

COMBINED FEDERAL & STATE HOME CARE BILL OF RIGHTS

Statement of Rights (2019)

A person who receives home care services has these rights and the provider must provide for the following rights:

*Client means Patient

*Provider means Medicare Certified Home Health Agency (HHA)

1. **Written information** in plain language **about rights during the initial visit, and in advance of the provider furnishing care to the client. The written notice must be understandable to persons who have limited English proficiency and accessible to individuals with disabilities, including what to do if rights are violated.**
2. **Contact information of the provider's administrator, including the administrator's name, business address, and business phone number in order to receive complaints.**
3. **Verbal notice of the client's rights and responsibilities in the individual's primary or preferred language and in a manner the individual understands, free of charge, with the use of a competent interpreter if necessary.**
4. Receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards, to take an active part in developing, modifying, and evaluating the plan and services.
5. Be told before receiving services and the right to **participate in, be informed about, and consent or refuse care in advance of and during treatment, with respect to:**
 - a. Other choices that are available for addressing home care needs and the potential consequences of refusing these services.
 - b. **Completion of all assessments.**
 - c. **The care to be furnished, based on the comprehensive assessment.**
 - d. **Establishing and revising the care plan.**
 - e. **The disciplines that will furnish care. e. The disciplines that will furnish care.**
 - f. **The frequency of visits.**
 - g. **Expected outcomes of care, including client-identified goals, and anticipated risks and benefits.**
 - h. **Any factors that could impact treatment effectiveness.**
 - i. Any changes in the care to be furnished.
6. Be told in advance of any recommended changes by the provider in the service plan and to take an active part in decisions about changes to service plan.
7. **Receive all services outlined in the plan of care.**
8. Refuse service or treatment.
9. Know, before receiving services or during the initial visit, any limits to the services available from a home care provider.
10. Be told, before services are initiated what the provider charges for the services; to what extent payment may be expected from health insurance, public programs or other sources including **Medicare and Medicaid, or any other Federally-funded or Federal aid program known by the provider**, if known; what charges the client may be responsible for paying, and **any changes to payment information as soon as possible, in advance of the next provider visit.**
11. Know that there may be other services available in the community, including other home care services and providers, and to know where to find information about these services.
12. Choose freely among available providers and to change providers after services have begun, within the limits of health insurance, long-term care insurance, medical assistance, or other health programs.
13. Have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information, **including an Outcome and Assessment Information Set (OASIS) privacy notice for all clients for whom the OASIS data is collected.**

14. Access the client's own records and written information from those records in accordance with sections 144.291 to 144.298.
15. Be served by people who are properly trained and competent to perform their duties.
16. The right to be treated with courtesy and respect, and to have the client's property treated with respect.
17. Be free from verbal, **mental, sexual** and physical abuse, **including injuries of unknown source**, neglect, financial exploitation/ **misappropriation of property**, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act.
18. Reasonable, advance notice of changes in services or charges, **in advance of a specific service being furnished, if the provider believes that the service may be non-covered care, or in advance of the provider reducing or terminating on-going care.**
19. Know the provider's reason for termination of services.
20. **Be informed of the provider's policies and procedures for transfer and discharge, in a language that the client can understand, and is accessible to individuals with disabilities, within 4 business days of the initial evaluation visit. The provider may only transfer or discharge the client if:**
 - a. **The transfer or discharge is necessary for the client's welfare because the provider and the physician who is responsible for the plan of care agree that the provider can no longer meet the client's needs, based on the client's acuity. The provider must arrange a safe and appropriate transfer to other care entities when the needs of the client exceed the providers' capabilities;**
 - b. **The client or payer will no longer pay for the services provided;**
 - c. **The transfer or discharge is appropriate because the physician who is responsible for the plan of care and the provider agree that the measurable outcomes and goals set forth in the plan of care have been achieved, and the provider and the physician who is responsible for the plan of care agree that the client no longer needs the services;**
 - d. **The client refuses services, or elects to be transferred or discharged;**
 - e. **The provider determines, under a policy set by the provider for the purpose of addressing discharge for cause that meets the requirements of this section, that the client (or other persons in the client's home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the client or the ability of the provider to operate effectively is seriously impaired.**

The provider must do the following before it discharges a client for cause:

 - 1) **Advise the client, representative (if any), the physician(s) issuing orders for the plan of care, and the client's primary care practitioner or other health care professional who will be responsible for providing care and services to the client after discharge from the provider (if any) that a discharge for cause is being considered;**
 - 2) **Make efforts to resolve the problem(s) presented by the client's behavior, the behavior of other persons in the client's home, or situation;**
 - 3) **Provide the client and representative (if any), with contact information for other agencies or providers who may be able to provide care; and**
 - 4) **Document the problem(s) and efforts made to resolve the problem(s), and enter this documentation into its clinical records;**
 - f. **The client dies; or**
 - g. **The provider agency ceases to operate.**
21. At least ten days' advance notice of the termination of a service by a provider, except in cases where:
 - a. The client engages in conduct that significantly alters the terms of the service plan with the home care provider;
 - b. The client, person who lives with the client, or others create an abusive or unsafe work environment for the person providing home care services; or
 - c. An emergency or a significant change in the client's condition has resulted in service needs that exceed the current service plan and that cannot be safely met by the home care provider.
22. A coordinated transfer when there will be a change in the provider of services.

23. Complain about services, **treatment or care** provided, or fail to be provided, and the lack of courtesy or respect to the client or the client's property. **The right to be advised of the MN Adult Abuse Reporting Center (MAARC), that its purpose is to receive complaints and the state toll free home health telephone hot line, its contact information, hours of operation for questions about local providers.**
24. Know how to contact an individual associated with the home care provider who is responsible for handling problems and to have the home care provider investigate and attempt to resolve the grievance.
25. Know the name and address and telephone numbers of the state or county agency to contact for additional information or assistance **and, if applicable, federally funded entities that serve the area where the client resides.**
26. Assert these rights personally, or have them asserted by the client's representative or by anyone on behalf of the client, without retaliation, **and be free from any discrimination or reprisal for exercising his or her rights for voicing grievances to the provider or other outside entity.**
27. **Be informed of the right to access auxiliary aids and language services and how to access these services.**
28. **Place an electronic monitoring device in the client's or resident's space in compliance with state requirements.**

You may choose to discuss any concerns with your provider. As a reminder, providers are required to work to assure your rights and other requirements are followed. When providers violate the rights in this section, they are subject to the fines and license actions.

Providers must do the following:

- 1) Encourage and assist in the fullest possible exercise of these rights.
- 2) Provide the names and telephone numbers of individuals and organizations that provide advocacy and legal services for clients and residents seeking to assert their rights.
- 3) Make every effort to assist clients or residents in obtaining information regarding whether Medicare, medical assistance, other health programs, or public programs will pay for services.

- 4) Make reasonable accommodations for people who have communication disabilities, or those who speak a language other than English.
- 5) Provide all information and notices in plain language and in terms the client or resident can understand.

No provider may require or request a client or resident to waive any of the rights listed in this section at any time or for any reasons, including as a condition of initiating services or entering into an assisted living contract.

Resources

Report suspected abuse, neglect or financial exploitation of a vulnerable adult:

MN Adult Abuse Reporting Center (MAARC)

Phone: 1-844-880-1574

For more information: Vulnerable adult protection and elder abuse (<https://mn.gov/dhs/adult-protection/>)

For all other complaints that are not suspected abuse, neglect or financial exploitation of a vulnerable adult, please contact the Office of Health Facility Complaints at the Minnesota Department of Health:

Minnesota Department of Health Office of Health Facility Complaints

PO Box 64970

St. Paul, Minnesota 55164-0970

Phone: 651-201-4201 or 1-800-369-7994

Fax: 651-281-9796

Health.ohfc-complaints@state.mn.us

Office of Health Facility Complaints

(<https://www.health.state.mn.us/facilities/regulation/ohfc/index.html>)

State Toll-Free Medicare Certified Home Health Agency Telephone Hotline

For complaints and questions about local HHAs

Business hours: M-F, 8:00 a.m. – 4:30 p.m.; message can be left 24/7

Minnesota Department of Health

Office of Health Facility Complaints

85 East Seventh Place, Suite 220

P.O. Box 64970;

St. Paul, Minnesota 55164-0970

Phone: 651-201-4201 or 1-800-369-7994

Fax: 651-281-9796

health.ohfc-complaints@state.mn.us

(<https://www.health.state.mn.us/facilities/regulation/ohfc/index.html>)

To request advocacy services, please contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities:

Office of Ombudsman for Long-Term Care

PO Box 64971
St. Paul, MN 55164-0971
1-800-657-3591 or 651-431-2555

MBA.OOLTC@state.mn.us

Ombudsman for Long-Term Care
(<http://www.mnaging.org/Advocate/OLTC.aspx>)

Office of Ombudsman for Mental Health and Developmental Disabilities

121 7th Place East
Metro Square Building
St. Paul, MN 55101-2117

Phone: 1-800-657-3506 or 651-757-1800

Email: Ombudsman.mhdd@state.mn.us

Office of Ombudsman for Mental Health and Developmental Disabilities (<https://mn.gov/omhdd/>)

