CarePro Home Health Care, LLC
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Your Rights as a Person Receiving Services

Required under Minn. Stat. § 245D.04

Complete: Within 5 working days of starting services, and reviewed with you again every year

NOTE: This packet, and the policies it summarizes, are also provided to your legal representative (if you have one) and your case manager, within 5 working days of starting services. If the Agency ever changes a policy affecting the rights described here or its maltreatment reporting procedures, you will receive written notice at least 30 days before the change takes effect; other policy changes are communicated to you at least once a year.

Your Rights

- To be treated with courtesy and respect, and to have your property treated with respect.
- To receive services in the most integrated setting, and to participate in decisions about your own services.
- To know what services you will receive, who will provide them, and how to reach the Agency.
- To review your own records, and to know who else has access to them.
- To be free from maltreatment, and to know how to report suspected maltreatment (see the Quick Reference page in this packet).
- To be free from any restrictive intervention that has not been specifically planned and approved for you through a Positive Support Transition Plan, using state-prescribed forms and a required phase-out timeline. Outside of a narrow safety emergency described below, no one may use a restrictive intervention on you just because it is written into your support plan as a general "safety intervention."
- To voice a grievance, without retaliation, about services or the Agency's failure to follow your rights (see the Grievance page in this packet).
- To know the conditions under which the Agency may suspend or terminate your services, and your right to appeal (see the Termination page in this packet).

Emergency Use of Manual Restraint, Narrow Exception

In a true emergency, where your own actions or someone else's pose an imminent risk of physical harm and a less restrictive response would not keep everyone safe, a trained staff person may briefly use manual restraint only for as long as needed to remove that immediate danger. Every such use must be reported, reviewed, and, within 5 working days of that review, submitted to both the Department of Human Services and the Office of Ombudsman for Mental Health and Developmental Disabilities. See the Emergency Use of Manual Restraint page in this packet for full detail.

How to Voice a Grievance

Required under Minn. Stat. § 245D.10, subd. 2

Complete: Available to you at any time

If you are unhappy with your services, or believe the Agency has not followed one of your rights, you can tell us, and we will help you and take it seriously. You will never be retaliated against for voicing a grievance.

How to File

- Tell any staff person, or contact Said Ibrahim, Director, directly (contact information below); staff will help you put your grievance in writing if you would like help.
- You may also contact any of the outside agencies below at any time, you do not need to grieve with the Agency first.

Contact	Phone	Purpose
Said Ibrahim, Director, CarePro Home Health Care, LLC	**612-315-3247**	The Agency's highest level of authority; grievances about any Agency service
Office of Ombudsman for Mental Health and Developmental Disabilities	**651-757-1800 (toll-free 1-800-657-3506)**	Independent state office for complaints about disability and mental health services
DHS Licensing Division	**651-431-6500**	State licensing oversight of the Agency

What Happens Next

- If your grievance involves your health or safety, the Agency responds promptly. For other grievances, you will hear back within 14 days, and the Agency aims to resolve it within 30 days.
- The Agency reviews whether its policy was followed, whether staff need more training, whether there have been similar complaints before, and whether a corrective action plan is needed.
- You and your case manager both receive the Agency's written response.

NOTE: Addresses for the Office of Ombudsman for Mental Health and Developmental Disabilities (332 Minnesota Street, Suite W1410, St. Paul, MN 55101) and the DHS Licensing Division (PO Box 64242, St. Paul, MN 55164-0242) are on file with the Agency and available on request.

Service Suspension and Termination

Required under Minn. Stat. § 245D.10, subds. 3, 3a

Complete: Provided within 5 working days of starting services

Temporary Suspension

The Agency may temporarily pause your services only if your own conduct poses an imminent risk of physical harm and less restrictive strategies already tried have not resolved it, a medical issue arises that is beyond the Agency's ability to safely support, or for nonpayment. You, your legal representative, and your case manager will be told the reason and the plan to resume services.

Termination Notice

- 60 calendar days' written notice for intensive support services.
- 30 calendar days' written notice for basic support services, PCA, and CFSS.

