

SENIOR COMPANION

TABLE OF CONTENTS

I. Statement of Philosophy and Purpose2

II. Legal Base2

III. Service Goals2

IV. Senior Companion Eligibility2

V. Volunteer Stations3

VI. Volunteers3

A. Hours

B. Senior Companion Benefits

C. Training and Competency

VII. Service Provisions4

A. Priority of Service

B. Volunteer Station Development of Care Plans

C. Appropriate Senior Companion Activities

D. Voluntary Contributions

VIII. Inappropriate Senior Companion Activities7

IX. Termination of Assignments7

X. Confidentiality8

XI. Reporting and Reimbursement8

A. Reporting

B. Reimbursement

Appendices

- Sample Letter of Agreement
- Task Listing for Division of Aging’s In-Home Aide Services’ Levels II and III Personal Care
- Sample Senior Companion Client Care Plan

SENIOR COMPANION

I. Statement of Philosophy and Purpose

Senior Companion Services serve a dual purpose. First, the Senior Companion program creates part-time stipended volunteer community service opportunities for low-income persons aged 60 and over. Secondly, the program provides one-on-one supportive services to assist adults having exceptional needs, developmental disabilities, or other special needs for companionship.

II. Legal Base

Title II, Part C, of the Domestic Volunteer Service Act of 1973, as Amended: (P.L. 93-113)

Older Americans Act of 1965 as Amended: 42 U.S.C. 3001; {Public Law 100-175, Section 306 (a) (1)}

G.S. 143B-181.1 (c)

G.S. 143B-181.1 (a) (11)

III. Service Goals

The goals of the Senior Companion Program are to:

1. develop volunteer service opportunities through which low-income older persons can contribute to their communities;
2. provide a stipend and other benefits which enable eligible persons to participate as Senior Companions without cost to themselves;
3. establish new social service roles for low-income older persons through which they can maintain a sense of self-worth, retain physical health and maintain alertness, and enrich their social contacts; and
4. provide supportive services to adults, especially older persons, in an effort to maintain independent living.

IV. Senior Companion Eligibility

Older adults 60 years of age or older, whose income is below 125% of poverty, may become Senior Companions.

SENIOR COMPANION

V. Volunteer Stations

A volunteer station is a public agency, private non-profit organization or proprietary health care agency or organization that accepts responsibility for assignment and supervision of Senior Companions.

Volunteer stations managing in-home placements shall develop a Letter of Agreement with the Senior Companion and client authorizing and describing the Senior Companion's activities in each home. Letters of Agreement contain a statement authorizing a Senior Companion assignment in the client's home and designating the activities to be performed. The statement also defines arrangements for days and hours of service and specifies that plan for supervision of the Senior Companion. The client, his/her legal representative(s), and the volunteer station staff must sign the statement. A sample Letter of Agreement is located as Appendix A.

If a volunteer station allows Senior Companions to perform personal care tasks for clients, in the client's home, the volunteer station must be licensed as a Home Care agency with the North Carolina Department of Health and Human Resources, Division of Facility Services.

Volunteer stations providing any hands-on personal care tasks listed in the Division of Aging's In-Home Aide Services' Levels II and III task listings (Appendix B), must be licensed as a Home Care agency. The task listings for In-Home Aide Services' Levels II and III are not all inclusive.

VI. Volunteers

A. *Hours*

Senior Companions must serve 20 hours per week (usually five days a week).

B. *Senior Companion Benefits*

1. Stipend (\$2.45/hour)
2. Transportation assistance (i.e. mileage, public transportation costs, arrangements)
3. Meals
4. Insurance coverage (i.e. accident, liability)
5. Annual physical
6. Uniforms or smocks
7. Recognition

SENIOR COMPANION

C. *Training and Competency*

Senior Companions must receive at least 40 hours of pre-service orientation and 4 hours of monthly in-service training.

1. Level II Tasks

Senior Companions providing any tasks(s) listed in the Division of Aging's In-Home Aide Services' Level II must be competent to perform the task(s) they are assigned.

2. Level III Tasks

Senior Companions providing any task(s) listed in the Level II Personal Care task listing for Division of Aging's In-Home Aide Services, must meet training and/or competency requirements for that level of care and be registered as a Nurse Aide I with the North Carolina Board of Nursing. Meeting competency requirements includes a correct demonstration of the tasks to a Registered Nurse. Senior Companions providing personal care tasks listed in Level III of the In-Home Aide Services must be supervised by a registered nurse.

The Level II and Level III Personal Care task listings for the Division of Aging's In-Home Aide Services are located in Appendix B.

VIII. Service Provision

A. *Priority of Service*

In order of priority, assignments should be selected which:

- a. assist in preventing or delaying institutionalization of homebound adults with mental, emotional, and/or physical impairments who need outside assistance to achieve and maintain their fullest potential to manage their lives;
- b. assist in the discharge of adults from residential health-care facilities, especially acute care hospitals, who, by means of the support of Senior Companions, can resume a greater degree of independent living;
- c. provide care to households in which the burden of care for aged persons rests with household members who find it difficult to provide the level of support needed to prevent institutionalization; or
- d. assist terminally ill persons.

SENIOR COMPANION

NOTE: One-to-one personal support must be maintained in all assignments. The placement of one Senior Companion with many clients does not provide the degree of support needed to foster meaningful relationships. Inappropriate Companion/client ratios are weekly assignments with six or more homebound clients or with eight or more people in residential care facilities.

B. *Volunteer Station Development of Care Plans*

Volunteer stations are encouraged to develop assignments incorporating written plans of care for clients served. Whether plans should be required is a decision to be reached locally in consideration of the volunteer's skills or interests and the client's needs. Bearing in mind that the primary role of the Senior Companion is that of providing companionship, volunteer most frequently serve in the following activities:

1. linking clients to appropriate community services;
2. monitoring individual health and social conditions and reporting to skilled professionals;
3. helping with personal household management problems;
4. providing peer support;
5. assisting with prescribed health-care regimens; and
6. providing respite care.

A sample care plan is included as Appendix C.

When personal care tasks are provided to a client, a plan indicating the type of tasks to be provided and the frequency or provision must also be developed. The client/designated representative and the volunteer station staff must sign and date the service plan.

C. *Appropriate Senior Companion Activities*

Some examples of appropriate activities include:

1. Personal Care
 - (a) feeding, bathing, dressing, grooming, cutting hair;
 - (b) assisting client with walking, getting out of bed, getting to bathrooms;
 - (c) assisting with medical (i.e. reminding to take medications) or physical therapy (i.e. reminding to do prescribed exercise) and/or monitoring medications;
 - (d) accompanying a person to a doctor or nurse for treatment;
 - (e) providing grief support
 - (f) assisting in reality orientation/awareness; and
 - (g) encouraging exercise, taking walks with client, providing information on exercise or recreation.

SENIOR COMPANION

2. Nutrition

- (a) preparing food, planning meals, doing grocery shopping, labeling and organizing food;
- (b) providing health or nutrition information; and
- (c) accompanying client to a nutrition site.

3. Social/Recreation

- (a) providing companionship, talking, listening, cheering up, playing games or cards;
- (b) providing peer counseling
- (c) fostering client contact with family and friends; and
- (d) accompanying client to a recreational or social event.

4. Home Management

- (a) shopping, doing errands;
- (b) writing letters, reading, filling out forms;
- (c) doing light housework;
- (d) doing light gardening;
- (e) assisting with money management, helping budget funds; and
- (f) making non-strenuous home repairs/weatherization improvements.

5. Information and Advocacy

- (a) providing information about community services, eligibility for services;
- (b) helping clients receive a needed service (food stamps, visiting nurse, Supplemental Security Income, Medicaid, Medicare, etc.); and
- (c) bringing unmet needs to the attention of community leaders, volunteer station staff, and other care providers.

6. Respite Care

Assisting homebound clients served by caregivers who are in need of respite care to prevent a breakdown in household capability.

D. *Voluntary Contributions*

In accordance with the requirements of the Older Americans Act, agencies must provide all individuals receiving Senior Companion services the opportunity to contribute to the cost of the service. Agencies must establish written policies and procedures governing the collection of voluntary contributions.

SENIOR COMPANION

VIII. Inappropriate Senior Companion Activities

Some examples of inappropriate activities include:

1. Activities usually performed by doctors or nurses;
2. Activities performed by Nurse Aides unless the Senior Companion is registered as a Nurse Aide with the North Carolina Board of Nursing.
3. Brief, casual contact with a large number of clients;
4. Custodial services normally provided by paid staff;
5. Advancing funds to clients;
6. Depositing cash in banks;
7. Major household repairs;
8. Window washing;
9. Snow shoveling, lawn mowing;
10. Moving large furniture;
11. Heavy lifting (i.e. filled garbage cans);
12. Major household cleaning;
13. Extensive shopping;
14. Food preparation for persons other than adult served;
15. Cleaning up after guests;
16. Supervision of other Senior Companions;
17. Any service for which the volunteer station is receiving compensation from any source (Housing and Home Improvement funded by the Home and Community Care Block Grant, etc.); and
18. Group recreational or social activities.

IX. Termination of Assignments

Project staff and volunteer stations should be alert to changes or problems which may lead to assignment termination, such as:

- (1) the client develops acute functional difficulties which the Senior Companion is not trained to address;
- (2) the client's condition improves to the point where Senior Companion services are no longer needed;
- (3) a helping network of family and friends revitalizes, assuming the Senior Companion's care-giving role;

SENIOR COMPANION

- (4) the relationship is no longer meaningful or satisfying to the Senior Companion of the client.

Regardless of the cause of the termination of an assignment, the decision must be made jointly, by the project and volunteer station staff, with input from the Senior Companion, if appropriate.

X. Confidentiality

Agencies providing Senior Companion Services shall ensure that all client and Senior Companion information collected is maintained in accordance with the Division of Aging’s Confidentiality Policies and Procedures as specified in the Division of Aging Home and Community Block Grant Procedures Manual for Community Service Providers.

XI. Reporting and Reimbursement

A. *Reporting*

All providers, except local department of social services, shall submit a Management Information System (MIS) Client Registration Form (DoA-101) for individuals providing Senior Companion Services. The completed form (DoA-101) shall be forwarded to the Area Agency on Aging for the entry into the MIS. If a local department of social services is administering the program, clients shall be registered via the DSS-2515 form and the information entered into the Services Information System (SIS).

In order to maintain accurate client data, agencies must conduct an update of client registration information every twelve (12) months. Depending upon the type of agency providing the service, information will be updated on either the DoA-101 or form DSS-2515 and entered into the appropriate information system. Agencies may update client registration information by telephone or in person. Only the signature of the agency staff person completing the update is required.

Updated information must be documented in each individual’s record.

SENIOR COMPANION

B. *Reimbursement*

Senior Companion Services shall be reimbursed in accordance with the number of units of service provided. A unit of service consists of “one volunteer hour spent with and older adult by a Senior Companion.” Providers will be reimbursed based upon the number of units provided in accordance with the reimbursement procedures outlined in the Division of Aging Home and Community Block Grant Procedures Manual for Community Service Providers.

Specific procedures for reporting client data and service reimbursement information are outlined in the Division of Aging Home and Community Block Grant Procedures Manual for Community Service Providers.

SENIOR COMPANION

APPENDICES

SENIOR COMPANION

SAMPLE

LETTER OF AGEEMENT

The SENIOR COMPANION PROGRAM of _____ has been

Asked by the _____ to
(Volunteer Station)

Place _____ in the home of
(Senior Companion's Name)

(Client's Name) (Address)

The following services will be performed under the supervision of the Volunteer Station Staff:

Volunteer services may be terminated by the Sponsor at any time upon request of any of the undersigned parties.

SCP Director Date

Vol. Station Representative

Adult Served of Legal Guardian

SCP. Mon. & Tues. 9am – 11pm
Thurs. 9am – 12 noon

In-Home Aide Service – Level II

Client Indicators

Home Management

1. Client has potential to improve IADL functioning or learn independent living skills.
- OR
2. Client has increased IADL needs (2-4) requiring additional support to maintain functioning.

Personal Care

1. Client is medically stable and is partially dependent in ADL functioning (1 or 2 ADLS) due to physical and/or mental impairment. Has maintenance needs and/or rehabilitative potential.

Tasks

Home Management

- Assist in following budget prepared by case manager
- Assist to find/use community resources
- Perform reading/writing tasks
- Demonstrate/model simple altering and mending techniques
- Demonstrate/model housekeeping
- Assist in organizing household routines
- Assist in making or purchasing clothing or other household items
- Plan menus using food guide
- Assist with developing a market order and shopping
- Demonstrate/model food handling, preparation and storage

Personal Care

- Assist ambulatory client with mobility and toileting
- Provide care for normal unbroken skin
- Assist with personal hygiene (mouth care, hair and scalp grooming, fingernails and bathing; shower, tub, bed and basin) Cut/trim hair
- Shave client (electric/safety razor)
- Provide basic first aid
- *apply ace bandages, TED's binders
- Make occupied bed
- Assist limited function patient with dressing
- Observe, record and report self-administered medications'
- *Apply/remove prosthetic devices for stable clients
- Assist with feeding clients with special conditions (no swallowing difficulties)

- Assist/encourage physical activity and/or prescribed exercise
- *Assist client with self-monitoring of temperature, pulse, blood pressure and weight

*Demonstrated competency verified by R.N.

Required Competencies

Recommended Training Hours

Level II: 38 Hours

Cumulative: 59 Hours

Communication Skills II (2)

- Roles of service delivery team
- Plan of care
- Report writing

Mental Health/Illness II (2)

- Effects of stress
- Defense mechanisms
- Dementia

Family Dynamics II (2)

- Family life cycle
- Issues at each stage of life
- Effects of disruption

Home Management Skills II (5)

- Housekeeping techniques/routines
- Demonstrating/modeling homemaking tasks
- Working within a budget
- Clothing/household supply purchasing
- Knowledge/use of community resources

Food and Nutrition II (3)

- Planning menus from a food guide
- Developing a market order
- Principles of food preparation
- Following a prescribed diet

Ill and/or Disabled Adults II (2)

- Diseases of the elderly
- Coping with chronic illness

Special Care Skills (6)

- Assist with feeding clients with special conditions (excluding swallowing difficulties)
- Application of ace bandage, TED's binders
- Assist/encourage physical activity and/or prescribed exercise
- Assist ambulatory client with mobility and toileting

- Assist limited function client with dressing
- Making occupied bed
- Assist with application/removal of prosthetic devices

Personal Hygiene (client) II (4)

- Assists with bathing (bed, tub, shower, basin)
- Assist with mouth care
- Assist with hair and scalp care (cut and trim)
- Assist with fingernail care (clean and file)
- Shaving clients (electric/safety razor)
- Normal skin care

Medications II (1)

- Reminding/reinforcing self-administered medications
- Observe, report, and record self administered medications

Abuse and Neglect I (2)

- Recognizing/reporting criteria (age specific)

Infection Control I (2)

- Preventing the spread of diseases
- Handwashing techniques

Basic First Aid I (6)

- Principles of Cardiopulmonary Resuscitation
- Taking temperature, pulse, height and weight
- Taking blood pressure

Inappropriate Tasks II (1)

Supervision

Who

For these tasks, supervision may be provided by appropriately trained paraprofessional personnel or by a social worker, nurse, or other appropriate professional. If a paraprofessional is used, that person must be supervised by a professional.

Frequency

A supervisory home visit or telephone call to the aide within the first calendar week of an aide assignment is recommended. A quarterly on-site visit is required.

In each of the two intervening months, the supervisor will have some type of contact with the aide *and* the client/designated person (telephone, office conference or home visit) to ensure service provision is running smoothly. These contacts may be initiated by the aide, client or the supervisor.

Some funding sources may have additional supervision requirements.

In-Home Aide Service – Level III

Client Indicators

Home Management

1. Client has moderate limitations in cognitive and/or psycho-social functioning, but has potential for partial/total IADL and/or home management functioning.

OR

2. Client has severe IADL with significant ADL impairment (more than 4).

Personal Care

1. Client is medically stable with significant ADL impairments (3 or more) resulting from a chronic condition.

OR

2. Client is medically stable with significant ADL impairments (3 or more), but has rehabilitative potential.

OR

3. Client is medically unstable, due to recent illness, complications of a chronic condition, or a deteriorating condition with variable IADL and ADL needs.

Tasks

Home Improvement

- Demonstrate securing and caring for household furnishings
- Teach basic sewing/use of a sewing machine
- Demonstrate how to plan for a move, locate housing, and organize moving activities
- Teach/reinforce housekeeping methods, home safety, energy conservation, and sanitation skills
- Teach/reinforce personal hygiene and self care, reinforce sound health care practices and personal safety techniques
- Take/accompany to medical appointments; reinforce special diet routines; monitor treatment plans
- Teach/reinforce household budgeting and planning skills; teach proper use of credit card
- Demonstrate/reinforce comparison shopping and good consumer practices with food, clothing and furnishings

- Teach/reinforce management of time and resources, including work simplification techniques
- Teach/reinforce appropriate food handling and cooking skills
- Monitor/reinforce family progress on protective service plan goals

Personal Care

(Tasks subject to nurse supervision requirements of the Nursing Practice Act.)

- Assist with feeding clients with special needs
- Give bed bath
- Make occupied bed
- Assist with mobility, gait training using assistive devices
- Assist with range of motion exercises
- Assist limited function patient with dressing
- Take/record temperature, pulse respiration, blood pressure, height and weight
- Observe, record and report self-administered medications
- Apply/remove prosthetic devices for stable client
- Apply ace bandages, TED's, binders
- Assist with scalp care
- Trim toenails for clients without diabetes/peripheral vascular disease
- Empty/record drainage catheter bag
- Shave clients with skin disorders
- Administer enemas
- Insert rectal tubes/flatus bags
- Bowel/bladder retraining
- Collect/test urine or fecal specimens
- Perineal care
- Apply condom catheters
- Chair/stretcher transfer
- Turn and position
- Safety measures (side rails, mitts, restraints)
- Change non-sterile dressings
- Force and restrict fluids
- Apply prescribes heat/cold
- Care for non-infected decubitus ulcers
- Assist clients in understanding mecial orders/routines, encourage compliance
- Assist with purchase/preparation of diet food specified by professional
- Vaginal douches after instruction
- Assist with prescribed physical/occupational therapy
- Plan menus for special diets
- Monitor dietary treatment plan, provide feedback to professional

Tasks with Special Training

(Requires Nurse Adie II registration with the NC Board of Nursing)

- Administer gastrostomy tube feedings
- Perform in and out bladder catheterizations
- Change sterile dressings

Required Competencies

Recommended Training Hours

CORE: 15 Hours

Personal Care: 27 Hours

Cumulative: 101 Hours

Home Management: 20 Hours

Cumulative: 94 Hours

Core Curriculum (15)

Communication Skills III (3)

- Promoting client independence
- Strategies for guiding, supporting, and encouraging
- Medical terminology
- Documentation

Mental Health/Illness III (2)

- Substance abuse
- Mental retardation
- Types of mental disorders

Principles of Adult Education I (2)

- How adults learn
- “Let’s Do” teaching

Food and Nutrition III (4)

- Comparison shopping
- Principles of therapeutic (specialized) diets
- Purchasing/planning/preparing therapeutic (specialized) diets
- Observing dietary treatment plans

Infection Control II (2)

- Isolation techniques
- Universal precautions
- Applications in the home

Death and Dying (2)

Personal Care Track (27)

Personal Hygiene III (4)

- Bed bath
- Shampoo in bed
- Shave client with skin disorders
- Trim toenails (no diabetes/peripheral disease)
- Perineal catheter care

Treatment Techniques I (6)

- Assist with feeding clients with special conditions
- Force and restrict fluids
- Care of non-infected skin ulcers
- Clean dressing changes (non-sterile)
- Vaginal douches
- Apply prescribed heat and cold
- Assist clients in understanding medical orders/routines, encourage compliance
- Intake and output
- Take respirations

Elimination/Treatment I (6)

- Empty/record drainage or catheter bag
- Bowel/bladder retraining
- Collect/test urine or fecal specimens
- Insert rectal tube/flatus bags
- Administer enemas
- Use of bedpans and urinals

Other Training Techniques (3)

- Apply/remove EKG monitor leads
- Post mortem care
- Gastric suction (maintenance)
- Turn/cough/deep breath
- Restorative services

Body Mechanics I (5)

- Transfer techniques
- Use of lifts
- Assistive devices
- Assist with prescribed physical/occupational therapy

Safety Measures (1)

- Side rails, mitts, restraints

Basic First Aid II (2)

- Cardiopulmonary Resuscitation

Home Management Track (20)

Home Management Skills III (5)

- Teaching housekeeping skills
- Planning and organizing moving activities
- Energy conservation
- Basic mending/sewing and use of sewing machine
- Home safety skills

Financial Management I (6)

- Setting family goals
- Developing a family budget
- Making good budgeting/spending choices
- Use of credit
- Consumer protection practices

Resource Management I (3)

- Securing and caring for household furnishings
- Teaching management of time and resources
- Locating housing
- Work simplification techniques

Self Care (2)

- Personal hygiene and health care practices
- Personal safety techniques
- Following treatment plans

Family Dynamics III (4)

- Understanding dysfunction in families
- Reinforcing new skill/patterns in poorly functioning families

SAMPLE

SENIOR COMPANION CLIENT CARE PLAN

	VOLUNTEER STATION
CLIENT'S NAME	
CLIENT'S ADDRESS	PHONE
SENIOR COMPANION	

A. GOAL:
To develop a health and social care program to help older persons achieve and maintain their highest level of independent living.

B. ARRANGEMENTS:
The Senior Companion will serve _____ days and _____ (maximum) hours per week, effective _____. Senior Companion tasks will be developed, jointly, by the Companion and station supervisor no later than three weeks after placement. The client's status and the continued need for a Senior Companion will be monitored by the station at least once a month. Senior Companion staff concurrence with the plan is required.

C. ASSESSMENT OF CLIENT'S PROBLEMS(S)	DATE
1. _____	_____
_____	_____
2. _____	_____
_____	_____
3. _____	_____
_____	_____
4. _____	_____
_____	_____
5. _____	_____
_____	_____
6. _____	_____
_____	_____