

SCOPE OF WORK
PROGRAM TYPE: TITLE XX HOMEMAKER PROGRAM
SERVICE: HOMEMAKER

DEFINITION:

HOMEMAKER SERVICES

- Meal preparation: menu planning, storing, preparing, serving of food, cutting up food, buttering bread and plating food.
- Laundry services: washing, drying and folding the recipient's personal laundry and linens (sheets, towels, etc.) excludes ironing.
- Light housekeeping: changing the recipient's bed linens, dusting, vacuuming the recipient's living area, cleaning kitchen and bathroom areas;
- Essential shopping to obtain: prescribed drugs, medical supplies, groceries, and other household items required specifically for the health and maintenance of the Recipient.
- Assisting the recipient and family members or caregivers in learning homemaker routine and skills, so the recipient may carry on normal living when the homemaker is not present.
- [Reimbursement rates for services](#)

Signature: _____

Date: _____

SCOPE OF WORK

PROGRAM TYPE: COMMUNITY OPTIONS PROGRAM for the ELDERLY (COPE)

SERVICE: ATTENDANT

DEFINITION:

PERSONAL CARE SERVICES/ATTENDANT

Assistance with the normal ADLs as described below:

- Assistance with bathing/dressing/grooming.
- Assistance with toileting needs and routine care of an incontinent recipient.
- Assistance with transferring and positioning non-ambulatory recipients from one stationary position to another, including adjusting/changing recipient's position in a bed or chair.
- Assistance with ambulation, which is the process of moving between locations, including walking or helping the recipient to walk with support of a wheelchair, walker, cane or crutches, assisting a recipient out of bed, chair or wheelchair.
- Assistance with eating, including cutting up food. Specialized feeding techniques may not be used.
- Assistance with medications which are self-administered, including verbal reminders to the recipient to take medications, bringing medication to the recipient and loosening the cap to the medication container. Medication administration by a Personal Care Attendant (PCA) is not permitted.
- [Reimbursement rates for services](#)

Signature: _____

Date: _____

SCOPE OF WORK

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- [Reimbursement rates for services](#)

Signature: _____

Date: _____

SCOPE OF WORK

PROGRAM TYPE: COMMUNITY OPTIONS PROGRAM for the ELDERLY (COPE)

SERVICE: ADULT DAY CARE

DEFINITION:

SOCIAL MODEL ADULT DAYCARE

- Day Care Service provided for four (4) or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting. Day care centers provide care and supervision, the monitoring of general health, social interaction and peer contact for the physically or mentally impaired or socially isolated adult in order that he or she can remain in the community.
- It encompasses social service needs to ensure the optimal functioning of the recipient.
- Meals provided are furnished as part of the program but must not constitute a “full nutritional regime” (i.e., three meals per day).
- [Reimbursement rates for services](#)

Signature: _____

Date: _____

SCOPE OF WORK

PROGRAM TYPE: COMMUNITY OPTIONS PROGRAM for the ELDERLY (COPE)

SERVICE: ADULT COMPANION

DEFINITION:

ADULT COMPANION SERVICES

- Provides non-medical care, supervision and socialization to a functionally impaired recipient in his or her home or place of residence, which may provide temporary relief for the primary caregiver.
- Adult companions may assist the recipient with such tasks as meal preparation and clean up, light housekeeping, shopping and facilitate transportation/escort as needed. These services are provided as an adjunct to the Adult Companion Services and must be incidental to the care and supervision of the recipient.
- The provision of Adult Companion Services does not entail hands-on medical care.
- [Reimbursement rates for services](#)

Signature: _____

Date: _____

SCOPE OF WORK
PROGRAM TYPE: COMMUNITY OPTIONS PROGRAM for the ELDERLY (COPE)
SERVICES: CHORE

DEFINITION:

CHORE SERVICE

Extended and intermittent homemaker service needed to maintain the recipient's living space as a clean, sanitary, and safe environment.

