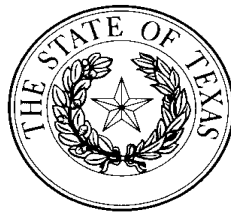


Service Definitions  
for  
Area Agencies on Aging



Texas Health and Human Services  
Commission

Fiscal Year 2019

This document includes services which may be provided through an Area Agency on Aging (AAA). Because resources vary across the state, not every service will be available from every AAA in Texas.

## **TERMINOLOGY**

**Caregiver:**

*Refer to attached chart for eligibility requirements for caregivers. For NAPIS, any caregiver supplemental service requires unduplicated persons and units of service. Older relative caregivers is reported separately in NAPIS and also requires unduplicated persons and units of service*

**Contract**

*A legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward (see Sub award).*

**Contractor**

*An entity that receives a contract as defined in Contract.*

**Delegated Purchase:**

*A non-competitive purchase of goods or services, also known as a “spot” purchase. A contract or purchase agreement is not required, but the AAA must comply with its organization’s fiscal policy and procedures for delegated purchases.*

**Direct Service:**

*A service funded by HHSC which is supported or provided by an AAA without an intervening agency, instrumentality or other influence.*

**Estimated Audience:**

*Estimated number of eligible persons potentially reached through activities directed to audiences using mass media, such as publications, public service announcements, conducting media campaigns and caregiver symposiums.*

**Estimated Persons Count:**

*Estimated number of eligible persons in an activity provided at a group event or other similar activity. Documentation supporting audience participation may include an activity log, sign-in sheet or event summary designed by the AAA. Documentation must include an agenda/title of event, date of event and brief description.*

**Non-Direct Service:**

*A service funded by HHSC which is provided by a AAA through a subrecipient, purchased through a contractor, or delegated purchase.*

**Recipient**

*An entity, usually but not limited to non-Federal entities, that receives a Federal award directly from a Federal awarding agency to carry out an activity under a Federal program. The term recipient does not include subrecipients.*

**Reimbursement Methodology by AAA:**

*Description of the method of the AAA’s reimbursement to subrecipients/contractors.*

**Subaward**

*An award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal award received by the pass-through entity. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal program. A subaward may be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract.*

**Subrecipient**

*A non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency.*

**Unduplicated Persons Count:**

*An actual count of eligible individuals who are receiving or have received services. When initially served each new individual is counted one time, by service, in each fiscal year. A full client intake and other appropriate documents are required.*

**Unit of Service:**

*Description of the quantity adopted as a standard of measurement; may include limitations or descriptors of the unit of service.*

## SERVICES

### AREA AGENCY ADMINISTRATION

Includes such responsibilities as being the focal point for aging services, providing advocacy and outreach for older individuals in their service area, developing and implementing an area plan based on the Older Americans Act (OAA), procurement of OAA services funded with federal and state funds, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring, and quality assurance.

Unit of Service: None.  
Direct Service Waiver Required: Waiver not available.

**ALLOWABLE FUNDS:**  
Title III-B  
Title III-C1  
Title III-C2  
Title III-E  
State General Revenue

### CARE COORDINATION

Ongoing process to assess the needs of an older individual and effectively plan, arrange, coordinate and follow-up on services which most appropriately meet the identified needs as mutually defined by the older individual, the access and assistance staff, and where appropriate, a family member(s) or other caregiver(s).

Unit of Service: One Hour. A unit is defined as the time, which is spent by staff, or qualified designee, engaged in working for an eligible person. A unit does not include travel time, staff training, program publicity, or direct services other than care coordination.  
Direct Service Waiver Required: No.  
Method of Service Provision: This service may be provided directly or by a subrecipient of the AAA.  
Reimbursement Methodology by AAA: Fixed Unit Rate, plus other expenses, or Fixed Unit Rate

**NAPIS:** “Case Management”  
Unduplicated – Client Intake required  
Units – 1 Hour of service  
**OAA:** ADL/IADL Consumer Needs Evaluation required  
except Service Authorization  
**QPR:** Units  
Unduplicated persons count  
**LBB:** Key Performance Measure – number of persons & cost/person  
**ALLOWABLE FUNDS:** Title III-B  
Disaster Relief as approved by HHSC  
State General Revenue

## **CAREGIVER EDUCATION and TRAINING**

Counseling to caregivers to assist in decision-making and problem-solving related to the caregiver role. Includes providing counseling to individuals and support groups; and caregiver training for individual caregivers and families.

<u>Unit of Service:</u>	One Session per Participant. A session is counted as a contact for each individual attending a focus group, support group or training session and for each one-on-one counseling session with an eligible caregiver.
<u>Direct Service Waiver Required:</u>	No.
<u>Method of Service Provision:</u>	This service may be provided directly, by a subrecipient of the AAA, or authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor.
<u>Reimbursement Methodology by AAA:</u>	Cost Reimbursement or Fixed Unit Rate per Session.

<b>NAPIS:</b>	<b>“Counseling” and includes Support Groups/Training Unduplicated – Client Intake required Units – 1 Session per participant Relationship to care recipient</b>
<b>QPR:</b>	<b>Units Unduplicated Persons Count</b>
<b>ALLOWABLE FUNDS:</b>	<b>Title III-E Title III-E ORC (formerly GOECSC) Title VII – EAP Disaster Relief as approved by HHSC State General Revenue</b>

## **CAREGIVER INFORMATION SERVICES**

The dissemination of accurate, timely and relevant information for informal caregivers, older relative caregivers caring for children 18 years of age and under; and the public through publications, large group presentations, seminars, health fairs and mass media. Developing a resource library and other informational resources for use in the dissemination of caregiver information is a component of this service.

<u>Unit of Service:</u>	One activity. Count only one activity for each event. If provided in a group meeting or an event such as a health fair, each participant receives a service; therefore, each participant is counted as one contact.
<u>Direct Service Waiver Required:</u>	No.
<u>Method of Service Provision:</u>	This service may be provided directly or by a subrecipient of the AAA.
<u>Reimbursement Methodology by AAA:</u>	Fixed Unit Rate, plus expenses, or Cost Reimbursement

<b>NAPIS:</b>	<b>“Information Services” Estimated Audience Units – One Activity</b>
<b>QPR:</b>	<b>Units Estimated Audience</b>

**ALLOWABLE FUNDS:**

**Title III-E  
Title III-E ORC (formerly GOECSC)  
Title VII – EAP  
Disaster Relief as approved by HHSC  
State General Revenue**

**CAREGIVER RESPITE CARE – IN HOME**

Temporary relief for caregivers including an array of services provided to dependent older individuals who need supervision. Services are provided in the older individual’s home environment on a short-term, temporary basis while the primary caregiver is unavailable or needs relief. In addition to supervision, services may include meal preparation, housekeeping, assistance with personal care and/or social and recreational activities.

The Care Recipient:

- Must be unable to perform a minimum of two activities of daily living identified through the consumer needs evaluation (CNE).
- Due to a cognitive or other mental impairment, requires substantial supervision because the care recipient behaves in a manner that poses a serious health or safety hazard to themselves or to another individual.

Unit of Service:

One Hour.

Direct Service Waiver Required:

Waiver not available.

Method of Service Provision:

This service may only be authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor.

Reimbursement Methodology by AAA:

Fixed Unit Rate per Hour.

**NAPIS:**

**“Respite Care”  
Unduplicated – Client Intake required  
Units – 1 Hour of service  
Relationship to care recipient**

**OAA:**

**ADL/IADL Consumer Needs Evaluation required**

**QPR:**

**Units  
Unduplicated Persons Count**

**ALLOWABLE FUNDS:**

**Title III-E  
Title III-E ORC (formerly GOECSC)  
Title VII – EAP  
Disaster Relief as approved by HHSC  
State General Revenue**

**CAREGIVER RESPITE CARE – INSTITUTIONAL**

Temporary relief for caregivers including an array of services provided in a congregate or residential setting (e.g., hospital, nursing home, and adult day center) to dependent older individuals who are in need of supervision. Services are offered on a short-term, temporary basis while the primary caregiver is unavailable or needs relief. Where appropriate, services may include meals, social and recreational activities, personal care, monitoring of health status, medical procedures and/or transportation.

