

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

**SERVICE SPECIFICATIONS  
VOLUNTEER CARE & ASSISTANCE**

**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 program provides volunteer supportive and assistive services for older individuals in their own homes to help maintain their independence. Individuals needing services are typically alone and frail, chronically ill, homebound, and/or dependent on a primary caregiver. This service also provides health benefit counseling and assistance.

**SERVICE CATEGORIES AND UNIT MEASURES:**

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

Volunteer Care: Provision of services by a trained volunteer according to a service plan developed jointly between the program and the client or his/her caregiver.

***One unit of service equals one hour of volunteer care service performed.***

Volunteer Assistance with Medicare or Related Health Insurance: Provision of services by a trained volunteer and/or staff to provide Medicare health benefits counseling and assistance to beneficiaries in order to facilitate access to and/or obtain needed services and benefits.

***One unit of service equals one volunteer assistance service contact by telephone, in person, or on behalf of an individual age 65 or older or a person with a disability. (Each assistance or counseling may involve several contacts with, or for, the individual.)***

**SPECIFICATIONS:**

1. Required Services:

- 1.1 The program shall develop individualized service plans for clients that include one or more of the following categories: Meal Service; Home Management and Environment; Escort/Transportation; Information, Assistance and Advocacy;

Respite Care; and Food/Household Products Distribution. The tasks and activities for each category are described in Appendix B and C.

2. Service Prohibitions:

- 2.1 In addition to the service prohibitions listed in the General Requirements, volunteers shall not provide hands-on personal care (i.e., bathing, ambulating, transferring, etc.).
- 2.2 Staff/Volunteer shall not operate as the client's legal guardian or executor.
- 2.3 Staff/Volunteer shall not become involved in the client's personal financial affairs or estate.
- 2.4 Staff/Volunteer shall not become involved in issues related to a criminal matter.
- 2.5 Staff/Volunteer shall not influence consumer choice.

3. Volunteer Care Service - Assessment/Reassessment:

- 3.1 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.
- 3.2 Service Plan: A service plan shall be established based on the needs identified in the assessment. A signed copy of the service plan shall be provided to the client and caregiver. A new service plan shall 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.
- 3.3 Client Reassessment: All clients shall be reassessed **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.
- 3.4 To avoid duplication, programs are encouraged to enter a cooperative agreement for sharing information when a client has had an assessment or a reassessment completed by a social worker or case manager working under another program. Per the General Service Specifications, the client must provide informed consent for his/her information to be shared.

4. Volunteer Care Service - Documentation Requirements:

- 4.1 Each potential volunteer shall complete an application prior to providing service, which lists at least two references to be contacted by the volunteer coordinator. After review and verification of application information, it shall be placed in the volunteer's file.

- 4.2 The program shall maintain on file a copy of the current driver's license and proof of vehicle insurance for volunteers who use their personal vehicle to transport clients.
  - 4.3 In addition to the assessment documentation outlined under Section 3, a log of visit reports shall be kept indicating: service(s) provided; time spent for each visit; observations of change, if appropriate; and miles traveled.
5. Operating Procedures:
- 5.1 There shall be a separate operating board (trustees, directors, or advisory) with bylaws, policies, program financial accounting, and reporting procedures.
  - 5.2 The grantee shall document all outreach efforts to recruit volunteers, including dates, times, places and activities.
6. Volunteer Care and Assistance Training:
- 6.1 Establish and implement a training program for volunteers who escort and/or transport clients, to include: (1) emergency procedures, (2) safe driving techniques, and (3) passenger assistance. Documentation of all training must include: date of training/type of training; name, title and agency of presenter; name of drivers receiving training; and description of training.
  - 6.2 Plan and implement a pre-service orientation for volunteers who provide respite care that, at minimum, includes the role and limitation of respite care services, safety in the client's home, and interacting with the client's caregiver/family.
  - 6.3 Plan and implement pre-service training on topics related to meal service; home management and environment; information, assistance and advocacy; and food/household products distribution for volunteers who will be working in these service categories.
  - 6.4 For volunteer care, all pre-service orientations must also include coverage of the following topics: client confidentiality; awareness of elder abuse, exploitation, neglect, and self-neglect; overview of common diseases, conditions and behavioral differences within the senior population; organizational policies such as fingerprinting, volunteer insurance, reporting volunteer hours and volunteer prohibitions; and emergency procedures. All volunteers are to be instructed in how to observe and report changes in clients and their environments over time.
  - 6.5 Volunteer coordinators shall give in-service training to volunteers at least quarterly and shall provide information requested by volunteers in a timely manner. Topics of in-service training must be related to the tasks/activities performed by the volunteers. It is the responsibility of the supervising agency to ensure that volunteers assigned to various activities continue to be able to effectively perform the expected and required tasks in their clients' service plans.

