



# Visiting Homemaker

## Home Health Aide Service of Bergen County, Inc.

### CONSUMER BILL OF RIGHTS

#### **POLICY STATEMENT**

- Visiting Homemaker is committed to ensuring protection of all clients' rights.
- The agency will educate clients and/or their caregivers regarding their rights and responsibilities as home care consumers.
- Clients' rights will be outlined in the agency's Consumer Bill of Rights. All clients of Visiting Homemaker will be given a written copy of the Consumer Bill of Rights.
- Clients will also be informed of their right to give informed consent, the complaint/grievance procedure; their protection under the Health Information Portability and Accountability Act (HIPPA), their rights regarding Advance Directives, and the agency's Code of Ethics.

#### **PURPOSE**

- To inform clients of their rights and responsibilities as home care consumers.

#### **PROCEDURE**

- During the initial assessment visit, the bill of rights and responsibilities, advance directives, privacy policy and code of ethics are reviewed by the professional performing the assessment. A copy of these rights and responsibilities is left with the client.
- Documentation of review shall be maintained in the client's file. It shall be dated and include signature of the client or responsible party.
- If the client is unable to respond, the agency will communicate with a family member or other representative. If the client refuses to sign, this will be noted.
- When a minor patient turns 18, the process above shall be instituted at the next scheduled home visit made by the nurse following the patient's birthday.
- The Consumer Bill of Rights shall include the procedure for lodging a complaint or grievance
- The Consumer Bill of Rights shall include the items listed below:

#### **As a consumer you have the right to:**

- Receive services regardless of the status of an advance directive
- Receive considerate and respectful care in your home at all times and have property treated with respect
- Receive service without discrimination based on race, color, religion, age, sex or national origin
- Receive a written listing of the reasons for termination of services
- Receive a written listing of client (family) responsibility

- Participate in the development of your plan of care, including an explanation of any services proposed, and of alternative services, which may be available in the community
- Refuse medication and treatment, counseling or other services without fear of reprisal or discrimination
- Be fully informed of the consequences of all aspects of care unless medically contraindicated, including the possible results of refusal of medical treatment, counseling or other services
- Give your informed consent for service
- Participate in plans for termination of service
- Have access, upon request, to all bills for service regardless of whether they are paid for out-of-pocket or through other sources of payment
- Have access to written information regarding your care on file upon written request and payment of reasonable copy fee
- Have access to the name of the supervisor responsible for your care
- Privacy and confidentiality about your health, social and financial circumstances and what takes place in your home
- Know that all communication and records will be treated with confidentiality
- Know that no information or referral will be given without your written permission
- Expect that all home care personnel within the limits set by the plan of care will respond in good faith to your requests for assistance in the home
- Receive information of the agency's policies and procedures including, information policy, advance directive policy, costs, qualifications of personnel and supervision
- Examine all bills for service regardless of whether they are paid for by self or through other sources of payment
- Receive nursing supervision of the paraprofessional
- Receive home care services from a fully licensed and insured agency
- Voice complaints by contacting the supervisor responsible for your service
- 201- 488- 0041
- Appeal supervisor's decision regarding a complaint to the Executive Director, Gail Ryan at 201-488-0041, ext 23.
- Appeal and/or report service issues to the Division of Medical Assistance and Health Services, toll free number 800-792-9770, and/or the National Association for Home Care & Hospice, accreditation program, 202-547-7424, or write the National Association at 228 Seventh St., SE, Washington, DC 20003.
- Receive an accounting of disclosures of your protected health information
- Request alternative means of communicating protected health information to client (e.g. e-mail, work phone, etc.)
- Receive written material and explanation of Advance Directives
- Be informed that the agency maintains liability insurance coverage
- Receive the services of a translator, if needed
- Request a change of caregiver

- Receive a copy of the plan of care

#### As a Client you have the responsibility to:

- Provide a safe working environment for aides providing care in your home
- Cooperate with aides without discrimination based on race, color, religion, age, sex or national origin
- Participate in the development of your plan of care
- Cooperate in carrying out the plan of care
- Promptly notify the agency if there is a change in condition such as: hospitalization, change in health status, living arrangements or plan of care
- Make available a responsible person who is willing and able to be contacted in case of emergency
- Make available a telephone for use by the home health aide for emergency and administrative purposes.
- Pay for service bills as per signed agreement
- Permit during service hours, without appointment, access to the home by Visiting Homemaker supervisory staff

#### Reasons for Discharge from Service

- Client/family terminates service
  - Refusal to pay bill
  - Death
  - Relocation to geographical area not served by agency
  - Physician refusal to authorize care (Medicaid)
  - Refusal to cooperate in implementation of plan of care
  - Deterioration of physical and/or mental capacity
  - Unsafe environment for staff and/or client
  - Payment sources exhausted, no additional funding available
  - No longer meeting eligibility requirement (program specific)
  - Agency no longer offering particular service
  - Abusive behavior by the client/family members toward staff
  - Repeated canceling of scheduled visits
  - Referrals will be discussed at discharge if appropriate
- The following procedure shall be followed in response to a complaint or grievance:
- Service complaints or complaints regarding staff shall be immediately referred to the RN Direct Service Coordinator who will obtain preliminary facts and contact the case manager immediately. The problem will be noted in the agency risk management book.
  - Within 24 hours, the RN Direct Service Coordinator and the case manager will investigate the problem, reach a resolution, and report the resolution to the person who issued the complaint. Investigation may include a home visit by the case manager at which time a statement of the complaint shall be completed. The person

making the complaint and the case manager shall sign the statement. A similar statement should be taken from all individuals involved and signed by each.

- Statement of actions to resolve the problem and resolution shall be documented and signed by the case manager.
- When the client service coordinator is not in, the complaint shall be sent to the Executive Director or individual designated to cover in the RN Coordinator's absence. If complaints come in on weekend, information will be relayed to the on call nurse coordinator. If necessary for immediate resolution, agency administration should be contacted.
- Any complaints that are not resolved to the satisfaction of the client or family may be appealed to the agency administration. A request for complaint review should be submitted in writing and a meeting to review the grievance will be arranged within 5 business days. A written report will be issued.
- An appeal can be filed with the Board of Trustees who has final responsibility for resolution of all grievances.
- When complaints relate to staff members, all staff persons involved are interviewed and counseled. A written report shall be prepared by the RN direct service coordinator and forwarded to personnel if necessary. The RN direct service coordinator shall contact the client and review the complaint resolution.
- Throughout all phases of the complaint process, the client/family are advised of their rights to contact the police, the Department of Consumer Affairs, and/or the Board of Nursing. In addition, they are provided with the telephone and address of the National Association of Home Care and Hospice.
- Statements involving damaged property are reviewed by the executive director, who shall determine the need to forward to the claim to the insurance company, and/or pay through risk management.