



Welcome to Best Home Care. This packet contains some important information about your rights, and information we need in order for you to begin receiving PCA services through our agency. Please review the contents of this packet, then sign and return the materials as indicated by fax, email or mail. If you have any questions, please contact us.

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SERVICE DELIVERY POLICY

The objective of our agency is to provide quality services that meet the needs of the public and are consistent with PCA rules and regulations. The purpose of our Service Delivery Policy is to ensure we accomplish our objectives by:

- Establishing, and implementing policies that define performance standards for quality PCA services; and

- Establishing and implementing procedures that are designed to ensure our services are delivered in a consistent manner.

The following policies and procedures are hereby incorporated into and made part of the Service Deliver Policy. The following materials define how our services are to be delivered and are designed to ensure our services are effective and consistent.

1. HOME CARE BILL OF RIGHTS

- A person who receives home care services has these rights:
- The right to receive written information about rights in advance of receiving care or during the initial evaluation visit before the initiation of treatment, including what to do if rights are violated.
- The right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services.
- The right to be told in advance of receiving care about the services that will be provided, the disciplines that will furnish care, the frequency of visits proposed to be furnished, other choices that are available, and the consequences of these choices, including the consequences of refusing these services.
- The right to be told in advance, of any changes in the plan of care and to take an active part in any changes.
- The right to refuse services or treatment.
- The right to know, in advance, any limits to the services available from a provider, and the provider's grounds for a termination of services.
- The right to know, in advance of receiving care whether the services are covered by health insurance, medical assistance, or other health programs, the charges for services that will not be covered by Medicare, and the charges that the individual may have to pay.
- The right to know what the charges are for services, no matter who will be paying the bill.
- 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 go for information about these services.
- The right to choose freely among available providers and to change providers after services have begun, within limits of health insurance, medical assistance, or other health programs
- 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.
- The right to be allowed access to records and written information from records in accordance with section 144.335.
- The right to be served by people who are properly trained and competent to perform their duties.

- The right to be treated with courtesy and respect, and to have the patient’s property treated with respect.
- The right to be free from physical and verbal abuse.
- The right to reasonable, advance notice of changes in services or charges, including at least 10 day’s advance notice of the termination of a service by a provider, except in cases where:
 - The recipient of services engages in conduct that alters the conditions of employment as specified in the employment contract between the home care provider and the individual providing home care services, or creates an abusive or unsafe work environment for the individual providing home care services; or
 - An emergency for the informal caregiver or a significant change in the recipient’s condition has resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the home care provider.
- The right to a coordinated transfer when there will be a change in the provider of services.
- The right to voice grievances regarding treatment or care that is, or fails to be, furnished, or regarding the lack of courtesy or respect to the patient or the patient’s property.
- The right to know how to contact an individual associated with the provider who is responsible for handling problems and to have the provider investigate and attempt to resolve the grievance or complaint.
- The right to know the name and address of the state or county agency to contact for additional information or assistance.
- The right to assert these rights personally, or have them asserted by the patient’s family or guardian when the patient has been judged incompetent, without retaliation.
- IF YOU HAVE A COMPLAINT ABOUT THE AGENCY OR PERSON PROVIDING YOU 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.
- Office of Health Facility Complaints
- (651) 201-4201
- 1-800- 369-7994
- Fax: (651) 281-9796
- Mailing Address:
- Minnesota Department of Health Office of Health Facility Complaints 85 East Seventh Place, Suite 220
- P.O. Box 64970

- St. Paul, Minnesota 55164-0970
- Ombudsman for Long-Term Care
- (651) 431-2555
- 1-800-657-3591
- Fax: (651) 431-7452
- Mailing Address:
- Home Care Ombudsman Ombudsman for Long-Term Care PO Box 64971
- St. Paul, MN 55164-0971
- Licensee Name: Telephone Number: Address:
- Name/Title of Person to Whom Problems or Complaints May be directed:
- For informational purposes only and is not required in the Home Care Bill of Rights text:
- MN Statutes, section 144A.44 Subd. 2. Interpretation and enforcement of rights.
- These rights are established for the benefit of persons who receive home care services. "Home care services" means home care services as defined in section 144A.43, subdivision 3. A home care provider may not require a person to surrender these rights as a condition of receiving services. A guardian or conservator or, when there is no guardian or conservator, a designated person, may seek to enforce these rights. This statement of rights does not replace or diminish other rights and liberties that may exist relative to persons receiving home care services, persons providing home care services, or providers licensed under Laws 1987, chapter 378. A copy of these rights must be provided to an individual at the time home care services are initiated. The copy shall also contain the address and phone number of the Office of Health Facility Complaints and the Office of the Ombudsman for Long-Term Care and a brief statement describing how to file a complaint with these offices. Information about how to contact the Office of the Ombudsman for Long-Term Care shall be included in notices of change in client fees and in notices where home care providers initiate transfer or discontinuation of services.

