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Overview

Significant policy and procedural guidelines governing the Fiscal Year 2011 (FY2011) Homemaker Notification of Intent to Contract (NOI) appear within this document. It is imperative that new Bidders and all existing Providers appearing on the **Provider Index**, read, understand, and comply with these instructions. Failure to do so may exclude them from the **FY2011 Provider Index** for homemaker and personal care homemaker services.

The NOI process is online this year. Most of the forms have been modified to allow online processing. The instructions that follow will guide you through completion of the NOI. All existing Providers having completed the NOI in the past must reapply. New Bidders and existing Providers successfully completing the FY2011 NOI will be listed on the **FY2011 Provider Index** appearing on www.800AgeInfo.com.

The NOI application system is available on the Internet at www.800AgeInfo.com (click the "For Professionals" link in the top right corner of the screen).

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Revision History

Date	Version	Description	Author
July 12, 2010	1.0	Initial Release	Brendan J. Carroll
July 23, 2010	2.0	Screenshot updates to match Live System	Brendan J. Carroll

New Web-based Process

The Executive Office of Elder Affairs (ELD) is the Massachusetts agency charged with promoting the independence and well-being of individuals, their families, and caregivers through the development and delivery of quality services; providing consumers with access to a full array of health and social support services in the settings of their choice; informing individuals about their options and protective and advocacy services; and encouraging individuals across the lifespan to adopt behaviors that will lead to healthy aging. In order to accomplish its mission, ELD funds and regulates twenty-seven (27) non-profit Aging Services Access Points (ASAPs) across the state; each serving elders residing in the towns and communities comprising that ASAP's planning and service area. In turn the ASAPs contract with local agencies to provide an array of community-based services, such as homemaker and/or personal care homemaker services. ASAPs can only contract with a homemaker agency that successfully completes the Homemaker Notification of Intent (NOI) to contract process – a standardized procurement for the selection of homemaker and personal care homemaker providers. The NOI has historically occurred annually each March. The process and timeline have changed for this fiscal year. Going forward, the NOI will function as a web-based document.

Based upon a Bidder's completion of the NOI, ELD either accepts or rejects their NOI. Bidders may correct their NOI and resubmit it to ELD for review/approval. Every Bidder that successfully completes the NOI by the deadline will be added to a list of Providers posted on the ELD website – www.800ageinfo.com. This list will be available after the close of the application deadline. At the conclusion of the NOI, successful Bidders will be referred to as "Providers." The ASAPs may contract only with agencies that have successfully completed the NOI; they may decide to contract with one or more Providers.

Data submitted as part of a Bidder's NOI will be housed in a dedicated database. Our newly designed NOI software will access this database in order to generate contract documents between

an ASAP and a Provider, thereby reducing the administrative burden associated with the contracting process. Unlike in the past, Providers will be expected to keep their corporate data current in our database. Some updates in corporate data may necessitate a contract amendment. The software will assist both the ASAPs and Providers in this regard.

The online system will force validation rules governing a Bidder's completion of the NOI. These validation rules will greatly limit or prevent incomplete data entry. A Bidder's failure to abide by the validation rules will prevent them from submitting their NOI to ELD. Providers may edit their NOI until it is submitted to ELD. Submission will occur by way of the Internet; no longer will document labeling or email attachments be necessary. Please note that, minor changes have been made to all NOI forms.

Upon receipt of a Bidder's NOI, ELD will review and approve or reject the submission. Bidders will be notified by email messages as to the status of their NOI:

Whenever ELD rejects an NOI, the email notice from ELD will contain a brief though specific explanation for the rejection. Bidders may correct and resubmit their NOI up to the NOI closing date. Only those Bidders whose NOI is accepted by ELD will appear on the ***FY2011 Provider Index***.

Providers that have successfully completed the NOI application process and appeared on last year's ***Provider Index*** will be required to complete the new, web-based NOI in order to appear on the new ***Provider Index*** and receive a new, replacement ***Provider Agreement***. The ***Provider Agreement*** has undergone significant updating/rewriting. All expiring contracts between ASAPs and Providers will need to be replaced with the new contract document. Though the NOI will be a web-based document going forward, the actual ***Provider Agreement*** between the ASAP and Provider will continue to be a hardcopy document requiring wet signatures and handwritten dates.

Please note that the Homemaker NOI collects Provider information and unit rate bids pertaining solely to the provision of Homemaker and Personal Care Homemaker services. The NOI process and the unit rates it generates have no bearing on class rates established by Health Care Finance & Policy for certified services such as home health aides, skilled nursing services, or group adult foster care.

Getting Ready to Complete the NOI

- What reference materials should I have read beforehand? Before beginning to complete the NOI Application, familiarize yourself with the *Homemaker Standards* and *Personal Care Guidelines*. Links on the NOI homepage of 800ageinfo will take you to each document where services are defined, employee orientation, training, and supervision requirements identified, etc. Your company must operate in compliance with these requirements.
- Familiarize yourself with the *Rate Calculation Instructions* prior to bidding your hourly billing rate in the **Contractor Status and Unit Rate Calculation** section of the NOI Application.
- Read through all sections of the application taking note of each policy and procedure addressed therein.
- What materials do I need to have at my fingertips? Have your current W-9 Form handy. You will need to enter your legal name and d/b/a, if any, onto your Application as they appear on your W-9 Form.
- Existing Providers should have a scanned version of their current liability insurance

certificate available.

- Check that all your company's existing policies and procedures are current and available in electronic format.
- What operating system is required for my computer to run the new web-based NOI? The NOI application is web-based, providers will only need an internet connection to complete the application.
- How do I navigate on the web-based NOI? Each screen of the software will display buttons for moving to the next or prior screens, saving your work, closing without saving you work etc. Navigating within a document or between documents will be self-explanatory.
- May I work on my Application, close it out and return to work on it at a later time? Yes. At any time you may stop work on your NOI Application, save your data and return at another time as long as the application has not been submitted.
- Must I complete the NOI in its entirety before submitting it to ELD? Yes. Validation rules built into the software require submission of the entire NOI Application as one complete package, i.e. all sections of the application, and various attachments. The software precludes the submission of incomplete data elements or the skipping of items.
- What happens after I submit my NOI Application? ELD will review your NOI Application and either accept it or not accept it. If accepted, the software will automatically notify you and add your company to the **FY2010 Provider Index**. If not accepted, your Application will be returned to you noting what additional information, changes, or corrections are required. After your application is approved by ELD, then the ASAPs will then need to "approve" you application in order for you to contract with them.

Once accepted and after the submission close date for the application, your NOI Application will be available for public viewing on the Internet, with some exceptions for security purposes such as your Federal Employer Identification Number (FEIN).

Once your NOI Application is accepted by ELD, the software will automatically send a notice to each of the ASAPs checked off in the **ASAP Selection and Towns Service Ability** section. The notice will alert the ASAP that ELD has accepted your NOI Application and that your company will be added to the *FY2011 Providers List*.

Steps Providers Will Need to Do In the New System

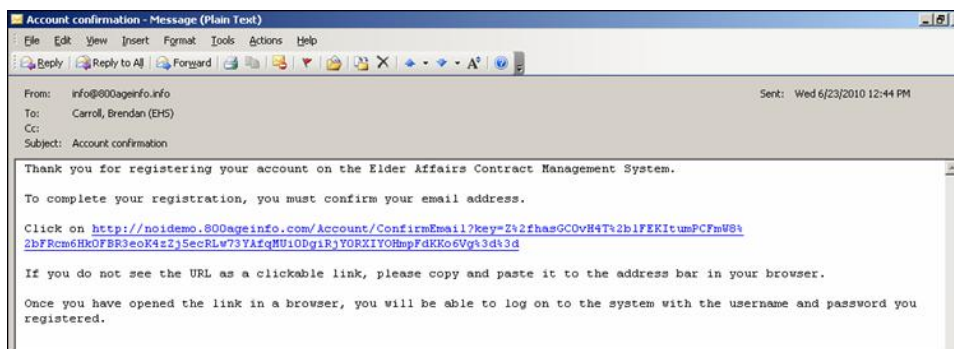
1. Register your user account on the new NOI contract management system.
2. Confirm your account by following the link that will be emailed to you and complete your user profile.
3. Register your provider corporation information.
4. From the Application Schedule page, click the link to create a new application. Complete each section of the application and click the Submit button to submit your application for EOEA review.
5. Ongoing User Management (i.e adding and deactivating users) for their organization as necessary.

Step 1. User Registration

1. Go to: www.800ageinfo.com and click on **For Professionals** button or <https://noi.800ageinfo.com>
2. Click on **Register a New User** button.
 - In what best describes you, select **Provider**.
 - Enter a preferred username (i.e. jsmith).
 - Email address.
 - Confirm email address.
 - Enter a password (the password needs to include an alphanumeric character - i.e. #, \$, or @ .
 - Confirm password.
 - Select a security question for password recovery.
 - Answer the security question.
 - Click **Register**.

Step 2. Confirm your account by following the link that will be emailed to you and complete your user profile.

1. An email will be sent to you to confirm from info@800ageinfo.info with a link that you must click to complete the user registration.



2. Once back in the site, users will be prompted to fill out an Account Profile with demographic information. If you are a Provider, Select **Provider** when asked what user group you fit into.

EOEA NOI Contract Management System

Welcome jcarroll11 [Notifications (0)] [Profile] [Log Off]

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Please update your account profile here.

Account Profile

First Name:

Last Name:

Job Title:

Phone Number:

Fax Number:

Mobile Phone Number:

What user group do you fit into:
- choose one -

3. Click **Save**.

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Provider Home Page

To begin, you must first [register your provider information](#) with the system or request that your provider's NOI contracts administrator add your user to the list of authorized contract management users.

[For Professionals](#) | [Contact Site Admin](#) | [NOI Application Archives](#)

4. At this point the user must decide if they are the correct person to register your Provider in the system.

Please note: By clicking the **“register your provider information”** link, that user will now become an authorized contract manager, or Administrator, in the system. In addition to creating an application for your provider, an Administrator also allows you to manage users in your organization:

- Add user accounts to your organization
- Assign or revoke the Administrator role to a user(s) in your organization.
- Deactivate a user account associated to your organization.

* Please see **User Management** section below on how to perform the Administrative tasks.

Step 3. Registering Your Company

1. Click on **Register Your Provider Information**.

2. Fill out the following fields:

- a. Your business's tax identification number FEIN. **Note:** only one Federal Employee Identification Number (FEIN) number can be logged in the system. User will get an error message if they try to enter in a FEIN number that already exists. Be very careful – you will not be able to edit the FEIN once you hit Save.
- b. Your business type (corporation, sole proprietor, LLC, etc.)
- c. Enter state in which your company is organized.
- d. Enter date in which your company was organized.
- e. Your company's legal name as it appears on your current **W-9 Form**;
- f. Your “doing business as” (d/b/a);
- g. Your company's address;
- h. Your company's city.
- i. Your company's state.
- j. Your company's zip code.
- k. A check mark if your company has been certified by the **MA State Office of Minority and Women Business Assistance** (SOMWBA) as a Minority-owned business or nonprofit organization. If checked, you must also check off “SOMWBA certification letter is attached” and attach a formal SOMWBA certification letter. Without a formal SOMWBA certification letter you cannot claim MBE status.
- l. A check mark if your company has been certified by the **State Office of Minority and Women Business Assistance** (SOMWBA) as a Women-owned business or nonprofit organization. If checked, you must also check off “SOMWBA certification letter is attached” and attach the formal SOMWBA certification letter. Without a

formal SOMWBA certification letter you cannot claim WBE status.

Register Provider

☐ Provider registered under previous system:

Federal Employer Identification Number (FEIN):
[] Caution! Once you enter this information and click SAVE, this number cannot be changed.

Business Type:
[(choose one)]

State where business organized / incorporated (e.g. MA):
[]

Organized / incorporated on (MM/DD/YYYY):
[]

Provider legal business name:
[]

Provider doing business as (DBA):
[]

Address:
[]

City:
[]

State:
[]

Zip:
[]

☐ Business is woman owned (must supply SOMWBA certificate):

☐ Business is minority owned (must supply SOMWBA certificate):

Primary Contact

First Name:
[]

Last Name:
[]

Title:
[]

Phone:
[]

Fax:
[]

Email:
[]

Confirm Email:
[]

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3. Click **Save**.

After your provider is registered, you can always edit the Corporate data by clicking the **Edit Corporate Data** button on the Provider Home Page.

