## PACE/Partnership Program

**Family Care Program**

- Adaptive aids
- Adult day care
- Assistive technology/communication aids
- Care/Case management
- Consultative clinical and therapeutic services for caregivers
- Consumer education and training
- Counseling and therapeutic services
- Environmental accessibility adaptations (home modifications)
- Financial management services
- Habilitation services: daily living skills training
- Habilitation services: Day habilitation services
- Home delivered meals
- Housing counseling
- Personal emergency response system
- Prevocational services
- Relocation services
- Residential care: adult family homes of 1-2 beds
- Residential care: adult family homes of 3-4 beds
- Residential care: Community-Based Residential Facility (CBRF)
- Residential care: Residential Care Apartment Complex (RCAC)
- Respite Care
- Self-directed personal care
- Skilled nursing services RN/LPN
- Specialized medical equipment and supplies
- Support broker
- Supported employment – individual employment support
- Supported employment - small group employment support
- Supportive home care (SHC)
- Training services for unpaid caregivers
- Transportation (specialized transportation) – community transportation
- Transportation (specialized transportation) - other transportation
- Vocational futures planning and support (VFPS)

- AODA day treatment (all settings, except hospital-based or physician provided)
- AODA services (not inpatient nor physician provided)
- Case Management
- Community support program
- Durable medical equipment and medical supplies (except for hearing aids, prosthetics’ and family planning supplies)
- Home Health
- Mental Health Day Treatment
- Mental Health Services, (except inpatient or physician provided)
- Nursing Home services including ICF-IID any age and IMD under age 21 or over age 64
- Nursing Services (including respiratory care, intermittent and private duty nursing) and Nursing Services
- Occupational Therapy (in all settings except for inpatient hospital)
- Personal Care
- Physical Therapy (in all settings except for inpatient hospital)
- Speech and Language Pathology Services (in all settings except for inpatient hospital)
- Transportation: (i.e., Medicaid covered Transportation Services except Ambulance)

## Medicaid Card Services

### Acute and Primary

- Physician services
- Laboratory and x-ray services
- Inpatient hospital
- Outpatient hospital services
- EPSDT (under 21)
- Family planning services and supplies
- Federally-qualified health center services
- Rural health clinic services
- Nurse midwife services
- Certified nurse practitioner services
- Prescribed drugs
- Diagnostic, screening, preventive and rehabilitation services
- Clinic services
- Primary care case management services
- Dental services, dentures
- Physical therapy and related services
- Prosthetic devices, eyeglasses
- Other specific medical supplies
- Bone mass measurement
- Ambulance services
- Ambulatory surgical centers
- Anesthesia
- Blood
- Cardiac rehab
- Diabetes supplies
- Diagnostic tests, x-rays and lab services
- Physician services
- Emergency and urgent care services
- Home health care in certain situations
- Hospice care
- Inpatient hospital care
- Inpatient mental health care
- Outpatient mental health care
- Outpatient hospital services, including outpatient surgery
- Limited skilled nursing facility care
- Physical/speech/occupational therapy
- Prescription drugs, including drugs covered under Medicare Part A, Part B, and Part D
- Substance abuse treatment (outpatient)

Please see Member Handbook, or DHS/MCO Contract for services covered in Family Care at the Non NH LOC