

**Virginia Department for Aging and Rehabilitative Services
Information System Service Guide**

Category	Service Type Name	Unit Type	NAPIS Category	UAI Level	State Service Type	(NSI)	Ask Poverty
AoA Non III-E	Adult Day Care	Hours	05 – Adult Day Care/ Health	Full	Adult Day Care		Required
AoA Non III-E	Assisted Transportation	One-way Trips	09 – Assisted Transportation	Part A	Assisted Transportation		Required
AoA Non III-E	Care Coordination	Hours	06 – Case Management	Full (Footnote 4 & 7)	Care Coordination	Required	Required
AoA Non III-E	Care Transitions III-B	Contacts	Care Transitions III-B	Quick Form or CRIA Encounter	Care Transitions III-B		Required
AoA Non III-E	Care Transitions III-D	Contacts	Care Transitions III-D	Quick Form or CRIA Encounter	Care Transitions III-D		Required
AoA Non III-E	Checking	Contacts	D – Checking	Quick Form or CRIA Encounter	Checking		Required
AoA Non III-E	Chore	Hours	03 – Chore	Part A	Chore		Required
AoA Non III-E	CRIA (Communication)(Referrals) and (I & A/Transfers)	Contacts	13 – Information and Assistance	Quick Form or CRIA Encounter (Footnote 1)	Information and Referral/Assistance		Required
AoA Non III-E	Congregate Nutrition	Meals	07 – Congregate Meals	Quick Form or CRIA Encounter (Footnote 2)	Congregate Nutrition	Required	Required
AoA Non III-E	Disease Prevention/Health Promotion	Individual Sessions	B – Disease Prevention/Health Promotion	Quick Form or CRIA Encounter	Disease Prevention/Health Promotion		Required
AoA Non III-E	Emergency	Contacts	F – Emergency	Quick Form or CRIA Encounter	Emergency		Required
AoA Non III-E	Employment Title III	Hours	F – Employment Title III	Quick Form or CRIA Encounter	Employment Title III		Required
AoA Non III-E	Health Education/Screening	Hours	B – Health Education/Screening	Quick Form or CRIA Encounter	Health Education/Screening		Required
AoA Non III-E	Home Delivered Nutrition	Meals	04 – Home Delivered Meals	Part A	Home Delivered Nutrition	Required	Required
AoA Non III-E	Home Delivered Meals – Fee for Service	Meals (Non NSIP)	Fee for Service – Home Delivered Meals	Part A	Home Delivered Meals – Fee for Service	Required	Required
AoA Non III-E	Home Health	Hours	B – Home Health	Full	Home Health		Required
AoA Non III-E	Homemaker	Hours	02 – Homemaker	Part A	Homemaker		Required
AoA Non III-E	Identification/Discount	Cards	F – Identification/Discount	Quick Form or CRIA Encounter	Identification/Discount		Required
AoA Non III-E	Legal Assistance	Hours	11 – Legal Assistance	Quick Form or CRIA Encounter	Legal Assistance		Required
AoA Non III-E	Medication Management	Hours	B – Medication Management	Quick Form or CRIA Encounter	Medication Management		Required
AoA Non III-E	Money Management	Hours	F – Money Management	Quick Form or CRIA Encounter	Money Management		Required
AoA Non III-E	Options Counseling III-B	Hours	Options Counseling III-B	Quick Form or CRIA Encounter (Footnote 3)	Options Counseling III-B		Required
AoA Non III-E	Personal Care	Hours	01 – Personal Care	Full	Personal Care		Required
AoA Non III-E	Public Information / Education	Contacts	Public Information / Education	Quick Form or CRIA Encounter	Public Information & Education		Required
AoA Non III-E	Residential Repair and Renovation	Homes Repaired	A – Residential Repair and Renovation	Quick Form or CRIA Encounter	Residential Repair and Renovation		Required
AoA Non III-E	Socialization/Recreation	Hours	D – Socialization/Recreation	Quick Form or CRIA Encounter	Socialization/Recreation		Required
AoA Non III-E	Transportation	One-way Trips	10 – Transportation	Quick Form or CRIA Encounter	Transportation		Required
AoA Non III-E	Volunteer Programs	Hours	D – Volunteer Programs	Quick Form or CRIA Encounter	Volunteer Programs		Required

