

# **TITLE III-B, D, E MIS SERVICE DEFINITIONS**

**B- Supportive Services and Senior Center's  
D-Evidence- Based Health Promotion  
E-National Family Caregiver Support Program**

Department of Aging and Disability Services  
State Bureau of Aging

**MIS SERVICE DEFINITIONS**  
**TITLE III-B**  
**SUPPORTIVE SERVICES: ACCESS SERVICES, IN-HOME SERVICES, LEGAL ASSISTANCE, SENIOR CENTERS**

**Service Unit:** The service unit that is associated with a particular service is provided in parentheses next to the service name. This is the unit that must be used to calculate the monthly units received by a consumer.

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**1. Assisted Transportation (One Way Trip)** Assisted Transportation provides assistance, including escort, to persons who have physical or cognitive difficulties that interfere with using regular vehicular transportation. ACL has specified that Assisted Transportation must involve a personal escort for the consumer, not just a helpful driver.

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**2. Benefits Counseling (One Hour)** This service helps elders in determining their eligibility for public assistance, assists in processing or completing forms and teaches about local, state, and federal tax benefits or credits.

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**3. Benefits Education (One Session)** Benefits education are educational programs designed to increase participants' awareness of available government and non-government programs that assist them in meeting their needs and solving their problems. These programs provide detailed service information, including eligibility requirements and places where services are delivered. To report this service aggregately, it must be approved by the SUA. Approval for aggregate reporting is given on a case-by-case basis.

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**4. Case Management (One Hour)** Case Management is a service provided to an older adult, at the direction of the older adult or family member, by an individual who is trained or experienced in case management skills to assess needs and arrange, coordinate, and monitor a package of services that meets the individual's needs. This service includes activities and coordination such as: 1) a comprehensive assessment of the individual, including physical, psychological and social needs, 2) develop, implement monitor and adjust a service plan in conjunction with the individual that uses formal services, including those from other plans, as well as informal services to meet the needs of the individual identified in the assessment, 3) coordinate and monitor service deliveries, 4) advocate on behalf of the individual for needed services or resources and, 5) conduct periodic reassessment, as required.

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**5. Chore (One Hour)**

Chore provides assistance to persons experiencing difficulties with activities such as heavy housework, yard work, sidewalk maintenance and minor home repairs.

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**6. Companion (One Hour)**

Companion provides company to participants in a protective and supervisory capacity. It may include escort to medical appointments, transportation incidental to such appointments and minor meal preparation and light housekeeping. However, the primary emphasis is on the provision of supervision and companionship. The sub-service travel is applied when a companion transports a consumer to and from appointments or accompanies the consumer to medical visits.

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**7. Continuing Education (One Person Session)**

Continuing education provides older adults with an opportunity to acquire and/or improve their knowledge and skills through a formal or informal mechanism of meetings, training sessions, seminars and workshops.

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**8. Day Care (One Hour)**

Day Care provides personal care for dependent adults in a supervised, protective, congregate setting during some portion of a twenty-four-hour day. Services offered in conjunction with adult day care frequently include social and recreational activities, training, counseling, and meals for adult day care participants while at the facility. Day Care programs may also provide services such as rehabilitation, medications assistance and personal care assistance.

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**9. Dental Services (One Visit)**

Clinics and/or community oral health programs which offer services that provide dental screening, information and referral, and/or treatment.

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**10. Direct Volunteer Services (One Contact)**

This service records the total number of contacts between volunteers and elderly service participants in the community for a given period on a consolidated or group basis. It is used in those instances where the nature of the service provided by the volunteer is of such a diverse nature that it cannot be otherwise identified.

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**11. Employment Assistance (One Contact)**

Employment assistance helps participants locate and qualify for gainful employment.

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**12. Employment Counseling (One Hour)**

This counseling assists older adults in their adjustment to retirement through pre-retirement programs or a more crisis-oriented service for retirees. This service may also include advice about employment and enhancement of employability.

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**13. Energy-Related Assistance (One Delivery)**

Assistance in which fuel and/or utilities are furnished to participants who are unable to purchase them at the market price. Special arrangements are made with fuel and utility suppliers to reimburse them for the delivery of fuel or the provision of utilities at negotiated prices, which are at or below the market price. Elderly participants or their families are expected to share costs at levels determined by their economic circumstances.

