



Life Care Bill of Rights and Responsibilities

Home care clients have the right to be notified of their rights and responsibilities before treatment begins or during the initial evaluation visit. A clients' legal guardian, legal representative, or parent in the case of a minor, may exercise these rights on behalf of the client. The client will have these rights and responsibilities communicated verbally and in writing in a language that the client will understand.

As a Home Care Client, you have the right to:

- a. 484.50 Patient/Representative has the right to request to receive the bill of rights in a language that is understood and in a manner which accommodates any disability.
 - Patient/Representative understands English - no interpreter assistance needed.
 - Patient/Representative has a language barrier, limited English, or a disability that requires interpreter assistance.
- b. Be informed of the right to access auxiliary aids and language services.
- c. Have his or her property and person treated with respect.
- d. Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property.
- e. Patient will be informed of Cornerstone's transfer/discharge policy including:
 - A transfer or discharge is necessary for the patient's welfare because the Home Health Agency (HHA) and the physician who is responsible for the home health plan of care agree that the HHA can no longer meet the patient's needs, based on the patient's acuity. The HHA must arrange a safe and appropriate transfer to other care entities when the needs of the patient exceed the HHA's capabilities.
 - Patient or payer will no longer pay for the services provided by the HHA.
 - The transfer or discharge is appropriate because the physician who is responsible for the plan of care and the HHA agree that the measurable outcomes and goals set forth in the plan of care have been achieved and the physician agrees that the patient no longer needs the HHA's services.
- Patient refuses services, or elects to be transferred or discharged.
- HHA ceases to operate.
- HHA discharges patient for cause due to uncooperative, disruptive, abusive behavior and/or sexual harassment, or any incident in which agency staff feel threatened or unsafe resulting in a serious impediment to the agency's ability to operate safely and effectively in the delivery of care.
 - If HHA discharges for cause, patient, representative (if any), physicians(s) issuing orders for home health plan of care, and the patient's primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from the HHA that a discharge for cause is being considered.
- f. Have a confidential clinical record. Access to or release of patient information and clinical records is permitted in accordance with 45 CFR parts 160 and 164.
- g. Patient/Representative have the right at any time to request a copy of any information contained in the clinical record including the plan of care, medication list, etc. Cornerstone will use a variety of communication methods such as written calendars, patient workbooks specific to his/her disease, medication list (if requested by patient/representative), etc.
- h. 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
 - Establishing and revising the plan of care
 - The disciplines that will furnish care
 - The frequency of visits
 - Expected outcomes (including patient-identified goals, and anticipated risks and benefits)
 - Any factors that could impact treatment effectiveness
 - Any changes in the care to be furnished



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(continued)

- i. Receive proper written notice, in advance of a specific service being furnished, if the HHA believes that the service may be non-covered care or in advance of the HHA reducing or termination on-going care.
- j. Be advised of:
- 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 the 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 the information the HHA must advise the patient and representative (if any), of these changes as soon as possible, in advance of the next home health visit.
- k. 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. You can direct concerns or complaints to the home health agency administrator.
- Home Care Administrator
Julie Reynolds
178 Farmington Rd
Rochester NH 03867
603-332-1133
Monday-Friday 8:00am-4:30pm
- l. Be advised of the state toll free home health telephone hot line, its contact information, its hours of operation, and that its purpose is to receive complaints or questions.
- NH Home Health "Hot Line"
129 Pleasant St, Concord NH 03301
800-621-6232. Hours: Weekdays 9am-4pm
- Maine Home Health "Hot Line"
221 State St, 11 State House Station,
Augusta ME 04333
800-621-8222. Hours: Mon-Friday
8a-5pm, leave a voice message after 5pm

NH Department of Health and Human Services
Office of Legal and Regulatory Services
Health Facilities Administration,
129 Pleasant St, Concord NH 03301
or by calling 1-800-852-3345

Maine Ombudsman
61 Winthrop St, Augusta ME 04330
800-499-0229

As a client, you have the responsibility to:

- Give accurate and complete health information.
- Participate in developing and following the plan of care.
- Request information about anything that you do not understand and express to Cornerstone VNA any concerns regarding your home care services.
- Inform Cornerstone VNA when you are unable to keep an appointment for a home care visit.
- An agency discharge may occur when a patient misses two or more visits in one month for being not home or refusing care, without notifying the agency in advance, except in emergency situations. You may be charged for any missed visit.
- Maintain a safe environment for agency staff. This may include restricting pets from the treatment area when requested.
- Inform Cornerstone VNA of the existence of your advance directives and any changes you make to them and provide copies to the provider.
- Notify Cornerstone VNA if you are going to any outpatient therapy such as Physical Therapy, Occupational Therapy or Speech Therapy services.
- Notify Cornerstone VNA if you are receiving any type of dressing supplies such as wound care, ostomy care or foley catheter supplies.