

Minnesota Home Care Bill of Rights for Clients of Licensed Only Home Care Providers

Statement of Rights

A client who receives home care services in the community has these rights:

1. Receive written information, in plain language, about rights before receiving services, including what to do if rights are violated.
2. Receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards and person-centered care, to take an active part in developing, modifying, and evaluating the plan and services.
3. Be told before receiving services the type and disciplines of staff who will be providing the services, the frequency of visits proposed to be furnished, other choices that are available for addressing home care needs, and the potential consequences of refusing these services.
4. Be told in advance of any recommended changes by the provider in the service plan and to take an active part in any decisions about changes to the service plan.
5. Refuse services or treatment.
6. Know, before receiving services or during the initial visit, any limits to the services available from a home care provider.
7. Be told before services are initiated what the provider charges for the services; to what extent payment may be expected from health insurance, public programs, or other sources if known; and what charges the client may be responsible for paying.
8. Know that there may be other services available in the community, including other home care services and providers, and to know where to find information about these services.
9. Choose freely among available providers and to change providers after services have begun, within the limits of health insurance, long-term care insurance, medical assistance, other health programs or public programs.
10. Have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information.
11. Access the client's own records and written information from those records in accordance with Minnesota Health Records Act, Minnesota Statute, Sections 144.291 to 144.298.
12. Be served by people who are properly trained and competent to perform their duties.
13. Be treated with courtesy and respect, and to have the client's property treated with respect.
14. Be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act.
15. Reasonable, advance notice of changes in services or charges.
16. Know the provider's reason for termination of services.

17. At least ten calendar days' advance notice of the termination of a service by a home care provider. This clause does not apply in cases where:
 - The client engages in conduct that significantly alters the terms of the service plan with the home care provider;
 - The client, person who lives with the client, or others create an abusive or unsafe work environment for the person providing home care services; or
 - An emergency or a significant change in the client's condition has resulted in service needs that exceed the current service plan and that cannot be safely met by the home care provider.
18. A coordinated transfer when there will be a change in the provider of services.
19. Complain to staff and others of the client's choice about services that are provided, or fail to be provided, and the lack of courtesy or respect to the client or the client's property, and the right to recommend changes in policies and services, free from retaliation, including the threat of termination of services.
20. Know how to contact an individual associated with the home care provider who is responsible for handling problems and to have the home care provider investigate and attempt to resolve the grievance or complaint.
21. Know the name and address of the state or county agency to contact for additional information or assistance.
22. Assert these rights personally, or have them asserted by the client's representative or by anyone on behalf of the client, without retaliation.
23. Place an electronic monitoring device in the client's or resident's space in compliance with state requirements.

You may choose to discuss any concerns with your provider. As a reminder, providers are required to work to assure your rights and other requirements are followed. When providers violate the rights in this section, they are subject to the fines and license actions.

Providers must do all of the following:

- Encourage and assist in the fullest possible exercise of these rights.
- Provide the names and telephone numbers of individuals and organizations that provide advocacy and legal services for clients and residents seeking to assert their rights.
- Make every effort to assist clients or residents in obtaining information regarding whether Medicare, medical assistance, other health programs, or public programs will pay for services.
- Make reasonable accommodations for people who have communication disabilities, or those who speak a language other than English.
- Provide all information and notices in plain language and in terms the client or resident can understand.

No provider may require or request a client or resident to waive any of the rights listed in this section at any time or for any reasons, including as a condition of initiating services or entering into an assisted living contract.

Interpretation and Enforcement of Rights

These rights are established for the benefit of clients who receive home care services. All home care providers must comply with these rights. The commissioner shall enforce this. A home care provider may not request or require a client to surrender any of these rights as a condition of receiving services. This statement of rights does not replace or diminish other rights and liberties that may exist relative to clients receiving home care services, persons providing home care services, or licensed home care providers.

Resources

You may contact your licensed provider as indicated below:

Licensee Name: AcuKare, Inc

Phone: 763-862-3971

Email: info@accukare.com

Address: 13750 Crosstown Dr Suite L100, Andover, MN 55304

Name and title of person to whom problems or complaints may be directed: _____

Karla Adams, President and/or Michelle Lewis, General Manager

Report suspected abuse, neglect or financial exploitation of a vulnerable adult:

MINNESOTA ADULT ABUSE REPORTING CENTER (MAARC)

Phone: 1-844-880-1574

For more information:

[Vulnerable adult protection and elder abuse \(https://mn.gov/dhs/adult-protection/\)](https://mn.gov/dhs/adult-protection/)

For all other complaints that are not suspected abuse, neglect or financial exploitation of a vulnerable adult, please contact the Office of Health Facility Complaints at the Minnesota Department of Health:

MINNESOTA DEPARTMENT OF HEALTH
OFFICE OF HEALTH FACILITY COMPLAINTS
PO Box 64970

St. Paul, Minnesota 55164-0970

Phone: 651-201-4201 or 1-800-369-7994

Fax: 651-281-9796

health.ohfc-complaints@state.mn.us

[Office of Health Facility Complaints](#)

<https://www.health.state.mn.us/facilities/regulation/ohfc/index.html>

To request advocacy services, please contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities:

OFFICE OF OMBUDSMAN FOR LONG-TERM CARE

PO Box 64971

St. Paul, MN 55164-0971

1-800-657-3591 or 651-431-2555

MBA.OOLTC@state.mn.us

[Ombudsman for Long-Term Care \(http://www.mnaging.org/Advocate/OLTC.aspx\)](http://www.mnaging.org/Advocate/OLTC.aspx)

OFFICE OF OMBUDSMAN FOR MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

121 7th Place East

Metro Square Building

St. Paul, MN 55101-2117

1-800-657-3506 or 651-757-1800

Ombudsman.mhdd@state.mn.us

[Office of Ombudsman for Mental Health and Developmental Disabilities](https://mn.gov/omhdd/)

[\(https://mn.gov/omhdd/\)](https://mn.gov/omhdd/)

MID-MINNESOTA LEGAL AID/MINNESOTA DISABILITY LAW CENTER

(Protection and Advocacy Systems)

430 First Avenue North, Suite 300

Minneapolis, MN 55401-1780

1-800-292-4150

mndlc@mylegalaid.org

[Legal Aid \(http://mylegalaid.org/\)](http://mylegalaid.org/)

MINNESOTA DEPARTMENT OF HUMAN SERVICES

(Medicaid Fraud and Abuse-payment issues)

Surveillance and Integrity Review Services

PO Box 64982

St Paul, MN 55164-0982

1-800-657-3750 or 651-431-2650

DHS.SIRS@state.mn.us

SENIOR LINKAGE LINE

(Aging and Disability Resource Center/Agency on Aging)

Minnesota Board on Aging

PO Box 64976

St. Paul, MN 55155

1-800-333-2433

senior.linkage@state.mn.us

[Senior LinkAge Line \(www.SeniorLinkageLine.com\)](http://www.SeniorLinkageLine.com)

For general inquiries, please contact:

Minnesota Department of Health

Health Regulation Division

85 E. 7th Place

PO Box 64970

St. Paul, MN 55164-0970

651-201-4101

health.fpc-web@health.state.mn.us

[Minnesota Department of Health \(www.health.state.mn.us\)](http://www.health.state.mn.us)

To be used by licensed only home care providers per Minnesota Statute, Section 144Aa.44 Subdivision 1. These rights pertain to clients receiving home care services from licensed only home care providers.

The home care provider shall provide the client or the client's representative a written notice of the rights before the date that services are first provided to that client. The provider shall make all reasonable efforts to provide notice of the rights to the client or the client's representative in a language the client or client's representative can understand.

Minnesota Department of Health

Health Regulation Division

P.O. Box 64900

St. Paul, Minnesota 55164-0900

651-201-4101

health.fpc-licensing@state.mn.us

Revised November 2019

To obtain this information in a different format, call: 651-201-4101.

C-08 Policy Date: 08-27-21

Rights and responsibilities

People who use CFSS have rights that their support workers, providers, lead agency staff and DHS must respect/protect. For more information, go to [CFSS Policy Manual — Person's rights and responsibilities in CFSS](#).

Your rights

You have a right to lead agency staff and providers who fulfill all of their responsibilities listed in this document. Those rights include:

Making choices

People who use CFSS have the right to:

- Enter into written agreement with provider that describes the roles/responsibilities of each party.
- Choose or change service options (with exceptions).
- Choose providers.
- Participate in service delivery plan development.
- Participate in choice of support workers.

Information

People who use CFSS have a right to information on:

- Rights and responsibilities.
- Service and provider options.
- How to file complaints with your providers without fear of retaliation.
- Contact information for the ombudsman office.

Notice

People who use CFSS have a right to:

- Receive information from the lead agency or DHS at least 10 days before a reduction, termination or denial of their services begins.
- Receive timely notices of the provider discontinuing services (minimum 30 days notice).

Appeal

People who use CFSS have a right to appeal:

- The results of your assessment.
- Denial of your service delivery plan.
- Revocation by DHS or the lead agency of the CFSS budget model.

Safety and dignity

People who use CFSS have a right to:

- Privacy and freedom from maltreatment.

Your responsibilities

All people who use CFSS

If you use CFSS services, you (or participant's representative) are responsible to:

- Orient your support workers to your needs/preferences.
- Direct your support workers as they carry out services.
- Track services and goods provided.
- Verify records of support workers' time spent delivering covered services are accurate.
- Report any problems with the quality of the services delivered by the support worker to the applicable provider, case manager, or care coordinator.
- Notify the provider agency or FMS of changes affecting the service delivery plan, such as your place of residence or hospitalization.
- Participate in the evaluation of services and support workers (agency model) or evaluate services and support workers (budget model).

People who use the CFSS budget model

People using the budget model (or participant's representative) are additionally responsible to:

- Use an FMS provider enrolled and contracted with the Department of Human Services.
- Comply with the policies and procedures of the FMS you choose, including the timing of changing FMS providers.
- Recruit and hire your support workers.
- Train your support workers.
- Verify and document that support workers are competent
- Schedule your support workers' shifts.
- Evaluate any support worker within 30 days of hiring them or when you change your service delivery plan.
- Fire your support workers, if necessary.
- Comply with local, state and federal employment laws.
- Comply with the terms of the Service Employees International Union Healthcare Minnesota collective bargaining agreement.
- Notify the FMS of any changes in the employment status of a support worker.

Lead agency responsibilities

The lead agency is responsible to:

- Conduct the assessment.
- Give you a list of consultation services providers.
- Give you a notice of action and copy of your appeal rights if denying, reducing or terminated services.
- Continue your services during an appeal of a reduction or termination.

Consultation services responsibilities

Consultation services must provide you with:

- Their policies and procedures.
- Information on how to file a complaint.
- Contact information for the ombudsman office.

Information

Consultation services is responsible to provide you with the information needed to make service choices, including:

- Person-centered planning.
- Differences between the models.
- Risks and responsibilities of both models.
- How to find a list of all provider agencies and/or FMS providers.
- How to make changes.

Ethics

Consultation services must:

- Not attempt to influence your choice of model.
- Not attempt to influence your choice of provider(s).
- Protect your right to privacy.
- Protect your right to freedom from maltreatment.
- Not limit how many times you change or update your service delivery plan.

FMS provider responsibilities

The FMS provider must provide the person with:

- A statement on how much the services cost, and under what circumstances the person might be responsible for any costs
- How to file a complaint.
- Contact information for the ombudsman office.

The FMS provider is responsible to ensure the person is able to:

- Change providers by participating in a coordinated transfer of services.
- Access records the FMS keeps on them.
- File a complaint without fear of retaliation.

Provider agency responsibilities

Documentation

The provider agency is responsible to ensure you know and understand your rights by:

- Entering into written agreement with the person that describes the roles and responsibilities of each party.
- Providing you with a copy of your rights within five days of the start of services.
- Providing you with a copy of your rights in alternative formats or language (when needed) for you to understand your rights.
- Documenting that you received a copy of your rights.

Procedure

The provider agency must provide you with:

- Contact information for the ombudsman office.
- The agency's policies and procedures.
- A statement on how much the services cost and when you might be responsible for costs.
- Any limitations on services the agency provides.
- How to file a complaint.
- The agency's ability to meet the needs identified in your service delivery plan.

Support workers

The provider agency is responsible to ensure:

- Your support workers are competent to provide the services you need.
- Your preferences for support workers are documented.
- You have information about the proposed frequency and schedule of your staff
- Your support workers meet your preferences for workers when possible.

Your participation

The provider agency is responsible to ensure you can:

- Participate in and approve of service evaluation.
- Make an informed choice to refuse or terminate services.
- Change providers by participating in a coordinated transfer of services.
- Access records the agency keeps on them.
- File a complaint without fear of retaliation.

Additional information

- [Notice of Privacy Practices, DHS-3979 \(PDF\)](#)
- [Your Appeal Rights, DHS-1941 \(PDF\)](#)
- [Appeal to State Agency, DHS-0033 \(PDF\)](#)
- [Vulnerable adults act \(Minn. Stat. §626.557\).](#)