You have the right to appeal a termination under Minn. Stat. § 256.045, subd. 3(a), including the right to request a temporary stay of the termination while your appeal is pending under Minn. Stat. § 256.045, subds. 4a and 6(c). Your notice will explain how to exercise both of these rights.

Emergency Use of Manual Restraint, What You Should Know

Required under Minn. Stat. § 245D.061

Complete: Provided within 5 working days of starting services

The Agency uses manual restraint only as a last resort, only in a true emergency where you or someone else faces an imminent risk of physical harm, and only for as long as needed to remove that risk. Prohibited procedures, such as chemical restraint, are never used.

- If manual restraint is used on you, a staff person reports it in writing within 3 calendar days.
- The Agency completes an internal review within 5 working days, and reviews the incident with your support team, including you, your legal representative, and your case manager, within another 5 working days.
- Within 5 working days of that team review, the Agency reports the incident to both the Department of Human Services and the Office of Ombudsman for Mental Health and Developmental Disabilities.
- If manual restraint is used on you more than once, the Agency must develop a formal Positive Support Transition Plan with a required timeline to phase it out.

HIPAA Notice of Privacy Practices

Required under 45 CFR Parts 160, 164 (applies only if the Agency is a HIPAA covered entity for the service line billing your care)

Complete: Provided at admission and available at any time on request

NOTE: IF APPLICABLE, CONFIRM COVERED-ENTITY STATUS. A health care provider becomes a HIPAA covered entity by conducting certain electronic transactions. Confirm the Agency's current covered-entity status with counsel or a compliance advisor before relying on this notice as a universal requirement for every service line.

This notice describes how medical and other personal information about you may be used and disclosed, and how you can get access to it. Please review it carefully.

- The Agency may use and disclose your health information to provide, coordinate, or manage your care and related services, and for payment and health care operations.
- The Agency will not use or disclose your health information for any other purpose without your written authorization, which you may revoke at any time.
- You have the right to request a copy of your records, request corrections, request a list of certain disclosures, and request confidential communication.

Effective Date (fill in before distributing; do not distribute with this field blank): _____

NOTE: This notice should be reviewed against the current HHS model Notice of Privacy Practices and any applicable 42 CFR Part 2 (substance use disorder record) provisions before distribution.

Advance Directive Information

Required under 42 CFR § 489.102 (applies to specific Medicaid provider types, including providers of personal care services)

Complete: Provided at admission

NOTE: Because the Agency provides Medicaid-funded personal care services (PCA) and Community First Services and Supports (CFSS), 42 CFR § 489.102 applies to those service lines. Confirm with counsel whether it also applies to the Agency's other 245D waiver services, which are not separately listed among the federally covered provider types.

An advance directive is a written document, such as a health care directive or power of attorney for health care, that lets you name someone to make health care decisions for you and describe your own wishes, in case you are ever unable to make those decisions yourself.

- The Agency provides this information to help you understand your right to make an advance directive under Minnesota law, and does not require you to have one as a condition of receiving services.
- If you already have an advance directive, please let the Agency know so a copy can be kept in your record.

Quick Reference

Required under Summary of key contacts

Complete: Keep this page for your records

If You Suspect Abuse, Neglect, or Financial Exploitation

- If the person is 18 or older (a vulnerable adult): call MAARC, the Minnesota Adult Abuse Reporting Center, at 1-844-880-1574.
- If the person is under 18: do not call MAARC. Contact your county's child protection agency (common entry point) or local law enforcement.
- If anyone is in immediate danger: call 911 first.

Other Contacts

Contact	Phone	Purpose
CarePro Home Health Care, LLC, Said Ibrahim, Director	**612-315-3247**	Your services, grievances, general questions
Office of Ombudsman for Mental Health and Developmental Disabilities	**651-757-1800 (toll-free 1-800-657-3506)**	Independent complaints about disability and mental health services
DHS Licensing Division	**651-431-6500**	State licensing oversight