The Care Recipient:

- Must be unable to perform a minimum of two activities of daily living identified through the Consumer Needs Evaluation (CNE), and/or

- Due to a cognitive or other mental impairment, requires substantial supervision because the older individual behaves in a manner that poses a serious health or safety hazard to themselves or to another individual.

Unit of Service: One Hour.  
Direct Service Waiver Required: Waiver not available.  
Method of Service Provision: This service may only be authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor.  
Reimbursement Methodology by AAA: Fixed Unit Rate per Hour.

**NAPIS:** “Respite Care”  
**Unduplicated – Client Intake required**  
**Units – 1 Hour of service**  
**Relationship to care recipient**  
**OAA:** **ADL/IADL Consumer Needs Evaluation Required**  
**QPR:** **Units**  
**Unduplicated Persons Count**  
**ALLOWABLE FUNDS:** **Title III-E**  
**Title III-E ORC (formerly GOECSC)**  
**Title VII – EAP**  
**Disaster Relief as approved by HHSC**  
**State General Revenue**

**CAREGIVER RESPITE CARE – NON-RESIDENTIAL**

Temporary relief for caregivers provided by supervised care at senior centers or other non-residential program locations that are not licensed as adult day care facilities. Activities include lunch and supervised recreational and/or social activities for dependent older individuals who require supervision. Services are provided on an intermittent or temporary basis while the primary caregiver is unavailable or needs relief.

The Care Recipient:

- Must be unable to perform a minimum of two activities of daily living identified through the Consumer Needs Evaluation (CNE), and/or
- Due to a cognitive or other mental impairment, requires substantial supervision because the older individual behaves in a manner that poses a serious health or safety hazard to themselves or to another individual.

Unit of Service: One Hour. A unit is defined as one hour of non-residential respite service provided in a facility.  
Direct Service Waiver Required: Yes.  
Method of Service Provision: This service may be authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor.  
Reimbursement Methodology by AAA: Fixed Unit Rate per Hour.

**NAPIS:** “Respite Care”  
**Unduplicated – Client Intake required**  
**Units – 1 Hour of service**  
**Relationship to care recipient**  
**OAA:** **ADL/IADL Consumer Needs Evaluation required**

**QPR:**

**Units**

**ALLOWABLE FUNDS:**

**Unduplicated Persons Count**

**Title III-E**

**Title III-E ORC (formerly GOECSC)**

**Title VII – EAP**

**Disaster Relief as approved by HHSC**

**State General Revenue**

**CAREGIVER RESPITE CARE- VOUCHER**

A service provided through the consumer directed services option whereby an individual provider is chosen by the caregiver. Services are provided on an intermittent or temporary basis while the primary caregiver is unavailable or needs relief. Temporary relief for caregivers by providing:

- In-Home – Services are provided in the older individual’s home environment on a short-term, temporary basis while the primary caregiver is unavailable or needs relief. In addition to supervision, services may include meal preparation, housekeeping, assistance with personal care and/or social and recreational activities.
- Institutional – Temporary relief for caregivers includes an array of services provided in a congregate or residential setting (e.g., hospital, nursing home, and adult day center) to dependent older individuals who are in need of supervision. Services may include, where appropriate, meals, social and recreational activities, personal care, monitoring of health status, medical procedures and/or transportation.
- Supervised care at senior centers or other non-residential program locations that are not licensed as adult day care facilities. Activities include lunch and supervised recreational and/or social activities for dependent older individuals who require supervision.

The Care Recipient:

- Must be unable to perform a minimum of two activities of daily living identified through the Consumer Needs Evaluation, and/or
- Due to a cognitive or other mental impairment, requires substantial supervision because the care recipient behaves in a manner that poses a serious health or safety hazard to themselves or to another individual.

Unit of Service:

One Hour. A unit is defined as one hour of in-home, institutional or non-residential respite service provided.

Direct Service Waiver Required:

Waiver not available.

Method of Service Provision:

This service may only be authorized by a care coordinator on behalf of an eligible individual.

Reimbursement Methodology by AAA:

Cost Reimbursement.

**NAPIS:**

**“Respite Care”**

**Unduplicated – Client Intake required**

**Units – 1 Hour of Service**

**ADL/IADL Consumer Needs Evaluation required**

**OAA:**

**QPR:**

**Units**

**Unduplicated Persons Count**

**Title III-E**

**Title III-E ORC (formerly GOECSC)**

**Title VII-EAP**

**Disaster Relief as approved by HHSC**

**State General Revenue**

**ALLOWABLE FUNDS:**



## CAREGIVER SUPPORT COORDINATION

Ongoing process to assess the needs of a caregiver and care recipient, effectively plan, arrange, and coordinate and follow-up on services which most appropriately meet the identified needs as mutually defined by the caregiver, the care recipient, and the access and assistance staff.

<u>Unit of Service:</u>	One Hour. A unit is defined as the time, which is spent by the caregiver specialist, or qualified designee, engaged in working for an eligible caregiver. A unit does not include travel time, staff training, program publicity or direct services other than caregiver support coordination <b><i>and</i></b>
<u>Unit of Service:</u>	One Contact. A unit is defined as providing an eligible caregiver with information or linking the caregiver to the services and resources available through a one-on-one contact via face-to-face contact, email contact, written/fax contact or telephone contact. Activities such as records maintenance is not counted as a contact. For Title III-E funds expended for this service, the number of “contacts” must be reported in SAMS.
<u>Direct Service Waiver Required:</u>	No.
<u>Method of Service Provision:</u>	This service may be provided directly or by a subrecipient of the AAA.
<u>Reimbursement Methodology by AAA:</u>	Fixed Unit Rate, plus other expenses or Fixed Unit Rate.

### **NAPIS:**

**“Access Assistance”  
Estimated Unduplicated Caregivers  
Relationship to Care Recipient  
Units – 1 contact**

### **QPR:**

**Units  
Unduplicated Persons Count – Client Intake required**

### **ALLOWABLE FUNDS:**

**Title III-E  
Title III-E ORC (formerly GOECSC)  
Disaster Relief as approved by HHSC  
State General Revenue**

## CHORE MAINTENANCE

Performing household chores an older individual is not able to handle on his own, such as heavy cleaning (e.g., scrubbing floors, washing walls and windows [inside and outside]), moving heavy furniture, and maintenance such as yard/sidewalk maintenance.

<u>Unit of Service:</u>	One Hour.
<u>Direct Service Waiver Required:</u>	Waiver not available.
<u>Method of Service Provision:</u>	This service may be authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor, or through a delegated purchase.
<u>Reimbursement Methodology by AAA:</u>	Variable Unit Rate per Hour.

