

**Provider Agreement
Attachment A**

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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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;
 - 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.

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- 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.
- 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.

- F. 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:

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- 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.

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;
 - food preparation area equipped with a refrigerator and adequate counter and storage space;
 - project area equipped with adequate table and seating (a dining area may be used);
 - group activity area;

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- private enclosed space free from disruption for individual nursing services or counseling;
 - rest area equipped with at least one comfortable resting chair for every six participants per day; and
 - 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, 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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Adult Day Health

- A. List the date of your most recent certification (attach copy).

- B. List the total number of slots for program.

- C. What is the average time between ASAP referral and the start of service to the consumer?

- D. Describe your procedure for action in case of the following emergencies:
 - 1. Fire

 - 2. Loss of power (lights and/or heat)

 - 3. Hurricanes and snowstorms

 - 4. Consumer wandering away

 - 5. Consumer health crisis
If emergency policies are written, attach a copy of policy(ies)

- E. Describe your policy for admission to your program. Cite any restrictions. How many “slots” are available for ADH, and ADH dementia (if applicable)?

- F. Describe restrictions (if any) for an elder to continue in your program.

- G. How many employees have had CPR and/or Basic First Aid training?

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H. In order to meet the needs of the participant, list who provides the following:

- Health care and supervision
- Counseling
- Restorative services
- Socialization Maintenance
- Therapy services

I. Are prescription or non-prescription medications dispensed or administered? If Yes, who is responsible for supervising the administration of medications?

J. Describe how you assure that the required participants-to-staff ratio is maintained.

K. Who is responsible for ensuring that meals meet government standards of nutrition?

L. Are meals prepared on site?

M. List the special diets that your site can accommodate.

N. List the AM & PM snacks served during the average week.

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Dementia/Related Illnesses Providers

- A. List your requirements for admission.

- B. Describe how activities are designed to meet the needs of high and low functioning groups.

- C. If your program is combined with other programs, such as Adult Day Health or Supportive Day Care, are activities provided in separate locations?

- D. Describe how you assure that the required participants-to-staff ratio is maintained.

Provider employee who completed this form

Name: _____

Date: _____

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Alzheimer's/Dementia Coaching

Alzheimer's/Dementia Coaching (Habilitation Therapy) is a service designed to assist Consumers and caregivers in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings. Alzheimer's/Dementia Coaching creates and maintains a positive experience for a person experiencing the effects of a dementia related illness.

The objective is to provide education and support to the Consumer and caregiver and to provide suggestions to modify elements of the environment that may exacerbate the symptoms of the disease. Habilitation Coaches 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.

Alzheimer's/Dementia Coaching can be provided to a Consumer and caregiver via telehealth (including telephone and live video) in the event in-person cannot be scheduled successfully. In-person should remain the first option to build rapport, consumer engagement, and to adequately observe living space. If consumers and caregivers are appropriate for telehealth option, ASAP Care Manager will be made aware following Habilitation Coach visit as indicated on documentation provided from qualified agency.

Alzheimer's Coaching (Habilitation Therapy)

I. SERVICE CAPACITY

- A. What is your proposed rate for Habilitation Therapy? _____ per
- B. Provide the number of regular full- and part-time Alzheimer's Coaches.
Full time: _____ Part time: _____
- B. Provide the number of per diem contract Alzheimer's Coaches.
- C. Are coaches available during non-business hours for urgent consultations?
If so, provide details.

- E. Describe the process and tools used to assess the consumer and family. Attach copies of any tools referenced.

- F. Describe the process and tools used to create a comprehensive habilitative plan of care. Attach copies of any tools referenced.

- G. Describe the process for care plan evaluation and modification.

- H. Describe your agency's protocols for communication. Include an outline of coordination between the consumer/ family; care managers and RNs; and direct care workers, including Supportive Home Care Aides

II. STAFF QUALIFICATIONS

- A. Describe the experience and qualifications of the person responsible for service provision (the manager of the program), if different from the information provided in the Administrative Overview.

- B. Describe qualifications of Alzheimer's Coaches to perform this service. Include a list of all persons at your agency who will provide Alzheimer's Coaching, their experience, their licensure, and attach copies of training certificates from the Alzheimer's Association.

III. TRAINING AND IN-SERVICE EDUCATION

- A. Describe in detail any initial and on-going training provided to Alzheimer's Coaches.

Alzheimer's Coaching (Habilitation Therapy)

V. SUPERVISION

- A. Describe the procedures for supervision, including frequency, documentation, and credentials/qualifications of supervisors for Alzheimer's Coaches.

- B. Describe the systems and procedures employed to ensure that services are delivered to consumers as authorized.

- C. Describe how Alzheimer's Coaches will access supervision and consultation. Whom do they consult for guidance and direction when their own skills are challenged?

Employee who completed this form

Date:

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Assistive Technology

Assistive Technology Service includes purchasing, leasing, or otherwise providing Assistive Technology devices (e.g., tablets, smart phones, laptops, etc.) to Consumers, specifically to support the delivery of services as indicated in the Consumers' service plan of care and to support the Consumers' ability to engage in such services via telecommunication or telehealth.

This service may include technical assistance for (1) the Consumer; (2) the family members, guardians, advocates, or authorized representatives of the Consumer, where appropriate; and, (3) professionals or other individuals who provide services to or are otherwise substantially involved in the major life functions of Consumers. Assistive Technology Service must be authorized by the Care Manager, Service Coordinator, or Care Manager/Clinical Manager as part of the Consumer's individual service plan. For MassHealth Consumers, only equipment not covered by the MassHealth State Plan, or equipment that the Consumer does not already have or have access to, may be purchased through the Assistive Technology Service. The maximum allowable cost of this service is \$500.00 per year per consumer.

Assistive Technology equipment shall be purchased by the ASAP and provided to Consumers. Section 3.15.3 of the ASAP contract states that an ASAP must "follow a method of procurement in accordance with all applicable rules, regulations, and instructions issued by EOEA." For the limited purpose of providing this service, an ASAP may utilize available vendors of such equipment, including local and national retailers, existing vendors under contract with an ASAP, or approved vendors listed on the Commonwealth's statewide contract.

Vendors of Assistive Technology equipment must be qualified to sell such equipment and do so in the regular course of their business. ASAPs are encouraged to examine multiple options before selecting a vendor and utilize existing relationships that they may have with qualified vendors or negotiate discounts for bulk purchases that could result in a reduction of cost for the equipment.

ASAPs, as not for profit agencies that contract with that state, have the option to utilize the statewide list of providers to assist with identifying a potential provider of Assistive Technology as needed. The statewide list of providers can be found at the link below:

<https://www.mass.gov/service-details/non-profit-purchasing-programs>

Vendors of Assistive Technology must provide equipment that:

1. meets the demands and needs of the service being fulfilled;
2. meets industry standards;
3. provides a competitive marketplace value.

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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.

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Behavioral Health Services

Include written verification that your agency has a contract with MassHealth or a MassHealth behavioral health contractor. *(If you do not have such a contract, your agency is not eligible to apply for a contract for these services)*

I. Service Capacity

- A. Identify which of the three qualification categories applies to your provision of services:
 - a. Community Mental Health Center (CMHC) that contracts with MassHealth
 - b. Hospital outpatient behavioral health center under contract to MassHealth
 - c. Provider under contract to one of the MassHealth agency's behavioral health MCOs

- B. Indicate which of the following your organization provides:
 - d. Diagnostic Services
 - e. Individual Therapy
 - f. Couple/Family Therapy
 - g. Group Therapy
 - h. Case Consultation
 - i. Emergency Services
 - j. Re-evaluation

- C. Describe your capacity to provide behavioral health services to the elderly, including whether your organization employs clinicians with experience in geriatrics.

- D. Describe your experience in counseling at-risk individuals, including those who self-neglect and/or are victims of abuse.

- E. Describe your experience in coordinating care and services with community-based organizations.

- F. Describe your capacity to provide counseling services in the consumer's home and any limitations thereto.

- G. Describe your ability to serve consumers who have limited English speaking ability.

II. Staff Qualifications

- A. Describe your process to ensure that services, including development of mental health plans of care, are provided by qualified individuals in accordance with MassHealth regulations or MassHealth behavioral health contractor rules.

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B. Describe your capacity to provide services in accordance with the protocols included in EA- PI-08-08

III. Training and In-Service Education

A. Describe your policy for professional development, in-service education, and mandated reporter and confidentiality/privacy training.

IV. Supervision

A. Describe your procedures for supervision, including frequency, documentation, and credentials/qualifications of supervisors.

V. Billing

A. Describe your billing arrangement with the ASAP to obtain co-payments if the consumer has other insurance and the preference is to third party bill.

Provider employee who completed this form

Name: _____

Date: _____

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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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Chore (& Minor Home Repairs)

I. Service Capacity

Check off which service(s) and components you can perform:

| | | | |
|--------------------------|---------------------------------------|--------------------------|--|
| <input type="checkbox"/> | Heavy vacuuming | <input type="checkbox"/> | Wood cutting |
| <input type="checkbox"/> | Heavy dusting | <input type="checkbox"/> | Changing of storm doors and windows |
| <input type="checkbox"/> | Washing floors and walls | <input type="checkbox"/> | Yard work |
| <input type="checkbox"/> | Dry mopping | <input type="checkbox"/> | Snow removal (shoveling or plowing) |
| <input type="checkbox"/> | Heavy cleaning bathrooms and kitchens | <input type="checkbox"/> | Cleaning attics and basements |
| <input type="checkbox"/> | Moving furniture to vacuum | <input type="checkbox"/> | Hoarding cleanout |
| <input type="checkbox"/> | Defrosting freezers | <input type="checkbox"/> | Bedbug Preparation |
| <input type="checkbox"/> | Cleaning ovens | <input type="checkbox"/> | Air Conditioner installation and removal |
| <input type="checkbox"/> | Shampooing carpets/rugs | <input type="checkbox"/> | Other: |

What is your proposed rate for Chore Services? Describe any additional charges

Chore Services - Minor Home Repairs:

| | |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | Removal of fire and health hazards |
| <input type="checkbox"/> | Replacing windowpanes |
| <input type="checkbox"/> | Replacing window and door locks |
| <input type="checkbox"/> | Installing hand and safety rails |
| <input type="checkbox"/> | Repairs to stairs or floors |
| <input type="checkbox"/> | Weatherization |
| <input type="checkbox"/> | Other Services offered |

What is your proposed rate for Minor Home Repair service? Describe any additional charges.

- A. List limitations, if any, to work you are able to perform (All Chore service includes the cost of cleaning supplies and equipment necessary to perform the service)

- B. Certain authorized tasks may require a Permit from local governments. In all instances, this will be the responsibility of the Provider. Describe your procedures to assure that all necessary permits have been obtained prior to performance.

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C. What are your procedures in the event that estimated costs prove insufficient to complete authorized tasks?

D. How do you ensure that assignments have been completed with good quality?

E. Describe how you ensure workers are adequately equipped with cleaning supplies and equipment for job.

F. Provide the number of regular full- and part-time employees in the following positions:

Chore workers:

1) Minor home repair workers:

G. Provide the number of per diem contract employees for the following:

1) Chore workers:

2) Minor home repair workers:

II. Staff Qualifications

A. Describe the experience and qualifications you require for chore workers and, as applicable, persons to provide minor home repairs.

III. Training and In-Service Education

A. Describe your procedure for job specific training, including ensuring sensitivity to elders prior to placement.

IV. Supervision

A. Describe procedure for supervision, including frequency, documentation, and credentials/qualifications of supervisors for:

1) Coordinators

2) Chore workers

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3) Minor home repair workers (if provided)

Provider employee who completed this form

Name: _____

Date: _____

NOTES:

A specific Provider charge for estimating the cost for Minor Home Repairs is not allowed either to the ASAP or Consumer unless a written agreement to this charge has been made. Any cost to be incurred by the consumer must receive prior approval of the ASAP prior to performance.

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Companion

Companion services consist of non-medical care and supervision, and socialization provided to a functionally impaired adult. Companions may assist or supervise the consumer 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 consumer. This service is provided in accordance with a therapeutic goal in the service plan.

Companion services are available to be provided to a consumer via telehealth (including telephone and live video) to provide additional socialization and reduce isolation. Consumers would interact with companions via telecommunications, maintaining relationships, hobbies, and beneficial engagement. A person-centered approach with the consumer shall be taken, and the consumer decides on whether an in-person or telehealth option is preferred.

Companion

I. SERVICE CAPACITY

A. What is your proposed rate for Companion Services? _____ per

B. Provide the number of Companion workers with your agency.

Also include what percentage of your direct care workforce is available to work the following schedules:

1) Evenings

2) Overnights

3) Weekends

C. Provide a detailed, concrete description of how staffing is managed day-to-day, including scheduled and unscheduled worker absences, orientation of substitutes, notifications, evening and weekend coverage, etc.

D. In the event of emergency, describe your agency's process/policy for maintaining an accessible current list for Risk Level 1 & 2 to ensure services to these consumers

E. Describe your policy regarding the provision of Companion service outside the home.

II. STAFF QUALIFICATIONS:

A. Describe the experience and qualifications of the person responsible for service provision (the manager of the program), if different from the information provided in the Administrative Overview.

B. Describe the experience and qualifications you require for Companions.

III. TRAINING AND IN-SERVICE EDUCATION

A. Describe your requirements for job specific training prior to placement, including ensuring worker sensitivity to elders, recognition of and reporting requirements regarding elder abuse and neglect, other emergency response issues, etc.

B. Describe the on-going training program for Companions

C. What are required mandated trainings?

Companion

IV. SUPERVISION

- A. Describe the procedures for supervision, including frequency, documentation, and credentials/qualifications of supervisors for each position (direct care, coordinators, supervisors, etc.).

- B. Describe the systems and procedures employed to ensure that services are delivered to consumers as authorized, including telephony, unannounced field visits, quality assurance calls, etc.

- C. Describe the supervisory support available to direct care workers during non-business hours, including how supervisors are contacted, the titles and, as applicable, licensure of available supervisors.

Employee who completed this form

Date:

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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.

Emergency Shelter

I. GENERAL POLICIES AND PROCEDURES

- A. Describe your capability to provide temporary overnight shelter for elders, and as needed, other household members.

- B. Describe your intake procedure to provide emergency shelter during the day, evening, overnight, and weekend hours.

- C. Describe your procedure for complying with local building codes and Board of Health regulations. Attach copies of any current certifications.

- D. Describe your handicap accessibility capacity.

- E. Describe your capacity/procedure to respond to the following emergencies
Fire

Loss of utilities (power/heat)

Hurricanes and snowstorms

Floods

Medical crisis

Child and Adult Protective Services

- F. What is your proposed rate for Emergency Shelter? _____ per
Describe any additional charges.

- G. For the units which will be utilized by ASAP consumers, check all which apply:

Elevator access

Individual controls for heating and AC

Wheelchair accessible (including consumer units)

Food available

Emergency Shelter

H. What supplies, if any, (e.g. soap, towels, etc.) are provided to ASAP consumers?

Employee who completed this form

Date:

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Environmental Accessibility Adaptations include 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).

Environmental Accessibility Adaptations

I. Service Capacity

- A. Indicate which of the following you propose to provide:
 - Major adaptations (ramps, porch lifts, moving walls, etc.)
 - Minor adaptations (widening doorways, removing thresholds, hand rails, etc.)
 - Equipment and equipment installation
- B. Describe any limitations or specialization of the services indicated (e.g., provide stair lifts only, specialize in bathroom modifications, etc.)
- C. Describe the equipment that your agency is authorized to install and/or service. Attach copies of vendor certifications from the manufacturer.
- D. Attach any rate information for services provided. (Major adaptations and certain other adaptations are subject to a procurement process that will be conducted by the ASAP among approved contractors.)

II. Qualifications

- A. List any other public payers (such as MassHealth, Massachusetts Rehabilitation Commission, etc.) for whom your agency has provided this service.
- B. Attach a copy of your current Home Improvement Contractor or Construction Supervisor license, or, for Contractors that propose to carry out only limited types of modifications (such as the installation of stair lifts, porch lifts or electric door openers/locks), all applicable licenses, certifications and permits required for such modifications/ installations.
- C. List any other local and state business licenses maintained and attach copies.
- D. Describe the experience and qualifications of the person responsible for service provision (the manager of the program), if different from the information provided in the Administrative Overview.
- E. Describe the experience and qualifications you require for tradesmen. Include details specific to services provided such as requirements for plumbers, electricians, etc.
- F. If your agency proposes to provide lifts, it must be registered with the Department of Public Safety. Attach proof of registration.
- G. If any work is performed by independent contractors, describe your procedures for ensuring that workers possess the appropriate licenses, certifications and insurance.

Environmental Accessibility Adaptations

III. Supervision

- A. Describe the procedures for supervision of projects, including frequency, documentation, and credentials/qualifications of supervisors.

- B. Describe the inspection procedures that are used to ensure that work is completed in conformance with work orders and is of quality craftsmanship.

- C. How do you assure that all necessary permits have been obtained prior to performance?

Employee who completed this form

Date

Note: A specific Provider charge for estimating the cost for Environmental Accessibility Adaptations is not allowed either to the ASAP or Consumers unless an agreement to this charge has been made. Any cost to be incurred by the Consumer must receive the prior approval of the ASAP before performance/the cost is incurred.

Attachment A

Goal Engagement Program

The Goal Engagement Program consists of a set of highly individualized, person-centered services that use the strengths of the Consumer to improve her/his safety and independence. Goal Engagement Program services engage Consumers to identify and address their goals related to increasing functional independence, improving safety, decreasing depression and improving motivation, including addressing barriers to achieve and maintain maximal functional independence in their daily lives.

Consumers receive a structured set of home visits conducted by a multidisciplinary team consisting of an Occupational Therapist (OT), a Registered Nurse (RN), and a home repair specialist. The Consumer and OT work together to identify areas of concern using a standardized assessment tool. Areas evaluated include ADLs, IADLs, maintaining health and community engagement. Based on the assessment, the OT may recommend strategies that can be implemented by the home repair specialist to increase home safety and mitigate conditions that pose a risk or barrier to safe, independent daily functioning, such as changes necessary for fall prevention. Using a motivational interviewing approach, the OT engages the Consumer to develop goals based on difficulties found in the self-report, observations during the assessment, and what the Consumer identifies is meaningful activity for them in order to preserve their independence and prevent institutionalization. The Consumer and OT develop an action plan for addressing these goals. At each visit, the multidisciplinary team and Consumer reviews the Consumer's goals, refines them as desired, and practices the action plan with the OT or RN. Each visit includes training the Consumer to harness their motivation to work toward their goals.

The RN addresses clinical concerns that inhibit daily function, such as pain, mood, medication adherence and side effects, mobility, and communication with healthcare providers. RN visits focus on goals set by the Consumer rather than on adherence to medical regimens unless this is the Consumer's goal.

Each member of the multidisciplinary team focuses on the Consumer's identified goals to customize the service according to the action plan. This service includes coordination and in-home visits between the OT, RN and home repair specialist (as identified by goals) to ensure services are targeted to meet the goals identified by the Consumer.

Goal Engagement Program services include up to ten in-home visits by the OT or RN. The total number of visits is not to exceed ten but must include at least one visit by RN. Purchases related to home safety, minor home repairs, related items and services are limited to \$1,800 per Consumer, per year, when reimbursed on a fee-for-service basis. Consumers are limited to one set of Goal Engagement services per calendar year.

Occupational therapy elements of the service must be performed by an OT with a valid Massachusetts license, or by either a certified Occupational Therapy assistant or an Occupational Therapy student under the direct supervision of a licensed Occupational Therapist.

Skilled nursing elements of the service must be performed by an RN with a valid Massachusetts license.

If the scope of work involves minor home repairs, agencies and individuals employed by the agencies must possess any licenses/certifications required by the state (e.g., Home Improvement Contractor, Construction Supervisor License, Plumber's license, etc).

Staff providing OT and nursing must be CAPABLE certified through Johns Hopkins University.

**ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT
Goal Engagement Program**

I. Service Capacity

A. Describe the staffing network you have developed to provide all three components of the Goal Engagement Program (Occupational Therapist (OT), Registered Nurse (RN) and home repair specialist).

B. Provide the number of regular full- and part-time multidisciplinary team employees.

- 1) OT:
- 2) RN:
- 3) Home repair specialist:

C. Describe your agency's in-house capacity to provide translation for consumers when needed.

| Language | # Administrative Staff | # Multidisciplinary Teams |
|----------|------------------------|---------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

If you have no in-house translation capacity, describe your procedure for serving consumers who have limited English-speaking ability.

II. General Policies and Procedures

- A. Describe your policy for notifying the ASAP about circumstances encountered that affect completion of authorized services (such as no answer at the door, etc.).
- B. Goal Engagement Program services include up to ten in-home visits by the OT or RN. Describe how you ensure that the services include at least one RN visit.
- C. Describe how you ensure that purchases related to home safety, minor home repairs, and related items and services do not exceed \$1,800.00 per Consumer, per year.

ADMINISTRATIVE OVERVIEW SERVICE SPECIFIC ATTACHMENT

III. Consumer Goals

Consumers receive a structured set of home visits conducted by a multidisciplinary team consisting of an Occupational Therapist (OT), Registered Nurse (RN) and home repair specialist.

- A. Describe the role of the OT in working with the consumer to identify areas of concern using a standardized assessment tool and engaging the consumer to develop meaningful goals and an action plan.

Describe the role of the OT in recommending strategies that can be implemented by the home repair specialist.

- B. Describe the focus of the RN visits.

- C. Describe how each member of the multidisciplinary team focuses on the consumer's identified goals to customize the service according to the action plan.

Describe coordination among the team members to ensure services are targeted to meet the goals identified by the consumer.

IV. Staff Qualifications

- A. Describe how you ensure that members of the multidisciplinary team meet the following qualifications:

- Occupational Therapy elements of the service must be performed by an Occupational Therapist with a valid Massachusetts license or by either a certified Occupational Therapy assistant or an Occupational Therapy student under the direct supervision of a licensed Occupational Therapist.
- Skilled nursing elements of the service must be performed by a Registered Nurse with a valid Massachusetts license.
- If the scope of work involves minor home repairs, agencies and individuals employed by the agencies must possess any licenses/certifications required by the state (e.g., Home Improvement Contractor, Construction Supervisor License, Plumber's license, etc.).

- B. Staff providing OT and nursing must be CAPABLE certified through Johns Hopkins University. Describe how you ensure that this qualification is met.

Attach a CAPABLE training Certificate for each of your OT and RN staff providing Goal Engagement services.

**ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT**

V. Training and In-Service Education

- A. Describe orientation for multidisciplinary team employees.

- B. Describe in-service education for each of the three disciplines (OT, RN and home repair specialist) comprising the team.

VI. Supervision

- A. Describe the procedures for supervision, including frequency, documentation, and credentials/qualifications of supervisors for each of the three disciplines (OT, RN and home repair specialist) comprising the team.

VII. Proposed Rate for Goal Engagement Service

Provider employee who completed this form

Name: _____

Date: _____

**Provider Agreement
Attachment A**

- 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.

Laundry Service & Delivery

I. SERVICE CAPACITY

- A. What is the “turn-around time” between pick-up and delivery?

- B. Describe where and how laundry is weighed.

- C. Describe your policy with respect to any restrictions on service.

- D. If no restrictions, describe any precautions or methods used by employees with consumer’s laundry.

- E. What is your policy for notifying the ASAP about problems that affect completion of authorized services?

- F. Describe your policy to notify the ASAP if a consumer is over the authorized amount of service?

- G. Describe the policy in place for delays due to weather emergencies and holidays. Include how consumers and ASAP are notified.

- H. What is your policy for consumers with allergies to products used in the washing and drying process?

- I. What is your capacity to launder clothes that might be affected by scabies, bedbugs, severe incontinence, etc.?

- J. Do you provide laundry bags for consumers?
- K. Are the bags laundered before they are returned?
- L. Describe how clothes are packaged for pick-up and delivery

- M. What is your proposed rate for 10 pounds of laundry?
Describe any additional charges.

Laundry Service & Delivery

N. Describe your system to ensure each consumer's laundry is not confused with another consumer's items.

O. What is your company's reimbursement policy regarding lost and damaged laundry?

II. STAFF QUALIFICATIONS

A. Describe the experience and qualifications of the person responsible for service provision (the manager of the program), if different from the information provided in the Administrative Overview.

B. Describe the experience and qualifications you require for persons providing services, including drivers.

III. SUPERVISION

A. Describe the procedure and frequency for supervision of Drivers, Workers, and Coordinator.

Employee who completed this form

Date:

Grocery Shopping & Delivery Service

I. SERVICE CAPACITY

- A. Submit copies of the following policies:
 - Policy to ensure drivers are aware that they must assist consumers in putting away groceries, as needed
 - Policy that prohibits drivers from accepting gifts or gratuities from consumers
 - Policy/procedure on how consumers make payments for groceries, including the use of EBT cards and coupons
 - Policies on returns and reimbursements
- B. Describe your grocery and delivery service, including detailed information on all of the following: how consumers place orders, how the order taker function is staffed, what store(s) are used, who shops and delivers (store employees?)
- C. Describe the process for how orders are recorded and verified. Include any volume restrictions or other service limitations per order.
- D. Describe how issues are handled regarding items that are requested but unavailable, including specific brands. How are substitutions made?
- E. Describe the quality controls in place to ensure that shoppers select the correct items in the store.
- F. May consumers use the service to return bottles?
- G. Describe the number and type of vehicles used for deliveries.
Are they all refrigerated trucks?
If not, how are frozen and fresh or chilled foods maintained until delivery?
- H. What is the average duration of a delivery route?
- I. Describe the timeframe from order to delivery.
- J. Is the day and time of your deliveries consistent each week for each service area? Explain.
- K. Describe the system in place for handling weather or vehicle emergencies that may affect the delivery of groceries
- E. Do you have a different system for providing services in a cluster? Explain.

Grocery Shopping & Delivery Service

M. How do you inform consumers about how the service works and the policies on subjects such as returns? If you use a brochure or flyer, attach a copy.

N. What is your proposed rate for Grocery Shopping Services? _____ per
Describe any additional charges.

II. STAFF QUALIFICATIONS

- A. Describe the experience and qualifications of the person responsible for service provision (the manager of the program), if different from the information provided in the Administrative Overview.

- B. Describe the experience and qualifications you require for staff providing service, including order takers, delivery staff, etc.

III. SUPERVISION

- A. Describe the procedures for supervision, including frequency, documentation, and credentials/qualifications of supervisors for each position.

- B. Describe the systems and procedures employed to ensure that services are delivered to consumers as authorized.

Employee who completed this form

Date

Attachment A

Home Based Wandering Response Systems

Home Based Wandering Response Systems are communication alert systems for consumers who are at risk for wandering. Consumers are outfitted with a device that transmits signals using technology such as GPS or radio frequency. The service includes 24/7 emergency response and location assistance in the event the participant wanders.

Home Based Wandering Response System

I. GENERAL POLICIES AND PROCEDURES

- A. Please describe your system.

- B. Is your communications system:
 - Lightweight
 - Waterproof
 - Hypoallergenic
 - Tamperproof?

- C. What is the average time between ASAP referral and installation?

- D. After receiving a call from the ASAP to initiate service, describe your agency's procedures. Include expected timeframes:

- E. Describe your process for testing in-home equipment: How frequently is testing done? What documentation is kept on file? Who is responsible for the testing?

- F. What is your proposed service rate for Wandering Response System? _____ per
Describe any additional charges, such as installation, etc.

- G. Will the consumer's Wandering Response System continue to work effectively in a power failure (e.g. electric, telephone)?

- H. Describe what happens if a consumer wanders out of the "safe zone".

- I. What is your agency's policy if equipment is damaged or lost?

- J. How is the consumer information maintained by your agency updated?

How often is this done?

- K. To whom should concerns/complaints regarding equipment or service be addressed?

- L. To whom should concerns/complaints regarding billing be addressed?

Home Based Wandering Response System

II. PERSONNEL POLICIES:

- A. What training is required of installers?

- B. Who provides supervision to the installer, and how often? Describe the method.

- C. Describe your procedures for ensuring staff sensitivity to elders and the disabled.

- D. How often do you conduct employee performance appraisal evaluations? Describe the method.

- E. Describe the frequency of maintenance procedures and other testing of equipment, including battery replacement, and unit

- F. Describe your procedure for servicing malfunctioning units. Are there specific hours to report problems, or repair malfunctioning units?

- G. Describe the process for retrieval of equipment once a consumer is terminated from an ASAP agency.

Provider employee who completed this form

Date:

Attachment A

Home Delivery of Pre-packaged Medication

Home Delivery of Pre-packaged Medication services provide delivery of medications by a pharmacy to a consumer's residence. Medication can include, but is not limited to, pre-filled blister packs, and pre-filled syringes. The cost of the medication is not included in the service.

In addition to providing delivery of medications, the role of the provider includes:

- Reporting to the ASAP any consumer concerns, including medication non-compliance.
- Reporting to the ASAP within the same business day, when the consumer does not answer the door.
- Notifying the ASAP the same business day, when the Physician has contacted the pharmacy regarding a change in prescription in order to convey the change in medication and if applicable, request a change in delivery schedule.

Home Delivery of Medication

I. GENERAL POLICIES AND PROCEDURES

- A. Describe the services you are able to provide.

- B. After receiving a call from the ASAP to initiate service, describe your agency's procedures. Include expected time frames, and average time between ASAP referral and the start of service to the consumer.

- C. Are there any restrictions on providing service?

- D. How is your agency informed about changes in consumer medications or schedules?

- E. Describe your policy for notifying the ASAP when you wish to change/alter an authorized medication or schedule.

- F. Describe your process for reporting any consumer concerns to the ASAP, including medication non-compliance such as returned or missing medication.

- G. Describe your policy for notifying the ASAP agency about problems encountered that affect completion of authorized services (such as no answer at the door, etc.).

- H. Describe your procedure for consumer /caregiver non-payment of medications.

- I. Describe your procedure for ensuring staff sensitivity to elders.

- J. Describe your process for responding to consumers who speak a language not spoken by your monitoring staff; are hearing impaired; or are confused.

- K. Describe your policy for delays due to weather and holidays. How are consumers and the ASAP notified?

- L. How do you inform the consumer if a different generic medication is used?

Home Delivery of Medication

II. PERSONNEL PROCEDURES

- A. Describe your procedure for the orientation and training of Pharmacy Technicians, and drivers.

- B. What is your policy for ensuring that those providing services to ASAP consumers are properly screened, trained, and credentialed?

- C. Is medication delivery available on weekends, evenings, and holidays?

- D. Describe the manner and frequency of staff supervision and performance evaluations.

- E. What is your proposed monthly flat rate for Home Delivery of Medication?
Describe any additional charges.

- F. Provide a description of how each dispensing unit functions.

Employee who completed this form

Date:

ATTACHMENT A

HOMEMAKER STANDARDS AND PERSONAL CARE GUIDELINES

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 consumer) or cuing and supervision to prompt the consumer 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 EOE's Personal Care Guidelines. This service may include assistance with preparation of meals. 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 consumer, rather than the consumer's family. Personal Care services must be provided in accordance with EOE's Personal Care Guidelines contained in this attachment.

SUPPORTIVE HOME CARE AIDES (SHCA) perform personal care and/or homemaking services in accordance with the definitions in this attachment, in addition to providing emotional support, socialization, and escort services to consumers with Alzheimer's Disease/Dementia or emotional and/or behavioral problems.

In accordance with PI-11-01, Standards for Home Care Program Consumers with Alzheimer's disease or a related disorder (ADRD Standards), Care Planning section 4.d. Supportive Home Care Aide; The standard personal care service is not recommended for persons with a cognitive impairment and ASAP Training and Care Coordination section 3.; All care plans for consumers who are at risk due to a cognitive impairment are reviewed by an interdisciplinary team that includes an ASAP staff member trained by the Alzheimer's Association. If the care plan includes personal care, the personal care plan must be developed or reviewed by an ASAP RN who has received the required training.

The 87-hour SHCA training includes the 75-hour HHA course and an additional 12 hours of training relating to the responsibilities of a SHCA. When a Non-Homemaker Provider Agreement is in place to provide Home Health Services, the SHCA may provide assistance with ADLs and personal care as defined in the Home Health Services Attachment A Description for Home Health Aide Services (HHA).

Refer to PI-2000-40, Revised Home Health Services Protocol, Home Health Services Procedure section, regarding the plan of care.

1. PROVIDER POLICIES AND PROCEDURES

- a. A sufficient number of HM/PC workers should be available to meet the needs of consumers accepted for service. The provider shall accept or reject an ASAP service request by the end of the next business day.
- b. Providers shall have job descriptions and salary scales.
- c. 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 EOEI.
- d. Personnel files shall be maintained with documentation on the results of the interview and references; completed CORI investigation; training/in-service certificates, waivers and exemptions; if appropriate, PC skills checklist; supervisory visits; and performance reports and annual evaluations.
- e. Providers shall have policies regarding consumer 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.
- f. 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.
- g. Providers shall have policies to ensure tuberculosis screening and testing is performed for all provider staff who come into direct contact with consumers, using the CDC Tuberculosis Guidelines.
- h. Providers shall have policies for handling allegations of loss, theft, and/or damage of consumer property.
- i. Providers shall have a policy that prohibits the handling of the consumer's money that includes, but is not limited to: reconciling checkbooks, writing checks, using bank cards/Automated Teller Machines (ATMs), 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.
- j. A plan shall be in place for dealing with emergencies in the consumer's home, including accessing emergency medical services and contacting provider supervisors.
- k. Providers shall have a policy for incidents when the consumer 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.
- l. 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 EOEI-PI-

07-03. Specifically, providers shall comply with all DPH regulatory requirements regarding hiring staff and reporting abuse.

2. REPORTABLE INCIDENTS

- a. If there is reasonable cause to believe a consumer has been abused, neglected, or financially exploited, the provider must immediately, day or night, contact the 24-hour ELDER ABUSE HOTLINE at 1-800-922-2275.
- b. The Provider must report to the ASAP the same business day any hospitalization, addition or loss of a household member, consumer's absence from the home, alleged theft, alleged breakage of consumer's possessions, injury to employee or consumer, or consumer complaint.
- c. The consumer and ASAP must be notified of a canceled visit or any variation in service delivery from the written authorization.
- d. The provider must report to the ASAP by the next business day a new consumer address, name, or telephone number; new MD, new diagnosis, and employee complaints.

3. QUALIFICATIONS

- a. Providers shall ensure that PCHMs 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.
- b. Providers shall ensure that supervision is provided by Social Workers, Registered Nurses, and/or professionals with expertise related to the consumer profiles.

4. TRAINING AND IN-SERVICE EDUCATION

- a. Prior to placement, all HM/PCHMs 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.
- b. 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 consumer 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.
- c. 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 practicum shall include an

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

- d. Training must be conducted by an RN 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.
- e. 87-Hour Supportive Home Care Aide (SHCA) Training: SHCAs must complete the following 87 hours of training before providing Supportive Home Care Aide Services:
 - i) A 3-hour orientation (Mass Council for Home Care Aide Services 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 universal precautions.
 - ii) The 57-hour Personal Care training set forth in the Personal Care Homemaker Standards issued by EOE.
 - iii) 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.
 - iv) An additional 12 hours of training related to the responsibilities of a SHCA. There are two SHCA training tracks: Mental Health Supportive Home Care Aide and Alzheimer's Supportive Home Care Aide.
 - a. **Mental Health Supportive Home Care Aide** - The following topics are recommended for Mental Health Supportive Home Care Aide: limit setting, depression, personality and character disorders, substance abuse, abuse and neglect, and the stigma of mental illness and behavioral disorders. The Mass Council's curriculum is recommended.
 - b. **Alzheimer's Supportive Home Care Aide** - The following topics are recommended for Alzheimer's Supportive Home Care Aide: understanding Alzheimer's and Dementia, habilitation therapy, communication skills, personal care, behavior as communication, and working with families. The Alzheimer's Association curriculum is required.
- f. Certificates: Providers must award a certificate to those who have successfully completed the HM, PC, or SHCA training.
- g. Training Exemptions: The following individuals are exempt from training requirements:
 - i) Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) with documentation of successful completion of a nursing program approved by the Massachusetts Board of Registration in Nursing or, when applicable, the appropriate nurse training approval authority in the state where the training was conducted;

- ii) Physical Therapists (PTs) and Occupational Therapists (OTs) with documentation of successful completion of a training program approved by the Massachusetts Board of Registration or, when applicable, the appropriate training approval authority in the state where the training was conducted;
 - iii) Students enrolled in a nursing program approved by the Massachusetts Board of Registration in Nursing, with documentation of satisfactory completion of "Fundamentals of Nursing" course and/or one Medical /Surgical clinical nursing rotation;
 - iv) Certified Nurse's Aides with documentation of successful completion of a certified nurses aide training program;
 - v) Home Health Aides with documentation of successful completion of a home health aide training program;
 - vi) PCHM's with documentation of having successfully completed the 60-Hour PC Training Program;
 - vii) HM's with documentation of having successfully completed the 40-Hour Training Program; and
 - viii) HMs with documentation of having successfully completed the Homemaker Training Waiver Procedure, described in the Mass Council's HTWP Guide, are exempt from the 37-hour HM training program.
 - ix) No exemptions for the additional 12-hour SCHA training.
- h. NOTE: All new employees exempt from any of the training components must receive the 3-hour orientation described in the Mass Council Training Outline.

In addition to providing a basic three-hour orientation, agencies should determine based on each individual's training how much, if any, supplemental training to homecare is recommended.

- i. 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.
- j. 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.
- k. A minimum of 6-hours per year of on-going education and training is required for all HMs and PC HMs. 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.
- l. Providers shall ensure that SHCAs receive a minimum of 12-hours per year on-going in-service education and on-the-job training provided by supervisors and other professionals. This may be carried out in a variety of ways such as video presentations, lectures, group meetings and demonstrations.

5. SUPERVISION

- a. Supervision shall be available during regular business hours and on weekends, holidays and evenings for HMs, PC Workers, and SHCAs providing services to consumers during these times.
- b. 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 consumers.
- c. PC Introductory Visits, including SHCAs providing personal care: On the first day of service in the consumer's home, a PC Worker shall receive an orientation from an RN 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 ASAP has conducted an initial home visit to assess the need for PC prior to implementing the care plan.
- d. PC Supervision: An RN shall provide in-home supervision of PC Workers at least once every 3 months with a representative sample of consumers. A written performance of PC skills shall be completed after each home visit. LPNs may provide in-home supervision if 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.
- e. 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 quarterly 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.

6. CONSUMER RECORDS

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

Consumer Information available for viewing in Provider Direct:

- source/date of referral,
- documented Risk level,
- names of ASAP care managers, physicians, family/friends,
- date of service initiation and tasks to be performed,
- hours and duration of service/subsequent changes,

- record of services provided, and
- date of and report on termination.

Consumer information not available for viewing in Provider Direct:

- medical and/or functional status,
- release of information forms, if applicable,
- notes regarding supervisory visits, team meetings, etc., and,
- reportable incidents (Section B).

PERSONAL CARE GUIDELINES

The goal of Personal Care (PC) Services is to provide care in a community setting, with the aim of maintaining the dignity and independence of consumers in a community setting for as long as possible.

Personal Care (PC) services provide physical assistance and verbal cuing with personal care tasks such as bathing, dressing, grooming, ambulation, and transfers. PC services are provided to consumer who, based on an assessment performed by an Aging Service Access Point Registered Nurse (ASAP RN), need assistance with these types of services.

The ASAP RN assesses the consumer's overall functional and clinical status, the type and amount of care needed, the consumer's environment, and current support systems, both formal and informal, in determining the appropriateness for PC.

Consumers with conditions/diagnoses that may not be appropriate for PC services include, but are not limited to: consumers with extensive paralysis or total immobility, consumers requiring assist of two or use of a mechanical lift, severe contractures, open wounds, certain types of fractures including, but not limited to those casted to immobilize, unstable medical conditions, and those that require special skin care.

The ASAP RN collaborates with the provider RN to ensure an individualized, comprehensive, and effective care plan for each consumer. The provider RN is responsible for orientation and ongoing supervision of the PC Homemaker (PCHM) to the care plan developed in collaboration with the ASAP RN. Licensed Practical Nurses (LPN), working under the supervision of an RN, may perform PCHM orientation and supervision in accordance with Attachment A Homemaker Standards.

1. BATHING

- a. Sponge bathing is allowed to maintain personal hygiene.
- b. Hot water must be well controlled and utilized with extreme caution.
- c. Bath oil products may not be used.
- d. Tub baths and showers are allowed on a case-by-case basis only after the ASAP RN has completed a nursing assessment. Consumers with conditions/diagnoses that may not be suitable for tub and shower baths include but are not limited to: consumers with a history of falls, severe osteoarthritis, severe osteoporosis, compression fractures, advanced neuromuscular disease, unmanageable seizure disorders, cancer with metastasis to the bone, peripheral vascular disease, severe cardiac/respiratory disease, vertigo, obesity, open wounds, and certain types of fractures including, but not limited to those immobilized with a cast. This may include a fairly recent hip fracture.
- e. Prior to approving a tub bath or shower, the ASAP RN must determine that no physical barriers exist that prohibit immediate access to the consumer in the event of an emergency.

- f. The following safety equipment is required for tub baths and showers: grab bar(s); a rubber mat, nonskid surface, or decals inside of the tub/shower; and a rubber backed floor mat outside of tub/shower. A tub/shower stool must be present when determined to be necessary by the ASAP RN.
- g. In certain cases, when it is not feasible to install safety equipment such as grab bars, the ASAP RN may waive the requirement of safety equipment when determining that the lack of safety equipment does not put the consumer's safety at risk. The requirements regarding nonskid surfaces and the use of a rubber backed floor mat outside of the tub may not be waived.
- h. Complete bed baths are allowed on a case-by-case basis after the ASAP RN has completed a nursing assessment. The PCHM cannot take responsibility to turn, lift, or roll the consumer, but may assist the primary caregiver who is taking responsibility for these tasks.

2. SKIN CARE

- a. The application of over the counter emollients, excluding bath oil products, is allowed on a case-by-case basis as determined by the ASAP RN. The consumer must be alert, able to assume responsibility for the product, and able to direct the PCHM, but unable to complete the task independently because of physical limitations.
- b. Application of medicated creams and lotions is not allowed. This includes, but is not limited to over the counter products such as cortisone creams, Aspercream, Ben-Gay, anti-fungal products, Bacitracin and Neosporin or their generic counterparts.
- c. Care of ulcers/open wounds is not allowed.
- d. Treatments involving the application of heat are not allowed. This includes, but is not limited to hot packs, hot water bottles, and electric heating pads.
- e. Treatments involving the application of cold are not allowed. This includes, but is not limited to cold packs and ice.

3. FOOT CARE

- a. Foot soaks, limited to 10 minutes, and toenail filing are allowed.
- b. Foot soaks and toenail filing are not allowed on consumers with diabetes, severe peripheral vascular disease, or if the ASAP RN feels the consumer has a condition that would make this task inappropriate, such as an infection or an injury.
- c. Toenail cutting is not allowed in any instance.

4. GROOMING

- a. Shampoos may be provided unless restricted by the ASAP RN. The PCHM may comb, set with curlers/pins, and blow-dry the consumer's hair. The blow dryer must be used on the low

setting and in accordance with the safety recommendations of the manufacturer. The use of curling irons and/or electric curlers is not allowed. Hair cutting is not allowed.

- b. The use of any chemical hair product is not allowed. This includes, but is not limited to hair color, permanent wave products, henna etc.
- c. Fingernail cutting is not allowed.
- d. Fingernail filing is allowed unless the ASAP RN feels that the consumer has a condition that renders this task inappropriate such as an infection or an injury.
- e. Facial shaving with an electric razor may be provided. Safety or straight razors are not allowed.

5. DRESSING

- a. Assistance with dressing may be provided. Assistance with the application and removal of prescription and non-prescription anti-embolism stockings is allowed on a case-by-case basis as determined by the ASAP RN.

6. PERSONAL APPLIANCES

- a. Assistance with personal items such as denture care, assistance with hearing aids and eyeglasses, and help with the application of certain braces, splints, slings, and prostheses is determined on a case by case basis, based on the assessment of the ASAP RN.
- b. With the approval of the ASAP RN, consumers who have been using artificial limbs, splints, or braces on a continuing basis, may receive assistance with the application only if the consumer is: mentally alert, has received instruction and understands the correct application of the appliance, and the tension strap has been marked by the primary nurse or therapist to indicate the correct degree of tension. In the case of an arm or leg prosthesis, the residual limb must be well healed and shaped.
- c. Care of or insertion of contact lenses and application of new braces, splints, prostheses or slings is not allowed.

7. INCONTINENCE MANAGEMENT

- a. Incontinence management may be provided. This includes assistance with the use of the toilet, commode, bedpan, or urinal. When assisting with the use of the bedpan, the consumer must be able to lift his/her buttocks onto the bedpan independently or with the aid of a trapeze. Assistance on and off the commode must comply with transfer guidelines listed below. Incontinence assistance includes assisting with bowel/bladder training regimes, disposable incontinent briefs/pads, and personal hygiene. With the approval of the ASAP RN, the PCHM may remind the consumer to perform pelvic strengthening exercises, e.g. Kegal exercises.
- b. The emptying of urinary drainage bags, the application of urinary leg bags, and routine catheter care are allowed with ASAP RN approval. The PCHM must be able to demonstrate competency by means of return demonstration of these techniques to the Provider RN.

- c. The application of a condom/Texas catheter is not allowed.
- d. Ostomy care, in most cases, is not allowed. With approval of the ASAP RN, occasional exceptions may be made when the ostomy is long-term, well-healed, and without complications. In those cases when a consumer has received and understands instruction in stoma bag application, but is not able to manage it due to physical limitations such as poor vision or severe arthritis, assistance may be given by the PCHM in applying the bag. The PCHM must be able to demonstrate competency by means of a return demonstration of this technique to the Provider RN.
- e. Manual disimpactions and the administration of douches and enemas are not allowed.

8. TRANSFERS

- a. Assistance with transfers is allowed when the consumer is able to bear at least 50% of his/her weight when moving from a sitting to a standing position and while transferring. The ASAP RN may approve transfer assistance when the consumer's caregiver provides support for 50% of the consumer's weight. The ASAP RN may also approve assistance with slide board transfers. The PCHM must demonstrate competency by means of a return demonstration to the Provider RN.
- b. Use of mechanical lifts and participation in a two-person carry of a totally dependent consumer is not allowed.

9. AMBULATION

- a. The PCHM may assist the consumer with ambulation inside and outdoors, as well as with a walker, wheelchair, and/or cane that has been properly fitted to the consumer. The personal care plan shall specify where ambulation assistance may take place, e.g. "consumer may be assisted with ambulation outside". The ASAP RN, on a case-by-case basis, may approve assistance with stair use.
- b. Consumers who are following a written exercise program may be coached by the PCHM in carrying out active range of motion and strengthening exercises. The care plan must be very specific with regard to the exercises to be performed and supported with orders/instructions from either a physician or a physical therapist.
- c. Active participation in an exercise program, or passive range of motion exercises are not allowed.

10. NUTRITION

- a. The PCHM may prepare and set up meals, and provide encouragement and/or cuing for food/fluid intake as appropriate. The ASAP RN may approve feeding consumers on a case-by-case basis.

- b. Tube feedings, syringe feeding, and the feeding of consumers with a history of choking and/or swallowing difficulties are not allowed.

11. MEDICATION ASSISTANCE

- a. Administration of medication, prescription or non-prescription, and/or oxygen is not allowed.
- b. The PCHM may not participate in any aspect of automated medication dispensing systems.
- c. The PCHM may remind the consumer to take his/her medications.
- d. The PCHM may place the medications within reach of the consumer.
- e. On a case-by-case basis, the ASAP RN may approve that the consumer direct the PCHM to act as the hands and/or eyes of the consumer.
- f. If, by reason of poor vision or other physical limitation, the consumer needs help with the mechanical aspects of medication administration, e.g. reading medication labels or opening medication packaging, the PCHM may provide mechanical assistance.
- g. The ASAP RN must determine and document in the consumer record that the consumer has met the following criteria:
 - The consumer is aware that they are taking medications.
 - The consumer is alert and assumes responsibility for taking his/her medications, but requires assistance because of physical limitations.
 - The consumer is able to direct the PCHM in assisting him/her with the mechanical aspects of medication administration.
 - The medication is an oral medication.
 - The PC plan includes a directive to provide the assistance.

12. RESTRAINTS

The PCHM is not allowed to provide care to the consumer when a physical restraint is in use. This excludes the use of side rails if the use of side rails has been approved by the ASAP RN as a necessary safety measure and the consumer is in agreement with and understands their use.

Homemaker/Personal Care/Supportive Home Care Aide

I. Service Capacity

- A. Provide the number of regular full- and part-time employees in the following positions. (Do not duplicate. That is, report personal care/homemakers at the highest level of training only. If a PCHM is trained as a SHCA, do not count employee as an HM, PC, and SHCA, but SHCA only.

Full-Time

Part-Time

- 1) Homemaker
- 2) Personal Care/Homemaker
- 3) Supportive Home Care Aide – Alzheimer's:
- 4) Supportive Home Care Aide – Mental Health:
- 5) LPN:
- 6) RN:

- A. Provide the number of per diem contract employees for the following:

- 1) LPN:
- 2) RN:

- B. Provide an overview of workforce capacity initiatives, including recent turnover rates, ratio of service requests to staffing capacity, workforce adequacy evaluation, recruitment initiatives, linguistic or other special capabilities, etc.

- D. What is the pay range for each of the positions listed above in C. 1-4?

- E. Provide a detailed, concrete description of how staffing is managed day-to-day, including scheduled and unscheduled worker absences, ensuring service to Risk Level 1 and 2 as well as other high need consumers, orientation of substitutes, notifications, evening and weekend coverage, etc.

- F. What percentage of your direct care workforce is available to work the following schedules:

- a) Evenings:
- b) Overnights:
- c) Weekends:

- G. Describe your agency process for maintaining a current list of Risk Level 1 and 2 consumers that is accessible in the event of an emergency

Homemaker/Personal Care/Supportive Home Care Aide

II. Staff Qualifications

- A. Describe in detail the qualifications (professional experience, education, licensure, etc.) for the following staff:
- a) Coordinators

 - b) Field supervisors
- B. List the name, title, licensure (if any), and date(s) of training for all employees who have attended the Habilitation/Train the Trainer program given by the Alzheimer's Association, Massachusetts Chapter.
- C. What is the process, including documentation procedures and persons responsible, for verifying the training qualifications of HMPCs and SCHAs?

III. Training and In-Service Education

- A. Describe your agency's training facilities for HMPCs. If certain that the required facilities are accessed via an arrangement with another organization (e.g., a nursing facility), provide details.
- B. Does your agency provide the initial training mandated by Elder Affairs for:
- 1) Homemakers (40 hour training)
 - 2) Personal Care Homemakers (60 hour training)
 - 3) Supportive Home Care Aide (87 hour training)
- C. If yes, does your agency currently use the Home Care Aide Council curriculum for HMPCs?
- D. If no, attach a copy of the curriculum in use.
- E. If your agency does provide initial training for HMPCs, describe the in-house training program, including instructors and their qualifications, frequency with which the program is offered, average number of students, approximate completion rate, etc. Provide name person responsible for in-service training.
- F. Attach a copy of the in-service training calendar for the current and previous calendar years. Describe how you ensure employees have the required number of in-service training hours.

Homemaker/Personal Care/Supportive Home Care Aide

G. Has your agency used the Homemaker Training Waiver Procedure (as outlined by the Home Care Aide Council) within the last two years to exempt an employee from the required basic Homemaker training?

If yes, list the employees:

H. If your agency provides SHCA-Mental Health, attach a copy of the 12-hour curriculum.

I. Describe your process for ensuring that all staff understands the requirements of 105 CMR 155.00 and receives mandatory annual training on the topic.

IV. Supervision

A. Describe the procedures for supervision, including frequency, documentation, and credentials/qualifications of supervisors for each position (direct care, coordinators, supervisors, etc.).

B. Describe the systems and procedures employed to ensure that services are delivered to consumers as authorized, including telephony, unannounced field visits, quality assurance calls, etc.

C. For SHCA, provide a detailed description of the supervision and support provided in accordance with the requirements found in Attachment A: Homemaker Standards, including the title and licensure of individuals providing supervision and support. Indicate location of quarterly team meetings and describe process in the event a SHCA is not able to attend.

D. Describe the supervisory support available to direct care workers during non-business hours, including how supervisors are contacted, the titles and, as applicable, licensure of available supervisors.

E. Attach a copy of the field supervision report from currently in use for your employees.

Employee who completed this form

Date:

Provider Agreement Attachment A

Home Health Services are 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 Hoyer 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** includes 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** includes 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.

Home Health Services

- If certified for participation in Medicare, provide your most current certification survey and plans of correction.
- Is your agency JCAHO or CHAPS accredited? If so, provide your current accreditation letter.
- If your agency is not certified, how will assure the provision of the RN initial assessment and supervision to each HHA consumer according to the Home Health Services Program Instruction?

I. SERVICE CAPACITY

- A. Is your agency certified for participation in Medicare?
- B. Is your agency a MassHealth provider?
- C. Provide the number of regular employees in the following positions. (Do not duplicate. That is, report personal care/homemakers at the highest level of training only. If a PCHM is trained as a SHCA, do not count her as an HM, PC, and SHCA, but SHCA only).
- | | | |
|------------------------------|-----------|-----------|
| 1) Home Health Aides | Full Time | Part Time |
| 2) Registered Nurses | Full Time | Part Time |
| 3) Licensed Practical Nurses | Full Time | Part Time |
| 4) PTs | Full Time | Part Time |
| 5) OTs | Full Time | Part Time |
| 6) STs | Full Time | Part Time |
- D. Provide the number of per diem contract employees for the following:
- 1) Registered Nurses
 - 2) Licensed Practical Nurses
 - 3) PTs
 - 4) OTs
 - 5) STs
- E. Provide an overview of workforce capacity initiatives, including recent turnover rates, ratio of service requests to staffing capacity, workforce adequacy evaluation, recruitment initiatives, linguistic or other special capabilities, etc.
- F. Provide a detailed, concrete description of how staffing is managed day-to-day, including scheduled and unscheduled worker absences, ensuring service to Risk Level 1 and 2 as well as other high need consumers, orientation of substitutes, notifications, evening and weekend coverage, etc.
- G. What percentage of HHAs is available to work the following schedules:
- 1) Evenings:
 - 2) Overnights:
 - 3) Weekends:

Home Health Services

- H. Describe your agency process for maintaining a current list of Risk Level 1 and 2 consumers that is accessible in the event of an emergency.

- I. Attach copies of the care plan forms currently in use. (One form for each service being offered, Skilled Nursing, Home Health Aide).

II. STAFF QUALIFICATIONS

- A. Describe in detail the experience and qualifications of the individual responsible for service provision (Home Health Managers), if different from the information provided in the Administrative Overview.

- B. Describe in detail the qualifications (professional experience, education, licensure, etc.) for the following staff:
 - 1) Coordinators

 - 2) Field supervisors

- C. What is the process, including documentation procedures and persons responsible, for verifying the training qualifications of HMPCs and SCHAs?

- D. Describe your criteria for the selection of RNs and LPNs:

III. TRAINING AND IN-SERVICE EDUCATION

- A. Your agency provides directly:
- B. If your agency provides the HHA training program, attach a copy of the curriculum.
- C. Who in your agency is responsible for overseeing in-service education?

- D. Describe your process for ensuring that all staff understands the requirements of 105 CMR 155.00 and receives mandatory annual training on the topic.

Home Health Services

IV. SUPERVISION

- A. Describe the procedures for supervision, including frequency, documentation, and credentials/ qualifications of supervisors for each position (HHAs, nurses, coordinators, supervisors, etc.).

- B. Describe the systems and procedures employed to ensure that services are delivered to consumers as authorized, including telephony, unannounced field visits, quality assurance calls, etc.

- C. For SHCA, provide a detailed description of the supervision and support provided in accordance with the requirements found in Attachment A: Homemaker Standards.

- D. Describe the supervisory support available to direct care workers during non-business hours, including how supervisors are contacted, the titles and, as applicable, licensure of available supervisors.

- E. Attach a copy of the field supervision report form currently in use for your employees.

Employee who completed this form

Date:

**Provider Agreement
Attachment A**

- ❑ **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 an elder's understanding of the alleged abuse and an 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.

**ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT
Medical-Competency Evaluation**

I. GENERAL POLICIES AND PROCEDURES

- A. What is the average time period from the date of referral to the date of an assessment?
Less than one week.

- B. After an assessment is complete, what is the average time it will take for the ASAP to receive the assessment information?
One to two weeks.

- C. Describe your policy for contacting the ASAP agency when service is altered from that which was authorized

- D. Describe your policy for notifying the ASAP agency when evaluation is scheduled:

- E. Describe your policy for notifying ASAP agency of problems encountered that affect completion of the service authorized

- F. Describe your policy for documentation and notification to the ASAP agency of the outcome of your intervention

- G. Describe your procedure/capacity to respond to emergencies
Will attempt to accommodate emergency evaluation requests within 1-2 days.

II. PERSONNEL PROCEDURES

- A. Describe your policy for ensuring that those providing services for ASAP clients are properly credentialed
Attach current credentials.

- B. Describe your procedure for ensuring staff sensitivity to elder
N/A. No other employees.

Provider employee who completed this form

Name:

Date:

**Provider Agreement
Attachment A**

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.

Medication Dispensing System

I. SERVICE CAPACITY

- A. Where is your monitoring station located?

- B. Describe your/your agency's capacity to travel for in-home installations, citing any restrictions or limitations.

- C. What is the timespan between referral and installation?

- D. Specify policy for notifying ASAP of any issues encountered that affect, or could affect completion of the authorized service.

- E. Attach copy(ies) of brochure(s)/instructional video(s) featuring unit(s) offered.
- F. Provide a description of how each dispensing unit functions.

- G. Describe each unit's capacity to function in the event of power outage.

- H. Does/do available unit(s) have the capacity to alert monitors/caregivers to missed doses?
- I. How are these alerts communicated?

- J. What language capacities are available in dispensing units offered?

- K. Describe the process for testing in-home equipment.

- L. Describe the process for servicing malfunctioning units.

- M. Is maintenance available weekends and evenings?
- N. What is your company's policy in the event that equipment is damaged or lost?

- O. Describe the process of retrieval of equipment once the consumer and/or service is suspended or terminated.

Medication Dispensing System

- P. Attach copy of detailed instructions provided to caregivers who pre-fill and monitor the Medication Dispensing System.
- Q. Attach blank copy of the detailed, written agreement entered between provider and caregiver.
- R. What is your proposed rate for Medication Dispensing System?
Describe any additional charges.

II. STAFF QUALIFICATIONS

- A. List qualifications required of those responsible for the processing of referrals, in-home set-up, and supervision of staff (attach job descriptions).

- B. What is your policy for ensuring that those providing services to ASAP consumers are properly screened and trained?

III. SUPERVISION

- A. Describe the procedures for supervision, including frequency and documentation for each position.

- B. Describe the systems and procedures employed to ensure that services are delivered to consumers as authorized.

Employee who completed this form

Date:

Attachment A

Orientation and Mobility (O&M)

Orientation and Mobility (O&M) services teach an individual with vision impairment or legal blindness how to move or travel safely and independently in his/her home and community. This service includes: (a) an O&M assessment of an individual's needs; (b) training and education provided to Consumers; (c) environmental evaluations; (d) caregiver/direct care staff training on sensitivity to blindness/low vision; and, (e) information and resources on community living for persons with vision impairment or legal blindness. O&M Services are tailored to the individual's need and may extend beyond the home setting to other community settings as well as public transportation systems.

Individual providers and individuals employed by the agency providing O&M Services, known as Certified Orientation and Mobility Specialists, or COMS, must have a master's degree in special education with a specialty in orientation and mobility or a bachelor's degree with a certificate in orientation and mobility from an ACVREP (Academy for Certification of Vision Rehabilitation and Education Professionals) certified university program.

This service is available only to Consumers who are not eligible for O&M through the Massachusetts Commission for the Blind.

**ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT
Orientation and Mobility (O&M)**

I. Service Capacity

A. Identify which of the qualification categories applies to your provision of O&M services:

Individual Provider:

Agency:

B. Describe your regional service capacity throughout the State. Specify any areas that you do not provide O&M services:

C. Describe your capacity to provide translation for consumers when needed.

| Language | # Administrative Staff (if applicable) | # Certified Orientation and Mobility Specialists (COMS) |
|----------|--|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

If you have no translation capacity, describe your procedure for serving consumers who have limited English-speaking ability.

II. General Policies and Procedures

A. Describe your policy for notifying the ASAP about circumstances encountered that affect completion of authorized services (such as no answer at the door, weather conditions prevent training outside the home setting, etc.).

B. Describe how you confirm that O&M services are only provided to consumers who are not eligible for O&M through the Massachusetts Commission for the Blind.

ADMINISTRATIVE OVERVIEW SERVICE SPECIFIC ATTACHMENT

III. Service Components

- A. Describe what is included in your O& M assessment of an individual's needs, including orientation and mobility in both the home and community setting.

- B. Describe how you provide individualized training and education in both the home and community setting.

- C. Describe how you provide environmental evaluations.

- D. Describe how you provide caregiver/direct care staff training on sensitivity to blindness/low vision.

- E. Describe how you provide information and resources on community living for individuals with vision impairment or legal blindness.

IV. Staff Qualifications

- A. Describe how you ensure that staff providing O&M are a Certified Orientation and Mobility Specialist (COMS) and have a master's degree in special education with a specialty in orientation and mobility or have a bachelor's degree with a Certificate in orientation and mobility from an ACVREP (Academy for Certification of Vision Rehabilitation and Education Professionals) certified university program.

Attach a COMS Certificate for each of your staff.

**ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT**

V. Training

A. For Agencies employing COMS, describe your orientation.

VI. Supervision

A. For Agencies employing COMS, describe the procedures for supervision, including frequency, documentation, and credentials/qualifications of supervisors.

VII. Proposed Rate Structure for Orientation and Mobility (O&M)

Provider employee who completed this form

Name: _____

Date: _____

Provider Agreement

Attachment A

Peer Support

Peer Support is designed to provide targeted recovery services to Consumers with behavioral health diagnoses. Peer Support includes mentoring Consumers about self-advocacy and participation in the community, including, but not limited to, such activities as accessing a senior center, getting to medical appointments or a hospital for a medical procedure, assisting with care transitions, completing housing paperwork, accompanying the Consumer for walks to various community locations, and generally engaging with the Consumer to reduce isolation. Peer support may be provided in small groups or one peer providing support to a Consumer. Peer Support promotes and assists the Consumer's ability to participate in self-advocacy. Peer Support utilizes trained peer specialists as coaches who have lived experience of behavioral health challenges, trauma, and/or substance use to promote person-centered care and attainment of measurable personalized recovery goals. Peer Support encompasses a range of activities and interactions between people who share similar experiences of being diagnosed with behavioral health conditions, substance use disorders, or both. This mutuality, often called “peerness” between a Peer Support specialist and person in or seeking recovery, promotes connection and inspires hope.

Transportation may be authorized and provided as a separate purchased service to assist with the Consumer's access to Peer Support services; the Certified Older Adult Peer Specialists (COAPS) may accompany the Consumer and would be a separate authorized service.

Peer Support can be an ongoing service. Weekly recurring Peer Support may not exceed 16 hours per week for the Consumer.

Peer Support must be provided through Peer Support Provider Agencies, including Peer Support Providers contracting with the Department of Mental Health, and individual Certified Older Adult Peer Specialists (COAPS).

Individuals providing Peer Support must have a Certificate of successful completion of Certified Older Adults Peer Specialist training¹ and be employed at a Peer Support Provider Agency. Certified Older Adult Peer Specialists (COAPS) are individuals who are 50 and older with personal experience of behavioral health challenges and/or substance use and who are in recovery. Certified Older Adult Peer Specialists (COAPS) provide hope, empowerment, choices, and opportunities to older adults that promote behavioral health and substance use recovery in a supportive environment through shared experience.

Supporting Older Adults Remotely (SOAR)

Supporting Older Adults Remotely (SOAR) is designed to address the whole health of older adults in the community by improving resilience, hope, optimism, cognitive ability, and physical and mental health-related quality of life through evidence-based practices. SOAR consists of education on older adult mental health and normal age-related changes, older adult peer support, technology training, life review, mindfulness, and tools to help with cognitive challenges around memory, reasoning, and information-handling. The SOAR service is delivered using technology (including telephone and live video) engagement with Consumers. The SOAR service is designed to be 12 one hour weekly sessions for structured module engagement with additional sessions permitted for person centered Consumer driven engagement. SOAR Training curriculum includes collaborative goal setting, video instructions, interactive storyboards, role-play prompts, and peer-led videos.

SOAR Training satisfies the requirement for Older Adult Peer Specialist training for MA.

Within the EOEA Home Care Program, Certified Older Adult Peer Specialist (Peer Support) is an approved service for Consumers enrolled in homecare.

**ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT
Peer Support**

I. Service Capacity

A. Identify which of the qualification categories applies to your provision of Peer Support:

Individual Certified Older Adult Peer Specialists (COAPS):

Peer Support Provider Agency:

For Agency Providers:

Do you contract with the Department of Mental Health to provide Peer Support?

Specify the number of COAPS employed by your Agency.

B. Describe your service capacity throughout the State. Specify any areas that you do not provide Peer Support:

C. Describe your capacity to provide translation for consumers when needed.

| Language | # Administrative Staff (if applicable) | # Certified Older Adult Peer Specialists (COAPS) |
|----------|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

If you have no translation capacity, describe your procedure for serving consumers who have limited English-speaking ability.

D. Do you offer Peer Support for one peer providing support to another peer (i.e., the consumer) and in small groups?

If applicable, describe your process when arranging Peer Support in small groups.

**ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT**

II. General Policies and Procedures

- A. Describe your policy for notifying the ASAP when a consumer is absent from one of the planned Peer Support activities/interactions (for example, consumer does not answer door or meet as planned) and for communicating when there is a possible barrier that affects the provision of Peer Support (for example, access to transportation).

III. Staff Qualifications

- A. Describe how you ensure that individuals providing Peer Support have a Certificate of successful completion of Certified Older Adults Peer Specialist (COAPS) training.

Attach a COAPS Certificate for each individual.

IV. Training

- A. For Agencies employing COAPS, describe your orientation.

V. Supervision

- A. For Agencies employing COAPS, describe the procedures for supervision, including frequency, documentation, and credentials/qualifications of supervisors.

VI. Proposed Rate Structure for Peer Support

Provider employee who completed this form

Name: _____

Date: _____

**Provider Agreement
Attachment A**

- ❑ **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 (E-PERS)** is a service that combines the basic elements of PERS, with certain service enhancements. E-PERS 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 E-PERS 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.

- ❑ **On Call** is the provision of an on-call capacity to respond to a client need either during or after regular business hours.

Attachment A

Emergency Response Products with Fall Detection Feature

Emergency Response Products with a fall detection feature on an electronic device can be activated by an event such as a fall and notifies the system (provider) of such an event. The enhanced fall detection capacity combines the basic elements of PERS and is designed to:

- Detect a fall and automatically place a call for help when the consumer is unable to press the help button. It immediately contacts Emergence Medical Services followed by emergency contacts when no response is made by the consumer.

Personal Emergency Response Systems (PERS) Enhanced PERS (E-PERS)

I. SERVICE CAPACITY

- A. Describe how your PERS and E-PERS work.

- B. After receiving a call from the ASAP to initiate service, describe your agency's procedures. Include expected time frames and average time between ASAP referral and the start of service to the consumer.

- C. Describe your process for responding to consumers who speak a language not spoken by your monitoring staff, are hearing impaired, or are confused.

- D. Describe your process for testing in-home equipment. How frequently is testing done? What is the procedure for replacing or repairing malfunctioning equipment?

- E. What documentation is kept on file? Who is responsible for the testing? Is the consumer able to replace the pendant battery?

- F. Where is your monitoring station located?

- G. How do you notify the ASAP regarding consumer PERS usage?

- H. Is there a charge for a second pendant in a 2-person household?
- I. What is your proposed rate for E-PERS? _____ per
Describe any additional charges

NOTE: Rates for PERS and PERS installation are standard MassHealth rates established by the Division of Health Care Finance and Policy.

- J. In the event of a power failure (e.g. electric, telephone), will the PERS/E-PERS continue to work?

- K. What is your agency's policy in the event that equipment is damaged or lost?

- L. Describe the process for retrieval of equipment once a consumer is terminated from the ASAP.

Personal Emergency Response Systems (PERS) Enhanced PERS (E-PERS)

II. STAFF QUALIFICATIONS

- A. Describe the experience and qualifications of the person responsible for service provision (the manager of the program), if different from the information provided in the Administrative Overview.

- B. Describe the experience and qualifications you require for staff providing this service, including coordinators, installers, and, as applicable, monitoring station personnel.

III. SUPERVISION

- A. Describe the procedures for supervision, including frequency, documentation, and credentials/qualifications of supervisors for each position.

- B. Describe the systems and procedures employed to ensure that services are delivered to consumers as authorized.

Employee who completed this form

Date:

Provider Agreement Attachment A

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.

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.
- 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.

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.

- A. **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 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 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 tuberculosis screening and testing is performed at time of hire and every two years (per DPH ADH regulations) 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 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.

Supportive Day Care

Revised 1/8/2016

I. General Policies and Procedures

- A. Describe the time span between referral and assessment.

- B. Describe the time span between assessment and consumer participation.

- C. What is your proposed rate for Supportive Day Care?
- D. Describe any additional charges.

- E. Describe the following assessment procedures and who is responsible for the procedures:
 - 1) Intake/Screening

 - 2) Physician Report

 - 3) Plan of Care (including activity plan). Is Supportive Day Care staff knowledgeable about each participant's capabilities, interests, preferences and needs? Are such preferences and needs supported in the development and review of the participant's care plan?

 - 4) Enrollment Agreement

 - 5) Reassessment of Care Plan Timetable. Also, how do you support ongoing considerations for preferences and needs in the development and review of the participant's care plan?

 - 6) Discharge criteria and notification

- F. Describe your participant orientation procedure. How do you convey the practice of including each participant's capabilities, interests, preferences and needs in the development and review of the participant's care plan at the time of orientation?

- G. Describe your record keeping method for each consumer, including quarterly progress notes.

Supportive Day Care

Revised 1/8/2016

- G. Describe your policy and training for reporting suspected abuse or neglect of a participant.

- H. Describe your consumer grievance procedure.

- I. Attach a copy of your participant bill of rights and responsibilities that is posted and distributed to all participants.
- J. Describe your procedure for handling participant medical emergencies.

- K. Describe your emergency plan that includes plans for evacuation and relocation of participants in the event of an emergency such as fire, loss of power (lights and/or heat), and hurricanes/snowstorms.

- L. Describe your nutrition services including how often and who provides the meals.

- M. Describe what the Supportive Day Care Program considers to be a meaningful day for individuals in the Supportive Day Care program.

- N. Attach a monthly schedule of participant activities.
- O. Describe your arrangements or contract for transportation to your facility.

II. Program Administration

- A. Do you have a governing body responsible for operation of your program?
- B. Do you have an advisory committee?
- C. Is your written plan of operation reviewed and updated annually?
- D. Do you have an updated organizational chart?
- E. Do you have a formally established fee schedule?

Supportive Day Care

Revised 1/8/2016

III. Personnel Procedure

- A. Describe policy/procedure and frequency for Tuberculosis Screening
- B. Describe procedure and frequency for the following trainings, if applicable
- CPR

 - First Aid
- C. Describe procedure for staff and volunteer orientation.
- D. Describe procedure and frequency for supervision and in-service training, including the use of standard protocols for communicable diseases and infection control.
- E. Do you perform evaluations for employees? How often?
- F. Describe how you achieve the mandatory minimum staff to consumer ratio.

IV. Physical Setting

- A. Is the Supportive Day Care program co-located in the same building (or in the same campus setting) with other services/ supports?

If yes, what other programs are located with it?

- Hospital
- Nursing Facility
- Residential
- Senior Center/Council on Aging
- Other

If yes, are individuals allowed to move about inside and outside of their specific service setting as opposed to one restricted room or area?

Supportive Day Care

Revised 1/8/2016

B. Is the Supportive Day Care program co-located or adjacent to the following sites?

Medical Facility/Hospital

Intermediate Care Facility (ICF)

Nursing Facility

C. Describe the physical setting of the Supportive Day Care program

Residential neighborhood

Industrial area

Retail/commercial area

Other

Employee who completed this form

Date:

**Provider Agreement
Attachment A**

- ❑ **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 an elder's understanding of the alleged abuse and an 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.

Translation-Interpreting

- A. Describe your criteria for selecting people who will be translators and interpreters, including how you ensure that appropriate dialects are available:
- B. Please provide a listing of languages which you can interpret including your ability to service the hearing impaired. State fluency to read, write and speak each language.
- C. Provide the hours that services from your organization can be supplied: (if any specific translation and/or interpreting services are not available during these hours, please indicate.)
- Monday
 - Tuesday
 - Wednesday
 - Thursday
 - Friday
 - Saturday
 - Sunday
- D. State approximate timeframe between referral and provision of service:
1. For translation assignment
 2. For interpreting assignment
- E. For translation assignments, does your organization have the capability to accept assignments and transmit completed work electronically?
- If yes, describe the method by which work should be submitted to your organization
- F. What is the method work will be received from your organization?
- G. Describe your procedure for ensuring that translators and interpreters provide quality work, including client satisfaction and accurate and objective translation
- H. How do you address sensitivity to elders with your employees?

Employee who completed this form

Date:

**Provider Agreement
Attachment A**

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.

Transportation

I. SERVICE CAPACITY

A. Check the transportation services you provide:

Door to door taxi type service

Van service

Chair car

Ambulance

B. List the number of vehicles owned or leased by type (e.g., sedan, van, chair car, etc.).

C. How many are more than 5 years old?

D. How many are used for back up?

E. Where are the vehicles garaged?

F. How do you ensure sufficient back up drivers?

G. What is your proposed rate for Transportation? _____ per

Describe any additional charges

H. Do you currently provide transportation services funded by the Executive Office of Health and Human Services?

If yes, list all such contracts. Include the contractor, contact, start date, and phone number.

I. When scheduling ride sharing (multiple consumers with different destinations) in a vehicle, what is the maximum additional travel time compared to direct routing?

J. Attach a copy of your inclement weather policy.

K. Describe maintenance/inspection procedures, including where it is done and by whom:

1) Daily/Weekly

2) Monthly/Quarterly

3) Yearly

Transportation

- L. Are vehicles marked with business logo or name?
- M. Do employees wear uniforms and/or badge?
- N. Describe your policy for assisting passengers in getting on/off vehicle.

- O. Describe your policy for assisting passengers with parcels?

- P. Describe minimum notice required for an authorized consumer to receive service including policy for exceptions and/or emergency requests.

- Q. Describe your system for tracking and scheduling rides including use and recording of log sheets or trip sheets.

- R. Describe your policy for handling medical emergencies.

- S. Describe your policy for transporting escorts required to assist consumer.

II. QUALIFICATIONS

- A. Has the company's vehicle insurance coverage ever been terminated by an action of an insurance company?
- B. Has the company's personal liability insurance coverage ever been terminated by action of an insurance company?
- C. Have there been any legal proceedings or claims against the company, alleging negligence or failure to observe transportation or motor vehicle rules that are open, pending, or closed within the past 10 years?
- D. Describe the experience and qualifications of the person responsible for service provision (the manager of the program), if different from the information provided in the Administrative Overview.

- E. Describe the experience and qualifications you require for drivers, dispatchers, and monitors (if applicable).

- F. How do you ensure drivers have appropriate licenses that are current?

Transportation

G. Describe policy/procedure and frequency for the following:

1. Alcohol and Drug Testing

2. Driving Record/History Check

H. Describe procedure and frequency for the following trainings, if applicable:

1. CPR

2. First Aid

3. Defensive Driving/Safe Driving

4. Sensitivity/Special Needs of Elders/Disabled

5. Other

III. SUPERVISION

- A. Describe the procedures for supervision, including frequency, documentation, and credentials/qualifications of supervisors for each position (drivers, monitors, dispatchers.).

- B. Describe the systems and procedures employed to ensure that services are delivered to consumers as authorized, including documentation of trips.

Employee who completed this form

Date:

Provider Agreement

Attachment A

Virtual Communication and Monitoring (VCAM)

Virtual Communication and Monitoring (VCAM) is a service that provides a personal emergency and non-emergency response service. VCAM functionality includes:

- A response device that enables a 2-way audio and video connection and provides 24/7 access to a response center;
- The capacity for Consumer-initiated requests for emergency and non-emergency response from a response center; and
- The capacity for scheduled assistance by response center staff as established through the person-centered planning process.

VCAM includes a personal emergency and non-emergency response service accessed through an interactive, non-intrusive monitoring system and 2-way audio and video device. VCAM devices are placed in an agreed upon location within the home, based on the Consumer's desire for the location. Consumers will be informed and educated about appropriate locations on where to locate their device. The Consumer has the option to relocate or transport a device within the home to their desired location. These devices are activated at pre-determined times or as needed by the consumer. The Consumer always has control over the device including whether the camera is turned on or off. The system must have visual or other indicators that inform the Consumer when the VCAM system is activated. Placement of VCAM devices will be considered based on assessed need, privacy and rights, and the agreement of the Consumer and others who live in the home. Consent from the Consumer and others in the home must be documented in the Consumer's record.

This service supports Consumers' independence in their home and communities while minimizing the need for onsite staff presence and intervention. The use of VCAM supports the goal of maintaining independence in the least restrictive environment. With the supervision provided through the VCAM device, Consumers will be able to independently manage tasks such as taking their medications, with the additional support and supervision from the response center. VCAM supports the Consumers' health, welfare, and safety, enhancing Consumers' independence in their homes, while decreasing their dependence on others to provide physical assistance with some tasks.

The provider of VCAM service is responsible for troubleshooting, re-education, and correction of any technology issues or failures.

In the event of an equipment failure or a power outage, the response center will notify Consumer's informal supports and the ASAP that the device has been turned offline. Consumer's informal supports and ASAP staff will respond to the notification and follow up as needed.

Consumers may not receive duplicative services from VCAM and the MassHealth State Plan Personal Emergency Response System or the Enhanced Technology/Cellular Personal Emergency Response System service.

The negotiated reimbursement rate includes the device and response center subscription, which pays for 24/7 access to staff at the response center. VCAM service may include device installation and set up costs as a separate service authorization, but regulatory guidelines exclude ongoing provision fees related to internet service.

**Provider Agreement
Attachment A**

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.

Vision Rehabilitation

I. GENERAL POLICIES AND PROCEDURES

A. Are you a Medicare Provider?

Accreditation expiration date:

B. Do you provide a Low Vision Clinic?

C. What is your proposed service rate: _____ per
Describe any additional charges

D. Describe your qualifications to perform this service:

E. Describe procedure and consumer determination of the following: (please attach a copy of each form)

Evaluation

Plan of Care

Training

F. What measures are in place to ensure the consumer can adapt to the recommended plan of care?

G. Describe your policy for notifying ASAP agency of problems encountered that affect, or would affect, completion of the service authorized:

H. Describe your policy and procedure for apprising ASAP agency of the outcome of your intervention:

II. PERSONNEL PROCEDURE

A. Do you perform the following:

- | | |
|-------------------------------------|------------|
| 1. CORI | How often? |
| 2. DPH/Nurse's Registry | How often? |
| 3. Office of the Inspectors General | How often? |

Vision Rehabilitation

- B. Do you employ Certified Low Vision Therapists certified by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP)?
- If yes, what is your policy to ensure they are properly credentialed and meet continuing education requirements?
- C. List the number of employed Occupational therapists who are not certified by ACVREP.
- D. What are your requirements of the above employees for additional training, education and in-service training to perform Vision Rehabilitation Therapy?
- E. Describe your policy for employee supervision
- F. Describe you policy and requirements for employee testing of tuberculosis.
- G. Describe your procedure for ensuring staff sensitivity to elders

Employee who completed this form

Date:

**Provider Agreement
Attachment A**

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.

Wanderer Locator Service

I. General Policies and Procedures

- A. Please describe the merits of your system and how ASAP clients and caregivers can benefit by them:

- B. What is the timeframe for delivery of Identification Materials and what exactly is sent/given to the consumer/caregiver?

- C. Are consumers/caregivers prompted to update critical information including health and medication updates by your company?
If so, how?

- D. How do you insure the patient ID bracelet will fit the consumer's wrist?

- E. What is your policy for notifying the ASAP Case Manager about problems encountered that affect or could affect completion of the authorized service?

- F. Describe your policy for communicating to the ASAP Case Manager events that have occurred with their consumers:

- G. How do you insure a consumer is still an active participant in the service?

- H. What is your protocol for sending out an alert when a consumer is reported as missing? Who is alerted and how is the alert sent?

- I. Where are your operators located?

- J. Please include a copy of the form used for patient registration.

II. Personnel Procedure

- A. What trainings do you conduct annually?

- B. How is confidentiality of client information maintained?

Employee who completed this form

Date: