

State of Alaska / DHSS / Division of Senior & Disabilities Services

**FY13 Adult Day Services Biannual Progress Report**

Progress Reports are due biannually January 30<sup>th</sup> and July 30<sup>th</sup>.

**Instructions for this form**

- Check the box for Yes or No and click on the shaded boxes to fill in the text. Yes or No answers alone are not sufficient.
- Submit form and attachments via email to [Stephen.Bower@alaska.gov](mailto:Stephen.Bower@alaska.gov) or fax 907-465-3419

**Biannual Reporting Period:**

1<sup>st</sup> period (July 1<sup>st</sup> -December 31<sup>st</sup>)     2<sup>nd</sup> period (January 1<sup>st</sup> – June 30<sup>th</sup>)

**Provider:**                      **Grant # 607-13-**

**Prepared by:**                **Phone:**                              **Email:**

I hereby certify that I have reviewed this report and compared it against project records to assure that all data and information are correct.

\_\_\_\_\_  
Authorized Signature

Date:

Phone:

*(Authorized signature must be the supervisor of person preparing this report, executive director, or board president.)*

Number of unduplicated ADS clients served this 6 month period:

Number of ADS hours provided this 6 month period:

Number of hours ADS staff transportation hours provided this 6 month period:

Number of **NON**-Medicaid waiver clients served this 6 month period.

Number of clients discharged this 6 month period:

Number of clients on waiting list at end of this 6th period:

Grant/Program income received this 6 month period: \$

*(Grant or program income is payment received directly from clients or family for the cost of care including payments from their long term care plan – **NOT** Medicaid, VA or other 3<sup>rd</sup> party reimbursement)*

1. Briefly summarize activity of the program for the past six months.

- **Examples** of items you might consider, include accomplishments, administrative or staffing changes, changes in processes, trends in participation, new activities, new equipment/furniture, reorganization of environment, challenges/barriers to providing services, collaborations, or new/upcoming events/projects.

2. Did the program have any unintended consequences (positive or negative) this reporting period? Unintended consequences are results or outcomes that are not the outcomes intended by a purposeful planned action.

Yes  No

- **Describe** something (positive and/or negative) that happened as a result of your program that you didn't expect or plan.

3. Did the program meet or exceed the expectations of SDS this period? Yes  No
- **Describe** how your service delivery is (or is not) progressing as expected based on Planned Services & Expenditures, timely and complete reporting, active participation in quarterly teleconference meetings, etc.
4. Did the program demonstrate benefits to consumers this period? Yes  No
- **Describe** how your services enhanced the independence of one or more of your consumers.
5. Did the program solicit consumer input on services this period? Yes  No
- **Describe** and identify any activities undertaken to collect and respond to feedback from consumers such as written satisfaction survey, ongoing solicitation of input e.g., suggestion box, advisory groups or other methods.
  - **Describe** results and actions that were taken based on findings.
6. Was staff training provided this period? Yes  No
- If so, please **list topics**.

**7. OPTIONAL for FY13.** Use the following format to report progress towards goals and outcomes of your logic model. Refer to the logic model developed for your program. Please report on successes as well as findings that were not as successful as you hoped as we can learn from both. Provide possible explanations or hypotheses for negative findings and discuss plans for making program improvements or changes.

**EXAMPLES**

<input checked="" type="checkbox"/> Short-term <input type="checkbox"/> Intermediate <input type="checkbox"/> Long-term	<b>Outcome #1 EXAMPLE ONLY</b> <i>More eligible seniors will take advantage if available services through increased awareness by other agencies, seniors or their caregivers about the program and services we offer,</i>
<b>Indicator</b>	<ul style="list-style-type: none"> <li>• <i>Increase number of referrals received from other agencies.</i></li> <li>• <i>Increase number of calls from seniors or their caregivers.</i></li> <li>• <i>Increase number of new seniors receiving services.</i></li> </ul>
<b>Data Gathering Strategies</b> (who/what/when)	<ul style="list-style-type: none"> <li>• <i>Supervisor will review monthly call logs and interview intake staff biweekly for origination of referrals.</i></li> <li>• <i>SAMS service delivery reports will be run and reviewed on a monthly basis for service levels.</i></li> </ul>
<b>Findings</b> (Discuss results from your evaluation efforts. Quantify your findings when possible. Example: 80% of participants reported satisfaction with services. 50% of participant's ADLs were maintained or increased while still living in their home. Attach applicable tables and/or charts.)	<ul style="list-style-type: none"> <li>• <i>Referral s and calls regarding services have increased from agencies by 10% and 4% from seniors or their caregivers.</i></li> <li>• <i>We have been able to provide services to all eligible seniors and our case load has increased by 3 utilizing 100 additional hours of chore, respite, adult day, etc. (a 20% increase in chore hours provided over last quarter/month.</i></li> <li>• <i>There is still capacity to serve more individuals and we will continue current outreach practices toward reaching capacity.</i></li> </ul>

<input type="checkbox"/> Short-term <input checked="" type="checkbox"/> Intermediate <input type="checkbox"/> Long-term	<b>Outcome #2 EXAMPLE ONLY</b> <i>Increase the number of caregivers reporting that adult day services greatly reduces their stress.</i>
<b>Indicator</b>	<ul style="list-style-type: none"> <li>• Increase number of caregivers who report that their loved one attending adult day services has greatly reduced their caregiver stress.</li> </ul>
<b>Data Gathering Strategies</b> (who/what/when)	<ul style="list-style-type: none"> <li>• Service satisfaction survey conducted by an objective party in person or over the phone that includes a likert scale rating or open ended answers as opposed to yes/no answers.</li> </ul>
<b>Findings</b>	<i>This was newly developed survey of service satisfaction. This year's results will be used as a baseline for future evaluation. 20 surveys were conducted via face to face or via phone by a non-employee objective party. 75% Caregivers said that these services greatly reduced their stress. Of those who did not state "greatly reduce" were asked what would. 95% stated that an hour extra each day would and remainder indicated attending more days a week would help them. The program will consider adding an hour at the end of the day and make sure that families who do not attend full-time have the option.</i>

<input type="checkbox"/> Short-term <input type="checkbox"/> Intermediate <input type="checkbox"/> Long-term	<b>Outcome #1</b>
<b>Indicator</b>	
<b>Data Gathering Strategies</b> (who/what/when)	
<b>Findings</b>	

<input type="checkbox"/> Short-term <input type="checkbox"/> Intermediate <input type="checkbox"/> Long-term	<b>Outcome #2</b>
<b>Indicator</b>	
<b>Data Gathering Strategies</b> (who/what/when)	
<b>Findings</b>	

<input type="checkbox"/> Short-term <input type="checkbox"/> Intermediate <input type="checkbox"/> Long-term	<b>Outcome #3</b>
<b>Indicator</b>	
<b>Data Gathering Strategies</b> (who/what/when)	
<b>Findings</b>	

<input type="checkbox"/> Short-term <input type="checkbox"/> Intermediate <input type="checkbox"/> Long-term	<b>Outcome #4</b>
<b>Indicator</b>	
<b>Data Gathering Strategies</b> (who/what/when)	
<b>Findings</b>	

<input type="checkbox"/> Short-term <input type="checkbox"/> Intermediate <input type="checkbox"/> Long-term	<b>Outcome #5</b>
<b>Indicator</b>	
<b>Data Gathering Strategies</b> (who/what/when)	
<b>Findings</b>	