



## Title III-E: Family Caregiver Support Program

### Title III-E Service Definitions, Codes, Invoicing Type and Units of Services

- **Adult Day Service Transportation (ADST)** - 1 one-way trip of transportation from home environment to adult day center; 1 one-way trip of transportation from adult day center to home environment.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Adult Day Service Transportation	ADST	One 1-way trip	Title III E: Supplemental Service	Type 1

- **Caregiver Counseling (CGC)** - Caregiver Counseling is a service designed to support caregivers and assist them in their decision-making and problem solving. Counselors are service providers that are degreed and/or credentialed as follows: state professional licensing, certified TCARE assessor, trained to work with older adults and families and specifically to understand and address the complex physical, behavioral, and emotional problems related to their caregiver roles. This includes counseling to individuals or group sessions. Counseling is a separate function apart from support group activities or training.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Caregiver Counseling	CGC	CaMSS: ¼ hr	Title III E: Caregiver Counseling	Type 1

- **Caregiver Public Information (FCIN)** - A public and media activity that conveys information to caregivers about available services, which can include an in-person interactive presentation to the public conducted; a booth/exhibit at a fair, conference, or other public event; and a radio, TV, or Web site event. Requires reporting of units and total estimated persons served.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Caregiver Public Information	FCIN	1 Activity	Title III E: Caregiver Public Information	Type 3

- **Caregiver Training (CGT)** - A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Training may include use of evidence-based programs, such as Powerful Tools for Caregivers; be conducted in-person or on-line and be provided in individual or group settings.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
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Caregiver Training	CGT	CaMSS: ¼ hr	Title III E: Caregiver Training	Type 1
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- **Caregiver Information and Assistance (CGIA)** - A service that:
  - Provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology.
  - Assesses the problems and capacities of the individuals.
  - Links the individuals to the opportunities and services that are available.
  - To the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures.
  - Serves the entire community of older individuals, particularly caregivers who are older individuals with greatest social need; older individuals with greatest economic need; older relative caregivers of children with severe disabilities, or individuals with disabilities who have severe disabilities; family caregivers who provide care for individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction; and caregivers of “frail” individuals defined as: unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; and/or cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. Requires reporting of units and total estimated persons served.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Caregiver Information & Assistance	CGIA	1 Contact	Title III E: Caregiver Info. & Assistance	Type 3

- **Caregiver Support Group (CGSG)** - A service that is led by a trained individual, moderator, or professional, as required by state policy, to facilitate caregivers to discuss their common experiences and concerns and develop a mutual support system. Support groups are typically held on a regularly scheduled basis and may be conducted in person, over the telephone, or online. For the purposes of Title III-E funding, caregiver support groups would not include “caregiver education groups,” “peer-to-peer support groups,” or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator that possesses training and/or credentials as required by state policy.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Caregiver Support Group	CGSC	1 Session	Title III E: Caregiver Support Group	Type 3



- **Case Management (CMGT)** - 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. See definition of Person-Centered Options Counseling for further information.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Case Management	CMGT	CaMSS: ¼ hr	Title III E: Caregiver Case Management	N/A

- **Durable Medical Equipment (DURM)** - Any equipment that provides therapeutic benefits to a patient in need because of certain medical conditions and/or illnesses.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Durable Medical Equipment	DURM	1 Unit/Equip	Title III E: Supplemental Services	Type 1

- **Environmental/ Home Modifications Maintenance (HOMM)** - General maintenance of the home modifications, which are physical adaptations to the home, as required by the service plan, which are necessary to ensure the health, welfare, and safety of the participant, and which enable the participant to function with greater independence in their home, and without which the participant would require institutionalization.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Environmental/Home Mod Maintenance	HOMM	1 Unit Per Maintenance	Title III E: Supplemental Services	Type 1

- **Environmental/Home Modifications Installation (HOMI)** - of the home modifications, which are physical adaptations to the home, as required by the service plan, which are necessary to ensure the health, welfare, and safety of the participant, and which enable the participant to function with greater independence in their home, and without which the participant would require institutionalization.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Environmental/Home Mod Inspection	HOMI	1 Unit/ Installation	Title III E: Supplemental Services	Type 1



- Environmental Modification Assessor Inspection (EXAM)** -The service will be used to objectively determine the specifications for a home modification that is safe, appropriate, and feasible to ensure accurate bids and workmanship. All participants must receive a home modification assessment if a provider is available in that county, selected by the participant prior to any subsequent home modifications as well as a home modification inspection upon completion of the work. A home modification will not be reimbursed until the final inspection has been completed.

The home modification assessment will assess the home for physical adaptations to the home, including incidental structural repairs to facilitate modifications that, as indicated by the individual’s service plan, are necessary to ensure the health, welfare, and safety of the individual and enable the individual to function with greater independence in the home. Without the modifications, the individual would require institutionalization.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Environmental Modification Assessor Inspection	EXAM	1 Inspection	Title III E: Supplemental Services	Type 1

- Environmental Modification Assessor – Specifications (SPECS)** - The assessor will be responsible for writing the specifications, review of feasibility, and the post-project inspection:
  - Upon completion of the specifications and a review of feasibility, the assessor will prepare and submit the project specifications to the care manager and the participant for the bidding process. The assessor will be paid first installment for the completion of the home specifications.
  - After the project is complete, the assessor, participant, and care manager will each be present on an agreed upon date and time to inspect the work and sign-off indicating that it was completed per the agreed-upon bid and be paid the final installment. In the event the participant, provider, assessor and/or care manager become aware of discrepancies for complaints about the work being completed, the provider shall stop work immediately and contact the care manager and the DA for further instruction. The DA also has the ability to request additional assessment visits to help resolve a disagreement between the home modification provider and the participant. This payment is not included in the actual environmental modification cost category and shall not be subtracted from the participant’s lifetime cap for home modifications. The care management provider entity will be responsible for maintaining related records that can be accessed by the state.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Environmental Modification Assessor - Spec	SPEC	1 Unit	Title III E: Supplemental Services	Type 1



- **Handy Chore (HCP)** - Consists of minor home repair services which are planned along with monitored maintenance and minor repair activities essential to health and safety.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Handy Chore	HCP	CaMSS: 1 hr	Title III E: Supplemental Services	Type 1

- **Home and Community Assistance (HMK)** - Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Home and Comm. Assistance	HMK	CaMSS: ¼ hr	Title III E: Supplemental Services	Type 1

- **Home Delivered Meals (HDM)** - A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by AAAs and meets all of the requirements of the Older Americans Act and State/Local laws.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Home Delivered Meals	HDM	1 Meal	Title III E: Supplemental Services	Type 1

- **Home Health Aide (HOHE)** - Home health aide provides personal care services, including help with bathing, toileting, and dressing. This is considered “hands-on” care.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Home Health Aide	HOHE	CaMSS: ¼ hr	Title III E: Supplemental Services	Type 1

- **Home Health Supplies (SUPP)** - Services and supplies that include all health monitoring activities performed in the home, the supervision of medication, care and maintenance of any appliances or equipment necessary to maintain health, safety, and independence, and dressing changes.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Home Health Supplies	SUPP	1 Supply / Unit	Title III E: Supplemental Services	Type 1



- **Integrated Health Care Collaboration (HCC)** - Integrated Healthcare Coordination is to promote improved health status and quality of life, delay/prevent deterioration of health status, manage chronic conditions in collaboration with physicians, and integrate medical and social services. Service includes medical coordination provided by an RN, LPN, or licensed social worker (LSW) to manage the healthcare of the individual including physician consults, medication ordering, and development and nursing oversight of a healthcare support plan. Skilled nursing services are provided within the scope of the *Indiana State Nurse Practice Act*

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Integrated Health Care Collaboration	HCC	CaMSS: ¼ hr	Title III E: Caregiver Case Management	Type 1

- **Interpreter Services (ITPR)** - Interpreter services relates to interpreters, translators, and oral translators to assist individuals receiving care by attending medical appointments, case management visits, and conducting phone calls because the individual receiving services is unable to do so due to differences in language and culture. Services may include, but not limited to sign language, reader services for visually impaired, or language services for non-native English speakers.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Interpreter Services	ITPR	CaMSS: ¼ hr	Title III E: Supplemental Services	Type 3

- **Medication Dispenser Installation (MEDI)** - Installation of a device or unit that is utilized for an individual to receive alarms and automated reminders for the individual to take his or her medications.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Med Dispenser Installation	MEDI	1 Time Installation	Title III E: Supplemental Services	Type 1

- **Medication Dispenser Monitoring (MEDM)** - Monthly testing and/or maintenance of a device or unit that is utilized for an individual to receive alarms and automated reminders for the individual to take his or her medications.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Med Dispenser Monitoring	MEDM	Monthly	Title III E: Supplemental Services	Type 1



- **Medication Setup (MESE)** - Service provided by a licensed RN that comes to the individual's home to fill medication boxes for set-up.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Medication Set Up	MESE	1 Monthly Fee	Title III E: Supplemental Services	Type 1

- **Money Management** - Provides personal financial assistance and management to those who can no longer handle certain aspects of financial affairs.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Money Management	N/A	CaMSS: ¼ hr	Title III E: Supplemental Services	Type 1

- **Nutrition Counseling (NUTC)** - 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 dietitian and addresses the options and methods for improving nutrition status.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Nutrition Counseling	NUTC	CaMSS: ¼ hr	Title III E: Supplemental Services	Type 2

- **Nutritional Supplements (NUTS)** - Dietary liquid nutritional supplements that are high-calorie and formulated to improve or maintain the nutritional intakes of individuals that are unable to consume adequate nutrients through traditional foods due to physical, mental, or medical problems. Nutritional (Dietary) supplements include liquid supplements, such as "Boost" or "Ensure" Supplements must be ordered by a physician, physician assistant, or nurse practitioner.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Nutritional Supplements	NUTS	N/A	Title III E: Supplemental Services	Type 1

