

# Minnesota Home Care Bill of Rights

## Statement of Rights

A Client who receives home care services in the community has these rights:

1. Receive written information, in plain language, about rights before receiving services, including what to do if rights are violated.
2. 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.
3. Be told before receiving services the type and disciplines of staff who will be providing the services, the frequency of visits proposed to be furnished, other choices that are available for addressing home care needs, and the potential consequences of refusing these services.
4. Be told in advance of any recommended changes by the provider in the service plan and to take an active part in any decisions about changes to the service plan.
5. Refuse services or treatment.
6. Know, before receiving services or during the initial visit, any limits to the services available from a home care provider.
7. 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 if known; and what charges the client may be responsible for paying.
8. 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.
9. 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, other health programs or public programs.
10. Have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information.
11. Access the client's own records and written information from those records in accordance with the Minnesota Health Records Act, Minnesota Statute Sections 144.291 to 144.298.
12. Be served by people who are properly trained and competent to perform their duties.
13. Be treated with courtesy and respect, and to have the client's property treated with respect.
14. Be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act.
15. Reasonable, advance notice of changes in services or charges.
16. Know the provider's reason for termination of services.
17. At least ten calendar days' advance notice of the termination of the 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.
18. A coordinated transfer when there will be a change in the provider of services.
19. Complain to staff and others of the client's choice about services that are 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.
20. 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 or complaint.
21. Know the name and address of the state or county agency to contact for additional information or assistance.
22. Assert these rights personally, or have them asserted by the client's representative or by anyone on behalf of the client, without retaliation.
23. Place an electronic monitoring device in the client's or resident's space in compliance with state requirements.

*Effective January 1, 2020*

**IF YOU HAVE A COMPLAINT ABOUT THE AGENCY OR PERSON PROVIDING YOUR HOME CARE SERVICES, YOU MAY CALL, WRITE, OR VISIT THE OFFICE OF HEALTH FACILITY COMPLAINTS, MINNESOTA DEPARTMENT OF HEALTH. YOU MAY ALSO CONTACT THE OMBUDSMAN FOR LONG-TERM CARE.**

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| <p>Office of Health Facility Complaints<br/>         (651) 201-4201<br/>         1-800-369-7994<br/>         Fax: (651) 281-9796<br/>         Mailing Address:<br/>         Minnesota Department of Health<br/>         Office of Health Facility Complaints<br/>         85 East Seventh Place, Suite 300<br/>         P.O. BOX 64970 St. Paul, MN 55164</p> | <p>Ombudsman for Long-Term Care<br/>         (651) 431-2555<br/>         1-800-657-3591<br/>         Fax: (651) 431-7452<br/>         Mailing Address:<br/>         Home Care Ombudsman<br/>         Ombudsman for Long-Term Care<br/>         PO BOX 64970 St. Paul, MN 55164</p> | <p>You may also contact:<br/>         (952) 456-6561<br/>         Fax: (952) 456-6563<br/>         Maplewood Home Care<br/>         Mailing Address:<br/>         1736 Cope Ave E Ste. 2 Maplewood,<br/>         MN 55109<br/>         Complaints may be directed to:<br/>         Yong Yang, Executive Director</p> |
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**Maplewood Home Care**  
seniorhomeinc.com

1736 Cope Ave E. Suite 2, Maplewood, MN 55119  
Phone:(952) 456-6561 Fax:(952)777-1668

**I acknowledge that 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.**

Print Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_