

Service Definitions for Area Agency on Aging Of Southeast Texas Fiscal Year 2017

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 older individual behaves in a manner that poses a serious health or safety hazard to themselves or to another individual, and/or

Unit of Service: One Hour.

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, 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.

EVIDENCE-BASED INTERVENTION

Providing an intervention to an older individual based upon the principles of Evidence-Based Disease Prevention 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 include:

- Procurement of training services or materials,
- Training of AAA staff or volunteers to effectively conduct programs/interventions for evidence-based disease prevention,
- Publicity related to specific evidence-based intervention events,

- AAA staff time, travel and materials related to conducting evidence-based intervention events to older individuals,
- Procurement or printing/copying disease-specific preventive and educational materials for distribution to older individuals participating in events, and
- Other specific expenses which are required to ensure program fidelity.

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.

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.

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, and 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 ACL 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 (ConsumerNeeds Evaluation). The circumstance would dictate the follow-up.

Unit of Service: One Meal.

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.

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.

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.

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