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Provider Home Page

From this page you can:

- Create a New NOI Application -- [Go to the NOI Application Schedule](#)
- Update Your Corporate Data -- Click on Update Corporate Data link below.
- Update Your NOI Application -- Click on Update NOI Application link below.
- Register a Provider -- [Go to Register a Provider](#)
- View the NOI Instructions -- [View the NOI Instructions - PDF Document](#)

Your Registered Provider List

Update Corporate	Provider Name	FEIN	Update Application
Update Corporate Data	IMG Inc.	99-9999111	Update NOI Application

Note on Registering a Provider
If you need to register another provider because you manage more than one aging services provider organization or because you have created a new business entity and wish to transition existing contracts to the new business entity, you will need to register a new provider. Once registered, the newly created provider will then appear in the table above.

Step 4. Creating New NOI Application

All Existing NOI Providers – defined as Providers who have successfully completed the NOI previously and appear on the FY2010 Providers List and New Providers --must complete the new web-based NOI before the posted deadline and undergo ELD review and approval.

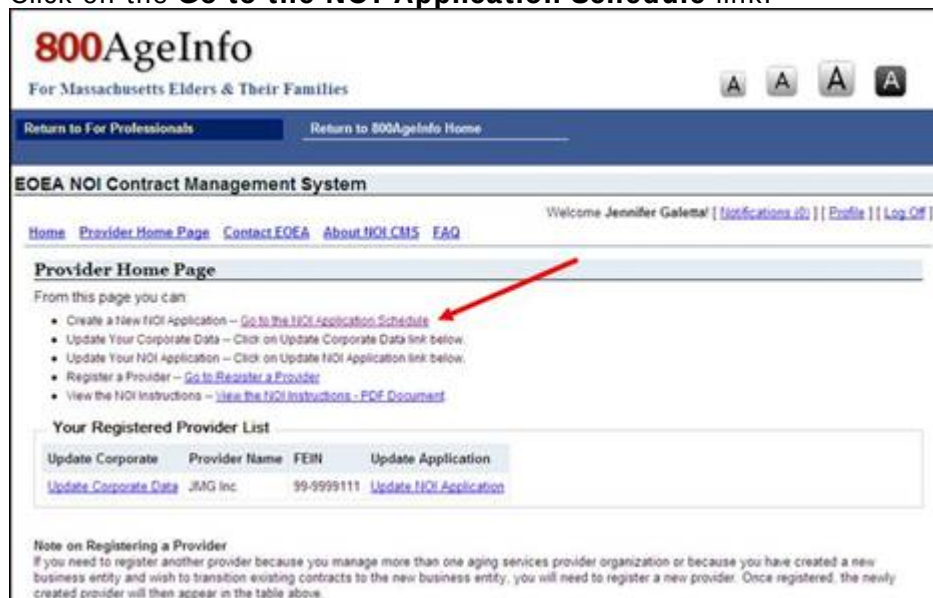
New NOI Applicants seeking to be added to the **FY2011 Provider Index** must complete and return a completed web-based NOI by the posted deadline and undergo ELD review and approval. Prior to completing the NOI, New Applicants are encouraged to familiarize themselves with the reference documents posted on the NOI homepage, including the:

- **Provider Agreement** (contract document),
- **Attachment A: Homemaker Standards,**
- **Attachment B: Personal Care Definitions & Guidelines,**
- **Attachment C: Requirements of Prevention, Reporting & Investigation of Abuse by Homemakers & Home Health Aides under 105 CMR 155.000 et seq.**
- **NOI Application** (particularly the Unit Rate Calculation on page 2), and
- **Attachment D: Massachusetts Guide to the ASAPS** (towns served by each ASAP).

Once your username, password and company FEIN have been entered on the Provider Login screen and validated, you will need to choose an application year from the Application Schedule. At the commencement of the new, web-based NOI application process, only the FY2011 application year will appear on the schedule.

To create a new application for your provider for a specific year,

1. Click on the **Go to the NOI Application Schedule** link.



2. Select the appropriate application fiscal year, then click **Start Application**.

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Application Schedule for Providers

Begin Here	Application Type	State Fiscal Year	State Fiscal Year Start Date	State Fiscal Year End Date	Application Post Date	Application Open Date	Application Close Date	Avg. Comp
Start Application	Homemaker	2011	10/1/2010	9/30/2011	1/1/2010	1/1/2010	12/31/2010	\$18.35

Application Schedule Key

- Begin Here:** Click on the [Start Application](#) link to select an application year and to begin the application process.
- Application Type:** This is the type of service you are applying to provide.
- State Fiscal Year:** This is the State Fiscal Year that the Application is valid for.
- State Fiscal Year Start Date:** This is the start date of the State fiscal year that the application applies to. (Note: actual contract effective date will be provided by the ASAP once agreed upon.)
- State Fiscal Year End Date:** This is the end date of the State fiscal year that the application applies to. (Note: actual contract end date will be provided by the ASAP once agreed upon.)
- Application Post Date:** This is the date that the system will automatically post the NOI Application to the system. Once the application is posted, the Provider will be able to begin completing the NOI Application. Edits to the Application can be made by the Provider until the Provider submits the NOI Application for ELD acceptance review. No edits will be allowed while the application is being reviewed by ELD.
- Application Open Date:** This is the earliest Date that the Provider will be allowed to submit the NOI Application for the Application Year.
- Application Close Date:** This is the latest date that the Provider will be allowed to submit the NOI Application for acceptance for the application year.
- Avg Comp:** This is the Average Compensation Rate for the NOI Application year. The Ave Comp Rate will be copied into the appropriate fields on the NOI Application.

Note about all Dates: All start dates assume a time of 12:00:00am. All End dates assume a time of 11:59:59pm.

[For Professionals](#) | [User Admin](#) | [Contact Site Admin](#) | [NOI Application Archives](#)

- You will then be presented with the different sections of the application. Click on each section and provide the required information.

Complete and Submit NOI Application

The following sections of the NOI Application must be marked "Complete" to submit the NOI application. Click on each section and provide the required information on the following page."

Homemaker Application for JMG Inc. for Fiscal Year 2011

Current EOEa status: **Created** as of 7/20/2010 9:31 AM

Section	Completion Status	EOEA Review Notes
Provider Corporate Data	Complete	
Contract Status & Unit Rate Calculation	Incomplete	
FTE (full time equivalent) Worker Counts	Incomplete	
Assurances & Certifications	Incomplete	
ASAP Selection and Towns Service Ability	Incomplete	
Service Capability	Incomplete	
Client / Service Coordination	Incomplete	
Client Tracking	Incomplete	
Staffing Structure	Incomplete	
Hiring and Equal Opportunity	Incomplete	
Staff Supervision	Incomplete	
Billing Verification	Incomplete	
Policies and Procedures	Incomplete	

[Submit Application](#)

Notice: When each section has been completed, you will then be able to click the Submit Application button to submit your application to EOEa for review. Once submitted, you cannot edit your application until EOEa has completed their review.

[View NOI Application - PDF](#)

(PDF document may open within your browser. Use the [back] button to return to this page.)

Please note: The application can continue to be edited up until it is submitted. Once submitted, you cannot edit your application until EOEa has completed their review. All sections must have a

Status of "Complete" for the user to be able to Submit the application. The Submit button will not be able to be clicked until all sections of the application have been completed.

Provider Corporate Data (formerly NOI Application Page 1)

This section will carry over the data that was entered when registering your provider. We encourage providers to view this section to confirm that the data entered is still accurate.

Contractor Status & Unit Rate Calculation (formerly NOI Application Page 2)

1. Check off if you are either "New NOI Applicant" or "Existing NOI Provider."

Existing NOI Providers, defined as Providers who have successfully completed the NOI previously and appear on the current **Provider Index**, do **NOT** need to complete the **Unit Rate Calculation section** at this time. By checking off "Existing NOI Provider" at the top of the page, the validation rules will allow you to skip the remainder of this page. As in previous years, your current negotiated rates will be the starting point for future rate negotiations. At the conclusion of rate negotiations with the ASAP, the ASAP will enter the rates into the contract section of the system.

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Contract Status & Unit Rate Calculation

Existing Contract Status

Provider Contract Status

☒ Applying provider has an existing contract with one or more ASAPs.

☐ Applying provider has NO existing contract with one or more ASAPs

Note: Providers with an existing contract are not required to supply unit rate details.

[Save and Proceed](#) [Save](#) [Cancel](#)

[For Professionals](#) | [User Admin](#) | [Contract Site Admin](#) | [NOI Application Archives](#)

New NOI Applicants, defined as companies completing the Homemaker NOI for the very first time, must complete **Contractor Status and Unit Rate Calculation** section prior to the posted deadline. The rate bid on the **Contractor Status and Unit Rate Calculation** section will be the starting point for all rate negotiations that may transpire with an ASAP. (Completion of the NOI does not guarantee that any ASAP will enter into rate negotiations or sign a contractual agreement with a New NOI Applicant.) Prior to completing the **Contractor Status and Unit Rate Calculation** section, New Applicants are urged to familiarize themselves with the **Rate Calculation Instructions** posted on www.800ageinfo.com. The construction of unit rates must comply with the **Rate Calculation Instructions**.

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Contract Status & Unit Rate Calculation

Existing Contract Status
Provider Contract Status

☐ Applying provider has an existing contract with one or more ASAPs.
☒ Applying provider has NO existing contract with one or more ASAPs

Note: Providers with an existing contract are not required to supply unit rate details.

Unit Rate Calculation of Average (Hourly) Employee Compensation
Important Note: To be completed at this time only by Providers not currently under Contract with one or more ASAPs for the provision of homemaker or personal care homemaker services.

Base Wages	\$	Required	Health/Life Insurance	\$
Travel Stipend	\$		Training Wages	\$
Holiday Pay	\$		Transportation Expense	\$
Sick Pay	\$		Bereavement Pay	\$
Personal Days Pay	\$		Annuity Pension	\$
Vacation Pay	\$		Day Care	\$
Re-Calculate			TOTAL Hourly Average	\$

Calculation of Hourly Unit Rate

1. AVERAGE HOURLY COMPENSATION	\$	Minimum of \$18.35
2. HOURLY ADMINISTRATIVE OVERHEAD (Including all costs associated with statutory fringe)	\$	Required
3. HOURLY UNIT RATE (The sum of lines 1 and 2, above)	\$	

Save and Proceed **Save** **Cancel**

- Unit Rate Calculation** - Read the **Unit Rate Calculation Instructions** below. Follow these instructions for calculating your hourly unit rate when completing the **Contractor Status and Unit Rate Calculation** section.

Using existing payroll data, calculate your average hourly cost to provide each individual homemaker benefit. If you do not offer a given benefit such as "Annuity Pension" or "Day Care," then enter zero (0.00) dollars. If you are a brand new startup company and have no payroll data, base your calculations of your proposed homemaker compensation – base wages and non-statutory fringe (as defined by the items appearing on the top half of the page);

- A formula embedded in the online system will total your average hourly employee compensation. For Fiscal Year 2010 (07/01/10 – 06/30/11) your "TOTAL Hourly Average" cannot be less than \$11.56 per hour;
- A formula embedded in the online system will enter your "TOTAL Hourly Average" dollar amount on Line 1 within the box entitled "Calculation of Hourly Unit Rate;"
- Using existing payroll data, calculate your average hourly administrative overhead. Factor in the cost of administrative salaries, utilities, rent, statutory fringe benefits such as Workmen's Comp/Unemployment Comp. etc. Enter this dollar amount on Line 2 within the box entitled "Calculation of Hourly Unit Rate;"
- A formula embedded in the system will tally lines 1 and 2 to enter the combined dollar figure on Line 3, entitled "Hourly Unit Rate." This dollar amount will be your proposed starting point for any rate negotiations with the ASAPs; and

FTE (full time equivalent) Worker Counts (formerly NOI Application Page 1)

- Your current full time equivalent homemakers. Must be a number with two digits to the

right of the decimal point, i.e. 6.00, 11.50 or 23.65 etc.

- Your current full time equivalent personal care homemaker. Must be a number with two digits to the right of the decimal point.

