

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 6765



Introduced by **REPRESENTATIVE AUDREY KAY T. ZUBIRI**

AN ACT
PRESCRIBING THE MINIMUM MANDATORY STANDARDS FOR THE
OPERATION, ACCREDITATION, AND MONITORING OF RESIDENTIAL CARE
FACILITIES CATERING TO SENIOR CITIZENS, PERSONS WITH DISABILITIES
(PWDs), AND THE MENTALLY CHALLENGED, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

The State bears a Constitutional and moral obligation to safeguard the welfare, dignity, and rights of vulnerable populations, including senior citizens, persons with disabilities (PWDs), and the mentally challenged. One duty is enshrined in Article XV, Section 4 of the 1987 Philippine Constitution, which mandates the State to care for the elderly through social security programs and support services.

However, recent events have underscored the urgent needs for legislative action to ensure the safety and proper care of these individuals. On October 11, 2025, the Department of Social Welfare and Development (DSWD) rescued seventeen (17) senior citizens from an unsafe and unsanitary care facility in Maramag, Bukidnon. The facility was found to be operating without proper registration, lacked qualified caregivers, and failed to meet basic safety and hygiene standards, including clean sleeping quarters and hygienic toilets. The residents were exposed to dangerous living conditions, prompting immediate intervention by authorities¹.

¹<https://www.gmanetwork.com/news/topstories/regions/962557/17-seniors-rescued-from-unsafe-unsanitary-care-facility-in-bukidnon-dswd/story/>

This alarming incident reflects the systematic gaps in regulation, accreditation, and monitoring of residential care facilities across the country. Many such facilities operate without oversight, placing residents at risk of neglect, abuse, and exploitation.

Although Republic Act No. 4373 or “*An Act to Regulate the Practice of Social Work and the Operation of Social Work Agencies in the Philippines and for Other Purposes*” establishes the criteria for social work agency administration and accreditation, it does not provide for the minimum criteria for operations of these facilities and the protection of the rights of their residents. This proposed measure addresses these gaps by prescribing minimum mandatory standards for the operation of residential care facilities. Furthermore, it empowers the DSWD to enforce compliance through regular inspections, penalties for violations, and closure protocols for non-compliant facilities. It further mandates the creation of Project Advisory Committee (PACs) at the local level to strengthen community-based oversight and support.

By institutionalizing these standards, we aim to protect the most vulnerable members of our society and ensure that residential care facilities become places of healing and respect. Considering the Bukidnon incident and similar cases nationwide, the passage of this bill is both timely and necessary. Thus, the immediate passage of this bill is earnestly sought.



AUDREY KAY T. ZUBIRI
Representative, 3rd District of Bukidnon

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Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

1 **SECTION 1. *Short Title.*** - This Act shall be known as the “Mandatory Care Facility
2 Standards Act.”
3

4 **SEC. 2. *Declaration of Policy.*** - The State recognizes its duty, along with the family,
5 to care for the elderly through social security programs and support services, as enshrined in
6 Section 4, Article XV, of the 1987 Philippine Constitution. Furthermore, the State shall adopt
7 an integrated approach to health development, prioritizing the needs of the underprivileged,
8 sick, elderly, and disabled. It is the policy of the State to ensure the welfare, safety, and dignity
9 of senior citizens including those frail, abandoned and neglected, persons with disabilities,
10 and mentally challenged individuals residing in residential care facilities through consistent
11 oversight and strict enforcement of mandatory operational standards. The standards are
12 intended to protect and promote the best interest and welfare of residents, recognizing their
13 right to efficient, responsive, and effective human services.
14

15 **SEC. 3. *Coverage.*** - These mandatory standards shall apply to all types of residential
16 care facilities operated and managed by the Department of Social Welfare and Development
17 (DSWD), Local Government Units (LGUs), and private social work agencies or Non-
18 Governmental Organizations (NGOs). These facilities provide twenty-four (24) hour group

1 care living as an alternative family care arrangement to residents whose needs cannot be
2 adequately met by their families.

3
4 **SEC. 4. Definition of Terms.** - For the purpose of this Act, the following terms shall
5 be defined as follows:

- 6
7 A. *Residential Care Facility* refers to a facility providing twenty-four (24) hour
8 group care living as an alternative family care arrangement to residents whose
9 needs cannot be adequately met by their families.
- 10 B. *Accreditation* refers to the official recognition granted by the DSWD Standards
11 Bureau, which shall have a maximum validity period of five (5) years.
- 12 C. *Minimum Mandatory Standards* refer to the mandatory standards or baseline
13 requirements that must be complied with, concerning the safety and welfare of
14 the residents and the service implementation.
- 15 D. *Vision, Mission, and Goals (VMG)* refer to the clear statement of the
16 organization indicating the desired outcomes for its residents and the programs
17 and services it offers.
- 18 E. *Case Management* refers to a manageable number of cases of residents handled
19 by social workers and other allied professional staff. It involves applying social
20 work methods, innovative approaches/strategies, and processes in accordance
21 with the assessment of problems and the written treatment plan. It also includes
22 the systematic documentation of the helping process as a basis for determining
23 appropriate interventions.
- 24 F. *Frail Senior Citizen* refers to people aged sixty (60) and above who are unable
25 to care for themselves or unable to perform activities of daily living due to an
26 illness, physical, and/or mental disability.
- 27 G. *Abandoned Senior Citizen* refers to a senior citizen who has no means of
28 meeting basic needs or whose family had deserted them, thus failing to meet
29 appropriate care, protection, and support.
- 30 H. *Neglected Senior Citizen* refers to a senior citizen whose basic needs for survival
31 have been deliberately unattended or inadequately attended to by their family.
- 32 I. *Home Care Volunteer* refers to a non-salaried trained and registered member of
33 the LGU who is willing and interested to commit time, resources, and talent to
34 care for the sick, frail, disabled, and bedridden senior citizen in the community.

1 J. *Palliative Care* refers to services designed to provide relief of symptoms that
2 interfere with quality of life. This care affirms life, regards dying as a normal
3 process, integrates the psychological and spiritual aspects of care, and offers a
4 support system to help the family cope during the senior citizen's illness and
5 bereavement.

6 K. *Project Advisory Committee (PAC)* refers to an inter-agency committee
7 involved in the implementation of home care, which is responsible for providing
8 technical assistance and monitoring/evaluating the implementation of the Home
9 Care Support Services.

10
11 **SEC. 5. *Principle of De-Institutionalization and Client Criteria.*** – Consistent with the
12 DSWD's policy on de-institutionalization, admission to residential care facilities should be
13 considered only as a last resort. These facilities must also establish a clear time frame for the
14 maximum duration of a resident's stay to ensure timely transition and reintegration. Residential
15 care services are intended to prioritize individuals who are unable to care for themselves, those
16 who have no prospects for foster care, and those without families or relatives—who should be
17 prepared for independent or group living arrangements.

18
19 **SEC. 6. *Minimum Mandatory Standards for Operation.*** - All facilities must adhere to
20 the following minimum mandatory standards set by the DSWD, corresponding to Level 1
21 accreditation.

22
23 A. Administration and Organization

- 24 1. *Goals and Administration:* A clear statement of the Vision, Mission, and Goals
25 (VMG) must be present and posted in a conspicuous area, directing the intended
26 desired outcomes for residents and the services offered.
- 27 2. *Policy:* A Manual of operation containing administrative policies and
28 procedures, core values, organizational structure, personnel policies (including
29 staffing, job description, benefits, privileges, incentives, rewards, and
30 sanctions), and guidelines for staff supervision and visitation shall be available.
- 31 3. *Financial Resource Management:* Financial systems must be written,
32 transparent, documented, and subject to internal and external auditing. Adequate
33 funds must be allocated ensuring that not less than seventy-five percent (75%)
34 of the total budget is designated for program implementation and not more than

1 twenty-five percent (25%) for administrative expenses. Further, financial
2 reports or statements shall be audited by an external Certified Public Accountant
3 or a Commission on Audit representative for facilities with income above P1
4 million.

- 5 4. *Information Management*: A system must be in place for capturing records of
6 administrative and program files, critical organizational events, and significant
7 information on cases of residents in aid of operational stability.
8

9 B. *Staffing and Personnel* – Subject to the development by the DSWD of additional
10 qualifications of workers in residential care facilities, as deemed necessary, the
11 following minimum requirements shall be observed:

- 12 1. *Center Head/Director Qualifications*: The Executive/Program
13 Director/Manager or Head must be a Social Work graduate who has
14 attended at least ten (10) days or 80 hours of relevant trainings recognized
15 by the DSWD with two (2) years of supervisory/managerial experience in a
16 related field.
- 17 2. *Staff Supervision and Management*: Supervising Social Workers (SWs)
18 must be Registered Social Workers (RSWs) with at least one (1) year of
19 supervisory experience and skilled in handling the specific type of residents
20 under care. Staff supervision shall be done on a regular basis, providing at
21 least one and a half (1.5) hours of one-to-one supervision each month
- 22 3. *Caseload Ratios*: One (1) RSW shall be assigned per 24-hour shift for a
23 number of residents based on their need, including:
- 24 i. One (1) RSW for every fifteen (15) non-social work staff
25 ii. One (1) RSW for every ten (10) to fifteen (15) mentally-challenged
26 individuals (upper trainable cases)
27 iii. In a mixed-age facility, a RSW for a maximum of 30 residents shall
28 be present.
- 29 4. *Staff Recruitment and Retention*: Facility leaders must establish and
30 implement a comprehensive human resources plan that includes explicit
31 strategies for recruitment and retention of qualified staff.
- 32 5. *Training*: A continuing training program for all staff must provide at least
33 forty (40) hours a year to upgrade and acquire new skills. Training shall
34 cover the following:

- i. Relevant international conventions and national legislations
- ii. Care approaches appropriate to the type of residents, including social dynamics and communicating with those with disabilities
- iii. Gender and development and gender sensitivity training (GST)
- iv. Skills on trauma management and critical incidence stress debriefing (CISD)
- v. Cultural safety and humility, dementia care, and non-pharmacological alternatives for responsive behaviors.

C. Physical Structures and Safety

1. *Physical Conditions and Accessibility*: All physical facilities must be maintained in humane living conditions and thoughtfully designed to support the holistic well-being of both residents and staff, addressing their physical, cultural, emotional, and psycho-social needs. Accessibility features must be installed, particularly for persons with disabilities (PWDs) and senior citizens ensuring their safety and convenient mobility;
2. *Safety Measures*: Safety measures must be installed to prevent loss of life and harm to physical and health conditions;
3. *Restraint Reduction*: The facility must implement policies and procedures promoting the least restraint approach, ensuring restraints are only used as a last resort and are documented in the resident's individualized care plan.
4. All accommodations must be adequately lit, well-ventilated, and must be assigned and retrofitted for each resident according to their needs and physical conditions. Security structures must not create a "prison-like" setting. Window grills may be installed provided, that they can be opened easily in cases of emergency.
5. Emergency and fire safety plans must adhere to building regulations and must be clearly installed and known to all staff and residents.

D. Case Management and Care – the DSWD shall develop the standards for the initial assessment, individualized care plan, health and medical services, and palliative and follow-up care of residents in residential care facilities, provided, that the following minimum standards are observed:

1. *Intake and Assessment*: A social case study report shall be prepared within one (1) month after the intake interview which shall include a physical examination report by a physician.
2. *Individualized Care Plan*: A case plan shall be formulated within one (1) month after admission.
3. *Basic Needs and Dignity*: The facility shall maintain house rules that promote a respectful, family-like atmosphere conducive to the well-being of all residents, provided that, disciplinary actions must exclude corporal punishment and the deprivation of basic needs.
4. *Health and Medical Services*: Annual physical and medical and dental check-ups are mandatory.
5. *Palliative Care*: Facilities providing palliative care services, must be designed to provide relief of symptoms that interfere with quality of life, affirm life, integrate psychological and spiritual aspects of care, and offer a support system for families.
6. *Discharge Planning and Follow-up Care*: A written policy on closure and termination must be operational. Termination/pre-discharge plan shall be finalized with the residents (as applicable) at least three (3) months prior to discharge for a smooth transition.
7. *Virtual Health Services*: Facility leaders must provide policies and procedures for the appropriate delivery and use of virtual health services (telehealth) to ensure coordinated care with external medical providers.