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**14. Family Life Education (One Person Session)**

These educational or training programs deal with family and individual adjustment. Programs provide participants with the skills required to cope with the psychological and societal problems that may be brought on by advanced age. To report this service aggregately, it must be approved by the SUA. Approval for aggregate reporting is given on a case-by-case basis.

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**15. Foot Care (One Visit)**

Routine foot care provided by a licensed cosmetologist, nurse or podiatrist in a client's home, senior center or other appropriate setting which includes soaking feet and providing lotion and trimming, filing and cleaning toenails.

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**16. Friendly Visiting (One Hour)**

Volunteers visit on a regularly scheduled basis the homes of participants who live alone and are socially and/or geographically isolated. Participants are provided protection and socialization. Visitors help elderly participants maintain contact with the outside world by providing services such as letter writing and reading. This service records the hours of friendly visiting that participants receive from volunteers.

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**17. Health Assessments (One Visit)**

Health Assessments develop an individualized profile of participants' current health and the services that are required to maintain or improve their functioning. A medical doctor or a diagnostically trained nurse practitioner or physician's assistant may provide these assessments.

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**18. Health Counseling (One Hour)**

Health Counseling provides individuals with an awareness of preventative, remedial and/or rehabilitative self-health care, which focuses on the particular health needs of participating individuals.

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**19. Health Education (One Person Session)*****Non-Evidence-Based Health Education***

Health education provides individuals or groups of participants with an awareness of preventative, remedial and/or rehabilitative self-health care, which is based upon the health needs of the particular individual/group.

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**20. Home Health Aide (One Hour)**

Home health aides provide personal assistance, stand-by assistance, supervision or cues for persons having difficulties with one or more of the following activities of daily living: eating, dressing, bathing, toileting, and transferring in and out of bed.

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**21. Homemaker (One Hour)**

Homemaker services help to maintain, strengthen and safeguard household functioning and independent living for participants who either need temporary assistance due to illness or longterm assistance due to chronic disabling conditions. Homemakers perform home management functions. These functions may include cooking, cleaning, laundry, and other light household chores. Although similar to companion, the primary emphasis in homemaker service is on the performance of home management functions while the primary emphasis in companion service is on the provision of supervision and companionship.

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**22. Home Repair and Renovation (One Hour)**

This service helps participants make essential repairs to their homes either to restore them to their original condition or to make them safe by removing health hazards. It includes renovations designed to remove architectural barriers and provide structural improvements that will enable participants suffering from chronic disabling conditions to remain in their own homes.

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**23. Home Safety Assessment (One Assessment)**

A home safety assessment is an in-home assessment that is conducted by a person which is designated as a current Certified Aging in Place Specialist (CAPS) by the National Association of Home Builders. This assessment promotes the ability of an individual to age in place by identifying risks and hazards in the home that when addressed minimize falls, supports home safety and eases home maintenance. Home alterations can be simple changes such as installing grab bars, fastening down rugs, replacing doorknobs with lever handles or more extensive modifications such as renovating bathrooms and kitchens to make them more accessible and safer. This assessment includes assistance from the specialist (CAPS) to seek and secure funding for the proposed modifications.

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**24. Information & Assistance (One Contact)**

A service for older individuals that (A) provides them with current information on opportunities and services that are available to them in their communities, including information related to assistive technology; (B) assesses their problems and capacities; (C) links them to available opportunities and services; and (D) to the maximum extent practicable, ensures that they receive needed services and are aware of available opportunities by establishing adequate follow-up procedures.

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**25. Language Translation (One Contact)**

Language translation helps to reduce barriers in communications so that the social functioning of participants who do not speak English can be assisted.

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**26. Legal Assistance (One Hour)**

Legal assistance is legal advice and representation provided by an attorney to older adults with economic or social needs as defined in the Older American Act Sections 102 (a) (23) and (24) and includes to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney.

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**27. Maintenance-Personal Emergency Response (One Month) *(Personal Emergency Response)***

This service provides monthly maintenance payment for an in-home, twenty-four-hour electronic alarm system, which enables a high-risk individual to secure help in a medical, physical, emotional or environmental emergency.

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**28. Medical Transportation (1 One Way Trip)**

This service provides participants with transportation to and from destinations that provide medical services. This transportation may include assistive technologies for persons with mobility limitations.

