

RIGHTS OF HOME HEALTH AGENCY PATIENTS

Patients of a licensed home health agency (HHA) have the right to be informed of and to exercise rights specified in state regulations. Patients of a HHA that is also certified as a Medicare provider have additional rights under federal regulations. If a patient has been judged incompetent, the patient's family or guardian may exercise those rights on the patient's behalf.

The following is an unofficial summary of rights provided by the state regulation, Wis. Admin. Code § DHS 133.08(2), and federal regulation (42 CFR 484.50) that have been in effect since January 2018.

AS AN HHA PATIENT, YOU HAVE THE RIGHT ...

- To be treated with consideration, respect, and full recognition of your dignity and individuality, including privacy in treatment and care for personal needs
- To exercise your rights as a home health patient
- To have your property treated with respect
- To confidential treatment of your personal and medical records and to approve or refuse their release to any individual outside the agency, except in the case of transfer to another health facility or as required by law or third party contract
- To have your clinical record made available, free of charge, upon request at the next home visit or within four business days, whichever comes first
- To be informed in advance about the services available and the disciplines, frequency, and care to be furnished, as well as any changes in care or services to be furnished, before the changes occur
- To be informed, orally and in writing before care is initiated, 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
 - The charges for services for which you or a private insurer may be responsible
- To be informed orally and in writing of any changes in care regarding the payment sources and charges noted above, when they occur. The HHA must advise you as soon as possible, in advance of the next home visit
- To be fully informed of your health condition, unless medically contraindicated, and to be afforded the opportunity to participate in the planning of the home health services, including referral to health care institutions or other agencies, and to refuse to participate in experimental research
- To be taught and to have your family taught the treatments you need so that, to the extent possible, you can help yourself and have your family, or others designated by you, understand and help you
- To voice grievances regarding treatment or care that is furnished or fails to be furnished and grievances regarding lack of respect for your property by anyone who is furnishing services on behalf of the HHA. The HHA must not subject you to discrimination or reprisal for voicing a grievance or complaining about your treatment or care.
- To have your family or legal representative exercise your patient rights when you have been judged incompetent by a court of law
- To make decisions regarding medical care, including the acceptance or refusal of treatment to the extent permitted by law; to be informed of the medical consequences of refusing care; and, to formulate advance directives
- To be informed of all regulations governing your responsibilities as a patient
- To receive written notice of patient rights and responsibilities, including the transfer and discharge policy, in advance of furnishing care or during the initial evaluation visit before the initiation of treatment. Information provided is in plain language and is accessible to persons with disabilities and persons with limited English

- To the signature from you or your legal representative that confirms you have received a copy of the notice of rights and responsibilities
- To receive all services outlined in the plan of care
- To be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect, and misappropriation of property
- To be informed of the right to access auxiliary aides and language services and how to access these services
- To receive an OASIS (Outcome and Assessment Information Set) privacy notice for OASIS data that is collected about you
- To be advised of the names, addresses, and telephone numbers of the following federally-funded entities that serve the area where you reside: agency on aging, center for independent living, protection and advocacy agency, aging and disability resource center, and the quality improvement organization
- To receive, free of charge, verbal notice of your rights and responsibilities in your preferred language with the use of a competent interpreter, as needed, no later than the completion of the second visit from a skilled professional
- To have your selected representative receive written notice of the patient's rights and responsibilities and the HHA's transfer and discharge policies within four business days of the initial evaluation visit

COMPLAINT SUBMISSION

1. You may submit complaints about your treatment or care, including how the HHA implements any advance directive that you make, by calling: **Wisconsin's Home Health Hotline**
1-800-642-6552 (24 hours a day, seven days a week)

2. You may submit complaints about your treatment or care directly to the HHA by calling or writing:

Name – HHA Administrator	Address	Telephone No.

3. You may submit complaints by writing to: **DHS / Division of Quality Assurance**
Bureau of Health Services
ATTN: Complaint Coordinator
PO Box 2969
Madison, WI 53701-2969

4. If you have Medicare coverage, you may also submit complaints by writing or calling:
Livanta LLC **888-524-9900**
10820 Guilford Rd, Ste 202 **888-985-8775 (TTY)**
Anapolis Junction, MD 20701-1105

The HHA must investigate complaints that you, your family, or your guardian make regarding your treatment and respect for your rights by anyone furnishing services on behalf of the HHA. The HHA must document such complaints and how they are resolved.

HHAs and HHA patients should rely on the official and current regulations for specific legal information in the event of a concern about patient rights. The official state and federal regulations may be accessed at:
<https://www.dhs.wisconsin.gov/regulations/hha/regulations.htm>

Patient or representative signature is REQUIRED.

SIGNATURE – Patient or Representative ➤	Date Signed
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