

**STATE OF NEVADA
AGING AND DISABILITY SERVICES DIVISION**

**SERVICE SPECIFICATIONS
HOMEMAKER SERVICE**

Any exceptions to these Service Specifications must be requested in writing and approved by the Deputy Administrator of the Aging and Disability Services Division.

PURPOSE:

To promote quality of service, the Aging and Disability Services Division (ADSD) has established service specifications that contain general guidelines. The service specifications that each grantee must follow consist of GENERAL REQUIREMENTS and PROGRAM-SPECIFIC REQUIREMENTS established for each type of funded service.

SERVICE DEFINITION:

Homemaker and chore assistance service is provided to individuals who are unable to perform some or all of their desired homemaker tasks due to identified functional limitations.

This program is intended to address needs related to Instrumental Activities of Daily Living (IADL), and should not be used to provide transportation, personal care services, or senior companion services. If an individual is in need of these services, appropriate referrals should be made to programs designed to meet these needs.

SERVICE CATEGORIES AND UNIT MEASURES:

The following service categories and unit measures must be used to document the amount of service provided:

Homemaker: Performance of light housekeeping tasks provided in a person's home. Tasks may also include preparing meals, shopping for personal items/food, assistance paying bills, picking up mail, or scheduling assistance in addition to light housework.

Chore: Heavy cleaning and yardwork assistance provided to individuals.

One hour of Homemaker or Chore service equals one unit of service. Units may be reported in 15-minute increments (i.e., 2.25).

SPECIFICATIONS:

1. Homemaker services are based on the individual's goals, values, and needs. The client determines the service tasks that are important to them for the quality of life they desire. Services to be offered could include:

- 1.1 General cleaning to include vacuuming, mopping, sweeping, cleaning bathroom(s), cleaning kitchen, emptying trash, dusting, changing linens and/or washing laundry.
- 1.2 Shop for groceries and prescriptions.

- 1.3 Pick-up mail.
 - 1.4 Yardwork such as mowing lawn, weeding, sidewalk maintenance, shoveling snow, watering plants, raking leaves (reported as chore services).
 - 1.5 Meal preparation.
 - 1.6 Heavy cleaning: Provide heavy cleaning (prior to the start of Homemaker Service) if the home is unsanitary or severely neglected. Funding for this one-time service is limited to \$300 if funds from the ADSD homemaker grant are used (reported as chore services).
 - 1.7 Other non-essential household tasks as requested by client and as time allows.
2. Assessment/Certification:
- 2.1 Client Assessment: A written evaluation of each applicant requesting Homemaker Services. The assessment, using the criteria outlined in Appendix A, must indicate the limitation(s) of the applicant and support needed, based on the definitions below.

Eligibility: An applicant is eligible for Homemaker Service when the applicant is unable to safely and independently perform Instrumental Activities of Daily Living (IADL) as outlined in Appendix A.

Prioritization: No applicant can be denied based on income, however, should a waitlist be necessary, programs may prioritize clients based on income and/or highest need. Prioritization policies should be established and applied equitably to all applicants.
 - 2.2 Service Plan: A service plan must be established for each client based on the client's individual goals and limitations. Service tasks and frequency must be discussed and agreed upon with the client. The sample service plan contained in Appendix B can be used in establishing a service plan. A copy of the final signed service plan must be provided to the client.
 - 2.2.a Homemaker service cannot exceed three hours per week, with the exception of initial heavy cleaning services. An addition of temporary hours may be considered if a client has recently been discharged from the hospital and requires additional homemaker assistance during their recovery.
 - 2.3 Reassessment: A reassessment is required upon a client's request for increased homemaker service hours or whenever there is a substantial change in a client's desires and priorities, physical condition, support system or home environment. At a minimum, clients must be reassessed annually through an in-home visit. The

reassessment must be based on the assessment criteria contained in Appendix A with service outcomes agreed upon with the client. Reassessment documentation must be recorded separately from the original assessment documentation.

3. Other Documentation Requirements:

3.1 Homemaker Activity Record: Service must be provided in accordance with the established service plan. A homemaker activity record and timecard is required to be completed after each service visit and must contain the following documentation:

3.1.a Name of client and date of service;

3.1.b Housekeeping and chore tasks provided to the client, including any services provided in addition to those specified in the service plan;

3.1.c Homemaker's time of arrival and departure;

3.1.d Signatures of client (or client's representative) and homemaker; and

3.1.e A list of authorized services from the service plan not provided to the client and a brief explanation why they were not provided.

Client signatures are to be obtained only after services have been provided.

3.2 Verification System for Shopping: A procedure must be established which allows homemakers and clients to verify the amount of money given to the homemaker, cost of items purchased, and change returned to the client. Documentation of the transaction must be included in the homemaker activity record.

4. Quality Assurance:

4.1 A quality assurance schedule must be established at the time of the service plan development. The purpose of the quality assurance check is to verify that the service plan is being followed, assess client satisfaction with the service, and amend the service plan as necessary to ensure the client receives the services needed.

4.1.a Quality assurance time should be recorded and reported in ADSD prescribed data system.

APPENDIX A
SAMPLE HOMEMAKER PROGRAM ASSESSMENT

Date of Visit: _____ Program Staff: _____

Name: _____

Are you currently receiving any personal care services?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
What are your goals for the homemaker program?					
Do you have any friends or family members that currently help with your cleaning needs?					
<i>Name/Phone Number</i>	<i>Relationship</i>	<i>Assists With</i>	<i>Frequency</i>	<i>Lives In Home?</i>	
Do you have any friends or family members that would be interested in becoming a paid homemaker for you?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

IADL FUNCTIONAL ASSESSMENT

Tell me about how your shopping needs are currently met:
Are you able to prepare your own meals? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, how many home delivered meals do you receive per month?</i> <i>If no home delivered meals, do you attend congregate meals?</i> <i>If no meal services and cannot prepare meals, who cooks for you now?</i>

Are you able do light housekeeping? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, who completes this task now?</i>
Are you able to do your laundry on your own? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, who completes this task now?</i>
Are you able to do heavy housekeeping? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, who completes this task now?</i>
Are you able to complete yardwork? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, who completes this task now?</i>
If client is currently completing all IADL tasks independently, please list reason for requesting assistance.
Is home in need of one-time heavy cleaning? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, describe need below:</i>
Is client in need of referrals for any other services? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please list below:</i>

APPENDIX B SAMPLE SERVICE PLAN

Client Name:		Homemaker:	
Hours Per Week:		Planned Service Days:	
Service Plan Start Date:		Service Plan End Date:	
Client Goal:			
Service	Requested Frequency	Approved Frequency	Notes
Vacuum, Sweep, Mop			
Kitchen			
Bathroom			
Dishes			
Laundry			
Dust/Clean Surfaces			
Trash			
Shopping			
Prescription Pickup			
Meal Preparation			
Pick Up Mail			
Bill Payment Assistance			
Yard Work			
# of Bedrooms:		Where are laundry facilities located:	
# of Bathrooms:		<input type="checkbox"/> In Home <input type="checkbox"/> In Complex <input type="checkbox"/> Laundromat	
Check-In Schedule:			

Client Signature

Date

**Agency Representative
 Signature**

Date