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AoA III-E	Caregiver Adult Day Care Respite	Hours	Caregiver Respite Care (Footnote 5)	Full	III-E Adult Day Care - Respite		Required
AoA III-E	Caregiver Assisted Transportation	One-way Trips	Caregiver Access Assistance	Part A	III-E Assisted Transportation – AA		Required
AoA III-E	Caregiver Care Coordination	Hours	Caregiver Access Assistance	Full (Footnote 4 & 7)	III-E Care Coordination – AA	Required	Required
AoA III-E	Caregiver Caregiver Training	Individual Sessions	Caregiver Counseling/Support Groups/Caregiver Training	Quick Form or CRIA Encounter	III-E Caregiver Training - Counseling		Required
AoA III-E	Caregiver Chore	Hours	Caregiver Supplemental Programs (Footnote 5)	Part A	III-E Chore - SS		Required
AoA III-E	Caregiver Congregate Nutrition	Meals	Caregiver Supplemental Programs (Footnote 5)	Quick Form or CRIA Encounter (Footnote 1)	III-E Congregate Nutrition - SS	Required	Required
AoA III-E	Caregiver CRIA (Communication) (Referrals) and (I & A / Transfers)	Contacts	Caregiver Access Assistance	Quick Form or CRIA Encounter (Footnote 2)	III-E Info & Referral/Assistance – AA		Required
AoA III-E	Caregiver Direct Payment - Respite	One Payment	Caregiver Respite Care (Footnote 5)	Part A	III-E Direct Payment - Respite		Required
AoA III-E	Caregiver Direct Payment - Supplemental Services	One Payment	Caregiver Supplemental Programs (Footnote 5)	Part A	III-E Direct Payment - SS		Required
AoA III-E	Caregiver – Elder Abuse Prevention	Contacts	Caregiver Elder Rights Services	Quick Form or CRIA Encounter	III-E Protect Elder Rights		Required
AoA III-E	Caregiver Home Delivered Nutrition	Meals	Caregiver Supplemental Programs (Footnote 5)	Part A	III-E HD Nutrition - SS	Required	Required
AoA III-E	Caregiver Homemaker Respite	Hours	Caregiver Respite Care (Footnote 5)	Part A	III-E Homemaker - Respite		Required
AoA III-E	Caregiver Individual Counseling	Individual Sessions	Caregiver Counseling/Support Groups/Caregiver Training	Quick Form or CRIA Encounter	III-E Individual - Counseling		Required
AoA III-E	Caregiver Institutional Respite	Hours	Caregiver Respite Care (Footnote 5)	Part A	III-E Institutional - Respite		Required
AoA III-E	Caregiver Other Respite	To Be Defined	Caregiver Respite Care (Footnote 5)	Part A	III-E Other - Respite		Required
AoA III-E	Caregiver Other – Supplemental Services	To Be Defined	Caregiver Supplemental Programs (Footnote 5)	Part A	III-E Other - SS		Required
AoA III-E	Caregiver Personal Care Respite	Hours	Caregiver Respite Care (Footnote 5)	Full	III-E Personal Care - Respite		Required
AoA III-E	Caregiver Public Information / Education	Contacts	Caregiver Information Services	None (Footnote 6)	III-E Public Information / Education		Required
AoA III-E	Caregiver Support Groups	Individual Sessions	Caregiver Counseling/Support Groups/Caregiver Training	Quick Form or CRIA Encounter	III-E Support Groups - Counseling		Required
AoA III-E	Caregiver Transportation	One-way Trips	Caregiver Access Assistance	Quick Form or CRIA Encounter	III-E Transportation – AA		Required

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State	Respite Adult Day Care License	Hours	Respite Adult Day Care License	Full	Respite Adult Day Care License		Required
State	Respite Companion	Hours	Respite Companion	Full	Respite Companion		Required
State	Respite Home Health	Hours	Respite Home Health	Full	Respite Home Health		Required
State	Respite Homemaker	Hours	Respite Homemaker	Full	Respite Homemaker		Required
State	Respite Hospice	Hours	Respite Hospice	Full	Respite Hospice		Required
State	Respite Personal Care	Hours	Respite Personal Care	Full	Respite Personal Care		Required
State	Respite Other	Hours	Respite Other	Full	Respite Other		Required
State	Care Coordination for Elderly Virginians Level 1 Service	Hours	CCEVP 1	Full (Footnote 4 & 7)	Care Coordination for Elderly Virginians Level 1	Required	Required
State	Care Coordination for Elderly Virginians Level 2 Service	Hours	CCEVP 2	Full (Footnote 4 & 7)	Care Coordination for Elderly Virginians Level 2	Required	Required
State	Care Transitions CCEVP	Contacts	Care Transitions CCEVP	Quick Form or CRIA Encounter	Care Transitions CCEVP		Required
State	Options Counseling CCEVP	Hours	Options Counseling CCEVP	Quick Form or CRIA Encounter (Footnote 3)	Options Counseling CCEVP		Required
State	S.O.S. Referrals	Referrals	S.O.S. Referrals	Quick Form and UAI Page 4 (Footnote 8)	S.O.S. Referrals		Required
State	S.O.S. Service Implementations	Implementations	S.O.S. Service Implementations	Quick Form and UAI Page 4 (Footnote 8)	S.O.S. Service Implementations		Required
State	Long Term Rehabilitative Case Management	Contacts and Hours	LTRCM	None	LTRCM		
Grant	Care Transitions CMS	Contacts	Care Transitions	Quick Form or CRIA Encounter	Care Transitions CMS		
Grant	Care Transitions Local Partners	Contacts	Care Transitions	Quick Form or CRIA Encounter	Care Transitions Local Partners		
Grant	Options Counseling	Hours	Options Counseling Reimbursement	Quick Form or CRIA Encounter (Footnote 3)	Options Counseling Reimbursement		
Grant	Chronic Disease Self Management Program	Individual Sessions	Chronic Disease Self Management Program	None	Chronic Disease Self-Management Program (CDSMP)		
Grant	Diabetes Self Management Program	Individual Sessions	Diabetes Self Management Program	None	Diabetes Self-Management Program (DSMP)		
Grant	Chronic Pain Self Management Program	Individual Sessions	Chronic Pain Self Management Program	None	Chronic Pain Self-Management Program (CPSMP)		
Grant	Chronic Disease Self Management Program Spanish	Individual Sessions	Chronic Disease Self Management Program Spanish	None	Tomando Control de su Salud (Spanish CDSMP)		
Grant	Diabetes Self Management Program Spanish	Individual Sessions	Diabetes Self Management Program Spanish	None	Tomando Control de su Diabetes (Spanish DSMP)		
Grant	Chronic Disease Self Management Cancer	Individual Sessions	Chronic Disease Self Management Cancer	None	Cancer: Thriving and Surviving		