Assurance & Certifications (formerly NOI Application Page 1)

To begin, check off:

- That you have filed papers with the Secretary of State's Office --a prerequisite for completing the NOI. This does not apply for certain business types such as LLCs. Check with the Secretary of State's Office for guidance;
- That neither you nor your company is currently under Federal or State debarment;
- That you have conferred with an insurance agent and purchased sufficient liability insurance to protect your company. Only first new applicants are exempt from having secured liability insurance prior to completing the NOI. For everyone else, "Certificate of Insurance attached" must be checked off and a copy of your current liability insurance certificate must be attached. Otherwise the software will not allow you to submit your NOI.
- That you have read the following reference materials:
 - o **Provider Agreement** (revised contract)
 - o **Attachment A: Homemaker Standards**
 - o **Attachment B: Personal Care Guidelines**
 - o **AttachmentC: Requirements of Prevention, Reporting & Investigation of Abuse by Homemakers & Home Health Aides under 105 CMR 155.000 et seq.**
 - o **Attachment D: Massachusetts Guide to the ASAPS** (cities/towns served by each ASAP)
- That you have secured all licenses, certifications, permits and accreditation required of your business at this time, if any; and
- That you agree to reimburse your homemakers and/or personal care homemakers at an hourly rate equal to or greater than ELD's mandated *average employee compensation* AND that said *average employee compensation* is included in your proposed hourly billing rate appearing on your **Contractor Status & Unit Rate Calculation** section of the application.

Note: see Step 8: Secure Liability Insurance section, for more information about liability insurance requirements.

Administrative Overview:

The administrative Overview consists of the following sections of the NOI application:

ASAP Selection and Towns Service Ability

Service Capability

Client / Service Coordination

Client Tracking

Staffing Structure

Hiring and Equal Opportunity

Staff Supervision

Billing Verification

Policies and Procedures

All Existing NOI Providers – defined as Providers who have successfully completed the NOI previously and appear on the FY2010 Providers List – must complete the **Administrative Overview** before the posted deadline and undergo ELD review and approval.

New NOI Applicants seeking to be added to the **FY2011 Provider Index** must complete and submit the **Administrative Overview** before the posted deadline and undergo ELD review and approval.

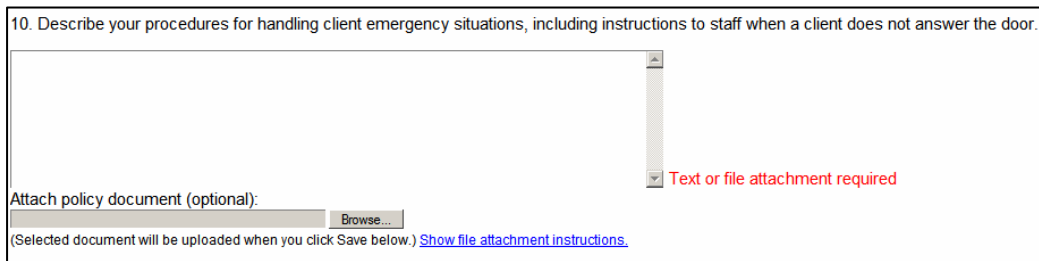
Please note that data elements at the top of the page will self-populate from data already entered in the **Provider Corporate Data** section.

To begin:

- Read the Attachment D: Massachusetts Guide to the ASAPs at the end of these instructions. Determine which ASAP or ASAPs you hope to contract with for the provision of homemaker and/or personal care homemaker services. In the **ASAP Selection and Towns Service Ability** section, use your mouse to check off the ASAP(s) with whom you hope to contract. If you successfully complete the NOI application process on or before the deadline, each ASAP you check off will receive an email message to this effect and notify them of your interest in contracting with them for the new fiscal year.
- The **Staff Supervision** section, providers are asked to include three references;
- The software will walk you through completion of the **Administrative Overview**. Be sure to respond to every question with concise, specific answers;
- In some instances the software allows you to skip a non-applicable question by checking NA;
- For some questions the software allows you to add additional lines, i.e. listing satellite offices;
- In yet other instances you are provided with the opportunity to type in a policy or procedural statement on the **Administrative Overview** or attach an existing policy/procedural statement. You must do at least one – write out the policy/procedure or attach an existing policy/procedure document – otherwise the software will not allow you to complete and submit the NOI.

Attaching Policy Documents

Throughout the application, users have the ability to attach a policy document to support a response to a particular question.



The screenshot shows a web form with a text area for question 10: "Describe your procedures for handling client emergency situations, including instructions to staff when a client does not answer the door." Below the text area is a label "Attach policy document (optional):" followed by a "Browse..." button. To the right of the text area, there is a red error message: "Text or file attachment required". At the bottom of the form, there is a note: "(Selected document will be uploaded when you click Save below.)" and a link: "Show file attachment instructions."

To upload a file do the following:

1. Click the **Browse** button.
2. Navigate to the file you wish to upload and click the **Open** button. The file path and name will be listed in the text box to the left of the Browse button.
3. When you finish your edits on this section, click **Save and Proceed** or **Save** button and your file will be uploaded and attached to your application.

Step 5: Submit the NOI Application

Review your NOI Application to make sure it is complete and an accurate reflection of your company. Validation Rules built into the software will only allow you to submit your Application only if all the Rules have been satisfied. Once your NOI Application is complete and all Validation Rules have been satisfied, press the **Submit Application** button.

For FY2011, NOI applications should be submitted by August 20th, 2010. Failure to submit a complete NOI as instructed herein prior to the stated deadline will result in omission from the **FY2011 Provider Index**.

Deadlines have been built into the software; requests for a deadline extension will not be granted.

Step 6: Secure Liability Insurance

If you have not done so already, you must speak with an insurance agent to determine an adequate level of liability insurance to protect your company. A current *Certificate of Insurance* is required as part of the NOI, as noted below.

1. New Providers are not required to have secured liability insurance until after they have completed the NOI process. Successful Bidders will find their names on the **FY2011 Provider Index**. New Providers must have a *Certificate of Insurance* in hand when meeting for unit rate/contract negotiations with an ASAP.
2. Existing Providers must attach a copy of their current *Certificate of Insurance* to the **Assurance & Certifications section of their application**. The software will not allow submission of the NOI without an attached *Certificate of Insurance*.
3. If the company name appearing on a Provider's *Certificate of Liability Insurance* differs from its legal/corporate name and/or does not match the exact company name appearing on its FY2011 NOI, the Provider must attach a justifying explanation on company letterhead as part of the insurance certificate. Acceptance or rejection of said justification statement is the sole responsibility of the contracting ASAP.

ASAPs are required to make the *Certificate of Insurance* an attachment to the *Provider Agreement(s)*. Certificates of Insurance are to be housed within an ASAP's contract files.

Step 7: Verify Your Company Appears on the *Provider Index*

Once a Bidder's NOI has been accepted by ELD, they are no longer considered a "Bidder," but are now a potential "Provider" and will appear as such on the *Provider Index*. All accepted NOI Applications will be posted on the Internet for public viewing as of the close date of the applications. The **FY2011 Provider Index** will display providers alphabetically according to their legal, corporate names.

ELD anticipates posting the **FY2011 Provider Index** on the NOI homepage of www.800AgeInfo.com after the close of the application period. Providers and agencies are encouraged to monitor the 800ageinfo website periodically.

As soon as the **FY2011 Provider Index** is posted to the Internet, Providers should contact each ASAP with whom they hope to contract for the purpose of marketing themselves and requesting a meeting for unit rate and contract negotiations.

Step 8: Market Your Company

When notified that ELD has approved your NOI Application, it is time to begin marketing your company. Consider what sets you apart from your competitors? What makes you unique? Why should an ASAP choose your organization instead of other Providers appearing on the FY2010 Provider Index for a contract?

With this in mind, contact the ASAP(s) with whom you hope to contract and introduce yourself. Request an opportunity to meet to discuss your company and what it has to offer the ASAP.

Step 9: Prepare for Rate Negotiations

1. Rate negotiations may occur between Providers and ASAPs anytime after the **FY2011 Provider Index** is posted on www.800AgeInfo.com.
2. In order to best serve elders residing in their planning and service areas, ASAPs may choose to negotiate evening and/or weekend differentials, and/or separate unit rates for geographically hard to serve areas, and/or separate unit rates for clustered/housing sites where client density minimizes worker travel, etc
3. If/when a Provider and ASAP choose to negotiate multiple rates there must be a rationale associated with each rate, i.e. a clustered housing site, a rural/hard to reach community, worker safety issues for a given neighborhood, etc. If/when multiple rates are negotiated, rates will be captured at contract time.
4. Provider rates may be re-negotiated at any time, but at least annually as part of the NOI process.
5. Upon the request of the Executive Office of Elder Affairs, the ASAP shall, within 30 days, submit copies of all *FY2011 NOI Applications* and *Certificates of Insurance* pertaining to those Providers with whom it has signed a contract. Said documents must bear the original signatures and signature-dates of both parties, plus the breakout of any and all negotiated unit rates in addition to the rationale underlying each rate.

Step 10: Contracting and Rate Negotiations

ASAPs can only contract with homemaker and/or personal care homemaker Providers that have submitted a NOI Application acceptable to ELD. Each accepted NOI Application is posted on the www.800AgeInfo.com ("Homemaker NOI") website and the Provider's name added to an updated **Provider Index** along with other identifying information. ASAPs are advised not to contract with any Provider whose NOI Application if they appraise it to be vague, inaccurate, incomplete or falling outside the directions and parameters prescribed herein by Elder Affairs.

Of particularly importance is the failure to compensate workers according to Elder Affairs' mandated **average employee compensation of \$11.56* per hour**. All negotiated rates must

compensate workers at or above this mandated dollar figure.

Contract and rate negotiations may be handled differently by each ASAP. Inquire as to their process and timeline. Each ASAP is governed by a Board of Directors. The level of each Board of Directors' involvement in contract decisions varies. You may need to meet with a Board committee. All contract decisions require a vote by the Board of Directors. Directors typically meet monthly, though each Board is autonomous and may be structured to function differently. Contracting may be a more formalized and involved process at some ASAPs. It will pay to do you homework.

Similar to past years, Page Two of the **NOI Application** (the Unit Rate Calculation) is to be completed subsequent to successful unit rate negotiations with an ASAP. A signed hardcopy of the Provider's **FY2011 NOI Application** must be completed, signed by both parties, and kept on file at the ASAP. Said documents must reflect Elder Affairs' average employee compensation mandate of \$11.56 per hour. The ASAPs are required to attach a completed **NOI Application** to the **Provider Agreement** thereby making it part of the formal contract package with each Provider. Original hardcopies are to be housed within an Asp's contract files.

****Additional Requirements**

No ASAP may place additional obligations on Providers, i.e., require supplemental attachments or additional supporting documentation. Providers are urged to notify Elder Affairs by email if/when an ASAP violates this directive.

****Limitations**

This *Notification of Intent to Contract* (NOI) does not commit any ASAP to award a contract, pay any cost incurred in the preparation of this application, or procure any services.

Elder Affairs' receipt and acceptance of a completed NOI does not guarantee a service contract with any ASAP.

User Management

Users with the Administrator distinction will have a User Admin button on the bottom of their page.

EOEA NOI Contract Management System

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[Home](#) [Provider](#) [Contact EOE](#) [About NOI CMS](#) [FAQ](#)

Provider Home Page

For more detailed instructions, [download the NOI instructions PDF document](#).

From this page you can:

- [View the NOI application schedule](#) to create a new application for a specific fiscal year.
- Manage your provider corporate data and NOI applications and contracts in the table below.

Your Registered Provider List

Edit Corporate	Provider Name	FEIN	Manage Applications
edit corporate data	Test Test	44-88888888	manage application(s) for this provider

Register a new provider

If you need to registered another provider because you manage more than one aging services provider organization or because you have created a new business entity and wish to transition existing contracts to the new business entity, you will need to register a new provider. Once registered, the newly created provider will then appear in the table above.

[For Professionals](#) | [User Admin](#) | [Contact Site Admin](#)

When this button is clicked, a list of users associated with the provider will be listed.

Associating Users to an Organization

It is important to note that a user needs to be registered in the system (have a username) before they can be assigned to the provider. The Administrator will need to know what the usernames are in order to associate them to the provider.

1. Scroll to the bottom of the page, click on **User Admin**.
2. Then click, **Assign New User**.

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List Users

[Assign New User](#)

	Username	First Name	Last Name	Title	Phone	Fax	Mobile	Affiliation	Affiliation Name
remove as admin	bcarroll34	Brendan	Carroll		(555) 444-6666			deactivate	Provider Test Test

[For Professionals](#)
|
 [User Admin](#)
|
 [Contact Site Admin](#)

3. Enter in the username of the user you would like to associate with your organization.
4. Select the name of the Provider you would like the user associated with. You should only see your organization in the dropdown.

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Assign User

Assign user to:

Username:

Assign to this provider: Test Test

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5. Click **Save**.

User is now associated with provider.

