CoP Series

Patient Rights
2017 Home Health Conditions of Participation: Patient Rights

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Instructions for Contact Hours

In order to successfully complete this educational activity, you must:

• Participate in the entire activity
• Complete the evaluation

Objectives

• Recognize the 2017 Conditions of Participation revisions related to patient rights
• Describe the home health agency’s expanded responsibilities to inform and communicate with patients, patient representatives and caregivers
• Discuss the need for timely implementation of education, tools and policies
• Identify methods and tips for effective implementation of requirements
“We are revising the HHA requirements to focus on a patient-centered, data-driven, outcome-oriented process that promotes high quality patient care at all times for all patients.”

Centers for Medicare & Medicaid Services (CMS), HHS. Home Health CoP Final Rule

**Effective July 13, 2017**

PROPOSED DELAY OF EFFECTIVE DATE TO JANUARY 13, 2018

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**Strategic Management Model**

What do we know?

What does it mean?

What do we need to do about it?
484.50 Patient Rights

“The patient and representative (if any), have the right to be informed of the patient’s rights in a language and manner the individual understands. The HHA must protect and promote the exercise of these rights.”

Six Standards

a) Notice of Rights
b) Exercise of Rights
c) Rights of the Patient
d) Transfer and Discharge New
e) Investigation of Complaints New
f) Accessibility NEW
Patient Rights Requires...

- Revised Patient Rights Document
- Revised Policies and Procedures
- Manager and Clinician Education
- Complaint Triage and Management Process
- New Role in care team: *patient representative*
- A Revised Assessment
- Appropriate Translation when needed

Strategic Management Model

- What do we know?
- What do we need?
- What does it mean?
484.50(a) Notice of Rights

1.) Before providing care,

i. Provide written notice of the patient’s rights and responsibilities and the HHA’s transfer and discharge policies,

ii. Contact information for the HHA administrator, including name, address, and phone number in order to receive complaints, and

iii. OASIS privacy notice.

“Written notice must be **understandable** to persons who have limited English proficiency and accessible to individuals with disabilities.”
Notice of Rights, cont.

2) Obtain the patient’s or legal representative’s signature.

3) Provide verbal notice no later than the completion of the second skilled visit.

4) Provide written notice to a patient-selected representative within 4 business days of the initial evaluation visit.

484.50(b) Exercise of Rights

1. “If a patient has been adjudged to lack legal capacity to make health care decisions as established by state law by a court of proper jurisdiction, the rights of the patient may be exercised by the person appointed by the state court to act on the patient’s behalf.”
484.50(b) Exercise of Rights

2. If a state court has not adjudged a patient to lack legal capacity to make health care decisions as defined by state law, the patient’s representative may exercise the patient’s rights.

3. If a patient has been adjudged to lack legal capacity to make health care decisions under state law by a court of proper jurisdiction, the patient may exercise his or her rights to the extent allowed by court order.

484.50(c) Rights of the Patient

The patient has a right to:

(1) Have his or her property and person treated with respect;

(2) Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property;

(3) 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;
Rights of the Patient, cont.

(4) Participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to:
   
a) Completion of all assessments;

b) The care to be furnished, based on the comprehensive assessment;

c) Establishing and revising the plan of care;

d) The disciplines that will furnish the care;

e) The frequency of visits;

f) Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits**;

g) Any factors that could impact treatment effectiveness**; and

h) Any changes in the care to be furnished. **

**NEW
Rights of the Patient, cont.

(5) Receive all services outlined in the plan of care.

(6) Have a confidential clinical record.

Rights of the Patient, cont.

(7) Be advised of—
   a) The extent to which payment for HHA services may be expected from Medicare, Medicaid, or any other federal payers.
   b) The charges for services that may not be covered by Medicare, Medicaid, or any other program,
   c) (iii) The charges the individual may have to pay before care is initiated; and
   d) (iv) Any changes in the information provided…in advance of the next home health visit.
Rights of the Patient, cont.

(8) 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. The HHA must also comply with the requirements of 42 CFR 405.1200 through 405.1204.

(9) Be advised of the state toll free home health telephone hot line.

Rights of the Patient, cont.

(10) Be advised of the names, addresses, and telephone numbers of these entities that serve the area where the patient resides**:

• Agency on Aging,
• Center for Independent Living,
• Protection and Advocacy Agency,
• Aging and Disability Resource Center; and
• Quality Improvement Organization.

(11) Be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the HHA or an outside entity.

(12) Be informed of the right to access auxiliary aids and language services as described in paragraph (f) of this section, and how to access these services. **
New 484.50(d)  
Transfer and Discharge

The patient and representative (if any), have a right to be informed of the HHAs policies for transfer and discharge.

Very prescriptive in what is accepted for basis for discharge and transfer.

Transfer and Discharge, cont.

The HHA may only transfer or discharge the patient from the HHA if:

1. The 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.
2. The patient or payer will no longer pay for the services
3. The transfer or discharge is appropriate because the physician and HHA agree that the measurable outcomes and goals have been achieved,
4. The patient refuses services, or elects to be transferred or discharged;
(5) The HHA determines that the patient’s (or other persons in the patient’s home) behavior is disruptive, abusive, or uncooperative…

The HHA must do the following before it discharges a patient for cause:

(i) Advise the patient, representative (if any), the physician(s) that a discharge for cause is being considered;

(ii) Make efforts to resolve the problem(s)

(iii) Provide the patient and representative (if any), with contact information for other agencies or providers; and

(iv) Document the problem(s) and efforts made to resolve the problem(s), and enter this documentation into its clinical records;

(6) The patient dies; or

(7) The HHA ceases to operate.
NEW 484.50(e)
Investigation of Complaints

1. (i) Investigate complaints made by a patient, the patient’s representative (if any), and the patient’s caregivers and family, including, but not limited to, the following topics:
   (A) Treatment or care
   (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.

   (ii) Document both the existence of the complaint and the resolution of the complaint; and

   (iii) Take action to prevent further potential violations, including retaliation, while the complaint is being investigated.

Investigation of Complaints, cont.

2. Any HHA staff (employed or under arrangements), 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.
NEW 484.50(f) Accessibility

Information must be provided to patients in plain language and in a manner that is accessible and timely to—

(1) Persons with disabilities, including accessible Web sites and the provision of auxiliary aids and services,

(2) Persons with limited English proficiency through the provision of language services at no cost to the individual, including oral interpretation and written translations.

484.60(e): Care Planning, Coordination of Services and Quality of Care: Written Information to the Patient

1. Visit schedule, including frequency of visits by HHA and contract staffing.
2. Patient medication schedule/ detailed instructions and administrator.
3. Any treatments to be administered by HHA and contract staffing including therapy services.
4. Any other pertinent instruction related to the patient’s care and treatments.
5. Name and contact information of the HHA clinical manager.
484.75 Skilled Professional Services

- IDT approach to home health care is expected.
- Active participation of all disciplines required.
- Partnering with the patient, representative and caregiver in planning of care required.
- Clinical Manager role responsible for interdisciplinary care.

Strategic Management Model

What do we need to do about it?

What does it mean?
Patient Rights Requires…

• Name accountable leader/s
• Revised Patient Rights document
• Revised policies and procedures
• Effective complaint triage and management process
• New role in care team: patient representative
• A revised assessment
• Appropriate translations available, when needed
• Utilize your EHR where possible

“It’s not what you know that matters, it’s what you do with what you know.”