

**STATE OF NEVADA**  
**Aging and Disability Services Division**  
**GENERAL SERVICE SPECIFICATIONS**  
**For Disability Services Programs**

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

**PURPOSE:**

The Disability Services Unit, within the Aging and Disability Services Division (ADSD), has been authorized under State and Federal law to award grant funds to governmental, private for profit and non-profit agencies for the purpose of providing services to individuals with disabilities. To promote quality services, ADSD has established these service specifications which contain general guidelines for administrative and operating procedures for funded services. ADSD will use these service specifications, among other measures, as a basis for assessing program performance. The service specifications that each grantee must follow consist of GENERAL REQUIREMENTS and SERVICE-SPECIFIC REQUIREMENTS established for each funded service.

**GENERAL REQUIREMENTS:**

- A. Grantees are required to meet all standards and requirements established in federal law, if applicable, to the funded program.
- B. Pursuant to Nevada Revised Statute (NRS) 200.5093, all grantees must report suspicion of abuse, neglect, isolation and exploitation of vulnerable persons no later than 24 hours after such knowledge is obtained. The program may be subject to cancellation of the grant award, or ADSD may withhold funds, if any staff member, volunteer or director of a program is convicted of such abuse.
- C. Pursuant to NRS 202.2491(1)(c)(1) all grantees must comply with state law regarding smoking in public places.
- D. Grantees must comply with fiscal management policies issued by the Division in the most current "Program Instructions – Nevada" (PINs).
- E. The Grantee shall hold harmless, defend and indemnify the State of Nevada, Department of Health and Human Services and the Aging and Disability Services Division from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Grantee's performance or nonperformance of the services or subject matter called for in the Grant Agreement.

SPECIFICATIONS:

1. Eligibility:
  - 1.1 Persons served must meet the eligibility criteria outlined in applicable statutes, regulations and program policies.
  - 1.2 Grantees are encouraged to target services to lower income and under-served populations. The Division can assist programs in developing a Targeting Plan during the grant application process. The Targeting Plan contained in the approved grant application must be implemented.
    - 1.2.a Documentation of the Targeting Plan activities and any other targeting activities provided during the grant year shall include:
      - 1.2.a.1 Copies of publicity and outreach materials distributed, including location and dates of distribution;
      - 1.2.a.2 Dates of outreach contacts, including name of agency contacted, name and title of contact, and brief description of the outcome of the contact;
      - 1.2.a.3 Dates of special events and their purpose;
      - 1.2.a.4 A brief narrative amplifying targeting projects that involve multiple steps; and
      - 1.2.a.5 Other documentation necessary to demonstrate that the Targeting Plan has been implemented.

2. Documentation and Reporting Requirements:

Grantees are required to submit all applicable reports and/or complete data entry as outlined in their grant award or Service Specifications issued for their specific program.

- 2.1 Funded programs shall:
  - 2.1.a Enter client information into the web-based Social Assistance Management System (SAMS) or another such data system, if access is made available to the program. The information entered must be accurate, up-to-date and not duplicative of exiting client records.
  - 2.1.b If using SAMS, provide each client with the *Notice of Privacy Practices* made available by the Aging and Disability Services Division, unless the client has received the Notice from another Division-funded program as noted in SAMS.
    - 2.1.b.1 The client's date of receipt is to be noted in the appropriate field in SAMS.

2.1.b.2 All fixed-fee programs are required to utilize the daily unit details feature in SAMS to record specific dates on which a unit of service was delivered.

3. Operating Procedures - Grantees are required to utilize the cost-sharing policies of the DS Unit, if the program in question has a cost-sharing policy:

3.1 Client Cost Sharing Procedures:

3.1.a A consumer may be required to share in the cost of services based on a specific program's sliding-fee schedule as outlined in Nevada Administrative Code.

3.1.a.1 Cost sharing with specific safeguards will be allowed for certain State-funded direct services. However, cost sharing will not be allowed for information and assistance, outreach, benefits counseling, case management or services provided by tribal organizations.

3.2 Advocacy, Information and Referral Procedures:

3.2.a Grantees are required to establish, acquire or develop, and utilize a comprehensive list of resources available to people with disabilities within their service area.

3.2.b Grantees are required to maintain current program information on the Aging and Disability Resource Center (ADRC) website, [www.nevadaadrc.com](http://www.nevadaadrc.com), and include ADRC information in their Advocacy, Information and Referral policy.

3.2.c Any client who needs or requests assistance in completing a referral shall be provided an appropriate level of assistance.

3.3 Client Grievance Procedure:

3.3.a A formal grievance procedure must be established for occasions when the client is not satisfied with efforts made by the program to resolve concerns. The formal procedure must clearly define the steps that the program will take to resolve formal complaints. The procedures must:

- (1) specify that complaints are to be submitted in writing;
- (2) provide for an impartial review;
- (3) ensure that complaints are acted upon in an expeditious manner; and
- (4) stipulate that assistance will be available to clients who require help in preparing a written complaint.

- 3.3.b Grantees who contract with other agencies for the provision of services must establish a procedure to ensure that client complaints are directed to the grantee agency. A complaint tracking system must be maintained to include:
- (1) date of complaint;
  - (2) client name, address, and telephone number;
  - (3) client's perception of the problem;
  - (4) date of follow-up with the contractor; and
  - (5) action taken to resolve the complaint.

3.4 Procedure for Suspension or Termination of Clients from Service:

- 3.4.a Grantees are required to establish a written procedure that defines the steps that will be taken to suspend or terminate clients from service. **Grantees are advised to note that the suspension/termination of a client from a federally funded program without just cause represents a violation of the client's civil rights.** A suspension or termination is to be undertaken only after all other reasonable measures for resolving the concern have been exhausted. The procedure must contain the following provisions:
- (1) description of behaviors that are considered grounds for suspension or termination, if circumstances allow;
  - (2) documentation of the incident;
  - (3) procedure for warning the client prior to suspension;
  - (4) written notification of suspension/termination provided to the client; and
  - (5) client appeal process. Whenever feasible, clients are to be placed on temporary suspension.