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List Users

[Assign New User](#)

	Username	First Name	Last Name	Title	Phone	Fax	Mobile		Affiliation	Affiliation Name
remove as admin	bcarroll34	Brendan	Carroll		(555) 444-6666			deactivate	Provider	Test Test
make admin	bcarroll1							deactivate	Provider	Test Test

[For Professionals](#) | [User Admin](#) | [Contact Site Admin](#)

Assigning or revoking the Administrator role to a user in your organization

1. Click on **User Admin**.

2. Find the user who you would like to make an Administrator and click Make Admin button next to their username.

Please note: after a user is made an Admin, the Make Admin button is replaced with a Remove as Admin button.

Deactivate a user account associated with your organization.

1. Click on **User Admin**.
2. Find user you would like to disassociate and click on **deactivate** button.

Please note: after a user is deactivated, the deactivate button is replaced with Activate button. The Activate button can be used to re-associate the user if need at a later date.

FY2011 Rate Calculation Instructions

In order to contract with an ASAP for the provision of homemaker/personal care homemaker services:

(1) New Providers must submit an hourly, unit-billing rate for services. Rate must be divisible by four (4) to afford billing by the quarter hour. This rate shall be the starting point for rate negotiations with each ASAP with whom you contract (*Provider Agreement*). **(2)** Providers currently holding contracts with one or more ASAPs need submit no unit rate calculation at this time. Instead, their existing unit rate(s) per ASAP will serve as the starting point for FY2011 unit rate negotiations. **(3)** Unit rates, including each negotiation between a Provider and an ASAP, must be in writing using Page 2 of the ***NOI Application***, with an original, signed copy on file at the applicable ASAP.

All unit rates must be built upon the following criteria:

- A. Your Unit Rate calculation must include the ***average employee compensation*** mandated by the Executive Office of Elder Affairs for homemakers/personal care homemakers whose wages are reimbursed to your agency with public funds for homemaker and personal care services.
- B. For new Providers, your Unit Rate will be your hourly billing rate for homemaker/personal care homemaker services in FY2011 unless you negotiate a different rate(s) with one or more ASAPs, or a consortium thereof. If you enter into said negotiations, the Unit Rate submitted as part of the ***NOI Application*** will become the starting point for all negotiations.
- C. For Providers currently holding contracts with one or more ASAPs, your current Unit Rate(s) will be your hourly billing rate(s) for homemaker/personal care homemaker services in FY2010 unless you negotiate a different rate(s) with one or more ASAPs, or a consortium thereof. If you enter into said negotiations, your current Unit Rate(s) with a specific ASAP will serve as the starting point for all negotiations with that ASAP.
- D. Your Unit Rate does not apply to any certified services. **Exclude all costs associated with the provision of certified services, e.g. home health aide or skilled nursing, when calculating your Unit Rate.**
- E. Document your Unit Rate using Page Two of the ***NOI Application***. Be sure to include the ***average worker compensation*** mandate (base wage & non-statutory fringe), which **until further notice, must be at least \$11.56 per hour.**
- F. In calculating your compliance with the **\$11.56** mandate (and for future audit purposes), do not combine the cost of any fringe benefit, i.e., travel pay, within your Base Wages calculation.
- G. Base your computations on actual cost data whenever possible.
- H. Fringe is defined as ***non-statutory***, employee benefits, such as life/health/medical insurance, pension and annuity plans, day care, wages for training, transportation expenses, travel stipend, vacation, sick time, holidays, bereavement and personal leave. If you do not offer a given non-statutory benefit, enter zero (0) on that line.
- I. Exclude bonuses, overtime pay, the cost of uniforms or identification badges, the cost of employment medical exams (in short, any expense that does not fit the above definition of ***non-statutory*** employee benefits) from the ***average employee compensation*** calculation. These costs are to be factored into the administrative overhead portion of the Unit Rate.
- J. Exclude from the ***average employee compensation*** calculation any costs directly attributable to “no-shows,” i.e. the non-delivery of authorized services for reasons beyond the Provider’s control. These costs are to be

factored into the administrative overhead portion of the Unit Rate.

Attachment A: Homemaker Standards

Effective July 1, 2009

HOMEMAKER and PERSONAL CARE SERVICE DEFINITION:

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

(Refer to the Executive Office of Elder Affairs' Personal Care Guidelines.)

I. PROVIDER POLICIES AND PROCEDURES

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

Providers must have job descriptions and salary scales.

Providers must perform Criminal Offender Record Information (CORI) checks on all HM/PC workers and any other employees as required under the laws of the Commonwealth of Massachusetts (see M.G.L. c. 6, § 172C), the regulations of the Executive Office of Human Services (see 101 CMR 15.01 *et seq.*), and any additional policies or guidance that may be issued by the Executive Office of Elder Affairs from time to time.

Personnel files must be maintained with documentation on the results of the interview and references; completed CORI check; training/in-service certificates, waivers and exemptions, if appropriate; PC skills checklist; supervisory meetings; and, performance reports and annual evaluations.

Providers must have policies regarding client privacy and confidentiality and nondiscrimination in service delivery. These policies shall prohibit discrimination against persons with AIDS/HIV and ensure that information concerning

AIDS/HIV status is not apparent or accessible and is not released to anyone without specific written consent.

Providers must 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 must be followed.

Providers must have policies to ensure annual tuberculosis screening and testing is performed for all provider staff who come into direct contact with clients.

Providers must have policies for handling allegations of loss, theft, and/or damage of client property.

Providers must have a policy that prohibits the handling of client's money and that includes, but is not limited to, reconciling checkbooks, writing checks, using bank cards/Automated Teller Machines, or providing banking services. Checks may be used to pay for groceries if the check is written to the store. The ASAP may establish these special arrangements, including use of the Electronic Benefit Transfer

card for grocery shopping, with the store.

A plan must be in place for dealing with emergencies in the client's home including accessing emergency medical services and contacting provider supervisors.

Providers must have a policy for incidents when the client does not answer the door including the use of reasonable efforts (e.g. telephone) to gain access to the home. The provider must contact the ASAP immediately to determine the next course of action.

Providers must 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 EOE-PI-07-03. Specifically, providers must comply with all DPH regulatory requirements regarding hiring staff and reporting abuse.

II. REPORTABLE INCIDENTS

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

Reports of client or worker injury, theft, and/or damage to property must be reported to the ASAP immediately. Upon ASAP request, the provider must follow the initial oral report with a written report. The client and ASAP must be notified of a canceled visit or a variation in service delivery from the written authorization.

If a client is not at home to receive scheduled services or the provider has been informed that the client is hospitalized or in another facility setting, this information must be reported to the ASAP on the same business day.

Changes in household members, client complaints, and new relevant client information shall be reported to the ASAP as soon as possible.

III. QUALIFICATIONS

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

IV. TRAINING AND IN-SERVICE EDUCATION

- Prior to assignment, all HM and PC workers must receive a 3-hour orientation (Mass Council's Training Curriculum or equivalent) with a 1/2-hour session on communicable disease including AIDS/HIV and Hepatitis B, infection control, and the principles of standard precautions.
- **40-Hour Homemaker Training:** In addition to the 3-hour orientation, all HMs must complete 37 hours of training within the first 6 months of employment. The training must include the nature and transmission of HIV/AIDS, standard precautions and other infection control practices, and protection of client confidentiality. The Mass Council's Home Care Aide course is recommended. Other courses may be used that contain the same subject matter and number of hours per subject.
- **60-Hour Personal Care Training:** PC Workers must complete the 20-hour PC training and the 40-hour HM training before providing services. 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 by using the Mass Council's skills checklist.
- Training must be conducted by an R.N. with a valid license in Massachusetts. A Registered Physical Therapist is recommended for the training on mobility. Return demonstrations are required

on the hygiene and mobility sections of the training.

- **Certificates:** Providers must award a certificate to those who have successfully completed the HM and/or PC training.
- **Training Exemptions:** The following individuals are exempt from training requirements:
 - Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) with a valid Massachusetts license
 - Nurse Aides with documentation of successful completion of a nurse aide training program
 - Home Health Aides with documentation of successful completion of a home health aide training program
 - PC Workers with documentation of successful completion of the 60-Hour PC Training Program
 - HMs with documentation of successful completion of the 40-Hour Training Program
 - HMs with documentation of successful completion of the Training Waiver Procedure described in the Mass Council's HWTP Guide are exempt from the 37-hour HM training program.

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

Training Facilities. Agencies providing PC training must have appropriate training facilities and equipment. A minimum standard of equipment must 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 may be used.

Supervisors and other professionals must provide on-going in-service education and on-the-job training aimed at reinforcing the initial training and enhancing skills. This may be carried out with videos, lectures, group discussions, and demonstrations.

A minimum of 6-hours per year of on-going education and training is required for all HMs and PC Workers. These hours may be pro-rated for part-time employees. One to one PC supervision may comprise one-half the required hours. Instruction and reinforcement of universal precautions and infection control procedures count toward the required hours.

V. SUPERVISION

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

VI. CLIENT RECORDS

Providers must maintain a record maintained in a secure setting for each client receiving services. Access to client records must be limited to provider staff involved with direct care of the client and appropriate administrative staff in compliance with Attachment E: Privacy and Confidentiality. The record must contain client information provided by the ASAP and include the following information, at a minimum:

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

Attachment B: PERSONAL CARE DEFINITIONS AND GUIDELINES

Introduction

The goal of Personal Care(PC)Services is to provide care in a community setting, with the aim of maintaining that individual's dignity and independence in the 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 clients 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 client's overall functional and clinical status, the type and amount of care needed, the client's environment, and current support systems, both formal and informal, in determining the appropriateness for PC.

Clients with conditions/diagnoses that may not be appropriate for PC services include but are not limited to: elders with extensive paralysis or total immobility, individuals 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 client. The provider RN is responsible for orienting and the ongoing supervision of the PC Homemaker (PCHM) to the care plan developed in collaboration with the ASAP RN. Licensed Practical Nurses, working under the supervision of an RN, may perform PCHM orientation and supervision in accordance with Elder Affairs' Provider Agreement: Homemaker and Personal Care Homemaker Service.

1. Bathing

- Sponge bathing is allowed to maintain personal hygiene.
- **Hot water must be well controlled and utilized with extreme caution.**
- **Bath oil products may not be used.**
- Tub baths and showers are allowed on a case-by-case basis only after the ASAP RN has completed a nursing assessment. Clients with conditions/diagnoses that may not be suitable for tub and shower baths include but are not limited to: 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.
- Prior to approving a tub bath or shower, the ASAP RN must determine that no physical barriers exist that prohibit immediate access to the client in the event of an emergency.
 - a. The following **safety equipment** is required for tub baths and showers: grab bar(s); rubber mat, a 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.
- 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 client's safety at risk. The requirements regarding non skid surfaces and the use of a rubber backed floor mat outside of the tub may not be waived.
- 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 client**, but may assist the primary caregiver who is taking responsibility for these tasks. The ASAP RN will determine if side rails are necessary.

2. SKIN CARE

- 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 client 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.
- **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, antifungal products, Bacitracin and Neosporin or their generic counterparts.
- **Care of ulcers/open wounds** is not allowed.
- 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.
- Treatments involving the application of cold are not allowed. This includes but is not limited to cold packs and ice.

3. FOOT CARE

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

4. GROOMING

- Shampoos may be provided unless restricted by the ASAP RN. The PCHM may comb, set with curlers/pins and blow-dry the client'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.**
- **The use of any chemical hair product is not allowed. This includes but is not limited to hair color, permanent wave products, henna etc.**
- **Fingernail cutting is not allowed.**
- Fingernail filing is allowed unless the ASAP RN feels that the client has a condition that renders this task inappropriate such as an infection or an injury.
- Facial shaving with an electric razor may be provided. **Safety or straight razors are not allowed.**

5. DRESSING

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

6. PERSONAL APPLIANCES

- 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.
- With the approval of the ASAP RN, clients who have been using artificial limbs, splints, or braces on a continuing basis, may receive assistance with the application only if the client: 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 stump must be well healed and shaped.

- **Care of or insertion of contact lenses and application of new braces, splints, prostheses or slings is not allowed.**

7. CONTINENCE MANAGEMENT

- Continence 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 client 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 client to perform pelvic strengthening exercises, e.g. Kegel exercises.
- 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.
- **The application of a condom/Texas catheter is not allowed.**
- **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 client 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.
- **Manual disimpactions, and the administration of douches and enemas are not allowed.**

8. TRANSFERS

- Assistance with transfers is allowed when the client is able to bear 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 client's caregiver provides support for 50% of the client'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.
- **Use of mechanical lifts and participation in a two-person carry of a totally dependent client is not allowed.**

9. AMBULATION

- The PCHM may assist the client with ambulation inside and outdoors, as well as with a walker, wheelchair and/or cane that has been properly fitted to the client. The personal care plan shall specify where ambulation assistance may take place, e.g. "client may be assisted with ambulation outside". The ASAP RN, on a case-by-case basis, may approve assistance with stair use.
- Clients 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.
- **Active participation in an exercise program and passive range of motion exercises is not allowed.**

10. NUTRITION

- 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 clients on a case-by-case basis.
- **Tube feedings, syringe feeding, and the feeding of clients with a history of choking and/or swallowing difficulties are not allowed.**

11. MEDICATION ASSISTANCE

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

Attachment C: Requirements of Prevention, Reporting & Investigation of Abuse by Homemakers & Home Health Aides under 105 CMR 155.000 et seq.

