

SOUTH COUNTY HOME HEALTH



PATIENT INFORMATION GUIDE

Medicare Certified* Joint Commission Accredited

401-782-0500 or 1-800-834-3334 | homehealth@southcountyhealth.org

southcountyhealth.org/homecare

One High Street, Wakefield, RI 02879-3103

SOUTH COUNTY HOME HEALTH

Table of Contents

What is South County Home Health?	1
Our Services.....	1
Our Programs.....	1
Patient's Rights.....	2
Because We Care.....	6
Patient Responsibilities.....	7
For Your Safety.....	8
Scheduling	9
Information About Your Certified Nursing Assistant Services.....	9
Notice of Privacy Practices	12
Your Rights Regarding Health Information About You	15
Advanced Directives.....	21
MOLST	21
Insurance.....	22
Medicare Information.....	22
Medicaid Information.....	23
Supplies.....	23
Standard Precautions and Hand Hygiene.....	24
Emergency Planning	24
Because You Care	25

What is South County Home Health?

South County Home Health is the largest non-profit, full service home health agency in southern Rhode Island. In 1999, our commitment to excellence and community service was further strengthened by our formal affiliation with South County Health. Under this enhanced relationship, South County Home Health continues to work closely with other hospitals, physicians, and community organizations to address the home health needs of our patients.

We are proud of our long-standing tradition of caring which is reflected in our mission and delivered yearly to more than 4,000 patients who rely on the highly trained nurses and other clinical and professional support staff who comprise the South County Home Health family.

South County Home Health, a non-profit community based organization, is dedicated to forging extraordinary connections with our community that support health at every stage of life.

Our Services

Registered Nurses/Licensed Practical Nurses – Provide care to patients of all ages and diagnoses requiring skilled assessment, coordination of services, medication management, health education, and a broad range of skilled interventions.

Certified Nursing Assistants (CNAs) or Home Health Aides – Assist patients with bathing, dressing, grooming, ambulation, and exercise.

Rehabilitation – Physical, Occupational, and Speech Therapists provide patients with a variety of interventions aimed at maximizing independence.

Medical Social Workers – Provide assistance with long-range planning, gaining access to community resources, and provide patients with short-term counseling.

Our Programs

Chronic Disease – South County Home Health staff are Chronic Disease Management trained.

Therapeutic – Clinical services to patients who require medical, rehabilitative and social service interventions.

Wound Care – Comprehensive treatment for wounds using the most advanced technologies and therapies under the direction of certified wound care nurses.

Palliative Care – Specialized care focused on managing and minimizing the pain, symptoms, and stress of serious illness.

Diabetes Education – Home visits, telemonitoring, and teaching from registered nurses and nutritionist to help people with diabetes to improve their quality of life.

Lifeline – South County Home Health is a referral partner of Philips Lifeline.

Community Wellness – Free regularly scheduled health and wellness checks at senior centers and senior housing. Call us at 401-782-0500 or visit www.southcountyhealth.org for a calendar of events.

South County Home Health provides access to health care services 365 days a year, 7 days a week, 24 hours a day.

We offer a coordinated plan of care developed in collaboration with you, your family, and your physician. To assure high quality of care and positive patient outcomes, the South County Home Health programs are continuously monitored and evaluated for improvement opportunities. South County Home Health is a Medicare certified and a Joint Commission accredited non-profit organization. For your convenience, South County Home Health will bill Medicare as well as all third party insurances.

Patient's Rights

South County Home Health supports that every person served has rights and responsibilities.

The patient has the right to:

- Be fully informed of their rights and responsibilities.
- Receive information necessary to give informed consent. (Reference: RI Statute 23-17.16-1)
- **Designate a person to act as their representative.** Representative may mean the patient's legal representative such as a guardian; or a patient-selected representative who participates in making decisions related to the patient's care or well-being, including but not limited to, a family member or an advocate for the patient. The patient determines the role of the representative, to the extent possible.
- **The patient and representative (if any)** have the right to be informed of the patient's rights in a language they understand, be informed of the right to access auxiliary aides, language services, oral interpretation or written translation and how to access at no cost. Information is plain language, accessible and timely. A court-appointed individual can act on the patient's behalf. South County Home Health will provide meaningful access to each individual with limited English proficiency. South County Home Health has a language access plan.

