

Every applicant for license and every person who provides direct care, supervision of direct care, or management of services for a provider must complete a Home Care Orientation before providing home care services for clients. For the purposes of this document, Communities of Care is the home care provider.

This course covers the following topics:

- Section 1: Home care provider licensure
- Section 2: Home care rules
- Section 3: Vulnerable adult/child protection
- Section 4: Client complaints
- Section 5: Emergency procedures

Section 1: Home Care Provider Licensure

Minnesota Statute authorizes the Minnesota Department of Health (MDH) to license home care providers. This licensure is for the business, not for the employees who work for the home care provider. All home care providers, except those exempted by law or rule, must be licensed by the state.

Purpose of Licensure

- To ensure that home care services are performed by qualified employees:
 - All home care employees must be individually licensed, registered or certified as required by the state, and/or must meet the training and evaluation requirements of the licensure rules.
 - Home health aide tasks and services provided by unlicensed employees must be supervised by a registered nurse or therapist according to a schedule determined by the home care provider and the client.
- To protect the safety of home care clients:
 - All prospective employees who have had or will have direct contact with clients in their homes must sign a statement disclosing all crimes, except for minor traffic violations, of which they have been convicted in any jurisdiction, or stating that they have never been convicted of a crime.
 - The managerial official or owner of the home care service is required to complete a background check before receiving licensure.
- To provide a quality mechanism for monitoring and responding to problems:
 - MDH monitors problems by issuing routine surveys, completing routine inspections and investigating complaints. If a survey or complaint investigation reveals a violation, MDH issues a notice of the violation and an order to correct the problem in a certain time. If not corrected, MDH will issue a fine. In very serious situations, MDH may suspend, revoke or refuse to renew the home care provider's license.

Licensure Requirements

The Minnesota state licensure rule has many requirements similar to those for Medicare home health certification, with the following additions beyond the Medicare requirements:

- Screening employees for criminal convictions
- Screening for tuberculosis
- Specific guidelines for handling medication and treatment orders.

Medicare regulations apply only to those providers who receive reimbursement from the Medicare Medical Assistance Program.

Classes of Licenses

There are two classes of licenses, and these are representative of the type and scope of services provided. This is a change from the four classes of license previously recognized by the State of Minnesota. This change was fully in effect as of July 1, 2015. Communities of Care is a Comprehensive Home Care Provider.

Basic Home Care Provider

Below is a list of services offered by this license:

- Assistance with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, bathing
- Stand by assistance within arm's reach for safety
- Providing verbal or visual reminders to take regularly scheduled medications
- Providing verbal or visual reminders to perform regularly scheduled treatments and exercises
- Preparing modified diets ordered by a licensed health professional
- Laundry
- Housekeeping
- Meal preparation
- Shopping

Comprehensive Home Care Provider

Below is a list of services offered by this license:

- All above listed under Basic Home Care Provider
- Nursing (Advance Practice Nursing, RN or LPN)
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Respiratory Therapy
- Social Worker Services
- Dietician or Nutritionist
- Medication Management
- Hands on assistance with transfers and mobility
- Eating assistance for clients with complicating eating problems
- Complex or Specialty Healthcare Services

Communities of Care holds a Comprehensive License (it was formerly a Class A license).

Section 2: Home Care Rules

The home care rules have been developed with the goal that home care services are provided in a manner that protects the health, safety and well-being of home care clients. All home care providers and their employees must comply with the requirements of these rules.

Bill of Rights

A person receiving home health care has rights as defined in the Home Care Bill of Rights statute. The Bill of Rights must be provided to all home care clients at the time of admission and in advance to care being provided. All home care providers, including those exempt by law or rule, must comply with the Home Care Bill of Rights requirements.

Purpose of the Bill of Rights

- To inform home care clients verbally, and in writing, of their right to participate in and make informed decisions regarding their care.
- To provide a mechanism for client complaints or grievances to be addressed and resolved.