**NAPIS:**

**“Chore”**

**Unduplicated – Client Intake required**

**Units – 1 Hour of service**

**OAA:**

**ADL/IADL Consumer Needs Evaluation required**

**QPR:**

**Units**

**Unduplicated Persons Count**

**ALLOWABLE FUNDS:**

**Title III-B**

**Title III-E**

**Title III-E ORC (formerly GOECSC)**

**Title VII – EAP**

**Disaster Relief as approved by HHSC**

**State General Revenue**

**CONGREGATE MEAL**

A hot or other appropriate meal served to an eligible older individual which meets 33 1/3 percent of the dietary reference intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences and complies with the most recent Dietary Guidelines for Americans, published by the Secretary of Agriculture, and which is served in a congregate setting. The objective is to reduce food insecurity and promote socialization of older individuals. There are two types of congregate meals:

- Standard meal - A regular meal from the standard menu that is served to the majority or all of the participants.
- Therapeutic meal or liquid supplement - A special meal or liquid supplement that has been prescribed by a physician and is planned specifically for the participant by a dietitian (e.g., diabetic diet, renal diet, pureed diet, tube feeding). “Liquid supplement” meals are included in the allowable category of therapeutic meals, such as diabetic, renal or heart safe meals. The AoA defines "liquid supplement" meals as those meals provided through a feeding tube to meet the needs of a specific individual. These meals require a doctor’s prescription and close monitoring. Dietary supplements, such as vitamins or Ensure, can be authorized by a doctor, dietitian/nutritionist or the need may be identified through the nutritional risk assessment. These items do not require a prescription, nor do they necessarily require oversight. As items such as these are not considered meals (stand-alone), they must be purchased under Health Maintenance. If a AAA is providing these services through Health Maintenance as a result of a doctor’s prescription, some monitoring should be conducted, whether through a home health nurse or follow-up nutritional risk and functional assessment (CNE). The circumstance would dictate the follow-up.

Unit of Service:

One Meal.

Direct Service Waiver Required:

Yes.

Method of Service Provision:

This service may be provided by a subrecipient of the AAA or authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor. If requirements are met, this service may also be authorized through Data Management.

Reimbursement Methodology by AAA:

Fixed Unit Rate per Meal served.

**NAPIS:**

**“Congregate Meal”**

**Unduplicated – Client Intake required**

**Requires number of unduplicated at high nutritional risk;**

**Nutrition Risk required**

**Units – 1 Meal**

**QPR:**

**Units**

**LBB:**

**Unduplicated Persons Count**

**ALLOWABLE FUNDS:**

**Key Performance Measure – Number of Units & Cost per Unit**

**Title III-C1**

**Disaster Relief as approved by HHSC**

**State General Revenue**

**NSIP [NOTE: NSIP to be used for the purchase of food only. No units should be applied to NSIP funding.]**

**DATA MANAGEMENT**

Activities directly related to data entry and reporting for non-direct services. Included are activities directly related to direct purchase of service, service authorization and document verification to support the provision, tracking and reporting of Congregate Meals, Home Delivered Meals and Transportation services. Also included is the validation of complete and accurate data in the HHS statewide system and report preparation by AAA Staff in support of the annual State Program Report (SPR) and the quarterly performance report.

Unit of Service:

None.

Direct Service Waiver Required:

No.

Method of Service Provision:

This service may be provided directly or by a subrecipient of the AAA.

Reimbursement Methodology by AAA:

Cost Reimbursement.

**ALLOWABLE FUNDS:**

**Title III-B**

**Title III-C1**

**Title III-C2**

**Title III-E**

**State General Revenue**

**DAY ACTIVITY AND HEALTH SERVICES**

Services provided in a congregate, non-residential setting to dependent older individuals who need supervision but do not require institutionalization. These services may include any combination of social or recreational activities, health maintenance, transportation, meals, and other supportive services.

Unit of Service:

A half-day (½). Three hours but less than six hours of service provided by the facility shall constitute one unit of service. Six hours or more of service shall constitute two units of service. Time spent for transportation to and from day care, if provided by the facility, is included in calculating the amount of service provided. Less than three hours of service at any one time is not considered to be a unit of service.

Direct Service Waiver Required:

Waiver not available.

Method of Service Provision:

This service may only be authorized by a service coordinator on behalf of an eligible individual for purchase through a contractor.

Reimbursement Methodology by AAA:

Fixed Unit Rate per Half-day.

**NAPIS:**

**“Adult Day Care / Health”**

**Unduplicated – Client Intake required**

**Units - 1 Hour of service**

**OAA:**

**ADL/IADL Consumer Needs Evaluation required**

**QPR:**

**Units – A Half-Day  
Unduplicated Persons Count**

**ALLOWABLE FUNDS:**

**Title III-B  
Title VII-EAP  
Disaster Relief as approved by HHSC  
State General Revenue**

**EMERGENCY RESPONSE**

Services for homebound, frail older individuals provided to establish an automatic monitoring system which links to emergency medical services when the individual’s life or safety is in jeopardy. ERS services include the installation of the individual monitoring unit, key lockbox, training associated with the use of the system, periodic checking to ensure that the unit is functioning properly, equipment maintenance calls, response to an emergency call by a medical professional, para-professional or volunteer, and follow-up with the older individual.

Unit of Service:

One Month of ERS Service. Report one unit for each month of service if an older individual received services at any time during the month. If an installation fee is charged, a separate unit rate may be established for this charge.

Direct Service Waiver Required:

Waiver not available.

Method of Service Provision:

This service may only be authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor.

Reimbursement Methodology by AAA:

Fixed Unit Rate and Other Expenses.

**QPR:**

**Units  
Unduplicated Persons Count – Client Intake required**

**ALLOWABLE FUNDS:**

**Title III-B  
Title III-E  
Title VII – EAP  
Disaster Relief as approved by HHSC  
State General Revenue**

**EVIDENCE-BASED INTERVENTION**

Providing an intervention to an older individual based upon the principles of Evidence-Based Intervention (EBI) programming.

***Definition of Evidence-Based Programs (as of October 1, 2016)***

1. *Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and*
2. *Proven effective with older adult population, using Experimental or Quasi-Experimental Design; and*
3. *Research results published in peer-review journal; and*
4. *Fully translated in one or more community site(s); and*
5. *Includes developed dissemination products that are available to the public.*

Activities and expenditures directly related to an evidence-based intervention program:

- Procurement of training services or mandatory materials needed to implement specific EBI groups/sessions/classes,
- Training of AAA staff or volunteers to effectively implement specific EBI groups/sessions/classes,
- Publicity related to events to promote specific EBI groups/sessions/classes,
- AAA staff time, travel, and materials needed to conduct specific EBI groups/sessions/classes,

- Procurement or printing/copying of materials mandatory to implement specific EBI groups/sessions/classes, and
- Other expenses which are required to ensure and maintain the fidelity of EBI programs. **Fidelity** is defined as the commitment by the organization to fully implement the program with integrity to its original design and how the delivery of an intervention faithfully follows the outline and content of the program as specified in the program materials (per NCOA website’s “Offering Evidence-Based Programs”).

AAAs may use:

- Title III funds;
- funding from other community resources;
- grants from other federal, state, or community organizations/foundations; and/or
- any combination of Title III funds, grants or other community resources.

AAAs are encouraged to collaborate with community agencies and organizations to provide these programs. This can include providing financial resources, technical assistance, participant referrals, and training to staff and partners; locating facilities; organizing schedules for the classes/events; and conducting classes/events.

Unit of Service: One Contact. Record one contact each time an older individual participates in an activity that is a component of an Evidence-Based Intervention program. *See EBI Job Aide for specific data recording requirements.*

Direct Service Waiver Required: Waiver not available.

Method of Service Provision: This service may be provided directly, by a subrecipient of the AAA, or authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor.

Reimbursement Methodology by AAA: Fixed Unit rate per Contact or Cost Reimbursement.