- Considerate, respectful and ethical treatment without discrimination as to age, race, color, sex, marital status, sexual orientation, gender identity, sexual stereotype, national origin, religion, disability, disease or source of payment.
- Be advised, before care is initiated, if the provider is a full participating provider in the patient's health care plan, the cost of services, the extent to which payment for the home care provider agency services may be expected from insurance, Medicare, Medicaid, or any other federally funded or federal aid program, and the extent to which payment may be required from the patient and the charges they will be required to pay. To be informed of the home care provider's agency's billing procedures and the patient payment responsibility.
- **Be advised, in advance, in writing if services may not be covered, or in advance of services being reduced or ended.**
- Receive a timely response to the request for service from a physician, and to those requests customarily rendered by South County Home Health not requiring physician approval, and not inconsistent with their treatment.
- Participate in the development of the plan of care and treatment and be involved in any changes in the care to be furnished, modified, or discontinued, before the change is made. The plan of care will include which disciplines will visit, the proposed frequency of the visits and the names and qualifications of those providing care.
- Participate in planning care and frequency of visits; be informed of outcomes and goals of care, and any risks and benefits. The patient can consent or refuse care and is advised of treatment impact.
- Receive information and counseling about Advance Directives such as the Living Will and Durable Power of Attorney for Health Care, State Comfort One Protocol and MOLST, and to formulate Advance Directives. South County Home Health policy is that, in the absence of a written signed MD order, Comfort One bracelet, or a signed MOLST order South County Home Health will provide emergency measures to support life.
- Make inquiries and to seek education about any aspect of the plan of care and to be informed of possible consequences regarding refusals of medications, treatment or other aspects of the plan of care (or to have a family member receive education as appropriate).
- To receive safe, appropriate and high quality care and services in a timely manner as outlined in the plan of care, access to necessary service 24 hours a day, 7 days a week, and reasonable continuity of care.
- Receive considerate care with dignity and respect (person and property), know the names and qualifications of the individuals providing care, treatment and service, including the name of the physician responsible for coordinating care.

- Expect information about pain and pain relief measures, that the patient's reports of pain will be believed, concerned staff committed to pain prevention and pain management and health professionals who respond quickly to reports of pain.
- To be free from verbal, mental, sexual, or physical abuse, including injuries of unknown source, physical punishment, neglect, damage to or theft of property or exploitation of any kind.
- Know the name of the physician or person responsible for conducting any specific test or other medical procedure performed in connection with their treatment, upon request.
- Refuse any treatment to the extent permitted by law.
- Receive care that respects the right to privacy to the extent consistent with providing adequate care and efficient administration of South County Home Health. This does not preclude discreet discussion of their care or examination by appropriate medical personnel.
- Participate in ethical decision making.
- To be informed of the home care provider agency's ownership and control.
- Information regarding identities of all the health care and education institutions that South County Home Health has authorized to participate in their patients' treatment, and the relationship between the institutions and South County Home Health upon request.
- Be informed if a scheduled visit is to be canceled or changed.
- Be informed of any experimental research or investigation activities and right to refuse such.
- Be informed of transfer and discharges policies:
 1. The physician and agency agree outcomes and goals have been met and the patient no longer needs services
 2. The physician and agency agree, based on serious patient needs, care is not safe at home. A safe transfer to another care environment is completed.
 3. Patient or insurance will no longer pay for services.
 4. The patient refuses services or asks for transfer.
 5. The agency is not able to provide care due to disruptive, abusive or uncooperative behavior present in the home. All efforts will be made to resolve this concern. The physician and all providers will be made aware that a discharge for cause may occur.
 6. The patient dies.
- The agency closes.

