<u>Amount of non-title XX funds allocated for the elderly</u>
	(000 omitted)
Pennsylvania	\$29,898
Florida	24,851
Ohio	22,849
Maryland	8,025
Mississippi	7,534
Colorado	4,949
New Mexico	3,058

A detailed schedule showing the source of such funds is provided in appendix V.

The reports submitted to HEW by the States' agencies on aging did not show expenditures by type of client served. Therefore, we could not determine the amount of expenditures made by these agencies for the SSI elderly.

1/State title III plans include all Federal funds committed to providing services to the elderly.

CHAPTER 4
COORDINATION OF TITLE III
AND TITLE XX SERVICES

Substantive coordination between agencies providing social services under title III of the Older Americans Act and title XX of the Social Security Act occurred in only one of the seven States. In the other States, coordinating activities were generally limited to joint funding of specific projects, information sharing, and joint membership on advisory boards. State and local officials in these States agreed that more program coordination was needed. Effective program coordination was hindered by the fact that the two programs have

- different eligibility requirements and
- different organizational structures.

TITLE III OF THE OLDER
AMERICANS ACT

Title III of the Older Americans Act of 1965, as amended, authorizes grants for State and community programs on aging. The act provides for title III services to be delivered through local service organizations. Local area agencies are to develop local systems of comprehensive coordinated services for older persons by

- determining the need for services in their geographic areas,
- evaluating the effectiveness of the use of resources to meet these needs, and
- arranging with local social service providers for needed services.

Title III services are intended to

- secure and maintain maximum independence and dignity in a home environment for older persons capable of self-care with appropriate supportive services and
- remove individual and social barriers to economic and personal independence.

To coordinate title III and title XX at the Federal level, the Administration on Aging has had an interagency agreement with the Administration for Public Services (formerly HEW's Community Services Administration) since July 1975. The agreement promotes joint efforts at the Federal, State, and local levels in planning, integrated service delivery, and improved manpower development and recommends strategies for State and local actions in these areas.

At the State and local levels, the title III legislation requires State and area agencies on aging to evaluate the need for social services within the State and area and to determine the extent to which existing public or private programs meet such need. Thus, title III area agencies on aging are required to coordinate their activities with the public social services agencies providing services under the title XX program. The title XX legislation also requires title XX plans to describe how services are coordinated with other programs.

Although there is legislative emphasis and some program effort at the Federal level on coordination between the title III and XX programs, as discussed in the following sections, we found evidence of substantive coordination in only one of the States visited.

EXTENT OF COORDINATION BETWEEN TITLE XX AND TITLE III PROGRAMS

In this report, we have defined "coordination" as the joint participation of individuals and agencies through an organized system to maximize the benefits of various programs by aligning them so as to minimize overlap, duplication, and potential conflicts embodied in each. A high degree of program coordination existed in only one of the seven counties we visited. In the other counties, coordination was generally limited to joint funding of specific projects, joint membership on advisory committees, or informal sharing of data.

Since fiscal year 1977, the Administration on Aging has mandated that State agencies on aging have interagency agreements with their title XX counterparts. Memorandums of understanding were in effect between the State title III and title XX agencies in five of the seven States visited. In the other two States, agreements were not necessary because of the States' social services delivery organizations.

One of these States used a single agency to operate all service programs for the aged regardless of funding source, and the other State's program office of aging had agreements with separate State organizations providing services but not with the title XX agency itself.

The memorandums of understanding basically provided the framework for program coordination. The memorandum negotiated in one State provided that the title XX and title III agencies coordinate by

- having one person involved in planning for both agencies;
- working together in providing technical assistance, where appropriate, to agencies and organizations that request it;
- sharing newly developed data and material that may affect the lives of older persons;
- sharing program legislation, regulations, and information that affect areas of mutual interest; and
- having members of the title XX Services Advisory Committee and Commission on the Aging participate in the program agenda of the committees concerning joint planning and appropriate issues of interest.

We visited one county in each of the seven States to determine the extent to which the title XX public social service agency and the title III area agency serving that county were coordinating their program activities. Our findings are discussed below.

Single Pennsylvania agency delivers all services to the elderly

In Pennsylvania a single State agency was responsible for planning and delivering all services to the elderly regardless of funding sources. The Office for the Aging was responsible for planning, policy determination, and program development. At the local level, the social services programs funded under title XX or title III were the responsibility of the various area agencies on aging covering the State. The area agencies provided services by awarding contracts to various service providers. We were told that the need for coordination between the title XX and title III programs was minimized because the State had a comprehensive program for the elderly

rather than separate title XX and title III programs. For instance, a single homemaker agency provided all homemaker services regardless of which title they were funded under.

Title XX and title III programs generally administered as separate and distinct programs

The title XX and title III programs were administered separately in six of the States visited. In these States, the county public social service agency administered the title XX program and the area agency on aging administered the title III program. Program coordination was generally limited to

- joint funding of specific projects,
- membership on joint advisory committees, and/or
- information sharing.

Joint project funding was occurring in three of the six counties whose States had separate title XX and title III programs. Joint funding permitted a single provider to deliver a service regardless of which program it was funded under. The extent to which joint funding occurred varied significantly in these States. In one county the title III and title XX agencies attempted to use a common service provider. However, each agency contracted independently for the service. In the other two counties, title XX funds were transferred to the title III agency for nutrition services.

Various types of interagency committees existed at the State or local level in the six States administering separate programs. As shown below, these committees generally functioned in an advisory capacity. In one State, an interagency committee on planning and budgeting was the formal mechanism for coordinating services to the aged. This committee had developed planning and budget recommendations for consideration by the various agencies providing services. However, we were told that the committee had no control over funding and its recommendations were strictly advisory. Also, the committee could apparently not get too aggressive as it served at the pleasure of the various departments.

