

DISCHARGE, TRANSFER AND REFERRAL POLICY

We may only discharge or transfer you from this agency if:

- It is necessary for your welfare, and your physician who is responsible for your home health plan of care and our agency agree that we can no longer meet your needs based on your acuity level. We must arrange a safe and appropriate transfer to another care provider when your needs exceed our agency's capabilities;
- You or your payer will no longer pay for the home health services;
- Your physician who is responsible for your home health plan of care and our agency agree that the measurable outcomes and goals of your plan of care have been achieved and you no longer need home health services;
- You refuse services or elect to be transferred or discharged;
- Our agency closes;
- Our agency determines, based on our policy, that your behavior or the behavior of other persons in your home is disruptive, abusive or uncooperative to the extent that delivery of your care or the ability of our agency to effectively operate is seriously impaired. Prior to discharging for cause, our agency must:
 - Advise you, your representative, if any, your physician(s) issuing orders for your home health plan of care, your primary care practitioner or any other health care professional who will be responsible for providing care and services to you after discharge from our agency that a discharge for cause is being considered;
 - Make efforts to resolve the problem(s) presented by your behavior or the behavior of other persons in your home or situation;
 - Provide you and your representative, if any, with contact information for other agencies or providers who may be able to provide your care; and
 - Document in your medical record the problem(s) and efforts made to resolve the problem(s).
- Your death occurs while you are receiving home health services.

Discharge planning will begin when you are admitted to the agency based on the findings of the comprehensive assessment performed at admission. You and/or your representative will receive education and training to facilitate a timely discharge. Any revisions related to plans for your discharge will be communicated to you, your representative, your caregiver, all physicians issuing orders for our agency plan of care, your primary care practitioner and any other health care professionals who will be providing care and services to you after discharge from our agency.

You will be given advance notice of your discharge or transfer to another agency in accordance with applicable state regulations, except in the case of an emergency. All discharges or transfers will be documented in your medical record.

When a discharge occurs, an assessment will be done. You will receive an updated list of your current medications along with any instructions needed for ongoing care or treatment. We will coordinate referrals to available community resources as needed.

If you transfer from this agency to another home health agency, skilled nursing facility, inpatient rehabilitation facility or long-term-care hospital, we will assist you and your caregivers in selecting the facility that best meets your needs by using and sharing information that includes, but is not limited to, data on quality measures and resource use measures that is relevant and applicable to your care goals and treatment preferences.

Following your discharge or transfer, we will send a discharge or transfer summary within the timeframes specified by federal regulations to your primary care practitioner, other health care professional and/or facility that will be providing care and services to you after discharge or transfer from our agency. The summary will include all necessary medical information pertaining to your illness and current course of treatment, post-discharge care goals and treatment preferences. We will comply with requests for additional clinical information as may be necessary for your treatment by the receiving facility or health care practitioner.

If you elected to transfer from another agency and were under an established plan of care, Medicare requires us to coordinate the transfer. The initial home health agency will no longer receive Medicare payment on your behalf and will no longer provide you with Medicare covered services after the date of your elected transfer to our agency.

You or your authorized representative will receive and be asked to sign and date a **Notice of Medicare Non-Coverage (NOMNC)** at least two days before your covered Medicare services will end. If you or your authorized representative are not available, we will make contact by phone, and then mail the notice. If you do not agree that your covered services should end, you must contact the Quality Improvement Organization (QIO) no later than noon of the day before your services are to end and ask for an immediate appeal:

Livanta, LLC

10820 Guilford Road, Suite 202, Annapolis Junction, MD 20701-1105

Toll-free: 1-888-524-9900; TTY: 1-888-985-8775

Weekdays: 9:00 a.m. to 5:00 p.m. Eastern, Central and Mountain Time

Weekends and Holidays: 11:00 a.m. to 3:00 p.m. Eastern, Central and Mountain Time.

NOTICE OF NONDISCRIMINATION/FILING A GRIEVANCE

Optimal Care, Inc. complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of social status, political belief, sexual preference, race, color, religion, sex, national origin, age or disability with regard to admission, access to treatment or employment.

Optimal Care, Inc. provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats); and free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Compliance Specialist.

If you believe that Optimal Care, Inc. has failed to provide these services or discriminated in any other way, you may file a grievance in person or by mail, phone, fax or email by using the following contact information. If you need help filing a grievance, our Civil Rights/Section 504b/1557 Coordinator is available to help: Compliance Specialist, 30600 Telegraph Road, Suite 3275, Bingham Farms, MI 48025; Phone: (248) 410-1365; Fax: (248) 723-9615; or Email: sgerrity@optimalcareinc.com.