3.5 Emergency Procedures:

- 3.5.a Grantees are required to develop written procedures for staff to follow in addressing client medical emergencies. The procedures must address the basic steps staff members need to take in responding to an actual or potential emergency. Programs providing services in the homes of clients should also develop procedures when clients do not answer the door or cannot be located during a scheduled visit.
- 3.5.b When services are provided in a facility, grantees are required to develop written emergency procedures for fire, flood, earthquake, bomb threat, physical assault/threat and other natural and technological disasters that might require emergency response and/or evacuation of the facility.

4. Training:

4.1 Vulnerable Persons Abuse Awareness:

4.1.a Persons providing direct service to seniors and people with severe disabilities shall be provided with an annual training on recognizing the signs of abuse and the Nevada Vulnerable Persons Abuse Law (NRS 200.5091 - 200.50995). The Division-approved Elder Abuse PowerPoint, located at [www.nvaging.net/epstraining.htm](http://www.nvaging.net/epstraining.htm), is to be used unless Division staff, or a pre-approved representative, is able to provide an in-service training.

4.1.a.1 Documentation is to be available for review at the request of the Division and must include:

- (1) Date of training;
- (2) Signatures of staff and/or volunteers in attendance; and
- (3) Method of training (PowerPoint vs. In-Service).
  - a. In-service documentation must also include the name and title of the trainer.

5. Quality Improvement:

5.1 Sub-Contractor Performance Review:

5.1.a Grantees who contract with other agencies or persons for the delivery of service must develop standardized criteria to evaluate the performance of the contractor. Performance evaluations must be conducted and documented at least annually.

5.2 Grantee Performance Review:

5.2.a Programs will develop and implement pre and post performance indicator surveys to assess the impact of the services provided to the client and/or caregiver. New clients will be asked to complete a pre-survey upon entering the program, with the post-survey given as a follow-up at the completion of one-time services, or within twelve (12) months for ongoing services. Survey questions are subject to the approval of the Aging and Disability Services Division.

5.2.b The program shall establish a method to determine consumer satisfaction with service through questionnaires or some other means; the DS Unit has established such surveys for most of its programs. The results of the quality improvement review must document the process, instruments used and individuals involved. Program deficiencies found must be documented and a plan of correction must be developed.

6. Special Compliance Requirements:

6.1 Confidentiality:

6.1.a Grantees must obtain a client's informed consent prior to disclosing information about the client to other programs. A client's informed consent is not required for program and fiscal monitoring conducted by the Aging and Disability Services Division. Additionally, PIN 2 of the Division's *Program Instructions – Nevada* states the ability to evaluate the grant must not be denied or hindered. This includes access to any document or record that is pertinent to administering the program. This also includes the right to interview participants/clients, grantee personnel and program staff, in accordance with confidentiality.

Providers of legal assistance are not required to reveal any information to ADSD that is protected by attorney-client privilege.

6.1.b Grantees must establish procedures to limit access to client records to appropriate staff and ensure that client records are stored in a secure manner.

6.2 Waiting Lists:

A waiting list is to be established only after all other measures for improving the efficiency of the service delivery system have been examined and, when feasible, implemented. Grantees are required to establish a waiting list policy in consultation with the program specialist from the DS Unit that will be activated in the event that demand for service exceeds the program's capacity. Waiting list documentation must include, at a minimum:

6.2.a The client's name, address, and telephone number;

6.2.b the date the client was placed on the waiting list; and

6.2.c the description of each client's need for service.

If applicable to a particular program, clients with the greatest needs are to receive priority consideration; the DS Unit program specialist can offer guidance in this area. The program must establish a procedure for updating the continued service needs of clients placed on the waiting list.

6.3 Service Prohibitions:

6.3.a Staff shall not accept tips, gifts, loans, or fees from clients.

6.3.b Staff shall not smoke in client homes or while transporting clients (if applicable to the program).

- 6.3.c Staff shall not purchase alcohol or illegal substances for clients.
- 6.3.d Staff shall not borrow a client's vehicle or other personal belongings.
- 6.3.e Staff shall not bring family members, other people or pets to the client's home without client's permission and supervisory approval.
- 6.3.f Staff shall not eat the client's food.

#### 6.4. Safety

- 6.4.a The grantee cannot assign staff, volunteers or contractors to work in conditions that jeopardize their safety.
  - 6.4.a.1 Staff shall not be required to enter a client's home if it appears to be an unsafe work environment.
- 6.4.b A qualified professional will supervise volunteers, if applicable.
- 6.4.c Prior to providing services, staff, professionals and volunteers who enter a client's home are required to be fingerprinted and have a background check completed. The search will include a review of the records contained at the Department of Public Safety – Records and Technology Division.
  - 6.4.c.1 Professionals are exempt from this requirement if they are licensed and bonded.

#### 7. Document Retention

- 7.1 All client records and evidence of program outcomes in the possession of the grantee shall be retained for three full state fiscal years, after the completion of the grant year, and then properly disposed of.
- 7.2 All fiscal and accounting records in the possession of the grantee shall be retained for three full state fiscal years, after the completion of the grant year, and then properly disposed of, unless some other state or federal regulation requires a longer retention period.
- 7.3 Some documents may contain confidential information, such as a Social Security Number or other personal identifying information (NRS 239B.030), and should be destroyed in a secure manner that will prevent reconstruction of the information. All other documents may be disposed of in a normal manner.