In one county a committee, referred to as the human resources coalition, was composed of representatives of social service agencies, schools, and other local government entities. The committee was responsible for coordinating and advocating all human services in the area. At the time

of our review, it had primarily been involved in having all agencies learn what services were available.

According to State and local officials in the six States operating separate programs, the title XX and title III agencies shared information. We were generally told that such information sharing was informal and resulted from individual initiative rather than a formal process. Mechanisms used to exchange information included

- holding quarterly meetings between title XX and title III staff,
- exchanging program plans,
- having informal discussions between title XX staff and other agencies,
- sharing data on common services,
- exchanging budget data,
- sending the title XX agency a copy of all title III contract proposals for review and comment,
- sharing data on an informal piece-by-piece basis as requested, and
- having informal coordination sessions.

Most State title XX officials interviewed saw a need for better program coordination in service planning, i.e., making coordinated needs assessments, setting priorities, etc. The following examples were cited by various title XX and title III officials to demonstrate this need:

- Title XX staff were not invited to a conference on aging sponsored by the National Association of Area Agencies on Aging. Local title XX officials believed that, as representatives of an agency serving the elderly, they should have been invited not only to attend, but also to participate on the panel associated with the conference.
- There was a duplication of funds for some services and a shortage of funds for others.
- The title III agency did not believe the title XX needs assessment reflected true needs; therefore, the agency was planning to make its own needs assessment.

- The title III agency did not receive or have an opportunity to comment on the title XX plan.
- Both programs funded transportation and information and referral, but neither attempted to determine if there was duplication of services.
- No mechanism existed for local multipurpose planning.
- The title III agency made the results of its needs assessment available to the title XX agency, which could not use it because it didn't meet its needs.
- The title XX agency had not coordinated or shown an interest in making a coordinated needs assessment with the title III agency.

CONSTRAINTS ON PROGRAM COORDINATION

Two significant program differences--in eligibility requirements and in organizational structures--were cited by State and local officials as barriers to effective coordination between the title XX and title III programs. These barriers to coordination are discussed below.

Differences in eligibility requirements

Title XX legislation requires elderly persons to be SSI beneficiaries or meet the various States' income criteria to be eligible for title XX services. By contrast, under title III legislation, all elderly persons are eligible for title III services regardless of income (although title III agencies direct their resources toward programs serving persons with the greatest social and economic needs). Therefore, persons eligible for title III programs because of their age may not be eligible for title XX programs because their income exceeds the State's eligibility requirements.

States can minimize the differences in program eligibility requirements by using the group eligibility provisions of title XX. Title XX gives States the option of making eligibility determinations on a group rather than an individual basis. The option may be exercised for any group if the State can reasonably conclude that substantially all persons receiving services are members of families whose monthly gross income is not more than 90 percent of the State median income.

The following examples show the problems caused by differences in eligibility criteria. In one State an agency on aging contractor applied for and received title XX funding to provide services to the elderly. The contractor purchased carpeting for the senior citizens center, but was later told that this expenditure was inappropriate because persons not eligible for title XX services would be walking on it.

In another State an official told us that, without group eligibility, title XX was inconsistent with the eligibility requirements under the Older Americans Act. For example, multipurpose senior centers and congregate meal sites were funded predominately with funds from the Older Americans Act, which specifically prohibits agencies from requiring clients to declare their incomes. Without group eligibility, however, title XX regulations stipulate that agencies require clients to declare their incomes before they provide services. Therefore, one program's regulations required that the agencies violate the other's.

At the time of our review, five of the seven States were using some form of group eligibility for the elderly. The extent to which each State was doing so is presented below.

Persons for Whom Group Eligibility
Has Been Established

<u>State</u>	<u>Group</u>	<u>Service</u>
Pennsylvania	Persons 60 years of age or older	Multipurpose senior center services
Florida	Participants of multipurpose senior centers	Group social services
	Persons 60 years of age or older who are residents of Dade County and Key West public housing	Transportation--both public housing groups; homemaker/chore--Dade County public housing residents
Mississippi	Persons 60 years of age or older	All social services provided by State
Ohio	Persons 60 years of age or older	All social services provided by the counties
Maryland	All persons 60 years of age or older	Meals
	Older persons	Multipurpose senior center services

None of the States had records showing whether the number of elderly receiving title XX social services had increased because group eligibility had been implemented. However, officials of two of the States (Maryland and Florida) believed that group eligibility had increased the number of elderly persons using title XX services. Officials in the two States (Colorado and New Mexico) that had not implemented group eligibility for the elderly believed group eligibility would increase the number of persons eligible for title XX services. They also stated that the States' title XX programs could not fund services to meet the needs of additional clients.

Differences in organizational structures

The organizational structures of the title XX and title III programs differ significantly. The title XX program generally has a social service agency in each county of a State. The title III program is organized on an area basis, and each area generally encompasses more than one county. Thus, the title III agency must coordinate with several separate local title XX agencies. Differences in organizational structure were cited as a barrier to coordination in two of the seven States (Colorado and Maryland).

CONCLUSIONS

Although interagency agreements between the title III and title XX programs have been negotiated at the Federal and State levels, coordination between the local agencies administering these programs was generally inadequate. The local title XX public social services agencies and the title III area agencies on aging generally administered their programs independently of one another. Coordination was generally limited to such activities as exchange of State plans, informal discussions between staff, and membership on joint advisory boards. Some joint funding of specific projects also occurred. We believe that effective coordination should include more substantive activities, such as joint

- needs assessments,
- program development, and
- assessment of allocation of resources.