Process

An agency representative must:

1. Review client rights and the mechanism for reporting complaints and concerns.
2. Obtain written documentation that the Bill of Rights was received and reviewed.
3. Keep a copy of the documentation in the client's file.

The agency may not request nor obtain from the client any waiver of those rights listed in the Bill of Rights.

Service Agreement

A home care provider may enter into a service agreement with the client or the client's responsible party. Any modifications to the agreement must be communicated to the client or the client's responsible party.

For a Comprehensive license, the service agreement must include the following items:

- Initial assessment must be conducted in person by a registered nurse.
 - A description of the services to be provided and their frequency.
 - Identification of the type of home care employee to provide the services.
 - The schedule or frequency of sessions of supervision or monitoring required, if any.
 - Fees for services.
 - A plan for contingency action that includes:
 1. The actions to be taken by all parties involved if scheduled services cannot be provided.
 2. The information and method for a client or client's responsible party to contact a representative of the home care provider whenever a home care employee is providing services.
 3. Who to contact in case of emergency or significant adverse change in client's condition.
 4. The method for the home care provider to contact the client's responsible party including identification of and information as to who has authority to sign for the client in an emergency.
 5. The circumstances in which emergency medical services are not to be summoned.
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The home care provider must provide all services required by the client's service agreement. If the home care provider is unable, for any reason, to keep a scheduled appointment for a service that is not essential for medical or safety reasons, the provider will:

1. Follow the procedure established in the service agreement.
2. Provide a replacement person
3. Notify the client or the client's responsible party that the appointment will not be kept and schedule a new appointment or arrange for a reasonable alternative.

If the service to be provided is essential for medical or safety reasons, it must be completed at the scheduled time. The home care provider will make arrangements to complete the service through a contract with another provider or through other reasonable means.

Services

No home care provider may accept a person as a client unless the home care provider has staff, sufficient in qualifications, competency, and numbers, to adequately provide the services agreed to in the service plan and that are within the provider's scope of practice. If the home care provider discontinues a service for any reason other than the client's failure to pay, and the client continues to need the service, the home care provider must provide a list of similar providers in the client's geographic area.

Discontinuing Life Sustaining Treatment

If a client, family member, or other caregiver of the client requests that an employee of the home care provider discontinue a life sustaining treatment, the employee receiving the request must:

1. Take no immediate action to discontinue the treatment.
2. Promptly inform the home care provider of the client's request.

Upon being informed of a request for termination of treatment, the home care provider will promptly:

1. Inform the client or the client's responsible party that the request will be made known to the physician who ordered the client's treatment.
2. Inform the physician of the client's request.
3. Work with the client and the client's physician to comply with the provisions of the Health Care Directive Act.

This does not require the home care provider to discontinue treatment, except as may be required by law or court order nor does it diminish the rights of clients to control their treatments or terminate their relationships with the home care provider.

Confidentiality

Home care providers may not disclose any personal, financial, medical or other information about a client except:

- As required by law.
 - When the information is needed by employees to provide client services.
 - To persons authorized by the client to receive the information.
 - To representatives of MDH authorized to survey or investigate home care providers.
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Finances and Property

A home care provider may not:

- Act as power-of-attorney nor guardian or conservator for a client.
- Manage a client's property, except when assisting in small household tasks.
- Borrow or convert client's property into their own possession.

A home care provider or its employees may accept gifts of a minimal value.

Section 3: Vulnerable Adult/Child Protection

To comply with Minnesota statutes regarding the maltreatment of vulnerable adults and minors, professionals and staff of licensed organizations are **required** to report abuse or neglect, or suspected abuse or neglect, of vulnerable adults and minors to governmental authorities. A person is considered vulnerable if they are unable or unlikely to report abuse and/or neglect without assistance because of impaired mental or physical function or their emotional status.

A vulnerable adult can be anyone over age 18 who:

- Has a physical, mental or emotional disorder that makes it difficult for the person to care for themselves without help and to protect themselves from maltreatment
- Is in a hospital, nursing home, transitional care unit, assisted living, housing with services, board and care, foster care or other licensed care facility
- Receives services such as home care, day services, personal care assistance or other licensed services.

Maltreatment includes:

- Abuse, including physical, emotional and sexual abuse, use of restraints, involuntary seclusion or punishment
- Neglect, including failure to provide necessary food, shelter, clothing, health care or supervision because of neglect by a caregiver or because the vulnerable adult cannot meet their own needs
- Financial exploitation, including theft or withholding of money or property and/or use of money or property not for the vulnerable adult's benefit.

Reporting suspected maltreatment of vulnerable adults

Minnesota encourages good faith reporting of suspected maltreatment of vulnerable adults by any person. If you make a report, your identity is confidential and cannot be released without a court order.

Reports are reviewed to see if immediate protective services are needed. Reports of an alleged crime are referred to law enforcement. All reports of suspected maltreatment are also referred to a lead investigative agency, which may be the county or the state departments of Health or Human Services.

Report suspected maltreatment of a vulnerable adult to the Minnesota Adult Abuse Reporting Center at 844-880-1574 which is open 24 hours a day, seven days a week.

Information needed would be:

1. identity of the vulnerable adult,
2. the caregiver,
3. the nature and extent of the suspected maltreatment,
4. any evidence of previous maltreatment,
5. the name and address of the reporter,
6. the time, date and location of the incident
7. and any other information the reporter believes helpful to the investigation

Process for reporting for a Minor

For reports involving children:

If you know or suspect that a child is in immediate danger, contact your local law enforcement agency immediately. If you know or suspect a child is or has been maltreated other than in a DHS licensed facility, contact your local law enforcement or county child protection agency.

If the child is not in immediate danger and the suspected maltreatment occurred in a Department of Human Services licensed facility, contact the Division of Licensing at (651) 431-6600, if the maltreatment occurred in a hospital, intermediate care facility, nursing home then you contact the Department of Health, Office of Healthy Facility complaints at (651-) 201-4201 or 800-369-7994, and if the maltreatment happened at a public school, elementary, middle, secondary, or charter then you contact the Minnesota Department of Education at (651) 582-8546 or fax at (651)634-2277.

If you are unsure whether you should make a report, call your local child welfare agency and report your concerns. The child welfare agency will consult with you about the concerns.

When and how must I report?

- Immediately report by telephone suspicions of abuse or neglect upon knowing or having reason to believe that it has happened within the preceding 3 years.
- Immediately report by telephone suspicions of abuse or neglect upon knowing or having reason to believe that the same perpetrator has abused two or more children not related to the perpetrator within the preceding 10 years
- Follow the telephone call by a written report within 72 hours (not including weekends and holidays.)

The written report must include:

- a. Name, address and phone number of the minor
- b. Description of incident
- c. Date, time and place of incident
- d. Name of person or persons involved in the incident
- e. Name, address and phone number of person making the report

• Mandated reporter must make the report themselves. Referring the issue to a supervisor is **not** sufficient

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- When in doubt about whether the incident was already reported, report it. There is nothing prohibiting multiple reports of the same incident.

Failure to report constitutes a misdemeanor and the person may be exposed to potential civil damages. Intentional false reporting is also a misdemeanor, and the person filing the false report may be liable for actual civil damages suffered by the person/persons so reported. The person reporting in good faith is protected from any civil liabilities.

If you have a concern regarding a vulnerable adult that is not related to physical or emotional abuse, neglect or unexplained injury, or financial exploitation, contact the Office of Health Facility Complaints at 651-201-4200 or health.ohfc-complaints@state.mn.us.

Section 4: Client Complaints

Every Licensed home care provider with more than one direct care employee must have a system for investigating and resolving complaints from clients. The system must provide a written notice to each client that includes the following: "If you have a complaint about the provider or the person providing your home care services, you may call, write, or visit the Office of Health Facility Complaints, Minnesota Department of Health. You may also contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities."

- Right to complain
- Contact person for complaints
- Method of filing complaint
- Non-retaliation notice – the provider may not retaliate against a client because of a complaint

Office of Health Facility Complaints

Clients must also be informed of their right to complain in writing, by phone, or in person to:

Office of Health Facility Complaints (OHFC)

85 East 7th Place, Suite 220

P.O. Box 64970

St Paul, MN 55164-0970

651-201-4201 office

1-800-369-7994 toll free

651-281-9796 fax

Web page: <http://www.health.state.mn.us/divs/fpc/ohfcinfo/contohfc.htm>

Email address: health.fpc-web@state.mn.us

Office of Ombudsman for Older Minnesotans

Clients may also contact the Office of Ombudsman for Older Minnesotans. This office investigates and works to resolve complaints about nursing homes, other long term care residential services, home care services and hospitals relating to health, safety, welfare, rights and government benefits. Clients cared for by health care agencies must be informed of the services available through this office.

The Ombudsman Office will help with things like:

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- Resolving complaints and disputes
 - Providing information and public education to consumers and providers
 - Advocacy for legislative reforms

Services are available to:

- In-home services consumers
- Medicare beneficiaries
- Nursing Home and Boarding Care Home residents

Ombudsman offices are located in 10 regional offices as well as the state office in St. Paul. You can contact them at any one of their offices or use their toll-free number:

Office of Ombudsman for Older Minnesotans

PO Box 64971

St. Paul, MN 55164-0971

651-431-2555

1-800-657-3591 toll free

651-431-7452 fax

Web Page: <http://www.mnaging.net/>

Email address: mba@state.mn.us

Office of Ombudsman for Mental Health and Developmental Disabilities

The Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD) has mission, vision, values and principles rooted in statute and practice. The OMHDD mission and vision is to promote the highest attainable standards of treatment, competence, efficiency and justice for persons receiving services for mental health, developmental disabilities, chemical dependency or emotional disturbance. OMHDD assists with the following:

- concerns or complaints about services,
- questions about rights,
- grievances,
- access to appropriate services,
- ideas for making services better,
- review guardian actions; and
- general questions or the need for information concerning services for persons with mental or developmental disabilities, chemical dependence or emotional disturbance.

Office of Ombudsman for Mental Health and Developmental Disabilities

121 7th Place East

Suite 420 Metro Square Building

St. Paul, Minnesota 55101-2117

Web Page: <http://mn.gov/omhdd/>

Email Address: ombudsman.mhdd@state.mn.us

651-757-1800

Toll free: 800-657-3506

Fax # 651-797-1950 or 651-296-1021

Section 5: Emergency Procedures

When an emergency arises, home care providers and their employees must follow the contingency plan set forth in the client care plan. A copy of this plan must be present in the home of every client and should include the following information:

1. The name of the person to be contacted in case of an emergency or a significant change in the client's condition.
2. A method for contacting the client's responsible party, if one has been identified.
3. A plan for circumstances in which emergency medical services are **not** to be called. This is consistent with the Adult Health Care Decisions act and covers any declaration made by the client under that act. These would constitute advanced directives such as Do Not Resuscitate orders and Living Will stipulations.

Unless otherwise identified, 911 should be called when any adverse change in the client's condition necessitates emergency care, such as when the client:

- Has trouble breathing.
 - Has stopped breathing.
 - Has no pulse.
 - Is bleeding severely.
 - Is having chest-neck-jaw-arm pain.
 - Is in a state of deteriorating unconsciousness.
 - Is unconscious.
 - Has a suspected fracture.
 - Is unable to move one or more limbs.
 - Has been badly burned.
 - Is having a seizure.
 - Is suffering from abnormally high/low body temperature.
 - Has been poisoned.
 - Is having a diabetic emergency.
 - Has suffered a stroke.
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