

Virginia Department for the Aging Information System Service Guide

AoA Funding - **Except Title III-E**

Service / PeerPlace State Service Type	Unit to Track	NAPIS Group Mapping	UAI or Other Required Minimum	Nutritional Screening (NSI)	In Federal Poverty?
Adult Day Care	Individual Hours	05 – Adult Day Care/ Health	Full		Required ²
Assisted Transportation	One-way Trips	09 – Assisted Transportation	Part A		Required ²
Care Coordination	Individual Hours	06 – Case Management	Full	Required	Required ²
Checking	Contacts	D – Checking	Quick Form		Required ²
Chore	Individual Hours	03 – Chore	Part A		Required ²
CRIA (Referrals) and (I & A / Transfers)	Contacts	13 – Information and Assistance	Quick Form / Encounter ³		Required ²
Congregate Nutrition	Eligible Meals	07 – Congregate Meals	Page 1-3 ¹	Required	Required ²
Disease Prevention/Health Promotion	Individual Hours	B – Disease Prevention/Health Promotion	Quick Form		Required ²
Emergency	Contacts	F – Emergency	Quick Form		Required ²
Employment Title III	Individual Hours	F – Employment Title III	Quick Form		Required ²
Health Education/Screening	Individual Hours	B – Health Education/Screening	Quick Form		Required ²
Home Delivered Nutrition	Meals	04 – Home Delivered Meals	Part A	Required	Required ²
Home Delivered Meals – Fee for Service	Non NSIP Meals	Fee for Service – Home Delivered Meals	Part A	Required	Required ²
Home Health	Individual Hours	B – Home Health	Full		Required ²
Homemaker	Individual Hours	02 – Homemaker	Part A		Required ²
Identification/Discount	Cards Issued	F – Identification/Discount	Quick Form		Required ²
Medication Management	Individual Hours	B – Medication Management	Quick Form		Required ²
Money Management	Individual Hours	F – Money Management	Quick Form		Required ²
Personal Care	Individual Hours	01 – Personal Care	Full		Required ²
Residential Repair and Renovation	Homes Repaired	A – Residential Repair and Renovation	Quick Form		Required ²
Socialization/Recreation	Individual Hours	D – Socialization/Recreation	Quick Form		Required ²
Transportation	One-way Trips	10 – Transportation	Quick Form		Required ²
Volunteer Programs	Volunteer Hours	D – Volunteer Programs	Quick Form		Required ²

¹ Volunteers during meal time of Congregate Nutrition are an exception to the required assessment. The Congregate Nutrition volunteers must complete only the Quick Form.

² The answer to the question “In Federal Poverty?” is a required data field captured either on the “Virginia Service – Quick Form” or “Federal Poverty / VDA Sliding Fee Scale” for the appropriate year.

³ See the Communication, Referral, Information and Assistance (CRIA) Service Standard for additional required data elements to collect.

Notes: Reassessments should be performed annually or when the person’s condition has changed significantly. The exception to this rule is Care Coordination (CCEVP) / Case Management, which is performed every six months or when the person’s condition has changed significantly.

NSI = Nutritional Screening Initiative.

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AoA Funding - Title III-E Only Services

Note: The “Virginia Caregiver – Service Form” should be collected from each caregiver for all Title III-E services except “Caregiver Public Information/Education”