In addition, more emphasis should be placed on joint funding of projects for delivery of common services.

State and local officials agreed that coordination between the title XX and title III programs was minimal, but believed that effective coordination was difficult to attain because of the inherent differences between the two programs. We recognize that the program differences hinder effective program coordination, but we believe that States can act to minimize their impact.

We also believe that States should focus on joint planning and decisionmaking at the local level because the philosophy of both programs is that the local community should determine what its needs are and how they should be met.

RECOMMENDATIONS TO THE SECRETARY OF HEW

We recommend that the Secretary direct the Administration for Public Services and Administration on Aging to take actions to improve coordination at the State and local levels in the delivery of services to the elderly under the title XX and title III programs. These actions should include adopting policies that would encourage State and local governments to make joint needs assessments, to develop programs jointly, to jointly assess allocation of resources, and to use more jointly funded projects to deliver common services.

AGENCY COMMENTS

Officials of the Administration for Public Services and the Administration on Aging agreed with the thrust of our conclusions and recommendations.

ANALYSES OF INTERVIEWS OF ELDERLY
SSI RECIPIENTS IN FIVE U.S. COUNTIES
AND CLEVELAND, OHIO

PURPOSE

Our analyses were intended to determine the unmet need of SSI elderly recipients for title XX-type services in Allegheny County, Pennsylvania; Bernalillo County, New Mexico; Pueblo County, Colorado; Dade County, Florida; Hinds County, Mississippi; and Cleveland, Ohio.

METHODOLOGY

Instrument used

We used a random subsample from our elderly data base that was developed during our study of the elderly in Cleveland for the needs assessment of the SSI elderly in that city. To be compatible with that data base, we chose to use the interview instrument with minor modifications which was used in our Cleveland study--the Older American Resources Survey (OARS) instrument. ^{1/} The OARS instrument used for the five-county study was modified by replacing questions on employment, sheltered employment, employment-related educational, and remedial training services with questions on nutrition, escort, and home repair services.

Interviewers were given instructions on administering the questionnaire instrument before they began making interviews. We interviewed 50 SSI elderly selected at random in each of the five counties mentioned above. The interviews were completed in October 1978.

Sampling

The five-county data base consists of data collected through stratified random sampling. We selected an initial random sample of from 67 to 84 elderly persons who were receiving SSI payments during June 1978 in each county. We

^{1/}The OARS instrument was developed by a multidisciplinary team at the Duke University Center on Aging and Human Development, in collaboration with the Administration on Aging, the former Social and Rehabilitation Service, and the Health Resources Administration of HEW.

then eliminated those SSI elderly who received social services during June from title XX agencies or contractors. The auditors interviewed persons from this list until they had completed 50 interviews. The auditors were instructed to terminate interviews with persons judged to be unreliable. Auditors were to record the reason for noncompleted interviews (e.g., the person refused to be interviewed, was unreliable, was not at home, had moved, had died, was hospitalized, etc.). Table A is a summary of sampling information for the five-county and Cleveland data bases.

General approach

For each title XX-type service included in the five-county and Cleveland data bases, we first determined if the older person needed that service. Then we determined for those identified as being in need whether they were currently receiving the service from any source (agency, private, family, or friend). Those determined to be in need and not currently receiving the service were categorized as having an unmet need.

In our phase I Cleveland elderly study, we found that an older person's self-expression of need for a service was not always consistent with objective measures. Therefore, we determined "need" for most services by using an older person's answers to objective-type questions. When such questions were not available, we used an older person's self-expression of need to determine "need." See table B for a list of the title XX-type services included in both data bases with the need criteria used for each.

We aggregated the unmet service needs for each person to give us the number of different unmet needs for each older person.

DEMOGRAPHIC INFORMATION

For each person at each location, we obtained demographic information, such as age, race, sex, years of education, and marital status. Table C is a summary of this information.

CHARACTERISTICS IMPORTANT FOR COMPARISONS

Before using the five-county and Cleveland data bases to make comparisons, the following similarities and differences between them should be noted:

	<u>Five-county data base</u>	<u>Cleveland data base</u>
Number of title XX-type services included	14	11 (The same services as the five county, excluding nutrition, escort, and home repair)
Exclusion of unreliable older persons	Yes	Yes
Time period data collected	September and October 1978	June to September 1976
Exclusion of older persons getting title XX services	Yes	No
Instrument used	OARS (modified)	OARS
Interviewers	GAO auditors, men and women	Women living in the community hired by Case Western Reserve University
Need criteria used	Objective questions for 11 services; self-expressed, subjective questions for three services (Same questions used for the 11 services in both data bases)	Objective questions for eight services; self-expressed, subjective questions for three services
Random sample taken	Yes, stratified	Yes, simple
Adjusted projectable universe	24,934; reliable SSI elderly not receiving title XX services responding to interview excluding deceased, institutionalized, and moved.	5,843; reliable SSI elderly responding to interview excluding deceased, institutionalized, and moved.
Total universe	44,646	9,800

For further similarities and differences, see table C.

PROJECTED RESULTS

We estimate that there were about 37,910 SSI elderly living in the five counties at the time of our interviewing who would have been readily available for an interview and who were not receiving title XX services as of June 30,

1978. 1/ We completed interviews with 250 of those elderly randomly selected for interview. Although we are not certain that the nonresponding SSI elderly would have unmet needs similar to those responding, we believe our findings are representative of 24,934 SSI elderly, or about 65.8 percent of the 37,910 SSI elderly who could have responded.