It is the law for Optimal Care, Inc. not to retaliate against anyone who opposes discrimination, files a grievance or participates in the investigation of a grievance.

Grievances must be submitted to Optimal Care, Inc. within 60 days of the date you become aware of the possible discriminatory action, and must state the problem and the solution sought. We will issue a written decision on the grievance based on a preponderance of evidence no later than 30 days after its filing, including a notice of your right to pursue further administrative or legal action. You may also file an appeal of our decision in writing to the Administrator within 15 days. The Administrator will issue a written response within 30 days after its filing.

The availability and use of this grievance procedure does not prevent you from pursuing other legal or administrative remedies.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by using any of the following methods:

- Submit electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.
- Write to Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201. Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.
- Call 1-800-368-1019 (toll free) or 1-800-537-7697 (TDD).

CONTACTING YOUR CLINICAL MANAGER

Your Clinical Manager coordinates your home health care, assesses your needs and assists with the development, implementation and updating of your plan of care. Contact information for your Clinical Manager is provided on the back cover of this booklet. Reasons to contact your Clinical Manager include, but are not limited to:

- Questions about your home care services, schedule and/or care plan;
- Questions or concerns about your medications or the safety of your home;
- Questions regarding your eligibility for additional home care services; or
- Concerns about the care you or your family member is receiving from the agency.

PROBLEM SOLVING PROCEDURE

We are committed to ensuring that your rights are protected. If you feel that our staff has failed to follow our policies or has in any way denied you your rights, please follow these steps without fear of discrimination or reprisal:

1. Notify the Clinical Manager, Erik Wilson, by phone at **(248) 723-9613** (office) or **(517) 206-0559** (cell), Monday through Friday from 8:30 a.m. to 5:00 p.m. Most problems can be solved at this level.
2. Notify the Administrator, Coleen Murphy-DeOrsey, by phone at **(248) 723-9613** or in writing to 30600 Telegraph Road, Suite 3275, Bingham Farms, MI 48025.
3. You may also contact CHAP 24 hours a day at 1-800-656-9656. Customer service hours of operation are 8:00 a.m. to 6:00 p.m., Eastern Time, Monday through Friday (except holidays). Should you have a problem, CHAP provides an efficient complaint and investigation process for all accredited agencies, in addition to state and federal processes. Patients can also lodge complaints to CHAP regarding concerns about advance directives. CHAP promises a prompt response to your concerns.
4. You may also contact the state's toll-free home health care hotline at **1-800-882-6006**, which operates from 8:00 a.m. to 5:00 p.m., Monday through Friday (except holidays). Voicemail is available 24 hours a day. If voicemail answers, please leave a message and your call will be returned. The purpose of the hotline is to receive complaints or questions about local home health care agencies and to lodge complaints concerning the implementation of advance directive requirements.

You may also write to the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, Division of Licensing and Certification, Complaint Investigation Unit, P.O. Box 30664, Lansing, MI 48909.

5. If you suspect an adult has been abused, neglected or exploited, you may contact the Michigan Department of Health and Human Services' statewide hotline 24 hours a day at 1-855-444-3911. If it is an emergency, please call 911. Agency employees who suspect or have reasonable cause to believe that an adult has been abused, neglected or exploited are required by law to immediately file an oral report with the county office of the Department of Health and Human Services in which the abuse, neglect or exploitation is suspected or believed to have occurred.

SECTION B. Patient Rights and Responsibilities

As a home care provider, we have an obligation to protect and promote the exercise of your rights. We must provide these rights and responsibilities to you and/or your legal representative in a way you can understand. Written rights must be provided during the initial evaluation visit before care begins. A verbal explanation of these rights may be provided at the same time or within a specified timeframe and ongoing as needed.

