

## HOME CARE BILL OF RIGHTS STATEMENT OF RIGHTS

2014 Minnesota Statutes: 144A.44 Subdivision 1.

A person who receives home care services has these rights:

1. The right to **receive written information about rights** before receiving services, including what to do if rights are violated.
2. The right to 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. **The provider must advise the recipient in advance of the right to participate in planning the care or treatment.**
3. The right to 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. The right to 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 in the service plan; **and the planning before any change is made.**
5. The right to refuse services or treatment.
6. The right to know, before receiving services or during the initial visit, any limits to the services available from a home care provider.
7. The right to be told, **and to be advised, both orally and in writing**, 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. **The provider must advise the recipient of home care services, both orally and in writing, of any changes in such coverage and the recipient's liability for charges as soon as possible, but no later than 30 calendar days after the provider becomes aware of a change.**
8. The right to 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. The right to 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.
10. The right to 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. The right to access the client's own records and written information from those records in accordance with sections 144.291 to 144.298.
12. The right to be served by people who are properly trained and competent to perform their duties.
13. The right to be treated with courtesy and respect, and to have the client's property treated with respect.
14. The right to 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. The right to a reasonable, advance notice of changes in services or charges.
16. The right to know the provider's reason for termination of services.
17. The right to at least ten day's advance notice of the termination of a service by a provider, except in cases where: (i) The client engages in conduct that significantly alters the terms of the service plan with the home care provider; (ii) 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 (iii) an emergency or a significant change in the clients condition has resulted in service needs that exceed the current service plan and that cannot be safely met by the home care provider.
18. The right to a coordinated transfer when there will be a change in the provider of services.
19. The right to complain 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.
20. The right to 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. **The provider shall document in writing all complaints, as well as document, in writing, any resolution of the complaint against anyone furnishing services on behalf of the provider.**
21. The right to know the name and address of the state or county agency to contact for additional information or assistance.
22. The right to assert these rights personally, or have them asserted by the client's representative or by anyone on behalf of the client, without retaliation. **A provider must protect and promote these rights.**

**Subd. 2. Interpretation and Enforcement of Rights.** *These rights are established for the benefit of clients who receive home care services. All home care providers, including those exempted under section 144A.471, must comply with this section. The commissioner shall enforce this section and the home care bill of rights requirement against home care providers exempt from licensure in the same manner as for licensees. 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 providers licensed under sections 144A.43 to 144A.482.*

**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**

Agency Person to whom problems or complaints may be directed:

Name & Title (Director of Nursing (DON) or DON Designee)

**IF YOU HAVE A COMPLAINT ABOUT THE PROVIDER 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 OR THE OFFICE OF OMBUDSMAN FOR MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES:**

**OFFICE OF HEALTH FACILITY COMPLAINTS**  
**Mailing Address: Minnesota Department of Health, Office of Health Facility Complaints**  
**85 East 7th Place, Suite 300, PO Box 64970**  
**St. Paul, Minnesota 55164-0970**

Phone: (651) 201-4201 or 1-800-369-7994; Fax: (651) 281-9796  
 Website: <http://www.health.state.mn.us/divs/fpc/ohcinfo/contohfc.htm>.  
 Email: [health.ohc-complaints@state.mn.us](mailto:health.ohc-complaints@state.mn.us)

**OMBUDSMAN FOR LONG-TERM CARE**  
**Mailing address:**  
**Home Care Ombudsman, Office for Long-Term Care**  
**PO Box 64971**  
**St. Paul, Minnesota 55164-0971**

Phone: (651) 431-2555 or 1-800-657-3591  
 TDD/TTY: call 711; Fax: (651) 431-7452  
 Website: <http://tinyurl.com/Ombudsman-LTC>  
 Email: [mba.ooltc@state.mn.us](mailto:mba.ooltc@state.mn.us).

**Ombudsman for Mental health and Developmental Disabilities**  
**Mailing Address:**  
**121 7<sup>th</sup> Place East, Suite 420 Metro Square Building**  
**St. Paul, Minnesota 55101-2117**

Phone: 651-757-1800 or 1-800-657-3506  
 Fax: 651-797-1950 or 651-296-1021  
 Website: <http://mn.gov/omhdd/>  
 Email: [ombudsman.mhdd@state.mn.us](mailto:ombudsman.mhdd@state.mn.us)

**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.**

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<input type="checkbox"/> Name of Client or <input type="checkbox"/> Responsible Person or <input type="checkbox"/> Employee (Check appropriate box)	<input type="checkbox"/> Signature of Client or <input type="checkbox"/> Responsible Person or <input type="checkbox"/> Employee (Check one)	Date
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**Relationship of Responsible Party (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:

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