STATE OF NEVADA
AGING AND DISABILITY SERVICES DIVISION

SERVICE SPECIFICATIONS
CAREGIVER SUPPORTIVE SERVICES

Any exception to these Service Specifications must be requested in advance in writing and approved by the Deputy Administrator.

PURPOSE:

To promote quality of service, the Aging and Disability Services Division (ADSD) has established service specifications that contain general guidelines. ADSD will use these service specifications as the basis for assessing program performance. The service specifications that each grantee must follow consist of GENERAL REQUIREMENTS, according to the funding source, and SERVICE-SPECIFIC REQUIREMENTS established for each funded service.

SERVICE DEFINITION:

This service provides education and supportive services for frail, older adults, families and professionals caring for elderly adults in their own homes. The intent is to prevent excessive disability in the elderly client and reduce stress-related problems in the caregiver. This service directly targets problems that cause families to seek costly residential placement. The service promotes the maintenance of elderly Nevadans in their homes, while maximizing the quality of life for both the senior and the caregiver.

Services may include:

- home-based counseling and training services
- individual and family counseling
- family caregiver training programs
- case management
- professional caregiver training programs
- support groups
- professional training
- patient advocacy services

SERVICE CATEGORIES AND UNIT MEASURES

The following service categories and unit measures established by the Administration on Aging (AoA) must be used to document the amount of service provided:

Caregiver Supportive Services: A program to prevent excess disability in elderly clients and the reduction of stress-related problems in their caregivers. This service promotes the maintenance of elderly Nevadans in their homes, while maximizing their lives and their caregiver's quality of life.

One unit equals one contact with or on behalf of a caregiver and/or client.

Education: Provides health care professionals, students, clients and/or caregivers with education and training in geriatric health issues, techniques and/or trends.

One unit equals one hour of training/educational meeting in a group setting.

SPECIFICATIONS:

1. Required Services:

    1.1 Individual and/or family counseling in the home.

    1.2 Caregiver training programs for family caregivers and professionals.

    1.3 Support groups - either conduct a support group(s) or arrange for the caregiver to attend a support group sponsored by another organization.

2. Optional Services:

    2.1 Case management

    2.2 Advocacy services

3. Assessment/Certification:

    3.1 Primary Caregiver Assessment: An in-home assessment must be completed as part of the total assessment and must document the following areas:

        3.1.a Description of care recipient's cognitive condition:
        - Diagnosis
        - Recent hospitalizations and reason
        - Physical condition of care recipient: areas of the body impaired; severity of impairments
        - Cognitive status: level of functioning, mental confusion, depression
        - Assistive devices used by care recipient in performing Activities of Daily Living; e.g., wheelchair, oxygen

        3.1.b Analysis of care recipient's physical status:
        - Ambulation
        - Ability to stand
        - Vision
        - Ability to grasp, bend, reach, lift
        - Ability to transfer
        - Ability to go outside the home without assistance

        3.1.c Analysis of care recipient's support system:

- Number of persons in household and their relationship to the client
- Supportive tasks performed by family and friends

3.1.d Analysis of home environment:

- Number/type of pets
- Type of housing: mobile, apartment, townhouse, house, etc.
- Indicate whether refrigerator, oven, heating and plumbing are in working condition
- Indicate whether the care recipient needs assistive devices for bathing (e.g. shower chair, grab bars)
- Indicate unsafe conditions

4. Care Plan:

4.1 A care plan must be established based on the needs identified in the assessment. The care plan should include the type, amount, frequency, expected duration and source of services to be arranged or provided. The care plan must be signed and dated by the client and/or caregiver. A signed copy of the care plan must be provided to the client and/or caregiver. A new care plan must be established whenever changes are made to the plan and a copy of the new plan must be provided to the client and/or caregiver.

5. Reassessment:

5.1 A reassessment is required whenever there is a substantial change in a care recipient's physical condition, support system, or home environment. At a minimum, care recipients must be reassessed annually through an in-home visit. Reassessment documentation must be recorded separately from the original assessment documentation.

6. Education and Training Sessions:

6.1 Develop an annual plan on proposed education and/or training sessions prior to commencement. The plan should include the proposed topics, target group, schedule/timeline, and general community sessions.

6.2 Documentation shall include: date of training; topic presented; name and title of presenter; and the number of the individuals in attendance.