This service includes heavy household chores in the private residence such as:

- Cleaning windows and walls
- Shampooing carpets
- Tacking down loose rugs and tiles
- Moving heavy items of furniture in order to provide safe access
- Packing and unpacking for the purpose of relocation
- Minor home repairs
- Removing trash and debris from the yard
- [Reimbursement rates for services](#)

Signature: _____

Date: _____

SCOPE OF WORK

PROGRAM TYPE: COMMUNITY OPTIONS PROGRAM for the ELDERLY (COPE)
SERVICE: RESPITE CARE

DEFINITION:

RESPITE SERVICE

Refers to those services provided to eligible recipients who are unable to care for themselves. These services are furnished on a short-term, temporary basis because of the absence of or need for relief of those persons normally providing the care.

Perform general assistance with ADLs and IADLs and provide supervision to functionally impaired recipients in their private home such as:

- Have the ability to read and write and to follow written or oral instructions.
- Have had experience and/or training in providing for the personal care needs of people with functional impairments.
- Demonstrate the ability to perform the care tasks as prescribed.
- Be tolerant of the varied lifestyles of the people served.
- Arrange training in personal hygiene needs and techniques for assisting with ADLs, such as bathing, grooming, skin care, transferring, ambulating, feeding, dressing and use of adaptive aids and equipment, homemaking and household care.
- Respite care may occur in the recipient's private home.
- [Reimbursement rates for services](#)

Signature: _____

Date: _____

SCOPE OF WORK

PROGRAM TYPE: COMMUNITY OPTIONS PROGRAM for the ELDERLY (COPE)
SERVICE: PERSONAL RESPONSE SYSTEM (PERS)

DEFINITION:

PERSONAL EMERGENCY RESPONSE SYSTEM

- PERS is an electronic device, which enables certain recipients at high risk of institutionalization to secure help in an emergency. The recipient may also wear a portable “help” button to allow for mobility. The system is connected to the recipient’s phone and programmed to signal a response center once a “help” button is activated.
- PERS services are limited to those recipients who live alone in a private residence, or who are alone for significant parts of the day in that residence, have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision.
- [Reimbursement rates for services](#)

Signature: _____

Date: _____

SCOPE OF WORK

PROGRAM: PERSONAL ASSISTANCE SERVICES (PAS)

SERVICE: Standard, Non-medical Personal Care Services

Definition:

Personal Assistance Services is the provision of a trained individual to assist persons with physical disabilities with activities of daily living. The In-Home Personal Care Attendant must meet the attached requirements as established by the Aging and Disability Services Division.

Elements of Personal Assistance Services include assistance with:

- 1) Elimination of wastes from the body
- 2) Dressing and undressing
- 3) Bathing and grooming
- 4) Preparation and eating of meals
- 5) Getting in and out of bed
- 6) Repositioning while asleep
- 7) Use of prostheses and other medical equipment
- 8) Moving about, including, without limitation, assisting a person
 - a) moving from a wheelchair, bed or other piece of furniture
 - b) ambulation; and
 - c) exercises to increase the range of motion
- 9) Essential laundry
- 10) Support services for independent living if the person has an injury to the brain and those services do not exceed 14 hours per week
- 11) Other minor needs directly related to maintenance of personal hygiene
- 12) Respite Care

Reimbursement for PAS Services is \$17 per hour.

Signature: _____ Date: _____

SCOPE OF WORK
PROGRAM: PERSONAL ASSISTANCE SERVICES (PAS)
SERVICE: PERSONAL CARE SERVICES AS AN INTERMEDIARY SERVICE ORGANIZATION
(ISO)

DEFINITION:

INTERMEDIARY SERVICE ORGANIZATION - (ISO)

An ISO is an entity that provides personal assistance services under the Self-Directed Care model. The ISO acts as an employer of record, providing both fiscal and supportive intermediary services such as administrative, limited program and specific payroll responsibilities for the delivery of personal assistance services. An individual accesses the services of an ISO either because they desire to self-manage their services, or because they receive skilled services and NRS 449 requires that such services be provided through an ISO.

SELF-DIRECTED SKILLED SERVICES

Specific medical, nursing, or home health services that a person without a disability usually and customarily would personally perform, without the assistance of a provider of health care. Such services may be provided for a person with a disability by a personal care assistant without obtaining any license required for a provider of health care or his assistance, under very specific circumstances pursuant to NRS 629.091.