6.6 Volunteer Assistance with Medicare or Related Health Insurance staff shall also follow criteria as described in Appendix C.

7. Volunteer Care Service - Quality Assurance:

7.1 A follow-up phone call shall be made within the first month after service begins to ensure that the services provided meet current needs.

7.2 Quality assurance shall be conducted during the reassessment visit (in-home or telephone call). This shall be conducted every 12 months, or more frequently, to determine:

- the adequacy and appropriateness of services in relation to needs;
- client satisfaction;
- changes in client status;
- necessary amendments to service plan; and
- necessity for referral(s), if appropriate.

## APPENDIX A

### VOLUNTEER CARE 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, etc.).

#### 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 relationship to client; and
2. Friends and/or social contacts.

#### D. ANALYSIS OF HOME ENVIRONMENT

1. General appearance;
2. Hazards/unsafe conditions; and
3. Number/type of pets.

#### E. PREFERRED HOBBIES/RECREATIONAL ACTIVITIES

## APPENDIX B

### VOLUNTEER CARE TASKS AND ACTIVITIES

The following activities may be part of an approved service plan:

A. MEAL SERVICE\*

1. Assistance with planning and preparation of meals, grocery shopping;
2. Sitting at table with client and cleaning up afterwards; and
3. Accompanying client to a nutrition site.

B. HOME MANAGEMENT AND ENVIRONMENT\*

1. Writing letters, reading, assisting with correspondence;
2. Assistance with pet(s) (e.g., accompanying to veterinarian visits);
3. Performing light chores;
4. Making contact for housekeeping, repair, maintenance services; and
5. Shopping, doing errands.

C. ESCORT/TRANSPORTATION\*

1. Assist riders, as necessary, in boarding, fastening seat belts and disembarking at destination points.
2. Escorting and/or transporting client to various medical appointments;
3. Escorting and/or transporting client to needed services (e.g., food stamps, bank, attorney, etc.); and
4. Taking client shopping or on errands.

D. INFORMATION, ASSISTANCE AND ADVOCACY\*

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

E. RESPIRE CARE\*

1. Provide supervision of homebound clients to relieve primary caregivers. Activities include those listed above, as appropriate.

F. FOOD/HOUSEHOLD PRODUCTS DISTRIBUTION\*

1. Sorting, bagging and delivering food and/or household products to clients; and
2. Distributing food and/or household products to clients via a walk-in process or by appointment at a local distribution point.

\*An approved service plan, by virtue of the nature of volunteer services, coincidentally may include one or more of the following social and/or recreational activities:

1. Providing companionship;
2. Fostering client contact with family and others; and
3. Accompanying client to recreational or social events.

## APPENDIX C

### VOLUNTEER ASSISTANCE WITH MEDICARE OR RELATED HEALTH INSURANCE

This service provides Medicare health benefits counseling and assistance to beneficiaries in order to facilitate access to and/or obtain needed services and benefits. This service will operate based on principles established within the State Health Insurance Assistance Program (SHIP) and the Senior Medicare Patrol (SMP) program design/structure. Recipients must be willing to work collaboratively with program staff and accept guidance.

The following activities may be a part of volunteer assistance:

- A. Counsels individuals on Medicare health benefits, Medicare fraud prevention and related topics, through telephone contacts, face-to-face counseling in office settings or at other partnering venues.
- B. Shall not influence consumer choice.
- C. Conducts outreach and education events as well as group education presentations.
- D. Targets the Medicare population and underserved populations in Northern Nevada, i.e., Native American, Spanish-speaking, low-income, homebound, rural and frontier.
- E. Educates and assists with Medicare-related applications necessary to obtain health benefits.
- F. Educates and assists beneficiaries or their designees with complaints of suspected Medicare/Medicaid fraud or abuse.
- G. Makes referrals to other community resources as needed.
- H. Documentation Requirements for Medicare-Related Programs:
  - 1. The program will maintain the documentation required by the SHIP and SMP programs in SHIPTalk and SMARTFACTS respective databases.
  - 2. The program will utilize operational tools prescribed by the Division which may include web based tools available on the Nevada ADRC web portal, hard copy forms, and other such materials as made available.
  - 3. SAMS data is reported monthly units of service for Consumer Groups.
- I. Training:
  - 1. Staff and volunteers who provide assistance must complete a minimum of 20 hours of training for SHIP certification and 14 hours of SMP Foundations training, within 2 months of their hire or start date. Staff and volunteers must receive at least 10-15 additional hours of program-related training each grant year thereafter.

2. Documentation of all training must include: training date; type of training; name, title and agency of presenter; name of staff or volunteer receiving training; and, when applicable, a copy of the agenda and certificate of completion.
3. Staff and volunteers who provide counseling on Medicare, Medicare fraud prevention or related topics must be trained and certified by the SHIP and SMP programs.