Similarly, there were about 9,023 SSI elderly living in Cleveland during 1976 who would have been readily available for interview. 2/ We completed interviews with 158 of them, or about 64.8 percent of those randomly selected for interview. Although we are not certain that the nonresponding SSI elderly would have unmet needs similar to those responding, we believe our findings are representative of 5,843 SSI elderly, or about 64.8 percent of the 9,023 SSI elderly who could have responded.

All the percentages that we project in tables 1 through 19 are based only on the adjusted universe. However, the numbers we project can be applied to the original universe to estimate the minimum percentage of SSI elderly needing one or two services, three or more services, or any of the individual services listed.

For example, table 3 shows that, of the 24,934 adjusted universe of SSI elderly persons in the five counties, between 6,599 and 11,057 (26.5 to 44.3 percent) have three or more unmet needs (using a 95-percent confidence level). Thus, at least 6,599 (14.8 percent) of the total universe of 44,646 SSI elderly residing in the five counties have three or more unmet needs. This is a very conservative estimate of the unmet needs of the total SSI elderly population in these five counties because it assumes that there were no unmet needs for services among any of the almost 20,000 SSI elderly who were not included in our projections.

Tables 1 through 17 list our projections for the SSI elderly in the five counties who would have no unmet needs, 1 to 2 unmet needs, 3 or more unmet needs, and unmet needs for each of 14 services.

1/Estimated total SSI elderly equals about 44,646--about 4,894 got title XX services and about 1,842 estimated to be unavailable for interview.

2/Estimated total SSI elderly equals about 9,800--about 777 estimated to be unavailable for interview.

Tables 18 and 19 list our projections for the Cleveland SSI elderly having no unmet needs, 1 or 2 unmet needs, 3 or more unmet needs, and unmet needs for each of 11 services.

Table A
Sampling Information

Location	Total SSI elderly	SSI elderly not currently getting title XX service	Adjusted projectable universe	(number)			Response rate (percent)
				Total sampled	Adjusted sampled	Completed interviews	
Allegheny Co., Pa.	8,620	6,050	3,601	84	75	50	66.7
Bernalillo Co., N. Mex.	1,768	1,551	1,092	71	63	50	79.4
Pueblo Co., Colo.	1,177	1,067	741	72	64	50	78.1
Dade Co., Fla.	28,903	27,082	16,513	82	80	50	62.5
Hinds Co., Miss.	<u>4,178</u>	<u>4,002</u>	<u>2,987</u>	<u>67</u>	<u>63</u>	<u>50</u>	79.4
Five-county total	<u>44,646</u>	<u>39,752</u>	<u>a/24,934</u>	<u>376</u>	<u>b/345</u>	<u>250</u>	<u>c/65.8</u>
Cleveland, Ohio	9,800	Unknown	<u>d/5,843</u>	265	<u>b/244</u>	158	64.8

a/Excludes: --12,976 estimated nonrespondents (refused interview, unreliable, not at home, and other);

--4,894 identified as getting title XX services as of June 30, 1978; and

--1,842 estimated as unable to be interviewed (deceased, hospitalized, moved, or institutionalized).

b/Excludes those unable to be interviewed (deceased, hospitalized, moved, or institutionalized).

c/Overall percent arrived at by dividing 24,934 estimated respondents by the 37,910 SSI elderly not receiving title XX services and estimated as able to be interviewed.

d/Excludes: --3,180 estimated nonrespondents (refused interview, unreliable, not at home, other) and

--777 estimated as unable to be interviewed (deceased, moved, or institutionalized).

Table BDefinition of Each Title XX-Type ServiceUsed With Relevant Need Criteria

<u>Service</u>	<u>Definition</u>	<u>Need criteria</u>
Social recreation	Same as "center services" and "recreational" services in appendix IV	Objective questions
Counseling--mental health	Same as "counseling" in appendix IV	Objective questions
Medical	Same as "health related" in appendix IV	Objective questions
Transportation	Same as "transportation" in appendix IV	Objective questions
Nutrition	Regular provision of balanced meals	Objective questions for five counties; not included in Cleveland data base
Homemaker--home management	General household, cleaning, laundry, or meal planning, food preparation, or cooking	Objective questions
Home repair	Arranging for major electrical, plumbing, carpentry, heating, or similar repairs and renovations	Objective questions for five counties; not included in Cleveland data base
Homemaker--personal care	Aiding an individual with bathing, dressing, grooming, feeding, or toilet care	Objective questions
Physical therapy	Planned set of physical exercises or massages as treatments	Self-expression, subjective
Periodic contact	Establishing regular phone or personal contact with an individual (at least five times per week)	Objective questions
Relocation--housing	Locating available and suitable places to live or assistance in placement into institution	Self-expression, subjective
Escort	Accompanying an individual or group to help them shop, visit, or make medical appointments	Objective questions in five counties; not included in Cleveland data base
Constant supervision	Supervision of person who cannot be left alone	Self-expression, subjective
Administrative and legal	Same as "financial management" services in appendix IV	Objective questions

Table C
Demographic Information (note a)

<u>Location</u>	<u>Living alone</u>	<u>Age</u>			<u>Fe- male</u>	<u>Race</u>			<u>Years of education</u>		<u>Marital status</u>		
		<u>65 to 74</u>	<u>75 to 79</u>	<u>80 and over</u>		<u>White</u>	<u>Spanish</u>	<u>Black</u>	<u>8 yrs. or less</u>	<u>9 yrs. or more</u>	<u>Married</u>	<u>Widowed</u>	<u>Other (note b)</u>
(percent)													
Allegheny Co., Pa.	50	40	30	30	82	70	0	c/28	68	32	6	72	22
Bernalillo Co., N. Mex.	38	36	18	46	70	24	60	d/14	84	16	32	60	8
Pueblo Co., Colo.	44	36	26	38	62	36	64	0	88	12	22	58	20
Dade Co., Fla.	34	50	34	16	66	14	46	e/36	80	f/18	28	52	20
Hinds Co., Miss.	52	46	32	22	64	18	0	82	64	36	10	68	22
Cleveland, Ohio	53	47	26	27	83	29	1	70	72	f/26	6	66	28

a/Percents for five counties are of 50 reliable SSI elderly interviewed at each location in 1978. Percent for Cleveland is of 158 reliable SSI elderly interviewed in 1976.

b/Persons single, divorced, or separated.

c/Does not add to 100 percent because 2 percent are oriental.

d/Does not add to 100 percent because 2 percent are American Indian.

e/Does not add to 100 percent because 4 percent are oriental.

f/Does not add to 100 percent because 2 percent did not answer education question.