Mid-Minnesota Legal Aid/Minnesota Disability Law Center (Protection and Advocacy Systems)

430 First Avenue North, Suite 300
Minneapolis, MN 55401-1780

Phone: 1-800-292-4150

Email: mndlc@mylegalaid.org

Legal Aid (<http://mylegalaid.org/>)

Minnesota Department of Human Services

(Medicaid Fraud and Abuse-payment issues)
Surveillance and Integrity Review Services
PO Box 64982

St Paul, MN 55164-0982

Phone: 1-800-657-3750 or 651-431-2650 (metro)

Email: DHS.SIRS@state.mn.us

SENIOR LINKAGE LINE

(Aging & Disability Resource Center/Agency on Aging)
Minnesota Board on Aging
PO Box 64976

St. Paul, MN 55155

Phone: 1-800-333-2433

Email: senior.linkage@state.mn.us

Senior LinkAge Line (www.SeniorLinkAgeLine.com)

**Centers for Independent Living
Department of Employment and Economic
Development - Living Independently**

(<https://mn.gov/deed/job-seekers/disabilities/independent/>)

See website for names, addresses and telephone numbers.

**Medicare Beneficiary and Family Centered Care
Quality Improvement Organization**

Livanta, LLC – BFCC-QIO Program(Medicare Beneficiary and Family Centered Care Quality Improvement Organization)

10820 Guilford Road, Suite 202
Annapolis Junction, MD 20701-1105

Phone: 1-855-524-9900/TTY: 1-888-985-8775

STRATIS HEALTH

(Quality Improvement Organization)

2901 Metro Drive, Suite 400
Bloomington, MN 55425-1525

Telephone: 952-854-3306;

Toll-free: 1-877-STRATIS (787-2847);

Fax: 952-853-8503;

Email: info@stratishealth.org

For general inquiries, please contact:

Minnesota Department of Health

Health Regulation Division

85 E. 7th Place PO Box 64970

St. Paul, MN 55164-0970

Phone: 651-201-4101

www.health.state.mn.us

Email: health.fpc-web@health.state.mn.us

Minnesota Department of Health

(www.health.state.mn.us)

To be used by Medicare certified providers per Minnesota Statutes, Section 144a.44, Subdivision 1 except language in bold print which represents additional consumer rights under federal law 42CFR 484.50.

The home care provider shall provide the client or the client's representative a written notice of the rights before the date that services are first provided to that client. The provider shall make all reasonable efforts to provide notice of the rights to the client or the client's representative in a language the client or client's representative can understand.

Minnesota Department of Health

Health Regulation Division

P.O. Box 64900

St. Paul, Minnesota 55164-0900

Phone: 651-201-4101

Email: health.fpc-licensing@state.mn.us

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To obtain this information in a different format, call: 651-201-4101.

Interpretation and enforcement of rights

*These rights are established for the benefit of clients who receive home care services. **All home care providers must comply with these rights.** The commissioner shall enforce this. A home care provider may not request or require a client to surrender any of these rights as a condition of receiving services. This statement of rights does not replace or diminish other rights and liberties that may exist relative to clients receiving home care services, persons providing home care services, or licensed home care providers.*

Licensee Name: Divine HealthCare Network

Phone: 651-665-9795

Email: info@divinecorporation.com or Isaac@divinecorporation.com

Address: 856 University Avenue, W., St Paul, MN 55104

Name/Title of person to whom problems or complaints may be directed: ISAAC OBI, ADMINISTRATOR/CEO

As your home care provider, we strive to provide quality services. If you need assistance, have questions, or a complaint, please contact us at: (651) 665-9795. Also, feel free to use the resources provided in this Bill of Rights.

Alternate Agency Person to whom problems or complaints may be directed—Director of Nursing (DON) or DON Designee):

Name/Title: ELIZABETH OBI, DON OR **Designee:**

Signature:

Date:

Acknowledgement:

I have been provided with a copy of the Home Care Bill of Rights. I have read the Bill of Rights or had it explained to me. I understand the Bill of Rights and have had a chance to have all of my questions answered.

(Check appropriate box and provide full name): ☐ **Client** or ☐ **Client-Selected Representative** or ☐ **Court-Appointed Legal Representative** or ☐ **Employee** (Orientee):

Full Name:

(Check appropriate box for signature): ☐ **Client** or ☐ **Client-Selected Representative** or ☐ **Court-Appointed Legal Representative** or ☐ **Employee** (Orientee)

Signature:

Date:

Relationship of Client-Selected/Legal Representative (if not signed by client):

Witness (Name and Signature):

If the client is unable to acknowledge receipt of the Home Care Bill of Rights, document or state reason:

