

# Family Care Benefit Packages: Nursing Home and Non-Nursing Home Level of Care

NURSING HOME LEVEL OF CARE	NON-NURSING HOME LEVEL OF CARE
<b>Interdisciplinary Care Management</b>	<b>Interdisciplinary Care Management</b>
<b>Community-Based Medicaid State Plan Services*</b>	<b>Community-Based Medicaid State Plan Services*</b>
<ul style="list-style-type: none"> <li>• AODA Day Treatment Services (in all settings)</li> <li>• Durable Medical Equipment, except hearing aids and prosthetics</li> <li>• Home Health</li> <li>• Medical Supplies</li> <li>• Mental Health Day Treatment Services (in all settings)</li> <li>• Mental Health Services, except physician or inpatient</li> <li>• Nursing (including respiratory care, intermittent and private duty)</li> <li>• Occupational Therapy (except inpatient)</li> <li>• Personal Care</li> <li>• Physical Therapy (in all settings except for inpatient hospital)</li> <li>• Specialized Medical Supplies</li> <li>• Speech and Language Pathology Services (except inpatient)</li> <li>• Medicaid Transportation except ambulance and common carrier</li> </ul>	<ul style="list-style-type: none"> <li>• AODA Day Treatment Services (in all settings)</li> <li>• Durable Medical Equipment, except hearing aids and prosthetics</li> <li>• Home Health</li> <li>• Medical Supplies</li> <li>• Mental Health Day Treatment Services (in all settings)</li> <li>• Mental Health Services, except physician or inpatient</li> <li>• Nursing (including respiratory care, intermittent and private duty)</li> <li>• Occupational Therapy (except inpatient)</li> <li>• Personal Care</li> <li>• Physical Therapy (in all settings except for inpatient hospital)</li> <li>• Specialized Medical Supplies</li> <li>• Speech and Language Pathology Services (except inpatient)</li> <li>• Medicaid Transportation except ambulance and common carrier</li> </ul>
<b>INSTITUTIONAL MEDICAID STATE PLAN SERVICES*</b>	<b>INSTITUTIONAL MEDICAID STATE PLAN SERVICES</b>
<ul style="list-style-type: none"> <li>• Nursing Facility including ICF-MR and nursing home IMD (For IMDs, coverage is for adults under age 21, or 65 and older)</li> </ul>	Not applicable
<b>HOME AND COMMUNITY-BASED WAIVER SERVICES</b>	<b>HOME AND COMMUNITY-BASED WAIVER SERVICES</b>
<ul style="list-style-type: none"> <li>• Adaptive aids</li> <li>• Adult Day Health</li> <li>• Adult residential care: 1-2 bed adult family homes</li> <li>• Adult residential care: 3-4 bed adult family homes</li> <li>• Adult residential care: CBRF</li> <li>• Adult residential care: RCAC</li> <li>• Children's foster homes/treatment foster homes</li> <li>• Communication aids</li> <li>• Consumer education and training</li> </ul>	Not applicable

- Consumer-directed supports (SDS) support broker
  - Counseling and therapeutic resources
  - Day Habilitation
  - Day services for children
  - Education
  - Environmental accessibility adaptations (Home modifications)
  - Financial management services
  - Home delivered meals
  - Housing counseling
  - Personal Emergency Response Systems (PERS)
  - Prevocational Services
  - Relocation services
  - Respite
  - Specialized medical equipment and supplies
  - Supported Employment
  - Supportive home care
  - Transportation (Specialized transportation)
  - Vocational futures planning
- Self-directed supports (SDS) can be used to direct any service

*\*Please note: Family Care managed care organizations are able to provide cost-effective alternatives to the listed Medicaid card services.*