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**29. Medication Management (One Person Session)**

A group of educational and/or screening services that optimize outcomes for individuals related to their medication use in order to prevent medication errors and adverse drug reactions. Services are based upon the responsibilities within the licensed pharmacist's, or other qualified health care provider's, scope of practice.

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**30. Mental Health Counseling (One Hour)**

Mental health counseling provides psychiatric care and counseling to persons in danger of institutionalization or who may have suffered significant losses, dementia, depression, etc. Pharmaceutical therapy is available in addition to counseling when needed. A psychiatrist is available for home visits. If counseling is provided in a person's residence, record under the subservice "in-home."

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**31. Money Management (One Hour)**

Money Management provides assistance to persons whose ability to manage their own financial affairs is restricted by either impairment or lack of previous experience. This service can be provided by professionals or volunteers working under the supervision of qualified professionals.

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**32. Outreach (One Contact)**

Interventions initiated by an agency or organization for the purpose of identifying individuals with unmet assistance needs and encouraging their use of existing services and benefits. This service includes both the initial contact and any follow-up contacts required to link the participant to appropriate services. This service must be provided one-on-one with the consumer.

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**33. Personal Care Worker (One Hour)**

A personal care worker is an individual employed by a home health agency who provides a combination of homemaking services such as cleaning, laundry and other household chores as well as hands-on care including assistance with eating, bathing, toileting and transferring. A personal care worker allows consumers greater flexibility in the receipt of services.

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**34. Personal Reassurance (One Contact)**

This service provides telephone or personal contact at prearranged times for participants who live alone. It helps to ensure participants' health and safety and to assure them that help is available if, and when, it is needed. It also provides community contact over a sustained period of time. This service includes a mechanism to investigate if participants do not answer the telephone or do not otherwise respond at the prearranged times.

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**35. Physical Activity (One Person Session)**

Physical activity programs focus on key areas important to the health and fitness of older adults such as stretching and flexibility, low-impact aerobics, strength training, and balance. These programs may also include components that include group-based problem-solving methods and strategies that integrate physical activity into everyday living.

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**36. Public Education (One Activity) (Aggregate)**

This education includes activities undertaken to increase public awareness of the problems or concerns confronting older adults and recommended solutions to these problems. These activities may include public service announcements in the media, preparation of pamphlets, reports, presentations, seminars and newsletters. The target audience for these activities is the general population, and it is usually not possible to specify the number of participants with any degree of precision.

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**37. Recreation (One Hour)**

This service promotes health and social well-being by providing activities for social interaction and development of the participant in a group setting.

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**38. Respite (One Hour)**

Respite provides temporary care to participants requiring personal care assistance so that their primary caregivers (usually a family member) can have a break. This service can be provided in the home, in a long-term-care facility or a day care facility.

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**39. Senior Center Participation (One Half Day)**

Senior center participation creates opportunities for socialization and provides other services, some of which are difficult to differentiate or describe. These services can be provided by the center director, other professional or volunteer staff, or, in some cases, other senior center participants. Senior center participation is intended to cover those services that are available to Senior Center members on an informal or unstructured basis. Services are not provided during specific time periods, or in specially arranged sessions, or by specifically designated personnel.

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**40. Shopping Services (One Hour)**

Shopping services help participants to obtain food and other basic necessities in the interest of safety and convenience. This service may involve taking participants shopping if they are able to leave home or doing the shopping for those who are unable to get out. Deference should be given to a participant's preferred merchants and to convenience.

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**41. Social Support Services (One Hour)**

Social support services help participants to adjust to problems in their personal lives or living environments. They include guidance and assistance in such areas as personal adjustment, marital problems, alcohol or drug dependency, family relations and adjustment counseling. These services include active intervention in participants' social environments in order to assist them in producing an appropriate adjustment. This support covers generic counseling and psycho-social adjustment counseling.

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**42. Transportation (1 One Way Trip)**

This service provides a means of transportation for persons who require help going from one location to another using a vehicle. This service does not include any other activity.

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**43. Volunteer Training (One Person Session)**

Volunteer training provides instruction that enhances the effectiveness of those who volunteer their service on behalf of a provider agency. Such training helps to ensure quality care and services. Training may include educational programs for participants seeking paid employment.

