

Tool: Home Health Conditions of Participation Patient's Rights Checklist

Patient Bill of Rights



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Patient Bill of Rights

- “a right to have his or her property and person treated with respect”
- “a right to be free from verbal, mental, sexual and physical abuse, including injuries of unknown source, neglect, and misappropriation of property”
- “a right to make complaints to the HHA regarding treatment or care that was (or failed to be) furnished which the patient and/or their family believe was inappropriate”
- “the right to participate in, be informed about, and consent to or refuse care”—this right also applies to patients’ representatives;
- “the right to participate in and be informed about the patient-specific comprehensive assessment, including an assessment of the patient’s goals and care preferences”
- “the right to participate in and be informed about the care that the HHA plans to furnish based on the needs identified during the comprehensive assessment, establishing and revising that plan, the disciplines that will furnish care, the frequency of visits, identifying expected outcomes of care, and any factors that could impact treatment effectiveness”
- “the right to receive a copy of his or her individualized HHA plan of care, including all updated plans of care”
- “the right to receive all of the services outlined in the plan of care”
- “the...right to the confidentiality of his or her clinical records”
- a requirement that HHAs comply with all home health advance beneficiary notices (ABNs), “including restrictions on who may receive the ABN on the patient’s behalf”
- “the right to receive proper written notice, in advance of a specified 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”
- a right to be advised “that the purpose of the [home health] hotline was to receive complaints or questions about local HHAs.”
- a right to “be advised of the names, addresses, and telephone numbers for relevant federally and state-funded consumer information, consumer protection, and advocacy agencies”
- “the right to be free from discrimination or reprisal for exercising their rights, whether by voicing grievances to the HHA or to an outside entity”

- “the right to be informed of their right to access auxiliary aids and language services, and to be provided instruction on how to access these services”

Patient’s Rights

Investigation of Complaints

Written information to the patient.

Regulation	Recommended Action
<p>§484.10 Patient’s rights revised at §484.50. At § 484.50, CMS revised patient rights provisions under six standards:</p> <ol style="list-style-type: none"> (1) Notice of rights; (2) Exercise of rights; (3) Rights of the patient; (4) Transfer and discharge; (5) Investigation of complaints; and (6) Accessibility <ul style="list-style-type: none"> • Added new §484.50(a)(4), requiring that the HHA provide written notice of the patient’s rights and the HHA’s discharge and transfer policies to a patient-selected representative within 4 business days after the initial evaluation visit. • One of the biggest changes to the CoPs is the addition of a patient bill of rights that must be clear and accessible to patients and staff. While not a new concept, the changes include more assessment components, encompassing psychological, 	<p><i>The following are the requirements which need to be in your Policy and Procedures for this section of the Conditions of Participation and included in staff training as applicable:</i></p> <ul style="list-style-type: none"> • Include in policies and training -Patient rights provisions under six standards: <ol style="list-style-type: none"> (1) Notice of rights; (2) Exercise of rights; (3) Rights of the patient; (4) Transfer and discharge; (5) Investigation of complaints; and (6) Accessibility <p>Patient Bill of Rights- Include in policies and training</p> <ul style="list-style-type: none"> • <i>“a right to have his or her property and person treated with respect”</i> [§484.50(c)(1)]; • <i>“a right to be free from verbal, mental, sexual and physical abuse, including injuries of unknown source, neglect, and misappropriation of property”</i> [§484.50(c)(2)]; • <i>“a right to make complaints to the HHA regarding treatment or care that was (or failed to be) furnished which the patient</i>