E. **Resident Rights and Confidentiality.** The residents' rights to life and privacy shall be respected at all times. Any information that could endanger them or their families shall not be disclosed directly or indirectly to the public and media. Written consent from the resident or their immediate relatives or authorized guardian must be sought before sensitive information is disclosed to any third person.

SEC. 7. Local Monitoring and Oversight. - To strengthen oversight and accountability, every LGU shall organize a Project Advisory Committee (PAC) for Residential Care and Home Care Support Services, as an inter-agency body involved in implementation and monitoring.

1 A. Composition: The PAC shall be chaired by the Provincial/City/Municipal Social
2 Welfare and Development Officer (P/C/MSWDO) with members including
3 representatives from the Local Health Department, local senior citizens
4 organizations, and NGOs.

5 B. Functions: The PAC shall assist in planning and implementing community
6 awareness campaigns, generating community resources, providing technical
7 assistance, and facilitating activities to sustain the project.

8 C. Public Quality Reporting: The DSWD, through its Standards Bureau, shall establish
9 a publicly accessible platform for reporting standardized information on facility
10 quality, including inspection grades, minimum staffing levels met, and
11 resident/workforce experience outcomes. This is intended to facilitate informed
12 choice by residents and their families.

13
14 **SEC. 8. Regulatory Authority and Accreditation.** - The DSWD, through its Standards
15 Bureau, shall remain the sole regulatory authority responsible for setting and monitoring all
16 standards. The accreditation of a residential care facility shall be valid for a maximum period
17 of five (5) years. To ensure ongoing compliance with established standards, the Standards
18 Bureau is mandated to conduct regular annual inspections of all accredited facilities. During
19 the validity period, accreditation may be suspended or cancelled if the facility fails to maintain
20 compliance despite receiving three (3) formal notices within a six (6) month period.

21
22 **SEC. 9. Penalties and Closure Protocols.** - After due notice and investigation by the
23 DSWD Standards Bureau, any facility found in violation of the minimum standards and
24 regulations herein provided and set by the DSWD shall be subject to existing penalties,
25 including a fine of not less than One Hundred Thousand Pesos (P100,000.00) for each violation
26 and suspension or cancellation of its DSWD accreditation.

27
28 The DSWD shall strictly enforce the immediate closure and imposition of maximum
29 penalties against any facility, public or private, operating without a valid Certificate of
30 Registration and License to Operate (CRLTO). Upon forced closure due to non-compliance or
31 lack of CRLTO, the DSWD Field Office, in coordination with law enforcement agencies, shall
32 be responsible for ensuring the safe transfer and placement of all residents to the Regional
33 Haven or other DSWD-accredited homes for the aged/PWDs.

1 **SEC. 10. *Implementing Rules and Regulations.*** - The DSWD, through its Standards
2 Bureau, shall serve as the lead agency responsible for the formulation and issuance of the
3 Implementing Rules and Regulations (IRR) necessary for the effective enforcement of this Act.
4 The IRR shall be promulgated within ninety (90) days from the effectivity of the Act. In
5 developing the IRR, the DSWD shall conduct consultations with relevant government agencies
6 such as the Department of Health (DOH) and the Technical Education and Skills Development
7 Authority (TESDA), as well as implementing bodies including Local Government Units
8 (LGUs), private social work agencies, Non-Governmental Organizations (NGOs), and
9 representatives of facility residents, service users, and their families or Substitute Decision
10 Makers.

11
12 **SEC. 11. *Repealing Clause.*** - All laws, decrees, orders, rules and regulations or other
13 issuances or parts thereof inconsistent with the provisions of this Act are hereby repealed or
14 modified accordingly.

15
16 **SEC. 12. *Separability Clause.*** - If any provision of this Act is held invalid, the other
17 provisions not affected shall remain in full force and effect.

18
19 **SEC. 12. *Effectivity.*** - This Act shall take effect fifteen (15) days after its publication
20 in the Official Gazette or in a newspaper of general circulation.

21
22 *Approved,*