



# Newton Home Health

NEWTON MEDICAL CENTER

## **Discharge, Transfer and Referral Policy**

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We may only discharge or transfer you from this agency if:

- It is necessary for your welfare, and your physician who is responsible for your home health plan of care and our agency agree that we can no longer meet your needs based on your acuity level. We must arrange a safe and appropriate transfer to another care provider when your needs exceed our agency's capabilities;
- You or your payer will no longer pay for the home health services;
- Your physician who is responsible for your home health plan of care and our agency agree that the measurable outcomes and goals of your plan of care have been achieved and you no longer need home health services;
- You refuse services or elect to be transferred or discharged;
- Our agency closes;
- Our agency determines that, based on our policy, your behavior or the behavior of other persons in your home is disruptive, abusive, or uncooperative to the extent that delivery of your care or the ability of our agency to effectively operate is seriously impaired. Prior to discharging for cause, our agency must:
  - Advise you, your representative, if any, your physician(s) issuing orders for your home health plan of care, your primary care practitioner or any other health care professional who will be responsible for providing care and services to you after discharge from our agency that a discharge for cause is being considered;
  - Make efforts to resolve the problem(s) presented by your behavior or the behavior of other persons in your home or situation;
  - Provide you and your representative, if any, with contact information for other agencies or providers who may be able to provide your care; and
  - Document in your medical record the problem(s) and efforts made to resolve the problem(s).
- Your death occurs while you are receiving home health services.

## **Patient Rights and Responsibilities**

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As a home care provider, we have an obligation to protect and promote the exercise of your rights. We must provide these rights and responsibilities to you and /or your legal representative in a way that you can understand. Written rights must be provided during the initial evaluation visit before care begins. A verbal explanation of these rights may be provided at the same time or within a specified timeframe and ongoing as needed.

### **Respect and Consideration**

You have a right to:

- Be fully informed of your rights and responsibilities, and to exercise your rights as a home care patient. You may select a representative who may also exercise these rights for you. In the event that you are declared to lack legal capacity to make health care decisions, your legal representative may exercise your rights.
- Have a relationship with our staff that is based on honesty and ethical standards of conduct and to have ethical issues addressed. You have the right to be informed of any financial benefit we receive if we refer you to another organization, service, individual or other reciprocal relationship.

- Be free from mistreatment, neglect, verbal, mental, sexual and physical abuse, including injuries of an unknown source and misappropriation of your property (exploitation). Agency staff who identify, notice or recognize these incidences or circumstances must report their findings immediately to the home health agency and other appropriate authorities in accordance with state law.
- Have your property and person treated with respect and consideration; recognition of your individuality and dignity; and to have cultural, psychosocial, spiritual and personal values, beliefs and preferences respected. You will not be discriminated against based on social status, political belief, sexual preference, race, color, creed, religion, national origin, age, sex or disability. If you feel you have been the victim of discrimination, you have the right to file a grievance without retaliation for doing so. Our staff is prohibited from accepting gifts or borrowing from you.
- Receive information in plain language to ensure accurate communication, in a manner that is accessible, timely and free of charge to:
  - Persons with disabilities. This includes access to websites, auxiliary aides and services in accordance with state and federal law and regulations.
  - Persons with limited English proficiency. This includes access to interpreters and written translation.

## **Filing a Grievance**

You have a right to:

- Receive the name, business address and phone number for the agency Administrator in order to lodge complaints.
- Lodge complaints and have your complaints as well as your family's or your guardian's complaints heard, investigated and if possible resolved. Complaints may include, but are not limited to:
  - Treatment or care that is (or fails to be) provided;
  - Treatment or care that is inconsistent or inappropriate;
  - Lack of respect for your property and/or person by anyone who is providing services on behalf of our agency; or
  - Mistreatment, neglect or verbal, mental, sexual and physical abuse, including injuries of unknown source and/or misappropriation of your property (exploitation) by anyone providing services on behalf of the agency.
- Receive information on our complaint resolution process, and know about the results of the complaint investigations. We must document both the existence and the resolution of the complaint. We must also take action to prevent further potential violations, including retaliation while the complaint is being investigated.
- Voice grievances/complaints regarding treatment or care, or recommend changes in policy, staff or care/service to us or an outside entity without fear of coercion, discrimination, restraint, interference, reprisal or an unreasonable interruption in care, treatment or services for doing so.
- Be advised when you are accepted for treatment or care, of the availability of the state's toll-free home care hotline number, its purpose and hours of operation. The hotline receives complaints or questions about local home care agencies and is also used to lodge complaints concerning the implementation of the advanced directives requirements.

Our complaint resolution process and the state hotline number are provided in our Problem Solving Procedure.

## **Decision Making**

You have a right to:

- Choose your health care providers, including your attending physician, and communicate with those providers.