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VDHCBS	VDHCBS Assistive Devices	Dollars	Local AAA	Full	Local AAA	Required	Required
VDHCBS	VDHCBS Assistive Living	Dollars	Local AAA	Full	Local AAA	Required	Required
VDHCBS	VDHCBS Adult Day Care	Hours	Local AAA	Full	Local AAA	Required	Required
VDHCBS	VDHCBS Chore	Dollars	Local AAA	Full	Local AAA	Required	Required
VDHCBS	VDHCBS Companion / Homemaker	Hours	Local AAA	Full	Local AAA	Required	Required
VDHCBS	VDHCBS Dental Care	Dollars	Local AAA	Full	Local AAA	Required	Required
VDHCBS	VDHCBS Groceries	Dollars	Local AAA	Full	Local AAA	Required	Required
VDHCBS	VDHCBS Home Delivered Meals	Meals	Local AAA	Full	Local AAA	Required	Required
VDHCBS	VDHCBS Medical Supplies (Footnote 9)	Dollars	Local AAA	Full	Local AAA	Required	Required
VDHCBS	VDHCBS Modification / Housing Rehabilitation (Footnote 10)	Dollars	Local AAA	Full	Local AAA	Required	Required
VDHCBS	VDHCBS Nutritional Supplements	Dollars	Local AAA	Full	Local AAA	Required	Required
VDHCBS	VDHCBS Personal Care	Hours	Local AAA	Full	Local AAA	Required	Required
VDHCBS	VDHCBS Personal Emergency Response System	Dollars	Local AAA	Full	Local AAA	Required	Required
VDHCBS	VDHCBS Prescription Medications	Dollars	Local AAA	Full	Local AAA	Required	Required
VDHCBS	VDHCBS Recreational Devices	Dollars	Local AAA	Full	Local AAA	Required	Required
VDHCBS	VDHCBS Respite	Hours	Local AAA	Full	Local AAA	Required	Required
VDHCBS	VDHCBS Senior Apartments	Dollars	Local AAA	Full	Local AAA	Required	Required
VDHCBS	VDHCBS Service Coordination	Hours	Local AAA	Full	Local AAA	Required	Required
VDHCBS	VDHCBS Transportation	One-way Trips	Local AAA	Full	Local AAA	Required	Required

Footnotes	
1	See the Communication, Referral Information and Assistance (CRIA) Service Standard for additional required data elements to collect.
2	Volunteers during meal time of Congregate Nutrition must also complete the Quick Form.
3	The Options Counseling service is performed within PeerPlace CRIA2 on the Units Entry screen and by selecting the appropriate Options Counseling Service Type (Options Counseling; Options Counseling III-B; Options Counseling CCEVP).
4	Reassessments should be performed annually or when the person's condition has changed significantly. The exceptions to this rule are for Case Management, CCEVP 1 and CCEVP 2 which require a reassessment be performed every 6-months.
5	For services mapped to Caregiver Respite Care or Caregiver Supplemental Services, the care receiver must have two or more ADLs.
6	The only group service tracked is Caregiver Public Information / Education.
7	Care Coordination / Case Management and CCEVP require the "Care Coordination Outcome" form to be collected. In DARS / VDA automated Systems, upload to Client Profile Attachments.
8	For S.O.S. Referrals and Service Implementations in a congregate setting, Quick Form and appropriate portions of UAI Page 4 are required. In all other settings, entire Page 1 and 4 required.
9	VDHCBS Medical Supplies is referred to as Disposable Medical Supplies in Grant.
10	VDHCBS Modification / Housing Rehabilitation is referred to as Home Modification in the Grant.

General notes	
Poverty	The answer to the question "In Federal Poverty?" is a required data field captured either on the "Virginia Service Quick Form" or "Federal Poverty / Sliding Fee Scale" for the fiscal year.
NSI	Nutritional Screening Instrument.
Caregiver	The Virginia Caregiver - Service Form should be completed for each Caregiver for all Title III-E Services except Caregiver Public Information / Education.
Guidance	Further information can be found on tracked services by referring to the individual service standards or "The National Family Caregiver Support Program Guidance".