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PI-09-13

PROGRAM INSTRUCTION

TO: ASAP Executive Directors

CC: ASAP Program Managers
ASAP Nurse Managers
ASAP Contracts Managers

FROM: Ann L. Hartstein

DATE: August 21, 2009

RE: Home Care Program Service Definitions

Purpose:

This Program Instruction (PI) issues updated service definitions for the Home Care Program, including the 1915(c) Home and Community Based Services Waiver (Waiver). This PI supersedes any previously issued service descriptions.

Background and Program Implications:

The Executive Office of Elder Affairs (EOEA) is responsible for identifying and describing the in-home support services offered through its Home Care Program. The service definitions contained in this Program Instruction have been revised in accordance with the renewed Waiver with additional input from Aging Services Access Points and providers.

Required Actions:

ASAPs must use the service definitions contained in this PI as "Attachment A"s for EOEA's standard Provider Agreements.

Effective Date:

The revised service definitions are effective October 1, 2009, the date that ASAPs are required to initiate new contracts with all Home Care Program service providers.

Contact:

If you have questions about this PI, please contact Brenda Correia, Coordinator for Elder Community Support Programs at Brenda.Correia@MassMail.State.MA.US

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Alzheimer's Day Programs provide specialized services to address the needs of people with Alzheimer's disease and related disorders (ADRD) and other dementias. The needs are unique due to changes in the brain that affect behavior and functioning. The goal of the program is to enhance cognitive functioning and improve the overall quality of life for individuals and their families. Program services help to maximize the individual's functional capacity, and reduce agitation, disruptive behavior and the need for psychoactive medication. Individuals with cognitive disabilities who require a day program benefit from a habilitative model in a therapeutic milieu.

I. Admission

- A. Physician supervision of each individual must be arranged prior to admission. A medical examination must have taken place within the past three months. The provider must obtain:
- medical history that includes an indication of ADRD confirmed by the consumer's MD;
 - a list of current medications and treatments;
 - special dietary requirements / restrictions;
 - a statement by the MD/NP approving participation in the program that must, if applicable, include any contraindications or limitations to the individual's participation in program activities;
 - recommendations for specialized day programming; and
 - negative Mantoux test or negative chest X-ray within the past year.
- B. The provider shall have a written agreement with the individual and/or caregiver/family that specifies the services offered and a commitment from the individual to attend the program for a specified number of days per week. It shall also contain days and hours of program operations, a schedule of holidays, and procedures for unexpected closings due to disaster or inclement weather.

II. Participant Care Plan

- A. Within six program days after the participant's first day, program staff in conjunction with family and other relevant health care professionals must complete a participant care plan. The care plan will be developed to address the physical, psychosocial, and ADL needs of the participant.
- B. Care plans shall:
- include individual service needs;
 - develop measurable objectives of care for the participant;
 - provide a supportive service and activity plan designed to meet the psychosocial and therapeutic needs of the participant;
 - include failure free activities in order to achieve goals and objectives and promote a sense of accomplishment and achievement;

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- make special arrangements to meet the rehabilitative and adaptive equipment needs of the participants; and
 - be updated quarterly by a multi-disciplinary staff.
- C. A discharge plan will be in place within six (6) program days after the participants' first program day. Decisions to discharge shall be based on safety and benefit to the client and other participants. Discharge consideration may include danger to self or others, medical instability, or lack of a primary caregiver. Discharge plans shall be developed in conjunction with the individual, family, program staff and other involved professionals as appropriate. Discharge plans shall be reviewed with the care plans by a multi-disciplinary team.
- D. The provider shall inform the physician of any change in the participant's care plan, health status, or behavior. Care plans shall be sent to the physician for quarterly review and signature, and returned to the program and maintained in the participant's file.

III. Program Specifications

- A. Two-thirds of the program activities must be provided in separate locations from any other program.
- B. Services and activities include helping participants and families adjust physically and psychologically to the illness. The care plan should include objectives that encourage the participants to continue their daily routine, physical activities, and social contacts. Each day the program will provide two snacks and a meal prepared with the consultation of a dietician, which shall contain at least one-third of the current RDA as established by the Food and Nutrition Board of the National Academy of Science.
- C. Activities should be enjoyable, habilitative, failure free, and provide:
- opportunities to maximize functional independence for high and low functioning groups;
 - a positive outlet for energy and emotions;
 - opportunities for self expression;
 - structured time;
 - individual counseling when appropriate;
 - relaxation and stress release;
 - accommodations for wandering in a safe environment;
 - physical fitness activities;
 - opportunities for peer relationships;
 - contact and coordination with family, community agencies, and other professionals involved in the provision of care; and
 - appropriate sensory stimulation, remotivation, expressive therapies and resocialization.

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- D. Family support and caregiver education/information will be provided including a consult on home safety issues.
- E. The **Social Service Coordinator** must have at a minimum a bachelor's degree in human services from an accredited college or university and at least one year of recent experience working with adults in a professional capacity. Experience working with individuals with cognitive disabilities is preferred. Responsibilities include:
- arranging for or providing individual, group, and family counseling;
 - providing family education in behavior management;
 - informing participants/families of available community services and refer as necessary to agencies providing such services;
 - providing family support services such as grief management;
 - assisting participants/families to access available benefits;
 - documenting notes in the participant's records at least quarterly;
 - advocating on behalf of the client with other professionals; and
 - assisting in the delivery of other required program services.
- E. Nursing services must be provided in accordance with the needs of each participant. The program RN must provide and supervise nursing services. An RN's sole responsibility during the hours that she/he is employed by the program will be to meet the needs of the participants and promote the objectives of the care plan. Responsibilities include:
- administration of medications and treatments as prescribed by the participant's physician;
 - on-going monitoring of each participant's health status;
 - maintenance therapy treatment as recommended by a therapist
 - coordination of the participant Nursing care plan and:
 - active participation on the interdisciplinary care plan/discharge planning team

IV. Staffing

- A. Staff shall receive an initial orientation and ongoing training in areas of dementias, verbal and non-verbal communication skills, behavior management skills, group process skills, family functioning, CPR and first aid. Staff members should be comfortable with a multi-disciplinary team approach to service delivery. Staff should receive training that will prepare them for such issues as difficulty in group participation, high anxiety, aggressive behavior, wandering, and incontinence. A staff member's sole responsibility during the hours that she/he is employed by the program will be to meet the needs of the participants and promote the goals and objectives of the careplan.
- B. The program shall maintain a staff to participant ratio of at least 1:4 on site and ensure the presence of at least 2 staff members at all times.