**QPR:**

**ALLOWABLE FUNDS:**

**Units**

**Unduplicated Persons Count – Client Intake required**

**Title III-B**

**Title III-D [NOTE: Title III-D funds may only be expended under this service for the activities and expenditures directly related to specific approved programs. Additionally, caregivers under age 60 may not receive evidence-based services using Title III-D funds]**

**Title III-E [NOTE: An Area Agency on Aging may choose to provide services to caregivers under age 60 using Title III-E funds if eligibility requirements are met]**

**Title III-E ORC (formerly GOECSC)**

**State General Revenue**

**HEALTH MAINTENANCE**

Services that include one or more of the following activities:

- Medical treatment by a health professional
- Health education and counseling services for individuals or groups about lifestyles and daily activities. Activities may include, but are not limited to:
  - Art and dance –movement therapy
  - Programs in prevention or reduction of the effects of chronic disabling conditions
  - Alcohol and substance abuse

- Smoking cessation
- Weight loss and control
- Stress management
- Home health services including, but not limited to, nursing, physical therapy, speech or occupational therapy
- Provision of medications, nutritional supplements, glasses, dentures, hearing aids or other devices necessary to promote or maintain the health and/or safety of the older individual. Note: this also includes the provision of dosage alert systems and the purchase of software, technical support, and materials that connects eligible older individuals to free or reduced cost prescription medication services.

Unit of Service: One Contact. Record one contact each time an older individual receives a health service as described above.

Direct Service Waiver Required: Waiver not available.

Method of Service Provision: This service may be authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor, or through a delegated purchase.

Reimbursement Methodology by AAA: Variable Rate.

**QPR:**

**ALLOWABLE FUNDS:**

**Units**  
**Unduplicated Persons Count – Client Intake required**  
**Title III-B**  
**Title III-E**  
**Title III-E ORC (formerly GOECSC)**  
**Title VII-EAP**  
**Disaster Relief as approved by HHSC**  
**State General Revenue**

**HEALTH SCREENING/MONITORING**

Activities identified as Health Screening/Monitoring are intended to assess the level of health and wellness of persons 60 years of age and older and should ensure participants are made aware of health services available to them in their community for appropriate follow-up care. Services may be provided in senior centers, nutrition sites, health fairs, other community settings or in an individual’s home. Health Screening/Monitoring activities may include, but are not limited to, the following:

- Blood pressure
- Hearing
- Vision
- Dental
- Podiatry
- Nutritional status
- Blood tests
- Urinalysis
- Home injury control safety
- Depression
- Oral Health
- Mental and Behavioral Health
- Falls Prevention

<u>Unit of Service:</u>	One Contact. Record one contact each time an older individual receives a separate health screening or monitoring service.
<u>Direct Service Waiver Required:</u>	Waiver not available.
<u>Method of Service Provision:</u>	This service may be provided by a subrecipient of the AAA, authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor, or through a delegated purchase.
<u>Reimbursement Methodology by AAA:</u>	Variable Unit Rate.
<b>QPR:</b>	<b>Units</b>
<b>ALLOWABLE FUNDS:</b>	<b>Estimated Persons Count</b>
	<b>Title III-B</b>
	<b>Disaster Relief as approved by HHSC</b>
	<b>State General Revenue</b>

### HICAP ASSISTANCE

Counseling or representation by a non-lawyer such as a certified Benefits Counselor, where permitted by law, to Medicare beneficiaries, family members, caregivers or others working on behalf of an individual. Assistance includes all contacts for the purpose of relaying of Medicare and SHIP-related information between a counselor and an individual. SHIP Assistance activities include the following:

- Advice/Counseling - a recommendation involving Medicare benefits and related topics made to an eligible individual regarding a course of conduct, or how to proceed in a matter, given either on a brief or one-time basis, or on an ongoing basis. May be given by telephone or in person.
- Document Preparation – one-on-one assistance given to a Medicare beneficiary or their representative which helps in the preparation of documents related to Medicare and SHIP-related public entitlements, or health/long term care insurance.
- Representation - advocacy on behalf of an eligible individual in protesting or complaining about a procedure, or seeking special considerations by appealing an administrative decision related to Medicare benefits.

<u>Unit of Service:</u>	One Contact. When the AAA receives Administration for Community Living (ACL) HICAP funds, Contacts must be reported through the Individual Client Contact (ICC) form for allowable ACL services. Record one Contact per person per day. Record Contacts only when the individual is a Medicare beneficiary; <i>or</i> a new to Medicare enrollee; <i>or</i> a Dual Eligible Medicare beneficiary; <i>or</i> a beneficiary who is disabled as determined by SSA criteria; <i>or</i> an individual assisting a Medicare beneficiary <u>and</u> the individual receives assistance related to a Medicare and/or SHIP topic. <i>The ICC form also requires reporting of total time spent with an individual per day.</i>
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<u>Direct Service Waiver Required:</u>	No.
<u>Method of Service Provision:</u>	This service may be provided directly, by a subrecipient of the AAA, or authorized by a certified benefits counselor on behalf of an eligible individual for purchase through a contractor. Client contacts may be conducted over the telephone, in person (on site), in person (at home), via postal mail, e-mail, fax, or web-based one-on-one chat sessions (where technology permits) or video based real time interactions with clients over the web. <i>Note: Postal mail, email or fax to be selected when this is the <u>only</u> means of contact with the beneficiary.</i>
<b>QPR:</b>	<b>Expenditures</b>
<b>LBB:</b>	<b>Non-Key Performance Measure</b>
<b>ALLOWABLE FUNDS:</b>	<b>HICAP (SHIP Basic)</b>

### **HICAP OUTREACH**

The dissemination of accurate, timely, and relevant information, eligibility criteria, requirements, and procedures to Medicare beneficiaries and other target audiences about Medicare, public entitlements when related to low-income assistance for healthcare affordability, health/long-term care insurance, individual beneficiary rights, and planning/protection options. Education and outreach initiatives that include the dissemination of information through mass media may be budgeted. Units generated under these activities must be reported using the Public and Media Events (PAM) form. If a PAM event results in a benefits counselor providing HICAP Assistance to an individual an ICC must also be completed.

<u>Unit of Service:</u>	One Contact is one outreach activity with the estimated number of attendees recorded. <i>The PAM form also requires reporting of total time spent on the event.</i>
<u>Direct Service Waiver Required:</u>	No.
<u>Method of Service Provision:</u>	This service may be provided directly or by a subrecipient of the AAA.
<u>Reimbursement Methodology by AAA:</u>	Cost Reimbursement.
<b>QPR:</b>	<b>Expenditures</b>
<b>ALLOWABLE FUNDS:</b>	<b>HICAP (SHIP Basic)</b>

### **HOME DELIVERED MEALS**

Hot, cold, frozen, dried, canned, fresh, or supplemental food (with a satisfactory storage life) which provides a minimum of 33 $\frac{1}{3}$  percent of the dietary reference intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences and complies with the most recent Dietary Guidelines for Americans, published by the Secretary of Agriculture, and is delivered to an eligible participant in their place of residence. The objective is to reduce food insecurity, help the recipient sustain independent living in a safe and healthful environment. There are two types of home delivered meals:

- Standard meal - A regular meal from the standard menu that is served to the majority or all of the participants.
- Therapeutic meal or liquid supplement - A special meal or liquid supplement that has been prescribed by a physician and is planned specifically for the participant by a dietitian (e.g., diabetic diet, renal diet, pureed diet, tube feeding). “Liquid supplement” meals are included in the allowable category of



therapeutic meals, such as diabetic, renal or heart safe meals. The AoA defines "liquid supplement" meals as those meals provided through a feeding tube, to meet the needs of a specific individual. These meals require a doctor's prescription and close monitoring. Dietary supplements, such as vitamins or Ensure, can be authorized by a doctor, dietitian/nutritionist or the need may be identified through the nutritional risk assessment. These items do not require a prescription, nor do they necessarily require oversight. As items such as these are not considered meals (stand-alone), they must be purchased under Health Maintenance. If a AAA is providing these services through Health Maintenance as a result of a doctor's prescription, some monitoring should be conducted, whether through a home health nurse or follow-up nutritional risk and functional assessment (Consumer Needs Evaluation). The circumstance would dictate the follow-up.

Unit of Service: One Meal.  
Direct Service Waiver Required: Yes.  
Method of Service Provision: This service may be provided by a subrecipient of the AAA or authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor. If requirements are met, this service may also be authorized through Data Management.  
Reimbursement Methodology by AAA: Fixed Unit Rate per Meal Served.

