

MINNESOTA'S HOME CARE BILL OF RIGHTS

By ElderCare Rights Alliance

Minnesota's Home Care Bill of Rights creates specific rights for individuals who receive assistance in their homes because they are unable to meet some of their basic needs. It is a state law (§144A.44). It requires fair and respectful treatment. It prohibits harmful treatment. And it safeguards basic human rights — the right to self-determination, to privacy, to safety, to speak out.

Does the Home Care Bill of Rights apply to you? It applies if you receive home care services from a home care provider.

**YOU HAVE
THE RIGHT...**

WHAT IS A HOME CARE SERVICE?

— a **support service** that you receive **in your home** because you need help with some of your basic daily needs. Support services for people in assisted living facilities are typically home care services.

WHAT IS A HOME CARE PROVIDER?

— an individual, a business, or a government agency that **regularly** provides home care services **for a fee**. A person who cares for a relative is not a home care provider. A friend who helps someone — out of kindness, with no expectation of being paid — is not a home care provider.

WHAT ARE MY RIGHTS?

You have rights under **state law**. You also have a few additional rights under **federal law** if your home care provider participates in the Medicare program, a federal health insurance program.

To Be Informed of Your Rights — BEFORE YOU RECEIVE SERVICES! You have the right to *written* information about your rights. You have the right to know what you can do if your rights are violated.

To Information About the Services You Will Receive — BEFORE YOU RECEIVE SERVICES! You have the right to know about the services you will receive, who will provide them, and how often they will be provided. You have the right to know about *other service options* and the consequences of using or not using those services. You have the right to know how much each service will cost, *no matter who is paying the bill*. [Additional Medicare rights: You have the right to know that you may participate in the planning of your care or treatment.]

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To Know About Insurance Coverage — BEFORE YOU RECEIVE SERVICES! You have the right to know what services will be covered by private or government health insurance programs and what services *you will be responsible for paying*. [Additional Medicare rights: You have the right to all of this information in writing. You also have the right to written information on any changes in your coverage and the portion you will be responsible for paying. You have the right to this information as soon as possible, but no later than 30 days after your provider learns of the change.]

To Know About any Service Limitations — BEFORE YOU RECEIVE SERVICES! You have the right to know what services the provider can and can not offer.

To Know About the Grounds for Terminating Services — BEFORE YOU RECEIVE SERVICES! You have the right to know in what situations, under what circumstances, a provider may discontinue providing services to you.

To Choose Services and Providers. You have the right to *freely* choose services and to *freely* choose providers within the limits of health insurance programs. You have the right know about other community services, including other home care services, and where to go for this information.

To a Current Care Plan. You have the right to a suitable, up-to-date care plan that describes the services you will receive.

To Participate in Planning Your Care. You have the right to take an active part in creating and changing your plan of care.

To Evaluate Your Care. You have the right to assess the care you are receiving and to ask for changes.

To Be Told of Any Changes in Your Care. You have the right to be told of any changes in your care plan *before* changes are made. [Additional Medicare rights: You have the right to *participate in the planning process* before any change is made.]

To Refuse Services or Treatment. You have the right to be advised of the consequences for refusing care.

To Change Providers. You have the right to change providers within the limits of health insurance programs.

To Privacy. You have the right to confidential *personal, financial and medical* information. You have the right to be advised of the provider's policies and procedures for releasing this information.

YOU HAVE
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To Access Your Records. You have the right to access your records and to written information from your records.

To Receive Care by Qualified Staff. You have the right to receive care from staff who are properly trained and competent to perform their duties.

To Be Treated With Courtesy and Respect. You also have the right to respectful treatment of your property.

To Be Free from Physical and Verbal Abuse. You also have the right to be free of abuse, neglect and financial exploitation under Minnesota's Vulnerable Adults Act.

To Be Told of Changes in Service Fees. You have the right to be told of any increases or decreases in service fees within a *reasonable period of time* before adjustments are made.

To Be Given Notice Before Services are Discontinued. You have the right to *at least 10 days* notice. However, you may be given less than 10 days notice if:

- you conduct yourself in a manner that changes the conditions of employment in the employment contract between the home care provider and the staff person who is caring for you,
- your behavior creates an abusive or unsafe work environment for the person who is caring for you,
- the person who informally helps you can not care for you because of an emergency and the provider can not safely meet your needs because your care now exceeds the services agreed upon in your service agreement, or
- your condition has changed significantly and the provider can not safely meet your needs because your care now exceeds the services agreed upon in your service agreement.

To a Coordinated Transfer. You have the right to assistance from your current home care provider to ensure a smooth transition to a new home care provider.

To Voice Grievances. You have the right to voice concerns about your care or treatment and about the treatment of your property.

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To Know How to File a Grievance. You have the right to know who to contact and how to contact the staff person who is responsible for handling grievances. You have the right to an investigation of your grievance and the right to an attempt by the provider to resolve your grievance. [Additional Medicare rights: You have the right to written documentation of your complaint and the attempt to resolve it.]

To Know About Government Services. You have the right to know the name and address of the state or county agency you can call for additional information or assistance.

To Assert Your Rights Without Retaliation. You have the right to personally assert your rights. A family member or a guardian may assert your rights if a judge has ordered that you are legally incompetent. Someone you designate may assert your rights.

WHAT ARE THE HOME CARE PROVIDER'S RESPONSIBILITIES?

To Respect Your Rights. A provider may not require that you give up any of your rights under the Home Care Bill of Rights in order to receive services. [Additional Medicare rights: The provider must *protect* and *promote* your rights.]

To Give You the Home Care Bill of Rights & Tell You How to File a Complaint. A provider must give you a copy of the Home Care Bill of Rights *at the time your services begin*. The copy must include the address and telephone number of the Health Department and the Long-Term Care Ombudsman Program and a brief description of how to file a complaint with each office.

To Tell You How to Contact an Ombudsman. A provider must tell you how to contact the Long-Term Care Ombudsman Program when the provider gives you a notice of a change in fees, a transfer of services, or a discontinuation of services.

To contact Minnesota's Long-Term Care Ombudsman Program, call or write to:

OFFICE OF OMBUDSMAN FOR OLDER MINNESOTANS

121 E. 7th Place, Suite 410

St. Paul, MN 55101-3868

1-800-657-3591 (Local: 651-296-0382) FAX: 651-297-5654

To contact Minnesota's Health Department, call or write to:

OFFICE OF HEALTH FACILITY COMPLAINTS

85 E. 7th Place, Suite 300

P.O. Box 64970, St. Paul, MN 55164-0970

1-800-369-7994 (Local: 651-215-8713) FAX: 651-215-8712