

Service: Units, Clients and Payment Method

The table below identifies the services, unit descriptions, required information to be entered into the budget sheet(s) where applicable, and the budget/payment methodology for each service.

Service Title	Unit Description	Client/Unit Info	Budget/Payment Method
Adult Day Care	One-Half Day	Proposed # of Units	Fixed Unit Rate
Area Agency Administration	N/A	N/A	Cost Reimbursement
Assisted Transportation	One, One-Way Trip	Proposed # of Units	Variable Rate
Care Coordination	One Hour	Proposed # of Clients	Cost Reimbursement
Caregiver Education & Training	Contact	N/A	Cost Reimbursement
Caregiver Information Services	One Activity/Event	N/A	Cost Reimbursement
Caregiver Respite Care-In Home	One Hour	Proposed # of Units	Variable Unit Rate
Caregiver Respite Care-Institutional	One Hour	Proposed # of Units	Variable Unit Rate
Caregiver Respite Care- Non-residential	One Hour	Proposed # of Units	Variable Unit Rate
Caregiver Support Coordination	One Hour	N/A	Cost Reimbursement
Chore Maintenance	One Hour	Proposed # of Units/Clients	Variable Unit Rate
Congregate Meals	One Meal	Proposed # of Units	Fixed Unit Rate
Data Management	N/A	N/A	Cost Reimbursement
Emergency Response	One Month ERS Service	Proposed # of Units	Fixed Unit Rate
Escort	One, One-Way Trip	Proposed # of Units	Fixed Unit Rate
Evidence Based Intervention	One Contact	Proposed # of Units	Fixed Unit Rate or Cost Reimbursement
Health Maintenance	One Contact	Proposed # of Units	Variable Unit Rate
Health Screening/Monitoring	One Contact	Proposed # of Units	Variable Unit Rate
Home Delivered Meals	One Meal	Proposed # of Units	Fixed Unit Rate
Homemaker	One Hour	Proposed # of Units/Clients	Fixed Unit Rate
Income Support	One Contact	Proposed # of Units	Variable Unit Rate
Information, Referral & Assistance	One Contact	N/A	Cost Reimbursement
Instruction & Training	One Contact	N/A	Cost Reimbursement
Legal Assistance Age 60 & Over	One Hour	N/A	Cost Reimbursement
Legal Awareness	One Contact	N/A	Cost Reimbursement
Legal Assistance Under 60	One Hour	N/A	Cost Reimbursement
Mental Health Services	One Contact	Proposed # of Units	Variable Unit Rate
Nutrition Consultation	N/A	N/A	Cost Reimbursement
Nutrition Counseling	One Contact	N/A	Cost Reimbursement
Nutrition Education	One Contact	N/A	Cost Reimbursement
Ombudsman	N/A	Proposed # of Cert. Omb.	Cost Reimbursement
Participant Assessment-A&A	One Contact	Proposed # of Units	Fixed Unit Rate
Participant Assessment-NS	One Contact	Proposed # of Units	Fixed Unit Rate
Personal Assistance	One Hour	Proposed # of Units	Fixed Unit Rate
Physical Fitness	One Contact	N/A	Cost Reimbursement
Recreation	One Contact	N/A	Cost Reimbursement
Residential Repair	One Dwelling	Proposed # of Units	Variable Unit Rate
Senior Center Operations	N/A	N/A	Cost Reimbursement
Telephone Reassurance	One Contact	Proposed # of Units	Fixed Unit Rate
Transportation – Demand/Response	One, One-Way Trip	Proposed # of Units/Clients	Variable Unit Rate
Transportation – Fixed Route	One, One-Way Trip	Proposed # of Units	Fixed Unit Rate
Visiting	One Contact	Proposed # of Units	Fixed Unit Rate
Volunteer Placement	One Successful Placement	Proposed # of Units	Fixed Unit Rate
Voucher Homemaker	One Hour	N/A	Variable Unit Rate
Voucher Transportation	One, One-Way Trip	Proposed # of Units	Fixed Unit Rate
Voucher Caregiver Respite Care	One Hour	N/A	Variable Unit Rate