

**No.AG-15040/45/2021-SR.C.II(e.o.44483)**  
**Government of India**  
**Ministry of Social Justice and Empowerment**  
**Department of Social Justice and Empowerment**  
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Shastri Bhawan, New Delhi-1  
Dated: 17<sup>th</sup> June, 2022

**Office Memorandum**

**Subject: Healthcare of Senior Citizens-reg.**

With a view to maintaining uniform acceptable standards for Homecare services and Hospices for senior citizens, Government has constituted an Experts Committee consisting of the following:-

- (i) Dr. Vinod Kumar, Emeritus Professor, St. Stephens Hospital, Delhi (Chairman).
- (ii) Dr. Naveet Wig, HOD, Department of Geriatric Medicine, AIIMS, New Delhi.
- (iii) Dr. Sushma Bhatnagar, Prof. & Head of Palliative Medicine, AIIMS, New Delhi.
- (iv) Dr. Punam Bajaj, Director, National Accreditation Board for Hospitals and Healthcare Providers, New Delhi.
- (v) Dr. A. B. Dey, Retired HOD, Department of Geriatric Medicine, AIIMS, New Delhi.
- (vi) Dr. Indrani Chakravarty, CEO, Calcutta Metropolitan Institute of Gerontology, Kolkata (RRTC).
- (vii) Mr. S. Premkumar Raja, Co-Founder, Nightingale Medical Trust, Bengaluru (RRTC).

2. The Committee has submitted its Report suggesting Specifications and Standards for Home care and Hospice care services for Senior Citizens in the country. The specifications and standards proposed by the eminent Experts Committee are enclosed.

3. All the stakeholders in the sector are requested to give their views/ suggestions on the proposed specifications and standards addressed to Smt. Tanya Sengupta, Research Officer on Email: [tanya.sengupta73@nic.in](mailto:tanya.sengupta73@nic.in) on or before **30<sup>th</sup> June, 2022**.

  
**(Badri Prasad Meena)**  
**Under Secretary to the Government of India**  
**Tel: 23388541**

To

- 1) Secretaries to State Dept. of Social Welfare/Social Justice & Empowerment.
- 2) Director, NIC to upload in the Website of DoSJE for wide publicity.
- 3) RRTCs.
- 4) NGOs receiving grants under IPSrC.

FROM Group C Expert Committee-Vinod Kumar (Chair), Naveet Wig, Sushma Bhatnagar, Punam Bajaj, AB Dey, Indrani Chakravorti and Prem Kumar Raja

## **MODEL RULES UNDER SPECIFICATIONS AND STANDARDS FOR HOME CARE**

### **DEFINITIONS**

1.HOME CARE: Health care or supportive care provided by a professional care giver in the individual home where the patient or client is living. Compared to Institutional care, home care is less expensive and more satisfying to the individual and his family.

2.ORGANIZATION: Any institution responsible for running and maintaining home care which has been established or recognized /registered by Central Govt. or by any State or UT Govt.

3.ADMINISTRATOR: A person who is designated in writing by the organization as administratively responsible and available in person or by telecommunication at all times for all aspects of an organization's operations.

4.HOME CARE SERVICES: Include but not limited to services provided at individual home by a doctor or any of the allied health persons such as nurse, counselor, geriatric animator, physiotherapist, dietician and volunteer.

5.HOME CARE TEAM: As listed under clause 4 on home care services definition.

6.BASIC CARE: includes but not limited to basic services such as home making, companionship, ADL help, counseling, giving medicines, basic physiotherapy, dietary services, checking vitals, arranging laboratory tests and communicating with other health professionals.

7.ADVANCED CARE: includes but not limited to wound care, I.V. administration, long term care and as defined below, palliative care, hospice care, terminal care and end of life care.

(i). PALLIATIVE CARE: Palliative care is the active, holistic care of individuals across all ages with serious health-related suffering due to severe illness, and especially of those near the end of life. It aims to improve the quality of life of patients, their families and their caregivers.

(ii). HOSPICE CARE: An administered non-profit or for Profit Organization, medically directed, nurse coordinated program which provides a continuum of home, outpatients and home like inpatient care for at least 4 terminally ill patients and their families and gives physical, emotional, spiritual, social, and economic care during the final stages of illness and during dying and bereavement for 24 hours a day and 7 days a week.

(iii). TERMINAL CARE: Care of an incurable and irreversible condition caused by injury, disease, or illness that would cause death within a reasonable period of time in accordance with accepted medical standards, and where the application of life-sustaining treatment would serve only to prolong the process of dying

(iv). END OF LIFE CARE: An approach to a terminally ill patient that shifts the focus of care to symptom control, comfort, dignity, quality of life and quality of dying rather than treatments aimed at cure or prolongation of life.

8. INFORMED CONSENT: A documented process in which information regarding the potential and actual benefits and risks of a given procedure or program of care is exchanged between provider and patient.

9. HOME HEALTH CARE PACKAGE: Need based collection of medical and non-medical services.

10. LIFE-THREATENING: Situation that causes or has the potential to cause serious bodily harm or death of an individual.

11. RADIUS OF OPERATION: Service area within a specific distance in kilometers radius of the organization or its branch.

12. VOLUNTEER: Means a trained individual who provides support and assistance to the patient, family or organization, without remuneration, in accord with the plan of care developed by the organization and under the supervision of a member of the home care team.

13. ADVANCED DIRECTIVE: Advance care planning is a process that enables individuals to define goals and preferences for future medical treatment and care, to discuss these goals and preferences with family and health-care providers, and to record and review these preferences if appropriate. Advance care plan is an outcome of advance care planning that states preferences about the person's health and personal care and preferred health outcomes. Advance care directive is a written documentation of the advanced care plan in a formal way as recognised by the statutory, regulatory, or common law which is completed and signed by the competent adult.

## **SUB CHAPTERS & RULES GUIDING THE SPECIFICATIONS AND STANDARDS OF HOME CARE**

### **SUB CHAPTER 1: SERVICES**

Rule 1.1 Basic and advanced home care services shall both be available.

Rule 1.2 Basic home care services shall be available on part-time basis.

Rule 1.3 Advanced home care services shall be available on full-time or part-time basis but in the case of latter, families will be trained to provide such care on full-time basis i.e. 24x7, all days of week including holidays.

Rule 1.4 Basic home care services shall be provided by care providers including but not limited to geriatric animators (trained by NISD or an equivalent organization), counselor, physiotherapist, dietician and volunteers.

Rule 1.5 Advanced home care services shall be provided by care providers including but not limited to doctor, nurse, geriatric animator, counselor, physiotherapist, dietician and volunteers.

Rule 1.5.1 Advanced care team shall provide continuum of services beginning from patients and family needs, referrals to levels of alternate settings and admission to a palliative or hospice facility for 24 hour care.

Rule 1.5.2 Advanced care shall include administration of drugs including but not limited to opioids for reduction of pain and other troublesome symptoms as and when need arises. In this context, advanced care team shall have documented guidelines on the need, use, safety, and monitoring of utilization of drugs and biologicals including the eligibility of persons authorized to administer such drugs.

**Rule 1.5.3** Advanced care team shall include laboratory and radiology services for patients as and when need arises.

Rule 1.5.4 Advanced care team shall coordinate with other staff to provide spiritual, speech and occupational care services.

Rule 1.5.5 Advanced care team shall arrange respite care for the family to reduce care giver burden.

Rule 1.5.6 Advanced care team shall offer bereavement services to the family.

Rule 1.5.7 Advanced care team shall assist the patient and family/care giver in completing Advance Directives and explain the meanings of these documents on an ongoing basis.

Rule 1.6 Basic and advanced home care services shall be provided by public and private organizations and through community participation.

Rule 1.7 Community participatory approach as a cost effective way of providing home care services shall be strengthened as per attached guidelines (Annexure 1).

Rule 1.7.1 Each district shall form a group of 5 to 6 trained volunteers from the community to make 2 to 3 home visits per week within a 20 kilometer radius area.

Rule 1.7.2 Volunteer groups may be engaged by district administration, Panchayat Raj Institutions, NGOs or religious and other groups to provide home care under the supervision of primary health centers.

Rule 1.8 Home care services shall be protocol based and standardized and will be limited to both non-emergency and emergency care.

Rule 1.9 List of various services and when provided for fee, price list of these services shall be displayed.

## **SUB CHAPTER 2: ORGANIZATION AND ADMINISTRATION**

Rule 2.1 Home care organization shall be professionally and legally responsible for all activities for providing home care services.

Rule 2.2 Registration, regular or provisional or its renewal for a home care organization shall be mandatory.

Rule 2.3 The organization should have been already registered as an entity such as Society, Trust, Partnership, Limited liability company etc.

Rule 2.4 Formats for application for registration, renewal, certificate of registration and its suspension/cancellation are enclosed (Annexure 2, 3, 4 and 5).

Rule 2.5 Prescribed amount of fee shall be deposited by the applicant organization at the time of application for registration.

Rule 2.6 The organization shall designate an Administrator or Manager, maintain standards, define services and keep the organizational chart of authority and responsibility of staff.

Rule 2.7 The organization shall follow written policies in making decisions regarding the acceptance of patients for home care as based on (i) medical and social information provided by the patient's family member and/or a registered doctor, (ii) submission of application on a prescribed form and (iii) submission of an informed consent by the patient and family.

Rule 2.8 In case the number of eligible applicants exceeds the capacity number of the organization, preference shall be given to more indigent and needy than the less indigent and needy, to more old than the less old and to the female than the male applicants.

Rule 2.9 No distinction shall be made on the basis of religion or cast.

Rule 2.10 State Governments shall issue detailed guidelines/orders from time to time for admission into and management of home care facilities.

Rule 2.11 The organization shall frame patient discharge rules and ensure patient's rights and responsibilities.

Rule 2.12 The organization shall prepare an individualized plan of care to address the patient's problems, goals and required services and shall review the same periodically.

Rule 2.13 The organization shall document and preserve all clinical records including but not limited to patient identification data, assessment, plan of care, consent and authorization forms, medical and psychosocial history, all services given and events happened including telephone communications, after-hours contacts and actions.

Rule 2.14 The organization, as far as possible, will ensure availability of (i) clean water, hygienic toilets, clean clothing and linen and nutritious and wholesome diet from a clean kitchen (ii) care giver's accommodation and (iii) recreational facilities.

Rule 2.15 Home care organization shall undergo mandatory annual audit, both internal and external.

### **SUB CHAPTER 3: HUMAN RESOURCES**

Rule 3.1 Home care team shall comprise a registered Doctor possessing a MBBS degree with one year palliative care experience-

Rule 3.2 Home care team shall comprise a registered Nurse possessing GNM or BSc Nursing with one year experience in palliative care.

Rule 3.3 Home care team shall comprise a Counselor possessing MSc/MPhil Clinical Psychology with one year experience in palliative care-

Rule 3.4 Home care team shall comprise a Physiotherapist possessing Bachelor of Science in Physiotherapy (BPT).

Rule 3.5 Home care team shall comprise a Dietician possessing Master of Science or Post Graduate Diploma in Nutrition & Dietetics.

Rule 3.6 Home care team shall comprise a Geriatric Animator possessing a Certificate of having passed Geriatric Animator's course from National Institute of Social Defense or an equivalent organization.

Rule 3.7 Home care team shall comprise a Volunteer from the community interested in providing home care and possessing a certificate of having undergone a short-term training in home care.

## **ANNEXURE 1**

### **COMMUNITY PARTICIPATORY APPROACH AS A COST EFFECTIVE WAY TO PROVIDE HOME CARE SERVICES**

Community participatory approach to provide home care services is a cost effective realistic model for the vast rural and urban Indian ageing population including those who are terminally ill. Neighborhood Network in Palliative Care (NNPC) initiative is an example of a sustainable community-owned service capable of offering comprehensive care to most of the needy through trained volunteers from the local community. Following steps are suggested to provide both simple and advanced home care services through community participation.

1. Each district should formulate volunteer groups by recruiting people who can spare at least 2 hours per week to care for the sick in their community neighborhood and by training them by imparting a structured training in simple home based care and advanced palliative care (16 hours of interactive theory sessions plus four clinical days under supervision).
2. Volunteers groups should work under supervision of the Primary Health Center (PHC) Doctor and Nurse in respective PHC or Health & Wellness Center via tele-consultation or home visit as and when required. Volunteer visits result in better emotional support, better compliance with medical/nursing instructions, earlier reporting of symptoms to the doctor, and social including financial, support. They should also work closely with existing palliative care facilities in their areas.
3. On successful completion of training, the volunteers form groups of 10–15 volunteers per community.
4. After gaining enough experience, the groups may set up and run simple and advanced home care services including Palliative Care Centers.
5. Many Non-profit and for profit NGOs and Religious groups can engage these local volunteers in providing home care services in their communities.
6. Volunteer groups and registered Non-profit and for profit NGOs and Religious groups can be involved in raising funds for the care of elderly persons

**ANNEXURE 2**  
**REGISTRATION FORM**

**APPLICATION FOR PERMISSION TO ESTABLISH HOME CARE FACILITY**

1. Name and designation of the authorized person furnishing the application
2. Name and address of the applicant organization /agency  
(with Pin code, District, Phone number, and Email address)
3. Name and full address of the proposed Home care Facility:  
  
Address:  
E-mail ID:  
Panchayat/ Municipality/ Corporation:  
Village:  
Taluk:  
Police station:
4. Ownership and Act/ Acts under which the organization is registered and Register number/numbers  
Private-Corporate/ Government/ Public sector/ Trust-Charitable/ Armed forces/ others
5. Date of registration under act and expiry of validity of registration
6. GST numbers of the organisation (if applicable)
7. PAN numbers of the organisation (if applicable)
8. TAN numbers of the organisation (if applicable)
9. Source of income of the organization to run the organisation
10. Bank accounts operated by the organisation and balance available in each account on the date of application

11. Whether foreign assistance received/receivable by the organization
12. FCRA Account number and Name of Bank
13. A brief description of the of the organization explaining its objectives and activities
14. Whether the organization is running any other Institution (if yes, details)
15. Experience of the organization in senior citizen related Activities (in completed years)
16. Date on which the Home care is proposed to start functioning
17. Number of total persons to be provided care
18. Whether the facility of the organisation is owned or rented building
19. Plinth area of the building in sq. mts.:
- 24 Carpet area of the building in sq. mts.
25. Whether qualified staff appointed or ready for appointment at the time the organisation starts functioning
26. Whether the organization received any assistance from state or Central governments or any other agencies during last 3 years (if yes give details)
27. Additional information if any

**Declaration**

I, ..... the applicant, do hereby declare that:



- (1) all the information furnished above are true, and
- (2) I agree to abide by all the provisions contained in the MPWSC Act & rules/ Amendments (if any) and all other orders, rules, regulations etc. relevant in this regard.

Place:  
Date:

Signature and Name of authorized person

## Recommendation of the District Social Welfare Officer

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Date

Seal

signature

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(Attach additional sheets if necessary)

### List of documents required to be attached with the application:

1. Copy of registration certificate/s of the organization
2. Copies of Bank pass Books showing account number, other identity and transactions
3. Copy of order sanctioning foreign contribution, and copy of statement filed with the Central Home department for the last year
4. If no foreign assistance received or receivable by the organisation/care home, a certificate of the applicant to that effect.
5. a. Copies of Bye-laws/memorandum of association
  - b. Statement showing name, address and other details of organization's members including educational qualification, annual income, age, occupation and relationship with other members.
  - c. Annual report of the last year
  - d. Audited annual income and expenditure statement of the last year
6. Copy of ownership certificate of the building received from the local body in case of own building, or copy of rent or lease agreement in case of rented building
7. Copy of the building plan showing total plinth area and carpet area of each room
8. If staff appointed, a list showing name, gender, name of post, qualification, experience and age

**ANNEXURE 3**  
**RENEWAL OF REGISTRATION FORM**

**APPLICATION FOR RENEWAL OF REGISTRATION FOR HOME CARE FACILITY**

1. Name and designation of the authorized person furnishing the application
  
2. Name and address of the applicant organization /agency  
(with Pin code, District, Phone number, and Email address)

Registration No:

3. Name and full address of the Head office of Home care Facility:

Address:

E-mail ID:

Panchayat/ Municipality/ Corporation:

Village:

Taluk:

Police station:

4. Ownership and Act/ Acts under which the organization is registered and Register number/numbers  
Private-Corporate/ Government/ Public sector/ Trust-Charitable/ Armed forces/ others
  
5. Date of registration under act and expiry of validity of registration
  
6. GST numbers of the organisation (if applicable)
  
7. PAN numbers of the organisation (if applicable)
  
8. TAN numbers of the organisation (if applicable)

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9. Source of income of the organization to run the organisation
10. Bank accounts operated by the organisation and balance available in each account on the date of application
11. Whether foreign assistance received/receivable by the organization
12. FCRA Account number and Name of Bank
13. A brief description of the of the organization explaining its objectives and activities
14. Whether the organization is running any other Institution (if yes, details)
15. Experience of the organization in senior citizen related Activities (in completed years)
16. Date on which the Home Care is proposed to start functioning
17. Number of total persons admitted in last one year:

18. No. of service users in the Home care facility for the last six months:  
(In case of homes with lesser period of existence information for the actual period)

Sl	Male	Female	Transgender	Total

19. Sub offices of home care facility (name of managers and address )

20. Radius of serviceable area from head office

21. Whether qualified staff appointed or ready for appointment at the time the organisation starts functioning

22. Whether the organization received any assistance from state or Central governments or any other agencies during last 3 years (if yes give details)

23. Additional information if any

**Declaration**

I, ..... the applicant, do hereby declare that:

- (1) all the information furnished above are true, and
- (2) I agree to abide by all the provisions contained in the MPWSC Act & rules/ Amendments (if any) and all other orders, rules, regulations etc. relevant in this regard.

Place: \_\_\_\_\_ Signature and Name of authorized person

Date:

**Recommendation of the District Social Welfare Officer**

\_\_\_\_\_

Date

Seal

signature

=====

(Attach additional sheets if necessary)

**List of documents required to be attached with the application:**

1. Copy of registration certificate/s of the organization
2. Copies of Bank pass Books showing account number, other identity and transactions
3. Copy of order sanctioning foreign contribution, and copy of statement filed with the Central Home department for the last year
4. If no foreign assistance received or receivable by the organisation/care home, a certificate of the applicant to that effect.
5. a. Copies of Bye-laws/memorandum of association
  - b. Statement showing name, address and other details of organization body members including educational qualification, annual income, age, occupation and relationship with other members.
  - c. Annual report of the last year
  - d. Audited annual income and expenditure statement of the last year
7. Copy of building fitness certificate obtained from the PWD/ Local body engineer/licenced engineer
8. If staff appointed, a list showing name, gender, name of post, qualification, experience and age

**ANNEXURE 4**

**CERTIFICATE OF REGISTRATION FOR HOME CARE FACILITY**

Certificate Number .....

Date of issue .....

- I. This certificate of registration for Home care Facility is awarded to..... (full name and address of organization, with district and Pin code) registered as No. .... under .....MWPC Act.
  
- II. The Home care Facility is permitted to provide service .....service users including men, women and transgender persons.
  
- III. The Home care Facility will function on payment basis/charity basis
  
- IV. The certificate for Home care facility is valid till .....
  
  
- VI. This certificate of registration is not transferable.
  
  
- VII. All the conditions stipulated in the MWPC Act & Rules are applicable to the Hospice Facility for which registration is granted in this Certificate.

Place:                      (Seal of competent authority)                      Signature of competent authority

**ANNEXURE 5**

**ORDER OF REFUSAL OF CERTIFICATE FOR REGISTRATION/RENEWAL/  
CANCELLATION OF REGISTRATION OF HOME CARE FACILITY**

The state competent authority to grant certificate of registration for home care facility for senior citizens/ renewal of certificate of registration for home care facility for senior citizens:

after due enquiry on the application received from .....  
..... (name and address of applicant organization) and considering the arguments put forth by the organization during the personal hearing on ..... as per the provisions of the MWPSA Act & rules concludes that the applicant does not merit a certificate of registration/renewal of registration due to the following reasons:

- 1.
- 2.

Hence the application is rejected.

The applicant may appeal against this order to the state Government within thirty days from the date of receipt of this Order.

The Order of the State Government shall be final.

Where no appeal has been preferred immediately on the expiry of thirty days this order will take effect and the hospice facility shall cease to function. A separate order will be issued regarding the arrangements to be made for dealing with the service users of the institution.

Place

Signature



16

Date

(seal)

Name and designation of the competent authority