

# **Administration on Aging NAPIS State Program Report Definitions**

**The following definitions should be used when completing the NAPIS report:**

## **A. Characteristics of Elderly Clients**

**Race/Ethnicity Status** – The following reflects the requirements of the Office of Management and Budget (OMB) for obtaining information from individuals regarding race and ethnicity. It constitutes what OMB classifies as the “two-question format.” When questions on race and ethnicity are administered, respondents are to be asked about their ethnicity and race as two separate questions. Respondents should ideally be given the opportunity for self-identification, and are to be allowed to designate all categories that apply to them. Consistent with OMB requirements, the following are the race and ethnicity categories to be used for information collection purposes:

### **Ethnicity:**

- Hispanic or Latino
- Not Hispanic or Latino

### **Race:**

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**American Indian or Alaskan Native**—A person having origins in any of the original peoples of North America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian** –A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

**Black or African American**—A person having origins in any of the black racial groups of Africa.

**Hispanic or Latino**—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**Native Hawaiian or Other Pacific Islander**—A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**White** – A person having origins in any of the peoples of Europe, the Middle East, or North Africa. **”(Alone)”** – When appended to a racial category (e.g., “White (Alone)”) means that the individual only designated one race category.

**Impairment in Activities of Daily Living (ADL)** --The inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking.

**Impairment in Instrumental Activities of Daily Living (IADL)** -- The inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability (transportation ability refers to the individual's ability to make use of available transportation without assistance).

**Poverty**—Persons considered to be in poverty are those whose income is below the official poverty guideline (as defined each year by the Office of Management and Budget, and adjusted by the Secretary, DHHS) in accordance with subsection 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)). The annual HHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes.

**Living alone**—A one person household (using the Census definition of household) where the householder lives by his or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities, assisted living units and group homes.

## **B. Characteristics of Individuals Associated with the National Family Caregiver Support Program (Title III-E. NFCSP)**

**Child**—An individual who is not more than 18 years of age. The term relates to a grandparent or other older relative who is a caregiver of a child.

**Caregiver**—An adult family member or another individual, who is an “informal” provider of in-home and community care to an older individual. “Informal” means that the care is not provided as part of a public or private formal service program.

**Grandparent or other older relative caregiver of a child** —A grandparent, step grandparent or other relative of a child by blood or marriage, who is 60 years of age or older and—

(A) lives with the child;

(B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and

(C) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.

**Elderly Client** – An eligible (60 years of age or older) elderly individual who receives OAA services.

## **C. Standardized names, definitions and service units are provided for the services that are singled out in the SPR for reporting**

**Personal Care (1 Hour)** -- Personal assistance, stand-by assistance, supervision or cues.

**Homemaker (1 Hour)** -- Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.

**Chore (1 Hour)** -- Assistance such as heavy housework, yard work or sidewalk maintenance for a person.

**Home-Delivered Meal (1 Meal)**-- A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by SUAs and/or AAAs and meets all of the requirements of the Older Americans Act and State/Local laws. As noted in Section IIA, meals provided to individuals through means-tested programs such as Medicaid Title XIX waiver meals or other programs such as state-funded means-tested programs are excluded from the NSIP meals figure in line 4a; they are included in the meal total reported on line 4 of Section IIA. Certain Title III-E funded home delivered meals may also be included – see the definition of NSIP meals below.

**Adult Day Care/Adult Day Health (1 hour)** – Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance and home health aide services for adult day health.

**Case Management (1 Hour)** -- Assistance either in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required.

**Congregate Meal (1 Meal)** – A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and State/Local laws. As noted in Section IIA, meals provided to individuals through means-tested programs such as Medicaid Title XIX waiver meals or other programs such as state-funded means-tested programs are excluded from the NSIP meals figure in line 8a; they are included in the meal total reported on line 8 of Section IIA.

**Nutrition Education (1 session per participant)** -- A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise.

**Nutrition Counseling (1 session per participant)** -- Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status.

**High Nutritional Risk (persons)** – An individual who scores six (6) or higher on the DETERMINE Your Nutritional Risk checklist published by the Nutrition Screening Initiative.

**NSIP Meals (1 meal)** -- A Nutrition Services Incentive Program (NSIP) Meal is a meal served in compliance with all the requirements of the OAA, which means at a minimum that: 1) it has been served to a participant who is eligible under the OAA and has NOT been means-tested for participation; 2) it is compliant with the nutrition requirements; 3) it is served by an eligible agency; and 4) it is served to an individual who has an opportunity to contribute. Meal counts in 4, 4a, 8, 8a, include all OAA eligible meals including those served to persons under age 60 where authorized by the OAA. NSIP Meals also include home delivered meals provided as Supplemental Services under the National Family

Caregiver Support Program (Title III-E) to persons aged 60 and over who are either care recipients (as well as their spouses of any age) or caregivers.

