

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

**SERVICE SPECIFICATIONS
RESPIRE AND SUPPORTIVE SERVICES**

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:

This service recruits persons, age 18 or older, interested in providing in-home non-medical respite services for caregivers of any age, caring for persons age 60 or older. Independent Living Grant-funded programs may assist the caregiver of an individual living with Alzheimer's disease or other related dementia, regardless of the age of the individual. (See also: Respite Voucher Service, Service Specification)

SERVICE CATEGORIES AND UNIT MEASURES:

Respite Care: A non-medical service provided to a client by a respite worker to allow the in-home primary caregiver the opportunity to perform other responsibilities or simply have a break from care giving responsibilities.

One unit equals one hour of respite service.

SPECIFICATIONS:

1. Eligibility:
 - 1.1 Respite workers must be 18 years of age or older.
2. Documentation Requirements:
 - 2.1 Develop a process for documentation of the number of hours of service provided by the respite worker.
 - 2.2 Grantees shall maintain client files that contain assessments, reassessments and service plans. In addition, the grantee shall document the services performed by the respite worker, including time spent during each visit and observations of change in client and/or client environment. Service Verification

Forms must be signed by the client or the caregiver, as well as the respite worker at the conclusion of each visit.

- 2.3 Grantees shall maintain respite worker files that contain a completed application, fingerprinting, background checks, three references and annual worker evaluations.
- 2.4 Grantees shall document client satisfaction at 30 days of service.

3. Required Services:

- 3.1 Establish screening procedures to ensure that respite workers are suitable for in-home respite care.
- 3.2 Conduct respite worker evaluations annually.
- 3.3 Conduct at a minimum annual assessments of caregiver and client needs.
- 3.4 Complete a service plan, at a minimum, annually.

4. Assessment/Reassessment:

- 4.1 Client and Caregiver Assessment: A client and caregiver in-home assessment shall be completed prior to the start of service. The assessment must document the condition of the client based on the assessment criteria contained in Appendix A, duties to be performed, preferred service hours and conditions of service (i.e., a non-smoking respite worker) and the respite service needs of the caregiver. To avoid duplication, programs are encouraged to enter cooperative agreements for sharing information when a client has had an assessment completed by a social worker or case manager under another program.
- 4.2 Service Plan: Establish a service plan based on the client and caregiver assessment and the priority of criteria shown in Appendix A to include visitation schedule and responsibilities, and signatures of the client or caregiver. A copy of the service plan must be provided to the client or caregiver. A new service plan must be established whenever there are substantial changes to the client and/or caregiver's situation and a copy of the new plan must be provided to the client and caregiver.
- 4.3 Reassessment: A reassessment is required whenever there is a substantial change in the caregiver or the client's physical condition, support system, or home environment. All clients shall be re-assessed in their homes no less than once every 12 months based on the assessment criteria contained in Appendix A. A new service plan shall be developed as a result of the reassessment. To avoid duplication, programs are encouraged to enter into cooperative agreements for sharing information when a client has had an assessment or a

reassessment completed by a social worker or case manager under another program.

5. Operating Procedures:

- 5.1 Respite workers will not be placed as caregivers until the pre-screening is completed, including the background check done in compliance with the General Requirements, interview, and training.
- 5.2 Respite workers shall notify the respite supervisor immediately if the client has medical needs that are beyond the scope of the program. Respite workers shall not provide health or personal hands-on care.

6. Training:

- 6.1 The program shall provide at a minimum an annual orientation and training to respite workers consisting of an overview of respite care services, psychological and physiological factors to be aware of when working with the frail elderly, dealing with confused/difficult client behaviors, client emergency protocols, elder abuse, interacting with caregivers and safety.

7. Quality Assurance:

- 7.1 The program shall establish a method to determine caregiver and client satisfaction with the respite worker and the services provided. Within 30 days after a respite worker has been placed, program staff shall contact the caregiver and client by written questionnaire or telephone to determine their level of satisfaction with the services provided.

8. Safety:

- 8.1 In addition to the service prohibitions listed in the General Requirements, staff shall not provide hands-on personal care, (i.e., bathing, ambulating, or transfer assistance).

APPENDIX A

RESPITE AND SUPPORTIVE SERVICES ASSESSMENT CRITERIA

A client and caregiver home assessment must document the following areas:

A. DESCRIPTION OF CLIENT'S MEDICAL/PHYSICAL CONDITION

1. Diagnoses (if known);
2. Recent institutionalizations/reason;
3. Physical condition of client including, but not limited to impaired areas of the body and severity of impairments;
4. Mental status including, but not limited to level of functioning, mental confusion, and depression; and
5. Assistive devices used by client in performing Activities of Daily Living (e.g., wheelchair, oxygen).

B. ANALYSIS OF CLIENT'S PHYSICAL STATUS IN THE FOLLOWING AREAS

1. Ambulation;
2. Ability to Stand;
3. Vision;
4. Ability to grasp, bend, reach, lift;
5. Ability to transfer;
6. Hearing; and
7. Ability to go outside the home without assistance.

C. ANALYSIS OF CLIENT SUPPORT SYSTEM

1. Number of persons in household and their relationship to the client;
2. Supportive tasks performed by family and friends; and
3. Respite care needs of the primary caregiver.

D. ANALYSIS OF HOME ENVIRONMENT

1. Number/type of pets;
2. Type of housing: mobile, apartment, townhouse, house;
3. Indicate whether refrigerator, oven, heating and plumbing are in working condition;
4. Indicate whether the client needs assistive devices for bathing (e.g., shower chair, grab bars); and
5. Indicate unsafe conditions.