YOUR RIGHTS

RESPECT AND CONSIDERATION - YOU HAVE THE RIGHT TO:

- Be fully informed of your rights and responsibilities, and to exercise your rights as a home care patient. You may select a representative who may also exercise these rights for you. In the event that you are declared to lack legal capacity to make health care decisions, your legal representative may exercise your rights.
- Have a relationship with our staff that is based on honesty and ethical standards of conduct and to have ethical issues addressed. You have the right to be informed of any financial benefit we receive if we refer you to another organization, service, individual or other reciprocal relationship.
- Be free from mistreatment, neglect, verbal, mental, sexual and physical abuse, including injuries of an unknown source and misappropriation of your property (exploitation). Agency staff who identify, notice or recognize these incidences or circumstances must report their findings immediately to the home health agency and other appropriate authorities in accordance with state law. Any employee who suspects or has reasonable cause to believe that an adult has been abused, neglected or exploited shall make immediately, by phone or otherwise, an oral report to the county office of the Department of Health & Human Services in which the abuse, neglect or exploitation is suspected of having or believed to have occurred. After making the report, the reporting person may file a written report with the county department.
- Have your property and person treated with respect and consideration; recognition of your individuality and dignity; and to have cultural, psychosocial, spiritual and personal values, beliefs and preferences respected. You will not be discriminated against based on social status, political belief, sexual preference, race, color, religion, national origin, age, sex or disability. If you feel that you have been the victim of discrimination, you have the right to file a grievance without retaliation for doing so. Our staff is prohibited from accepting gifts or borrowing from you.
- Receive information in plain language to ensure accurate communication, in a manner that is accessible, timely and free of charge to:
 - Persons with disabilities. This includes access to websites, auxiliary aids and services in accordance with state and federal law and regulations.
 - Persons with limited English proficiency. This includes access to interpreters and written translation.

FILING A GRIEVANCE - YOU HAVE THE RIGHT TO:

- Receive the name, business address and phone number for the agency Administrator in order to lodge complaints.
- Lodge complaints and have your complaints as well as your family's or your representative's complaints heard, investigated and if possible resolved. Complaints may include, but are not limited to:
 - Treatment or care that is (or fails to be) provided;
 - Treatment or care that is inconsistent or inappropriate;
 - Lack of respect for your property and/or person by anyone who is providing services on behalf of our agency; or
 - Mistreatment, neglect or verbal, mental, sexual and physical abuse, including injuries of unknown source and/or misappropriation of your property (exploitation) by anyone providing services on behalf of the agency.
- Receive information on our complaint resolution process, and know about the results of complaint investigations. We must document both the existence and the resolution of the complaint. We must also take action to prevent further potential violations, including retaliation, while the complaint is being investigated.
- Voice grievances/complaints regarding treatment or care, or recommend changes in policy, staff or care/service to us or an outside entity without fear of coercion, discrimination, restraint, interference, reprisal or an unreasonable interruption in care, treatment or services for doing so.
- Be advised when you are accepted for treatment or care, of the availability of the state's toll-free home care hotline number, its purpose and hours of operation. The hotline receives complaints or questions about local home care agencies and is also used to lodge complaints concerning the implementation of the advance directives requirements.
- Be informed how to contact CHAP to ask questions, report grievances or voice complaints.

Our complaint resolution process, the state hotline number and contact information for CHAP are provided in our Problem Solving Procedure.

DECISION MAKING - YOU HAVE THE RIGHT TO:

- Choose your health care providers, including your attending physician, and communicate with those providers.
- Participate in, consent to or refuse care in advance of and during treatment and be fully informed in advance about your care/service, where appropriate, including:
 - The completion of all assessments;
 - The care, treatments and services to be provided, based on the comprehensive assessment;
 - Establishing and revising your plan of care;

- The disciplines that will provide the care, including the name(s) and responsibilities of staff members who are providing and responsible for your care;
 - The frequency of visits;
 - The scope of services we will provide, specific limitations on services and barriers to treatment;
 - Expected outcomes of care, including patient-identified goals and anticipated risks and benefits;
 - Any factors that could impact treatment effectiveness; and
 - Any changes in the care to be provided.
- Receive all services outlined in your plan of care.
 - Consent to or refuse care in advance of and during treatment without fear of reprisal or discrimination and after being informed of the consequences for doing so.
 - Receive information about the services covered under the Medicare home health benefit.
 - Be informed regarding the collection and reporting of OASIS information. OASIS information will not be disclosed except for legitimate purposes allowed by the Privacy Act.
 - Receive proper written notice, in advance of a specific service being furnished, if the agency believes that the service may be non-covered care; or in advance of reducing or terminating ongoing care in accordance with federal laws and regulations.
 - Be informed of our transfer and discharge policies.
 - Have family involved in decision making as appropriate concerning your care, treatment and services, when approved by you or your representative (if any) and when allowed by law.
 - Participate or refuse to participate in research, investigational or experimental studies or clinical trials. Your access to care, treatment and services will not be affected if you refuse or discontinue participation in research.
 - Formulate advance directives and receive written information about the agency's policies and procedures on advance directives, including a description of applicable state law before care is provided. You will be informed if we cannot implement an advance directive on the basis of conscience.
 - Have your wishes concerning end of life decisions addressed and to have health care providers comply with your advance directives in accordance with state laws. You have the right to receive care without conditions or discrimination based on the execution of advance directives.

PRIVACY AND SECURITY - YOU HAVE THE RIGHT TO:

- Personal privacy and security during home care visits. Our visiting staff will wear proper identification so you can identify them.
- Confidentiality of written, verbal and electronic protected health information including your medical records, information about your health, social and financial circumstances or about what takes place in your home.
- Refuse filming or recording or revoke consent for filming or recording of care, treatment and services for purposes other than identification, diagnosis or treatment.
- Access, request changes to and receive an accounting of disclosures regarding your own protected health information as permitted by law.
- Request us to release information written about you only as required by law or with your written authorization and to be advised of our policies and procedures regarding accessing and/or disclosure of clinical records. Our Notice of Privacy Practices describes your rights in detail.

FINANCIAL INFORMATION - YOU HAVE THE RIGHT TO:

- Be advised orally and in writing before care is initiated of:
 - Our billing policies and payment procedures;
 - The extent to which payment may be expected from Medicare, Medicaid, any other federally funded or aided program or any other third-party sources known to us;
 - Charges for services that may not be covered by known payers; and
 - Charges that you may have to pay.
- Be advised orally and in writing of any changes in payment, charges and your payment liability when they occur, and to be advised of these changes as soon as possible, in advance of the next home health visit in accordance with federal patient notice laws and regulations.
- Have access to all bills, upon request, for the services you have received regardless of whether the bills are paid by you or another party.

QUALITY OF CARE - YOU HAVE THE RIGHT TO:

- Receive information about organization ownership and control.
- Receive high quality, appropriate care without discrimination, in accordance with physician orders.
- Pain assessment and to receive effective pain management and symptom control. You also have the right to receive education about your role and your family's role in managing pain when appropriate, as well as potential limitations and side effects of pain treatments.
- Be admitted only if we can provide the care you need. A qualified staff member will assess your needs. If you require care or services that we do not have the resources to provide, we will inform you, and refer you to alternative services, if available, or we will admit you, but only after explaining our care/service limitations and the lack of a suitable alternative.

- Receive emergency instructions and be told what to do in case of an emergency.
- Be advised of the names, addresses and telephone numbers of the following federal- and state-funded entities that serve the area where you reside: Agency on Aging, Center for Independent Living, Protection and Advocacy Agency, Aging and Disability Resource Center and the Quality Improvement Organization. See the back cover of this booklet for more information.

YOUR RESPONSIBILITIES

YOU HAVE THE RESPONSIBILITY TO:

- Provide complete and accurate information to the best of your knowledge about your present complaints, past illness(es), hospitalizations, pain, medications, allergies and other matters relating to your health.
- Notify us if your Medicare or other insurance coverage changes or if you decide to enroll in a Medicare or private HMO (Health Maintenance Organization) or hospice.
- Remain under a doctor's care while receiving skilled agency services.
- Notify us of perceived risks or unexpected changes in your condition (e.g., hospitalization, changes in the plan of care, symptoms to be reported, pain, homebound status or change of physician).
- Follow the plan of care and instructions and accept responsibility for the outcomes if you do not follow the care, treatment or service plan.
- Ask questions about your care, treatment and service or other instruction when you do not understand what you are expected to do. If you have concerns about your care or cannot comply with the plan, let us know.
- Report and discuss pain, pain relief options and your questions, worries and concerns about pain medication with staff or appropriate medical personnel.
- Notify us if your visit schedule needs to be changed due to medical appointment, family emergencies, etc.
- Promptly meet your financial obligations and responsibilities agreed upon with the agency.
- Follow the organization's rules and regulations.
- Inform us of the existence of, and any changes made to, an advance directive.
- Advise us of any problems or dissatisfaction with the services provided.
- Provide a safe and cooperative environment for care to be provided (such as keeping pets confined, putting away weapons or not smoking during your care).
- Show respect and consideration for agency staff and equipment.
- Carry out mutually agreed responsibilities.