

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 & 3), and federal regulation (42 CFR 484.50) that have been updated 03/15/2024.

As an HHA patient, you have the right...

- To receive written notice of the patient's rights and responsibilities and HHA's transfer and discharge policies, understandable and accessible
- 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 be informed 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 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 terminating on-going care.
- To be informed, prior to or at the time of admission, of services available from the agency and of related charges, including any changes for services for which the patient or a private insurer may be responsible 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, as evidenced by HHA documentation, of all the rules and regulation governing patient responsibilities. Participate in be informed about, and consent to, 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

- 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 refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal.
- To have your family or legal representative exercise your patient rights when you have been judged incompetent by a court of law.
- 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 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, or have a patient-selected representative receive, a written notice of patient rights and responsibilities under this rule and the HHA's transfer and discharge policies within four business days of the initial evaluation visit.
- To obtain the patient or legal representative's signature confirming that he/she has received a copy of the notice of rights and responsibilities.
- The HHA must (whether employed directly or under arrangements) in the normal course of providing services to patients, who identifies, notices, or recognizes incidences or circumstances of mistreatment, neglect, verbal, mental, sexual, and/or physical abuse, including injuries of unknown source, or misappropriation of patient property, must report these findings immediately to the HHA and other appropriate authorities in accordance with state law. The HHA must provide information to patients in plain language in a manner that is accessible and timely to:
 - Persons with disabilities, including accessible web sites and the provision of auxiliary aids and services at no cost to the individual in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.
 - Persons with limited English proficiency through the provision of language services at no cost to the individual, including oral interpretation and written translations.

Discharge/transfer - Wis. Admin. Code § DHS 133.09 and 42 CFR 484.50(d)

- The HHA may only transfer or discharge the patient from the HHA if, the transfer or discharge is necessary for the patient's welfare because the HHA, MD/allowed practitioner agree the HHA can no longer meet the needs of the patient. (G454) (T155)
 - The HHA must do the following before it discharges a patient for cause:
 - Advise the patient, the representative (if any), the physician(s) or allowed practitioners issuing orders for the home health plan of care, and the patient's primary care practitioner who will be responsible for providing care and services to the patient after discharge from the HHA (if any) that a discharge for cause is being considered. (G464) (T162)
-

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:
HHA administrator name: _____
Address: _____
Phone number: _____
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:
Commence Health
PO Box 2687
Virginia Beach, VA 23450
888-524-9900, Dial 711 (TTY)

The HHA must investigate complaints made by a patient, the patient's representative (if any), and the patient's caregivers and family, including, but not limited to:

- A. Treatment or care that is (or fails to be) furnished, is furnished inconsistently, or is furnished inappropriately.
- B. Mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and/or misappropriation of patient property by anyone furnishing services on behalf of the HHA.

The HHA must document both the existence of the complaint and the resolution of the complaint.

The HHA must take action to prevent further potential violations, including retaliation while complaint is being investigated.

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.

Patient or representative signature: _____ Date signed: _____