Signature: _____ Date: _____

SCOPE OF WORK
PROGRAM TYPE: ELDER RIGHTS
SERVICE: EPS HOMEMAKER

DEFINITION:

Homemaker services are the provision of an individual to conduct homemaking activities for at risk clients.

Services include:

- Teaching and providing home management skills
- Preparing meals
- Transporting meals from senior nutrition site
- General cleaning
- Floor care
- Dusting
- Laundry
- Shopping
- Other miscellaneous duties as specified by the Aging and Disability Services Division to provide a safe and sanitary living environment for the client.

RATE:

The reimbursement rate for EPS Homemaker services is the same as Medicaid's homemaker rate.

Signature: _____ Date: _____

SCOPE OF WORK
PROGRAM TYPE: ELDER RIGHTS
SERVICE: MENTAL CAPACITY EVALUATIONS

DEFINITION:

Mental capacity evaluations are used to determine an individual's capacity to make sound judgments and live independently. These evaluations are critical in determining mental capacity and the right to self determination. The evaluations will be used to determine a client's need for legal guardianship, either of the person, estate or both.

Services include:

- Conducting mental capacity evaluations as soon as possible, but no later than 10 business days from referral. The evaluation will determine a client's need for a guardianship, either of the person, estate, or both.
- Conducting evaluations at the client's place of residence, unless the client is willing and able to travel to the physician's office for the evaluation.
- Providing ADSD with a full written report of the findings, conclusions and recommendations regarding the client's need for a guardianship within 7-10 working days of the evaluation, including a copy of the evaluation and invoice for services.
- Completing the *Certificate of Incapacity* and *Admonishment of Rights* forms when a guardianship is recommended and return these forms with the written evaluation.

SCOPE OF WORK
PROGRAM TYPE: ELDER RIGHTS
SERVICE: MENTAL CAPACITY EVALUATIONS

MINIMUM QUALIFICATIONS:

Must be a licensed physician in Nevada with education and experience in the field of geriatrics and/or mental health and guardianships.

RATE:

Mental capacity evaluations will be reimbursed at a rate of \$400 per evaluation plus travel expenses as defined. Travel expenses are defined as follows: Travel mileage will be reimbursed at the state rate of \$.56 ½ per mile. Mileage calculation begins at the providers usual work location or wherever the provider is starting from, whichever is less. Meals will be reimbursed at the GSA (General Services Administration) rate if travel occurs beyond 50 miles of the providers normal work station and during meal hours. Meal hours are defined as leaving at or before 7:00 am for breakfast, leaving at or before 11:00 am and returning after 1:30 pm for lunch, and leaving at or before 5:30 pm and returning after 7:00 pm for dinner. (<http://www.gsa.gov/portal/content/101518>)

Signature: _____

Date: _____

SCOPE OF WORK
PROGRAM TYPE: ELDER RIGHTS
SERVICE: Temporary Assistance for Displaced Seniors

DEFINITION:

Temporary Assistance to Displaced Seniors (TADS) is the provision of providing temporary, short term housing to Elder Protective Services clients in a licensed group home.

Services include:

- Screening of clients referred by ADSD for *immediate* placement upon provider's determination client's needs can be met.
- To provide usual and customary services to displaced seniors in need of temporary assistance.
 - Coordinate and arrange for all necessary admission protocols including but not limited to medical screenings, transportation to medical appointments, and obtaining prescription medication.
- Services are generally provided for no more than 30 days until alternate housing arrangements can be established or other arrangements have been made with the authorizing ADSD office.

MINIMUM QUALIFICATIONS:

Housing provided must be in a facility licensed by and in good standing with the Bureau of Health Care Quality and Compliance (HCQC). The facility must maintain a rating of "B" or better. The facility is required to notify ADSD if their grade falls below a "B". The notification shall be in writing and shall be within 10 business days of having received the rating.

RATE:

TADS placements will be paid at \$100 per day.

Signature: _____ Date: _____

SCOPE OF WORK

PROGRAM TYPE: ASSISTIVE TECHNOLOGY FOR INDEPENDENT LIVING

SERVICE: EVALUATION SERVICES

DEFINITION:

Evaluations are used to determine the most effective Assistive Technology (AT) that a person with a disability needs to live independently. Based upon their evaluation, providers recommend the specific goods or services needed by an individual to meet an independent living objective. Evaluations may be performed by Occupational or Physical Therapists, Speech-Language Pathologists, Independent Living Specialists, and Assistive Technologists or other such professionals.

Services include:

- Home evaluations
- Driver/Driving evaluations
- Speech-language evaluations
- Assistive Technology evaluations
- Other evaluations
- [Reimbursement rates for services](#)

Signature: _____

Date: _____

SCOPE OF WORK

PROGRAM TYPE: ASSISTIVE TECHNOLOGY FOR INDEPENDENT LIVING

SERVICE: TRAINING SERVICES

DEFINITION:

Training is sometimes necessary for a person with a disability who needs instruction in the utilization of newly-acquired Assistive Technology. Training may be performed by Occupational or Physical Therapists, Speech-Language Pathologists, Independent Living Specialists, and Assistive Technologists or other such professionals.

Services include:

- Devise training
- Training report
- [Reimbursement rates for services](#)

Signature: _____

Date: _____

SCOPE OF WORK

PROGRAM TYPE: Autism Treatment Assistance Program

SERVICE: EVIDENCE-BASED THERAPY TREATMENTS FOR CHILDREN WITH AUTISM

DEFINITION:

Evidence-based treatments are those that are cost effective and have been proven by research to improve treatment of Autism Spectrum Disorder. They can include:

- Applied Behavioral Analysis (ABA),
- Verbal Behavioral (VB) therapy,
- Pivotal Response Treatment (PRT) programs,
- Speech Therapy,
- Occupational Therapy,
- Physical Therapy,
- Program training, development and supervision,
- Daily intervention hours, and
- Essential tools, supplies or equipment.

Signature: _____

Date: _____

SCOPE OF WORK
PROGRAM TYPE: NEVADA EARLY INTERVENTION SERVICES (EIS)
SERVICE: COMPREHENSIVE EARLY INTERVENTION SERVICES

DEFINITION:

Comprehensive EIS providers coordinate all services and may subcontract provision of certain services to children eligible for EIS in compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.

The ability to provide the following services must be demonstrated through the application process.

1. Accept and retain all referrals according to an agreed upon service capacity schedule, unless an exception is mutually agreed upon by both parties.
2. Provide comprehensive early intervention services to eligible children at the frequency and intensity as set forth in the Individualized Family Service Plans (IFSP).
3. Ensure the provision of services using appropriately credentialed and/or licensed providers and maintain the integrity of the IFSP process through accurate and timely implementation of the services as mutually determined and agreed to by the IFSP Team and consented to in writing by the child's parent/legal guardian.

SCOPE OF WORK

PROGRAM TYPE: NEVADA EARLY INTERVENTION SERVICES (EIS)

SERVICE: COMPREHENSIVE EARLY INTERVENTION SERVICES

4. Ensure that services are family-centered, provided in home and community activities and settings, and culturally competent. Family members have an integral and equal role in service planning, supporting the child's participation in early intervention services and meeting the outcomes identified in the IFSP.
5. Participate in planning, development, review and revision of IFSPs for children covered under this Agreement in a timely and comprehensive manner according to the state and federal reporting deadlines.
6. Provide service(s) to eligible children and their families upon referral as set forth in the Individualized Family Service Plan (IFSP).
7. Establish personnel procedures including work performance standards, tracking licenses/credentials of all personnel providing direct early intervention services and conducting annual employee appraisals.
8. Enter, update and report child data timely in accordance with the Part C, IDEA state and federal data reporting requirements.
9. Maintain accurate child clinical records for a period of at least 23 years from discharge from service. Evaluation reports, progress notes, individualized family service plans, etc. must be made available upon request.