Title III-E Service	Unit to Track	NAPIS Group Mapping	UAI or Other Required Minimum	AIM Program Group Mapping / PeerPlace State Service Type	Nutritional Screening (NSI)	In Federal Poverty?
Caregiver Adult Day Care Respite	Individual Hours	Caregiver Respite Care	Full	III-E Adult Day Care - Respite		Required ²
Caregiver Assisted Transportation	One-way Trips	Caregiver Access Assistance	Part A	III-E Assisted Transportation – AA		Required ²
Caregiver Care Coordination	Individual Hours	Caregiver Access Assistance	Full	III-E Care Coordination – AA	Required	Required ²
Caregiver Caregiver Training	Sessions	Caregiver Counseling/Support Groups/Caregiver Training	Quick Form	III-E Caregiver Training - Counseling		Required ²
Caregiver Chore	Individual Hours	Caregiver Supplemental Programs	Part A	III-E Chore - SS		Required ²
Caregiver Congregate Nutrition	Eligible Meals	Caregiver Supplemental Programs	Page 1-3 ⁵	III-E Congregate Nutrition - SS	Required	Required ²
Caregiver Direct Payment - Respite	One Payment	Caregiver Respite Care	Part A	III-E Direct Payment - Respite		Required ²
Caregiver Direct Payment - Supplemental Services	One Payment	Caregiver Supplemental Programs	Part A	III-E Direct Payment - SS		Required ²
Caregiver Home Delivered Nutrition	Meals	Caregiver Supplemental Programs	Part A	III-E HD Nutrition - SS	Required	Required ²
Caregiver Homemaker Respite	Individual Hours	Caregiver Respite Care	Part A	III-E Homemaker - Respite		Required ²
Caregiver Individual Counseling	Sessions	Caregiver Counseling/Support Groups/Caregiver Training	Quick Form	III-E Individual - Counseling		Required ²
Caregiver CRIA	Contacts	Caregiver Access Assistance	Quick Form / Encounter	III-E Info & Referral/Assistance – AA		Required ²
Caregiver Institutional Respite	Individual Hours	Caregiver Respite Care	Part A	III-E Institutional - Respite		Required ²
Caregiver Other Respite	To Be Defined	Caregiver Respite Care	Part A	III-E Other - Respite		Required ²
Caregiver Other – Supplemental Services	To Be Defined	Caregiver Supplemental Programs	Part A	III-E Other - SS		Required ²
Caregiver Personal Care Respite	Individual Hours	Caregiver Respite Care	Full	III-E Personal Care - Respite		Required ²
Caregiver Public Information / Education	Estimated Audience	Caregiver Information Services	None	III-E Public Information / Education		Required ²
Caregiver Support Groups	Sessions	Caregiver Counseling/Support Groups/Caregiver Training	Quick Form	III-E Support Groups - Counseling		Required ²
Caregiver Transportation	One-way Trips	Caregiver Access Assistance	Quick Form	III-E Transportation – AA		Required ²

⁴ To be eligible for Title III-E Congregate Nutrition, the client must be receiving an additional service that collects Part A of the UAI or Page 4 must be collected as well.

Notes: Reassessments should be performed annually or when the person’s condition has changed significantly. The exception to this rule is Care Coordination (CCEVP) / Case Management, which is performed every six months or when the person’s condition has changed significantly.

For services mapped to Caregiver Respite Care or Caregiver Supplemental Services, the client must have two or more ADLs.

The only group service tracked is Caregiver Public Information / Education.

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VDA Funding

Service / PeerPlace State Service Type	Unit to Track	NAPIS Group Mapping	UAI or Other Required Minimum	Nutritional Screening (NSI)	In Federal Poverty?
Respite Adult Day Care License	Individual Hours	Respite Adult Day Care License	Full		Required ²
Respite Companion	Individual Hours	Respite Companion	Full		Required ²
Respite Home Health	Individual Hours	Respite Home Health	Full		Required ²
Respite Homemaker	Individual Hours	Respite Homemaker	Full		Required ²
Respite Hospice	Individual Hours	Respite Hospice	Full		Required ²
Respite Personal Care	Individual Hours	Respite Personal Care	Full		Required ²
Respite Other	Individual Hours	Respite Other	Full		Required ²
Care Coordination for Elderly Virginians Level 1 Service ⁵	Labor Hours	CCEVP 1	Full	Required	Required ²
Care Coordination for Elderly Virginians Level 2 Service ⁵	Labor Hours	CCEVP 2	Full	Required	Required ²
Options Counseling	Contacts & Hours	Select "Options Counseling" ⁶			
S.O.S. Referrals	Referral	S.O.S. Referrals	Quick Form and page 4 or Page 1 and page 4 ⁸		Required ²
S.O.S. Service Implementations	Implementation	S.O.S. Service Implementations	Quick Form and page 4 or Page 1 and page 4 ⁷		Required ²

⁵ Care Coordination / Case Management and CCEVP require the "Care Coordination Outcome" form information to be collected. However, this information is not required to be input into VDA automated systems.

⁶ The Options Counseling service is performed within PeerPlace CRIA by selecting an Encounter Type of "Options Counseling". Please see the Options Counseling Service Standard for additional information and requirements.

⁷ For S.O.S. Referrals and S.O.S. Service Implementations: In a congregate setting, the Quick Form and appropriate portions of page 4 of UAI are required. In all other settings, entire page 4 and page 1 are required.

