

SUBJECT: NOTICE OF RIGHTS	REFERENCE #12001
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 9
	EFFECTIVE:
APPROVED BY:	REVISED:

PURPOSE:

- To provide information to patients/families and/or the patient's legal representative (if any) regarding the Patient's Rights and Responsibilities while care, treatment and/or services are provided, in accordance with applicable laws, regulations and standards.
- To communicate the content and format of the Patient Rights and Responsibilities and either the OASIS Notice About Privacy for Medicare/Medicaid beneficiaries or the OASIS Statement of Patient Privacy Rights for non-Medicare/non-Medicaid beneficiaries to the patient population and the community in accordance with applicable laws, regulations, and standards.
- To provide guidelines for HHA staff, including contracted staff, who promote respect for the patient's cultural, psychosocial, spiritual and personal values, beliefs and preferences during their interactions with patients/families.
- To promote positive patient outcomes by recognizing and respecting each patient's rights during the provision of care, treatment and/or services.

POLICY:

- Written Notice of the Patient Rights and Responsibilities shall be reviewed with the patient/patient's legal representative prior to the initiation of care, treatment and/or services, and on an ongoing basis as needed.
- The HHA shall also provide the patient and the patient's legal representative (if any) with written notice of:
 - The HHA's transfer and discharge policies within four (4) business days of the initial evaluation.
 - Contact information for the HHA Administrator, including the Administrator's name, business address, and business phone number in order to receive complaints.
 - An OASIS privacy notice to all patients for whom the OASIS data is collected.
- Written Notice of the Patient Rights and Responsibilities shall be provided in a manner accessible to individuals with disabilities and understandable to persons who have limited English proficiency.

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- An interpreter shall be utilized, as necessary, in order to provide verbal Notice of the Patient’s Rights and Responsibilities in the individual’s primary or preferred language.
 - Interpreter services shall be provided free of charge to the patient/legal representative.
 - Verbal Notice of the Patient’s Rights and Responsibilities utilizing interpreter services shall be provided no later than the completion of the second skilled visit.
- The patient’s or the legal representative’s signature shall be obtained confirming receipt of the Notice of Patient Rights and Responsibilities.
- _____ HHA supports and maintains documentation of compliance with the following Patient Rights and Responsibilities, as outlined by the Medicare Conditions of Participations:
 - Rights and respect for property and person
 - Right to be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property
 - Right to make complaints to the HHA regarding treatment or care that is (or fails to be) furnished, and the lack of respect for property and/or person by anyone who is furnishing services on behalf of the HHA
 - Rights to participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to:
 - Completion of all assessments
 - The care to be furnished, based on the Comprehensive Assessment;
 - Establishing and revising the Plan of Care;
 - The disciplines that will furnish the care;
 - The frequency of visits;
 - Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits;

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- Any factors that could impact treatment effectiveness; and
 - Any changes in the care to be furnished.
- Rights to the confidentiality and access of medical records
- Rights regarding liability for payment, including:
 - The extent to which payment for HHA services may be expected from Medicare, Medicaid, or any other federally-funded or federal aid program known to this HHA,
 - The charges for services that may not be covered by Medicare, Medicaid, or any other federally-funded or federal aid program known to the HHA,
 - The charges the individual may have to pay before care is initiated; and
 - Any changes in payment information for HHA services.
- Right to receive written notice, in advance of a specific service being furnished, if the HHA believes the service may be non-covered; or in advance of reduction or termination of on-going care
- Right to receive information, including the contact information, hours of operation, and purpose of the state toll free Home Health Hotline
- Right to be advised of the names, addresses, and telephone numbers of the following Federally-funded and state-funded entities that serve the area where the patient resides:
 - Agency on Aging,
 - Center for Independent Living,
 - Protection and Advocacy Agency,
 - Aging and Disability Resource Center; and
 - Quality Improvement Organization.

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- Right to be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the HHA or an outside entity.
- Right to be informed of the right to access auxiliary aids and language services and how to access these services.
- Information about the collection, release and privacy of OASIS data
 - These rights include:
 - The right to be informed that OASIS information will be collected and for what purpose
 - The right to have the information kept confidential and secure
 - The right to be informed that OASIS information will not be disclosed except for legitimate purposes allowed by the Privacy Act
 - The right to refuse to answer a specific question
 - The right to see, review and request changes on their assessment
- The HHA's policies and procedures reflect its support of patients' rights to care, treatment and services within its capabilities, mission and philosophy, and in compliance with applicable Federal, State and local laws, disclosure and ownership information and accepted professional standards and principles.
- All HHA staff shall be instructed about Patient's Rights and Responsibilities during orientation, at least annually and in a timely manner whenever changes occur in applicable laws and regulations.
- All HHA staff shall be knowledgeable of Patient's Rights and Responsibilities, the policies and procedures pertaining to these rights, and shall assume responsibility for their implementation.
- The HHA shall involve the patient's family in care, treatment and/or services decisions to the extent permitted by the patient or surrogate decision-maker, in compliance with applicable laws and regulations. When the patient has been judged to lack legal capacity to make healthcare decisions as established by state laws by a court of proper jurisdiction, the patient's representative or guardian may exercise the patient's rights.

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- Persons receiving care, treatment and/or services shall be provided with a written Notice of the Patient Rights and Responsibilities, an explanation of same at the time of admission prior to care, treatment and/or services being provided, and as needed thereafter.
 - In addition, both Medicare/Medicaid patients and non-Medicare/non-Medicaid patients shall be provided with a copy of the Notice About Privacy, along with an explanation of these notices before OASIS information is collected, and as needed thereafter. This information shall be provided in writing and in a manner the patient is able to understand.
- HHA staff shall be expected to understand and respect patient rights and provide care, treatment and/or services that reflect this understanding as well as consideration of the patient's/family's personal, cultural and ethnic preferences, and beliefs and values.
- The HHA shall post a copy of the Patient Rights and Responsibilities in a location accessible to the public.
- Information about and copies of the HHA's Patient Rights and Responsibilities shall be available to the public upon request.

PROCEDURE:

- The Registered Nurse or Licensed Skilled Therapist responsible for the admission of the patient to home healthcare shall:
 - Present the written Patient Rights and Responsibilities and the OASIS Notice About Privacy to the patient and the patient's legal representative (if any) in a language and manner that the patient and the patient's legal representative (if any) can reasonably be expected to understand, and answer any questions related to this information
 - Present written notice of the HHA's transfer and discharge policies, and answer any questions related to this information.

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- If the patient or legal representative cannot read the statements of rights and privacy, it shall be read to the patient or legal representative in a language he/she understands
 - The HHA shall provide verbal notice of the patient's rights and responsibilities in the individual's primary or preferred language and in a manner the individual understands, free of charge, with the use of a competent interpreter if necessary, no later than the completion of the HHA's second visit.
- If the patient is a minor, or if the patient needs assistance in understanding these rights, both the patient and the parent, legal guardian or other responsible person shall be informed of these rights
 - Provide information about the patient's rights under state law to formulate Advance Directive
- Inform the patient and/or legal representative of the right and responsibility to participate in the care planning process
- Discuss the patient's and/or legal representative's expectations, desires/preferences and needs
 - Provide the patient/family and/or legal representative with the HHA's Administrator's name and contact information
- Instruct the patient and/or legal representative in the availability of the state toll-free Home Health Hotline, its hours of operation and its purpose
- Evaluate and document the patient's/legal representative's level of understanding of his/her rights and responsibilities
- The patient/legal representative shall sign and date a form, signifying his/her receipt and understanding of the Patient Rights and Responsibilities.
- A copy of the form shall be left in the patient's residence; the original shall be placed in the patient's medical record.
- Documentation within the patient's medical record shall reflect that the patient and/or legal representative participates in the care, treatment and/or services provided.

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- The patient's medical record shall include documentation that the patient/legal representative has received and understands, along with any limitations the patient/legal representative may have had in understanding the Patient Rights and Responsibilities and Notice of Privacy.
- If it is determined that the patient, despite the HHA's best efforts, is unable to understand patient rights, a notation describing the circumstances shall be placed in the patient's clinical record.
 - The notation must be consistent with the patient's diagnosis, general state of physical or mental health, and/or other recorded clinical information, environmental information or observations.
- Re-review of Patient Rights and Responsibilities shall be conducted as necessary, but no less frequently than annually, and documented in the patient's medical record.

NOTE:

- Refer to state and federal regulations as well as accrediting agency standards. Any additional regulations regarding patient rights must be included in the HHA's Patient Rights and Responsibilities statement.
- A. An administrator shall ensure that:
 - 1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted at the home health agency's administrative office;
 - 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
 - 3. Policies and procedures include:
 - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C); and b. Where patient rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that:
 - 1. A patient is treated with dignity, respect, and consideration;
 - 2. A patient is not subjected to: a. Abuse; b. Neglect; c. Exploitation; d. Coercion; e. Manipulation; f. Sexual abuse; g. Sexual assault; h. Seclusion; i. Restraint; j. Retaliation for submitting a complaint to the Department or another entity; or k. Misappropriation of personal and private property by a home health agency's personnel members, employees, or volunteers; and
 - 3. A patient or the patient's representative: This document contains an unofficial version of the new rules in 9 A.A.C. 10, Article 12, effective July 1, 2014. 11 a. Except in an emergency, either consents to or refuses treatment; b. May refuse or withdraw consent for treatment before treatment is initiated; c. Except in an emergency, is informed of proposed alternatives to a psychotropic medication and

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the associated risks and possible complications of a psychotropic medication; d. Is informed of the following: i. The home health agency's policy on health care directives; ii. The patient complaint process; iii Home health services provided by or through the home health agency; and iv. The rates and charges for services before the services are initiated and before a change in rates, charges, or services; e. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a home health agency for identification and administrative purposes; and f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's: i. Medical record, or ii. Financial records.

- C. A patient has the following rights:
 - 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 - 2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
 - 3. To receive privacy in treatment and care for personal needs;
 - 4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
 - 5. To receive a referral to another health care institution if the home health agency is not authorized or not able to provide physical health services needed by the patient;
 - 6. To participate or have the patient's representative participate in the development of a care plan or decisions concerning treatment;
 - 7. To participate or refuse to participate in research or experimental treatment; and
 - 8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

- ACHC regulations require that, in addition to the Patient Rights and Responsibilities listed above, the HHA furnish written statement of the patient's right to:
 - Be able to identify visiting personnel members through agency generated photo identification
 - Choose a health care provider, including an attending physician
 - Receive appropriate care without discrimination in accordance with physician orders
 - Be informed of any financial benefits when referred to an HHA

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REFERENCES:

- Centers for Medicare and Medicaid Services (CMS). (January 1, 2015). Benefit Policy Manual 100-02, Chapter 7, Section 30.1.1.
- Centers for Medicare and Medicaid Services (CMS). (April 10, 2013). Outcome and Assessment Information Set (OASIS). *Regulations*. Retrieved from <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/Regulations.html>

HOME CARE PATIENT RIGHTS AND RESPONSIBILITIES

As a Patient of _____ Home Health Agency, you have the right to:

- Be informed of your rights in writing at the time of admission and before the initiation of care, and on an ongoing basis as necessary
- Exercise your patient rights as a patient of the HHA; the patient's family or guardian may exercise the patient's rights when the patient has been judged to lack legal capacity
- Be informed of the reasons for collecting and confidentiality of OASIS data
- Be provided with a copy of your OASIS Privacy Rights
- Have your property treated with respect
- Be free from verbal, mental, sexual and physical abuse, including injuries of unknown source, neglect and misappropriation of property
- Voice grievances and file complaints regarding treatment that is or has failed to be provided, and not be subject to discrimination for doing so
- Be informed of how to contact the home health agency, state toll-free hotline, and regulatory agencies to ask questions, voice grievances, or file complaints
- Be informed of the procedure to follow to voice concerns regarding care or lack of respect for property and/or to your person without being subject to discrimination or reprisal
- Be informed, in advance, about the care to be provided and any changes to that care
- Be informed of who (names) is providing care and how often
- Be informed by knowledgeable staff about your medical condition, to the extent known and be given an opportunity to participate in designing a care plan that addresses your needs and preferences, and updating it as your condition changes
- Receive all services as outlined in your plan of care
- Be informed of your rights under state law to formulate advance directives
- Expect confidentiality of all information related to your care, including OASIS data, within applicable laws and regulations
- Be informed in advance of the extent to which payment may be expected from Medicare, Medicaid or other third party payer and any costs for which you may be responsible

HOME CARE PATIENT RIGHTS AND RESPONSIBILITIES (continued)

- Be informed as soon as possible of any changes in information related to payment and charges
- Be advised of the availability, hours of operation and purpose of the State Home Health Agency Hotline, which can be accessed by dialing _____
- Receive information in writing and in a manner that you understand from the HHA and from others outside the organization
- Be informed of access to language services and auxiliary aids
- Be treated with consideration, respect and full recognition of your dignity and individuality by trained professional staff
- Be advised of the names, addresses and telephone numbers of federally and state funded entities in your area, including the Agency on Aging, Center for Independent Living, Protection and Advocacy Agency, Aging and Disability Resource Center, and Quality Improvement Organization.
- Have your cultural, psychosocial, spiritual and personal values, beliefs and preferences respected
- Pastoral and other spiritual services
- Have relationships with home care staff that are based on honesty and ethical standards of conduct
- Be involved in resolving dilemmas about your care, treatment and/or services
- Be informed and when appropriate, have your family informed with your permission, about the outcomes of care, treatment and/or services, based on the current body of knowledge, along with any barriers to outcome achievement
- Be informed by the Patient Care Services Director, his/her designee or the staff member responsible for your care, treatment and/or services of the unanticipated outcomes of your care, treatment and/or services, based on the current body of knowledge
- Have your reports of pain believed and assessed appropriately and comprehensively
- Receive information about pain and pain relief measures
- Effective pain management
- Be informed of any financial benefits when referred to another organization

