

Combined Federal and State Home Care Bill of Rights

Statement of Rights

A client who receives home care services in the community 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 and person-centered care, 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:**
 - Other choices that are available for addressing home care needs and the potential consequences of refusing these services.
 - **Completion of all assessments.**
 - **The care to be furnished, based on the comprehensive assessment.**
 - **Establishing and revising the care plan.**
 - **The disciplines that will furnish care.**
 - **The frequency of visits.**
 - **Expected outcomes of care, including client-identified goals, and anticipated risks and benefits.**
 - **Any factors that could impact treatment effectiveness.**
 - 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, or public 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 the Minnesota Health Records Act, Minnesota Statutes, Section 144.291 to 144.298.
15. Be served by people who are properly trained and competent to perform their duties.
16. 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:

- 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.
- The client or payer will no longer pay for the services provided.
- 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.
- The client refuses services, or elects to be transferred or discharged.
- 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:
 - 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.
 - 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.
 - Provide the client and representative (if any), with contact information for other agencies or providers who may be able to provide care.
 - Document the problem(s) and efforts made to resolve the problem(s), and enter this documentation into its clinical records.
- The client dies; or
- The provider agency ceases to operate.

21. At least ten calendar days' advance notice of the termination of a service by a home care provider. This clause does not apply in cases where:

- The client engages in conduct that significantly alters the terms of the service plan with the home care provider.

- The client, person who lives with the client, or others create an abusive or unsafe work environment for the person providing home care services.
 - 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 to staff and others of the client's choice 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 and the right to recommend changes in policies and services, free from retaliation, including the threat of termination of services. **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:

- Encourage and assist in the fullest possible exercise of these rights.
- 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.
- 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.

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- Make reasonable accommodations for people who have communication disabilities, or those who speak a language other than English.
- 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.

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.

AS YOUR HOME CARE PROVIDER, WE STRIVE TO PROVIDE QUALITY SERVICES. IF YOU NEED ASSISTANCE, HAVE QUESTIONS, OR A COMPLAINT YOU MAY CONTACT YOUR LOCAL OFFICE OR THE FOLLOWING INDIVIDUALS:

Licensee Name: MILS Home Health Agency and MILS MN Independent Living Services, Inc.

Phone: 612-379-4027 **Email:** n.hansen@milshomecare.com

Address: 2520 Broadway St NE Ste 205 Minneapolis, MN 55413

Name/title to whom problems or complaints may be directed: Nicole Hansen - Administrator

OVERVIEW OF THE AGENCY'S CLIENT COMPLAINT PROCEDURE:

1. You, or your representative, may submit a verbal or written complaint to the agency. Please note that the agency will not retaliate or discriminate against you in any way if you submit a complaint or cooperate in the investigation of a complaint.
2. An agency representative will contact you or your representative, discuss the situation, gather information and attempt to resolve the situation with you.
3. You will be asked if you wish to file a formal complaint. If you wish to file a formal complaint:
 - a. You, or your representative, can complete a complaint form and give it to the office.
 - b. An agency representative can fill out a complaint form for you.
4. The Administrator will be notified of your complaint within forty-eight (48) hours of the agency receiving the complaint. For complaints of discrimination, the Administrator will be notified within this time-frame as well.
5. You will receive a written response regarding your complaint no later than 15 business days after the agency received the complaint. An agency representative may also call you to follow up.
6. You may appeal the decision made by the agency by writing to the Administrator within 15 business days of receiving the written response.
7. The Administrator will send you a written response to the appeal no later than 30 business days after the agency receives your appeal.
8. If you still feel the complaint is not resolved, or at any other time, you may contact the agencies identified on the following page.

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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
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>

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 \(http://www.mnaging.org/Advocate/OLTC.aspx\)](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
1-800-657-3506 or 651-757-1800

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

1-800-292-4150

mndlc@mylegalaid.org

[Legal Aid \(http://mylegalaid.org/\)](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

1-800-657-3750 or 651-431-2650

DHS.SIRS@state.mn.us

SENIOR LINKAGE LINE

(Aging and Disability Resource Center/Agency on Aging)

Minnesota Board on Aging

PO Box 64976

St. Paul, MN 55155

1-800-333-2433

senior.linkage@state.mn.us

[Senior LinkAge Line \(www.SeniorLinkageLine.com\)](http://www.SeniorLinkageLine.com)

CENTERS FOR INDEPENDENT LIVING

[Department of Employment and Economic Development - Living Independently](http://mn.gov/deed/job-seekers/disabilities/independent/)

[\(https://mn.gov/deed/job-seekers/disabilities/independent/\)](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

10820 Guilford Road, Suite 202

Annapolis Junction, MD 20701-1105

1-888-524-9900, 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

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

651-201-4101

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

[Minnesota Department of Health \(www.health.state.mn.us\)](http://www.health.state.mn.us)

To be used by Medicare certified providers per Minnesota Statute, 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

651-201-4101

health.fpc-licensing@state.mn.us

Revised November 2019

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