Notes: Reassessments should be performed annually or when the person's condition has changed significantly. The exception to this rule is Care Coordination (CCEVP) / Case Management, which is performed every six months or when the person's condition has changed significantly.

Further information can be found on tracked services by referring to individual service standards or "The National Family Caregiver Support Program Guidance".

= Virginia General Fund Respite Care Initiative.

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CLP II (Community Living Program)

Service	Unit to Track	NAPIS Group Mapping	PeerPlace State Service Type	Funding
CLP Assistive Devices	Dollars	Cash & Counseling	CLP	CLP
CLP Assisted Living	Dollars	Cash & Counseling	CLP	CLP
CLP Adult Day Care	Individual Hours	Cash & Counseling	CLP	CLP
CLP Chore	Dollars	Cash & Counseling	CLP	CLP
CLP Companion/Homemaker	Individual Hours	Cash & Counseling	CLP	CLP
CLP Dental Care	Dollars	Cash & Counseling	CLP	CLP
CLP Groceries	Dollars	Cash & Counseling	CLP	CLP
CLP Home Delivered Meals	Meals	Cash & Counseling	CLP	CLP
CLP Medical Supplies *	Dollars	Cash & Counseling	CLP	CLP
CLP Modification/Housing Rehabilitation **	Dollars	Cash & Counseling	CLP	CLP
CLP Nutritional Supplements	Dollars	Cash & Counseling	CLP	CLP
CLP Personal Care	Individual Hours	Cash & Counseling	CLP	CLP
CLP Personal Emergency Response System	Dollars	Cash & Counseling	CLP	CLP
CLP Prescription Medications	Dollars	Cash & Counseling	CLP	CLP
CLP Recreational Devices	Dollars	Cash & Counseling	CLP	CLP
CLP Respite	Individual Hours	Cash & Counseling	CLP	CLP
CLP Senior Apartments	Dollars	Cash & Counseling	CLP	CLP
CLP Service Coordination	Individual Hours	Cash & Counseling	CLP	CLP
CLP Transportation	One-way Trips	Cash & Counseling	CLP	CLP

CLP=

* CLP Medical Supplies is referred to as Disposable Medical Supplies in the Grant.

** CLP Modification/Housing Rehabilitation is referred to as Home Modification in the Grant.

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VDHCBS (Veterans Directive Home and Community Based Services Program)

Service	Unit to Track	NAPIS Group Mapping	PeerPlace State Service Type	Funding
VDHCBS Assistive Devices	Dollars	Local AAA	Local AAA	VAMC
VDHCBS Assisted Living	Dollars	Local AAA	Local AAA	VAMC
VDHCBS Adult Day Care	Individual Hours	Local AAA	Local AAA	VAMC
VDHCBS Chore	Dollars	Local AAA	Local AAA	VAMC
VDHCBS Companion/Homemaker	Individual Hours	Local AAA	Local AAA	VAMC
VDHCBS Dental Care	Dollars	Local AAA	Local AAA	VAMC
VDHCBS Groceries	Dollars	Local AAA	Local AAA	VAMC
VDHCBS Home Delivered Meals	Meals	Local AAA	Local AAA	VAMC
VDHCBS Medical Supplies *	Dollars	Local AAA	Local AAA	VAMC
VDHCBS Modification/Housing Rehabilitation **	Dollars	Local AAA	Local AAA	VAMC
VDHCBS Nutritional Supplements	Dollars	Local AAA	Local AAA	VAMC
VDHCBS Personal Care	Individual Hours	Local AAA	Local AAA	VAMC
VDHCBS Personal Emergency Response System	Dollars	Local AAA	Local AAA	VAMC
VDHCBS Prescription Medications	Dollars	Local AAA	Local AAA	VAMC
VDHCBS Recreational Devices	Dollars	Local AAA	Local AAA	VAMC
VDHCBS Respite	Individual Hours	Local AAA	Local AAA	VAMC
VDHCBS Senior Apartments	Dollars	Local AAA	Local AAA	VAMC
VDHCBS Service Coordination	Individual Hours	Local AAA	Local AAA	VAMC
VDHCBS Transportation	One-way Trips	Local AAA	Local AAA	VAMC

VDHCBS =

* VDHCBS Medical Supplies is referred to as Disposable Medical Supplies in the Grant.

** VDHCBS Modification/Housing Rehabilitation is referred to as Home Modification in the Grant.

VDHCBS is referred to as VIP Veterans in Bay Aging programs.