

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**

### **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

### **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.

Unit of Service:

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.

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.

Cost Reimbursement or Fixed Unit Rate per Session.

## **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.

## **CONGREGATE MEAL**

A hot or other appropriate meal served to an eligible older individual which meets 33⅓ 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.

## **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.

## **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.

## **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.

## **HOME DELIVERED MEALS**

Hot, cold, frozen, dried, canned, fresh, or supplemental food (with a satisfactory storage life) which provides a minimum of 33½ 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.

## **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.

## **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.

## **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).

Unit of Service:

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.

Waiver not available.

Direct Service Waiver Required:

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

*Exception:* Appliances only may be purchased via delegated purchase, with a threshold of \$3,000. Any purchase over this amount requires written approval.

Method of Service Provision:

Variable Rate.

## **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.

Unit of Service:

One, One-way Trip

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 One-Way Trip.