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**SEE NEXT PAGE  
FOR TITLE III-D  
MIS SERVICE DEFINITIONS**

# **MIS SERVICE DEFINITIONS**

## **TITLE III-D**

### **EVIDENCE-BASED HEALTH PROMOTION PROGRAMS**

**Service Unit:** The service unit that is associated with a particular service is provided in parentheses next to the service name. This is the unit that must be used to calculate the monthly units received by a consumer.

All health promotion services funded under Title IIID must be evidence-based. The link to the NCoA Evidence-Based Search Tool is: <https://www.ncoa.org/evidence-based-programs/>

This tool can be used to review evidence-based programs. The statewide program coordinator shall be notified when the AAA intends to fund one of the programs in this tool. All services provided under health promotion must be approved by the statewide program coordinator.

**All Title III-D funded programs MUST meet the Administration for Community Living's criteria for highest level evidence-based programs as outlined below.**

- Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults; *and*
- Proven effective with older adult population, using Experimental or Quasi-Experimental Design; *and*
- Research results published in a peer-review journal; *and*
- Fully translated in one or more community site(s); *and*
- Includes developed dissemination products that are available to the public.

**Please contact the SWCAA Grants Manager with questions and for more information.**

### **1. Chronic Disease Self-Management Education Programs (One Person Session)**

This service provides for the Chronic Disease Self-Management Education Programs (CDSME), the Chronic Pain Self-Management Program, Tomando Control de su Salud and the Diabetes Self-Management Program (DSMP) which are designed to help people with chronic diseases gain self-confidence in their ability to control their symptoms, take on health challenges and maintain control of their lives. Other self-management programs may be eligible upon approval by the SUA. To fund these programs under Title IIID they must be evidence-based programs and approved by the SUA.

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### **2. Fall Prevention – Physical Activity (One Person Session)**

Fall Prevention – Physical Activity includes programs that incorporate strategies to reduce the fear of falling, increase physical activity levels, increase strength and balance, and reduce the potential for falls by addressing environmental changes that are proven to help older adults reduce their risk of falling. These programs can include, but are not limited to, the following evidence-based programs: A Matter of Balance, Enhance Fitness, Falls Talk, Stepping On, Tai Chi for Arthritis and Tai Ji Quan: Moving for Better Balance. To apply Title III D funds to this service it must be approved by the SUA as an evidence-based service.

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### **3. Health Counseling (One hour)**

Health Counseling provides individuals with an awareness of preventative, remedial and/or rehabilitative self-health care, which focuses on the particular health needs of participating individuals. To fund this service under Title IIID it must be an evidence-based program and approved by the SUA. Examples of evidence-based programs under this service are Enhance Wellness, BRI (Benjamin Rose Institute Care) Consultation, and SHARE (Support Healthy Activities Resources Education for Dementia).

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### **4. Health Education (One Person Session)**

Health education provides individuals or groups of participants with an awareness of preventative, remedial and/or rehabilitative self-health care, which is based upon the health needs of the particular individual/group. To fund this service under Title IIID funds, it must be an evidence-based program and approved by the SUA. Examples of evidence-based programs under this service are Bingocize – Eat Smart, Move More Weigh Less, Health Coaches for Hypertension Control, Powerful Tools for Caregivers and Mind Over Matter.

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### **5. Medication Management (One Person Session)**

A group of educational and/or screening services that optimize outcomes for individuals related to their medication use in order to prevent medication errors and adverse drug reactions. Services are based upon the responsibilities within the licensed pharmacist's, or other qualified health care provider's, scope of practice. To be funded under Title IIID, this service must be approved by the SUA as an evidence-based program. An example of an evidence-based program for this service is Homemeds.

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## **6. Mental Health Screening and Referral (One Person Session)**

Depression or alcohol self-management programs, or other substance abuse or mental health programs, facilitated by case managers, social workers, or social service providers that may include: screening and assessment, education for clients and family caregivers, referral and linkages to appropriate health professionals, and behavioral activations. Services may also include problem-solving treatment, social and physical activation, and follow-up phone calls. To be funded under Title IIID, this service must be approved by the SUA as an evidence-based service. Examples of evidence-based programs under this service are Healthy IDEAS (Identifying Depression & Empowering Activities for Seniors), SBIRT (Screening Brief Intervention and Referral to Treatment) or the PEARLS (Program to Encourage Active Rewarding Lives) Program