105 CMR 155.000: PATIENT AND RESIDENT ABUSE PREVENTION, REPORTING, INVESTIGATION, PENALTIES AND REGISTRY

Section

- 155.001: Purpose
- 155.002: Scope
- 155.003: Definitions
- 155.004: Procedure for Reporting of Suspected Cases
- 155.005: Contents of Reports of Suspected Cases
- 155.006: Protection of Reporting Individuals and Other Parties
- 155.007: Penalty for Failure to Report by Mandatory Reporting Individual
- 155.008: Department Investigation of Suspected Cases
- 155.009: Availability of Reports; Disclosure of Information
- 155.010: Responsibilities of Facility, Home Health Agency, Homemaker Agency, and Hospice Program
- 155.011: Penalty for Patient or Resident Abuse, Neglect, Mistreatment or Misappropriation of Patient or Resident Property by a Registered or Licensed Professional
- 155.012: Penalty by the Attorney General for Patient or Resident Abuse, Neglect, Mistreatment or Misappropriation of Patient or Resident Property
- 155.013: Procedures for Notice and Hearings for Nurse Aides, Home Health Aides, and Homemakers
- 155.014: Hearing Process for Nurse Aids, Home Health Aids and Homemakers
- 155.015: Alternative Sanctions for Patient or Resident Abuse, Neglect, Mistreatment or Misappropriation of Patient or Resident Property by Nurse Aides, Home Health Aides, and Homemakers
- 155.016: Establishment and Content of the Registry for Nurse Aides, Home Health Aides and Homemakers
- 155.017: Severability

155.001: Purpose

105 CMR 155.000 sets forth standards for the prevention, reporting and investigation of patient and resident abuse, neglect, and mistreatment, and the misappropriation of patient and resident property by individuals working in or employed by a facility, home health agency, homemaker agency or hospice program, and for sanctions and penalties which may be imposed on the individuals found to have committed these acts. 105 CMR 155.000 establishes a registry to be maintained by the Department which will contain:

- (1) the names of individuals who are certified as nurse aides, and
- (2) sanctions, findings and adjudicated findings of abuse, neglect, and mistreatment of patients or residents and misappropriation of patient or resident property imposed upon or made against nurse aides, home health aides and homemakers for the abuse, neglect, mistreatment of patients or residents or misappropriation of patient or resident property.

155.002: Scope

105 CMR 155.000 applies to long term care facilities subject to licensing under M.G.L. c. 111, § 71, hospice programs licensed under M.G.L. c. 111, §§ 57D or 51, and home health agencies and homemaker agencies. 105 CMR 155.004 through 155.011 are applicable to all individuals working in or employed by a facility, home health agency, homemaker agency or hospice program; 105 CMR 155.013 through 155.015 are applicable only to nurse aides, home health aides and homemakers.

155.003: Definitions

As used in 105 CMR 155.000 the following definitions apply, in addition to those appearing in M.G.L. c. 111, § 72F, unless the context or subject matter clearly requires otherwise:

Abuse: the willful infliction of injury, unreasonable confinement, intimidation, including verbal or mental abuse, or punishment with resulting physical harm, pain, or mental anguish, or assault and battery; provided, however, that verbal or mental abuse shall require a knowing and willful act directed at a specific patient or resident. In determining whether or not abuse has occurred, the following standards shall apply:

(1) A patient or resident has been abused if:

(a) An individual has made or caused physical contact with the patient or resident in question, either through direct bodily contact or through the use of some object or substance; and

155.003 continued

(b) The physical contact in question resulted in death, physical injury, pain or psychological harm to the patient or resident in question; and

(c) The physical contact in question cannot be justified under any of the exceptions set forth in 105 CMR 155.003: Abuse(3).

(2) A patient or resident has been abused if an individual has knowingly and willfully used oral, written, or gestured language with the intent to injure, confine, intimidate, or punish the patient or resident in question.

(3) Notwithstanding the provisions of 105 CMR 155.003: Abuse(1)(a) through (c) and (2), if an individual has used physical contact with a patient or resident which harms that patient or resident, such contact shall not constitute abuse if:

(a) The physical contact with the patient or resident occurs in the course of carrying out a prescribed form of care, treatment or therapy, and both the type of physical contact involved and the amount of force used are necessary in order to carry out that prescribed form of care, treatment or therapy, provided that the patient or resident has not refused such care, treatment or therapy; or

(b) The physical contact with the patient or resident occurs in the course of providing comfort or assistance to the patient or resident, and both the type of physical contact involved and the amount of force used are necessary in order to provide comfort or assistance to the patient or resident; or

(c) The physical contact with the patient or resident occurs in the course of attempting to restrain the behavior of the patient or resident in question, and both the type of physical contact involved and the amount of force used are necessary in order to prevent that patient or resident from injuring himself, herself, or any other person; or

(d) The patient or resident, in accordance with his or her expressed or implied consent, is being furnished or relies upon treatment by spiritual means through prayer alone in accordance with a religious method of healing in lieu of medical treatment.

- (4) Physical contact with a patient or resident which harms that patient or resident, and which occurs for the purpose of retaliating against that patient or resident, shall constitute abuse.

Accused: an employee of a facility, including an individual working under contract, or a volunteer working in a facility, an employee of, including an individual working under contract, or a volunteer working for a home health agency, homemaker agency or hospice program who is the subject of an allegation of abuse, neglect or mistreatment of a patient or resident, or an allegation of misappropriation of patient or resident property.

Adjudicated finding: the determination of a hearing officer at the conclusion of a hearing as to whether or not a nurse aide, home health aide, or homemaker abused, neglected, or mistreated a patient or resident or misappropriated patient or resident property.

Commissioner: the Commissioner of the Department of Public Health or his/her designee.

Department: the Massachusetts Department of Public Health.

Facility: an entity required to be licensed under M.G.L. c.111, §71.

Finding: the Department's determination, at the conclusion of its investigation, that an allegation of patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property against an accused is valid or not.

Harm: includes, but is not limited to, death, physical injury, pain or psychological injury. Psychological injury includes, but is not limited to, conduct which coerces or intimidates a patient or resident, or which subjects that patient or resident to scorn, ridicule, humiliation, or produces a noticeable level of mental or emotional distress.

Home health aide: an individual hired or employed by a home health agency or a hospice program who provides health services to individuals in their residences.

Home health agency: an entity, however organized, whether conducted for profit or not for profit, which is advertised, announced, established or maintained for the purpose of providing health and/or homemaker services to individuals in their residences.

155.003 continued

Homemaker: an individual hired or employed by a home health agency, homemaker agency, or a hospice program, who works under agency or program supervision, and is trained by an agency or program to provide a multiplicity of homemaking services, such as meal preparation, cleaning and laundry as well as other essential nutritional and environmental services, in a patient's residence, as needed by the patient.

Homemaker agency: any entity that hires or employs homemakers to provide a multiplicity of homemaking services, which are based upon a patient's identified health, infirmity or disability related needs, in a patient's residence.

Hospice program: an entity required to be licensed under M.G.L. c. 111, § 57D or a hospice service of a hospital licensed under M.G.L. c. 111, § 51.

Hospice worker: a paid individual hired by or working for a hospice program to provide hospice

services to a patient.

Isolation technique: any method of physically segregating a patient or resident from other persons or restricting a patient or resident's opportunities to interact or communicate with other persons. Emergency or short-term monitored separation from others will not be considered an isolation technique if used for a limited period of time as a therapeutic intervention to reduce agitation until the behavior requiring the intervention is resolved.

Mandatory reporting individual: any person who is paid for caring for a patient or resident, whether on a permanent or temporary basis, and/or who is:

- (1) a physician;
- (2) a medical intern or resident;
- (3) a physician assistant;
- (4) a registered nurse;
- (5) a licensed practical nurse;
- (6) a nurse aide;
- (7) an orderly;
- (8) a home health aide;
- (9) a homemaker;
- (10) a hospice worker;
- (11) an administrator of a facility, home health agency, homemaker agency, or hospice program;
- (12) a responsible person in a rest home;
- (13) a medical examiner;
- (14) a dentist;
- (15) an optometrist;
- (16) an optician;
- (17) a chiropractor;
- (18) a podiatrist;
- (19) a coroner;
- (20) a police officer;
- (21) a speech pathologist;
- (22) an audiologist;
- (23) a social worker;
- (24) a pharmacist;
- (25) a physical therapist;
- (26) an occupational therapist; or
- (27) a health officer.

Misappropriation of patient or resident property: the deliberate misplacement, exploitation or wrongful temporary or permanent use of a patient's or resident's belongings or money without such patient's or resident's consent.

Mistreatment: the use of medications, or treatments, or isolation, or physical or chemical restraints that harm or are likely to harm the patient or resident. In determining whether or not mistreatment has occurred, the following standards shall apply:

155.003 continued

- (1) A patient or resident has been mistreated if:
 - (a) An individual used some type of medication, treatment, isolation technique or restraint on the patient or resident; and
 - (b) The particular use of the medication, treatment, isolation technique or restraint was

either intentional or careless in nature, contrary to the patient or resident's expressed decision to refuse such treatment, or contrary to the patient's or resident's written care plan; and

- (c) The particular use of the medication, treatment, isolation technique or restraint resulted, or was likely to result, in harm to the patient or resident involved, including but not limited to, physical injury, pain, or death, unreasonable restriction of the ability to move around, unreasonable restriction of the ability to communicate with others, or psychological harm; and
- (d) The particular use of the medication, treatment, isolation technique or restraint cannot be justified under any of the exceptions set forth in 105 CMR

155.003: Mistreatment(2).

(2) Notwithstanding the provisions of 105 CMR 155.003: Mistreatment(1), the following shall not constitute mistreatment:

- (a) Use of an isolation technique for the purpose of preventing a documented contagious disease from spreading to other persons, as long as this technique is the least restrictive available method of preventing the spread of that disease, and reasonable care is exercised with the use of that technique; or
- (b) Use of a particular medication, isolation technique or restraint in the course of carrying out a prescribed form of treatment or therapy, if such use has been authorized by a physician's order or, when applicable, by a court of competent jurisdiction in accordance with applicable law; or
- (c) Use of a particular medication, isolation technique, or restraint for the purpose of preventing a patient or resident from engaging in behavior which may injure him or her or injure another person, as long as the particular use in question is the least restrictive available alternative which will be effective in preventing such harm and reasonable care is exercised in connection with that use.

Neglect: failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness. In determining whether or not neglect has occurred, the following standards shall apply:

- (1) A patient or resident has been neglected if:
 - (a) An individual has failed to provide appropriate care, treatment or service to the patient or resident; and
 - (b) The individual's failure to provide the treatment, care or service to the patient or resident is either intentional or the result of carelessness; and
 - (c) As a result of the failure to provide the treatment, care or service, the individual has failed to maintain the health or safety of the patient or resident, as evidenced by harm to the patient or resident, or a deterioration in the patient or resident's physical, mental or emotional condition.
- (2) Notwithstanding the provisions of 105 CMR 155.003: Neglect(1),
 - (a) A patient or resident shall not be considered to be neglected for the reason that such patient or resident, in accordance with his or her expressed or implied consent, is being furnished or relies upon treatment by spiritual means through prayer alone in accordance with a religious method of healing in lieu of medical treatment.
 - (b) Neglect of a patient or resident shall not be considered to have been caused by an accused if such accused can demonstrate that such neglect was caused by factors beyond his or her control.

Nonmandatory reporting individual: any person who is not a mandatory reporting individual as defined in 105 CMR 155.003 and who makes a report of suspected patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property to

the Department pursuant to M.G.L. c. 111, § 72G and 105 CMR 155.000.

Nurse aide: any individual who is not a licensed health professional, but is employed or hired by a facility, and who provides nursing or nursing-related services to residents.

155.003 continued

Patient: an individual who receives health, homemaker or hospice services at his or her residence from an individual employed by a home health agency, homemaker agency, or a hospice program.

