2013 STANDARDS OF PRACTICE FOR HOME CARE AIDE SERVICES IN MASSACHUSETTS

NOW AVAILABLE!

This manual, developed by the Standards Committee of the Home Care Aide Council and updated in 2013, delineates requirements for homemakers, personal care homemakers, and home health aides as set forth by the federal Conditions of Participation (COPs) for Home Health Agencies, the Massachusetts Executive Office of Elder Affairs, and the Massachusetts Rehabilitation Commission.

The manual is divided into seven distinct sections: Hiring Practices, Position Descriptions, Training Requirements, Competency Evaluation, Field Supervision, In-Service Requirements, and Disciplinary Action & Termination. It also includes Relevant Home Care Laws and Regulations and an appendix with multiple legal reference documents. In addition, this updated manual includes a companion resource disk that contains sample documents and additional resources in both Microsoft Word and PDF formats.

Highlights of Changes/Additions to 2013 Standards Manual

- References to and Inclusion of Federal Conditions of Participation for Hospice Care – Hospice Aides Sections Only - New
- iCORI - New
- HIPAA – Updated
- Privacy Protection and Data Destruction Policy - New
- Office of Inspector General List of Excluded Individuals/Entities (LEIE) - New
- Tuberculosis Screening Guidelines – Updated
- Meal Break Waiver – New
- Worker Safety Protocol - New
- Available Commercial Training Publications – Updated
- Sample Competency-Based Orientation Skills Checklist for Home Health Aides – Updated
- Home Health Aide Supervisory Requirements Based Upon Setting/Payer Chart - Updated
- Quarterly Supervisory Visit Report - Updated

We are pleased to offer this updated manual and companion disk to Council members for $225. Non-members can purchase the manual and disk for $525.
ORDER FORM
2013 STANDARDS OF PRACTICE FOR
HOME CARE AIDE SERVICES IN MASSACHUSETTS

Quantity: _____  Price each: $_______  Council Member price: $225.00
Non-member price: $525.00

Checks should be made payable to: Home Care Aide Council

To pay by credit card (VISA, MasterCard, American Express only), please complete the information below.

Card Number ________________________________

Exp. Date ______/______ (Month/Year)

VISA/MasterCard 3-digit code on reverse: _____  American Express 4-digit code on front: _____

Cardholder’s Name ________________________________

Billing Address: ______________________________________

City ___________________________ State ___________ Zip ______________________

Signature of Cardholder ________________________________

Please return this form and payment to the Council office by mail to the address below, or email to jjen@hcacouncil.org, or by fax to (781) 209-5977.

Home Care Aide Council
93 Concord Avenue, Suite 8
Belmont, MA 02478

If you have any questions or would like to learn how you can become a Council member, contact Lisa Gurgone at email: lgurgone@hcacouncil.org, telephone: 617-489-3550, or visit our website, www.hcacouncil.org.