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## **7. Physical Activity (One Person Session)**

Physical activity programs focus on key areas important to the health and fitness of older adults such as stretching and flexibility, low-impact aerobics, strength training, and balance. These programs may also include components that include group-based problem-solving methods and strategies that integrate physical activity into everyday living. To be funded under Title IIID, this service it must be approved as an evidence-based program by the SUA. Examples of evidence-based programs for this service are Enhance Fitness, Walking with Ease, Active Choices, Active Living Every Day and the AEA (Aquatic Exercise Foundation) Arthritis Foundation Exercise Program

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**SEE NEXT PAGE  
FOR TITLE III-E  
MIS SERVICE DEFINITIONS**

**MIS SERVICE DEFINITIONS**  
**TITLE III-E**  
**NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM**

**Service Unit:** The service unit that is associated with a particular service is provided in parentheses next to the service name. This is the unit that must be used to calculate the monthly units received by a consumer. **Most of the services listed below require socio-demographic reporting on *BOTH* the caregiver and the care recipient.**

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**1. NFCSP Benefits Education (One Session)**

Educational programs offered through the NFCSP that are designed to increase caregivers' awareness of available government and non-government programs that assist them in meeting their needs and finding supports and solutions for challenges associated with caregiving. These programs provide detailed service information, including eligibility requirements and places where services are delivered. This service is recorded directly to the caregiver and is reported individually unless approved by the NFCSP statewide coordinator to report aggregately. Approval for aggregate reporting is given on a case-by-case basis.

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**2. NFCSP Caregiver Counseling (One Hour)**

A service designed to support caregivers and assist them in their decision-making and problem solving. Counselors have the capacity to work with older adults, families and caregivers and to understand and address the complex physical, behavioral and emotional problems related to caregiving. This includes counseling to individuals or in group sessions. Counselors must be degreed and/or credentialed professionals licensed by the State of Connecticut and include: Psychiatrists, Psychologists, Psychiatric Nurse Practitioners, Therapists, Professional Counselors and Clinical Social Workers. This service is recorded directly to the caregiver.

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**3. NFCSP Caregiver Support Groups Monthly (One Session) (Aggregate)**

Support groups are led by a trained individual, moderator, or professional, as designated by the SUA, who facilitates groups of NFCSP caregivers in discussing their common experiences and concerns and developing a mutual support system. These support groups can help participants cope with issues that include isolation, role reversal, depression, change in social supports, relationship changes, how to advocate for the care recipient, etc. Support groups are typically held on a regularly scheduled basis and may be conducted in person, over the telephone, or online. Caregiver Support Groups do 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 who possesses training and/or credentials as required by the SUA. Facilitators may include psychologists, licensed counselors, persons with a bachelor's or

master's degree in social work. Facilitators can also include individuals who are certified through a SUA-approved, evidence-based practice program such as *Powerful Tools for Caregivers*, *Savvy Caregivers*, *REACH Community (Resources for Enhancing Alzheimer's Caregivers Health in the Community)*, and *Stress-Busting Program for Family Caregivers*. This service is reported aggregately in the consumer group (Agency Name) NFCSP Caregiver Support Group. This service records the number of caregiver support group sessions conducted by the provider and the number of consumers that attended such sessions for the report month.

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#### **4. NFCSP Caregiver Training (One Hour)**

NFCSP Caregiver Training provides caregivers who participate in the NFCSP with information to improve knowledge and enhance specific skills related to caring for older individuals, children under age 18 and adult children between age 18 and 59 with a disability. Training sessions may include skills related to home emergency planning and preparedness, medication and financial management, health, and nutrition, including disease specific needs, communication with health care providers and other family members, and assistance with activities of daily living, such as bathing and dressing. Training may include the use of evidence based programs; be conducted in person or on-line; and be provided in individual or group settings. Regardless of the manner in which the service is provided, the required demographic data outlined, by the SUA, MUST be collected for both the caregiver and care recipient.