Registered or licensed professional: any person engaged in any occupation or profession which is subject to licensure, registration or certification including individuals licensed, registered or certified under M.G.L. c. 112, §§ 2 through 36, 43 through 53, 66 through 81C, 87F through 87KK, 87EEE through 87OOO, 87WWW through 87ZZZ, 89 through 97, 108 through 147, or 163 through 165.

Registry: a system established and maintained by the Department that contains:

- (1) the names of all individuals who have been certified as nurse aides; and
- (2) sanctions, findings or adjudicated findings of patient or resident abuse, neglect, or mistreatment, or misappropriation of patient or resident property made against nurse aides, home health aides or homemakers.

Resident: an individual who resides in a long term care facility licensed under M.G.L. c. 111, § 71.

Restraint: any physical, chemical or mechanical method of restricting a patient's or resident's ability to move all or part of his or her body or communicate with other persons.

Verbal abuse: any use of oral, written or gestured language that willfully includes disparaging, derogatory or frightening terms to patients or residents, or within their hearing distance, regardless of their ability to comprehend, or disability.

155.004: Procedure for Reporting Suspected Cases

(A) Any mandatory reporting individual, as defined in 105 CMR 155.003, shall immediately make an oral report of suspected patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property to his or her supervisor or employer whenever he or she has reasonable cause to believe that any patient or resident has been abused, neglected or mistreated or had property misappropriated. Upon receiving such report, said supervisor or employer shall immediately notify the Department by oral communication, electronically transmitted report or facsimile. Upon receiving a report regarding misappropriation of patient or resident property, with the exception of a controlled substance, said supervisor or employer shall within 48 hours complete an internal investigation into the matter to determine whether the item(s) in question may have been misappropriated as defined in 105 CMR 155.003. If within 48 hours there is reasonable cause to suspect misappropriation said supervisor or employer shall immediately notify the Department by oral communication, electronically transmitted report or facsimile.

(B) Any nonmandatory reporting individual, including, but not limited to,

volunteers, may make an oral report of suspected patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property to his or her supervisor or employer whenever he or she has reasonable cause to believe that any patient or resident has been abused, neglected, or mistreated or had property misappropriated. Upon receiving such report, said supervisor or employer shall immediately notify the Department by oral communication, electronically transmitted report or facsimile.

- (C) Any person who makes an oral report of suspected patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property to the Department pursuant to 105 CMR 155.004(A) or (B) shall also send a written report containing all of the information specified in 105 CMR 155.005 to the Department within 48 hours after making the oral report.
- (D) Notwithstanding the provisions of 105 CMR 155.004(A) and (B), any mandatory or non-mandatory reporting individual may make a direct report to the Department of a case of suspected patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property. In the case of an oral report, such report shall be followed up by a written report within 48 hours after making the oral report.

155.004: continued

- (E) The term “written report” shall include, without limitation, an electronically transmitted report and facsimile.
- (F) All written reports of suspected patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property made pursuant to 105 CMR 155.004 shall be addressed to: Complaint Specialist, Division of Health Care Quality, Massachusetts Department of Public Health, 10 West Street, Boston, MA 02111, or by Fax, number: 617-753-8165. All oral reports shall be made to telephone number 1-800-462-5540.

155.005: Contents of Reports of Suspected Cases

All reports of suspected patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property made pursuant to 105 CMR 155.004 shall contain the following information, where applicable:

- (A) The name and gender of the patient or resident who the reporter suspects has been abused, neglected or mistreated or had property misappropriated;
- (B) The age of the patient or resident, if known to the reporter.
- (C) The home address of the patient;
- (D) The name and address of the facility in which the resident resides;
- (E) The name, address, and telephone number of the home health agency, homemaker agency, or hospice program involved;
- (F) The name, address and telephone number of the reporter and where such reporter may be contacted;
- (G) If known to the reporter, the name and position of the accused, and also, if known, any other documented allegations of patient or resident abuse, neglect or mistreatment or misappropriation of patient or resident property by the accused.
- (H) Any information relative to the nature and extent of the alleged abuse, neglect, mistreatment or misappropriation of the patient’s or resident’s property;
- (I) If known to the reporter, any documented information relative to prior abuse, neglect, or mistreatment of such patient or resident or misappropriation of such patient or resident’s property;

- (J) The circumstances under which the reporter became aware of the alleged abuse, neglect, mistreatment or misappropriation of property;
- (K) If known to the reporter, whatever action, if any, was taken to treat or otherwise assist the patient or resident;
- (L) Any other information which the reporter believes might be helpful in establishing the cause of the alleged abuse, neglect, mistreatment or misappropriation of property and the person or persons responsible therefor; and
- (M) Such other information as may be required by the Department.

155.006: Protection of Reporting Individuals and Other Parties

(A) The identity of any mandatory or nonmandatory reporting individual who makes a report of suspected patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property pursuant to these regulations; or, of any patient or resident whose name appears in a report made pursuant to these regulations; or, of any persons whose right to privacy would be abridged by disclosure of their identities shall be treated as confidential information. Except as otherwise required by law, the identity of any of these individuals shall not be disclosed to any person except duly authorized staff of the Department, the Attorney General, or the appropriate registration board, without the prior written consent of the affected individual.

(B) Any person who makes an oral or written report of suspected patient or resident abuse, neglect, mistreatment or misappropriation of property to the Department pursuant to 105 CMR

155.000 shall not be liable in any civil or criminal action as a result of that report if such report was made in good faith.

(C) No facility, home health agency, homemaker agency, hospice program or individual shall discharge, or in any manner discriminate or retaliate against, or take any other adverse action against any person because that person, in good faith:

- (1) makes, or attempts to make, any report of suspected patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property to the Department; or
- (2) provides, or attempts to provide, the Department with any information, testimonial or otherwise, during the course of any investigation into any case of suspected patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property; or
- (3) testifies or is about to testify in any proceeding about the abuse, neglect, or mistreatment of patients or residents or the misappropriation of patient or resident property.

(D) A facility, home health agency, homemaker agency or hospice program which discharges, discriminates or retaliates against such a person shall be liable to the person so discharged, discriminated or retaliated against, for treble damages, costs and attorneys' fees.

155.007: Penalty for Failure to Report by Mandatory Reporting Individual

If the Department finds, after investigation, that any mandatory reporting individual, as defined in 105 CMR 155.003, had reasonable cause to believe that a patient or resident may have been abused, neglected or mistreated or had property misappropriated, and that such individual refused or failed to report such suspected case to the Department, the Department shall notify the Attorney General and the appropriate registration board of that finding. Such individual may be subject to disciplinary actions by such registration board and to a fine of up to \$1,000.

155.008: Department Investigation of Suspected Cases

(A) Upon receipt of an oral or written report of suspected patient or resident abuse, neglect,

mistreatment or misappropriation of patient or resident property made pursuant to these regulations, the Department shall:

- (1) immediately notify the Attorney General orally, or by electronic transmission or facsimile, of the receipt of said report;
- (2) conduct an investigation into the allegations contained in the report within 24 hours after receipt of the oral report if there is reasonable cause to believe that a patient's or resident's health or safety is in immediate danger from further abuse, neglect or mistreatment;
- (3) conduct an investigation into the allegations contained in the report within seven days after receipt of the written report in all other cases;
- (4) at the conclusion of the investigation, issue a written report containing the findings and recommendations of its investigation.

(B) The Department's investigation into the allegations contained in any report it receives of suspected patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property made pursuant to 105 CMR 155.000 shall include, but not be limited to, the following:

- (1) a visit to the facility, home health agency, homemaker agency, or hospice program in question, or the residence of the patient involved in the report;

155.008: continued

- (2) notifying the administrator of the facility, or the director of the home health agency, homemaker agency, or hospice program at the time of the on-site visit that the Department is investigating a case of suspected patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property pursuant to these regulations, unless such notification would jeopardize patient or resident health or safety or the Department's ability to conduct a complete and thorough investigation;
- (3) an attempt to interview the patient or resident who was allegedly abused, neglected, mistreated or had property misappropriated;
- (4) an evaluation and determination of the nature, extent and cause or causes of any injuries sustained by the patient or resident in question;
- (5) an attempt to identify and interview the person or persons accused of the alleged abuse, neglect, mistreatment or misappropriation of the property of the patient or resident in question;
- (6) an attempt to interview all witnesses to the event;
- (7) an evaluation of the environment in the facility named in the report and a determination of the risk of physical or psychological injury to any other residents in the facility; and
- (8) an evaluation of any and all other pertinent facts.

(C) If the Department has reasonable cause to believe that a patient or resident has died as a result of abuse, neglect or mistreatment, it shall immediately report such death to the Attorney General, the District Attorney for the county in which such death occurred, and the Medical Examiner for said county.

(D) Issuance of the Department's Written Report

- (1) At the conclusion of its investigation, the Department shall issue a written report of its findings and recommendations. The report shall contain no identifying information relating to any patient or resident, reporting individual, or any other person whose right of privacy would be abridged by the disclosure.
- (2) The Department shall send a copy of its report to the following:
 - (a) The Attorney General;
 - (b) The mandatory or nonmandatory reporter of the incident;
 - (c) The facility, home health agency, homemaker agency or hospice program involved; and
 - (d) The accused.

1. 155.009: Availability of Reports; Disclosure of Information
 2. (A) Disclosure of Information while an Investigation is Pending. Upon written request by any person, the Department shall provide the following information about a pending investigation into a report of suspected patient or resident abuse, neglect, mistreatment or misappropriation of property:
 3. (1) the date on which Department staff visited the facility, home health agency, homemaker agency, hospice program or patient's residence to conduct the investigation;
 4. (2) the estimated date on which the Department expects to complete its investigation and issue its written report; and
 5. (3) information about any actions taken by the Department or by the facility, home health agency, homemaker agency or hospice program to protect and ensure the health and safety of patients or residents.
 6. (B) Confidentiality of Reports.
 7. (1) any oral or written report of suspected patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property which is made to the Department pursuant to 105 CMR 155.000, or any contents thereof, shall be confidential.
 8. (2) the written report issued by the Department at the conclusion of its investigation shall be confidential and shall be made available only to those persons and entities listed in 105 CMR 155.008(D)(2), and the following:
 9. (a) the patient or resident in question, his/her legal representative, the appropriate professional board of registration or a social worker assigned to the patient's or resident's case, may, upon written request and approval of that request by the commissioner, receive a copy of the Department's report.
- 2 continued

(b) the report shall not be made available to any other persons unless the person obtains the written, informed consent of the patient or resident in question or the written approval of the commissioner or an order of a court of competent jurisdiction.

(3) Any and all notes, papers, documents or other investigative materials collected, prepared or compiled by Department staff during the course of its investigation into any case of suspected patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property shall be confidential and shall not be disclosed or otherwise made available to any person except duly authorized staff of the Department and the Attorney General.

1. 155.010: Responsibilities of the Facility, Home Health Agency, Homemaker Agency, and Hospice Program
2. (A) Responsibilities in Regard to Each Suspected Case. In regard to each case of suspected patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property, each facility, home health agency, homemaker agency and hospice program shall:
 3. (1) report all such suspected cases to the Department in accordance with the procedures set forth in 105 CMR 155.004 and 155.005;
 4. (2) immediately begin to conduct its own internal investigation into the allegation, interview all witnesses, and obtain their written statements about the case;
 5. (3) immediately initiate steps to prevent further potential harm to patients or residents while the investigation is in progress;
 6. (4) make available to the Department all information which may be relevant to the Department's investigation into such suspected cases; and
 7. (5) make all reasonable efforts to facilitate the Department's attempts to interview any and all potential witnesses who may have information relevant to the Department's

investigation.

8. (B) Written Policies and Procedures. Each facility, home health agency, homemaker agency and hospice program shall adopt and implement written policies and procedures for reporting and responding to suspected cases of patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property. At a minimum, these written policies and procedures shall include the procedures contained in 105 CMR 155.010(A).
9. (C) Responsibility to Review Harmful Incidents. Each facility, home health agency, homemaker agency, or hospice program shall immediately review any situation or incident in which a patient or resident suffers physical or psychological injury or harm for any reason.
10. (1) If said review reveals any reasonable basis for believing that patient or resident abuse, neglect or mistreatment caused, or in any way contributed to, that injury or harm, the facility, home health agency, homemaker agency or hospice program shall immediately report the matter to the Department as a case of suspected abuse, neglect or mistreatment in accordance with the procedures set forth in 105 CMR 155.004 and 155.005.
11. (2) In all other cases, in regard to facilities only, the facility shall report the matter to the Department as an “incident seriously affecting the health or safety of patients or residents” in accordance with the requirements of 105 CMR 150.002 (G). The Department shall review such “incident reports” and may in its discretion conduct an investigation to determine whether resident abuse, neglect or mistreatment had occurred.
12. (3) Whenever a patient or resident has suffered physical or psychological harm as a result of suspected abuse, neglect or mistreatment, a facility, home health agency, homemaker agency, or hospice program shall immediately take any and all protective and/or remedial actions that are reasonably necessary to prevent further harm to that patient or resident and all other patients and residents. Such protective and/or remedial action shall not be delayed solely because the Department has not completed its investigation.
13. (D) Responsibility to Provide Notice.
14. (1) Each facility shall post, in a conspicuous location on each floor, a notice informing the public of the patient and resident abuse statute, these regulations, and the procedures for reporting to the Department any case of suspected patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property. The form, content and size of the notice shall be prescribed by the Department.
15. 155.010: continued
16. (2) Each home health agency, homemaker agency, or hospice program shall post in the respective agencies’ offices a notice informing the public and staff of the patient abuse statute, 105 CMR 155.000 and the procedures for reporting to the Department any case of suspected patient abuse, neglect, mistreatment or misappropriation of patient property. The form, content and size of the notice shall be prescribed by the Department. Such agencies shall also inform the patients they serve of the patient abuse statute, these regulations and of the procedures for reporting to the Department any case of suspected patient abuse, neglect, mistreatment or misappropriation of patient property.
17. (E) Responsibility to Contact Registry.
18. (1) All facilities, except rest homes, shall contact the registry prior to hiring a nurse aide in order to determine whether the prospective employee has met the federal requirements for competency contained in 42 USC s.1396r and has been certified as a nurse aide for employment in a facility.
19. (2) All facilities shall contact the registry prior to hiring any employee to ascertain if

there is any sanction, finding or adjudicated finding of patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property against the prospective employee.

20. (3) All home health agencies, homemaker agencies, and hospice programs shall contact the registry prior to hiring an individual who will provide direct care to patients or have access to patients or their property to ascertain if there is any sanction, finding or adjudicated finding of patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property against the prospective employee.
21. (4) Except as provided in 105 CMR 155.014(A)(2), no facility, home health agency, homemaker agency or hospice program shall hire or employ an individual whose name appears in the registry with a finding or adjudicated finding of patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property, or, if a sanction was imposed upon that individual, such individual may not be hired or employed until the terms of such sanction have been fulfilled. Furthermore, no facility, home health agency, homemaker agency or hospice program shall hire or employ an individual if such individual has been found guilty of, or pleaded guilty or nolo contendere to, or admitted to sufficient facts to support a guilty finding of patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property in a court of law.
22. (F) Provision of Training. Each facility, home health agency, homemaker agency and hospice program shall provide orientation and annual inservice training programs for all staff on patient and resident abuse, neglect, mistreatment, and misappropriation of patient or resident property.
23. (1) All new employees shall receive orientation before they begin an assignment to care for a patient or resident. Such orientation shall include:
24. (a) provision of information about the requirements of M.G.L. c. 111, §§ 72F through 72L, and 105 CMR 155.000;
25. (b) instruction on the obligation to report suspected patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property, and the reporting procedures as set forth in 105 CMR 155.000; and
26. (c) close observation of new employees.
27. (2) Immediately after beginning employment and at least once a year thereafter, all personnel of facilities, and those personnel of home health agencies, homemaker agencies and hospice programs who provide services to patients, shall receive inservice training which shall include, but not be limited to, the following:
28. (a) provision of information about the requirements of M.G.L. c. 111, §§ 72F through 72L and 105 CMR 155.000;
29. (b) instruction on the obligation to report suspected patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property, and the reporting procedures as set forth in 105 CMR 155.000;
30. (c) instruction in techniques for the management of patients or residents with difficult behavior problems;
31. (d) identification of factors which contribute to or escalate patient or resident behavior which is threatening or assaultive;
32. (e) assessment of personal responses to patient or resident behavior which is aggressive, threatening or assaultive;
33. 155.010: continued
34. (f) identification and reinforcement of positive and adaptive employee and patient or resident coping behavior;
35. (g) training in the use of intervention techniques, including verbal responses and safe, non-injurious physical control techniques, as therapeutic tools for threatening or

- assaultive patients or residents; and
36. (h) interdisciplinary program and treatment planning for patients and residents, as appropriate.
1. (G) Adoption of Preventive Policies. Each facility, home health agency, homemaker agency and hospice program shall adopt and implement preventive administrative, management and personnel policies and practices, including, but not limited to, the following:
 2. (1) careful interviewing of employee applicants;
 3. (2) close examination of applicant references prior to hiring;
 4. (3) in accordance with applicable federal and state laws, obtaining all available criminal offender record information from the criminal history systems board on an applicant under final consideration for a position that involves the provision of direct personal care or treatment to patients or residents.
 5. (4) cooperation with other facilities, home health agencies, homemaker agencies, and hospice programs in providing information to prospective employers about an employee's competence, including the ability to handle patients or residents with difficult behavioral problems;
 6. (5) staff support programs;
 7. (6) development of patient or resident care plans which include approaches to dealing with patients or residents who may exhibit hostile behavior; and
 8. (7) provision of timely and relevant information to employees regarding patients or residents who are emotionally unstable or have difficult behavior problems, and approaches to be used in caring for them.
 9. (H) Deficiency Statements and Plans of Correction.
 10. (1) If, during its investigation, the Department finds violations of the provisions of 105 CMR 155.000, the Department shall prepare a deficiency statement citing every violation observed, a copy of which shall be sent to the facility, home health agency, homemaker agency, or hospice program in question.
 11. (2) Such facility, home health agency, homemaker agency, or hospice program shall submit to the Department a written plan of correction for each violation cited within ten days of receipt of the deficiency statement. Every plan of correction shall set forth with respect to each deficiency cited the specific corrective steps to be taken, a timetable for such steps, and the date by which compliance with these regulations will be achieved. The dates given for the correction of the deficiencies shall ensure that compliance is achieved within a reasonable time period. The Department shall review the plan of correction and notify the facility, home health agency, homemaker agency or hospice program of either its acceptance or rejection of the plan of correction. A plan which has been rejected must be amended and re-submitted within five days of receipt of the Department's notice.

155.011: Penalty for Patient or Resident Abuse, Neglect, Mistreatment or Misappropriation of Patient or Resident Property by a Registered or Licensed Professional

If the Department finds after investigation that a registered or licensed professional, as defined in 105 CMR 155.003, is responsible for patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property, the Department shall notify the Attorney General and the appropriate registration board of that finding. Such registered or licensed professionals may be subject to disciplinary actions by their applicable registration or licensing board.

155.012: Penalty by the Attorney General for Patient or Resident Abuse, Neglect, Mistreatment,

or Misappropriation of Patient or Resident Property

The Attorney General may recover a civil penalty of not more than \$2,500 if a person abuses, neglects or mistreats a patient or resident or misappropriates patient or resident property. Any action brought by the Attorney General pursuant to 105 CMR 155.012 shall be exempt from the provisions of M.G.L. c. 231, § 60B. The provisions of 105 CMR 155.012 shall not exclude any actions brought by the Attorney General or a private party pursuant to M.G.L. c. 93A or to any action by the Department pursuant to 105 CMR 155.000.

155.013: Procedures for Notice and Hearings for Nurse Aides, Home Health Aides and Homemakers

The provisions of 105 CMR 155.013 pertain only to those accused individuals who are nurse aides, home health aides and homemakers.

1. (A) Notification. If, following its investigation, the Department makes a finding that a nurse aide, home health aide or homemaker has abused, neglected, or mistreated a patient or resident or misappropriated patient or resident property, it must notify in writing:
 2. (1) such nurse aide, home health aide or homemaker; and
 3. (2) the administrator of the facility in which the incident occurred, or the director of the home health agency, homemaker agency, or hospice program that employed such nurse aide, home health aide or homemaker at the time the incident occurred.
2. (B) Timing of the Notice. The Department must notify the accused nurse aide, home health aide or homemaker in writing within ten business days of the completion of its report of its investigation.
 1. (C) Contents of the Notice. The notice must include the following:
 2. (1) the nature of the allegation(s);
 3. (2) the date and time of the occurrence;
 4. (3) the fact that such accused has the right to a hearing;
 5. (4) the Department's intent to report the adjudicated finding to the registry should the Department prevail at the hearing;
 6. (5) the fact that such accused has 30 days from the date of the notice to respond and request a hearing, and if he or she fails to do so, the Department will report its findings to the registry;
 7. (6) the consequences of waiving the right to a hearing;
 8. (7) the consequences of an adjudicated finding that the alleged patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property did occur; and
 9. (8) the fact that such accused has the right to be represented by an attorney at the individual's own expense.
3. (D) From the date of the Department's notice to the accused nurse aide, home health aide or homemaker until the completion of the case, the registry will note that a case against such accused is pending.
4. (E) Failure to Respond or Waiver of a Hearing. If the accused nurse aide, home health aide or homemaker does not respond to the Department's notice within 30 days of the date of the notice, it shall be considered a waiver of his or her right to a hearing. In that case, or in the case that such accused waives the right to a hearing in writing, the Department shall report its finding to the registry as a final finding.

1. 155.014: Hearing Process for Nurse Aides, Home Health Aides and Homemakers

2. (A) Upon receipt of a request for a hearing from an accused nurse aide, home health

aide or homemaker, the Department must complete the hearing within 120 days from the day it receives the request for a hearing.

3. (B) The hearing shall be conducted pursuant to 801 CMR 1.02, The Standard Adjudicatory Rules of Practices and Procedures Informal/Fair Hearing Rules.
4. 155.014: continued
5. (C) The Department must hold the hearing at a reasonable place and time convenient for such accused individual.
6. (D) A hearing officer shall not make a finding that such accused individual has neglected a patient or resident if the individual demonstrates that such neglect was caused by factors beyond the control of the individual.
7. (E) After the adjudication of a case, the hearing officer shall transmit a copy of the decision to the accused nurse aide, home health aide or homemaker and to the Department. The Department shall then send a copy of the hearing officer's decision to the following:
 8. (1) the administrator of the facility in which the incident occurred, or the director of the home health agency, homemaker agency or hospice program that employed such accused individual;
 9. (2) if known to the Department, the administrator of the facility that currently employs such accused individual, if different from the facility in which the incident occurred; or the director of the home health agency, homemaker agency or hospice program that currently employs such accused, if different from that individual's place of employment when the incident occurred;
 10. (3) the Attorney General;
 11. (4) the registry as defined in 105 CMR 155.003.
12. (F) If the decision rendered by the hearing officer is adverse to the accused nurse aide, home health aide or homemaker, the hearing officer shall also transmit to such individual a notice informing him or her of the right of appeal. Such appeal shall be made in accordance with the provisions of M.G.L. c. 30A.
13. (G) In a neglect case, where there has been a sanction imposed or a finding or adjudicated finding against a nurse aide, home health aide, or homemaker where such sanction or finding was placed on the registry after January 1, 1995, such individual may, after one year from the date the sanction or finding was placed on the registry, petition the Department for removal of the sanction or finding from the registry. In order to remove the sanction or finding from the registry, the Department must determine that the employment and personal history of the individual does not reflect a pattern of abusive behavior or neglect, and that the neglect involved in the original finding was a single occurrence.

1. 155.015: Alternative Sanctions for Patient or Resident Abuse, Neglect, Mistreatment or Misappropriation of Patient or Resident Property by Nurse Aides, Home Health Aides, and Homemakers

2. (A) Upon making a finding that a nurse aide, home health aide or homemaker abused, neglected, or mistreated a patient or resident, or misappropriated patient or resident property, the Department may, where appropriate, impose the following sanctions in lieu of an adjudicated finding pursuant to a hearing:
3. (1) Suspension. The Department may suspend the right of such individual to work as a nurse aide, home health aide or homemaker for such period of time as the Department shall determine. The terms of the suspension shall be contained in the registry unless otherwise removed pursuant to 105 CMR 155.014(G).
4. (2) Probation. The Department may impose a period of probation on the accused nurse aide, home health aide or homemaker during which time such individual shall undergo additional training or

counselling or such other measures as determined by the Department to be necessary to avoid further incidents by the accused. If, during the probationary period, such individual is working in a facility, or employed by a home health agency, homemaker agency or hospice program, such facility or agency shall make reports to the Department as to the progress of the individual in fulfilling the requirements for the probation period. The terms of the probation shall be contained in the registry unless otherwise removed pursuant to 105 CMR 155.014(G).