Table 1Elderly With No Unmet Needs

<u>Location</u>	<u>Sample</u>		<u>Estimated ranges of adjusted universe at the 95% level of confidence</u>	
	<u>Num-ber</u>	<u>Per-cent</u>	<u>Number</u>	<u>Percent</u>
Allegheny Co., Pa.	10	20.0	324 to 1,116	9.0 to 31.0
Bernalillo Co., N. Mex.	6	12.0	35 to 227	3.2 to 20.8
Pueblo Co., Colo.	12	24.0	93 to 263	12.6 to 35.4
Dade Co., Fla.	12	24.0	2,011 to 5,915	12.2 to 35.8
Hinds Co., Miss.	<u>13</u>	26.0	417 to 1,137	13.9 to 38.1
Total	<u>53</u>	<u>a/23.1</u>	3,741 to 7,797	15.0 to 31.2

Table 2Elderly With 1 Or 2 Unmet Needs

Allegheny Co., Pa.	18	36.0	820 to 1,772	22.8 to 49.2
Bernalillo Co., N. Mex.	11	22.0	118 to 362	10.8 to 33.2
Pueblo Co., Colo.	27	54.0	301 to 499	40.7 to 67.3
Dade Co., Fla.	22	44.0	4,997 to 9,535	30.3 to 57.7
Hinds Co., Miss.	<u>19</u>	38.0	737 to 1,533	24.7 to 51.3
Total	<u>97</u>	<u>a/41.5</u>	7,981 to 12,695	32.0 to 51.0

a/Overall percent arrived at by taking each sample percent times each relevant universe. These five numbers are then totaled and divided by the sum of the adjusted universes.

Table 3Elderly With 3 Or More Unmet Needs

<u>Location</u>	<u>Sample</u>		<u>Estimated ranges of adjusted universe at the 95% level of confidence</u>	
	<u>Num-ber</u>	<u>Per-cent</u>	<u>Number</u>	<u>Percent</u>
Allegheny Co., Pa.	22	44.0	1,092 to 2,076	30.3 to 57.7
Bernalillo Co., N. Mex.	33	66.0	581 to 861	53.2 to 78.8
Pueblo Co., Colo.	11	22.0	81 to 245	10.9 to 33.1
Dade Co., Fla.	16	32.0	3,152 to 7,416	19.1 to 44.9
Hinds Co., Miss.	<u>18</u>	36.0	681 to 1,469	22.8 to 49.2
Total	<u>100</u>	a/35.4	6,599 to 11,057	26.5 to 44.3

Table 4Unmet Need For Social Recreation

Allegheny Co., Pa.	21	42.0	1,023 to 2,001	28.4 to 55.6
Bernalillo Co., N. Mex.	20	40.0	292 to 582	26.7 to 53.3
Pueblo Co., Colo.	14	28.0	118 to 296	16.0 to 40.0
Dade Co., Fla.	22	44.0	4,997 to 9,535	30.3 to 57.7
Hinds Co., Miss.	<u>11</u>	22.0	317 to 997	10.6 to 33.4
Total	<u>88</u>	a/40.4	7,728 to 12,432	31.0 to 49.8

a/Overall percent arrived at by taking each sample percent times each relevant universe. These five numbers are then totaled and divided by the sum of the adjusted universes.

Table 5Unmet Need For Counseling--Mental Health

<u>Location</u>	<u>Sample</u>		<u>Estimated ranges of adjusted universe at the 95% level of confidence</u>	
	<u>Num-ber</u>	<u>Per-cent</u>	<u>Number</u>	<u>Percent</u>
Allegheny Co., Pa.	23	46.0	1,162 to 2,150	32.3 to 59.7
Bernalillo Co., N. Mex.	26	52.0	420 to 716	38.5 to 65.5
Pueblo Co., Colo.	19	38.0	186 to 378	25.0 to 51.0
Dade Co., Fla.	19	38.0	4,057 to 8,493	24.6 to 51.4
Hinds Co., Miss.	<u>17</u>	34.0	627 to 1,405	21.0 to 47.0
Total	<u>104</u>	<u>a/39.3</u>	7,484 to 12,108	30.0 to 48.6

Table 6Unmet Need For Medical Service

Allegheny Co., Pa.	9	18.0	267 to 1,029	7.4 to 28.6
Bernalillo Co., N. Mex.	24	48.0	376 to 672	34.5 to 61.5
Pueblo Co., Colo.	10	20.0	69 to 227	9.3 to 30.7
Dade Co., Fla.	10	20.0	1,475 to 5,131	8.9 to 31.1
Hinds Co., Miss.	<u>15</u>	30.0	520 to 1,272	17.4 to 42.6
Total	<u>68</u>	<u>a/22.1</u>	3,607 to 7,431	14.4 to 29.8

a/Overall percent arrived at by taking each sample percent times each relevant universe. These five numbers are then totaled and divided by the sum of the adjusted universes.