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#### **5. NFCSP Case Management (One Hour)**

NFCSP Case Management is a service provided to the caregiver, at the direction of the caregiver, by an individual who is trained or experienced in case management skills to assess needs and arrange, coordinate and monitor a package of services that meets the caregiver's needs. This service includes activities and coordination such as: 1) a comprehensive assessment of the caregiver, including physical, psychological and social needs, 2) develop, implement monitor and adjust a service plan in conjunction with the caregiver that uses formal services, including those from other plans, as well as informal services to meet the needs of the caregiver identified in the assessment, 3) coordinate and monitor service deliveries, 4) advocate on behalf of the caregiver for needed services or resources, 5) authorize payment for services and, 6) conduct an annual reassessment, as required. NFCSP Case Management is recorded directly to the caregiver.

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#### **6. NFCSP Day Care (One Hour)**

NFCSP Day Care provides short-term respite to caregivers in the NFCSP by providing personal care for dependent adults in a supervised, protective, congregate setting during some portion of a twenty-four-hour day. Services offered in conjunction with adult day care frequently include social and recreational activities, training, counseling and meals for adult day care participants while at the facility. Day care programs may also provide services such as rehabilitation, medications assistance and personal care assistance. This service is a reciprocal service that is applied to the care recipient. One unit of NFCSP Respite Out-of-Home Day is applied to the caregiver for each unit of NFCSP Day Care that is recorded to the care recipient. The fund identifier *FC Day Care* must be applied when delivering NFCSP Respite Out-of-Home Day to the caregiver.

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### **7. NFCSP Information and Assistance (One Contact)**

A service for NFCSP caregivers that: (A) provides current information on opportunities and services that are available to caregivers and their care recipients in their communities, including information related to assistive technology; (B) assesses problems and capacities; (C) links to available opportunities and services; and (D) ensures, to the maximum extent practicable, that caregivers receive needed services and are aware of available opportunities by establishing adequate follow-up procedures. This service should be recorded directly to the caregiver whenever possible. When it is not practical to report individual caregivers, caregivers may be reported aggregately. The NFCSP statewide coordinator at the SUA approves, on a case-by-case basis, whether this service is reported individually or aggregately. Services cannot be provided aggregately until approval is granted.

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### **8. NFCSP Outreach (One Contact)**

Interventions initiated by an agency or organization delivering NFCSP services for the purpose of identifying and reaching out to individual caregivers that might potentially benefit from existing services and benefits and encouraging their use of such services. This outreach is tailored to the needs of the individual caregiver.

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### **9. NFCSP Personal Care Worker (One Hour) *Reciprocal Service***

An individual employed by a home health agency who provides a combination of homemaking services such as cleaning, laundry, and other household chores as well as hands-on care including assistance with ambulating, eating, bathing, dressing, toileting and transferring. A personal care worker allows consumers greater flexibility in the receipt of services. This service is a reciprocal service that is applied to a care recipient in the NFCSP. One unit of NFCSP Respite In-Home respite is applied to a caregiver for each unit of NFCSP Personal Care Worker that is recorded to the care recipient. The fund identifier *FC Personal Care Worker* must be applied when delivering NFCSP Respite In-Home to the caregiver.

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### **10. NFCSP Public Information Services (One Activity) (Aggregate) (formerly known as Public Education)**

A public and media activity that provides caregivers, as a targeted audience, information that includes but is not limited to available services, issues related to caregiving and caregiver stress. Public activities may include in-person or virtual interactive presentations, booths/exhibits at fairs, conferences, public service announcements, distribution of pamphlets and newsletters, and radio, TV or web site events. This service is intended for large audiences and is not tailored to the needs of an individual like NFCSP Information and Assistance. This service is recorded aggregately because collecting consumer registration forms is not feasible due to the large

number of participants. An estimated unduplicated number of caregivers receiving NFCSP Public Information Services must be provided.

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### **11. NFCSP Temporary Inpatient Care (One Day)**

This short-term inpatient respite care is provided to NFCSP care recipients in a setting that is not the care recipient's home. This care may be provided in a nursing home in which case the subservice "Institutional" must be recorded or in an assisted living community or residential care home in which case the sub-service "Non-Institutional" must be recorded. This service includes a room, meals, substantial assistance with personal care and daily living, protective supervision and recreational activities. Nursing services may also be provided. This service is a reciprocal service that is applied to the care recipient. Twenty-four units of NFCSP Respite Out-of-Home Overnight are applied to the caregiver for every unit of NFCSP Temporary Inpatient Care that is recorded to the care recipient. The fund identifier *FC Temporary Inpatient Care* must be applied when delivering NFCSP Respite Out-of-Home Overnight to the caregiver.

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