



Area Agencies on Aging Bulletin 20-03

Date: September 17, 2020

To: Area Agencies on Aging Directors
Area Agencies on Aging Executive Directors

From: Access and Eligibility Services Program Policy

Subject: Service Definitions for Area Agencies on Aging, Federal Fiscal Year (FFY) 2021

This information is shared with Area Agencies on Aging (AAA) directors who must distribute to all appropriate staff and contractors. Please direct any questions regarding the policy information in this bulletin to the AAA Help Desk (AAA.Help@hhsc.state.tx.us).

AAA Communications (Bulletins, Broadcasts and Program Instructions) are posted on the following website:

- Area Agencies on Aging (AAA) at <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/area-agencies-aging/aaa-communications>

Service Definitions for Area Agencies on Aging, Federal Fiscal Year (FFY) 2021

Background

The *Service Definitions for Area Agencies on Aging* provides the approved list of services which may be provided by Texas AAAs. The *Service Definitions for Area Agencies on Aging* also provides service-specific requirements for AAAs and service providers to collect and report data for the State Program Report (SPR). The SPR is the approved administrative data set for the Older Americans Act (OAA) programs. This bulletin provides an overview of the updates and changes made to the *Service Definitions for Area Agencies on Aging*, Federal Fiscal Year (FFY) 2021.

General Updates

The *Service Definitions for Area Agencies on Aging*, FFY 2021, are updated to ensure the terms used are consistent with the Texas Human Resources Code Chapter 103 as amended by Senate Bill 1999, 84th Legislature, Regular Session, 2015. The amendments replace the term 'adult day care' with 'day activity and health services'.

Service Definition – Data Management

Activities directly related to data entry and reporting for non-direct services are an allowable service. Data management services are necessary to support the additional data entry and reporting requirements that may result from a major disaster.

Current Policy

Allowable funding sources for data management are Title III-B, Title III-C1, Title III-C2, Title III-E, and state general revenue.

New Policy

The allowable funding sources for Data Management also include disaster relief funds as approved by HHSC in addition to Title III-B, Title III-C1, Title III-C2, Title III-E, and state general revenue.

Service Definition – HICAP Assistance

AAAs are required to record Health Information, Counseling and Advocacy Program (HICAP) assistance activities to report allowable services.

Current Policy

Contacts to eligible persons must be reported using the *Individual Client Contact* (ICC) form for allowable services. The unit of service includes the service eligibility information.

New Policy

HICAP assistance is assistance given to the following eligible persons:

- a Medicare beneficiary;
- a 'new to Medicare' enrollee;
- a dually eligible Medicare beneficiary;
- a beneficiary who is disabled as determined by Social Security Administration criteria; or
- a person assisting a Medicare beneficiary and the person receives assistance related to a Medicare or State Health Insurance Assistance Program (SHIP) topic, or both.

The unit of service contact must be reported using the *Beneficiary Contact Form* (BCF) for allowable services. The BCF replaces the ICC form used in the previous reporting system.

The service eligibility information has been moved to the service definition.

Service Definition – HICAP Outreach

The Administration on Community Living (ACL) requires HHSC to clearly define and separate the roles and responsibilities for the HICAP from the OAA Title III-B Legal Services program. The Title III-B Legal Awareness and other supportive service activities such as planning and protection options unrelated to health insurance should not be included in the definition of HICAP Outreach.

The manual for the *SHIP Tracking and Reporting System* (STARS) provides guidance on using STARS and identifies the various methods a SHIP team member can provide for group outreach and media outreach.

Current Policy

HICAP Outreach includes 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.

HICAP Outreach 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 form must also be completed.

New Policy

HICAP Outreach no longer includes dissemination of accurate, timely, and relevant information, eligibility criteria, requirements, and procedures to Medicare beneficiaries and other target audiences about planning/protection options unrelated to health insurance.

HICAP Outreach must be reported using the *Group and Media* (GAM) form. The GAM form replaces the PAM form used in the previous reporting system. A group outreach activity includes the following:

- an interactive presentation to the public either in-person or via electronic means, such as an interactive presentation to the public through video conference, webinar, or teleconference;
- a booth or exhibit at a conference or other public event such as a health fair, senior fair, or community event; or
- an enrollment event.

A media outreach activity includes the following:

- billboard;
- mass email;
- social media;
- website;
- magazine, newspaper, newsletter, radio, television; or
- other media, including, but not limited to, direct mail, distributing flyers or brochures to partner locations like libraries of local provider offices, public transit ads, or public service announcements.

If a GAM event results in a benefits counselor providing HICAP Assistance to an eligible person, a BCF must also be completed. The BCF replaces the ICC form.

The unit of service must be reported using the GAM form for allowable services.

Service Definition – Mental Health Services

The OAA authorizes the provision of mental health services by mental health professionals. Terminology within the definition is updated for accuracy.

Current Policy

Mental health services include analysis by a mental health professional.

Mental health services are provided to a person who has mental illness, emotional or social disabilities or who may require support and treatment.

New Policy

Mental health services include assessment by a mental health professional.

Mental health services are provided to a person who has mental health, emotional, or socialization needs. Persons may require support services, treatment and additional referrals to address these needs.

Service Definition – MIPPA Outreach and Assistance

AAAs are required to record Medicare Improvement for Patients and Providers Act (MIPPA) Outreach and Assistance activities.

Current Policy

Contacts generated under MIPPA Outreach and Assistance activities must be reported using an ICC form and a PAM form. An ICC is entered when a person receives application assistance and the completed application is submitted in the same contact.

A contact consists of one person receiving Medicare Savings Programs (MSP) or Low Income Subsidy (LIS) application assistance, and the submission of the application(s), resulting in an ICC, or a group receiving general education and awareness, resulting in a PAM.

New Policy

Contacts generated under MIPPA Outreach and Assistance activities must be reported using a BCF or the GAM form. The BCF replaced the ICC form and the GAM form replaced the PAM form used in the previous reporting system. A BCF is entered when a person receives application assistance and the completed application is submitted in the same contact.

A contact consists of one person receiving application assistance, and the submission of the application(s), resulting in a BCF, or a group receiving general education and awareness, resulting in a GAM.

Service Definition – Telephone Reassurance

In order to meet the changing needs of older Texans, AAAs are encouraged to provide socialization to older people through innovative methods.

Due to technological advances, many older Texans now have the ability to engage in texting, Skype, video chatting and Facebook Messenger on their telephones or other devices, such as personal computers.

Current Policy

Telephone reassurance requires telephoning an older person to provide regular contact and companionship or initiating necessary actions in the event the older person cannot be reached by telephone.

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

The reimbursement methodology by AAA is cost reimbursement.

New Policy

The service name Telephone Reassurance is changed to Social Reassurance.

Social Reassurance includes providing regular contact and companionship with an older person by means of telephone calls, texting, Skype, video chatting or Facebook Messenger; or initiating necessary actions in the event the older person cannot be reached by telephone calls, texting, Skype, video chatting or Facebook Messenger.

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

The reimbursement methodology by AAA is cost reimbursement or fixed unit rate per contact.

Effective Date

The *Service Definitions for Area Agencies on Aging, FFY 2021*, are effective from October 1, 2020, through September 30, 2021.