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