

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

**SERVICE SPECIFICATIONS  
SENIOR COMPANION SERVICES**

**(For Programs Funded by the Corporation for National and Community 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:**

This service provides supportive companionship services in an effort to maintain the independence of persons age 60 and older who are living alone, homebound, isolated and in need of companionship.

**SERVICE CATEGORIES AND UNIT MEASURES:**

*Senior Companion Service:* Provide companionship activities for a client in his or her home. The companion may also accompany the client and provide transportation to access services outside of the home.

***One unit equals one hour of companion service.***

**GENERAL REQUIREMENTS:**

- A. Grantees are required to meet all standards and requirements established in Title II, Part C of the Domestic Volunteer Service Act of 1973, as amended.

**COMPANION ACTIVITIES:**

1. Companion activities include specified home management, transportation, nutrition-related tasks, social and recreational activities, respite care, and information, assistance and advocacy services. (See Appendix B)

SPECIFICATIONS:

1. Service Prohibitions:
  - 1.1 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).
2. Safety:
  - 2.1 The program shall maintain on file a copy of the current driver's license and proof of vehicle insurance for companions who use their personal vehicle to transport clients.
3. Operating Procedures:
  - 3.1 The grantee must provide ADSD with a copy of all program evaluations or other documents completed by the Corporation for National and Community Service.
  - 3.2 Senior Companions shall be evaluated by the program staff or station staff annually. Documentation shall be placed in the companion files.
4. Assessment/Reassessment:
  - 4.1 Client Assessment: A client 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. 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 assessment and the priority of criteria shown in Appendix A to include Companion visitation schedule and responsibilities, including signatures of the Companion and client. A copy of the service plan must be provided to each client or client's family.
  - 4.3 Client Reassessment: All clients shall be re-assessed **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. Documentation Requirements:

- 5.1 Grantees shall maintain companion files in accordance with the requirements established by the Corporation for National Service. In addition, the grantee shall document the services performed by the volunteers, including time spent during each visit. Service Verification Forms must be signed by the client or the caregiver and by the Senior Companion at the conclusion of each visit.

## **APPENDIX A CLIENT ASSESSMENT CRITERIA**

The client assessment must document the condition of the client in the following areas:

**A. DESCRIPTION OF CLIENT 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 PHYSICAL STATUS IN THE FOLLOWING AREAS**

1. Ambulation;
2. Ability to stand;
3. Vision acuity;
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; and
2. Supportive tasks performed by family and friends.

**D. ANALYSIS OF HOME ENVIRONMENT**

1. Number/type of pets; and
2. Unsafe conditions.

**E. ANALYSIS OF AVAILABLE TRANSPORTATION OPPORTUNITIES AND ABILITIES**

1. Family members, friends, neighbors;
2. Local and public transportation;
3. Logisticare for Medicaid recipients, including those on the Home and Community Based Waiver (HCBW formerly CHIP);
4. Transportation service eligibility associated with a specific diagnosis;
5. Taxi vouchers/coupons; and
6. Ability of client to use transportation independently or must have escort assistance.

## **APPENDIX B COMPANION ACTIVITIES**

The following activities are to be provided as approved in the service plan:

**A. ESCORTED TRANSPORTATION**

1. Accompanying and/or providing transportation for client to attend medical appointments or medical treatments;

**B. NUTRITION**

1. Preparing food, assisting with meal planning, grocery shopping, labeling and organizing food; and
2. Accompanying client to a nutrition site.

**C. SOCIAL/RECREATION**

1. Providing companionship, such as talking, listening, cheering up, playing games or cards;
2. Fostering client contact with family and friends (when feasible); and
3. Accompanying or transporting a client to a recreational or social event.

**D. HOME MANAGEMENT**

1. Shopping for client, and/or providing transportation to shop and do errands;
2. Writing letters, reading, filling out forms; and
3. Doing light housekeeping.

**E. INFORMATION, ASSISTANCE AND ADVOCACY**

1. Providing information about community services;
2. Helping clients access a needed service (e.g., food stamps, SSI, Medicaid); and
3. Bringing unmet needs to the attention of supervisory staff and other care providers.

**F. RESPIRE CARE**

1. Providing supervision of homebound clients to relieve primary caregivers.