**Assisted Transportation** (1 One Way Trip) -- Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.

**Transportation** (1 One Way Trip) – Transportation from one location to another. Does not include any other activity.

**Legal Assistance** (1 hour) -- Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.

**Information and Assistance** (1 Contact) -- A service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site “hits” are to be counted only if information is requested and supplied.

**Outreach** (1 Contact) – Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their care givers) and encouraging their use of existing services and benefits.

**Note:** The service units for information and assistance and for outreach are individual, one-on-one contacts between a service provider and an elderly client or caregiver. An activity that involves contact with multiple current or potential clients or caregivers (e.g., publications, publicity campaigns, and other mass media activities) should not be counted as a unit of service. Such services might be termed public information and reported on the public information category. They may also be reported in “Section II.E. – Utilization and Expenditures Profiles, Other Services Profile (Optional).”

**Other Services** – A service provided using OAA funds that do not fall into the previously defined service categories. States have the option of reporting such services in “Section II.E. – Utilization and Expenditures Profiles, Other Services Profile (Optional).” Expenditures on “Other Services” in Section II.A. Line 15 is required.

## **D. Services to Caregivers**

**Counseling** --(1 session) Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families).

**Respite Care** --(1 hour) Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: (1) In-home respite (personal care, homemaker, and other in-home respite); (2) respite provided by attendance of the care recipient at a senior center or other nonresidential program; 3) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. If the specific service units purchased via a direct payment (cash or voucher) can be tracked or estimated, report those service unit hours. If not, a unit of service in a direct payment is one payment.

**Supplemental services** –Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies.

**Information Services** (1 activity) -- A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. [Note: service units for information services are for activities directed to large audiences of current or potential caregivers such as disseminating publications, conducting media campaigns, and other similar activities.]

**Access Assistance** (1 contact) -- A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. [Note: Information and assistance to caregivers is an access service, i.e., a service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site “hits” are to be counted only if information is requested and supplied.]

## **E. Other Definitions**

**A variety of other terms are used in the SPR. Definitions for these terms are as follows:**

**Legal Assistance Development** - Activities carried out by the state “Legal Assistance Developer” that are designed to coordinate and enhance state and local legal services and elder rights programs.

**Volunteer**—An uncompensated individual who provides services or support on behalf of older individuals. Only staff working under the AAA, not the AAA contractors, shall be included.

**Agency Executive/Management Staff**—Personnel such as SUA director, deputy directors, directors of key divisions and other positions which provide overall leadership and direction for the state or area agency on aging.

**Other Paid Professional Staff**—Personnel who are considered professional staff who are not responsible for overall agency management or direction setting but carry out key responsibilities or tasks associated with the state or area agency the following areas:

**Planning**—Includes such responsibilities as needs assessment, plan development, budgeting/resource analysis, inventory, standards development and policy analysis.

**Development**—Includes such responsibilities as public education, resource development, training and education, research and development and legislative activities.

**Administration**—Includes such responsibilities as bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring, and quality assurance.

**Access/Care Coordination**—Includes such responsibilities as outreach, screening, assessment, case management, information and referral.

**Service Delivery**—Includes those activities associated with the direct provision of a service that meets the needs of an individual older person and/or caregiver.

**Clerical/Support Staff**—All paid personnel who provide support to the management and professional staff.

**Provider** – An organization or person which provides services to clients under a formal contractual arrangement with an AAA or SUA. Under Title III-E, in cases where direct cash payment is made to a caregiver and the ultimate provider is unknown, the number of providers may be omitted.

**Minority Provider** – A provider of services to clients which meets any one of the following criteria: 1) A not for profit organization with a controlling board comprised at least 51% of individuals in the racial and ethnic categories listed below. 2) A private business concern that is at least 51 percent owned by individuals in the racial and ethnic categories listed below. 3) A publicly owned business having at least 51 percent of its stock owned by one or more individuals and having its management and daily business controlled by one or more individuals in the racial and ethnic categories listed below. The applicable racial and ethnic categories include: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or Hispanic.

**Rural Provider** – Providers of services to clients who live in rural areas. Rural providers are not necessarily providers of services only to rural clients. They may also be providers of services to clients in urban areas. [See definition of rural].

**Total OAA Expenditures**—Outlays/payments made by the SUA and/or AAA's using OAA federal funds to provide an allowable service.

**Total Service Expenditure** – OAA expenditures plus all other funds administered by the SUA and/or AAA's on behalf of elderly individuals and caregivers for services meeting the definition of OAA services – both services which are means tested and those which are not. SUAs are encouraged to report expenditures in these service categories whether or not AoA funds were utilized for that purpose. This is not intended for financial accountability but for statistical purposes such as computing accurate service unit costs based on total service expenditures.

**Program Income**—Gross income received by the grantee and all sub grantees such as voluntary contributions or income earned only as a result of the grant project during the grant period.

**Rural**—A rural area is: any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants.