



NAPIS MANUAL

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NAPIS questions or problems, or SAMS technical problems?

Contact Jennifer Lake, Nutrition Business Relations Partner

(513) 345-8645, jlake@help4seniors.org.

Billing questions or problems? Contact Charles Swope, Accounting Specialist

(513) 746-2639, cswope@help4seniors.org

NAPIS Overview

National Aging Program Information System

Reason for NAPIS

Federal Mandate

The Older Americans Act called for annual performance reporting by the National Network on Aging. During the 1992 reauthorization of the Older Americans Act, the Administration on Aging (AoA) was directed by Congress to develop uniform reporting procedures for use by state agencies on aging to correct deficiencies in current reporting practices. **This mandate to the aging network provides Congress with uniform data on how the funds are being spent, and where the services are going.** We need to have an unduplicated count of clients receiving Title III services. In the past Congress has expressed strong concerns about the quality of reporting related to Older Americans Act programs. In response to the mandate, AoA issued client registration guidelines for Title III services. **This reporting process is called NAPIS.**

The Council on Aging of Southwestern Ohio (COA) uses the SAMS software, developed by Wellsky Aging and Disability System to report AoA's NAPIS data. SAMS allows each provider to access via the web a database to enter client registrations. The database is housed at Wellsky Aging and Disability System. Client information comes directly from the "NAPIS Client Registration" form provided by COA. SAMS also serves as a billing system for Title III services.

NAPIS is **REQUIRED** by the Ohio Department of Aging and the Administration on Aging to be used as:

1. Planning and Targeting Tool

NAPIS data in SAMS serves as a means for planning Title III services and also for targeting specific client groups and geographical areas most in need of services.

2. Advocacy Tool

NAPIS data in SAMS is used as a powerful advocacy tool for requesting more Title III funding and also for demonstrating how the services are positively affecting and impacting our elderly population.

Title III Services

Billing in SAMS is required for all services.

Client level tracking and billing in SAMS are required for Cluster 1 and 2 services.

COA Service Name	SAMS Service Name	Cluster
Home Delivered Meals	Home Delivered Meals	1
Personal Care	FCSP Personal Care Alzheimer's Personal Care	1
Adult Day Services	FCSP Adult Day Services Alzheimer's Adult Day Service	1
Caregiver Services	FCSP Support Group FCSP Caregiver Counseling	1
Congregate Meals	Congregate Meals	2
Transportation	Transportation: One-Way Trip	2
Supportive Services	Support Services: Hour	3
Recreation	Recreation	3
Alzheimer's Education	Alzheimer's Core (Various)	2,3
Legal Assistance	Legal Assistance	3

NAPIS Client Registration Forms

The NAPIS Client Registration Form covers all NAPIS required service information. You may replace or adapt your current intake forms with these forms. You may include additional information on the forms that is pertinent to your organization as long as all of the NAPIS information is included. To make it easier for all, each form indicates which services the form is to be used for, and includes all the information to be completed for reporting requirements.

Note: Congregate Meals are reported in SAMS by congregated meal site.

Summary of Minimum NAPIS Reporting Requirements for COA Title III Services

SAMS Service Name	<u>Minimum Data Set & Client Level Billing</u>	<u>Nutrition Risk</u>	<u>ADL/IADL</u>	<u>Caregiver/Recipient Link Required</u>
Home Delivered Meals	yes	yes	yes	no
Alzheimer's Personal Care	yes	no	yes	no
FCSP Personal Care	yes	no	yes	yes
FCSP Adult Day Services	yes	no	yes	yes
Alzheimer's Adult Day Services	yes	no	yes	no
FCSP Support Group	yes	no	no	yes
FCSP Caregiver Counseling	yes	no	no	yes
Congregate Meals	yes	yes	no	no
Transportation: One-Way Trip	yes	no	no	no
Support Services: Hour	no	no	no	no
Recreation	no	no	no	no
Alzheimer's Core (Various)	yes	no	no	yes
Legal Assistance	no	no	no	no

***Family Caregiver Support Program (FCSP)** – A program authorized by Title III of the Older Americans Act Reauthorization of 2000. Its intent is to directly benefit informal caregivers with services consistent with the Act's mandates through a statewide, easily identifiable program that supports the efforts of caregivers.*

Minimum Data Set

- Name: Last, First, Middle Initial
- Address: House No. and Street, City, State, Zip Code
- Location of Residence: County, City/Township
- Telephone Number
- Birthdate
- Gender
- Poverty: Household Monthly Income, Number in Household (Reference current poverty guidelines. See page 6 for more information.) (Not required for caregivers.)
- Living Arrangement (Not required for caregivers.)
- Race
- Ethnicity
- Disabled (based on definition provided in the glossary of this document) (Not required for caregivers.)
- Relationship (for caregiver services only)

Nutritional Risk:

The nutrition risk assessment is a self-declared assessment. The information must be provided by the client, not from the judgment of another person.

1. Have you made any changes in lifelong eating habits because of health problems?
2. Do you eat fewer than 2 meals per day?
3. Do you eat fewer than five (5) servings (1/2 cup each) of fruits or vegetables every day?
4. Do you eat fewer than two servings of dairy products (such as milk, yogurt, cheese) every day?
5. Do you sometimes not have enough money to buy food?
6. Do you have trouble eating well due to problems with chewing/swallowing?
7. Do you eat alone most of the time?
8. Without wanting to, have you lost or gained 10 pounds in the past 6 months?
9. Are you not always physically able to shop, cook and/or feed yourself (or to get someone to do it for you)?
10. Do you have 3 or more drinks of beer, liquor or wine almost every day?
11. Do you take 3 or more different prescribed or over-the-counter drugs per day?

Activities of Daily Living (ADL):

1. During the past 7 days, and considering all episodes, how would you rate the client's ability to perform BATHING (include shower, full tub or sponge bath, exclude washing back or hair)?
Independent; Supervision; requires assistance sometimes; Mostly dependent; Totally dependent; Activity does not occur
2. During the past 7 days, and considering all episodes, how would you rate the client's ability to perform DRESSING?
Independent; Supervision; Limited Assistance; Extensive Assistance; Total Dependence; Activity did not occur
3. During the past 7 days, and considering all episodes, how would you rate the client's ability to perform TOILET USE?
Independent; Supervision; Sometimes dependent; Mostly dependent; Totally dependent; Activity does not occur
4. During the past 7 days, and considering all episodes, how would you rate the client's ability to perform TRANSFER?
Independent; Supervision; Minimal assistance required; Mostly dependent; Totally dependent; Activity does not occur
5. During the past 7 days, and considering all episodes, how would you rate the client's ability to perform EATING?
Independent; Supervision; Sometimes dependent; Mostly dependent; Totally dependent; Unknown
6. During the past 7 days, and considering all episodes, how would you rate the client's ability to perform WALKING IN HOME?
Independent; Supervision; Limited Assistance; Extensive Assistance; Total Dependence; Activity did not occur

Instrumental Activities of Daily Living (IADL)

1. During the past 7 days, and considering all episodes, how would you rate the client's ability to perform MEAL PREPARATION?
Independent; Sometimes dependent; Mostly dependent; Totally dependent; Activity does not occur
2. During the past 7 days, and considering all episodes, how would you rate the client's ability to perform MANAGING MEDICATIONS?

Independent; Needs reminders; Somewhat dependent; Totally dependent; Activity does not occur

3. Specify the client's ability to manage money.

Completely independent; Needs assistance sometimes; Needs assistance most of the time; Completely dependent; Activity does not occur

4. Specify the client's ability to perform heavy housework. Independent; Needs assistance sometimes; Needs assistance most of the time; Unable to perform tasks; Activity does not occur

5. Specify the client's ability to perform light housekeeping.

Independent; Needs assistance sometimes; Needs assistance most of the time; Unable to perform tasks; Activity does not occur

6. During the past 7 days, and considering all episodes, how would you rate the client's ability to perform SHOPPING?

Independent; Somewhat dependent; Mostly dependent; Totally dependent; Activity does not occur

7. During the past 7 days, and considering all episodes, how would you rate the client's ability to perform TRANSPORTATION?

Independent; Somewhat dependent; Mostly dependent; Totally dependent; Unknown

8. Rank the client's ability to use the Telephone.

Independent; Able to perform but needs verbal assistance; Can perform with some human help; Can perform with a lot of human help; Cannot perform function at all without human help; Paramedical services needed

Caregiver/Recipient Link and Billing

Family Caregiver Support Program Services – (See Title III Caregiver Reporting Procedures)

Individual Consumer Registry		Consumer Group
<p>Step 1. Individual registry is required for the caregiver and the care recipient. This means both the caregiver and the care recipient have their own consumer record.</p> <p>Caregiver characteristics are based on the FCSP or Alzheimer's service; care recipient characteristics are based on the traditional service which best matches the FCSP/Alz service provided to the caregiver.</p> <p>For the services with an asterisk (below) only the name and birth date is required for the care recipient, instead of full registry.</p> <p>Step 2. The caregiver record is associated with the care recipient record.</p> <p>Step 3. Service delivery is reported in the caregiver record only.</p> <p>You must select the "Care Recipient" in the caregiver service delivery record. Do not report service delivery in the care recipient record. This will result in duplicate units.</p>		
FCSP Personal Care	FCSP Caregiver Support Group*	Alz. Core: Telephone Helpline
FCSP Adult Day Services - Basic	FCSP Caregiver Training*	Alz. Core: Public Education
FCSP Adult Day Services - Enhanced	FCSP Counseling*	Alzheimer's Education
FCSP Adult Day Services - Intensive	Alz. Core: Care Consultation 1*	
Alzheimer's Personal Care	Alz. Core: Care Consultation 2*	
Alzheimer's Adult Day Services - Basic	Alz. Core: Care Consultation BRI*	
Alzheimer's Adult Day Services - Enhanced	Alz. Core: Family Education*	
Alzheimer's Adult Day Services - Intensive	Alz. Core: Safe Return*	

Billing

All billing is completed in SAMS. Client level billing is required for all Cluster 1 and 2 services. A Consumer Group (aggregate unit entry) must be completed for all Cluster 3 services.

Income Information

Title III is not a means tested program. No client is to be refused services based on their income, or willingness to provide information for NAPIS. The data is only used for planning, targeting, evaluating, and advocacy purposes. The importance of the income information is in the determination of the clients' income in relation to the federal poverty guidelines. The income question has been redesigned to give the annual income at 185% poverty level and ask if their annual income is above or below that amount, based on number residing in household. This should reduce a client's reluctance to answer this question. The 2019 federal poverty guidelines, updated annually, can be obtained from:

<http://aspe.hhs.gov/2019-poverty-guidelines>

The Issue of Confidentiality

NAPIS information is used to assist Council on Aging of Southwestern Ohio and the Ohio Department of Aging in monitoring the effectiveness of senior programs offered to the citizens of southwestern Ohio. Any information collected on the registry will be kept confidential and no personal identifying information such as name, address, telephone number, or ID number will be accessible to the public. The information will only be permitted for review by authorized aging network staff. The data collected (age, sex, race, low-income status, ADLs and IADLs) will be forwarded to the Ohio Department of Aging. It will be summarized and reported to the Administration on Aging to keep both state and federal legislators informed on the effectiveness of senior programs.

Client specific information will not be permitted for review by any unauthorized persons. It is criminal for addresses, social security number, or any other identifying information to be released to the public or legislatures.

While the scope and procedures for reporting have been expanded and strengthened, in no way have the eligibility and/or participation requirements of the Act been changed. The procedures make allowances for clients' refusal to provide selected information, **but** the provider must make every effort to collect the information. Specifically, while information is requested on the number of persons whose income is at or below the poverty threshold, the Older Americans Act bars means testing.

All clients must have read, discussed or had the disclosure statement explained to them by your staff before filling out the NAPIS form. **It is the provider's responsibility to make sure that all clients are informed about the issue of confidentiality, and the use of this information.** All clients and providers are required to sign the disclosure statement. The statements are to be filed at the provider's office in a secure storage area. A witness signature is not required.

Ongoing Data Maintenance and Annual Assessments

1. Collect and enter new clients as they come onto your program.
2. Maintain the accuracy of the NAPIS information for all clients.
3. Annually update the client records in SAMS along with your reassessment schedule, or periodically ask clients to update any changes. **Updates must be made in SAMS.**

Report Deadlines

Billing deadline is the 12th of each month.

Commonly Asked Questions and Answers

1. **Who do I call with SAMS/NAPIS data questions or if I am having technical problems?**
Jennifer Lake, (513)345-8645, jlake@help4seniors.org – NAPIS, technical questions or problems
Charles Swope, (513)746-2639, cswope@help4seniors.org - Billing questions or problems
2. **What if the client is only on the program for a short length of time?**
Register the client even if they are receiving service briefly. Please provide as much of the information as possible.
3. **What should be my first step in adding a new client into SAMS?**
QUERY the client to make sure the client is not already in the system. This helps to avoid duplicate records.
4. **What do I do if I find duplicate client records?**
Contact COA.
5. **How often do I need to update each client's record?**
SAMS must be updated on an ANNUAL basis.
6. **Do I have to use the COA NAPIS Intake form to gather the required NAPIS information?**
No, you may develop your own form, provided that you are gathering at least the minimum amount of data required for a particular service and that the clients sign the disclosure statement acknowledging the intended use of the data. Please refer to the NAPIS Users' Manual and/or the NAPIS Intake forms to verify which information needs to be collected on a client for each service.
7. **How are Home Delivered Meals (HDMs) different from other Title III services?**
In the ESP levy counties, funding for HDMs is split between ESP and Title III.
Clermont County HDM clients are tracked in the same manner as all other Title III clients.
Butler, Clinton, Hamilton and Warren Counties, HDM clients are tracked in Care Director. COA will export this client data to SAMS for reporting purposes.

Glossary

1. **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.
2. **Care Recipient** - Older persons age 60 and over, or a grandchild under 18 years of age, who receive in- home and community care from a caregiver. In SAMS a caregiver and care recipient receive reciprocal services, that is, the same service unit provides respite or assistance to the caregiver and at the same time provides care to the care recipient.
3. **Disabled** – Refers to a person who has a physical or mental impairment or mental illness that substantially limits one or more Activities of Daily Living (ADLs), has a record of such impairment or is regarded as having such impairment. It is important that disability status be viewed within the context of the service. For example, a client that is diabetic would have a disability for a home delivered or a congregate meal program, but would not be considered disabled for a transportation service.
4. **Frail** – Defined by the Older Americans Act as a client/customer unable to perform at least two activities of daily living (ADLs) without substantial human assistance, including verbal reminding, physical cueing, or supervision.
5. **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.
6. **Local Funds “Associated Contractually”** – any other funds beyond Title III, Block Grant, USDA, project income and match that are associated with the service and mentioned in the contract. We recommend that all funds associated with the contract be identified so that we have a clear picture of services for advocacy purposes.
7. **Low Income or Economic Need** – Persons considered to be “low income” are those whose income is below 100% the federal poverty level guidelines, which the United States department of health and human services establishes annually according to section 673(2) of the Omnibus Reconciliation Act of 1981, 95 Stat. 511, 42 U.S.C. 9902 and publishes on <http://aspe.hhs.gov/2019-poverty-guidelines>
8. **Minority Status** – Minority older persons are confined to the following designations:
 - A) **Black or African American, Not of Hispanic Origin** - A person having origins in any of the black racial groups of Africa.
 - B) **Hispanic or Latino Origin** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race A person of Mexican, Puerto Rican, Cuban, or Central or South American or other Spanish culture or origin, regardless of race.

- C) **American Indian or Alaskan Native** - Having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
 - D) **Asian American** - 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.
 - E) **Native Hawaiian or Pacific Islander** - Having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.
9. **Non-Minority** – A person who doesn’t fall into one of the above racial or ethnic groups.
 10. **NAPIS** – National Aging Program Information System – Federal requirement for improved reporting by the aging network enacted in 1996.
 11. **PASSPORT** – Pre-Admission Screening System Providing Options and Resources for Today – Ohio’s Medicaid waiver program with a full client tracking data component.
 12. **Rural** –Rural status will automatically be determined by SAMS based on the client’s residence zip code.
 20. **Service Provider** – an agency that contracts with the Council on Aging to provide services.
 21. **Site** – a location where services are being provided which is different from the location of the service provider.
 22. **Targeting** – to provide services to individuals with greatest economic need or greatest social need, with special emphasis on low-income minority individuals. Greatest economic need is defined as those persons living below 100% of the federal poverty line. Greatest social need is defined as: physical and mental disabilities (i.e. Alzheimer’s disease and other related disorders); language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status (i.e. Holocaust survivors), that restricts the ability of an individual to perform normal daily tasks; or threatens the capacity of the individual to live independently.