2 continued

(3) Warning Letter. The Department may issue a warning letter to the accused nurse aide, home health aide or homemaker. The warning letter shall indicate that no other penalty will be imposed at the time, but should a subsequent allegation of patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property be made against such individual, the initial incident will be raised at any hearing of the subsequent incident. No record of the issuance of a warning letter shall be contained in the registry unless there is a subsequent allegation of patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property involving such individual.

(B) By agreeing to the sanctions described in 105 CMR 155.015(A), an accused nurse aide, home health aide or homemaker waives the right to a hearing. If the Department determines that such individual has violated the terms of the suspension or probation, the Department shall report such finding to the registry as if it had been adjudicated.

155.016: Establishment and Content of the Registry for Nurse Aides, Home Health Aides and Homemakers

1. (A) The Department shall establish and maintain a registry of all individuals who have met the federal requirements for competency contained in 42 USC §1396r and have been certified as nurse aides for employment in a facility.

2. (B) A facility, other than a rest home, must not hire or employ on a paid, unpaid, temporary or permanent basis, any individual working as a nurse aide for more than four months, unless that individual is listed in the registry as having demonstrated competency in accordance with 105 CMR 155.016

1. (C) The registry shall also contain the following:

2. (1) specific, documented findings or adjudicated findings of patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property by nurse aides, home health aides and homemakers. The documentation must include:

3. (a) the name, address, telephone number and social security number of such individual;

4. (b) the nature of the allegation and the record number identifying the documents on which the Department's conclusion were based; and

5. (c) the date of the hearing if such individual chose to have one, and its outcome.

6. (2) a brief statement by the accused nurse aide, home health aide or homemaker disputing the findings, if such individual chooses to provide such statement;

7. (3) if the Department imposed any suspension or probationary period on the nurse aide, home health aide or homemaker, the dates for which such suspension or probation is in effect; and

8. (4) if known to the Department, any guilty findings made against such individual by a court of law, or any guilty pleas, nolo contendere pleas, or admission to facts sufficient to support a guilty finding made in a court of law by such individual accused of patient or resident abuse, neglect, mistreatment, or misappropriation of patient or resident property.

9. (D) Disclosure of information on the registry:

10. (1) the Department must disclose information regarding findings and adjudicated findings of

patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property, other sanctions imposed against any nurse aide, home health aide or homemaker, as well as any information regarding guilty findings, guilty pleas, nolo contendere pleas or admitted to sufficient facts to support a guilty finding made by such individual in a court of law.

11. (2) when disclosing such information regarding any nurse aide, home health aide or homemaker, the Department shall also disclose any statement made by such individual disputing the findings.

155.017: Severability

The provisions of 105 CMR 155.000 are severable. If any provision herein is declared unconstitutional or invalid by a court of competent jurisdiction, the validity of the remaining portions shall not be so affected.

REGULATORY AUTHORITY 105 CMR 155.000: M.G.L. c. 111, §§ 72F through 72L.
NON-TEXT PAGE

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*AREA AGENCY ON AGING

(REVISED 4/010)

***Baypath Elder Services, Inc.**

33 Boston Post Road West
Marlborough, MA 01752
(508) 573-7200
TTY: (508)573-7282
FAX: (508)573-7222

Ashland, Dover, Framingham,
Holliston, Hopkinton, Hudson,
Marlborough, Natick, Northborough,
Sherborn, Southborough, Sudbury,
Wayland, and Westborough

Jerry Anderson, President
M. Kathleen Nealon, Vice President
Christine Alessandro, Executive Director

Boston Senior Home Care

89 South Street
Lincoln Plaza-Suite 501
Boston, MA 02111-1720

Beacon Hill/WestEnd, Charlestown,
Chinatown, Columbia Point, Dorchester,
East Boston, East Mattapan, North End
and South Boston

(617) 451-6400
TTY: (617) 695-0437
FAX: (617) 451-6631

(617) 292-6211 BOSTON ELDER INFO.**

Edna Pruce, President
Linda George, Executive Director

***Bristol Elder Services, Inc.**

1 Father DeValles Boulevard, Unit 8
Fall River, MA 02723
(508) 675-2101

Attleboro, Berkley, Dighton, Fall River,
Freetown, Mansfield, North Attleboro,
Seekonk, Somerset, Swansea, Taunton,
Westport, Norton, Raynham, Rehoboth

FAX (508) 679-0320

Nancy R. Munson, Executive Director, (Ext. 304)

Central Boston Elder Services, Inc.

2315 Washington Street
Boston, MA 02119
(617) 277-7416 – 7818
TDD: (617) 277-6691
FAX: (617) 277-2005

Allston, Back Bay, Brighton, Fenway,
Jamaica Plain, North Dorchester,
Parker Hill, and Roxbury

Laura B. Morris, Board President
Catherine Hardaway, Executive Director

***AREA AGENCY ON AGING**

**** (INFORMATION AND REFERRAL CALLS FOR THE THREE BOSTON
AGING SERVICES ACCESS POINTS)**

***Central Mass Agency on Aging, Inc.** See Worcester, Montachusett and Tri-Valley

360 West Boylston Street

West Boylston, MA 01583

(508) 852-5539

Toll Free: (800) 244-3032

TDD: (508) 852-5539

FAX: (508) 852-5425

Una Rice, Board President

Robert Dwyer, Executive Director

***Chelsea/Revere/Winthrop Elder Services** Chelsea, Revere, Winthrop

100 Everett Avenue, Unit 10

Post Office Box 6427

Chelsea, MA 02150-0008

617-884-2500

FAX: 617-884-7988

Charles E. Chapman, President

James P. Cunningham, Jr., Executive Director

***Coastline Elderly Services, Inc.**

1646 Purchase Street

New Bedford, MA 02740

(508) 999-6400

TDD: (508) 994-4265

FAX: (508) 993-6510

Acushnet, Dartmouth, Fairhaven,

Gosnold, Marion, Mattapoisett, New Bedford

North Dartmouth, and Rochester

George Smith, President

Charles Sisson, Executive Director

***Commission on Affairs of the Elderly** City of) Boston

Boston City Hall

One City Hall Plaza / Room 271

Boston, MA 02201

(617) 635-4366; Hot Line: 635-4646

TDD: (617) 635-4599

FAX: (617) 635-3213

Eliza Greenberg, Commissioner

Betsy Downton, Planning Unit Coordinator (635-3979)

***AREA AGENCY ON AGING**

*Elder Services of Berkshire County, Inc. 66 Wendell Avenue Pittsfield, MA 01201 (413) 499-0524 Toll Free: (800) 544-5242 FAX: (413) 442-6443 William L. Dudley Washington Robert P. Dean, Executive Director	Adams, Alford, Becket, Cheshire, Clarksburg, Dalton, Egremont, Florida, Great Barrington, Hancock, Hinsdale, Lanesborough, Lee, Lenox, Monterey, Mount Washington, New Ashford, New Marlborough, North Adams, Otis, Peru Pittsfield, Richmond, Sandisfield, Savoy, Sheffield, Stockbridge, Tyringham, West Stockbridge, Williamstown, Windsor
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*Elder Services of Cape Cod and the Islands, Inc. 68 Route 134 South Dennis, MA 02660-3774 (508) 394-4630 Toll Free: 800-244-4630 (on Cape Cod) 800-442-4492 (off Cape) Yarmouth Sheila Cabral, President Leslie E. Scheer, Executive Director	Barnstable, Bourne, Brewster, Buzzards Bay Centerville, Chatham, Chilmark, Dennis, Eastham, Edgartown, Falmouth, Gay Head Harwich, Hyannis, Mashpee, Nantucket, Oak Bluffs, Orleans Provincetown, Sandwich, Tisbury, Truro, Vineyard Haven, Wellfleet, West Tisbury,
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*Elder Services of Merrimac Valley, Inc. Riverwalk, Building #5 360 Merrimack Street Lawrence, MA 01843 (978) 683-7747 Toll Free: (800) 892-0890 TDD: (800) 924-4222 FAX: (978) 687-1067 Corinne LaCharite, President Rosanne DiStefano, Executive Director	Amesbury, Andover, Billerica, Boxford, Chelmsford, Dracut, Dunstable, Georgetown, Groveland, Haverhill, Lawrence, Lowell, Merrimac, Methuen, Newbury, Newburyport, North Andover, Rowley, Salisbury, Tewksbury, Tyngsborough, Westford, West Newbury,
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Elder Services of Worcester Area, Inc. 411 Chandler Street Worcester, MA 01602 (508) 756-1545 TDD: (508) 792-4541 FAX: (508) 754-7771 Deborah Finns, President Louis Swan, Executive Director	Auburn, Barre, Boylston, Grafton, Hardwick, Holden, Leicester, Millbury, New Braintree, Oakham, Paxton, Rutland, Shrewsbury, West Boylston, Worcester
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* AREA AGENCY ON AGING

Ethos

555 Amory Street
Jamaica Plain, MA 02130-26726
(617) 522-6700 / FAX: (617) 524-2899
TDD: (617) 524-2687

Hyde Park, South Jamaica Plain,
Roslindale, West Roxbury, and
West Mattapan

Jon Kingsdale, President
Dale Mitchell, Executive Director

***Franklin County Home Care Corporation**

330 Montague City Road, Suite #1
Turners Falls, MA 01376 - 2530
(413) 773-5555
(800) 732-4636
TDD: (413) 772-6566
FAX: (413) 772-1084
Royalston, Shelburne,

Ashfield, Athol, Bernardston,
Buckland, Charlemont, Colrain,
Conway, Deerfield, Erving, Gill,
Greenfield, Hawley, Heath, Leverett,
Leyden, Monroe, Montague, New
Salem, Northfield, Orange, Petersham
Phillipston, Rowe,

Shutesbury, Sunderland,
Warwick, Wendell, Whately

Regina Curtis, President
Roseann Martoccia, Executive Director

***Greater Lynn Senior Services, Inc.**

8 Silsbee Street
Lynn, MA 01901
(781) 599-0110
TDD: (781) 477-9632
FAX: (781) 592-7540

Lynn, Lynnfield, Nahant, Saugus, and
Swampscott

Nelson Chang, President
Paul Crowley, Executive Director

***Greater Springfield Senior Services, Inc.**

66 Industry Avenue Suite 9
Springfield, MA 01104
(413) 781-8800
(800) 649-3641
TDD: (413) 272-0399
FAX: (413) 781-0632

Agawam, Brimfield, East Longmeadow,
Hampden, Holland, Longmeadow,
Monson, Palmer, Springfield,
Wales, West Springfield, Wilbraham

Sr. Mary Caritas, President
Elaine Massery, Executive Director

*AREA AGENCY ON AGING

***Health & Social Services Consortium**
Inc. (HESSCO)
One Merchant Street
Sharon, MA 02067
(781) 784-4944
Toll Free: 800-462-5221
FAX: (781) 784-4922

Canton, Dedham, Foxborough,
Medfield, Millis, Norfolk, Norwood,
Plainville, Sharon, Walpole,
Westwood, and Wrentham

Sheila Pallay, President
Mary Jean McDermott, Executive Director

***Highland Valley Elder Services, Inc.**
320 Riverside Drive, Suite B
Florence, MA 01062-2700
(413) 586-2000
Toll Free: (800) 322-0551
TDD: (413) 585-8160
FAX: (413) 584-7076

Amherst, Blandford, Chester,
Chesterfield, Cummington,
Easthampton, Goshen, Granville,
Hadley, Hatfield, Huntington,
Middlefield, Montgomery,
Northampton, Pelham, Plainfield,
Russell, Southampton, Southwick
Tolland, Westfield, Westhampton,
Williamsburg, and Worthington

Jennie Chacek, President
Robert V. Gallant, Executive Director

***Minuteman Senior Services, Inc.**
24 Third Avenue
Burlington, MA 01803
(781) 272-7177
TDD: (617) 272-3114
FAX: (781) 229-6190

Acton, Arlington, Bedford, Boxborough,
Burlington, Carlisle, Concord, Harvard,
Lexington, Lincoln, Littleton, Maynard,
Stow, Wilmington, Winchester, Woburn

Ann Irving, President
Joan Butler, Executive Director

Montachusett Home Care Corporation
Crossroads Office Park
680 Mechanic St. - Suite 120
Leominster, MA 01453-4402
(978) 537-7411
(800) 734-7312
TDD: (978) 534-6273
FAX: (978) 537-9843

Ashburnham, Ashby, Ayer, Berlin,
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