SCOPE OF WORK

PROGRAM TYPE: NEVADA EARLY INTERVENTION SERVICES (EIS)

SERVICE: COMPREHENSIVE EARLY INTERVENTION SERVICES

10. Make available for inspection all early intervention child records necessary to assure the appropriateness of payments to the Aging and Disability Services Division and Part C, IDEA Office. Such records shall include, but not limited to, the following:
 - a. Financial information;
 - b. Child's evaluation and assessment reports;
 - c. Child's Individualized Family Service Plan;
 - d. Child Outcome Summary Data Forms;
 - e. Documentation of all services provided; and
 - f. Provider licensing and/or credentialing records
11. Participate in the monitoring activities as set forth by the Nevada's Part C, IDEA Office including but not limited to self-assessment, on-site monitoring, financial audits, and complaint investigation.
12. Participate in parent choice of programs at the time of referral.
13. It is permissible for a Provider to serve multiple counties within the state, which requires mutual agreement between the State, Division of Aging and Disability Services and the Provider. Child referrals are contingent on the availability of funds.

Signature: _____

Date: _____

SCOPE OF WORK
PROGRAM TYPE: NEVADA EARLY INTERVENTION SERVICES (EIS)
SERVICE: MEDICAL TRANSCRIPTION

DEFINITION:

Service provider must demonstrate to Aging and Disability Services Division the ability to provide comprehensive medical transcription services for medical documentation purposes, certifying that early intervention providers meet all current state credentialing and/or licensure requirements established as of the effective date of agreement. The following services must be provided.

1. Accept and manage all related service assignments according to an agreed upon service capacity schedule, unless an exception is mutually agreed upon by both parties.
2. Ensure the provision of services using appropriately credentialed and/or licensed providers and to maintain the integrity of the medical record.
3. Maintain accurate child clinical records for a period of at least 23 years from discharge from service per NRS 629.051. Evaluation reports, progress notes, individualized family service plans, etc. must be made available upon request.

SCOPE OF WORK

PROGRAM TYPE: NEVADA EARLY INTERVENTION SERVICES (EIS)

SERVICE: COMPREHENSIVE EARLY INTERVENTION SERVICES

4. Make available for inspection all early intervention child records necessary to assure the appropriateness of payments to Aging and Disability Services Division and Part C, IDEA Office. Such records shall include, but are not limited to, the following:
 - a. Financial information;
 - b. Child's evaluation and assessment reports;
 - c. Documentation of all services provided; and
 - d. Provider licensing and/or credentialing records
5. It is permissible for a Provider to service multiple counties within the state, which requires mutual agreement between Aging and Disability Services Division Early Intervention Services and the Provider, contingent upon the availability of funds.
6. Provide services to children and families in their native language.
7. Provide professional medical reports including timely revisions and corrections.
8. Provider may contact the professional when needed to ensure components of the medical report is accurate and/or complete.

Signature: _____

Date: _____

SCOPE OF WORK
PROGRAM TYPE: NEVADA EARLY INTERVENTION SERVICES (EIS)
SERVICE: THERAPY/MEDICAL SERVICES

DEFINITION:

Therapy/Medical Services include Occupational, Physical, Speech, Vision, Registered Dietician, Physician, Nurse, Audiologist or other services that may be required by children receiving early intervention services. Contractors must demonstrate the following related to the specific service to be provided to children with diagnosed delays, disabilities or other eligible special needs as indicated for the service to be provided.

1. Ensure appropriate credentials and/or licenses required to provide specific services and to maintain the integrity of the IFSP process through accurate and timely implementation of the services as mutually determined and agreed to by the IFSP Team and consented to in writing by the child's parent/legal guardian.
2. Ensure that services are family-centered, provided in home and community activities and settings, and culturally competent. Family members have an integral and equal role in service planning, supporting the child's participation in early intervention services and meeting the outcomes identified in the IFSP.
3. Participate in planning, development, review and revision of IFSPs for children covered under this Agreement as appropriate and in a timely and comprehensive manner according to the state and federal reporting deadlines.
4. Provide service(s) to eligible children and their families upon referral as set forth in the Individualized Family Service Plan (IFSP).

Signature: _____

Date: _____

SCOPE OF WORK
PROGRAM TYPE: NEVADA EARLY INTERVENTION SERVICES (EIS)
SERVICE: LANGUAGE INTERPRETER

DEFINITION:

1. Demonstrate ability to interpret specific languages including sign language as indicated by certifications, degrees or other demonstrable methods. This may include translation of documents, in addition to participating in meetings with families.

Signature: _____

Date: _____