Table 7

Unmet Need For Transportation Service

<u>Location</u>	<u>Sample</u>		<u>Estimated ranges of adjusted universe at the 95% level of confidence</u>	
	<u>Num-ber</u>	<u>Per-cent</u>	<u>Number</u>	<u>Percent</u>
Allegheny Co., Pa.	15	30.0	626 to 1,534	17.4 to 42.6
Bernalillo Co., N. Mex.	17	34.0	231 to 511	21.2 to 46.8
Pueblo Co., Colo.	1	2.0	3 to 75	0.4 to 10.1
Dade Co., Fla.	8	16.0	967 to 4,317	5.9 to 26.1
Hinds Co., Miss.	<u>5</u>	10.0	53 to 545	1.8 to 18.2
Total	<u>46</u>	a/17.7	2,648 to 6,166	10.6 to 24.8

Table 8

Unmet Need For Nutrition Service

Allegheny Co., Pa.	6	12.0	110 to 754	3.1 to 20.9
Bernalillo Co., N. Mex.	10	20.0	100 to 336	9.2 to 30.8
Pueblo Co., Colo.	14	28.0	118 to 296	16.0 to 40.0
Dade Co., Fla.	7	14.0	726 to 3,898	4.4 to 23.6
Hinds Co., Miss.	<u>13</u>	26.0	417 to 1,137	13.9 to 38.1
Total	<u>50</u>	a/15.8	2,282 to 5,610	9.1 to 22.5

a/Overall percent arrived at by taking each sample percent times each relevant universe. These five numbers are then totaled and divided by the sum of the adjusted universes.

Table 9

Unmet Need For Homemaker--
Home Management Services

<u>Location</u>	<u>Sample</u>		<u>Estimated ranges of adjusted universe at the 95% level of confidence</u>	
	<u>Num- ber</u>	<u>Per- cent</u>	<u>Number</u>	<u>Percent</u>
Allegheny Co., Pa.	8	16.0	213 to 939	5.9 to 26.1
Bernalillo Co., N. Mex.	11	22.0	118 to 362	10.8 to 33.2
Pueblo Co., Colo.	10	20.0	69 to 227	9.3 to 30.7
Dade Co., Fla.	6	12.0	497 to 3,467	3.0 to 21.0
Hinds Co., Miss.	<u>9</u>	18.0	223 to 853	7.4 to 28.6
Total	<u>44</u>	a/14.0	1,916 to 5,052	7.7 to 20.3

Table 10

Unmet Need For Home Repair Services

Allegheny Co., Pa.	7	14.0	160 to 848	4.4 to 23.6
Bernalillo Co., N. Mex.	24	48.0	376 to 672	34.5 to 61.5
Pueblo Co., Colo.	1	2.0	3 to 75	0.4 to 10.1
Dade Co., Fla.	6	12.0	497 to 3,467	3.0 to 21.0
Hinds Co., Miss.	<u>4</u>	8.0	16 to 462	0.5 to 15.5
Total	<u>42</u>	a/13.1	1,716 to 4,812	6.9 to 19.3

a/Overall percent arrived at by taking each sample percent times each relevant universe. These five numbers are then totaled and divided by the sum of the adjusted universes.

Table 11

Unmet Need For Homemaker--Personal Care

<u>Location</u>	<u>Sample</u>		<u>Estimated ranges of adjusted universe at the 95% level of confidence</u>	
	<u>Num-ber</u>	<u>Per-cent</u>	<u>Number</u>	<u>Percent</u>
Allegheny Co., Pa.	11	22.0	381 to 1,203	10.6 to 33.4
Bernalillo Co., N. Mex.	6	12.0	35 to 227	3.2 to 20.8
Pueblo Co., Colo.	5	10.0	14 to 134	2.0 to 18.0
Dade Co., Fla.	5	10.0	280 to 3,022	1.7 to 18.3
Hinds Co., Miss.	<u>10</u>	20.0	269 to 925	9.0 to 31.0
Total	<u>37</u>	<u>a/13.0</u>	1,773 to 4,719	7.1 to 18.9

Table 12

Unmet Need For Physical Therapy

Allegheny Co., Pa.	6	12.0	110 to 754	3.1 to 20.9
Bernalillo Co., N. Mex.	9	18.0	83 to 311	7.6 to 28.4
Pueblo Co., Colo.	0	0.0	0 to 41	0.0 to 5.5
Dade Co., Fla.	6	12.0	497 to 3,467	3.0 to 21.0
Hinds Co., Miss.	<u>4</u>	8.0	16 to 462	0.5 to 15.5
Total	<u>25</u>	<u>a/11.4</u>	1,309 to 4,389	5.2 to 17.6

a/Overall percent arrived at by taking each sample percent times each relevant universe. These five numbers are then totaled and divided by the sum of the adjusted universes.

Table 13Unmet Need For Periodic Contact

<u>Location</u>	<u>Sample</u>		<u>Estimated ranges of adjusted universe at the 95% level of confidence</u>	
	<u>Num-ber</u>	<u>Per-cent</u>	<u>Number</u>	<u>Percent</u>
Allegheny Co., Pa.	7	14.0	160 to 848	4.4 to 23.6
Bernalillo Co., N. Mex.	1	2.0	4 to 111	0.4 to 10.2
Pueblo Co., Colo.	1	2.0	3 to 75	0.4 to 10.1
Dade Co., Fla.	4	8.0	81 to 2,561	0.5 to 15.5
Hinds Co., Miss.	<u>1</u>	2.0	11 to 310	0.4 to 10.4
Total	<u>14</u>	<u>a/7.7</u>	629 to 3,215	2.5 to 12.9

Table 14Unmet Need For Relocation--Housing

Allegheny Co., Pa.	4	8.0	19 to 557	0.5 to 15.5
Bernalillo Co., N. Mex.	2	4.0	12 to 144	1.1 to 13.2
Pueblo Co., Colo.	2	4.0	9 to 96	1.2 to 13.0
Dade Co., Fla.	3	6.0	340 to 2,675	2.1 to 16.2
Hinds Co., Miss.	<u>4</u>	8.0	16 to 462	0.5 to 15.5
Total	<u>15</u>	<u>a/6.4</u>	449 to 2,733	1.8 to 11.0

a/Overall percent arrived at by taking each sample percent times each relevant universe. These five numbers are then totaled and divided by the sum of the adjusted universes.

