



Unified Home Care Bill of Rights

Summary

SF 1471 recommends that a unified home care bill of rights be established blending the existing components in bills of rights identified in Minnesota Statutes, sections 144A.44, 144A.441, 144A.442 and 245D.04 to ensure protections for individuals receiving these services. This new unified version identifies the rights that are already protected in the statutes regulating the services being provided and removes unnecessary, redundant language.

Background

In the 2014 legislative session, the legislature directed the Minnesota Department of Health (MDH) and the Minnesota Department of Human Services (DHS) to implement Integrated Licensing beginning July 1, 2015. Integrated Licensing means that MDH home care licensees who also provide Home and Community Based Services (HCBS) reimbursed by DHS under Medicaid waivers, can obtain their legal authorization from MDH for the HCBS services instead of obtaining a separate second license from DHS for HCBS. MDH will enforce the HCBS standards for those MDH-licensed home care providers.

The integrated licensing provisions also directed MDH to evaluate the home care, assisted living, and HCBS client bill of rights requirements and report to the 2015 legislature recommendations

how to reduce the complexity of the client bill of rights requirements, determine which rights must be included in the client bill of rights document and recommend options for consumers to be informed about their rights.

For MDH-licensed home care providers, there are five different bills of rights to select from and distribute to individuals receiving services. Deciding which document applies and should be provided depends on where the services are received and whether or not the provider is a federally certified home health agency. Having many versions of what sound like the same document can cause confusion among individuals receiving services as to what their rights are and what protections are in place, confusion among providers about what document to distribute, and a misunderstanding in the general public regarding what rights individuals have.

Proposal

Based on the direction provided by the legislature in 2014 and the feedback from stakeholder groups, staff from MDH began comparing and evaluating the bills of rights identified for this report. The recommendations proposed in the Unified Home Care Bill of Rights have been shared with the various stakeholders throughout the process. During this last phase of the process, comments

and suggestions were incorporated into this proposed Unified Bill of Rights.

Highlights of the proposed Unified Bill of Rights:

- Reduces multiple versions to one unified bill of rights;
- Removes redundancy within the multiple bills of rights and those rights already protected in home care statutes;
- Improves existing language to clarify what rights individuals have when receiving home care services;
- Increases protection of individuals' rights. For example, lengthens the notice required when licensed home care providers terminate services-for an individual to 30-calendar days.

The simplification and unification of the bill of rights document will explain more clearly to consumers the rights they have and improve providers' ability to communicate these rights in clear, plain language. This will reduce the unnecessary, often redundant and complex paperwork required of providers while reinforcing those rights that are identified in the document. This proposal maintains the necessary statutory requirements, uses plain language, and simplifies government regulations for Minnesotans.