- Participate in, consent to or refuse care in advance of and during treatment and be fully informed in advance about your care/service, where appropriate, including:
  - The completion of all assessments;
  - The care, treatments and services to be provided, based on the comprehensive assessment;
  - Establishing and revising your plan of care;
  - The disciplines that will provide the care, including the name(s) and responsibilities of staff members who are providing and responsible for your care;
  - The frequency of visits;
  - The scope of services we will provide, specific limitations on services and barriers to treatment;
  - Expected outcomes of care, including patient-identified goals, alternatives to care and anticipated risks and benefits;
  - Any factors that could impact treatment effectiveness; and
  - Any changes in the care to be provided.
- Receive all services outlined in your plan of care.
- Consent to or refuse care in advance of and during treatment without fear of reprisal or discrimination and after being informed of the consequences for doing so.
- Request information about your diagnosis, prognosis and treatment including alternatives to care and risks involved in terms you and your family can understand so that you can give informed consent.
- Receive information about the services covered under the Medicare home health benefit.
- Be informed regarding the collection and reporting of OASIS information. OASIS information will not be disclosed except for legitimate purposes allowed by the Privacy Act.
- Receive proper written notice, in advance of a specific service being furnished, if the agency believes that the service may be non-covered care; or in advance of reducing or terminating ongoing care in accordance with federal laws and regulations.
- Be informed of our transfer and discharge policies.
- Have family involved in the decision making as appropriate concerning your care, treatment and services, when approved by you or your representative (if any) and when allowed by law.
- Participate or refuse to participate in research, investigational or experimental studies or clinical trials. Your access to care, treatment and services will not be affected if you refuse or discontinue participation in research.
- Formulate advance directives and receive written information about the agency's policies and procedures on advance directives, including a description of applicable state law before care is provided. You will be informed if we cannot implement an advance directive on the basis of conscience.
- Have your wishes concerning end of life decisions addressed and to have health care providers comply with your advance directives in accordance with state laws. You have the right to receive care without conditions or discriminations based on the execution of advance directives.

## **Privacy and Security**

You have a right to:

- Personal privacy and security during home care visits. Our visiting staff will wear proper identification so you can identify them.
- Confidentiality of written, verbal and electronic protected health information including your medical records, information about your health, social and financial circumstances, any communications or about what takes place in your home.
- Refuse filming or recording or revoke consent for filming or recording of care, treatment and services for purposes other than identification, diagnosis or treatment.

- Access, request changes to and receive an accounting of disclosures regarding your own protected health information as permitted by law unless it is medically contraindicated in the clinical record by your physician.
- Request us to release information written about you only as required by law or with your written authorization and to be advised of our policies and procedures regarding accessing and/or disclosure of clinical records.

Our Notice of Privacy Practices describes your rights in detail.

## Financial Information

You have a right to:

- Be advised orally and in writing before care is initiated of:
  - Our billing policies and payment procedures;
  - The extent to which payment may be expected from Medicare, Medicaid, any other federally funded or aided program or any other third-party sources known to us;
  - Charges for services that may not be covered by known payers; and
  - Charges that you may have to pay.
- Be advised orally and in writing of any changes in payment, charges and your payment liability when they occur, and to be advised of these changes as soon as possible, in advance of the next home health visit in accordance with federal patient notice laws and regulations.
- Have access to all bills, upon request, for the services you have received regardless of whether the bills are paid by you or another party.

## Quality Care

You have a right to:

- Receive information about organization ownership and control.
- Receive high quality, appropriate care without discrimination, in accordance with physician orders.
- Pain assessment and to receive effective pain management and symptom control. You also have the right to receive education about your role and your family's role in managing pain when appropriate, as well as potential limitations and side effects of pain treatments.
- Be admitted only if we have the ability to provide safe, professional care at the level of intensity you need. A qualified staff member will assess your needs. If you require care or services that we do not have the resources to provide, we will inform you, and refer you to alternative services, if available, or we will admit you, but only after explaining our care/service limitations and lack of a suitable alternative.
- Receive emergency instructions and be told what to do in case of an emergency.
- Be advised of the names, addresses and telephone numbers of the following federal- and state-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.

## Your Responsibilities

You have the responsibility to:

- Provide complete and accurate information to the best of your knowledge about your present complaints and past illness(es), hospitalizations, medications, allergies and other matters relating to your health.
- Remain under a doctor's care while receiving skilled agency services.
- Notify us of perceived risks or unexpected changes in your condition (e.g. hospitalization, changes in the plan of care, symptoms to be reported, pain, homebound status or change of physician).
- Follow the plan of care and instructions and accept responsibility for the outcomes if you do not follow the

care, treatment or service plan.

- Ask questions when you do not understand about your care, treatment and service or other instructions about what you are expected to do. If you have concerns about your care or cannot comply with the plan, let us know.
- Report and discuss pain, pain relief options, and your questions, worries and concerns about pain medication with staff or appropriate medical personnel.
- Tell us if your visit schedule needs to be changed due to medical appointment, family emergencies, etc.
- Tell us if your Medicare or other insurance coverages changes or if you decide to enroll in a Medicare or private HMO (Health Maintenance Organization) or hospice.
- Promptly meet your financial obligations and responsibilities agreed upon with the agency.
- Follow the organization's rules and regulations.
- Tell us if you have an advance directive or if you change your advance directive.
- Tell us of any problems or dissatisfaction with the services provided.
- Provide a safe and cooperative environment for care to be provided (such as keeping pets confined, putting away weapons or not smoking during your care).
- Show respect and consideration for agency staff and equipment.
- Carry out mutually agreed responsibilities.

## Contact Us

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