<p>functional and cognitive states of patients.</p> <ul style="list-style-type: none"> Agencies will have to collect patient preferences and demonstrate progress toward patients' identified goals—a new requirement. Home health providers must also identify family caregivers and their willingness and ability to help provide care. <p>□ Proposed §484.50(c)(7) would retain the requirements of the current standard at §484.10(e), Patient liability for payment. This patient liability requirement would be related to the home health advance beneficiary notice (ABN) and home health change of care notices; therefore, CMS proposed to reference the current requirements at §411.408(d)(2) and §411.408(f). HHAs would be required to comply with all ABN requirements, including restrictions related to who may receive the ABN on the patient's behalf.</p> <p>§484.10(a) Patient's rights revised at §484.50(a).</p> <ul style="list-style-type: none"> Revised §484.50(a)(1) to clarify that it is the patient's legal representative that must be informed of the patient rights information prior to the start of care. Re-designated proposed §484.50(a)(4) as §484.50(a)(2), and clarified that a signature confirming receipt of the notice 	<p><i>and/or their family believe was inappropriate</i>" [§484.50(c)(3)];</p> <ul style="list-style-type: none"> <i>"the right to participate in, be informed about, and consent to or refuse care"</i> [§484.50(c)(4)]—this right also applies to patients' representatives; <i>"the right to participate in and be informed about the patient-specific comprehensive assessment, including an assessment of the patient's goals and care preferences"</i> [§484.50(c)(4)]; <i>"the right to participate in and be informed about the care that the HHA plans to furnish based on the needs identified during the comprehensive assessment, establishing and revising that plan, the disciplines that will furnish care, the frequency of visits, identifying expected outcomes of care, and any factors that could impact treatment effectiveness"</i> [§484.50(c)(4)]; <i>"the right to receive a copy of his or her individualized HHA plan of care, including all updated plans of care"</i> [§484.50(c)(4)(iii)] <i>"the right to receive all of the services outlined in the plan of care"</i> [§484.50(c)(5)]; <i>"the...right to the confidentiality of his or her clinical records"</i> [§484.50(c)(6)]; <i>a requirement that HHAs comply with all home health advance beneficiary notices (ABNs), "including restrictions on who may receive the ABN on the patient's behalf"</i> [§484.50(c)(7)] <i>"the right to receive proper written notice, in advance of a specified 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"</i> [§484.50(c)(8)];
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<p>of patient rights is only required from a patient or a patient's legal representative.</p> <ul style="list-style-type: none"> • Revised §484.50(a)(3), requiring that the HHA must provide verbal notice of the patient's rights no later than the completion of the second visit from a skilled professional. • Added new §484.50(a)(4), requiring that the HHA provide written notice of the patient's rights and the HHA's discharge and transfer policies to a patient-selected representative within 4 business days after the initial evaluation visit. • Revised 484.50(b) to replace the term "incompetence" wherever it appears with the more precise term "lack legal capacity to make health care decisions." <p>§484.10(b) Patient's rights revised at §484.50(b)(c) and (e).</p>	<ul style="list-style-type: none"> • a right to be advised "that the purpose of the [home health] hotline was to receive complaints or questions about local HHAs." [§484.50(c)(9)]; • a right to "be advised of the names, addresses, and telephone numbers for relevant federally and state-funded consumer information, consumer protection, and advocacy agencies" [§484.50(c)(10)]; • <i>"the right to be free from discrimination or reprisal for exercising their rights, whether by voicing grievances to the HHA or to an outside entity"</i> [§484.50(c)(11)]; • <i>"the right to be informed of their right to access auxiliary aids and language services, and to be provided instruction on how to access these services"</i> [§484.50(c)(12)]. <hr/> <ul style="list-style-type: none"> • Provide written notice of the patient's rights and the HHA's discharge and transfer policies to a patient-selected representative within 4 business days after the initial evaluation visit. • A signature confirming receipt of the notice of patient rights is only required from a patient or a patient's legal representative. • Patient's legal representative must be informed of the patient rights information prior to the start of care. • Collect patient preferences and demonstrate progress toward patients' identified goals • Identify family caregivers and their willingness and ability to help provide care.
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<ul style="list-style-type: none"> Revised 484.50(b) to replace the term “incompetence” wherever it appears with the more precise term “lack legal capacity to make health care decisions.” <p>§484.10(c) Patient’s rights revised at §484.50(c).</p> <ul style="list-style-type: none"> Revised §484.50(c)(4)(i) to clarify that patients have the right to participate in and be informed about all assessments, rather than just the comprehensive assessment. Removed the requirement at §484.50(c)(4)(iii) regarding providing a copy of the plan of care to each patient. Revised §484.50(c)(10) to require HHAs to provide contact information for a defined group of federally-funded and state-funded entities. §484.10(d) Patient’s rights revised at §484.50(c) §484.10(e) Patient’s rights revised at §484.50(c) §484.10(f) Patient’s rights revised at §484.50(c) 	<ul style="list-style-type: none"> Develop and implement new training programs that incorporate the required topics listed above. Identify current staff, contractors and volunteers who must now receive training and the topics that must be covered.
<p>Investigation of Complaints §484.50(e).</p> <ul style="list-style-type: none"> Re-designated proposed §484.50(a)(2) as §484.50(a)(1)(ii) and removed the requirement that 	<p><i>The following are the requirements which need to be in your Policy and Procedures for this section of the Conditions of Participation and included in staff training as applicable:</i></p>

<p>HHAs administrators are expected to receive patient questions.</p> <ul style="list-style-type: none"> Revised §484.50(e)(1)(i) to clarify that the subject matter about which patients may make complaints is not limited to those subjects specified in the regulation. HHAs must investigate all such complaints. Revised §484.50(e)(1)(iii) to specify that HHAs must take action to prevent retaliation while a patient complaint is being investigated. Revised §484.50(e)(2) to specify that circumstances of mistreatment, neglect, abuse, or misappropriation of patient property must be reported in accordance with the requirements of state law. 	<ul style="list-style-type: none"> HHAs must take action to prevent retaliation while a patient complaint is being investigated. Circumstances of mistreatment, neglect, abuse, or misappropriation of patient property must be reported in accordance with the requirements of state law. The subject matter about which patients may make complaints is not limited to those subjects specified in the regulation, and must be investigated by the HHA.
<p>§484.18(a), revised at §484.60(a). Added a requirement at §484.60 that patient and caregiver receive education and training including written instructions outlining medication schedule/instructions, visit schedule and any other pertinent instruction related to the patients care and treatments that the HHA will provide, specific to the patient's care needs.</p>	<p><i>The following are the requirements which need to be in your Policy and Procedures for this section of the Conditions of Participation and included in staff training as applicable:</i></p> <ul style="list-style-type: none"> Patient and caregiver will receive education and training including written instructions outlining medication schedule/instructions, visit schedule and any other pertinent instruction related to the patients care and treatments that the HHA will provide, specific to the patient's care needs.
<p>New standard at §484.60(e),</p> <p>Written information to the patient.</p>	<p><i>The following are the requirements which need to be in your Policy and Procedures for this section of the Conditions of Participation and included in staff training as applicable:</i></p>

<ul style="list-style-type: none">• The final rule includes a requirement that the HHA provide written instructions to both patients and their caregivers “outlining visit schedule including frequency of visits, medication schedule/instructions, treatments administered by HHA personnel and personnel acting on the behalf of the HHA, pertinent instructions related to patient care and the name and contact information of the HHA clinical manager.” [§484.60(e)]	<ul style="list-style-type: none">• Provide written instructions to both patients and their caregivers outlining:<ul style="list-style-type: none">○ visit schedule including frequency of visits,○ medication schedule/instructions,○ treatments administered by HHA personnel and personnel acting on the behalf of the HHA,○ pertinent instructions related to patient care and the○ name and contact information of the HHA clinical manager