- **Pest Control (PEST)** - Pest Control services are designed to prevent, suppress, or eradicate anything that competes with humans for food and water, injures humans, spreads disease to humans and/ or annoys humans and is causing or is expected to cause more harm than is reasonable to accept.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Pest Control	PEST	1 Application / Service	Title III E: Supplemental Services	Type 1





- **Personal Emergency Response System Installation (PERS)** - Personal Emergency Response System (PERS) is an electronic device which enables certain participants at high risk of institutionalization to secure help in an emergency. This service is for the initial, one-time device installation.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Personal Emergency Response System Install	PRSI	1 Installation	Title III E: Supplemental Services	Type I

- **Personal Emergency Response System Maintenance (PRSM)** - Personal Emergency Response System (PERS) is an electronic device which enables certain participants at high risk of institutionalization to secure help in an emergency. This service is for the ongoing monthly maintenance of the device.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Personal Emergency Response System Maintenance	PRSM	1 Monthly Fee	Title III E: Supplemental Services	Type I

- **Respite Attendant Care (RATT)** - Respite services are those services that are provided temporarily or periodically in the place of the usual caregiver. Participant who is eligible for Medicaid PA ATTC services is eligible for RATT. Please refer to ATTC duties.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Respite Attendant Care	RATT	CaMSS: ¼ Unit	Title III E: Respite In-Home	Type 1

- **Respite Home Health Aide (RHHA)** - Respite services are those services that are provided temporarily or periodically in the place of the usual caregiver. Participant who is eligible for Medicaid PA Home Health Services is eligible for RHHA. Please refer to HOHE duties.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Respite Home Health Aide	RHHA	CaMSS: ¼ Unit	Title III E: Respite In-Home	Type 1





- **Respite In-Home (RIH)** - A respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities. During such respite, other activities can occur which may offer additional support to either the caregiver or care receiver, including homemaker or personal care services.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Respite In-Home	RIH	CaMSS: ¼ Unit	Title III E: Respite In-Home	Type 1

- **Respite Nursing LPN or RN (RNUR)** - Respite services are those services that are provided temporarily or periodically in the place of the usual caregiver. Participant who is eligible for Medicaid PA Skilled Nursing is eligible for RNUR. Please refer to SKNU duties.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Respite Nursing LPN or RN	RNUR	CaMSS: ¼ Unit	Title III E: Respite In-Home	Type 1

- **Respite Out-Of-Home Day (ROHD)** - A respite service provided in settings other than the caregiver/care receiver's home, including adult day care, senior center or other non-residential setting (in the case of older relatives raising children, day camps), where an overnight stay does not occur that allows the caregiver time away to do other activities.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Respite Out-Of Home Day	ROHD	CaMSS: ¼ Unit	Title III E: Respite Out-Of-Home Day	Type 1

- **Respite Out-Of-Home Overnight (ROHO)** - A respite service provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or, in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for a full 24-hour period of time. The service provides the caregiver with time away to do other activities.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Respite Out-Of Home Overnight	ROHO	CaMSS: ¼ Unit	Title III E: Respite Out-Of-Home Overnight	Type 1



- **Skilled Nursing (SKNU)** - Skilled nursing is a term that refers to a patient's need for care or treatment that can only be done by licensed nurses.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Skilled Nursing	SKNU	CaMSS: ¼ Unit	Title III E: Supplemental Services	Type 1

- **Specialized Medical Equipment (SMES)** - Specialized Medical Equipment and Supplies are medically prescribed items required by the participant's service plan, which assist the participant in maintaining their health, welfare and safety, and enable the participant to function with greater independence in the home.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Specialized Medical Equipment	SMES	1 Unit/Installation	Title III E: Supplemental Services	Type 1

- **Specialized Medical Equipment Maintenance (SMEM)** - Maintenance of Specialized Medical Equipment and Supplies that have been previously provided as SMES as part of a non-waiver planned service.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Specialized Medical Equipment Maintenance	SMEM	1 Unit/Maintenance	Title III E: Supplemental Services	Type 1

- **TCARE** - Counseling services designed to support caregivers and assist them in their decision-making and problem solving, provided by a certified TCARE professional utilizing the TCARE platform.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
TCARE	N/A	1 Unit/Maintenance	Title III E: Caregiver Counseling	Type 1



- **Vehicle Modification Install (VMOD)** - Installation of adaptive equipment or structural changes to a motor vehicle that will empower an individual to have safe transportation in a motor vehicle.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Vehicle Modification Install	VMOD	1 One-way trip	Title III E: Supplemental Service	Type 3

- **Vehicle Modification Maintenance (VMOM)** - Maintenance of adaptive equipment in a motor vehicle for safe transportation.

Service Name	Service Code	Unit of Service	Non-Waiver Funding Source	Invoice Type
Vehicle Modification Maintenance	VMOM	1 Unit/Installation	Title III E: Supplemental Service	Type 1