
PATIENT RIGHTS

Home health agencies provide services to the most vulnerable citizens within the community. It is the responsibility of these agencies to ensure that patient rights are protected. The Home Health Conditions of Participation (CoPs) were revised in 2018 to further define the rights of patients who are receiving services. The CoPs divided the rights into six standards:

- Notice of Rights
- Transfer and Discharge
- Exercise of Rights
- Investigation of Complaints
- Rights of the Patient
- Accessibility

All home health personnel should be familiar with patient rights and should be prepared to identify and report any potential or actual violation of rights based on the agency's policy and procedures.

Notice of Rights

- At the time of the initial visit and prior to providing care, the agency must provide the patient and the patient's legal representative (if any) verbal notice of the patient rights.
 - The verbal notice must be in the primary or preferred language of the patient or representative and in a manner that the person can understand.
 - If a competent interpreter is necessary, this must be provided free of charge and be completed by the second skilled home health visit.
 - The legal representative is defined as the guardian, court-appointed representative or power of attorney who makes the health care decision on the patient's behalf.
- The agency must provide the patient and/or patient legal representative with written notice of patient's rights within four business days of initial evaluation visit.
 - The written notice must be provided free of charge and must be understandable to people with limited English proficiency and accessible to individuals with disabilities.
 - The agency must provide these rights in hard copy unless requested by the patient to receive in electronic format.
 - The patient or legal representative signature must be obtained — confirming receipt of a copy of the patient rights.

Privacy and Access to Medical Records

Patients have the right to:

- Have a confidential clinical record
- Have the right to access to or release of patient information and clinical records
 - This is permitted in accordance with 45 CFR 160 and 164 — Standards for Privacy of Individually Identifiable Health Information

Financial Information

Patients will be advised of:

- The extent to which payment for services may be expected from Medicare, Medicaid or any other federally funded or federal aid program
- Charges for services that may not be covered by Medicare, Medicaid or other federally funded or federal aid program known by the agency
- Charges the individual may have to pay before care is initiated
- Changes in the information or payment of services when they occur

If an agency believes services may be non-covered care, in advance of the agency reducing or terminating ongoing care the patient must receive proper written notice. This includes provision of an Advance Beneficiary Notice (ABN), Notice of Medicare Non-Coverage (NOMNC) or Home Health Change of Care Notice (HHCCN).

Advocacy Resources

Patients will be advised of:

- The state toll-free home health telephone hotline, contact information, hours of operation and purpose of receiving complaints or questions about the local home health agency
- The names, addresses and telephone numbers of the following federally funded and state funded entities serving the area where the patient resides:
 - Agency on Aging
 - Aging and Disability Resource center
 - Center for Independent Living
 - Quality Improvement Organization
 - Protection and Advocacy Agency

Language and Auxiliary Aides

Patients have the right to be informed of the right to access auxiliary aids and language services and how to access these services.

Discharge and Transfer Policy

The patient has a right to be informed and receive a copy of the home health agency's policy for transfer and discharge.

Transfer and Discharge

As indicated under patient rights, the patient has the right to be informed of the agency's policy for transfer and discharge. The CoPs include the following requirements related to transfer and discharge from a home health agency:

- The patient can be transferred/discharged if the agency can no longer meet patient needs based on the patient's acuity.
 - This must be in agreement by the home health certifying physician.
 - The agency must provide safe and appropriate transfer to other care entities.
- The patient can be transferred/discharged if the patient or payer will no longer pay for services provided by the agency.
- The patient can be transferred/discharged if the patient has met all the measurable outcomes and goals set forth in the plan of care and the patient no longer requires agency services. The home health certifying physician must agree that the patient has met the outcomes and goals.
- The patient can be transferred/discharged if the patient refuses services or elects to be transferred to another agency or be discharged.
- The patient can be discharged if a discharge for cause is necessary due to disruptive, abusive or uncooperative home behavior (from the patient or others in the patient's home). That behavior must occur to the extent that delivery of care to the patient or the ability of the agency to provide care is seriously impaired, according to agency policy.

Investigation of Complaints

Any agency employee (whether employed or under arrangement) who identifies, notices or recognizes incidences of or circumstances of mistreatment, neglect, verbal, mental, sexual and/or physical abuse,

including injuries of unknown source or misappropriation of patient property, must report these findings immediately to the agency and other appropriate authorities according to state law.

The home health agency must investigate complaints made by a patient, patient representative, caregiver or family regarding, but not limited to, the following topics:

- Treatment or care that is provided, provided inconsistently or provided inappropriately
- Mistreatment, neglect or verbal, mental, sexual and physical abuse, injuries from unknown sources, and/or misappropriation of patient property by anyone furnishing services on behalf of the agency

The agency must:

- Document both the existence of the complaint and resolution of the complaint.
- Take action to prevent further potential violations, including retaliation while the complaint is being investigated.

Accessibility

Information must be provided to the patient in plain language and in manner that is accessible and timely to people with disabilities including:

- Web services
- Auxiliary aides and services, free of charge, including services and devices such as:
 - Qualified Interpreter Services
 - Telephone handset amplifiers
 - Note takers
 - Assistive listening devices
 - Real time computer-aided transcript services
 - Video-based telecommunications products and systems such as closed caption
 - Written materials
 - Large print materials
 - Exchange of notes
 - Braille materials and displays