2. ADVANCE DIRECTIVE NOTICE

Minnesota Law

Minnesota law allows you to inform others of your health care wishes. You have the right to state your wishes or appoint an agent in writing so that others will know what you want if you can't tell them because of illness or injury. The information that follows tells about health care directives and how to prepare them. It does not give every detail of the law.

What is a Health Care Directive?

A health care directive is a written document that informs other of your wishes about your health care. It allows you to name a person ("agent") to decide for you if you are unable to decide. It also allows you to name an agent if you want someone else to decide for you. You must be at least 18 years old to make a health care directive.

Why Have a Health Care Directive?

A health care directive is important if your attending physician determines you can't communicate your health care choices (because of physical or mental incapacity). It is also important if you wish to have someone else make your health care decisions. In some circumstances, your directive may state that you want someone other than an attending physician to decide when you cannot make your own decisions.

Must I Have a Health Care Directive? What Happens if I Don't Have One?

You don't have to have a health care directive. But, writing one helps to make sure your wishes are followed. You will still receive medical treatment if you don't have a written directive. Health care providers will listen to what people close to you say about your treatment preferences, but the best way to be sure your wishes are followed is to have a health care directive.

How Do I Make a Health Care Directive?

There are forms for health care directives. You don't have to use a form, but your health care directive must meet the following requirements to be legal:

- Be in writing and dated.
- State your name.
- Be signed by you or someone you authorize to sign for you, when you can understand and communicate your health care wishes.
- Have your signature verified by a notary public or two witnesses.
- Include the appointment of an agent to make health care decisions for you and/or instructions about the health care choices you wish to make.

Before you prepare or revise your directive, you should discuss your health care wishes with your doctor or other health care provider.

Information about how to obtain forms for preparation of your health care directive can be found in the Resource Section of this document.

I Prepared My Directive in Another State. Is It Still Good?

Health care directives prepared in other states are legal if they meet the requirements of the other state's laws or the Minnesota requirements. But requests for assisted suicide will not be followed.

What Can I Put in a Health Care Directive?

You have many choices of what to put in your health care directive. For example, you may include:

- The person you trust as your agent to make health care decisions for you. You can name alternative agents in case the first agent is unavailable, or joint agents.
- Your goals, values and preferences about health care.
- The types of medical treatment you would want (or not want).
- How you want your agent or agents to decide.
- Where you want to receive care.
- Instructions about artificial nutrition and hydration.
- Mental health treatments that use electroshock therapy or neuroleptic medications.
- Instructions if you are pregnant.
- Donation of organs, tissues and eyes.
- Funeral arrangements.
- Who you would like as your guardian or conservator if there is a court action.

You may be as specific or as general as you wish. You can choose which issues or treatments to deal with in your health care directive.

Are There Any Limits to What I Can Put in My Health Care Directive?

There are some limits about what you can put in your health care directive. For instance:

- Your agent must be at least 18 years of age.
- Your agent cannot be your health care provider, unless the health care provider is a family member or you give reasons for the naming of the agent in your directive.
- You cannot request health care treatment that is outside of reasonable medical practice.
- You cannot request assisted suicide.

How Long Does a Health Care Directive Last? Can I Change It?

Your health care directive lasts until you change or cancel it. As long as the changes meet the health care directive requirements listed above, you may cancel your directive by any of the following:

- A written statement saying you want to cancel it.
- Destroying it.
- Telling at least two other people you want to cancel it.
- Writing a new health care directive.

What If My Health Care Provider Refuses to Follow My Health Care Directive?

Your health care provider generally will follow your health care directive, or any instructions from your agent, as long as the health care follows reasonable medical practice. But, you or your agent cannot request treatment that will not help you or which the provider cannot provide. If the provider cannot follow your agent's directions about life-sustaining treatment, the provider must inform the agent. The provider must also document the notice in your medical record. The provider must allow the agency to arrange to transfer you to another provider who will follow the agent's directions.

What If I've Already Prepared a Health Care Document? Is It Still Good?

Before August 1, 1998, Minnesota law provided for several other types of directives, including living wills, durable health care powers of attorney and mental health declarations.