Table 15

Unmet Need For Constant Supervision

<u>Location</u>	<u>Sample</u>		<u>Estimated ranges of adjusted universe at the 95% level of confidence</u>	
	<u>Num-ber</u>	<u>Per-cent</u>	<u>Number</u>	<u>Percent</u>
Allegheny Co., Pa.	8	16.0	213 to 939	5.9 to 26.1
Bernalillo Co., N. Mex.	2	4.0	12 to 144	1.1 to 13.2
Pueblo Co., Colo.	1	2.0	3 to 75	0.4 to 10.1
Dade Co., Fla.	2	4.0	183 to 2,219	1.1 to 13.4
Hinds Co., Miss.	<u>1</u>	2.0	11 to 310	0.4 to 10.4
Total	<u>14</u>	<u>a/5.4</u>	380 to 2,330	1.5 to 9.3

Table 16

Unmet Need For Escort Service

Allegheny Co., Pa.	4	8.0	19 to 557	0.5 to 15.5
Bernalillo Co., N. Mex.	1	2.0	4 to 111	0.4 to 10.2
Pueblo Co., Colo.	3	6.0	16 to 117	2.1 to 15.8
Dade Co., Fla.	2	4.0	183 to 2,219	1.1 to 13.4
Hinds Co., Miss.	<u>4</u>	8.0	16 to 462	0.5 to 15.5
Total	<u>14</u>	<u>a/5.0</u>	291 to 2,217	1.1 to 8.9

a/Overall percent arrived at by taking each sample percent times each relevant universe. These five numbers are then totaled and divided by the sum of the adjusted universes.

Table 17Unmet Need for Administrative and Legal Services

<u>Location</u>	<u>Sample</u>		<u>Estimated ranges of adjusted universe at the 95% level of confidence</u>	
	<u>Num-ber</u>	<u>Per-cent</u>	<u>Number</u>	<u>Percent</u>
Allegheny Co., Pa.	5	10.0	63 to 657	1.7 to 18.3
Bernalillo Co., N. Mex.	6	12.0	35 to 227	3.2 to 20.8
Pueblo Co., Colo.	0	0.0	0 to 41	0.0 to 5.5
Dade Co., Fla.	1	2.0	58 to 1,731	0.4 to 10.5
Hinds Co., Miss.	<u>2</u>	4.0	33 to 399	1.1 to 13.4
Total	<u>14</u>	<u>a/3.8</u>	211 to 1,671	0.9 to 6.7

a/Overall percent arrived at by taking each sample percent times each relevant universe. These five numbers are then totaled and divided by the sum of the adjusted universes.

Table 18Number of Unmet Needs for Cleveland SSI Elderly--1976 Data

<u>No. of unmet needs</u>	<u>Num-ber</u>	<u>Per-cent</u>	<u>Estimated ranges of adjusted universe at the 95% level of confidence</u>	
			<u>Number</u>	<u>Percent</u>
0	48	30.4	1,362 to 2,188	23.3 to 37.5
1 to 2	73	46.2	2,252 to 3,148	38.5 to 53.9
3 or more	37	23.4	987 to 1,749	16.9 to 29.9

Table 19Unmet Needs for Each of 11 Services
for Cleveland SSI Elderly--1976 Data

<u>Service</u>	<u>Sample</u>		<u>Estimated ranges of adjusted universe at the 95% level of confidence</u>	
	<u>Num- ber</u>	<u>Per- cent</u>	<u>Number</u>	<u>Percent</u>
Counseling-- mental health	55	34.8	1,606 to 2,462	27.5 to 42.1
Medical	32	20.3	822 to 1,544	14.1 to 26.5
Transportation	30	19.0	757 to 1,461	13.0 to 25.0
Social recreation	28	17.7	692 to 1,378	11.8 to 23.6
Homemaker--home management	27	17.1	660 to 1,336	11.3 to 22.9
Relocation-- housing	19	12.0	411 to 995	7.0 to 17.0
Homemaker-- personal care	17	10.8	351 to 907	6.0 to 15.6
Physical therapy	14	8.9	263 to 773	4.5 to 13.3
Administrative and legal	8	5.1	99 to 493	1.7 to 8.5
Periodic contact	7	4.4	74 to 444	1.2 to 7.6
Constant supervi- sion	2	1.3	20 to 262	0.3 to 4.5

NUMBER OF ELDERLY SSI BENEFICIARIESIN THE SEVEN STATES VISITED

<u>State</u>	Number of elderly SSI beneficiaries							
	<u>December</u> <u>1974</u>	<u>June</u> <u>1975</u>	<u>December</u> <u>1975</u>	<u>June</u> <u>1976</u>	<u>December</u> <u>1976</u>	<u>June</u> <u>1977</u>	<u>December</u> <u>1977</u>	<u>June</u> <u>1978</u>
Florida	89,949	92,217	94,017	93,121	90,601	88,040	88,356	87,504
Mississippi	85,053	83,208	81,546	78,985	75,493	73,403	71,155	69,820
Pennsylvania	65,317	66,525	65,857	63,625	64,771	65,761	66,158	65,140
Ohio	54,311	54,994	53,921	51,494	48,130	45,728	44,330	42,446
Colorado	21,689	20,859	20,088	19,132	18,058	17,337	16,725	16,113
Maryland	17,580	18,688	19,102	18,766	18,249	17,879	17,554	17,305
New Mexico	12,016	12,250	12,722	12,325	12,007	11,682	11,395	11,232

UNITS OF SERVICE MOST FREQUENTLY DELIVERED
TO THE ELDERLY PER QUARTER IN FISCAL YEAR 1978

<u>Type of service</u>	<u>Colorado</u>	<u>New Mexico</u> <u>(note a)</u>	<u>Maryland</u>	<u>Penn-</u> <u>sylvania</u>	<u>Ohio</u>	<u>Missis-</u> <u>sippi</u>	<u>Florida</u>
Homemaker	1,838	990	599	1,186	1,656	2,495	1,043
Health-related	1,586	1,238	1,256	-	306	-	230
Transportation	-	-	-	1,422	939	1,446	540
Adult protective	-	146	218	-	-	-	299
Counseling	-	-	-	703	-	-	701
Adult day care	-	540	-	-	-	609	-
Legal	-	-	-	736	-	-	231
Chore	-	258	-	-	290	-	-
Center service for elderly	-	-	-	5,828	-	-	-
Counseling for self-care	-	-	-	-	-	5,601	-
Community home care	-	-	1,786	-	-	-	-
Individual and family adjustment	1,671	-	-	-	-	-	-
Service planning/ case management	-	-	-	1,370	-	-	-
Financial management	653	-	-	-	-	-	-
Assessment of need for protection	566	-	-	-	-	-	-
Recreational	-	-	-	-	-	428	-
Meals	-	-	-	-	374	-	-

a/Fiscal year 1977 data used because fiscal year 1978 data had not been submitted to HEW at the time of our review.

SERVICE DEFINITIONS

Homemaker services	Services provided to individuals and families in their own homes, including personal care, by a trained and supervised homemaker.
Health-related services	Services provided to assist individuals to attain and maintain a favorable condition of health by helping them to identify and understand their health needs and to secure and use necessary medical treatment as well as preventive and health maintenance services, including services in medical emergencies.
Transportation services	Travel and related services for transporting eligible persons to and from community facilities and resources.
Adult protective services	Services for prevention or remedy of injury or deprivation that renders an adult abused, neglected, or exploited.
Counseling services	Services directed toward resolving social, health, or emotional problems by establishing a therapeutic client/professional relationship and applying skilled interviewing, listening, psychotherapeutic assessment, and other problem-solving techniques.
Adult day care services	Services provided for a part of the day in a protective setting approved by the State agency for purposes of personal attention and to promote social health and emotional well-being through opportunities for companionship, self-education, and satisfying leisure time activities.

Legal services	Services provided by lawyers or paralegal aides, to solve the civil legal problems of eligible persons.
Chore services	The performance of household tasks, essential shopping, simple household repairs, and other light work which are necessary to enable individuals to remain in their own home when unable to perform such tasks themselves and which do not require the services of a trained homemaker or other specialist.
Center service for the elderly	Group-focused activities, provided within senior centers, designed to enable elderly persons to overcome the barriers of isolation and attain maximum functioning in community life.
Counseling for self-care services	Assistance to a person in determining and managing personal affairs.
Community home care services	Services to persons 65 years old and older to enable them to avoid entering an institution.
Individual and family adjustment services	Counseling directed toward helping the elderly become optimally functioning, contributing, self-sufficient members of family and community.
Service planning/case management services	Staff activities designed to determine client needs and to coordinate the timely delivery of services meeting client needs between the administering agency and other community resources.
Financial management services	Individual or group counseling services which instruct persons on specific money management and consumer buying techniques.

Assessment of need for protective services

Evaluating the needs of elderly persons regarding potential or suspected abuse, neglect, or exploitation.

Recreational services

Individual or group activities such as arts, crafts, sports, games, films, and lectures conducted in neighborhood centers, multipurpose centers, parks, schools, or other designated places.

Meal services

Preparation and delivery of one or more hot meals a day to eligible persons unable to obtain or prepare nutritious meals.

NON-TITLE XX FEDERAL FUNDS ALLOCATED
FOR THE ELDERLY IN FISCAL YEAR 1979

	<u>Penn-</u> <u>sylvania</u>	<u>Florida</u>	<u>Ohio</u>	<u>Mary-</u> <u>land</u>	<u>Missis-</u> <u>sippi</u>	<u>Colo-</u> <u>rado</u>	<u>New</u> <u>Mexico</u>
	(000 omitted)						
Older Americans Act:							
Title III	\$10,072	\$ 9,105	\$ 7,612	\$2,547	\$1,777	\$1,587	\$ 957
Title V	2,366	2,146	1,811	575	417	366	200
Title VII	14,911	13,279	11,202	3,748	2,577	2,266	1,238
Title IX	2,120	-	-	995	464	238	176
Social Security Act:							
Title IV-A	355	321	272	90	62	54	30
Other	<u>74</u>	<u>-</u>	<u>1,952</u>	<u>70</u>	<u>2,237</u>	<u>438</u>	<u>457</u>
Total	<u>\$29,898</u>	<u>\$24,851</u>	<u>\$22,849</u>	<u>\$8,025</u>	<u>\$7,534</u>	<u>\$4,949</u>	<u>\$3,058</u>

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