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V. Physical Plant

- A. The physical environment should be designed to ensure the health and safety of participants and staff. It shall create an atmosphere that helps individuals compensate for cognitive losses by using specialized communication techniques, consistent behavioral approaches in personal care, and individualized failure free activities.
- B. Curb cuts, gradients, handrails, and ramps shall be designed or adapted to be accessible to the population being served. To improve independent ambulation, floors should be a solid color with no shine. Due to impaired depth perception associated with ADRD, carpets may increase the risk of falls.
- C. The site shall be designed or adapted to provide adequate turning space for wheelchairs. Light switches, control panels, counters, sinks, and door handles should be within easy reach of a wheelchair user. The toilet areas should be equipped with grab bars or handrails. Doorframes should be wide enough for wheelchairs, and thresholds should be eliminated.
- D. Lower stimulation areas or a room with reduced auditory and visual stimulation should be made available to help maintain control of agitation.
- E. Wall coverings should be simple in design on non-shiny paper or flat painted walls to improve attention and minimize distraction. Colors may be bright.
- F. There shall be at least one toilet for every ten participants with one facility designed or adapted to provide access and maneuverability for disabled persons. Lavatories must have clear signage.
- G. The site should be designed with adequate space for the provision of required services. Each site should include
 - a dining room;
 - a food preparation area equipped with a refrigerator and adequate counter and storage space;
 - a project area equipped with adequate table and seating (a dining area may be used);
 - a group activity area;
 - a private enclosed space free from disruption for individual nursing services or counseling;
 - a rest area equipped with at least one comfortable resting chair for every six participants per day; and
 - a personal hygiene area equipped with a sink.
- H. Certification indicating the maximum daily participant occupancy shall be obtained from the local fire department approving the area for program operation. If necessary,

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certification shall be obtained from appropriate local boards or departments (i.e. Health, Zoning, Building Inspector, etc.).

- I. Providers shall have an emergency first aid kit, scale, blood pressure cuff, stethoscope, foot basin, digital thermometer with disposable probes, blankets, and separate storage space and refrigerator with locks for medications.
- J. To accommodate the agitated pacer, adequate space (indoor or outdoor) should be available to allow pacing in a safe environment. A minimum of 50 square feet of space should be available for each participant, excluding office, toilet, hallway and other areas not used for the provision of the program.
- K. Each program must have an accessible fire extinguisher and a Fire/Disaster Plan.
- L. To protect participants, all exit doors must be alarmed or secured and all dividers, partitions and barriers must be secured.
- M. Programs must adhere to the Americans with Disabilities Act regulations.

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Habilitation Therapy is a service to support consumers and caregivers to create and maintain a positive experience for a person experiencing the effects of a dementia related illness. The objective is to provide education and support to the caregiver and to provide suggestions to modify elements of the environment that may exacerbate the disabilities of the disease. Habilitation Therapists provide knowledge and expertise to caregivers (and the person with the disease when appropriate) in understanding the disease process and pitfalls to avoid, as well as techniques of communication, behavior management, structuring the environment, creating therapeutic activities, and planning for future care needs.

Providers of Habilitation Therapy must be certified in Habilitation Therapy by the Alzheimer's Association, Massachusetts Chapter, and have a valid Massachusetts license for any of the following:

- Registered Nurse
- Licensed Independent Clinical Social Worker
- Licensed Certified Social Worker
- Licensed Social Worker

LCSWs must have one year of experience working with persons with a dementia related illness. LSWs must have two years of experience working with persons with a dementia related illness.

Four years experience working with persons with a dementia related illness may be substituted for the professional qualifications.

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Wanderer Locator Service is a program designed to register people with a dementia-related illness who are at-risk of wandering and becoming lost. A person can register for life in a uniform national program, which coordinates efforts to locate and recover Alzheimer's patients and others with dementia who have wandered and become lost.

All registrants are assigned a unique code number that is kept in a central registry. Families and other primary caregivers will receive a patient ID bracelet engraved with the patient's name and code number along with other educational materials.

A toll free number is staffed 24 hours a day, 365 days a year. When a patient wanders away from a home or institution and the "800" operator is called, a fax alert goes out after local verification to area agencies such as police, hospitals, and ASAPs.

The wanderer locator service works with local providers to return the patient to a safe location and notify appropriate caregivers to provide follow-up and support to minimize the likelihood of further wandering incidents.

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Chore services are services needed to maintain the home in a clean, sanitary and safe environment. This service includes minor home repairs, maintenance, and heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, and moving heavy items of furniture in order to provide safe access and egress. These services are provided only when neither the elder nor anyone else in the household is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third party payer is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, is examined prior to any authorization of service.

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Companion services are non-medical care, supervision, and socialization provided to a functionally impaired adult. Companions may assist or supervise the elder with such tasks as meal preparation, laundry and shopping. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the elder. This service is provided in accordance with a therapeutic goal in the service plan.

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Transportation services are offered in order to enable consumers to gain access to community services, activities and resources, as specified by the service plan. For MassHealth members, this service is offered in addition to medical transportation required under 42 CFR § 431.53 and transportation services under the State plan, defined at 42 CFR § 440.170(a) (if applicable), and does not replace them. Whenever possible, family, neighbors, friends, or community agencies that can provide this service without charge are utilized.

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- **Laundry** service includes pick-up, washing, drying, folding, wrapping, and returning of laundry.

- **Grocery Shopping and Delivery** service includes obtaining the grocery order, shopping, delivering the groceries, and assisting with storage as needed.

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Emergency Shelter services provide temporary overnight shelter for an elder (and his/her household) who is without a home due to eviction, fire, flood, other natural disaster, abuse, neglect, alcohol dependency, economic incapacity, or unsafe/substandard housing conditions, including lack of fuel and/or utilities.

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- **Home Delivered Meals** provide well-balanced meals to consumers to maintain optimal nutritional and health status. Each meal must comply with the Executive Office of Elder Affairs' Nutrition Standards, and be religiously and ethnically appropriate to the extent feasible. Home Delivered Meals service includes the preparation, packaging, and delivery of meals by trained and supervised staff. More than one meal may be delivered each day provided that proper storage is available in the home. Home delivered meals do not include or comprise a full nutritional regimen.

- **Nutritional Assessment:** A comprehensive nutritional assessment conducted by a qualified nutritionist. A nutritional plan of care is developed based on the results of the assessment.

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- **Personal Emergency Response System (PERS)** is an electronic device connected to a client's telephone line. In an emergency, it can be activated either by pushing a small button on a pendant, pressing the help button on the console unit, or by an adaptive switch set-up. When the device is activated, a person from the 24-hour-a-day, seven-day-a-week central monitoring station answers the call, speaks to the client via the console unit, assesses the need for help, and takes appropriate action. PERS includes all four of the following requirements:
 - in-home medical communications transceiver;
 - remote, portable activator;
 - central monitoring station with backup systems staffed by trained attendants 24 hours a day, 7 days a week; and
 - current data files at the central monitoring station containing pre-established response protocols and personal, medical, and emergency information for each client.

- **Enhanced PERS (EPERS)** is a service that combines the basic elements of PERS, with certain service enhancements. EPERS means the capacity to program a PERS console unit so that messages from family members or friends may be pre-recorded from a remote location and transmitted to the client at established intervals. The provider must have the capacity to install, operate and trouble shoot all EPERS equipment.

The enhanced messaging capacity is designed to:

- cue the client for medication compliance or other health regimens,
 - remind the client of key appointments or visits; and
 - provide "check in" calls to reduce isolation.
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- **On Call** is the provision of an on-call capacity to respond to a client need either during or after regular business hours.

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Home Health Services: Those services defined in MassHealth regulations at 130 CMR 403.00, which include Skilled Nursing, Physical, Occupational, and Speech Therapy; and Home Health Aide.

- Home Health Aide Services (HHA)** are provided under the supervision of an RN, or a physical, speech or occupational therapist. This includes assistance with ADLs and personal care, including incontinence care; assistance with ambulation and transfers, including the use of a hoist lift; medication cueing and reminders; activities that support the skilled therapies; and routine care of prosthetic and orthotic devices.

- Skilled Nursing Services** are provided by an RN or an LPN under the supervision of an RN, including, but not limited to: evaluating the nursing care needs; developing and implementing a nursing care plan; providing services that require specialized skills; observing signs and symptoms; reporting to the physician; initiating nursing procedures; giving treatments and medications ordered by the physician; teaching the patient and family; and supervising other personnel.

- Occupational Therapy:** Services, including diagnostic evaluation and therapeutic intervention, designed to improve, develop, correct, rehabilitate, or prevent the worsening of functions that affect the activities of daily living that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Occupational therapy programs are designed to improve quality of life by recovering competence and preventing further injury or disability, and to improve the individual's ability to perform tasks required for independent functioning, so that the individual can engage in activities of daily living. Occupational Therapy is provided by a registered occupational therapist (OTR), a certified occupational therapy assistant (COTA) or an occupational therapy student supervised by an OTR.

- Physical Therapy:** Services, including diagnostic evaluation and therapeutic intervention, designed to improve, develop, correct, rehabilitate, or prevent the worsening of physical functions that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Physical therapy emphasizes a form of rehabilitation focused on treatment of dysfunctions involving neuromuscular, musculoskeletal, cardiovascular/pulmonary, or integumentary systems through the use of therapeutic interventions to optimize functioning levels. PT is provided by a registered physical therapist (RPT); a physical therapy assistant (PTA) or a physical therapy student supervised by an RTA including

- Speech Therapy** is provided by a qualified speech therapist (ST), a speech therapy assistant, or a speech therapy student supervised by a qualified ST including: evaluating patient care needs; providing rehabilitating services for speech and language disorders; observing and reporting to the physician; instructing the patient, family and health care team personnel, and supervising other personnel.

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Environmental Accessibility Adaptations includes those physical adaptations to the private residence of the elder or the elder's family required by the elder's service plan that are necessary to ensure the health, welfare and safety of the elder or that enable the elder to function with greater independence in the home. Such adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the elder.

Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the elder. Adaptations that add to the total square footage of the home are excluded except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).

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Medication Dispensing System is an automated medication dispenser that allows a consumer with medication compliance problems to receive pill form medications at appropriate intervals through audible/visual cueing. This system organizes a pre-filled supply of pills and is programmed to deliver the correct dosage of medications when appropriate. The product is lockable and tamper-proof and has a provision for power failure.

The Medication Dispensing System shall be authorized only when a responsible formal/informal caregiver can demonstrate the ability to pre-fill medications and monitor the system. The provider must furnish detailed instructions to the caregiver regarding the operation of the system, as well as a signed, written agreement between the provider and the caregiver clearly delineating the responsibilities of each party.

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Adult Day Health provides an organized program of health care and supervision, restorative services, and socialization for elders who require skilled nursing or therapy, or assistance with activities of daily living. Nutrition and personal care services are also provided to participants.

Adult Day Health programs must be approved for operation by MassHealth and operate in accordance with 130 CMR 404.000.

Basic Level of Care is provided to those participants who meet clinical eligibility requirements as defined in 130 CMR 404.407 (A)

Complex Level of Care is provided to those participants who, in addition to meeting basic level of care criteria, have also met nursing facility eligibility criteria as outlined in 130 CMR 456.409.

Health Promotion and Prevention Level of Care is provided to those participants who met the clinical eligibility criteria at the time of admission, but who, due to improved health, no longer meet the clinical requirements.

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Respite Care services are provided to consumers unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the consumer. Federal Financial participation is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. Respite Care may be provided to relieve informal caregivers from the daily stresses and demands of caring for a consumer in efforts to strengthen or support the informal support system. In addition to respite care provided in the elder's home or private place of residence, Respite Care services may be provided in the following locations:

- Respite Care in an **Adult Foster Care** Program provides personal care services in a family-like setting. A provider must meet the requirements set forth by MassHealth and must contract with MassHealth as an AFC provider.
- Respite Care in a **Hospital** is provided in licensed acute care medical/surgical hospital beds that have been approved by the Department of Public Health.
- Respite Care in a **Rest Home** provides residential care for clients in a supervised, supportive and protective environment. A Rest Home must be licensed by the Department of Public Health.
- Respite Care in a **Skilled Nursing Facility** provides skilled nursing care; rehabilitative services such as physical, occupational, and speech therapy; and assistance with activities of daily living such as eating, dressing, toileting and bathing. A nursing facility must be licensed by the Department of Public Health.
- Respite Care in an **Assisted Living Residence** provides personal care services by an entity certified by the Executive Office of Elder Affairs.
- Respite Care in an **Adult Day Health** program provides an organized program of health care and supervision, restorative services, and socialization for elders who require skilled services or assistance with activities of daily living. Nutrition and personal care services are also provided to participants. Adult Day Health programs must be approved for operation by MassHealth.

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- ❑ **TRANSLATION/INTERPRETING SERVICES** are provided by skilled individuals in order to communicate with and provide services to a consumer.
- ❑ **LEGAL SERVICES** are provided by an attorney on behalf of an ASAP providing Protective Services. These services include but are not limited to the preparation of court documents, filing of court petitions, and representation in court relative to a Protective Services case.
- ❑ **COMPETENCY EVALUATION** is an evaluation of the physical, mental, and social condition of an elder conducted in order to make a determination of the elder's capacity to consent to Protective Services. It also includes a statement of the care and services being received and needed, a statement of facts indicating the elder's understanding of the alleged abuse and the elder's understanding of the consequences of receiving or not receiving Protective Services.
- ❑ **FINANCIAL CONSULTATION SERVICES** are those provided by a qualified professional, including but not limited to certified public accountants, for the purpose of assisting Protective Services workers in conducting financial exploitation investigations. The role of the consultant is to help with the review of an elder's financial records and related documents so that a more informed and timely decision can be made about the presence, scope and extent of financial exploitation.
- ❑ **BILL PAYER SERVICES** are money management services provided to a person who requires assistance in managing his/her finances due to physical or cognitive difficulties, but is able to oversee and control the use of his/her finances. Client approval is necessary for the appointment of a bill payer.
- ❑ **REPRESENTATIVE PAYEE SERVICES** are money management services provided to a person who has been determined incapable of managing his/her benefits by the Social Security Administration or other appointing entity. Client approval is not required for the appointment of a representative payee.

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HOMEMAKER and PERSONAL CARE SERVICES:

- **HOMEMAKER (HM)** service includes assistance with: shopping, menu planning, laundry, and the performance of general household tasks (e.g., meal preparation and routine household care) provided by a qualified homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home.

- **PERSONAL CARE (PC)** service may take the form of hands-on assistance (actually performing a task for the person) or cuing and supervision to prompt the participant to perform a task. Such assistance may include assistance in bathing, dressing, personal hygiene, other activities of daily living, and reminders with medications in accordance with Elder Affairs' Personal Care Guidelines. This service may include assistance with preparation of meals, but does not include the cost of the meals themselves. When specified in the care plan, this service may also include such housekeeping chores as bed-making, dusting and vacuuming, which are incidental to the care furnished, or which are essential to the health or welfare of the individual, rather than the individual's family. Personal care services may be provided on an episodic or on a continuing basis.

- **SUPPORTIVE HOME CARE AIDES** perform personal care and/or homemaking services in accordance with waiver definitions, in addition to providing emotional support, socialization, and escort services to clients with Alzheimer's Disease/Dementia or emotional and/or behavioral problems.

(Refer to Elder Affairs' Personal Care Guidelines.)

I. PROVIDER POLICIES AND PROCEDURES

- A sufficient number of HM/PC workers should be available to meet the needs of clients accepted for service. The provider shall accept or reject an ASAP service request by the end of the next business day.

- Providers shall have job descriptions and salary scales.

- A Criminal Offender Record Information (CORI) check shall be performed in compliance with the laws of the Commonwealth and any applicable regulations and guidelines issued by the Executive Office of Elder Affairs.

- Personnel files shall be maintained with documentation on the results of the interview and references; completed CORI investigation; training/in-service certificates, waivers

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and exemptions; if appropriate, PC skills checklist; supervisory visits; and performance reports and annual evaluations.

- Providers shall have policies regarding client privacy and confidentiality and non-discrimination in service delivery. These policies shall prohibit discrimination against persons with AIDS/HIV and ensure that information concerning AIDS/HIV status is not apparent or accessible and is not released to anyone without specific written consent.
- Providers shall have an infection control plan to prevent occupational exposure to blood-borne illnesses including AIDS/HIV and Hepatitis B. The Center for Disease Control/OSHA guidelines for standard precautions shall be followed.
- Providers shall have policies to ensure annual tuberculosis screening and testing is performed for all provider staff who come into direct contact with clients.
- Providers shall have policies for handling allegations of loss, theft, and/or damage of client property.
- Providers shall have a policy that prohibits the handling of the client's money that includes, but is not limited to: reconciling checkbooks, writing checks, using bank cards/Automated Teller Machines or providing banking services. Checks may be used to pay for groceries if the check is written to the store. The ASAP may establish these special arrangements, including use of the Electronic Benefit Transfer card for grocery shopping, with the store.
- A plan shall be in place for dealing with emergencies in the client's home including accessing emergency medical services and contacting provider supervisors.
- Providers shall have a policy for incidents when the client does not answer the door including the use of reasonable efforts (e.g. telephone) to gain access to the home. The provider will contact the ASAP immediately to determine the next course of action.
- Providers shall have policies to ensure compliance with the Department of Public Health's (DPH) requirements regarding prevention, reporting and investigation of abuse by homemakers and home health aides under 105 CMR 155.000 et seq. as outlined in EOEA-PI-07-03. Specifically, providers shall comply with all DPH regulatory requirements regarding hiring staff and reporting abuse.

II. REPORTABLE INCIDENTS

- If there is reasonable cause to believe an elder has been abused, neglected, or financially exploited, the provider must immediately contact the 24-hour ELDER ABUSE HOTLINE at 1-800-922-2275.

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- Reports of client or worker injury, theft, and/or damage to property, shall be reported to the ASAP immediately. Upon ASAP request, the provider will follow the initial oral report with a written report.
- The client and ASAP must be notified of a canceled visit or a variation in service delivery from the written authorization.
- If the client is not at home to receive scheduled services or the provider has been informed that the client is hospitalized, this information shall be reported to the ASAP on the same business day.
- Changes in household members, client complaints, and new relevant client information shall be reported to the ASAP as soon as possible.

III. QUALIFICATIONS

- Providers shall ensure that HMs and PC Workers are able to: perform assigned duties and responsibilities; communicate observations verbally and in writing; accept and use supervision; respect privacy and confidentiality; adapt to a variety of situations; and respect and accept different values, nationalities, races, religions, cultures, and standards of living.
- Providers shall ensure that supervision is provided by Social Workers, Registered Nurses, and/or professionals with expertise related to the client profiles.

IV. TRAINING AND IN-SERVICE EDUCATION

- Prior to placement, all HMs and PC Workers shall receive a 3-hour orientation (Mass Council's Training Curriculum or equivalent) with a 1/2-hour session on communicable disease including AIDS/HIV and Hepatitis B, infection control, and the principles of standard precautions.
- **40-Hour Homemaker Training:** In addition to the 3-hour orientation, all HMs must complete 37 hours of training within the first 6 months of employment. The training shall include the nature and transmission of HIV/AIDS, standard precautions and other infection control practices, and protection of client confidentiality regarding AIDS/HIV. The Mass Council's Home Care Aide course is recommended. Other courses may be used that contain the same subject matter and number of hours per subject.
- **60-Hour Personal Care Training:** PC Workers must have completed the 20-hour PC training and the 40-hour HM training before providing PC. The Mass Council's PC training outline is recommended, with 17 hours of class instruction including a review and demonstration on universal precautions and a 3-hour practicum. The 3-hour

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practicum shall include an assessment of competency in each PC task before placement by using the Mass Council's skills checklist.

Training must be conducted by an R.N. with a valid license in Massachusetts. A Registered Physical Therapist is recommended for the training on mobility. Return demonstrations are required on the hygiene and mobility sections of the training. The use of gait belts is strictly prohibited.

- **90-Hour Supportive Home Care Aide Training:** SHCAs must complete the following 90 hours of training before providing Supportive Home Care Aide Services:
 - A 3-hour orientation (Mass Council's for Home Care Aide Services Training Curriculum) with a 1/2-hour session on communicable disease including AIDS/HIV and Hepatitis B, infection control, and the principles of universal precautions.
 - The 57-hour Personal Care training set forth in the Personal Care Homemaker Standards issued by Elder Affairs.
 - An additional 15 hours of Home Health Aide (HHA) training. The 75-hour HHA course prepared by the Mass Council is recommended. Other courses may be used if they contain the same subject matter and same number of hours for each subject.
 - An additional 15 hours of training related to the responsibilities of a SHCA. The following topics are recommended: limit setting; depression; personality and character disorders; substance abuse; abuse and neglect; Alzheimer's Disease; and the stigma of mental illness and behavioral disorders. The Mass Council's curriculum is recommended.

- **Certificates:** Providers must award a certificate to those who have successfully completed the HM and/or PC training.

- **Training Exemptions:** The following individuals are exempt from training requirements:
 - Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) with a valid Massachusetts license,
 - Certified Nurse's Aides with documentation of successful completion of a certified nurse's aide training program,
 - Home Health Aides with documentation of successful completion of a home health aide training program,
 - PC Workers with documentation of having successfully completed the 60-Hour PC Training Program.

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- HMs with documentation of having successfully completed the 40-Hour Training Program, and
- HMs with documentation of having successfully completed the Training Waiver Procedure described in the Mass Council's HWTP Guide are exempt from the 37-hour HM training program.
- No exemptions for the additional 15-hour SHCA training.

NOTE: All new employees exempt from any of the training components must receive the 3-hour orientation described in the Mass Council Training Outline.

- **Training Facilities.** Agencies providing PC training shall have appropriate training facilities and equipment. A minimum standard of equipment shall include a bed with side rails, linen and blanket, running water and basins, towels and washcloths, chair, commode, wheelchair and walker. A variety of teaching methodologies such as lectures, equipment demonstrations, visual aids, videos, and handouts shall be used.
- Supervisors and other professionals shall provide on-going in-service education and on-the-job training aimed at reinforcing the initial training and enhancing skills. This may be carried out with videos, lectures, group discussions, and demonstrations.
- A minimum of 6-hours per year of on-going education and training is required for all HMs and PC Workers. These hours shall be pro-rated for part-time employees. One to one PC supervision may comprise one-half the required hours. Instruction and reinforcement of universal precautions and infection control procedures count toward the required hours.

V. SUPERVISION

- Supervision shall be available during regular business hours, and on weekends, holidays and evenings for HMs and PC Workers providing services to clients during these times.
- Supervision shall be carried out at least once every three months by a qualified supervisor. In-home supervision shall be done in a representative sample of clients.
- **PC Introductory Visits:** On the first day of service in the client's home, a PC Worker shall receive an orientation from an R.N. to demonstrate the PC tasks. During this visit the PC Worker will demonstrate competence in the PC tasks assigned in the care plan. LPNs may carry out the orientation visits if the LPN has a valid license in Massachusetts, is working under the direction of an RN, and an RN from the purchasing agency has conducted an initial home visit to assess the need for PC prior to implementing the care plan.
- **PC Supervision:** An RN shall provide in-home supervision of PC Workers at least once every 3 months with a representative sample of clients. A written performance of PC skills shall be completed after each home visit. LPNs may provide in-home supervision if

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the LPN has a valid license in Massachusetts, and works under the direction of an RN who is engaged in field supervision a minimum of 20-hours per week and is responsible for the field supervision carried out by LPN.

- **SHCA Weekly Support.** Each SHCA shall receive weekly support through training/in-services, team meetings, or supervision that includes in-home, by telephone or in person. Team meetings shall be held a minimum of two hours each month and shall include SHCAs, supervisors, and other appropriate personnel involved in providing SHCA services. The focus of these meetings is to provide training and group supervision, to conduct case reviews or interdisciplinary case conferences, and to provide support to the SHCA.

VI. CLIENT RECORDS

Providers shall maintain a record in a secure setting for each client receiving service. Access to client records shall be limited to provider staff involved with direct care of the client and appropriate administrative staff in compliance with Elder Affairs Program Instruction on Privacy and Confidentiality. The record shall contain client information provided by the ASAP and the following information:

- source/date of referral and medical and/or functional status,
- release of information forms, if applicable,
- names of ASAP case managers, physicians, family/friends,
- date of service initiation and tasks to be performed,
- hours and duration of service/subsequent changes,
- record of services provided,
- notes regarding supervisory visits, team meetings, etc.
- reportable incidents (Section B), and
- date of and report on termination.

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Supportive Day Programs provide support services in a group setting to help participants recover and rehabilitate from an acute illness or injury, or to manage a chronic illness, or for participants who have an assessed need for increased social integration and/or structured day activities. The services include assessments and care planning, health-related services, social services, therapeutic activities, nutrition, and transportation. These services focus on the participant's strengths and abilities, while maintaining their connection to the community and helping them to retain their daily skills.

The interactions of the physical and human environment combine to create the milieu of each center. The physical environment and the program design provide safety and structure for participants. The center staff builds relationships and creates a culture that supports, involves, and validates the participant. This milieu then forms the framework in which therapeutic activities, health monitoring, and all the services offered by the center occur. All therapeutic components of adult day services (meals, activities, interactions with staff and other participants and health services) are reinforced by the warm, caring, affective tone of the center's milieu.

Adult day services shall be culturally responsive and respectful. No individual shall be excluded from participation in or be denied the benefits of or be otherwise subjected to discrimination in the adult day services program on the grounds of race, sex, religion, national origin, sexual orientation, or disability.

I. Program Goals

- Maximize the functional level of the participant and encourage independence to the greatest degree possible;
- Build on the participants' strengths, while recognizing their limitations and impairments;
- Establish for the participant a sense of control and self-determination, regardless of his/her level of functioning; and
- Assist in maintaining the physical and emotional health of the participant.
- Provide respite to caregivers providing care that helps elders remain in their homes and communities.

II. Essential Components of Day Care Centers:

- An interdisciplinary approach to meeting program goals;
- A variety of services offered to meet the needs of participants;
- A regular daily schedule to provide structure for the participants;
- Sufficient flexibility to accommodate unanticipated needs and events;
- Verbal and non-verbal communication between staff and participants to create a caring environment; and
- Sensitivity to various personalities and health conditions to form supportive and therapeutic relationships.

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III. Admission and Assessment

Supportive Day programs serve individuals who are in need of supervision, supportive services, socialization and minimal assistance with ADLs. This person may have multiple physical problems but is stable and does not need nursing observation or intervention while attending the program. There may be some cognitive impairment, but resulting behavior can be handled with redirection and reassurance. The participant must be able to communicate personal needs.

The center's assessment process shall identify the individual's strengths and needs, what services are required, and who is responsible for providing those services. The assessment shall be conducted by professional staff such as the social worker, paraprofessionals, consultants, health providers, or a combination of the above.

The assessment must include the following: health and cognitive status, personality, psychosocial background, level of interest in other people and things, mood, cognitive status/judgment, attention span, task focus, energy level, responsiveness to stimulation in the environment, distractibility, communication, sensory capacity, motor coordination, and spatial relationships.

Special consideration should also be given for all participants in areas including ambulation, physical and functional capacity, physical and functional ADLs. If no diagnostic evaluation has been done, the participant and family/caregiver should be referred to their physician for evaluation.

Assessment Procedures:

- An intake/screening shall be completed in order to gain an initial sense of the appropriateness of the program for the individual.
- Each participant shall designate a health provider to contact in the event of an emergency and for ongoing care. A report from the physician that reflects the current health status of the participant shall be obtained.
- Centers shall conduct an assessment and develop an individual written plan of care for each participant within the first two weeks of attendance.
- The participant and caregiver shall have the opportunity to contribute to the development, implementation, evaluation and reassessment of the care plan including schedules, care plan goals and conditions of participation. The care plan shall be developed in conjunction with the services provided by that agency.
- An enrollment agreement shall be completed and shall include: identification of services to be provided, agreed upon by the participant and/or caregiver and/or payer; a disclosure statement that describes the center's range of care and services; admission and discharge criteria; fees and arrangements for reimbursement and payment; and identification of and authorization for third party payers.

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- Reassessment of the participant's needs and appropriateness of the care plan shall be done as needed but at least semi-annually.
- The center shall develop a discharge policy that includes criteria and notification procedures. Each participant and caregiver shall receive written information regarding this policy.
- Each participant and family/caregiver shall receive notice if the participant is to be discharged from the program.

IV. Program Policies and Procedures

- The center shall have procedures for orientation of the participant and/or family/caregiver to policies, programs, and facilities.
- A confidential record shall be maintained for each participant. Progress notes shall be written as indicated, at least quarterly, and maintained as part of each participant's record.
- The center shall comply with the state mandatory reporting procedures for reporting suspected abuse or neglect to the adult protective services agency. Staff will be trained in signs and indicators of potential abuse.

V. Quality Assurance

- Each program shall develop a written continuous quality improvement plan that is updated annually.
- A grievance procedure shall be established to enable participants and their families/caregivers to have their concerns addressed without fear of recrimination.
- A participant bill of rights and responsibilities shall be developed, posted, distributed and explained to all participants or their representatives, families, staff and volunteers in a language understood by the individual.

VI. Program Services:

1. Activities. Activities shall be designed to promote personal growth and enhance the self-image and/or to improve or maintain the functional capacity of participants. The activity plan shall be an integral part of the total plan of care for the individual based on the interest, needs, and abilities of the participant (social, intellectual, cultural, economic, emotional, physical, and spiritual).

Participants shall be encouraged to take part in activities, but may choose not to do so or may choose another activity. Participants shall be allowed time for rest and relaxation and to attend to personal and health care needs.

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2. **Health Services.** The program shall refer to and assist with the coordination of health services as needed. The center shall have a written procedure for handling medical emergencies. Emergency first aid and emergency response procedures shall be provided as needed. Each participant shall have a physician responsible for his or her care. The physician of record shall be clearly identified in the participant's chart.

3. **Activities of Daily Living (ADLs).** Assistance with and/or supervision of ADLs shall be provided in a safe and hygienic manner that recognizes an individual's dignity and right to privacy.

Assistance with ADLs may be provided by staff or trained volunteers and is limited to providing a verbal or visual prompt to initiate the ADL in a manner that encourages the maximum level of independence. The participant must be able to physically complete the ADL.

4. **Social Services:** Education and support shall be provided to participants and their families/caregivers on issues jointly agreed upon. Staff shall assess the families' needs and assist them in gaining access to additional services as needed.

5. **Nutrition:** Programs must provide at least one meal per day that is of suitable quantity and quality and supplies at least one-third of the daily nutritional requirements. Morning and afternoon snacks must also be available. Programs must be able to accommodate special diets when indicated by a physician or in the participant's care plan.

Nutrition services may be provided as a direct service by the provider; through a Title III Nutrition Program; or by purchase through an ASAP home care program home delivered meals service with the meals being delivered to the supportive day program instead of the participant's home.

6. **Transportation:** The center shall arrange or contract for transportation to enable persons, including persons with disabilities, to attend the center and to participate in center-sponsored outings.

VII. Staffing Policies:

- The organization shall provide an adequate number of staff whose qualifications are commensurate with defined job responsibilities to provide essential program functions.
- Processes shall be designed to ensure that the competence of all staff members is regularly assessed, maintained, demonstrated, and improved.
- Orientation, in-service training, and evaluations shall be provided to all employees and volunteers, including the use of standard protocols for communicable diseases and infection control;
- There shall be at least two responsible persons (one a paid staff member) at the center

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at all times when there are two or more participants present.

VIII. Staffing Pattern

- The staff-participant ratio must be a minimum of one to eight (1:8)
- The Administrator is responsible for the development, coordination, supervision, fiscal management, and evaluation of services provided through the Supportive Day Program.
- The Program Director shall organize, implement, and coordinate the daily operation of the program in accordance with participants' needs and any mandatory requirements. This individual may also have the responsibilities of the administrator.
- The Activities Coordinator shall have a high school diploma or the equivalent plus one year of experience in developing and conducting activities for the population to be served in the program.

IX. PROGRAM ADMINISTRATION

- Each program shall have a governing body with full legal authority and fiduciary responsibility for the overall operation of the program in accordance with applicable state and federal requirements. Each program shall have an advisory committee which is representative of the community and the participant population.
- Each program shall have a written plan of operation that is reviewed and updated annually. The program shall also have written emergency plans that include plans for evacuation and relocation of participants in the event of an emergency. These shall be easily accessible in the center.
- The program shall maintain an updated organizational chart. The administrator shall be responsible for the planning, staffing, direction, implementation, and evaluation of the program. The Administrator or his/her designee shall be onsite to provide the center's day-to-day management during hours of operation.
- Each program shall demonstrate fiscal responsibility and accountability. Fiscal policies, procedures, and records shall be developed to enable the administrator to meet the fiscal reporting needs of payers. A fee schedule shall be formally established and should include discounts, waivers, and deferral of payment.

X. PHYSICAL PLANT

- The physical plant must create an environment that supports the principles of supportive day services and promotes the safety of each participant and staff.
- Programs may be housed in hospitals, nursing facilities, senior centers, councils on

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aging, or other community centers.

- The facility shall be designed, constructed, and maintained in compliance with all applicable local, state, and federal health and safety regulations, codes or ordinances. The facility shall also comply with the requirements of the Americans with Disabilities Act of 1990.
- If a program is co-located in a facility housing other services, the program shall have its own separate identifiable space for main activity areas during operational hours.
- The facility shall provide at least 50 square feet of program space for multipurpose use for each participant.
- There shall be an identified separate space available for participants and/or family/caregivers to have private discussions with staff.
- There shall be storage space for program and operating supplies.
- The facility shall include at least one toilet for every ten (10) participants and shall be located as near the activity area as possible.
- The facility shall have a rest area for participants.
- Outside space that is used for outdoor activities shall be safe, accessible to indoor areas, and accessible to those with a disability.

XI. SAFETY AND SANITATION

- The facility and grounds shall be safe, secure, clean, and accessible to all participants.
- For programs that store medications, there shall be an area for locked medications, secured and stored apart from participant activity areas.
- Programs shall have a written infection control plan to prevent occupational exposure to blood-borne illnesses, including AIDS/HIV and Hepatitis B. The Center for Disease Control/OSHA guidelines for universal precautions shall be followed.
- Providers shall have policies to ensure annual tuberculosis screening and testing is performed for all provider staff who come into direct contact with clients.
- Safe and sanitary handling, storing, preparation, and serving of food shall be assured.
- An evacuation plan shall be posted in each room.
- All stairs, ramps, and bathrooms accessible to those with a disability shall be equipped

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with properly anchored handrails and be free of hazards.

- Procedures for fire safety as approved by the state or local fire authority shall be adopted and posted.
- Emergency first aid kits shall be visible and accessible to staff.
- Insect infestation control shall be scheduled at a time when participants are not in the center.

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Transitional Assistance services are non-recurring set-up expenses for individuals who are transitioning from an institutional or another provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include: (a) security deposits that are required to obtain a lease on an apartment or home; (b) essential household furnishings and moving expenses required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens; (c) set-up fees or deposits for utility or service access, including telephone, electricity, heating and water; (d) services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy; (e) moving expenses; (f) necessary home accessibility adaptations; and, (g) activities to assess need, arrange for and procure need resources. Transitional Assistance Services are furnished only to the extent that they are reasonable and necessary as determined through the service plan development process, clearly identified in the service plan, and the person is unable to meet such expense or when the services cannot be obtained from other sources. Transitional Assistance Services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes.

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Vision Rehabilitation is a service intended (1) to evaluate the status and needs of persons who are visually impaired, and (2) to instruct the visually impaired in the use of compensatory skills and aids that will support safe, productive, and independent living. Vision Rehabilitation professionals seek to maximize the consumer's skills in home management, personal health care, communication, travel and mobility, accessing community resources, and participating in social and cultural activities. Vision Rehabilitation supports clients in understanding their vision loss and its effect on significant others, developing appropriate coping mechanisms, and enhancing the quality of their lives.

Providers of Vision Rehabilitation must be professionals certified by the Academy for Certification of Vision Rehabilitation and Education Professionals. Licensed Occupational Therapists who have received additional training and education related to vision impairment may also provide Vision Rehabilitation services.

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Behavioral Health Services provide mental health services to non-waiver consumers in the Home Care Program and the Enhanced Community Options Program. All behavioral health services must be provided through a community mental health center (CMHC) that contracts with MassHealth, a hospital outpatient behavioral health center under contract to MassHealth, or a provider under contract to one of the MassHealth agency's behavioral health MCOs.

Home Care and ECOP Purchase of Service dollars may also be used to facilitate access to Behavioral Health Services.

Services must be provided in accordance with a mental health plan of care developed by a qualified individual employed by the provider, subject to approval by the ASAP. Rates of payment are established by the Division of Health Care Finance and Policy (114.3 CMR 6.00). Services must be provided by qualified individuals in accordance with MassHealth regulations or MassHealth behavioral health contractor rules. Services are arranged in accordance with the Protocol included in EA PI-08-08.

- Diagnostic Services:** The examination and determination of a patient's physical, psychological, social, economic, educational, and vocational assets and disabilities for the purpose of designing a treatment plan.
- Individual Therapy:** Psychotherapeutic services provided to an individual.
- Couple/Family Therapy:** The psychotherapeutic treatment of more than one member of a family simultaneously in the same session.
- Group Therapy:** The application of psychotherapeutic or counseling techniques to a group of persons, most of whom are not related by blood, marriage, or legal guardianship.
- Case Consultation:** A scheduled meeting of at least one-half hour's duration between the clinical staff at the mental health center and other providers of treatment concerning a member who is a center's client. Other providers of treatment are professional staff who are not employed by the mental health center but who are actively providing care or treatment for the member. The purpose of case consultation must be at least one of the following:
 - 1) to identify and plan for additional services;
 - 2) to coordinate a treatment plan with other members involved in the member's care;
 - 3) to review the member's progress;
 - 4) or to revise the treatment plan as required.
- Emergency Services:** Services providing *immediate* face-to-face mental health evaluation, diagnosis, hospital prescreening, treatment, and arrangements for further care and assistance as required, up to 24 hours a day, seven days a week, to individuals showing sudden, incapacitating emotional stress.
- Reevaluation:** A session between a client and one or more staff members who are authorized to render mental health services for the determination and examination by interview techniques of a patient's physical, psychological, social, economic, educational and vocational assets and disabilities for the purpose of reevaluating the diagnostic formulation, treatment plan and procedures in order to assess aspects of an individual's functioning.