**NAPIS:** **"Home-Delivered Meal"**  
**Requires number of unduplicated at high nutritional risk;**  
**Nutrition Risk Assessment required**  
**Unduplicated – Client Intake required**  
**Units – 1 Meal**

**OAA:** **ADL/IADL Consumer Needs Evaluation required with score 20 or greater, regardless of age**

**QPR:** **Units**  
**Unduplicated Persons Count**

**LBB:** **Key Performance Measure – Number of Units & Cost per Unit**

**ALLOWABLE FUNDS:** **Title III-C2**  
**Title III-E**  
**Disaster Relief as approved by HHSC**  
**State General Revenue**  
**NSIP [NOTE: NSIP to be used for the purchase of food only. No units should be applied to NSIP funding.]**

**HOMEMAKER**

A service provided by trained and supervised homemakers involving the performance of housekeeping and home management, meal preparation, or escort tasks and shopping assistance provided to older individuals who require assistance with these activities in their place of residence. The objective is to help the recipient sustain independent living in a safe and healthful home environment.

Unit of Service: One Hour.  
Direct Service Waiver Required: Waiver not available.  
Method of Service Provision: This service may only be authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor.  
Reimbursement Methodology by AAA: Fixed Unit Rate per Hour.

<b>NAPIS:</b>	<b>“Homemaker”</b> <b>Unduplicated – Client Intake required</b> <b>Units – 1 Hour</b>
<b>OAA:</b>	<b>ADL/IADL Consumer Needs Evaluation required</b>
<b>QPR:</b>	<b>Units</b> <b>Unduplicated Persons Count</b>
<b>LBB:</b>	<b>Key Performance Measure – Number of Persons &amp; Cost/Person</b>
<b>ALLOWABLE FUNDS:</b>	<b>Title III-B</b> <b>Title VII-EAP</b> <b>Disaster Relief as approved by HHSC</b> <b>State General Revenue</b>

**HOMEMAKER - VOUCHER**

A service provided through the consumer directed services option whereby an individual provider is chosen by the older individual. Service activities include the performance of housekeeping/home management, meal preparation and/or escort tasks and shopping assistance, provided to individuals who require assistance with these activities in their place of residence. The objective is to help the older individual sustain independent living in a safe and healthful home environment.

<u>Unit of Service:</u>	One Hour.
<u>Direct Service Waiver Required:</u>	Waiver not available.
<u>Method of Service Provision:</u>	This service may only be authorized by a care coordinator on behalf of an eligible individual.
<u>Reimbursement Methodology by AAA:</u>	Cost Reimbursement.

<b>NAPIS:</b>	<b>“Homemaker”</b> <b>Unduplicated – Client Intake required</b> <b>Units – 1 Hour</b>
<b>OAA:</b>	<b>ADL/IADL Consumer Needs Evaluation required</b>
<b>QPR:</b>	<b>Units</b> <b>Unduplicated Persons Count</b>
<b>ALLOWABLE FUNDS:</b>	<b>Title III-B</b> <b>Title VII-EAP</b> <b>Disaster Relief as approved by HHSC</b> <b>State General Revenue</b>

**INCOME SUPPORT**

Assistance in the form of a payment to a third party provider for services or goods that support the basic needs of the individual, on behalf of an older individual or their caregiver.

<u>Unit of Service:</u>	One Contact. The definition of the contact is a single payment to a provider on behalf of the older individual or their caregiver.
<u>Direct Service Waiver Required:</u>	Waiver not available.
<u>Method of Service Provision:</u>	This service may only be authorized by a care coordinator on behalf of an eligible individual or through a delegated purchase.
<u>Reimbursement Methodology by AAA:</u>	Variable Rate.

**QPR:**

**Units**

**ALLOWABLE FUNDS:**

**Unduplicated Persons Count – Client Intake required**

**Title III-B**

**Title III-E**

**Title III-E ORC (formerly GOECSC)**

**Disaster Relief as approved by HHSC**

**Housing Bond**

**State General Revenue**

**INFORMATION, REFERRAL AND ASSISTANCE**

Consists of activities such as assessing the needs of the inquirer, evaluating appropriate resources, assessing appropriate response modes, indicating organizations capable of meeting those needs, providing enough information about each organization to help inquirers make an informed choice, helping inquirers for whom services are unavailable by locating alternative resources, when necessary, actively participating in linking the inquirer to needed services, and following up on referrals to ensure the service was provided.

Unit of Service:

One Contact. Count one contact for every communication with or on the behalf of an eligible individual, regardless of the type of contact (initial, follow-up, accessing services) ***and*** Count only the initial inquiry during a reporting month from an older individual, caregiver or a person calling on behalf of an older individual or caregiver.

Estimated Persons Count:

No.

Direct Service Waiver Required:

Method of Service Provision:

This service may be provided directly or by a subrecipient of the AAA.

Reimbursement Methodology by AAA:

Fixed Unit Rate or Cost Reimbursement

**NAPIS:**

**“Information and Assistance”**

**Units – 1 Contact**

**If funded by Title III-E, must have “Estimated Unduplicated Caregivers”**

**If funded by Title III-E ORC must have “Estimated Undup. Older Relative Caregivers”**

**QPR:**

**Units**

**ALLOWABLE FUNDS:**

**Estimated Persons Count (Initial Inquiry)**

**Title III-B**

**Title III-E**

**Title III-E ORC (formerly GOECSC)**

**Title VII-EAP**

**Disaster Relief as approved by HHSC**

**State General Revenue**

**INSTRUCTION AND TRAINING**

Provide experience or knowledge to individuals or professionals working with older individuals to acquire skills in a formal, informal, or in individual or group settings.

Unit of Service:

One Contact. Each participant in a training session receives a service; therefore, each participant is counted as one contact.

Direct Service Waiver Required:

No.

Method of Service Provision:

This service may be provided directly, by a subrecipient of the AAA, or authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor.

Reimbursement Methodology by AAA: Cost Reimbursement.

**QPR:**

**Units**  
**Estimated Persons Count**  
**Title III-B**  
**Title VII-EAP**  
**State General Revenue**

**ALLOWABLE FUNDS:**

**LEGAL ASSISTANCE – 60 years and older**

Advice or representation by an attorney, including assistance by a paralegal or law student under the supervision of an attorney, or counseling or representation by a non-lawyer such as a certified Benefits Counselor, where permitted by law, to older individuals, or their caregiver with economic and social needs. Legal assistance activities include the following:

- Advice/Counseling - a recommendation made to an older individual regarding a course of conduct, or how to proceed in a matter, given either on a brief or one-time basis, or on an ongoing basis. May be given by telephone or in person.
- Document Preparation - personal assistance given to an older individual which helps the preparation of necessary documents relating to public entitlements, health care/long term care, individual rights, planning/protection options, and housing and consumer needs.
- Representation - advocacy on behalf of an older individual in protesting or complaining about a procedure, or seeking special considerations by appealing an administrative decision, or representation by an attorney of an older individual or class of older individuals in either the state or federal court systems.

Services identified as “Legal Assistance Services” are: Benefits Counseling, Money Management, Representative Payee, and Guardianship.

Unit of Service:

One Hour. Record units (hours) of service for *all* individuals who are 60 or older in the consumer’s case narrative, regardless of funding source (a unit does not include travel time, staff training, program publicity, or direct services other than legal assistance)

Direct Service Waiver Required:

No.

Method of Service Provision:

This service may be provided directly, by a subrecipient of the AAA, or authorized by a certified benefits counselor on behalf of an eligible individual for purchase through a contractor.

Reimbursement Methodology by AAA:

Fixed Unit Rate per Hour.