HOME CARE PATIENT RIGHTS AND RESPONSIBILITIES (continued)

- Refuse care, treatment and/or services within the confines of the law after being fully informed, and to be told the consequences of your action
 - When you are not legally responsible, the surrogate decision maker, as allowed by applicable law, has the right to refuse care, treatment and/or services on your behalf.
- Access, request amendments to, and receive an accounting of disclosures regarding your personal health information, as permitted under applicable laws
- Be informed within a reasonable amount of time of anticipated termination of service or transfer to another organization
- Appeal the anticipated termination date of care, treatment and/or services, if a traditional fee-for-service Medicare beneficiary, to the appropriate Quality Improvement organization

As a Patient, you have the responsibility to:

- Confirm understanding, either verbally or in writing, of the plan of care being outlined by the HHA
- Remain under a physician's care while receiving _____ HHA services
- Ensure compliance with physician appointments to adhere to the CMS "face-to-face" requirement, as outlined by the Medicare Benefit Policy Manual
- Provide _____ HHA with a complete and accurate health history in order to plan and carry out care
- Inform HHA staff about any changes in your health status, condition or treatment
- Voice any concerns you may have about errors or the quality of care, treatment and/or services you are receiving
- Ask questions about your condition and the care, treatment and/or services you are receiving
- Report any problems/concerns related to medications, including prescribed and over-the-counter medications and herbal/nontraditional preparations
- Provide _____ HHA with all requested insurance and financial information/records
- Sign or have your legal representative sign the required consents and releases for insurance billing

HOME CARE PATIENT RIGHTS AND RESPONSIBILITIES (continued)

- Allow _____ HHA to act on your behalf in filing appeals of denied payment of service by third-party payers and to cooperate to the fullest extent possible in such appeals
- Notify _____ HHA of any changes in treatment made by the physician
- Participate in your plan of care including, if appropriate, a pain management plan
- Ask your nurse/therapist what to expect regarding pain and pain management
- Discuss pain relief options with your nurse/therapist
- Provide your nurse/therapist with as comprehensive information as possible about your pain and any concerns you may have about pain medications and/or management
- Be available to _____ HHA staff for home visits at reasonable times
- Notify _____ HHA if you are going to be unavailable for a visit
- Treat _____ HHA staff with respect and dignity without discrimination as to color, religion, sex or national or ethnic origin
- Accept the consequences for any refusal of treatment or choice of noncompliance
- Provide _____ HHA staff with a safe home environment in which your care can be provided
- Cooperate with your physician, _____ HHA staff and other caregivers
- Inform the HHA if you are unable to understand or follow the HHA's written instructions
- Make a family member or substitute available who will assume a primary caregiver role when HHA staff are not in your home

SUBJECT: OASIS PRIVACY ACT STATEMENT	REFERENCE #12003
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	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

- _____ HHA supports and maintains documentation of compliance with the following Patient Rights and Responsibilities, as outlined by the Medicare Conditions of Participations:
 - Information about the collection, release and privacy of OASIS data
 - The right to be informed that OASIS information will be collected and for what purpose
 - The right to have the information kept confidential and secure
 - The right to be informed that OASIS information will not be disclosed except for legitimate purposes allowed by the Privacy Act
 - The right to refuse to answer a specific question
 - The right to see, review and request changes on their assessment
- Before comprehensive assessments (that include collection of OASIS data items) are conducted, the HHA shall tell patients about OASIS and explain their rights with respect to the collection and reporting of OASIS information.
- The patient shall be given a copy of the OASIS Privacy Act Statement. The statement shall be reviewed with the patient/family.
- Evaluate and document the patient's/family's level of understanding of the OASIS Privacy Act Statement.

CMS STATEMENT OF PATIENT PRIVACY RIGHTS IN ENGLISH AND SPANISH

CMS Statement of Patient Privacy Rights in English and Spanish may be found at <https://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html>

The following documents are available for download from the above website under the Outcome and Assessment Information Set (OASIS) heading:

OASIS Statement of Patient Privacy Rights - English (CMS)

OASIS Statement of Patient Privacy Rights - Spanish (CMS)

OASIS Privacy Act Statement - English (CMS)

OASIS Privacy Act Statement - Spanish (CMS)

OASIS Notice About Privacy for Patients Who Do Not Have Medicare or Medicaid Coverage - English (CMS)

OASIS Notice About Privacy for Patients Who Do Not Have Medicare or Medicaid Coverage - Spanish (CMS)

SUBJECT: CMS HOME HEALTH BENEFICIARY NOTICES - HOME HEALTH CHANGE OF CARE NOTICE AND ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)	REFERENCE #12005
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POLICY:

_____ HHA shall provide Medicare beneficiaries with the Centers for Medicare and Medicaid Services (CMS) Home Health Change of Care Notice (HHCCN) and the Advance Beneficiary Notice of Noncoverage (ABN) as appropriate.

PROCEDURE:

- The Home Health Change of Care Notice (HHCCN) form shall be used to provide Medicare beneficiaries with written notification of changes in care.
- The HHCCN shall be provided in the following circumstances:
 - Prior to reducing or discontinuing care listed in the beneficiary’s Plan of Care (POC)
 - Prior to the HHA reducing or discontinuing Medicare covered care listed in the POC because of a physician ordered change in the plan of care or a lack of orders to continue the care.
 - If a Notice of Medicare Provider Non-Coverage (NOMNC) is issued, a separate HHCCN does not need to be issued.
- HHCCN requirements apply only when home health services are expected to be partially or fully covered by Medicare. When a beneficiary is not receiving services that are expected to be covered under the Medicare home health benefit, the HHCCN is not required.
- Language assistance shall be provided to ensure the beneficiary understands the form. Any types of translation assistance used shall be documented in the “Additional Information” section of the notice.

SUBJECT: CMS HOME HEALTH BENEFICIARY NOTICES - HOME HEALTH CHANGE OF CARE NOTICE AND ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)	REFERENCE #12005
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- The ABN shall be provided prior to providing an item or service that is usually paid for by Medicare but may not be paid for in this particular case because:
 - It is not considered medically reasonable and necessary
 - The care is custodial
 - The individual is not confined to the home
 - The individual does not need intermittent skilled nursing care
- An ABN, signed at initiation of home healthcare for items and/or services not covered by Medicare, is effective for up to a year; as long as the items/services being given remain unchanged from those listed on the notice.
- Any one-time care that is provided and completed in a single encounter is considered an initiation in terms of triggering events, and is subject to ABN issuance requirements if applicable. When an HHA performs a beneficiary's initial assessment prior to admission but does not admit him/her; an ABN is not required if there is no charge for the assessment. However, if an HHA charges for an assessment, it must provide notice to the beneficiary before performing and charging for this service.
- Since Medicare has specific requirements for payment of home health services, there may be occasions in which a payment requirement is not met, and therefore, the HHA expects that Medicare will not pay for the services. The HHA cannot use the ABN to transfer liability to the beneficiary when there is concern that a billing requirement may not be met. (For example, a home health agency cannot issue an ABN at initiation of home care services in order to charge the beneficiary if the provider face to face encounter requirement is not met.)

SUBJECT: CMS HOME HEALTH BENEFICIARY NOTICES - HOME HEALTH CHANGE OF CARE NOTICE AND ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)	REFERENCE #12005
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APPROVED BY:	REVISED:

REFERENCES:

- Centers for Medicare and Medicaid Services (CMS). (May 2014). Correction CR - Advance Beneficiary Notice of Noncoverage (ABN), Form CMS-R-131. Medicare Learning Network (MLN) Matters. MM8597. Retrieved from <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8597.pdf>
- Centers for Medicare and Medicaid Services (CMS). (September 2013). Beneficiary Notices Initiative (BNI). *FFS HHABN*. Retrieved from <https://www.cms.gov/Medicare/Medicare-General-Information/BNI/HHABN.html>

SUBJECT: PATIENT INFORMATION PACKET	REFERENCE #12006
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POLICY:

- At the time of the Initial Assessment, the patient shall receive information addressing:
 - Advance Directives
 - Patient Rights and Responsibilities
 - OASIS Data Collection and Release
 - OASIS Statement of Patient Privacy Rights (for Medicare/Medicaid patients)
 - Proposed Plan of Care
 - Medications
 - Pain and Pain Management, if appropriate
 - _____ HHA Rates and Financial Responsibility of the Patient
 - Hours of Operation, On-Call Numbers
 - Administrator's name, business address, and business phone number
 - (800)_____for complaints by Medicare beneficiaries
 - Patient Concerns/Grievances
 - State Home Health Hotline
 - Code of Ethics
- The patient shall also receive (not all inclusive):
 - Safety and Disaster Instructions
 - Patient Consents and Authorizations
 - Home Health Aide/Certified Nurse's Aide Treatment Orders

SUBJECT: PATIENT INFORMATION PACKET	REFERENCE #12006
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	REVISED:

REFERENCE:

Centers for Medicare and Medicaid Services (CMS). (n.d.). Home Health Agency (HHA) Center. Outcome and Assessment Information Set (OASIS). Statement of Patient Privacy Rights in English and Spanish. Retrieved from <https://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html>

SUBJECT: COMMUNICATION - MEDICAL EQUIPMENT	REFERENCE #12007
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POLICY:

- Telephone contact shall be maintained every_____with patients and/or their families to ensure that medical equipment is still being used and that it is operating properly.
- The physician and/or organization shall be contacted every_____to verify that medical equipment is still being used and continues to be medically necessary.
- There shall be regular communication among the different organization departments (i.e., sales and billing) to ensure filing of accurate and correct claims.

SUBJECT: ADVANCE DIRECTIVES	REFERENCE #12008
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NOTE: INCLUDE A DESCRIPTION OF APPLICABLE STATE LAW

PURPOSE:

- To provide an atmosphere of respect and caring and to ensure that each patient's ability and right to participate in medical decision making is maximized and not compromised as a result of admission for care, treatment and/or services to the HHA.
- To ensure that the patient's wishes about his/her care, treatment and services are respected, in accordance with usual and acceptable standards of practice, ethics and applicable law.
- To assure compliance with the Patient Self-Determination Act (PSDA) and any other applicable laws, regulations and standards.
- To expand the patient, staff and community knowledge base regarding Advance Directives and the process by which patient participation in medical decision-making is fostered at this HHA.

POLICY:

- _____ HHA shall respect and encourage patient self-determination. Patients or their surrogates shall be encouraged and assisted to be active participants in the decision-making process regarding care, treatment and services through education, inquiry and assistance as requested.
- Patients are presumed to have decision-making capacity unless a determination to the contrary has been made.
- The HHA shall provide patient/family/legal representative with written information about their rights under State law to:
 - Make decisions about medical care
 - Accept or refuse medical or surgical treatment
 - Formulate, at the individual's option, an Advance Directive

SUBJECT: ADVANCE DIRECTIVES	REFERENCE #12008
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- The HHA shall inform patients about the HHA's written policies on implementing Advance Directives.
- The HHA shall provide each patient with information regarding Advance Directives and a description of applicable state law at the time of admission. This information shall be provided in writing and in a manner that is understandable to the patient/ family/legal representative.
- The HHA shall update and disseminate amended information regarding Advance Directives as soon as possible, but no later than ____ days from the effective date of the changes to state law, to patients/families/legal representatives.
- Patients shall be encouraged to communicate his/her desires in regard to Advance Directives to his/her family/legal representative, to allow for guidance of family/legal representative and healthcare providers in following the patient's wishes should the patient become incapacitated, rendering him/her unable to make decisions.
- In an Advance Directive (or medical power of attorney), the patient may provide guidance as to his/her wishes in certain situations, or may delegate decision making to another individual as permitted by state law.
 - If such an individual has been selected by the patient, or if a person willing and able under applicable state law is available to make treatment decisions, relevant information should be provided to the representative so that informed healthcare decisions can be made for the patient.
 - However, as soon as the patient is able to be informed of his/her rights, this HHA shall provide that information to the patient.
- A copy of the patient's Advance Directive shall be maintained in the medical record.
- The existence of an Advance Directive, or lack thereof, will **not** determine the effectiveness and safety of the care, treatment and services provided by the HHA.
- The HHA staff, including any staff providing care, treatment and/or services under contract, shall comply with applicable laws and requirements regarding Advance Directives.

SUBJECT: ADVANCE DIRECTIVES	REFERENCE #12008
DEPARTMENT: HOME HEALTH	PAGE: 3 OF: 5
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APPROVED BY:	REVISED:

PROCEDURE:

- A request of the patient/family/legal representative to provide a copy of the Advance Directive for medical record entry shall be made during the admission process.
- If the patient does not have an Advance Directive at the time of admission and prior to the initiation of care, treatment and/or services, the nurse/skilled licensed therapist shall inform the patient about the HHA's policies on Advance Directives, provide written information about Advance Directives and a description of applicable state law in a manner and format that is understood by the patient.
 - Should the patient be incapacitated at the time of admission and unable to receive the information or unable to articulate whether or not he/she has executed an Advance Directive, this information shall be provided to the family/legal representative in accordance with state law.
- During the admission process, the nurse/skilled licensed therapist shall ask the patient, or if the patient is incapacitated, the patient's legal representative, as to whether or not the patient has completed an Advance Directive. The HHA shall not condition the provision of care or otherwise discriminate against any individual based on whether or not the individual has executed an Advance Directive.
- The medical record shall contain documented evidence, i.e., patient/legal representative signature, that Advance Directive information has been provided, explained and is understood by the patient/legal representative.
- Should the patient's condition change during the course of care, treatment and/or services being provided by the HHA such that he/she becomes able to receive the information, the nurse/skilled licensed therapist shall present the information directly to the patient at the appropriate time and inquire as to the existence of an executed Advance Directive. This information shall be documented in the medical record and conveyed to the Clinical Supervisor/Patient Care Services Director.

SUBJECT: ADVANCE DIRECTIVES	REFERENCE #12008
DEPARTMENT: HOME HEALTH	PAGE: 4 OF: 5
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- As part of the admission process, the patient/family/legal representative shall be provided with an information packet outlining the patient's rights to make decisions concerning medical care. The information packet provided shall include:
 - The right to accept or refuse medical or surgical treatment, even if the treatment is life-sustaining
 - Information addressing the Patient Self-Determination Act
 - The HHA's mission and value statements and policies regarding refusal of medical treatment, including life-sustaining measures
 - That the existence of an Advance Directive, or lack thereof, will not determine the patient's right to care, treatment or services
 - Definitions of pertinent healthcare terminology as they apply to the Patient Self-Determination Act
 - Policy regarding the patient's right to voice a complaint related to Advance Directive requirements to the State Department of Health Services

- The nurse/skilled licensed therapist shall document in the medical record admission form whether or not the patient has completed an Advance Directive, whether a copy of the Advance Directive has been obtained, and that the patient/family/legal representative has been provided with information concerning Advance Directives during the admission process.
 - The Clinical Supervisor shall convey this information to all members of the healthcare team and the physician.

- To the extent that the patient/family/legal representative requests additional information or further explanation regarding the PSDA or Advance Directives, the physician shall be notified and orders requested for Social Worker referral for follow-up interaction with the patient/family/legal representative, as appropriate.

- Should the patient wish to formulate an Advance Directive while receiving care, treatment and/or services from this HHA, the physician shall be notified and orders requested for a Social Worker referral to assist the patient or refer the patient as necessary to formulate the directives.

SUBJECT: ADVANCE DIRECTIVES	REFERENCE #12008
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- An Ethics Committee shall be available to discuss patient Advance Directives and rights issues as needed; i.e., should the requested medical care, treatment or services be medically ineffective based on current knowledge, or contrary to generally accepted standards. All requests from patient/family/legal representative, HHA staff and/or physicians to institute the Ethics Committee process will be honored.
- All follow-up education and interaction with the patient/family/legal representative regarding concerns surrounding Advance Directives shall be documented in the medical record.
- Staff Education:
 - The HHA staff, including contractual staff, shall receive instruction regarding Advance Directives and withholding of life-sustaining measures during orientation and at least annually, or more often if necessary, but no later than _____ days from the effective date of changes to the state law.
 - Information may be disseminated in written format, i.e., memos, modified policies and procedures, and incorporated into orientation and inservice programs.
- Psychiatric Advance Directives (PADs):
 - A Psychiatric Advance Directive shall allow the competent patient with a psychiatric disability the opportunity to stipulate the type of treatment preferred during an acute psychiatric response rendering the patient incompetent and unable to proclaim his/her wishes.
 - Check your state's Protection and Advocacy System for your state law and regulation governing PADs.

REFERENCES:

- Protection and Advocacy System (state specific)
- National Alliance on Mental Illness (NAMI), <http://www.nami.org/>

ADVANCE DIRECTIVE INFORMATION FORM

The staff of _____ HHA is sensitive to the many concerns and decisions you face as a patient.

A federal law (The Patient Self Determination Act) requires that you are asked whether or not you have an "Advance Directive" when you are admitted to a hospital, home health agency or any other healthcare facility.

Under all state laws, every adult has the right to make certain decisions regarding his or her medical treatment. You have the right to express your wishes related to your care through "Advance Directives" as provided by state law and regulations.

"Advance Directives" are written statements that specify the type of medical treatment you do or do not want under special, serious circumstances when you may not be able to tell your physician or caregiver how you want to be treated.

"Advance Directives" is a general term for documents which outline/specify your wishes concerning life-prolonging procedures and designate the person you choose to make healthcare decisions for you if you become unable to make these decisions yourself.

"Advance Directives" may be in the form of a "Living Will" and/or may designate a third party (relative, friend, etc.) to make decisions on your behalf using a Durable Power of Attorney for Healthcare Decisions, or other forms allowed by your state.

_____ HHA does not discriminate against patients in admissions to care or services offered on the presence or absence of "Advance Directives" and will comply with all applicable laws.

It is important that we know if you formulate an "Advance Directive" while receiving care and/or services from this HHA so that your wishes can be honored. It is also important that you provide a copy of your "Advance Directives" to your physician and to the individual you have designated as your healthcare surrogate.

If you have already formulated an "Advance Directive", if you execute an "Advance Directive" in the future or if you change or revoke an "Advance Directive", it is important that your physician, your designated representative, this HHA and any other organization/individual(s) involved in your care be informed.

If you indicate below that you have an "Advance Directive", _____ HHA shall retain the information in your record, contact your attending physician for orders to comply with the terms of your instructions, and notify the HHA's staff who provide care and services to you.

Likewise, if you formulate, change or revoke an "Advance Directive" at some point in the future while continuing to receive care and/or services from _____ HHA, you must notify this HHA, your physician and any other individuals/organizations involved in your care. We will include the information in your record, contact your physician for orders and notify our staff of the changes.

If you have any questions regarding "Advance Directives", please contact the supervisor at _____ HHA at _____.

Patient/Legal Representative Signature: _____ Date: _____

HHA Representative Signature: _____ Date: _____

PATIENT INFORMATION ON ADVANCE DIRECTIVES

Patient Name: _____

Date Received: _____

Who Decides About My Treatment?

- Your physicians will give you information and advice about treatment. You have the right to choose. You can say "Yes" to treatments you want. You can say "No" to any treatment you don't want.

How Do I Know What I Want?

- Your physician must tell you about your medical condition and about what different treatments can do for you. Many treatments have "side effects". Your physician must offer you information about serious problems that medical treatment is likely to cause you.
- Often, more than one treatment might help you - and people have different ideas about which is best. Your physician can tell you which treatments are available to you, but your physician can't choose for you. That choice depends on what is important to you.

What If I'm Too Sick to Decide?

- If you can't make treatment decisions, your physician will ask your closest available relative or friend to help decide what is best for you. Most of the time that works. But sometimes everyone doesn't agree about what to do. That is why it is helpful if you say in advance what you want to happen, if you can't speak for yourself. There are several kinds of "Advance Directives" that you can use to say WHAT you want and WHO you want to speak for you.

What is an Advance Directive?

- An Advance Directive is a written or verbal statement that is made and witnessed in advance of serious illness or injury about how you want medical decisions made.
- Two (2) forms of Advance Directives are:
 - Living Will, and
 - Healthcare Surrogate Designation.
- An Advance Directive allows you to state your choices about healthcare or to name someone to make these choices for you if you become unable to make decisions about your future medical treatment.

What is a Living Will?

- A living will generally states the type of medical care you would or would not want if you become unable to make your own decisions. It is called a living will because it takes effect while you are still living.

PATIENT INFORMATION ON ADVANCE DIRECTIVES (continued)

- What is a Healthcare Surrogate/Durable Power of Attorney Designation?**
 - A Healthcare Surrogate/Durable Power Of Attorney Designation is a signed, dated and witnessed document naming an adult relative or friend as your agent to make medical decisions for you if you should become unable to make them for yourself. Sometimes treatment decisions are hard to make and it truly helps your family and your physicians if they know what you want. The DURABLE POWER OF ATTORNEY FOR HEALTHCARE also gives them legal protection when they follow your wishes.

- Who Can Fill Out These Forms?**
 - Anyone 18 years or older can fill out Advance Directive and/or Healthcare Surrogate Designation forms. You don't need a lawyer to fill it out.

- What Should I Do With My Advance Directive If I Choose to Have One?**
 - If you have designated a Healthcare Surrogate/Durable Power of Attorney for Healthcare, give a copy or the original to that person.
 - Give a copy of your Advance Directive to your physician for your medical file.
 - Keep a copy of your Advance Directive in a safe place.
 - Keep a card or note in your wallet or pocketbook that states you have an Advance Directive along with the names and telephone numbers of your healthcare surrogate and physician.
 - If you change your Advance Directive, be sure your physician/lawyer and/or family member has the latest copy.

- What If I Change My Mind?**
 - You can change or revoke any of these documents at any time, as long as you can communicate your wishes verbally or in writing.

- Do I Have to Fill Out One of These Forms?**
 - No, you don't have to fill out any of these forms if you don't want to. You can just talk with your physicians and ask them to write down what you've said in your medical chart. And you can talk with your family. But people will be clearer about your treatment wishes if you write them down. And your wishes are more likely to be followed if you write them down.

- Will I Still Be Treated If I Don't Fill Out These Forms?**
 - Absolutely. You will still get medical treatment. We just want you to know that, if you become too sick to make decisions, someone else will have to make them for you.

- How Can I Get More Information About Advance Directives?**
 - Ask your physicians, attorney or local hospital for more information.

**PLEASE NOTE: Formats for Patient Directives
must follow individual state requirements.**

Please check with your State Department of Health for specifics.

DURABLE POWER OF ATTORNEY FOR HEALTHCARE

GUIDELINES FOR SIGNERS

SAMPLE

I. WHAT IS A DURABLE POWER OF ATTORNEY FOR HEALTHCARE?

A “Durable Power of Attorney of Healthcare” is a document that you can use to appoint another person, such as a family member or friend, who can decide healthcare issues for you if you become unable to decide on your own. The person may decide your healthcare, subject only to limitations you specify on that person’s authority and several restrictions imposed by law.

II. WHY COMPLETE A DURABLE POWER OF ATTORNEY FOR HEALTHCARE?

A Durable Power of Attorney for Healthcare will be helpful even if you have executed a “Living Will” or a “Directive to Physicians” since it applies to all healthcare decisions and allows you to appoint a person who can carry out your wishes if you become incapable of doing so. The other primary reasons for completing a Durable Power of Attorney for Healthcare are to avoid court proceedings, possible delays in receiving needed medical care and emotional and financial stress on family or friends. These benefits are available because simply completing this form, without going to court can execute a Durable Power of Attorney for Healthcare. Executing a Durable Power of Attorney for Healthcare before surgery or other medical care may be advisable. Persons with chronic conditions that may “flare up” and leave them unable to decide might also consider executing a Durable Power of Attorney for Healthcare. Persons with no close relatives living nearby may want to identify a close friend to decide for them in the event they should become unable to decide for themselves. As a practical matter, many people may want to keep a Durable Power of Attorney for Healthcare in effect always, just as they maintain insurance to protect their interests in case of unforeseen occurrences.

III. WHO CAN COMPLETE A DURABLE POWER OF ATTORNEY FOR HEALTHCARE?

Any _____ resident, who is at least 18 years old, is of sound mind, and is acting on his or her own free will may execute a Durable Power of Attorney for Healthcare.

IV. CAN THE PERSON I APPOINT IN A DURABLE POWER OF ATTORNEY FOR HEALTHCARE, MANAGE MY FINANCIAL AFFAIRS?

A person appointed in a Durable Power of Attorney for Healthcare may decide arrangement for medical services and related decisions. If you want to appoint a person to handle your other financial or legal affairs, you should consult an attorney regarding completing a Durable Power of Attorney for such matters or using alternative methods for taking care of these matters.

V. HOW DO I COMPLETE A DURABLE POWER OF ATTORNEY FOR HEALTHCARE?

Simply fill out this form, which will name your healthcare agent and set forth the limits imposed by you and by law on his or her authority. Read the form carefully before filling it out.

VI. MUST THE APPOINTED PERSON BE AN ATTORNEY?

Although the Durable Power of Attorney for Healthcare has the term “attorney” in the title, and we call the person appointed to make decisions an “attorney-in-fact” he or she does not need to be an attorney. There are only a few limits on whom a person may appoint and they are set forth in this form.

WARNING TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document. It creates a Durable Power of Attorney for Healthcare. Before executing this document, you should know these important facts:

- This document gives the person you designate as your attorney-in-fact the power to decide healthcare issues for you. This power is subject to any limitations or statement of your desires that you include in this document. The power to decide healthcare issues may include consent, refusal of consent or withdrawal of consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition. In this document you may indicate any type of treatment or placement that you do not want.
- The person you designate in this document has a duty to act consistently with your desires as stated in this document or otherwise made known or, if your desires are unknown, to act in your best interest.
- Except as you otherwise specify in this document, the powers of the person you designate to decide healthcare issues for you may include the power to consent to your physician not giving treatment or stopping treatment that may keep you alive.
- Unless you specify a shorter period in this document, this power will exist for seven years from the date you execute this document and, if you are unable to decide healthcare issues for yourself at the time when this seven-year period ends, this power will continue to exist until the time when you become able to decide healthcare issues for yourself.
- Despite this document, you have the right to make medical and other healthcare decisions for yourself if you can give informed consent with respect to the particular decision. In addition, hospital personnel may not treat you over your objection, and healthcare necessary to keep you alive may not be stopped if you object.
- You have the right to revoke the appointment of the person designated in this document to decide healthcare issues for you by notifying that person of the revocation orally or in writing.
- You have the right to revoke the authority granted to the person designated in this document to decide healthcare issues for you by notifying the treating physician, hospital or other healthcare provider orally or in writing.
- The person designated in this document to decide healthcare issues for you has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.
- If you do not understand anything in this document, you should ask a lawyer to explain it to you.

CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTHCARE

By this document I intend to create a Durable Power of Attorney for Healthcare by appointing the person designated below to decide healthcare issues for me. My subsequent incapacity will not affect this power of attorney.

DESIGNATION OF HEALTHCARE AGENT

(Your attorney-in-fact, i.e., your agent, must be an adult and a _____ resident. Insert the name, address and telephone number of the person you wish to designate as your agent to decide healthcare issues for you. None of the following may be designated as your agent: (1) your treating healthcare provider, (2) an employee of your treating healthcare provider, (3) an operator of a community care facility; or (4) an employee of an operator of a community care facility. For example, your agent may not be your physician, your nurse, an employee of your nursing home or an operator of a board and care home.)

I, _____ do now designate and appoint:
(insert your name)

Name: _____

Address: _____

Telephone Number: _____

as my agent to decide healthcare issues for me as authorized in this document.

GENERAL STATEMENT OF AUTHORITY GRANTED

If I become incapable of giving informed consent with respect to healthcare decisions, I now grant to my agent full power and authority to make healthcare decisions for me, including: consent, refusal of consent or withdrawal of consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition, and to receive and to consent to the release of medical information, subject to the limitations and special provisions set forth in Paragraph 6 below.

CONTRIBUTION OF ANATOMICAL GIFT

(You may choose to make a gift of all or part of your body to a hospital, physician or medical school for scientific, educational, therapeutic or transplant purposes. If you do not make such a gift, you may authorize your agent to do so, or a member of your family may make a gift unless you give them notice that you do not want to make a gift. In the space below you may make a gift yourself or state that you do not want to make a gift. If you do not complete this section, your agent will have the authority to make a gift of all or part of your body under the Uniform Anatomical Gift Act.)

If either statement reflects your desires, sign on the line next to the statement. You do not have to sign either statement. If you do not sign either statement, your agent and your family will have the authority to make a gift of all or part of your body under the Uniform Anatomical Gift Act.

Pursuant to the Uniform Anatomical Gift Act, I now give, effective upon my death:

Any needed organ or parts; or

The parts or organs listed:

I do not want to make a gift under the Uniform Anatomical Gift Act, nor do I want my agent or family to do Scope of Services.

STATEMENT OF DESIRES

(With respect to decisions to withhold or with draw life-sustaining treatment, your agent must make healthcare decisions that are consistent with your known desires. You can, but are not required to, indicate your desires below. If your desires are unknown, your agent has the duty to act in your best interests; and, under some circumstances, a judicial proceeding may be necessary so that a court can determine the healthcare decision that is in your best interests. If you wish to indicate your desires, you may INITIAL the statement that reflects your desires and/or write your own statements in the space below.)

MAXIMUM TREATMENT

I want my life prolonged to the greatest extent possible, without regard to my condition, the chances I have for recovery or long-term survival or the cost of the procedures.

If this statement reflects your desires, initial here:

LIMITED TREATMENT

I do not want my life to be prolonged to the greatest extend possible, and I do not want life-sustaining treatment outweighing the expected benefits. In making decisions concerning life-sustaining treatment, my agent is to consider the relief of suffering, the prevention or restoration of functioning and the quality and the extent of the possible extension of my life.

If this statement reflects your desires, initial here:

Other or additional Statement of Desires: _____

SPECIAL PROVISIONS AND LIMITATIONS

(By law, no one permits your agent to consent to any of the following: Commitment to or placement in a mental health treatment facility, convulsive treatment, psycho surgery, sterilization or abortion. In every other respect, your agent may make healthcare decisions for you to the same extent that you could make them for yourself if you were capable of doing so. If you wish to place limits on your agent's authority, you should list any special restrictions in the space below. If you do not write any limitations, your agent will have the broad powers to decide healthcare issues for you that are set forth in Paragraph 3, except to the extent that there are limits provided by law.)

In exercising the authority under this Durable Power of Attorney for Healthcare, the authority of an attorney-in-fact is subject to the following special provisions and limitations:

DESIGNATION OF ALTERNATIVE AGENT

(No one requires you to designate any alternative agents but you may do so. An alternative agent must meet the requirements set forth in Paragraph 2 above. Any alternative agent you designate can make the same healthcare decisions as the agent designated in Paragraph 2 above if he or she is unable or unwilling to act as your agent. Also, if the agent designated in Paragraph 2 is your spouse, his or her designation as law automatically revokes your agent if they have dissolved your marriage.)

If the person designated in Paragraph 2 as my agent is unable to make healthcare decisions for me or is disqualified by law from so doing, then I designate the following persons to serve as my agent to make healthcare decisions for me as authorized in this document, such persons to serve in the order listed below:

A. First Alternative Agent:

Name: _____

Address: _____

Telephone Number: _____

B. Second Alternative Agent:

Name: _____

Address: _____

Telephone Number: _____

Duration

I understand that this Durable Power of Attorney for Healthcare will exist for seven (7) years from the date I execute this document unless I establish a shorter time. If I am unable to make healthcare decisions for myself when this power of attorney expires, the authority I have granted my agent will continue to exist until the time when I become able to make healthcare decisions for myself.

(Optional) I wish to have this power of attorney end before seven (7) years on the following date: _____

PRIOR DESIGNATIONS REVOKED

I REVOKE ANY PRIOR DURABLE POWER OF ATTORNEY FOR HEALTHCARE.

(YOU MUST DATE AND SIGN THIS POWER OF ATTORNEY)

I sign my name to this Durable Power of Attorney for Healthcare on _____
(Date)

at _____
(City/State)

Signature: _____

THIS DURABLE POWER OF ATTORNEY FOR HEALTHCARE WILL NOT BE VALID FOR MAKING HEALTHCARE DECISIONS UNLESS IT IS EITHER: (1) ACKNOWLEDGED BEFORE A NOTARY PUBLIC IN _____; OR (2) SIGNED BY AT LEAST TWO QUALIFIED WITNESSES WHO PERSONALLY KNOW YOU AND ARE PRESENT WHEN YOU SIGN OR ACKNOWLEDGE YOUR SIGNATURE.

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

(You may use acknowledgment before a notary public instead of the statement of witnesses.)

State of _____

County of _____

On this _____ day of _____, in the year _____, before me

_____, personally appeared
(insert name of notary public)

(insert name of principal)

personally known to me (or proved to me based on satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledge that he or she executed it. I declare under the penalty of perjury that the person whose name is subscribed to this instrument is of sound mind and under no duress, fraud or under influences.

NOTARY SEAL

Signature of Notary Public: _____

STATEMENT OF WITNESSES

(If you elect to use witnesses instead of having this document notarized, you should carefully read and follow this witnessing procedure; otherwise, this document will not be valid).

(You must use two qualified adult witnesses who personally know you. None of the following may be used as a witness: (1) a person you designate as your agent; (2) a healthcare provider; (3) an employee of a healthcare provider, (4) the operator of a community care facility; (5) an employee of an operator of a community care facility. For example, your witness may not be a physician, a nurse, a hospital employee, a nursing home employee, or an operator of a board and care home. At least one witness must make the additional declaration set out following the place where the witnesses sign.)

I declare under the penalty of perjury under the laws of _____ that the principal is personally known to me, that the principal signed or acknowledged this durable power of attorney in my presence, that the principal is of sound mind and under no duress, fraud, or undue influence, that I am not the person appointed as attorney-in-fact (agent) by this document, and that I am not a healthcare provider, an employee of a healthcare provider, the operator of a community care facility, nor an employee of an operator of a community care facility.

Signature: _____

Print Name: _____ Date: _____

Home Address: _____

Signature: _____

Print Name: _____ Date: _____

Home Address: _____

(AT LEAST ONE OF THE ABOVE WITNESSES MUST ALSO SIGN THE FOLLOWING DECLARATION)

I declare under the penalty of perjury under the law of _____ that blood, marriage, or adoption does not relate me to the principal, and to the best of my knowledge I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

Signature: _____

Optional Second Signature: _____

SPECIAL REQUIREMENTS

(Special additional requirements must be satisfied for this document to be valid if: (1) you are a patient in a skilled nursing facility, or (2) you are a conservatee under the Lanterman-Petris-Short Act and you are appointing the conservator as your agent to make healthcare decisions for you. If you are not sure whether you are in a skilled nursing facility, which is a special type of nursing home, ask the facility staff.)

- If you are a patient in a skilled nursing facility (as defined in Health and Safety Code Section _____), at least one witness must be a patient advocate or ombudsman. The patient advocate or ombudsman must sign the witness statement and must also sign the following declaration.

I declare under the penalty of perjury under the law of Virginia that I am a patient advocate or ombudsman as designated by the State Department of Aging and am serving as a witness as required by subdivision (a)_____.

Signature: _____

Print Name: _____ Date: _____

Home Address: _____

- If you are a conservative under the Lanterman-Petris-Short Act (of Division 5 of the Welfare and Institutions Code) and you wish to designate your conservator as your agent to make healthcare decisions, legal counsel must represent you. Your lawyer must sign the following statement:

I have advised my patient _____ concerning his or her rights about this matter and the consequences of signing or not signing this durable power of attorney and my patient, after being so advised, has executed this durable power of attorney.

Signature: _____

Print Name: _____ Date: _____

Home Address: _____

COPIES:

You should retain the executed original document and give a copy of the executed original to your agent and any alternative agents. You may also wish to give a copy to your physician or to members of your family. HHA can rely upon photocopies of this document as though they were originals.

SUBJECT: WITHHOLDING OR WITHDRAWAL OF LIFE-SUSTAINING MEASURES	REFERENCE #12013
	PAGE: 1 OF: 3
DEPARTMENT: HOME HEALTH	EFFECTIVE:
APPROVED BY:	REVISED:

PURPOSE:

As a healthcare institution, _____ HHA offers care to persons in danger of death due to illness, accident, advanced age or similar conditions, and appropriate opportunities to prepare for death. While a person has a moral obligation to use ordinary means or proportionate means of preserving his/her life, a person may forgo extraordinary or disproportionate means of preserving life. Disproportionate means are those which in the patient's judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or community.

POLICY:

- Each patient admitted to _____ HHA shall be afforded all appropriate treatment measures including cardiopulmonary resuscitation except in the following circumstances:
 - When the patient has designated through an Advance Directive that he/she does not desire extraordinary life support measures or resuscitative measures such as cardiopulmonary resuscitation. Advance Directives can be any of the following:
 - Durable Power of Attorney for Health Care (DPAHC)
 - Declaration to Physician pursuant to the Natural Death Act (NDA)
 - Living Will
 - Verbal or written communication to physician or nursing staff

Note: Only the DPAHC and NDA are considered legally binding. Other written and verbal communications are considered evidence of the patient's intent and should be used to assist the physician in decision making.
 - When in the considered judgment of the attending physician, the patient is near death with no reasonable expectation of recovery and the patient or his/her surrogate decision maker concurs with withholding or withdrawing of life support measures including cardiopulmonary resuscitation.
 - Every effort shall be made to respect the rights and wishes of the patient and family members while promoting comfort and preserving dignity.

SUBJECT: WITHHOLDING OR WITHDRAWAL OF LIFE-SUSTAINING MEASURES	REFERENCE #12013
	PAGE: 2 OF: 3
DEPARTMENT: HOME HEALTH	EFFECTIVE:
APPROVED BY:	REVISED:

PROCEDURE:

- When a decision to place limits on the resuscitative efforts performed on a patient has been reached:
 - An order for "No Code _____" or "Do Not Resuscitate" or an order to withdraw a specific supportive measure(s), shall be written by a physician caring for the patient and communicated to the nursing staff.
 - A verbal or telephone "No Code _____" order may be given to two (2) licensed nursing staff, one (1) of which must be an RN. The order must include time, date and the signatures of the nurses receiving the verbal or telephone order.
 - It is the physician's responsibility to sign the order and record appropriate documentation in the physician's progress notes within 24 hours of the time the order was given.
 - A physician likely to be involved in subsequent organ transplantation is disqualified from writing orders that limit resuscitation on a potential donor.
 - The following information should be legibly recorded in the patient's medical record when life support is being withheld or withdrawn, or when limits are being placed on resuscitation:
 - The patient's diagnosis, prognosis and mental status.
 - The patient's desire regarding life support measures.
 - Statements or desires of family members especially if the patient has been determined to be incompetent.
 - If the patient is competent, the physician should discuss the options of resuscitation and life support measures with the patient, and document the patient's desires and choices in the medical record.

SUBJECT: WITHHOLDING OR WITHDRAWAL OF LIFE-SUSTAINING MEASURES	REFERENCE #12013
DEPARTMENT: HOME HEALTH	PAGE: 3 OF: 3
APPROVED BY:	EFFECTIVE:
	REVISED:

- If the patient is not competent, and has executed a valid and binding DPAHC or declaration to physicians pursuant to the NDA, the directive shall be placed in the record in compliance with the _____ HHA Advance Directive Policy. If such a directive is not available, the patient's desires may be determined through past statements to family/friends or other written statements. Any available written statements should be placed in the medical record. The physician should look to the named agent for decision making if the incompetent patient has completed a DPAHC.
- The patient shall be given first priority in deciding the extent of life sustaining measures. If the patient is deemed incompetent or the medical condition is such that he/she is unable to give informed consent, the significant other shall then be given the option to make the decision.
 - "Significant other" is as written and in order written:
 - ◆ Person having durable power of attorney
 - ◆ Person having legal guardianship
 - ◆ Spouse
 - ◆ Eldest child
 - ◆ Next of kin if none of the above are applicable
 - If any doubt exists in regard to the rights of the significant other, he/she may be asked by the physician to obtain a Durable Power of Attorney.

DECLARATION TO WITHDRAW/WITHHOLD TREATMENT

If I should have an incurable and irreversible condition, that has been diagnosed by two physicians and that will result in my death within a relatively short time without the administration of life-sustaining treatment or has produced an irreversible coma or persistent vegetative state, and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the (state directive) _____, to withhold or withdraw treatment, including artificially administered nutrition and hydration, that only prolongs the process of dying or the irreversible coma or persistent vegetative state and is not necessary for my comfort or to alleviate pain.

If I have been diagnosed as pregnant, and that diagnosis is known to my physician, this declaration shall have no force or effect during my pregnancy.

Signed this _____ day of _____, _____.

Signature: _____

Address: _____

The declarant voluntarily signed this writing in my presence. I am not a healthcare provider, an employee of a healthcare provider, the operator of a community care facility, the operator of a residential care facility for the elderly or an employee of an operator of a residential care facility for the elderly.

Witness: _____

Address: _____

The declarant voluntarily signed this writing in my presence. I am not entitled to any portion of the estate of the declarant upon his or her death, under any will or codicil thereto of the declarant now existing or by operation of the law. I am not a healthcare provider, an employee of a healthcare provider, the operator of a community care facility, the operator of a residential care facility for the elderly or an employee of an operator of a residential care facility for the elderly.

Witness: _____

Address: _____

SUBJECT: DO NOT RESUSCITATE/DO NOT INTUBATE (DNR/DNI)	REFERENCE #12015
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 2
APPROVED BY:	EFFECTIVE:
	REVISED:

PURPOSE:

To assure HHA staff receive communication regarding the patient's do not resuscitate/do not intubate (DNR/DNI) status.

POLICY:

If there is cardiac or pulmonary arrest, cardiopulmonary resuscitative measures are promptly initiated unless the physician in charge has written a DNR/DNI order and the order is documented in the patient's medical record.

PROCEDURE:

- The attending physician shall make a DNR and/or DNI decision in consultation with the patient and/or patient's legal representative when, in the judgment of the physician, the patient suffers from an incurable terminal illness, death is imminent in all medical probability, resuscitation will do nothing to relieve the underlying disease condition and resuscitation would not change the probability of death.
- The physician must write the order and HHA shall place the order in the patient's medical record as any other treatment order.
- When HHA receives a DNR order:
 - The RN shall immediately advise all HHA staff.
 - The RN shall notify other staff involved in the case within 24 hours, and shall document this notification in the medical record.

SUBJECT: DO NOT RESUSCITATE/DO NOT INTUBATE (DNR/DNI)	REFERENCE #12015
	PAGE: 2 OF: 2
DEPARTMENT: HOME HEALTH	EFFECTIVE:
APPROVED BY:	REVISED:

- The RN shall notify the Home Health Aide:
 - If the patient is new to Home Health Aide Service, “Do Not Resuscitate (DNR)” shall be written on the Aide’s Assignment Sheet.
 - If the patient has had ongoing Home Health Aide Service, HHA staff shall create a new assignment sheet with “DNR” written on it.
 - When Home Health Aides receive revised assignments via telephone, they shall be informed that patients have a DNR status.
- HHA shall clearly identify the DNR/DNI order in the medical record.
- HHA shall reevaluate the DNR/DNI order under the following conditions:
 - When a significant change in the patient’s condition occurs;
 - At the request of the patient or his/her representative.
- It shall be the responsibility of the RN, within the standard of practice, to talk to the attending physician about any change in the patient’s condition that may make a continuing DNR/DNI order questionable.
- The patient, the patient’s representative or the physician may revoke the DNR/DNI order, either orally or in writing.
- The DNR/DNI order shall be kept in the patient’s medical record and a copy shall be kept at the patient’s home.
- HHA staff shall be informed of and provided with a Revocation Consent form and shall immediately record the revocation request in the patient’s medical record. The order must be canceled and the physician responsible for the patient’s care must be notified.
- Communication between HHA staff, the patient and family regarding resuscitation of the patient shall be documented in the medical record.

DO NOT RESUSCITATE AND/OR DO NOT INTUBATE REQUEST FORM

(An Advance Request by the Patient to Limit the Scope of Emergency Medical Care)

- _____, request limited emergency care as herein described.
- I understand DNR means that if my heart stops beating or if I stop breathing, no medical treatment will be started or continued and that I may die as a result.
- I understand that DNI means that if I stop breathing, I will not be placed on an artificial breathing machine and that I may die as a result.
- I understand that either or both of these decisions will not prevent me from obtaining emergency medical care by paramedic(s) and receiving other medical care prior to my death at the direction of my physician.
- I understand I may revoke these directives at any time.
- I give permission for this information to be given to paramedics, physicians, nurses or any other healthcare personnel, as necessary, to implement these directives.

I hereby agree to the "Do Not Resuscitate" order. Initials: _____

I hereby agree to the "Do Not Intubate" order. Initials: _____

Signature: _____ Date: _____
(Patient, Authorized Legal Representative)

Witness: _____ Date: _____

- DO NOT RESUSCITATE (DNR). In the event of an acute cardiac or respiratory arrest, no cardiopulmonary resuscitation shall be initiated.
- DO NOT INTUBATE (DNI). In the event of acute or impending respiratory failure, endotracheal intubation to provide sustained assisted ventilation shall not be performed. (DNI) does not prohibit emergency management to prevent or reverse acute airway obstruction with oral, nasal or esophageal obturator airways or treatment of transient respiratory insufficiency with oxygen or short trials of assisted ventilation with positive pressure ventilation equipment or Ambu-bags.

Physician's Signature: _____ Date: _____

Address: _____

Phone: _____

SUBJECT: PATIENT LIABILITY FOR PAYMENT	REFERENCE #12017
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 1
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

- Every patient and/or his/her legal representative has the right to be advised, before care is initiated, of the extent to which payment for HHA services may be expected from Medicare or other sources, and the extent to which payment may be required from the patient.
- _____ HHA shall advise the patient orally and in writing of charges for care/service at, or prior to, the receipt of care/services.

PROCEDURE:

- Before the care is initiated, the HHA shall inform the patient, orally and in writing, of the following:
 - The extent to which payment may be expected from Medicare, Medicaid or any other Federally funded or aided program known to the HHA
 - The charges for services that will not be covered by Medicare, Medicaid, or any other Federally funded or aided program known to the HHA
 - The charges that the individual may have to pay before care is initiated
- HHA staff shall advise the patient and/or his/her legal representative of any changes as soon as possible in advance of the next home health visit.

SUBJECT: PATIENT INFORMED DECISION MAKING	REFERENCE #12018
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 2
	EFFECTIVE:
APPROVED BY:	REVISED:

PURPOSE:

To allow the patient to make informed decisions about the patient's care and/or services whenever possible and to the extent of his/her cognitive abilities.

POLICY:

- _____ HHA's Administration, Medical Staff and Governing Body shall provide for the right of the patient to make rational choices regarding his/her healthcare decisions based upon vital information, to the degree known, concerning his/her illness, proposed procedures, alternate methods of treatment and the risks and benefits of each.
- These rights and others are supported by the following policies:
 - Consents
 - Patient Access to Medical Records
 - Non-Discrimination
 - Patient Complaints
 - Patient's Rights and Responsibilities
 - Patient Directives
- Information concerning the patient's diagnosis and medical treatments shall be given to family and/or guardians when the patient has been judged incompetent.

PROCEDURE:

- The patient/family and/or patient's legal representative shall be provided the following information about proposed and/or ongoing care or services from knowledgeable HHA staff members:
 - Patient's condition, to the extent known
 - Nature and purpose of proposed and/or ongoing care or services

SUBJECT: PATIENT INFORMED DECISION MAKING	REFERENCE #12018
DEPARTMENT: HOME HEALTH	PAGE: 2 OF: 2
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- The potential benefit(s), risk(s) and effects of the care or service(s); their likelihood of success and problems, to the degree known
- Who will perform the care or provide the service(s)
- The actual dollar amount, if any, of the care or services for which the patient/family would be responsible
- In addition, the patient and/or legal representative shall be encouraged to participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to:
 - Completion of all assessments
 - The care to be furnished, based on the Comprehensive Assessment
 - Establishing and revising the Plan of Care
 - The frequency of visits
 - Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits
 - Any factors that could impact treatment effectiveness
 - Any changes in the care to be furnished
- This information shall be provided in a manner that is easily understood by the patient/family and that takes into consideration the patient's/family's personal, cultural and ethnic preferences.
- The instructions shall be documented in the patient's medical record.

SUBJECT: AUTHORIZATION TO TREAT/INFORMED CONSENT	REFERENCE #12019
	PAGE: 1 OF: 3
DEPARTMENT: HOME HEALTH	EFFECTIVE:
APPROVED BY:	REVISED:

PURPOSE:

- To uphold the patient’s human, civil, constitutional and statutory rights while care, treatment and/or services are provided by the HHA.
- To provide an ongoing process that takes into consideration patient needs and preferences, is compliant with applicable laws, regulations and standards, and integrates patient education based on adult teaching-learning principles.
- To establish a mutual and clear understanding between the patient or his/her surrogate decision maker and the HHA as to the care, treatment and/or services to be provided by the HHA.
- To allow the patient/surrogate decision maker to fully participate in decisions about the patient’s care, treatment and/or services.
- To comply with applicable laws, standards and regulations.

POLICY:

- _____ HHA honors the patient’s right to give or withhold informed consent.
- In the event the patient is unable to make decisions about his/her care, treatment or services, the HHA shall involve a surrogate decision maker in the informed consent process.
- A Consent/Authorization for Services form shall be signed by the patient/surrogate decision maker before the initiation of home health care, treatment and/or services.
- The informed consent process shall include a discussion about the patient’s proposed care, treatment or services, including any circumstances under which information about the patient must be disclosed or reported.
- Informed consents shall be obtained prior to:
 - Any invasive treatment or procedure
 - Any recordings, films or other images of the patient being made and used

SUBJECT: AUTHORIZATION TO TREAT/INFORMED CONSENT	REFERENCE #12019
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DEPARTMENT: HOME HEALTH	EFFECTIVE:
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- In the event that investigational drugs or treatments are offered, a detailed informed consent for investigation trials will be signed by the patient/surrogate decision maker, prior to the initiation providing the patient/surrogate decision maker has agreed to participate in research, investigational or experimental studies or clinical trials.
- In the event of a life-threatening emergency, informed consent shall not be required for the qualified clinician to take appropriate, life-saving measures.
- The HHA shall use or disclose protected confidential healthcare information if:
 - The information is used to carry out the HHA's care, treatment, payment or healthcare operations.
 - The information is used for care, treatment or service activities by a healthcare provider.
 - The information is used for a healthcare provider to obtain payment for care, treatment or services rendered.
 - The information is used for healthcare operations by a healthcare provider that has a relationship with the patient in efforts to detect healthcare fraud, abuse or compliance.

PROCEDURE:

- Before any care, treatment or services are provided, the Registered Nurse/Therapist shall instruct patient/surrogate decision maker about the following:
 - HHA ownership, hours of operation and scope of care
 - Accessibility to HHA staff after hours
 - Patient Rights and Responsibilities
 - Advance Directives
 - Patient/family liability for payment, if any

SUBJECT: AUTHORIZATION TO TREAT/INFORMED CONSENT	REFERENCE #12019
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DEPARTMENT: HOME HEALTH	EFFECTIVE:
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- Conflict resolution procedure
- Type and frequency of care, treatment and/or services to be provided, including the potential benefits, risks, side effects of the proposed care, treatment and/or services, and the likelihood of the patient achieving his/her goals based on the current body of knowledge
- Risks of not receiving the proposed care, treatment and/or services
- Reasonable alternatives to the proposed care, treatment and/or services, including risks, benefits and side effects related to the alternatives based on current knowledge
- Any information that must be disclosed or reported by law, including, but not limited to, Private Health Information such as HIV, TB, meningitis and other diseases to health departments or the Centers for Disease Control and Prevention (CDC)
- Patient/family involvement in care, treatment and/or services
- Upon completion of the informed consent process, the Registered Nurse/Therapist shall document the patient's/surrogate decision maker's consent to the care, treatment and/or services to be provided. Medical record documentation should be on a consent form and should include the patient's signature, as well as his/her printed name. If the patient is unable to sign his/her name, the patient's mark, i.e., an "X", is acceptable, along with a documented explanation as to the reason the patient is unable to sign his/her name.
- The Registered Nurse/Therapist shall sign and print his/her name and include the date and time on the form.
- A copy of the signed consent form shall remain in the patient's home.
- The original signed consent form shall be maintained in the patient's office medical record.

SUBJECT: AUXILIARY AIDS AND SERVICES FOR PERSONS WITH DISABILITIES	REFERENCE #12028
	PAGE: 1 OF: 8
DEPARTMENT: HOME HEALTH	EFFECTIVE:
APPROVED BY:	REVISED:

PURPOSE:

- To comply with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975, as well as any other applicable laws, standards and regulations.
- To provide equal access for persons with disabilities to effective communication about care, treatment and/or services provided by_____.
- To provide auxiliary aids and services to patients with disabilities without regard to race, color, national origin, disability or age.
- To ensure that a consistently high level of patient care services and/or treatments are provided to all patients serviced by this HHA.
- To uphold patients’ rights to communicate in a manner and/or format that is understandable to them.

DEFINITIONS:

- According to the Americans with Disabilities Act (ADA), an individual with a disability is someone who has a physical or mental impairment which substantially limits one or more of the “major life activities”, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.
- Auxiliary Aids and Services are devices that accommodate a functional limitation of a person with a communication-related disability.
 - Auxiliary aids and services may include, but are not limited to:
 - Qualified interpreters, either language or sign language/oral interpreters
 - Gestures
 - Notepad and pen
 - Visual aids, such as diagrams, pictures, etc.

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- Assistive listening devices
- Taped or digitally recorded educational materials
- Large print format for educational materials
- Forms revised into simple English
- Highlighter pens and markers
- Brailled materials
- TDD (telecommunication device for the deaf) or TTY (teletypewriter)
- Reader assistance by staff or someone designated by the patient to read information to him/her
- Accessible websites

Hard of Hearing refers to a hearing loss, from mild to severe.

● Deaf refers to a profound hearing loss. Persons are considered “deaf” if their hearing loss is such that they are unable to understand speech and must rely on vision for communication.

Sign Language Interpreters provide communication accessibility when interactions between deaf and hearing persons are involved.

- Sign Language interpreters are highly skilled individuals who transmit information between deaf and hearing persons quickly and accurately. They adhere to a strict professional Code of Ethics. They are impartial and have a sole objective to convey the spirit and intent of the speaker, utilizing American Sign Language (ASL) or Signed English. A “qualified” Sign Language Interpreter is able to interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary.
- Title II of the ADA does not require a sign language interpreter to be “certified” in order for the interpreter to be considered to have the skills necessary to facilitate communication.

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- Oral Interpreters are trained to articulate speech silently and clearly, sometimes rephrasing words or phrases to give higher visibility on the lips. Not all people who are deaf or hard of hearing are trained in sign language; they may be trained in lip reading and can understand spoken words fairly well with assistance from an oral interpreter.

- Vision Impairment may range from partial loss to total loss of vision. The auxiliary aid or service necessary for the patient will depend on the degree of vision impairment, as well as the method preferred/requested by the patient. Some patients with low vision may wear glasses/contacts, but may still require additional accommodation to supplement the glasses/contacts.

- Speech Disorders include:
 - Stuttering
 - Articulation:
 - Difficulty with forming sounds and stringing together, usually characterized by substituting one sound for another, omitting a sound or distorting a sound
 - Voice disorders:
 - Inappropriate pitch, loudness or quality (harsh, hoarse, breathy or nasal)

- Language Disorders are of two (2) types:
 - Delayed language:
 - A noticeable slowness in the development of the vocabulary and grammar necessary for expressing and understanding thoughts and ideas
 - Aphasia:
 - The loss of speech and language abilities resulting from a stroke or head injury; aphasia may be expressive or receptive

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Learning Disability:

- A cognitive disorder that affects the ability of persons with normal intellect to learn academic and social information. These include:
 - Perceptual disabilities
 - Minimal brain dysfunction
 - Dyslexia
 - Developmental aphasia

Developmental Disabilities:

- Those disabilities that originate before an individual attains the age of 18, continues, or can be expected to continue indefinitely, and constitutes a substantial disability for that individual. Types of developmental disabilities include:
 - Mental retardation
 - Cerebral palsy
 - Autism
 - Epilepsy

POLICY:

- Governing Body and Administration shall be informed about the auxiliary aids and services provided by and through the HHA.
- Marketing materials including, but not limited to, brochures and web pages, shall contain information about the auxiliary aids and services provided through and by the HHA. These materials also include telephone numbers for the TTY/TTD agency line and the State Relay System.

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- The HHA shall make every effort to ensure that its employees, including contracted staff, communicate effectively and appropriately with patients with disabilities.
- If 25% of the population within the HHA's service area is non-English speaking, the HHA shall provide written information, such as consent/authorization to treat forms, patient instructions, in at least the most common non-English language within that population.
- The type of auxiliary aid or service needed to achieve/provide effective communication shall be individualized for each patient and shall depend upon:
 - The patient's needs and wishes
 - The patient's usual method of communication
 - The severity of the disability
 - The unique facts of each situation, including length and complexity of the communication involved
 - For example, in some instances, a note pad and written materials may satisfy the auxiliary aid and services requirement.
 - On the other hand, more complex and interactive communications, such as instructions about symptoms to report to the physician, may require an interpreter.
- The HHA shall maintain a list of language and sign language/oral interpreter services that are available (on-call 24 hours a day) and are willing and able to provide qualified interpreters as needed. Interpreters must be able to interpret medical terms and concepts. These services are selected after having been screened for the quality and skill of its interpreters, its reliability and other factors, such as cost.
 - The HHA shall update this list of language and sign language/oral interpreters at least every_____.

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- The HHA shall maintain a list of staff members and contract staff with proficiency in other languages. This list shall be updated whenever there is a change of staff. This list shall include:
 - Staff member's name,
 - Contact telephone number, and
 - Language and level of fluency.

- The HHA shall discourage the use of family or friends as interpreters. Because a qualified interpreter must be able to interpret impartially, a family member, child or friend of the patient may not be qualified to render the necessary interpretation, because of factors such as professional, emotional or personal involvement, or considerations of confidentiality.

- Situations where an interpreter may be required for effective communication shall include, but not be limited to:
 - Discussing a patient's symptoms and medical condition, medications and medical history
 - Explaining and describing medical conditions, tests, treatments, medications, procedures
 - Obtaining informed consent for care, treatment and/or services
 - Providing instructions for medications
 - Providing mental health services, or counseling for patients and family members
 - Explaining living wills and powers of attorney

SUBJECT: AUXILIARY AIDS AND SERVICES FOR PERSONS WITH DISABILITIES	REFERENCE #12028
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- The HHA has a dedicated TTY/TTD line for communicating with patients with hearing disabilities. The HHA's TTY/TTD telephone number is_____.

OR

- The HHA subscribes to the State Relay System. The telephone number for the State Relay System is_____.

Note: Each organization is to provide written instructions for staff and patients to access the TTY/TTD and/or State Relay System.

- The list of auxiliary aids and services provided by or through the HHA shall be distributed to all staff and contracted staff during orientation and whenever modified/changed.
- The list of available auxiliary aids and services shall be posted in prominent locations throughout the HHA.
- There is no charge to patients for interpreter services or other communication aids and services provided through or by the HHA.
- The HHA shall modify the available auxiliary aids and/or services whenever experience, a change in the patient population served or data obtained during Quality Assessment and Performance Improvement (QAPI) activities, i.e., patient satisfaction surveys, patient concerns, indicates a need for such modification.

PROCEDURE:

- Employees shall be instructed during orientation about the auxiliary aids and services available for patients with disabilities, along with the procedures through which these aids and services can be accessed, and are provided with a list of these aids and services.
- When a referral is received by the HHA, information about any known disabilities and any known aids or services required shall be documented on the referral/intake form. The patient's diagnosis/diagnoses, such as neuromuscular disorders, trauma, etc., may support the probability of the presence of disabilities. This information is distributed to the skilled service (Registered Nurse, Physical Therapy, Speech Therapy) assigned to perform the admission assessment.

SUBJECT: AUXILIARY AIDS AND SERVICES FOR PERSONS WITH DISABILITIES	REFERENCE #12028
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- The patient/family and legal representative (if any) shall be informed on admission, verbally and in writing, of the auxiliary aids and services provided by or through this HHA.
- During the admission assessment, the patient shall be assessed for the presence of any disabilities and the type of assistance needed. If auxiliary aids and/or services are necessary, the staff member shall inform the referring physician, and access the appropriate aids and/or services according to HHA policy.
- Results of the admission assessment and aids and/or services provided shall be communicated to all members of the healthcare team that will provide care, treatment and/or services to the patient, and documented in the patient's medical record.
- Patient needs and wishes shall be assessed on a continuous basis while skilled care, treatment and/or services are being provided and documented in the medical record. Changes/ modifications to the auxiliary aids and/or services shall be made in response to changes in the patient's clinical status, needs and wishes, and are communicated to the members of the healthcare team.
- Evaluation of the implementation of auxiliary aids and services shall be an integral part of the HHA's Quality Assessment and Performance Improvement (QAPI) Program.

SUBJECT: PATIENTS WITH SPECIAL COMMUNICATION NEEDS	REFERENCE #12029
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 3
APPROVED BY:	EFFECTIVE:
	REVISED:

PURPOSE:

- To communicate effectively and appropriately with patients with special communication needs in a language or form understandable to them.
- To assure that the rights of patients with special communication needs are upheld while care and/or services are provided by the HHA.
- To uphold and respect patients’ rights to and need for effective communication.
- To increase staff awareness about patients’ cultural backgrounds, beliefs and language that may impact the patient’s/family’s response to care, treatment and/or services.

POLICY:

- _____ HHA accepts patients for care and services regardless of age, sex, sexual orientation, race, creed, religion, national origin, ethnicity, diagnosis/infectious diseases, disability, ability to pay, or DNR status.
- Cultural, religious, and ethnic considerations and personal preferences of all patients shall be respected.
- Auxiliary aids and services shall be provided, as appropriate, to communicate with persons with disabilities at no cost to the patient in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act (See The Auxiliary Aids and Services for Persons with Disabilities Policy).
- Patients with special needs shall be provided with a list of available community resources during the admission visit.
- This HHA utilizes resources from within and when necessary from outside the HHA to communicate clearly and effectively with patients with special communication needs in a manner that meets the patient’s needs.

SUBJECT: PATIENTS WITH SPECIAL COMMUNICATION NEEDS	REFERENCE #12029
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- HHA staff receive cultural diversity and sensitivity training during orientation and at least annually. This training includes, but is not limited to, information to be taken into consideration when providing care, treatment and/or services to patients with different cultural backgrounds, beliefs and languages; how the patient's/family's cultural beliefs impact their perception of the patient's illness, health and home care, end of life issues, loss and bereavement.

PROCEDURE:

- During the admission process, HHA staff will identify the language(s) spoken by the patient/family, and determine whether the patient is visually or hearing impaired. This information is to be documented on the OASIS form/intake sheet.
- If it is determined that the need for assistance with communication exists, the staff member will identify if a family member/caregiver is able to act as translator/communicator, with the patient's consent. If no family member/caregiver is available, or if the patient chooses not to have the family member/caregiver translate, the staff member will offer a translator from within or outside the HHA and schedule visits accordingly. The patient is informed that this service is available at no charge to the patient/family.
- The HHA will arrange for translation during all visits, and will provide written materials, if available, in the patient's language, to explain the Patient Bill of Rights and Responsibilities, and financial and care issues.
- Unique communication and/or cultural needs and strategies should be documented in the patient's medical record and clearly communicated to members of the healthcare team.
- Strategies to enhance communications with people with special needs are available for staff and include but are not limited to:
 - Patient education materials written in a variety of languages if warranted, at various reading levels, with graphic illustration or large print where possible
 - Illustrative boards, chalkboards, notepads and other communication devices for patients that are vision, speech, hearing, or cognitively challenged
 - Reading aloud any written information presented to the patient, and ascertaining that the patient/family member understands the information

SUBJECT: PATIENTS WITH SPECIAL COMMUNICATION NEEDS	REFERENCE #12029
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- Providing a list of services of local groups that provide counseling and support services
- Use of special telephone devices/services for hearing impaired patients
- Use of accessible websites for people with special needs
- The Patient Care Services Director shall maintain a current up-to-date list of HHA staff who speak other languages, including sign language, as well as a list of community services to assist persons with special needs. This list should be reviewed and updated no less frequently than every six (6) months.
- When non-English speaking patients are accepted for care and/or services and it is determined that an interpreter will be required, the following procedures may be observed:
 - Assign, when available, staff speaking the same language to work with non-English speaking patients, or those staff members who are able to communicate in alternative methods of communication with speech or hearing impaired patients such as sign language interpreters.
 - Request that a family member/caregiver, with the patient's permission, be available to assist with communications.
 - Secure a written agreement with an interpreter to provide required services.
- Translated instructions should be provided when a significant number of patients are non English speaking (25 percent or more).
- The Patient Care Services Director shall ensure than an up-to-date list of community resources is readily available to staff.
- Speech-language therapists and/or social workers, upon orders from the physician, may be utilized to enhance communication with patients with special communication needs.
- Specialized instructional needs and strategies are documented in the patient's medical record.

SUBJECT: CONFLICT RESOLUTION	REFERENCE #12030
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 1
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

_____ shall provide for a systematic approach to resolve conflicts that may arise in the care of a patient.

PROCEDURE:

- Any patient and or family member, who identifies an issue that presents a conflict in the care which the patient is receiving, shall be encouraged to address that issue with the following classes of staff, in order of the priority listed:
 - Direct Patient Care Provider
 - Immediate Supervisor
 - Clinical Supervisor
 - Director Patient Care Services/Administrator/Corporate Compliance Officer

- In the event that the conflict cannot be resolved within the above classes, the family or patient shall be directed to the Ethics Committee Chairperson to allow for a multidisciplinary approach toward resolution of the conflict.

SUBJECT: SENSORY IMPAIRED PATIENTS	REFERENCE #12031
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 1
	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

- This organization accepts patients for care regardless of disability, including sensory impairments.
- The services of interpreters shall be obtained, at no cost to patients, for persons who communicate using sign language, if required for the effective instruction of the patient. The organization may arrange, with the approval of senior management, for the lease of a telecommunication device for the deaf (TDD), teletypewriter (TTY) or amplified telephone receiver from the local telephone company to facilitate patient communication.
- The organization has contracted with _____ for the on-call availability of personnel trained in sign language. These personnel are available during the hours of _____ to _____. They may be contacted by calling _____ (phone number).
- When necessary, the organization also utilizes the services of _____ for assistance with patient and family communication.

PROCEDURE:

- Any speech or hearing impairment shall be documented in the patient's medical record and shall be communicated to the healthcare team members providing services to the patient.
- Assign, when available, employees skilled in sign language to communicate with the patient.
- Identify any family members who would be available to assist with patient communication.
- The use of chalk boards, note pads and other communicative methods are encouraged for any patient that is speech and/or hearing impaired.
- If necessary, contact the state or local association for the deaf to obtain the name of an interpreter.
 - Establish a written agreement with the interpreter to provide required services.

SUBJECT: SENSORY IMPAIRED PATIENTS	REFERENCE #12031
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 1
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APPROVED BY:	REVISED:

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- When necessary, the organization also utilizes the services of _____ for assistance with patient and family communication.

PROCEDURE:

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- Identify any family members who would be available to assist with patient communication.
- The use of chalk boards, note pads and other communicative methods are encouraged for any patient that is speech and/or hearing impaired.
- If necessary, contact the state or local association for the deaf to obtain the name of an interpreter.
 - Establish a written agreement with the interpreter to provide required services.

SUBJECT: NON-ENGLISH SPEAKING PATIENTS - CULTURAL CONSIDERATIONS	REFERENCE #12032
	PAGE: 1 OF: 1
DEPARTMENT: HOME HEALTH	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

- This organization may arrange for staff members speaking the same foreign language or an interpreter to work with non-English speaking patients, as appropriate.
- Cultural considerations for all patients shall be respected and observed. Where such considerations impede the provision of prescribed treatment, personnel shall notify the Clinical Supervisor/Director Patient Care Services/Administrator and/or the physician in an effort to accommodate the patient's preference.
- The organization shall accept persons for care regardless of race, religion or national origin.
- The Director Patient Care Services/Administrator shall maintain a current list of organization personnel who speak other languages, including sign language. This list shall be reviewed and updated no less frequently than every _____ months.

PROCEDURE:

- When non-English speaking patients are accepted for services and it is deemed that an interpreter will be required, the following procedures shall be observed:
 - Assign, when available, employees speaking the same foreign language to work with non-English speaking patients.
 - Secure a written agreement with an interpreter to provide required services at no cost to the patient.
 - Translated written instructions shall be provided when a significant number of patients (25% or more) are non-English speaking.
 - Specialized instructional activities are documented in the patient's record.

SUBJECT: PATIENT ABUSE, NEGLECT OR EXPLOITATION - TRAINING PROGRAM	REFERENCE #12033
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DEPARTMENT: HOME HEALTH	EFFECTIVE:
APPROVED BY:	REVISED:

PURPOSE:

To protect and uphold patients’ rights to be free from neglect or exploitation; and verbal, mental, physical and sexual abuse while receiving care, treatment and/or services from the organization.

POLICY:

- _____ HHA and its representatives are committed to making all reasonable efforts to prevent neglect, exploitation and abuse of patients while the patients are receiving care, treatment and/or services from the HHA.
- The HHA has implemented an abuse prevention program to protect patients from neglect, exploitation and abuse to the best of its ability while the patient is receiving care, treatment and/or services from the HHA.
- The HHA recognizes that there can be no guarantee of the patient’s protection from neglect, exploitation or abuse at all times because some cases of abuse cannot be prevented and because of the very nature of home care services that, for the most part, are intermittent.
- The HHA ensures there are adequate number of supervisory staff to perform appropriate supervisory visits to patients’ homes.
- All staff, including contract staff, receive training appropriate to their level of care and responsibilities, in effective abuse prevention strategies during orientation and at least annually thereafter.

PROCEDURE:

- Training program content shall include, but is not limited to:
 - Effective abuse prevention strategies
 - Neglect, exploitation and abuse:
 - Definition
 - Types/descriptions

SUBJECT: PATIENT ABUSE, NEGLECT OR EXPLOITATION - TRAINING PROGRAM	REFERENCE #12033
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- Risk factors
 - Signs and symptoms
- State law - reporting requirements
- HHA policy and procedure
- On admission, and as necessary while receiving care, treatment and/or services from the HHA, the patient is informed of his/her right to voice complaints and/or concerns about the care, treatment and/or services being provided.
- On admission, and while care, treatment and/or services are being provided, the nurse/licensed therapist shall assess and document the patient's level of risk for neglect, exploitation and/or abuse.
- Any potential or actual incidents of neglect, exploitation or abuse are reported to the Clinical Supervisor or Patient Care Services Director, who is responsible for ensuring that all allegations, observations and suspected cases are investigated, evaluated and documented, and appropriate actions taken.
- All allegations, observations and reported cases of neglect, exploitation and abuse are reported to the referring physician and the appropriate authorities, based on the evaluation results.

SUBJECT: CHILD, ADULT, DISABLED PERSON OR ELDERLY ABUSE - RECOGNITION AND REPORTING	REFERENCE #12034
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Note: Check state reporting requirements.

POLICY:

- Patients have the right to be free from mental, physical, sexual and verbal abuse, neglect and exploitation. _____HHA shall protect patients from real or perceived abuse, neglect or exploitation from anyone, including staff members, students, volunteers, other patients, visitors or family members. This HHA mandates that, under the guidance of applicable laws, any healthcare worker having reasonable cause to believe that any person is in the state of abuse, exploitation or neglect shall report the information to the appropriate regulatory agency.

- All allegations, observations or suspected cases of abuse, neglect or exploitation that occur in the HHA shall be investigated by the HHA. The HHA shall provide inservice training annually, designed to assist staff and healthcare providers associated with the HHA in identifying patient abuse and neglect or of illegal, unprofessional or unethical conduct by or in the HHA.
 - Emotional/Verbal/Psychological Abuse:
 - Involves rejection, criticism, terrorizing, degrading and isolation
 - Mental or emotional injury to the person that results in an observable impairment in growth, development or psychological functioning
 - Causing or permitting the person to be in a situation in which the person sustains a mental or emotional injury that results in an observable and material impairment in growth, development or psychological functioning

SUBJECT: CHILD, ADULT, DISABLED PERSON OR ELDERLY ABUSE - RECOGNITION AND REPORTING	REFERENCE #12034
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Physical Abuse:

- Physical injury that results in substantial harm to the person, or the genuine threat of substantial harm from physical injury to the person, including an injury that is at variance with the history or explanation given and excluding an accident or reasonable discipline by a parent, guardian or managing possessory conservator that does not expose the person to a substantial risk of harm
- Failure to make a reasonable effort to prevent an action by another person that results in physical injury and substantial harm to the person

Sexual Abuse:

- Sexual contact, sexual intercourse, sexual conduct, sexual penetration with a foreign object, incest, sexual assault or sodomy inflicted on, shown to or intentionally practiced in the presence of a child or dependent adult, if the child or dependent adult is present only to arouse or gratify the sexual desires of any person
- Failure to make a reasonable effort to prevent sexual contact, sexual intercourse, sexual conduct, sexual assault or sodomy inflicted on, shown to or intentionally practiced in the presence of a child or dependent adult, if the child or dependent adult is present only to arouse or gratify the sexual desires of a person
- Compelling or encouraging the person to engage in sexual conduct
- Causing, permitting, encouraging or allowing the photographing, filming or depicting of the person if the person knew or should have known that the resulting photograph, film or depiction is obscene or pornographic

Abandonment:

- The leaving of the person in a situation where he/she would be exposed to substantial risk of harm without arranging for the necessary care and demonstration of an intent not to return by a parent, guardian or managing possessory conservator

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- Neglectful Supervision:
 - Placing in, or failing to remove, the person from a situation that a reasonable individual would realize required judgment or actions beyond the child's level of maturity, physical condition or mental abilities and that results in bodily injury or substantial risk of immediate harm to the person
- Medical Neglect:
 - The failure to seek, obtain or to follow through with medical care for the person, with the failure resulting in an observable material impairment to the growth, development and/or functioning of the person
- Physical Neglect:
 - The failure to provide the person with food, clothing or shelter necessary to sustain the life or health of the person but excluding failure caused primarily by financial inability unless relief services had been offered and refused
- The following criteria may be used to assist in the identification of abuse:
 - Physical Abuse - Willful infliction of injury, unreasonable confinement or cruel punishment:
 - ◆ Scratches, cuts, bruises or burns
 - ◆ Welts, scalp injury or gag marks
 - ◆ Sprains, punctures, broken bones or bedsores
 - ◆ Confinement
 - ◆ In children under three (3) years:
 - The caregiver of an injured child reports a change in the child (such as decreased mobility) instead of reporting an accident
 - The extent of the injury is more severe than the reported cause would indicate

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- ◆ A child under one (1) year old suffers a fracture of the radius, ulna, tibia/fibula or femur
- ◆ In persons 65 years of age and older or disabled persons:
 - Contusions or lacerations inconsistent with the patient's or caregiver's explanation of the injury
 - Contusions or lacerations are found where people are not usually injured, such as the inner thigh
 - Injuries from different causes occur at the same time (i.e., stab wound and contusion)
 - Wounds or lesions are not properly attended
 - The patient is dehydrated or malnourished
 - The caregiver has provided improper levels of prescription medication
 - The patient is wearing blood-stained undergarments
 - The patient has suffered a spiral long bone fracture from a direct blow
 - Symmetrical wounds or fractures are present
 - Multiple bruises appear to be in the same evolutionary state
- Rape/other forms of sexual abuse:
 - ◆ Trauma to the penis, vulvar and/or anal region
 - ◆ Sexual manipulation of penis, vulvar and/or anal region with a foreign object
 - ◆ Diagnosis of sexually transmitted disease in children and non-sexually active adolescents

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- Neglect - The failure to provide for basic needs or services necessary, or placing a person's health or welfare at reasonable risk:
 - ◆ Malnourishment, dehydration
 - ◆ Over/under medication
 - ◆ Lack of heat and/or running water
 - ◆ Lack of medical care
 - ◆ Lack of personal hygiene and/or appropriate clothing

- Exploitation - The illegal or improper act or process of using the resources of a child or an elderly or disabled person for monetary or personal benefit and/or taking unjust advantage of another for one's own advantage or benefit, including, but not limited to:
 - ◆ Taking the social security/SSI check
 - ◆ Abusing joint checking account privileges
 - ◆ Taking property and/or other resources
 - ◆ Borrowing money or property from the patient
 - ◆ Incitement of the patient by the offender to commit acts that are or may be detrimental to the patient however may gratify the offender (i.e., one patient [the offender] may incite another patient [victim] to refuse his/her meal with the offender taking the untouched meal for his/her own consumption, or inciting the victim into aggressive or combative behavior toward others for the personal gratification/amusement of the offender).
 - ◆ Involving the patient in any practice or scheme of conduct that may include sexual contact for the purposes of arousal or gratification of the offender

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- Emotional/Verbal/Psychological Abuse - This type of abuse is based on power and control. It is a pattern of behavior that may seriously impact a person's positive emotional development and could lead to a significant detriment to the person's self-esteem and emotional well-being. It is the willful infliction of mental or emotional anguish by threat, humiliation or other verbal or nonverbal conduct.
 - ◆ Emotional abuse may accompany other types of abuse, such as physical and sexual abuse
 - ◆ Women and children are most often emotionally abused
 - ◆ Emotional abuse is difficult to identify due to lack of outward signs
 - ◆ A person may manifest emotional abuse in many different ways, such as:
 - Avoidance of eye contact
 - Destructive behavior
 - Depression
 - Difficulty forming positive attachments
 - Fearfulness/anxiety
 - Feelings of shame/guilt
 - Insecurity
 - Poor self-esteem
 - Self-depreciation
 - Self-harm

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- Social withdrawal/isolation
- Substance abuse
- Tendency to be overly passive/compliant
- Unstable work history

PROCEDURE:

- Management of Suspected Abuse/Neglect:
 - Cases of suspected sexual assault, physical abuse or neglect shall be given priority and shall be investigated thoroughly.
 - In many instances, the healthcare provider may suspect the possibility of an inflicted injury before the physician. Careful assessment and documentation of physical findings can help provide the data that are believed to confirm diagnosis. History taking and examination of all patients shall be done promptly and in privacy.
 - All cases of suspected abuse/neglect must be reported to authorities. A person (including an employee, volunteer or other person) associated with the HHA, who reasonably believes or who knows of information that would reasonably cause a person to believe that the physical or mental health or welfare of a patient of the HHA, who is receiving medical services, has been, is or will be adversely affected by abuse or neglect by any person shall, as soon as possible, report the information supporting the belief to the Department of Health, or the appropriate healthcare regulatory agency, by telephone, in writing or by personal visit. When domestic violence has occurred, always notify law enforcement officials, even if the patient does not want to press charges. A healthcare provider who fails to report shall be referred by the Department of Health to the individual's licensing board for appropriate disciplinary action.
 - The Social Service Department shall maintain a list of private and public community agencies that can arrange for ongoing assessment and care of any patient who is a suspected/actual victim of abuse or neglect.

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- A nonjudgmental approach shall be maintained toward patients and family members at all times. A judgmental attitude may hamper the level of cooperation. The family shall be kept informed of what is happening to the patient at all times.
- All reports received by any local or state law enforcement agency shall be referred to the appropriate department providing protective regulatory services or the county agency responsible for the protection of human rights. An individual who wishes to report an alleged violation shall notify the Department of Health or the appropriate state healthcare regulatory agency by telephone, in writing or by personal visit.
- The department manager, or his/her designee, shall be notified prior to making a report. Reports must contain the following information:
 - Name, age and address of the child, elderly or disabled person
 - Name and address of any person who is responsible for the care of the above
 - Nature and extent of the patient's condition
 - Basis of the reporter's knowledge
 - Any other relevant information
- The HHA may not suspend or terminate the employment of or discipline or otherwise discriminate against an employee for reporting the employee's supervisor, an administrator of the HHA, a state regulatory agency or a law enforcement agency for a violation of the law. The HHA may not retaliate against a person who is not an employee for reporting a violation of the law.
- The HHA shall prominently and conspicuously post for display in a public area of the HHA (that is readily available for patients, visitors, staff, physicians and volunteers) a statement that staff and non-employees are protected from discrimination or retaliation for reporting a violation of the law. The statement shall be in English and/or a second language appropriate to the demographic makeup of the community served (if 5% or more of the total population reflects the second language).

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- To protect the patient from real or suspected mental, physical, sexual and verbal abuse, neglect and/or exploitation, staff shall safeguard the patient from the offending individual(s). This “safeguarding” may be overt or covert, dependent upon the patient’s mental and physical sense of well-being. If any type of abuse or exploitation is proven legitimate (witnessed and obvious), the offending individual shall be restricted from access to the patient. If the abuse is suspected, however unproven, staff shall be present at all times when the patient receives visitors.
 - If it is proven that the patient is experiencing abuse, neglect or exploitation caused by a staff member(s), that staff member shall be suspended pending investigation by both the HHA and the Department of Health Services.
 - If allegations exist that the patient is experiencing abuse, neglect or exploitation caused by a staff member(s), that staff member shall not be assigned to the involved patient. A thorough investigation shall be conducted, during which time his or her immediate supervisor shall monitor the staff member’s performance until the allegations are proven or disproved. At no time will a staff member suspected of improper actions toward a patient be allowed to interact with any patient without a second staff member in attendance.
 - In instances of investigations concerning a staff member’s behavior, it is preferable to assign the involved staff member non-patient care activities, if possible. The HHA has the obligation and responsibility to protect both the rights of the staff member and the rights of the patient. The staff member’s investigation shall be conducted fairly and in a confidential manner, involving only those individuals in the investigation that have a need to know. The staff member shall not be unjustly accused because an allegation has been rendered. All allegations shall be immediately and thoroughly investigated until conclusion. However, the rights and protection of the patient shall not be compromised in the essence of fairness toward the staff member. Therefore, it is the responsibility of the HHA to separate the staff member and the patient until conclusion of the investigation. The HHA must also protect other patients from the acts of the staff member should these acts prove true. Therefore, assignment of the involved staff member to non-patient care activities would be optimum. If circumstances do not allow for this option, the staff member’s interaction with patients must be monitored at all times during the investigation.

SUBJECT: CHILD, ADULT, DISABLED PERSON OR ELDERLY ABUSE - RECOGNITION AND REPORTING	REFERENCE #12034
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STAFF EDUCATION:

Appropriate staff shall receive education at orientation, and as needed, addressing how to recognize signs of possible abuse and neglect, reporting of abuse/neglect, and follow-up.

REFERENCES:

- The National Center on Elder Abuse
- University of Cincinnati Counseling Center

SUBJECT: PATIENT CONCERNS/GRIEVANCES	REFERENCE #12035
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PURPOSE:

- To support and respect patients' rights to have concerns/grievances about their care, treatment and/or services heard, reviewed and when possible, resolved, thereby promoting positive patient outcomes.
- To promote positive patient outcomes and meet patient/family needs for quality care, treatment and services.
- To provide an efficient and effective complaint resolution process.

POLICY:

- All patients/families and/or patient's legal representative serviced by _____ HHA shall be informed verbally and in writing prior to the initiation of care, treatment and/or services of their rights:
 - To participate in decisions regarding their care, treatment and/or services
 - To voice concerns/grievances about care, treatment and/or services that is, or fails to be, furnished
 - To voice concerns regarding mistreatment, neglect or verbal, mental, sexual and physical abuse, including injuries of unknown source, and/or misappropriation of patient's property by anyone furnishing services on behalf of the HHA
 - To voice concerns regarding the lack of respect for property or person by anyone who is furnishing care, treatment and/or services on behalf of the HHA
 - To recommend changes in policies, care, treatment and/or services without coercion, discrimination, reprisal and/or unreasonable interruption in services
- The information provided shall include the phone number, contact person, and the manner in which the concern/grievance shall be processed, including the time frames for processing.
- All HHA staff shall be instructed in the HHA's concerns/grievances policy and procedure during orientation and whenever any changes/updates occur.

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PROCEDURE:

- The Registered Nurse/Skilled Licensed Therapist shall inform the patient/family and/or legal representative verbally and in writing before the start of care, treatment and/or services of:
 - His/her rights to voice concerns/grievances
 - The HHA’s complaint resolution process and other resources for registering complaints, including, but not limited to, the telephone number and hours of operations for State Hotline for the state in which the patient is receiving care, treatment and/or services
- The patient/family shall also be made aware that the purpose of the hotline may also be used to lodge concerns/grievances about the requirements for Advance Directives implementation and to receive complaints or questions about local HHAs.
- The patient and/or patient’s legal representative shall also be provided with information regarding the manner in which to file a complaint or voice a grievance with the HHA’s Administrator, including the Administrator’s business address and business phone number.
- This information shall be included in the Patient Information Packet that remains in the patient's home.
- Any concern/grievance received from a patient or family shall be forwarded in writing to the Patient Care Services Director/the Administrator or his/her designee.
- All HHA staff members shall be responsible for "On-The-Spot" resolution of patient problems, where possible, and for notifying the Patient Care Services Director and/or Administrator of concerns/grievances expressed to them.
- All HHA staff members shall be responsible for immediately reporting to the HHA and other appropriate authorities, in accordance with state law, any incident or circumstance of mistreatment, neglect, verbal, mental, sexual and/or physical abuse, including injuries of unknown source, or misappropriation of patient property.

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- The concern/grievance investigation shall commence within 48 hours of receipt of the written complaint. This time frame applies to any concern/grievance received after regular business hours, on weekend or holidays.
- Any concern/grievance received after hours shall be reported to the Patient Care Services Director the following day, or sooner if the complaint is of an urgent nature. All concerns/grievances shall be documented on the On-Call Log and documented as soon as possible on the Complaint Form.
- The Patient Care Services Director shall notify the patient/family within _____ days of receipt of the concern/grievance by telephone, and/or by e-mail, fax or letter to confirm receipt of the concern/grievance, and to inform the individual(s) that the concern/grievance is under investigation.
- The HHA shall take appropriate action to prevent further potential violations, including retaliation, while the complaint is being investigated.
- The Patient Care Services Director shall be responsible for evaluating, reviewing and investigating all patient concerns/grievances and for giving feedback to the patient and Administration.
- Administration retains final responsibility for the resolution of all patient concerns/grievances.
- A record of the concern/grievance, investigation, follow-up action and response to the patient shall be documented, using the Patient Complaint Form and shall be retained by Administration in a Patient Complaint file. This form shall be initiated by the person receiving the concern/grievance.
- The investigation shall be completed within _____ days unless circumstances prevent finalization within that time period. The patient/family and/or legal representative shall be notified verbally and in writing of the delay and the reason for the delay, verbally and in writing, before the end of the _____ day time period.
- The patient/family and/or legal representative is informed that if he/she is not satisfied with the resolution of the concern/grievance, the decision may be appealed directly to the State Home Health Hotline at _____.

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- A copy of this policy shall be included in the initial Patient Information Packet.
- Patient concerns/grievances shall be trended and reported through the Quality Assessment and Performance Improvement (QAPI) management function. A summary of the concerns/grievances and the outcomes is reported every_____to the Governing Body.
- Patient concerns/grievances are aggregated and included as an integral part of the HHA's QAPI program.

NOTE:

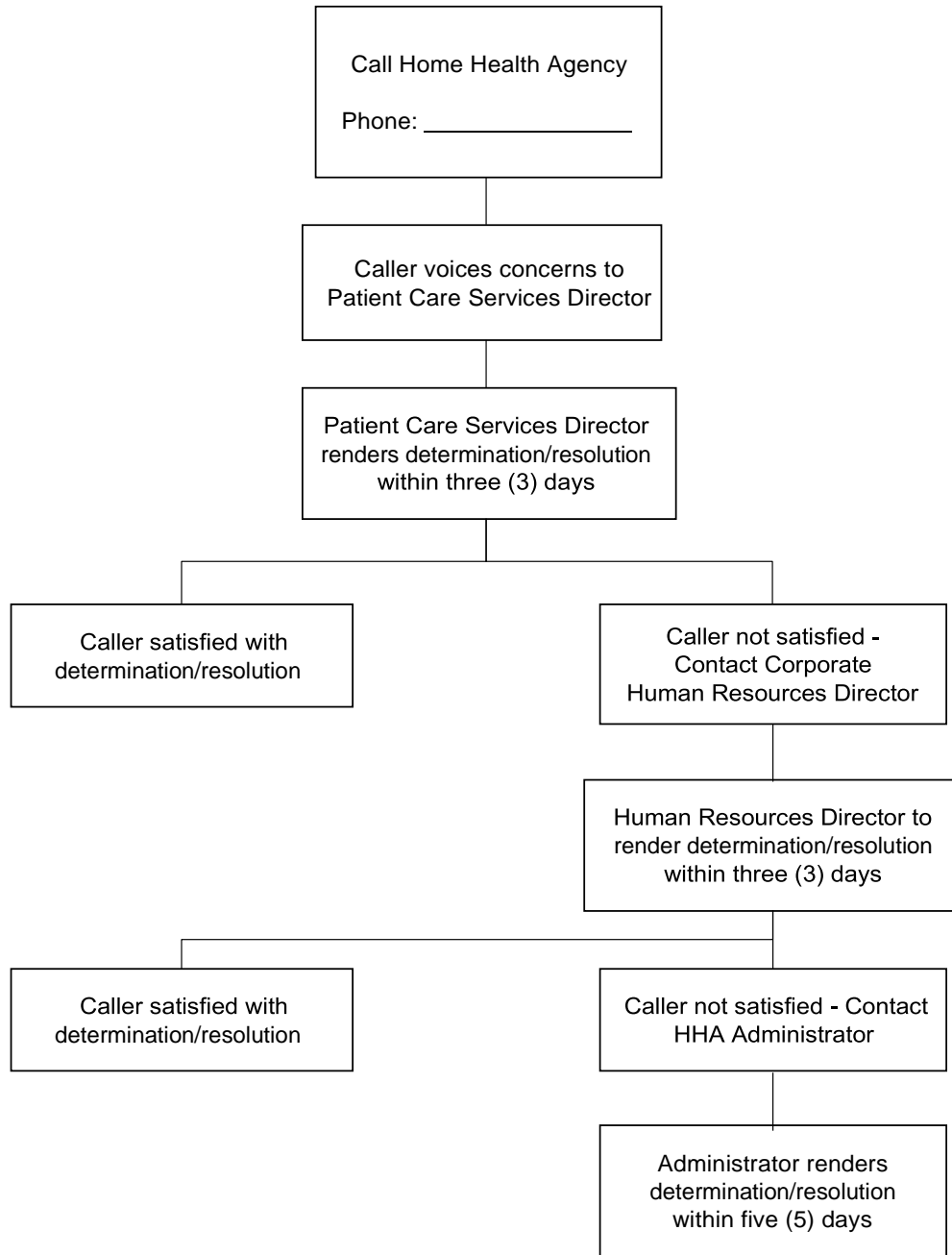
- ACHC requires that the ACHC phone number also be provided to patients on admission.
- CHAP requires that the toll-free number for CHAP and information on how to report complaints to CHAP also be provided to patients on admission.

PATIENT CONCERNS/GRIEVANCE PROCESS

Dear Patient and Family Member:

The _____ HHA staff strive to ensure quality home healthcare for patients that is consistent with the HHA philosophy. We would appreciate the opportunity assist you with any difficulties that may arise.

Concerns/Grievance Process



ABOUT THE RIGHT TO EXPRESS GRIEVANCES

You have the right and responsibility to express concerns, dissatisfaction or make complaints about services you receive or do **not** receive without fear of reprisal or discrimination.

We, at the _____ HHA encourage you to discuss all concerns/grievances with us. The HHA telephone number is _____. When you call, ask to speak with the Nursing/Clinical Supervisor or the Patient Care Services Director.

To reach the Administrator, _____ (Administrator's Name) by phone, please call _____. You may reach the Administrator by mail at this address: _____.

The _____ HHA has a formal grievance procedure that ensures that your concerns shall be reviewed and investigation started within 48 hours. Every attempt shall be made to resolve all concerns/grievances within 14 days. You will be kept informed by telephone of the status of the investigation and receive a written report when resolution is determined.

If you feel the need to discuss your concerns, dissatisfaction or complaints with other than the _____ HHA staff, the State provides a Home Health "Hot Line". The hours of operation are _____ AM to _____ PM and the number is 1-800-_____.

PATIENT COMPLAINT FORM

CONFIDENTIAL AND PRIVILEGED

Date call received: _____ Day: _____ Time: _____

Date resolved: _____ Day: _____ Time: _____

Report initiated by:

Name: _____ Date: _____ Time: _____

Department: _____ Phone: _____

Referred to:

Name: _____ Date: _____ Time: _____

Department: _____ Phone: _____

Patient Name: _____ Date of Last Home Care Visit: _____

MR#: _____ DOB: _____

Insurance: _____ Phone: _____

Name of Person Initiating Complaint: _____

Relationship to Patient: _____ Phone: _____

Nature Of Complaint: Department: _____ Provider: _____

Appointment Access Medical Care Rude Staff Bill/Coll Referral

Policy Medicine Refill Problem w/ Provider Telephone Call Backs

Other: _____

Investigation: Patient Contacted: Date: _____ Time: _____

Department Manager Signature: _____ Date: _____

Resolution: Patient Notified: Date: _____ Time: _____

Name of Person Resolving Problem: _____

Patient Satisfied: Yes No Credit Issued: _____

Patient/Family notified of right to appeal if unsatisfied? Yes No

Follow-Up:

Days from Complaint to Resolution: _____ Letter sent _____ (date)

Determination: Complaint resolved immediately Data entered into trending database

Reported to Grievance Committee