The law changed so people can use one form for all their health care instructions.

Forms created before August 1, 1998, are still legal if they followed the law in effect when written. They are also legal if they meet the requirements of the new law (described above). You may want to review any existing documents to make sure they say what you want and meet all requirements.

What Should I Do With My Health Care Directive After I Have Signed It?

You should inform others of your health care directive and give people copies of it. You may wish to inform family members, your health care agent or agents, and your health care providers that you have a health care directive. You should give them a copy. It's a good idea to review and update your directive as your needs change. Keep it in a safe place where it is easily found.

What if I believe a Health Care Provider Has Not Followed Health Care Directive Requirements?

Complaints of this type can be filed with the Office of Health Facility Complaints at 651-201-4200 (Metro Area) or Toll-free at 1-800-369-7994.

What if I Believe a Health Plan Has Not Followed Health Care Directive Requirements?

Complaints of this type can be filed with the Minnesota Health Information Clearinghouse at 651-201-5178 or Toll-free at 1-800-657-3793.

How To Obtain Additional Information

If you want more information about health care directives, please contact your health care provider, your attorney, or:

Minnesota Board on Aging's Senior LinkAge Line®
1-800-333-2433.

A suggested health care directive form is available on the internet at: <http://www.mnaging.org/>.

3. SERVICE RECIPIENT RIGHTS

(For Homemaking Recipients)

A person who received homemaking services has the right to:

1. Participate in the development and evaluation of the services provided to the person;
2. Have services identified in the service plan provided in a manner that respects and takes into consideration the person's preferences;

3. Refuse or terminate services and be informed of the consequences of refusing or terminating services;
4. Know, in advance, limits to the services available from the agency;
5. Know conditions and terms governing the provision of services, including the agencies policies and procedures related to temporary service suspension and service termination;
6. Know what the charges are for services, regardless of who will be paying for the services, and be notified of changes in those charges;
7. Know, in advance, whether services are covered by insurance, government funding, or other sources, and be told of any charges the person or other private party may have to pay; and
8. Receive services from an individual who is competent and trained, who has professional certification or licensure, as required, and who meets additional qualifications identified in the person's service plan.
9. Have personal, financial, service, health, and medical information kept private, and be advised of disclosure of this information by the agency;
10. Access records and recorded information about the person in accordance with applicable state and federal law, regulation, or rule;
11. Be free from maltreatment;
12. Be free from restraint or seclusion used for a purpose other than to protect the person from imminent danger to self or others;
13. Receive services in a clean and safe environment when the agency is the owner, lessor, or tenant of the service site;
14. Be treated with courtesy and respect and receive respectful treatment of the person's property;
15. Reasonable observance of cultural and ethnic practice and religion;
16. Be free from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation;
17. Be informed of and use the agencies grievance policy and procedures, including knowing how to contact persons responsible for addressing problems and to appeal under section 256.045;
18. Know the name, telephone number, and the Web site, e-mail, and street addresses of protection and advocacy services, including the appropriate state-appointed ombudsman, and a brief description of how to file a complaint with these offices;
19. Assert these rights personally, or have them asserted by the person's family, authorized representative, or legal representative, without retaliation;
20. Give or withhold written informed consent to participate in any research or experimental treatment;
21. Associate with other persons of the person's choice;
22. Personal privacy; and
23. Engage in chosen activities.
24. For a person residing in a residential site licensed according to chapter 245A, or where the agency is the owner, lessor, or tenant of the residential service site, protection-related rights also include the right to:
 - a. Have daily, private access to and use of a non-coin-operated telephone for local calls and long-distance calls made collect or paid for by the person;
 - b. Receive and send, without interference, uncensored, unopened mail or electronic correspondence or communication; and

- c. Privacy for visits with the person's spouse, next of kin, legal counsel, religious advisor, or others, in accordance with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom.
25. Restriction of a person's rights under paragraph (a), clauses (13) to (15), or paragraph (b) is allowed only if determined necessary to ensure the health, safety, and well-being of the person. Any restriction of those rights must be documented in the service plan for the person and must include the following information:
- a. The justification for the restriction based on an assessment of the person's vulnerability related to exercising the right without restriction;
 - b. The objective measures set as conditions for ending the restriction;
 - c. A schedule for reviewing the need for the restriction based on the conditions for ending the restriction to occur, at a minimum, every three months for persons who do not have a legal representative and annually for persons who do have a legal representative from the date of initial approval; and
 - d. Signed and dated approval for the restriction from the person, or the person's legal representative, if any. A restriction may be implemented only when the required approval has been obtained. Approval may be withdrawn at any time. If approval is withdrawn, the right must be immediately and fully restored.

4. PERSON-CENTERED PLANNING AND SERVICE DELIVERY REQUIREMENTS

Policy

BHC is required to provide services in response to each person's identified needs, interests, preferences, and desired outcomes as specified in the coordinated service and support plan and the coordinated service and support plan addendum, and in compliance with the requirements of the 245D Home and Community-Based Services (HCBS) Standards.

BHC is required to provide services in a manner that supports each person's preferences, daily needs, and activities and accomplishment of the person's personal goals and service outcomes, consistent with the principles of:

Person-centered service planning and delivery that:

- Identifies and supports what is **important to** the person as well as what is **important for** the person, including preferences for when, how, and by whom direct support service is provided;
- Uses that information to identify outcomes the person desires; and
- Respects each person's history, dignity, and cultural background;

Self-determination that supports and provides:

- Opportunities for the development and exercise of functional and age-appropriate skills, decision making and choice, personal advocacy, and communication; and
- The affirmation and protection of each person's civil and legal rights; and

Providing the most integrated setting and inclusive service delivery that supports, promotes, and allows:

- Inclusion and participation in the person's community as desired by the person in a manner that allows the person to interact with nondisabled persons to the fullest extent possible and supports the person in developing and maintaining a role as a valued community member;
- Opportunities for self-sufficiency as well as developing and maintaining social relationships and natural supports; and

A balance between risk and opportunity, meaning the least restrictive supports or interventions necessary are provided in the most integrated settings in the most inclusive manner possible to support the person to engage in activities of the person's own choosing that may otherwise present a risk to the person's health, safety, or rights

Persons receiving services can use the following questions to help identify how they want services provided to them. It is recommended that the support team or extended support team discuss these questions together when completing service assessments, planning, and evaluation activities to help ensure the goals of person-centered planning and service delivery are met for each person served.

Sample of Person-Centered Planning and Service Delivery Questions for Initial Planning:

- What are your goals?
- What are your preferences related to:
 - a. Time you wake up in the morning?
 - b. Time you go to bed?
 - c. What your favorite foods are?
 - d. What are foods you don't like?
 - e. Whom you prefer to have direct support services provided by?
 - f. Are there traditions that are important to you?
- Do you take any medications?
- Do you need help with your medications?
- What are some of your interests?
- Do you have any hobbies?
- What are things you like to do in the community?
- What places in the community do you like to spend time at?
- Is there an activity or skill that you would like to learn?
- Do you have any special relationships?
- Who are the people you want to spend time with?
- Do you work in the community? Where?
- Do you volunteer in the community? Where?

Sample of Person-Centered Planning and Service Delivery Questions for Program Evaluation and/or Progress Review:

- Do you feel staff supports your relationships?
- What do you like about your home?
- Is there anything that bothers you about your home?
- Do you like the people you live with?
- Do you feel the house you live in is safe?
- Do you feel any rules in your house are unfair?
- Do you have a private place to go to at home?
- Do you have goals to meet at home?
- Do you want to work?
- Is there anything that bothers you at work?
- Do you have specific goals set at work?

- Do you want to volunteer in the community?
- Do you feel that staff treats you with dignity and respect?
- Do you feel that your privacy is respected?
- Do you feel that decisions you make are respected?
- Do you feel that you are given the opportunity to be as independent as possible?

You or your support team may think of other questions that are important to you. You should feel free to discuss these questions with the BHC service coordinator.

5. MALTREATMENT OF ADULTS

I. Policy

It is the policy of the agency to protect the adults served by this agency who are vulnerable to maltreatment and to require the reporting of suspected maltreatment of vulnerable adults.

II. Procedures

A. Who Should Report Suspected Maltreatment of a Vulnerable Adult

1. As a mandated reporter, if you know or suspect that a vulnerable adult has been maltreated, you must report it immediately. Immediately means as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.

B. Where to Report - You can make an external or an internal report.

1. You may make an external report to a Common Entry Point at:
 - a. Ramsey County 651-266-4012
 - b. Hennepin County 612-348-8526
 - c. Anoka County: 763-422-7168
 - d. Carver County: 952-361-1600
 - e. Dakota County: 651-554-6000
 - f. Scott County: 952-445-7751
 - g. Washington County: 651-430-6484
2. You may make an internal report to the agency Office.

C. Internal Report

1. When an internal report is received, the person receiving the report is responsible for deciding if a report to the Common Entry Point is required based on this policy. If that person is involved in the suspected maltreatment, the Office Manager will assume responsibility for deciding if the report must be forwarded to the Common Entry Point.
2. The report to the Common Entry Point must be as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.
3. If you have reported internally, you must receive, within two working days, a written notice that tells you whether or not your report has been forwarded to the Common Entry Point. The written notice must be given to you in a manner that protects your confidentiality as a reporter. It shall inform you that if you are not satisfied with the action taken by the facility on whether to report the incident to the common entry point, you may still make an external report to the Common

Entry Point. It must also inform you that you are protected against retaliation by the agency if you make a good faith report to the Common Entry Point.

D. What to Report

1. Definitions of maltreatment of vulnerable adults are contained in Minnesota Statutes, section 626.5572.
2. An external or internal report should contain enough information to identify the vulnerable adult, the caregiver, the nature and extent of the suspected maltreatment, any evidence of previous maltreatment, the name and address of the reporter, the time, date, and location of the incident, and any other information that the reporter believes might be helpful in investigating the suspected maltreatment.

E. Failure to Report

1. A mandated reporter who negligently or intentionally fails to report suspected maltreatment of a vulnerable adult is liable for damages caused by the failure to report.

F. Internal Review

1. When the agency has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the agency must complete an internal review and take corrective action, if necessary, to protect the health and safety of vulnerable adults.
2. The internal review must include an evaluation of whether:
 - a. Related policies and procedures were followed;
 - b. The policies and procedures were adequate;
 - c. There is a need for additional staff training;
 - d. The reported event is similar to past events with the vulnerable adults or the services involved; and
 - e. There is a need for corrective action by the agency to protect the health and safety of vulnerable adults.

G. Primary and Secondary Person or Position to Ensure Internal Reviews are Completed

1. The internal review will be completed by the Administrator.
2. If this individual is involved in the alleged or suspected maltreatment, internal review will be completed by the Office Manager.

H. Documentation of the Internal Review

1. The agency must document completion of the internal review and provide documentation of the review to the DHS upon the commissioner's request.

I. Corrective Action Plan

1. Based on the results of the internal review, the agency must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the agency, if any.

J. Staff Training

1. The agency shall ensure that each new mandated reporter receives an orientation within 72 hours of first providing direct contact services to a vulnerable adult and annually thereafter. The orientation and annual review shall inform the mandated reporter of the reporting requirements and definitions under Minnesota Statutes, sections 626.557 and 626.5572, the requirements of Minnesota Statutes, section

245A.65, and all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services.

2. The agency shall document the provision of this training, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

THIS REPORTING POLICY SHALL BE POSTED IN A PROMINENT LOCATION, AND BE MADE AVAILABLE UPON REQUEST.

6. MALTREATMENT OF MINORS

I. Policy

It is the policy of Best Home Care to protect the children served by the agency whose health or welfare may be jeopardized through physical abuse, neglect, or sexual abuse. As an employee of the agency you are a mandated reporter. As a mandated reporter, if you know or suspect that a child has been maltreated, you must report it. If you fail to make a report you may be subject to criminal prosecution and civil liability.

II. Procedures

A. Who Should Report Child Abuse and Neglect

1. If you provide care to children served by the agency, you are legally required or mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at the agency.
2. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately make a report to an outside agency. Immediately means as soon as possible but in no event longer than 24 hours.

B. Where to Report

1. If you know or suspect that a child is in immediate danger, you must call 911.
2. All reports concerning suspected abuse or neglect of children occurring must be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at (651) 431-6600.
3. Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency or local law enforcement.
4. If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the agency, you should call the Department of Human Services, Licensing Division at (651) 431-6500.

C. What to Report

1. Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556).
2. A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within the agency, the report should include any actions taken by the agency in response to the incident.

3. An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

D. Failure to Report - A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

E. Retaliation Prohibited - The agency, as employer of any mandated reporter, must not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report is made. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

F. Internal Review

1. When the agency has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the program shall complete an internal review and take corrective action, if necessary, to protect the health and safety of children in care.
2. The internal review shall include an evaluation of whether:
 - a. Related policies and procedures were followed;
 - b. The policies and procedures were adequate;
 - c. There is a need for additional staff training;
 - d. The reported event is similar to past events with the children or the services involved; and
 - e. There is a need for corrective action by the agency to protect the health and safety of children in care.

G. Primary and Secondary Person or Position to Ensure Internal Reviews are Completed

The internal review will be completed by the agency Administrator. If this individual is involved in the alleged or suspected maltreatment, Office Manager will be responsible for completing the internal review.

H. Documentation of the Internal Review

The agency shall document completion of the internal review and provide documentation of the review to the commissioner upon the commissioner's request.

I. Corrective Action Plan

Based on the results of the internal review, the agency shall develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the agency, if any.

J. Staff Training

The agency shall provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556).

7. SPEND-DOWN NOTICE AND POLICY

If Medical Assistance requires a client to pay a spend-down to Best Home Care, there is a legal obligation to pay for the spend-down to Best Home Care. If the consumer or responsible party receives a bill from the agency, that amount is due and payable immediately, in the form of a personal check, money order or cashier's check.

Failure to pay the spend-down may result in termination of personal care services with Best Home Care. Failure to pay the scheduled spend-down payments may result in legal action. Spend-downs must be paid each month before services will be provided. Employees will not be paid if the spend-down obligation has not been fully paid.

8. GRIEVANCE POLICY

I. Policy

It is the policy of the agency that recipients have the right to respectful and responsive services. We are committed to providing a simple complaint process for the people served by the agency and their authorized or legal representatives to bring grievances forward and have them resolved in a timely manner.

II. Procedures

A. Service Initiation

A person receiving services and their case manager will be notified of this policy, and provided a copy, within five working days of service initiation.

B. How to File a Grievance

1. The person receiving services or person's authorized or legal representative:
 - a. Should talk to a staff person that they feel comfortable with about their complaint or problem;
 - b. Clearly inform the staff person that they are filing a formal grievance and not just an informal complaint or problem; and
 - c. May request staff assistance in filing a grievance.
2. If the person or person's authorized or legal representative does not believe that their grievance has been resolved they may bring the complaint to the highest level of authority in this program.

That person is the agency Administrator.

They may be reached at 2562 7th Avenue East Suite 201, North Saint Paul, MN 55109 or (651) 330-2550.

C. Response by the Program

1. Upon request, staff will provide assistance with the complaint process to the service recipient and their authorized representative. This assistance will include:
 - a. The name, address, and telephone number of outside agencies to assist the person; and
 - b. Responding to the complaint in such a manner that the service recipient or authorized representative's concerns are resolved.
2. This program will respond promptly to grievances that affect the health and safety of service recipients.
3. All other complaints will be responded to within 14 calendar days of the receipt of the complaint.
4. All complaints will be resolved within 30 calendar days of the receipt.
5. If the complaint is not resolved within 30 calendar days, this program will document the reason for the delay and a plan for resolution.

6. Once a complaint is received, the program is required to complete a complaint review. The complaint review will include an evaluation of whether:
 - a. Related policy and procedures were followed;
 - b. Related policy and procedures were adequate;
 - c. There is a need for additional staff training;
 - d. The complaint is similar to past complaints with the persons, staff, or services involved; and
 - e. There is a need for corrective action by the agency to protect the health and safety of persons receiving services.
 7. Based on this review, the agency shall develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the agency, if any.
 8. The program will provide a written summary of the complaint and a notice of the complaint resolution to the person and case manager that:
 - a. Identifies the nature of the complaint and the date it was received;
 - b. Includes the results of the complaint review; and
 - c. Identifies the complaint resolution, including any corrective action.
- D. The complaint summary and resolution notice shall be maintained in the person's record.

9. TEMPORARY SERVICE SUSPENSION AND TERMINATION POLICY (For Homemaking Recipients)

I. Policy

It is the policy of the agency to ensure our procedures for temporary service suspension and service termination promote continuity of care and service coordination for persons receiving services.

II. Procedures

A. Temporary Service Suspension

1. The use of temporary service suspension by the agency is restricted to situations in which the conduct of the person being served poses an imminent risk of physical harm to self or others and less restrictive or positive support strategies would not achieve safety.
2. The agency shall notify the person or the person's legal representative and the case manager in writing of the intended temporary service suspension.
3. The agency shall provide information requested by the person or the person's legal representative or case manager when services are temporarily suspended.
4. Prior to giving notice of temporary service suspension, the agency shall document the actions taken by the agency to minimize or eliminate the need for temporary service suspension. For example:
 - a. The person's behavior that is prompting the temporary service suspension, including the frequency, intensity and the duration of the behavior.
 - b. The events leading up to the temporary service suspension.
 - c. Consultations with others on methods to minimize or eliminate the need for temporary service suspension.
5. During the period of temporary service suspension the agency will work with the appropriate county agency to develop reasonable alternatives to protect the person and others.
6. The agency shall maintain information about the temporary service suspension in the person's record.

B. Service Termination

1. The agency shall notify the person or the person's legal representative and the case manager in writing of the intended service termination and the person's right to seek a temporary order staying the termination of service according to the procedures in Minnesota Statutes, section 256.045, subdivision 4a or 6, paragraph (c).
2. The written notice of a proposed service termination, including those situations which began with a temporary service suspension, shall be given 30 days before the proposed effective date of service termination.
3. The agency shall provide information requested by the person or the person's legal representative or case manager upon notice of service termination.
4. Prior to giving the written notice of service termination, the agency shall document the actions taken by the agency to minimize or eliminate the need for service termination.
5. During the service termination notice period the agency will work with the appropriate county agency to develop reasonable alternatives to protect the person and others.
6. The agency shall maintain information about the service termination including the written termination notice in the person's record.
7. The agency shall provide a copy of this policy to the person or the person's legal representative and case manager within five working days of service initiation.

10. TRANSPORTATION POLICY

Best Home Care's (BHCs) company policy regarding transportation is that PCAs should not transport clients in personal vehicles for insurance liability reasons. BHC is not liable for any loss, damage, costs or expenses incurred by clients or PCAs due to BHC PCAs transporting clients or by PCAs traveling in client vehicles.

Alternative transportation should be taken whenever available.

Some options are as follows:

- **Metro Mobility**
- **Public Transportation**
- **MNET (Metro Minnesota Non-Emergency Transportation Program)**
- **Private Taxi Service**

11. NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

If you have any questions about this notice, please contact Best Home Care Management.

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all the records of your care generated by Best Home Care whether made by home care personnel, agents of Best Home Care.

OUR RESPONSIBILITY

We are required by law and by our own standards to maintain the privacy of your health information and provide you with a description of our privacy practices. We will abide by the terms of this notice.

USES AND DISCLOSURES

This law permits us to use and/or disclose Protected Health Information to carry out treatment, payment and other healthcare operations.

FOR TREATMENT: We may use your medical information to provide treatment or services to you. We may disclose your medical information to doctors, nurses, technicians, medical students, or other home care personnel who are involved in taking care of you at Best Home Care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different personnel in the home care agency also may share your medical information in order to coordinate the different things you may need, such as prescriptions or lab work.

FOR PAYMENT: We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your care so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

FOR HEALTHCARE OPERATIONS: Members of the care team and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all clients we serve. For example, we may combine medical information about many clients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses and other students for education purposes. And we may combine medical information we have with that of other agencies to see where we can make improvements. We may remove information that identifies you from this set of medical information to protect your privacy.

We may also use and disclose medical information:

- To business associates we have contracted with to perform the agreed upon service and billing for it;
- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits or services;
- To contact you as part of fundraising efforts;
- To inform Funeral Directors consistent with applicable law;
- For population based activities relating to improving health or reducing health care costs; and
- For conducting training programs or reviewing competence of healthcare professionals

BUSINESS ASSOCIATES: There are some services provided in our organization through contracts with business associates. Examples include some rehabilitative therapy services such as physical, speech and/or occupational therapy. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE: We may disclose to your family, a relative, a close friend or any other person you identify as your emergency contact(s), your health information that relates to that person's involvement in your care or payment related to your care. In addition, we may disclose your medical information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

RESEARCH: We may disclose information to researchers after an institutional review board has reviewed the research proposal and the established protocols to ensure the privacy of your health information has approved their research.

FUTURE COMMUNICATION: We may communicate to you via newsletters, direct mail or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities our home care agency is participating in.

AS REQUIRED BY LAW, we also may use and disclose health information for the following types of entities, including but not limited to:

- Food and Drug Administration

- Public health or legal authorities charged with preventing or controlling disease, injury or disability
- Correctional institutions
- Workers compensation agents
- Organ and tissue donation organizations
- Military command authorities
- Health oversight agencies
- Funeral directors, coroners and medical directors
- National security and intelligence agencies
- Protective services for the President of the United States and others

LAW ENFORCEMENT/LEGAL PROCEEDINGS: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or court order. **STATE SPECIFIC REQUIREMENTS:** Many states have requirements for reporting including population-based activities relating to improving health or reducing healthcare costs. Some states have separate privacy laws that may apply additional legal requirements. If the State privacy laws are more stringent than Federal privacy laws, the State law preempts the Federal law.

12. YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the health care practitioner, facility, or home care agency that compiled it, you have the RIGHT to:

- **INSPECT & RECEIVE COPY:** You have the right to inspect and have copied protected health information that is in a designated record set and may be used to make decisions about your care after completion of appropriate forms. Usually, this includes medical and billing records, but does not include psychotherapy notes, information compiled in reasonable anticipation of, or use in a civil, criminal or administrative action or proceedings. We may deny your request to inspect and have copied certain protected health information. If you are denied access to medical information, you may request that denial be reviewed. A licensed healthcare professional chosen by Best Home Care will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **AMEND:** If you feel that your medical information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment in writing for as long as the information is kept by or for Best Home Care. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial. To request an amendment, your request must be made in writing and submitted to Best Home Care.
- **AN ACCOUNTING OF DISCLOSURES:** You have the right to request an accounting of disclosures of your health information. This is a list of certain disclosures we make of your medical information for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices.
- **REQUEST RESTRICTIONS:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or in the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are required to notify you if we are unable to agree to a requested restriction.
- **REQUEST CONFIDENTIAL COMMUNICATIONS:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work or by U.S. Mail. Best Home Care will grant requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a complete mailing address. This address must be where the individual will receive bills for service rendered by Best

Home Care and related correspondence regarding payment for services. We reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

- **A PAPER COPY OF THIS NOTICE:** You have the right to a paper copy of this notice, as provided to you on your start of services with Best Home Care. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

*To exercise any of your rights, please obtain the required forms from the Privacy Officer at Best
*Home Care and submit your request in writing.

CHANGES TO THIS NOTICE: We reserve the right to change this notice. The revised or changed notice will be effective for information we already have about you as well as any information we receive in the future.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with the Best Home Care Privacy Officer and with the Secretary of the U.S. Department of Health and Human Services by sending correspondence to:

Best Home Care

ATTN: Andre Best - Privacy Officer

2515 White Bear Avenue Suite A8 #147

Maplewood, MN 55109

Phone: (612) 868-4512

E-Mail: andre.best@besthomecaremn.com

Medical Privacy Complaint Division

Office of Civil Rights

U.S. Dept. of Health & Human Services

200 Independence Ave. S.W.

Room 509F; HHH Building

Washington, D.C. 20201

1-800-368-1019

***All complaints must be submitted in writing;**

***You will not be penalized for filing a complaint.**

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or Minnesota law will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

CONTACT INFORMATION

Best Home Care

ATTN: Andre Best - Privacy Officer

2515 White Bear Avenue Suite A8 #147

Maplewood, MN 55109

Phone: (612) 868-4512

E-Mail: andre.best@besthomecaremn.com

13. NOTICE REGARDING CHANGES IN INSURANCE INFORMATION

You (the consumer or responsible party) are responsible for ensuring your health insurance coverage is active at all times and **you must notify Best Home Care immediately if there is any lapse or changes in coverage. Changes in your insurance information will affect your PCA Services.** If you fail to notify Best Home Care immediately about changes or lapses in your insurance you may be without PCA Services. Additionally, if you fail to do so you are responsible for paying the PCA for the hours worked during the period where there was no coverage; or for reimbursing Best Home Care for payment made for those hours.

14. PCA SERVICE VERIFICATION

In accordance with Minnesota, BHC shall conduct at least one service verification phone call every 90 days. If more than one PCA provides services to a single recipient, a service verification call shall be made to each PCA. The service verification call shall be documented on BHC forms and shall be maintained for a period of no less than 5 years.

15. CONSENT TO ELECTRONIC DELIVERY

This policy describes how Best Home Care (BHC) delivers communications to you electronically. We may amend this policy at any time by posting a revised version on our website. The revised version will be effective at the time we post it. In addition, if the revised version includes a substantial change, we will provide you with notice by mailing you notice of the change at your address on file.

Electronic delivery of communications

You agree and consent to receive electronically all communications, agreements, documents, notices and disclosures (collectively, "Communications") that we provide in connection with your services from Best Home Care. Communications include:

- agreements and policies you agree to (e.g., Best Home Care company policies and procedures), including updates to these policies;
- annual notices,
- care plans or pca timesheets;

We will provide these communications to you by posting them on the BHC website and/or by emailing them to you at the primary email address on file.

Requesting paper copies of electronic Communications

If, after you consent to receive Communications electronically, you would like a paper copy of a Communication we previously sent you, you may request a copy by contacting us. We will send your paper copy to you by U.S. mail to your address on file.