**NAPIS:**

**“Legal Assistance”**  
**Units – 1 Hour**

**QPR:**

**Units**  
**Unduplicated Persons Count – Client Intake required**  
**Non-Key Performance Measure**

**LBB:**

**ALLOWABLE FUNDS:**

**Title III-B**  
**Title III-E**  
**Title III-E ORC (formerly GOECSC)**  
**Title VII-EAP**  
**Disaster Relief as approved by HHSC**  
**State General Revenue**

**LEGAL AWARENESS**

The dissemination of accurate, timely, and relevant information, eligibility criteria, requirements, and procedures to older individuals about public entitlements, health/long-term care services, individual rights, planning/protection options, and housing and consumer needs. While education and outreach initiatives that include the dissemination of information through mass media may be budgeted as associated costs under legal awareness, the activities may not be reported as units of service for Older Americans Act reporting.

Unit of Service: One Contact. If provided in a group meeting or an event such as a health fair, each participant receives a service; therefore, each participant is counted as one contact.  
Direct Service Waiver Required: No.  
Method of Service Provision: This service may be provided directly or by a subrecipient of the AAA.  
Reimbursement Methodology by AAA: Cost Reimbursement.

**QPR:**

**ALLOWABLE FUNDS:**

**Units**  
**Estimated Persons Count**  
**Title III-B**  
**Title VII-EAP**  
**Disaster Relief as approved by HHSC**  
**State General Revenue**

**MENTAL HEALTH SERVICES**

Analysis by a mental health professional to determine a need for mental health service(s) (diagnosis/screening) or the provision of services to support and improve the emotional well-being of an individual. Mental health services shall be provided to individuals who have mental illness, emotional or social disabilities, or who may require support and treatment. Such support may include education, prevention, screening, referral and/or intervention.

Unit of Service: One Contact.  
Direct Service Waiver Required: Waiver not available.  
Method of Service Provision: This service may only be authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor.  
Reimbursement Methodology by AAA: Variable.

**QPR:**

**ALLOWABLE FUNDS:**

**Units**  
**Unduplicated Persons Count – Client Intake required**  
**Title III-B**  
**Title III-E**  
**Title III-E ORC (formerly GOECSC)**  
**Disaster Relief as approved by HHSC**  
**State General Revenue**

**MIPPA OUTREACH & ASSISTANCE**

The dissemination of accurate, timely, and relevant information, eligibility criteria, requirements, and procedures to current or prospective Medicare beneficiaries and their caregivers specifically regarding

Medicare Savings Programs (MSP), Low-Income Subsidy (LIS) and/or Medicare Preventive Benefits. Contacts generated under these activities must be reported using an Individual Client Contact (ICC) form or the Public and Media Events (PAM) form. An ICC is entered when an individual receives application assistance and the completed application is submitted in the same contact.

Unit of Service: One Contact. This is provided to one individual through MSP and/or LIS applications assistance and submission of the application(s), resulting in an ICC or to a group through general education and awareness, resulting in a PAM. If provided in a group meeting or an event such as a health fair, each participant receives a service; therefore, each participant is counted as one contact.

Direct Service Waiver Required: No.

Method of Service Provision: This service may be provided directly or by a subrecipient of the AAA.

Reimbursement Methodology by AAA: Cost Reimbursement.

**QPR:** **Expenditures**  
**ALLOWABLE FUNDS:** **MIPPA Priority 2 (AAA)**

### **NUTRITION CONSULTATION**

Providing information or services related to nutrition by a licensed dietician or other qualified person to a AAA or nutrition provider. Such services do not include the AAA responsibilities for monitoring.

Unit of Service: None.

Direct Service Waiver Required: Waiver not available.

Method of Service Provision: Service must be provided to the AAA or AAA service provider.

Reimbursement Methodology by AAA: Cost Reimbursement.

**ALLOWABLE FUNDS:** **Title III-C1**  
**Title III-C2**  
**State General Revenue**

### **NUTRITION COUNSELING**

Providing individualized advice or guidance about options and methods for improving nutritional status, and performed by a registered dietitian (NAPIS) to older individuals at nutritional risk due to health or nutritional history, dietary intake, medications, or chronic illness.

Unit of Service: One Session per Participant. A session is counted for each individual attending a nutrition counseling session which may be conducted in a group or one-on-one.

Direct Service Waiver Required: Waiver not available.

Method of Service Provision: This service may be provided by a subrecipient of the AAA or authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor.

Reimbursement Methodology by AAA: Fixed Unit Rate per Session.

**NAPIS:** “Nutrition Counseling”  
**Requires number of unduplicated at high nutritional risk;**  
**Nutrition Risk Assessment required**  
**Unduplicated – Client Intake required**  
**Units – 1 Session per participant**

**QPR:** **Units**  
**Unduplicated Persons Count**

**ALLOWABLE FUNDS:** **Title III-C1**  
**Title III-C2**  
**State General Revenue**

**NUTRITION EDUCATION**

The provision of information to older individuals to promote nutritional well-being and to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

Unit of Service: One Session per participant. A session is counted for each individual attending a nutrition education session which may be conducted in a group or one-on-one.

Direct Service Waiver Required: No.

Method of Service Provision: This service may be provided directly, by a subrecipient of the AAA, or authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor.

Reimbursement Methodology by AAA: Fixed Unit Rate per Session.

**NAPIS:** “Nutrition Education”  
**Units – 1 Session per participant**

**QPR:** **Units**  
**Estimated Persons Count**

**ALLOWABLE FUNDS:** **Title III-C1**  
**Title III-C2**  
**State General Revenue**

**OMBUDSMAN**

Services to protect the health, safety, welfare, and rights of residents of nursing facilities and assisted living facilities, including identifying, investigating, and resolving complaints that are made by, or on behalf of, residents. Further detail is provided in the Older Americans Act, Section 712.

Unit of Service: None.

Direct Service Waiver Required: No.

Method of Service Provision: This service may be provided directly or by subrecipient of the AAA.

Reimbursement Methodology by AAA: Cost Reimbursement.

**LBB:** **Key Performance Measure – Number of active Certified Ombudsman**

**ALLOWABLE FUNDS:**

**Title III-B  
Title VII-EAP  
Title VII-OM  
Disaster Relief as approved by HHSC  
State General Revenue  
OMB ALF**

**PARTICIPANT ASSESSMENT – ACCESS & ASSISTANCE**

Activities directly related to the initial assessment and required reassessment of program participants for supportive services provided directly by a AAA.

<u>Unit of Service:</u>	One Contact. One complete assessment or one complete re-assessment is one contact.
<u>Direct Service Waiver Required:</u>	Waiver not available.
<u>Method of Service Provision:</u>	This service may be provided by a subrecipient of the AAA or authorized by a care coordinator or caregiver support coordinator on behalf of an eligible individual for purchase through a contractor.
<u>Reimbursement Methodology by AAA:</u>	Fixed Unit Rate, plus Other Expenses or Fixed Unit Rate per Contact

**QPR:**

**Units  
Unduplicated Persons Count – Client Intake required**

**ALLOWABLE FUNDS:**

**Title III-B  
Title III-E  
Title III-E ORC (formerly GOECSC)  
Disaster Relief as approved by HHSC  
State General Revenue**

**PARTICIPANT ASSESSMENT – NUTRITION SERVICES**

Activities directly related to the initial assessment and required reassessment of program participants for congregate and home-delivered meals.

<u>Unit of Service:</u>	One Contact. One complete assessment or one complete re-assessment is one contact.
<u>Direct Service Waiver Required:</u>	Waiver not available.
<u>Method of Service Provision:</u>	This service may be provided by a subrecipient of the AAA or authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor. If requirements are met, this service may also be authorized through Data Management.
<u>Reimbursement Methodology by AAA:</u>	Fixed Unit Rate per Contact

**QPR:**

**Units  
Unduplicated Persons Count – Client Intake required**



**ALLOWABLE FUNDS:**

**Title III-C1  
Title III-C2  
Title III-E (Home Delivered Meals only)  
Disaster Relief as approved by HHSC  
State General Revenue**

**PERSONAL ASSISTANCE**

Assisting an older individual having difficulty in performing a minimum of two activities of daily living identified in the assessment process, with tasks an individual would typically perform if they were able. This covers assistance in all activities of daily living.

Unit of Service:

One Hour. Does not include travel time, unless it is directly related to the older individual's care plan.

Direct Service Waiver Required:

Waiver not available.

Method of Service Provision:

This service may only be authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor.

Reimbursement Methodology by AAA:

Fixed Unit Rate per Hour.

**NAPIS:**

**“Personal Care”  
Unduplicated – Client Intake required  
Units – 1 Hour**

**OAA:**

**ADL/IADL Consumer Needs Evaluation required**

**QPR:**

**Units  
Unduplicated Persons Count**

**LBB:**

**Non-Key Performance Measure**

**ALLOWABLE FUNDS:**

**Title III-B  
Title VII-EAP  
Disaster Relief as approved by HHSC  
State General Revenue**

**PHYSICAL FITNESS**

Physical activities that sustain and/or improve physical and mental health. This may include exercise to increase endurance (e.g., cardiovascular and muscular), strength, flexibility, balance, and/or coordination/agility.

Unit of Service:

One Contact. Each participant in a physical fitness session receives a service; therefore, each participant is counted as one contact.

Direct Service Waiver Required:

Yes.

Method of Service Provision:

This service may be provided by a subrecipient of the AAA.

Reimbursement Methodology by AAA:

Cost Reimbursement.

**QPR:**

**Units  
Estimated Persons Count**

**ALLOWABLE FUNDS:**

**Title III-B  
Title III-E  
Title III-E ORC (formerly GOECSC)  
State General Revenue**

## **RECREATION**

Activities, such as sports, performing arts, games, and crafts, where an older individual participates as a spectator or performer, and which are facilitated by a provider.

<u>Unit of Service:</u>	One Contact. Each participant in a recreation activity receives a service; therefore, each participant is counted as one contact.
<u>Direct Service Waiver Required:</u>	Yes.
<u>Method of Service Provision:</u>	This service may be provided by a subrecipient of the AAA.
<u>Reimbursement Methodology by AAA:</u>	Cost Reimbursement.

**QPR:**

**ALLOWABLE FUNDS:**

**Units**

**Estimated Persons Count**

**Title III-B**

**Title III-E**

**Title III-E ORC (formerly GOECSC)**

**State General Revenue**

## **RESIDENTIAL REPAIR**

Services consist of repairs or modifications of dwellings occupied by older individuals that are essential for the health and safety of the occupant(s).

<u>Unit of Service:</u>	One unduplicated dwelling unit occupied by older individuals and may include all the services committed to repairing/modifying one unit in one program year, not to exceed a total of \$5,000. Note: Caregivers may serve more than one care recipient, resulting in more units of service than the number of unduplicated persons.
<u>Direct Service Waiver Required:</u>	Waiver not available.
<u>Method of Service Provision:</u>	This service may be authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor. <i>Exception:</i> Appliances <b><i>only</i></b> may be purchased via delegated purchase, with a threshold of \$3,000. Any purchase over this amount requires written approval.
<u>Reimbursement Methodology by AAA:</u>	Variable Rate.

**QPR:**

**LBB:**

**ALLOWABLE FUNDS:**

**Units**

**Unduplicated Persons Count – Client Intake required**

**Non-Key Performance Measure**

**Title III-B**

**Title III-E**

**Title III-E ORC (formerly GOECSC)**

**Title VII-EAP**

**Disaster Relief as approved by HHSC**

**Housing Bond**

**State General Revenue**

**SENIOR CENTER OPERATIONS**

The operation of community facilities where older individuals meet together to pursue mutual interests, receive services and/or take part in activities which will enhance their quality of life, support their independence, and encourage their continued involvement in and with the community.

Unit of Service: None.  
Direct Service Waiver Required: Waiver not available.  
Method of Service Provision: This service may be provided by a subrecipient of the AAA.  
Reimbursement Methodology by AAA: Cost Reimbursement.

**ALLOWABLE FUNDS:** **Title III-B  
Disaster Relief as approved by HHSC  
State General Revenue**

**SPECIAL INITIATIVE**

Awarded activities or services enabling the area agencies on aging (AAA) to enhance capacity and/or identify partnerships, and/or identify target populations, and/or identify needed services for older individuals and their informal caregivers.

Note: This service definition is for use by AAA only when instructed by HHSC (AAA Section).

Unit of Service: N/A  
Direct Service Waiver Required: Waiver not available.  
Method of Service Provision: This service may be provided directly or by a subrecipient of the AAA, only as instructed in the individual award document.  
Reimbursement Methodology by AAA: Cost Reimbursement.

**NAPIS:** **N/A; supportive service**  
**QPR:** **No Units; No Unduplicated Persons Count**  
**ALLOWABLE FUNDS:** **As identified in notification of funds available**

**TELEPHONE REASSURANCE**

Telephoning an older individual providing regular contact and companionship or initiating necessary actions in the event the older individual cannot be reached by telephone.

Unit of Service: One Contact.  
Direct Service Waiver Required: Yes.  
Method of Service Provision: This service may be provided by a subrecipient of the AAA.  
Reimbursement Methodology by AAA: Cost Reimbursement.

**QPR:** **Units  
Unduplicated Persons Count – Client Intake required**  
**ALLOWABLE FUNDS:** **Title III-B  
Title III-E  
Title III-E ORC (formerly GOECSC)  
Title VII-EAP  
Disaster Relief as approved by HHSC  
State General Revenue**

## **TRANSPORTATION**

Taking an older individual from one location to another but does not include any other activity. There are two types of transportation services:

- Demand/Response - transportation designed to carry older individuals from specific origin to specific destination upon request. Older individuals request the transportation service in advance of their need, usually twenty-four to forty-eight hours prior to the trip.
- Fixed Route - transportation service that operates in a predetermined route that has permanent transit stops, which are clearly marked with route numbers and departure schedules. The fixed-route does not vary and the provider strives to reach each transit stop at the scheduled time. The older individual does not reserve a ride as in a demand-response system; the individual simply goes to the designated location and at the designated time to gain access to the transit system.

<u>Unit of Service:</u>	One, One-way Trip
<u>Direct Service Waiver Required:</u>	Yes.
<u>Method of Service Provision:</u>	This service may be provided by a subrecipient of the AAA or authorized by a care coordinator on behalf of an eligible individual for purchase through a contractor. If requirements are met, this service may also be authorized through Data Management.
<u>Reimbursement Methodology by AAA:</u>	Fixed Unit Rate per One-Way Trip.

<b>NAPIS:</b>	<b>“Transportation”</b>
<b>QPR:</b>	<b>Units – One, One-way Trip</b>
<b>LBB:</b>	<b>Units</b>
<b>ALLOWABLE FUNDS:</b>	<b>Unduplicated Persons Count – Client Intake required</b>
	<b>Key Performance Measure – Number of Units</b>
	<b>Limited to Transportation Demand/Response Only</b>
	<b>Title III-B</b>
	<b>Title III-E</b>
	<b>Title III-E ORC (formerly GOECSC)</b>
	<b>Disaster Relief as approved by HHSC</b>
	<b>State General Revenue</b>

## **TRANSPORTATION - VOUCHER**

A service providing consumer choice whereby an eligible consumer selects an individual or commercial private or non-profit transportation provider. The rate and transportation schedule are negotiated by the eligible consumer with the provider. Service activity includes taking an eligible consumer from one location to another, but does not include any other activity.

<u>Unit of Service:</u>	One, One-way Trip.
<u>Direct Service Waiver Required:</u>	Waiver not available.
<u>Method of Service Provision:</u>	This service may only be authorized by a care coordinator on behalf of an eligible individual.
<u>Reimbursement Methodology by AAA:</u>	Cost Reimbursement.

<b>NAPIS:</b>	<b>“Self-Directed Care”</b>
	<b>Units – One, One-way Trip</b>

**QPR:**

**Units**  
**Unduplicated Persons Count – Client Intake required**

**ALLOWABLE FUNDS:**

**Title III-B**  
**Title III-E**  
**Title III-E ORC (formerly GOECSC)**  
**Disaster Relief as approved by HHSC**  
**State General Revenue**

**VISITING**

Meeting with an older individual to provide regular contact and companionship and should the older individual not respond, to initiate appropriate action.

Unit of Service:

One Contact

Direct Service Waiver Required:

Yes.

Method of Service Provision:

This service may be provided by a subrecipient of the AAA.

Reimbursement Methodology by AAA:

Cost Reimbursement.

**QPR:**

**Units**  
**Unduplicated Persons Count – Client Intake required**

**ALLOWABLE FUNDS:**

**Title III-B**  
**Title III-E**  
**Title III-E ORC (formerly GOECSC)**  
**Title VII-EAP**  
**Disaster Relief as approved by HHSC**  
**State General Revenue**

### Caregiver Eligibility per OAA as Amended 2016

If Caregiver is:	and Recipient is:			With:	Are they eligible?
	Age 0 - 18	Age 19 - 59	60 +		
Age 18+			X	<p>No special needs</p> <p>(for Respite Services - must have a deficit of 2 activities of daily living.)</p> <p>Priority - Greatest social need and economic need w/attention to low-income older individuals</p>	Yes
Age 18+		X		No special needs	No
Age 18+	X	X	X	Individuals w/ Alzheimer's disease & related disorders w/ neurological & organic brain dysfunction	Yes
Age 55 + (Older Relative Caregiver)	X	X (w/disability)		<p>Lives with, is the informal provider of in-home and community care to, and is the primary caregiver for a child or an individual with a disability.</p> <p>1. In the case of a caregiver for a child— is the grandparent, step-grandparent, or other relative (other than the parent) by blood, marriage, or adoption, of the child <u>and</u> is primary caregiver because biological or adoptive parents are unable or unwilling <u>and</u> has legal custody or guardianship or is raising informally.</p> <p>2. In the case of a caregiver for an individual with a disability- is the parent, grandparent, or other relative by blood, marriage, or adoption, of the individual with a disability.</p> <p>Priority- Recipient age 19-59 w/ severe disabilities</p>	Yes
Age 60+	X	X		No special needs	No

**HEALTH PROMOTION and DISEASE PREVENTION**

In accordance with reporting requirements for Title III and VII, Health Promotion and Disease Prevention services include health screenings and assessments; organized physical fitness activities; evidence-based health promotion programs; medication management; home injury control services; and/or information, education, and prevention strategies for chronic disease and other health conditions that would reduce the length or quality of life of the person 60 or older. See AAA-PI 309 and definition of each service for further details.

SERVICE	ALLOWABLE ACTIVITIES	UNIT OF SERVICE	QPR	ALLOWABLE FUNDS
Evidence-Based Intervention	<p><b>Definition of Evidence-Based Programs (as of October 1, 2016)</b></p> <p><b>Programs:</b></p> <ul style="list-style-type: none"> <li>• Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and</li> <li>• Proven effective with older adult population, using Experimental or Quasi-Experimental Design;* and</li> <li>• Research results published in peer-review journal; and</li> <li>• Fully translated in one or more community site(s); and</li> <li>• Includes developed dissemination products that are available to the public.</li> </ul>	One Contact. Record one contact each time an older individual participates in an activity that is a component of an Evidence-Based Intervention program.	<p><b>-Units</b></p> <p><b>-Unduplicated Persons Count – Client Intake required</b></p>	<p><b>[NOTE: Title III-D funds may only be expended under this service]</b></p> <p><b>Title III-B</b></p> <p><b>Title III-D</b></p> <p><b>Title III-E</b></p> <p><b>Title III-E ORC (formerly GOECSC)</b></p> <p><b>State General Revenue</b></p>
Health Maintenance	<p>Services that include one or more of the following activities:</p> <ul style="list-style-type: none"> <li>- Medical treatment by a health professional</li> <li>- Health education and counseling services for individuals or groups about lifestyles and daily activities. Activities may include, but are not limited to: <ul style="list-style-type: none"> <li>• Art and dance –movement therapy</li> <li>• Programs in prevention or reduction of the effects of chronic disabling conditions</li> <li>• Alcohol and substance abuse</li> <li>• Smoking cessation</li> <li>• Weight loss and control</li> <li>• Stress management</li> </ul> </li> <li>- Home health services including, but not limited to, nursing, physical therapy, speech or occupational therapy</li> <li>- Provision of medications, nutritional supplements, glasses, dentures, hearing aids or other devices necessary to promote or maintain the health and/or safety of the older individual. Note: this also includes the provision of dosage alert systems and the purchase of software, technical support, and materials that connects eligible older</li> </ul>	One Contact. Record one contact each time an older individual receives a health service as described above.	<p><b>-Units</b></p> <p><b>-Unduplicated Persons Count – Client Intake required</b></p>	<p><b>Title III-B</b></p> <p><b>Title III-E</b></p> <p><b>Title III-E ORC (formerly GOECSC)</b></p> <p><b>Title VII-EAP</b></p> <p><b>Disaster Relief as approved by HHSC</b></p> <p><b>State General Revenue</b></p>

	individuals to free or reduced cost prescription medication services.			
Health Screening/Monitoring	<p>Activities are intended to assess the level of health and wellness of persons 60 years of age and older and should ensure participants are made aware of health services available to them in their community for appropriate follow-up care. Services may be provided in senior centers, nutrition sites, health fairs, other community settings or in an individual's home. Health Screening/Monitoring activities may include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Blood pressure</li> <li>• Hearing</li> <li>• Vision</li> <li>• Dental</li> <li>• Podiatry</li> <li>• Nutritional status</li> <li>• Blood tests</li> <li>• Urinalysis</li> <li>• Home injury control safety</li> <li>• Depression</li> <li>• Oral Health</li> <li>• Mental and Behavioral Health</li> <li>• Falls Prevention</li> </ul>	One Contact. Record one contact each time an older individual receives a separate health screening or monitoring service.	-Units -Estimated Persons Count	Title III-B Disaster Relief as approved by HHSC State General Revenue
Mental Health Services	Analysis by a mental health professional to determine a need for mental health service(s) (diagnosis/screening) or the provision of services to support and improve the emotional well-being of an individual. Mental health services shall be provided to individuals who have mental illness, emotional or social disabilities, or who may require support and treatment. Such support may include education, prevention, screening, referral and/or intervention.	One Contact.	Units Unduplicated Persons Count – Client Intake required	Title III-B Title III-E Title III-E ORC (formerly GOECSC) Disaster Relief as approved by HHSC State General Revenue
Physical Fitness	Physical activities that sustain and/or improve physical and mental health. This may include exercise to increase endurance (e.g., cardiovascular and muscular), strength, flexibility, balance, and/or coordination/agility.	One Contact. Each participant in a physical fitness session receives a service; therefore, each participant is counted as one contact.	-Units -Estimated Persons Count	Title III-B Title III-E Title III-E ORC (formerly GOECSC) State General Revenue
Recreation	Activities, such as sports, performing arts, games, and crafts, where an older individual participates as a spectator or performer, and which are facilitated by a provider.	One Contact. Each participant in a recreation activity receives a service; therefore, each participant is counted as one contact.	-Units -Estimated Persons Count	Title III-B Title III-E Title III-E ORC (formerly GOECSC) State General Revenue