- Approve the release of personal, financial and medical information to institutions, agencies and individuals only by written consent or as required by law.
- Privacy and confidentiality with regard to all records pertaining to their treatment with the exception of abuse and neglect cases or where there is a danger to self or others. The patient also has the right to review his/her own medical record, at a mutually designated time, upon request.
- Obtain the health care record or part thereof, at no charge, to the patient, his or her attorney or authorized representative if necessary, for supporting an appeal under any provision of the Social Security Act (42 U.S.C. 301-1397e) if the request is accompanied by documentation of the appeal. South County Home Health will supply the information within four (4) business days.
- Be allowed to examine, at a mutually designated time, or be given an explanation of, the bill rendered by South County Home Health, upon request, regardless of the payment source, and to receive notification of the payment South County Home Health will pursue and expects to receive from insurance companies, and the patient's remaining financial obligations. A summarized medical bill is provided within 30 days of discharge from South County Home Health upon request. A fee assessment form is available to South County Home Health patients assuring consolidation of all alternative pay sources. The patient may also inquire as to the organization's liability insurance.
- To be informed in writing of his or her rights to appeal a determination or decision made by the home care provider agency with regard to eligibility for service, the types or levels of service in the care plan, a termination or change in service, or if the patient feels that his or her rights under this section have been violated.
- Express complaints and concerns regarding treatment or care furnished or not, lack of respect of providers without fear of discrimination or reprisal and receive information about the South County Home Health complaint process and the State Home Health Hot Line 24 hour number 401-222-5200. To voice a complaint, write or call South County Home Health, One High Street, Wakefield, RI 02879 or call at 401-788-1717.
- To be advised in writing of the names, addresses, and telephone numbers of the state ombudsperson, the Attorney General's Medicaid Fraud Control Unit, the state licensing agency and the availability of the state toll-free home health hotline, the hours of its operation, and that the purpose of the hotline is to receive complaints or questions about local home care providers.

Because We Care

South County Home Health is committed to conducting business according to the highest legal and ethical standards. The South County Health Corporate Compliance Policy is dedicated to insuring that South County Home Health complies with all applicable federal, state and local laws.

If you suspect that an employee of South County Home Health is violating any law or regulation as it relates to home care, you must report it.

A Patient Representative is available to you to discuss your comments, complaints, suggestions or compliments, call 401-788-1717.

You may also call or write to:

Deborah Randall

*Assistant Vice President,
Quality and Risk Management
South County Health
100 Kenyon Avenue
Wakefield, RI 02879
401-788-3881*

Kelly Pucino

*Director, Home Health
South County Home Health
One High Street,
Wakefield, RI 02879
401-782-0500*

South County Home Health is accredited through The Joint Commission. If you have any concerns that cannot be resolved through South County Home Health, you may contact the Joint Commission's Office of Quality Monitoring to report any concerns or to register complaints about a Joint Commission accredited health care organization. Call 1-800-994-6610 or e-mail complaint@JointCommission.org.

Other Federal and State funded resources are:

State Home Health Agency Toll-Free Hotline
and Investigative Unit Hotline operates
24 hours a day, 7 days a week

401-222-5200

Toll-free for Medicare beneficiaries concerns,
Medicare Hotline

1-800-633-4227

Rhode Island Long Term Care Ombudsman Program –
Monday through Friday, 9 a.m. to 5 p.m.

401-785-3340
(Toll-free) 1-888-351-0808

RI Medicaid Fraud Control Unit, Department of
Attorney General, weekdays 8:30 am to 4:30 pm.
Please leave a message and your call will be
answered as soon as possible.

401-274-4400, ext. 2269
401-222-2566

RI Department of Health, Division of Facilities Regulation: weekdays 8:30 am to 4:30 pm or after hours for urgent complaints. This organization takes complaints against assisted living, nursing home, and home health agencies.	401-222-5200 401-272-5952
RI Division of Elderly Affairs, 57 Howard Avenue, Cranston, RI 02920	401-462-3000
Ocean State Center for Independent Living, 1944 Warwick Avenue, Warwick, RI 02889	401-738-1013 1-866-857-1161
The Point, 50 Valley Street, Providence, RI 02909	401-462-4444
Healthcentric Advisors, 235 Promenade Street, #500, Providence, RI 02908	401-528-3200

Patient Responsibilities

The Patient or designee has the responsibility to:

- Understand that services are provided on an intermittent basis.
- Give the organization accurate and up-to-date information regarding health insurance coverage and information necessary to establish a plan of care.
- Participate in the development, implementation and update of the plan of care.
- Follow the mutually agreed upon plan of care as established. Notify South County Home Health of any changes in condition that may change the plan of care.
- Inform visiting staff if instructions concerning the plan of care are not able to be followed, which may adversely affect patient outcomes. If the patient chooses not to adhere to the plan of care, the patient assumes responsibility for the outcome.
- **Notify South County Home Health immediately if there is a change in health care coverage or if the patient elects additional health care coverage. (Example: enrollment in Medicare Part D, Blue Chip Senior, United Health Senior). A change to the patient's insurance could result in a change in that responsibility.**

- **Notify South County Home Health and any other applicable health care provider of any Advance Directives and changes related to these directives.**
- **Give the organization complete and accurate information on medical services being received, including doctors, and/or facilities providing services, of all medications and treatments which are being followed and supply arrangements in existence at the time of admission (ex: ostomy supplies).**
- **Give South County Home Health any information for services being received at an outpatient location (i.e. physical therapy, wound care), as this could impact billing of the services you are receiving.**
- Remain under the care of a licensed physician and inform staff of a change in physician and/or orders.
- Participate actively in the plan of care or have a primary caregiver available for you 24 hours a day if appropriate.
- Tell your visiting staff you need pain relief when pain first begins, help your nurse assess your pain, tell your nurse about any worries you have about taking pain medication, discuss pain relief options with your nurse to develop a pain management plan and tell your nurse if your pain is not relieved.
- Treat our organization staff with respect and without discrimination as to age, race, color, sex, marital status, national origin, religion.
- Inform the organization when the patient will be unavailable for a visit as soon as this is known. South County Home Health reserves the right to discharge the patient from service for cause if the patient is not at home for scheduled visits, or refuses scheduled visits repeatedly as this disrupts the plan of care and the ability to follow physician orders.
- Advise South County Home Health of any problems or dissatisfaction with the service being provided.
- The In Home Record is your property to safeguard. At discharge you may request that it be transported to the South County Home Health office for disposal.

For Your Safety

- Inform visiting staff or physician of any additions or changes to medications, even over-the-counter medications, or reactions to medications or treatments.
- Inform the visiting staff if instructions are not understood.
- **Assist in maintaining a safe environment, e.g. (but not limited to) adequate outside lighting, clear walkways, pets safely confined during the entire visit. South County Home Health reserves the right to discharge a patient from service for consistent non-adherent behavior, violent behavior or threats of violence exhibited by the family, patient, caregiver or other household resident(s).**
- Tell visiting staff if you have had a fall.
- Follow prescribed maintenance directions for your oxygen machine, smoke detectors and/or other medical equipment. Never smoke in a home with oxygen.

Scheduling

South County Home Health is very happy to be involved in your care as you recover in the comfort of your own home. We understand that you may have multiple services that are needed in order to ensure your recovery at home and have taken this opportunity to let you know what you can expect regarding your scheduled visits while you are on service.

Your doctor will prescribe what services are needed for your care. This may include nursing, physical therapy, occupational therapy, speech therapy, medical social worker, nutritionist, or certified nursing assistant. To provide the best care for our patients, our care is a team approach.

Dependent on your particular needs, a nurse or therapist will be designated as your case manager. A case manager is the one responsible to collaborate with you, your family, and your physician to formulate the best plan of care. The members of your team all communicate frequently regarding your care.

If you have nursing or therapist services ordered, you can expect to receive a phone call the morning of your visit. Some of our nurses and therapists start later in the day but if you have not received a call by 10:00am the day of your appointment, please call the office.

Certified nursing assistants will call you the day before your scheduled visit to schedule a time with you. While we understand that most people like to bathe first thing in the morning, it is difficult to accommodate everyone. We appreciate your understanding.

Information About Your Certified Nursing Assistant Services

As part of a multidisciplinary approach to care, South County Home Health may provide you with CNA services under the direction of your physician. Your Case Manager (Nurse or Therapist), together with you and/or your family/caregivers, will design a Care Plan which meets your individual needs and goals. Whether the aim is to help you attain complete independence

or to be as comfortable as possible at home, our intention is to supplement your home care and not to substitute the care provided by your family. CNA services may continue as long as you are receiving skilled services from professionals. If you desire long term assistance with personal care, your nurse or therapist will provide you with a list of agencies to contact for this service.

South County Home Health strives for continuity of staff in providing care to our patients, so every attempt will be made to provide you with a team of CNAs who can visit your home during consistent ranges of time - morning, midday or afternoon. We appreciate your flexibility as we accommodate your needs.

If any unforeseen circumstances warrant a change in your schedule, please call the South County Home Health office at 401-782-0500 or 1-800-834-3334. To be sure that all changes in scheduling and requests for services are coordinated, please direct all calls to this number and not to the CNAs.

The following information should help explain what the CNA's duties will include:

Bath: The type of bath appropriate for you will be determined by your Case Manager and may change as your condition changes. Since safety is our primary concern, we encourage patients to sit, not stand, when in the shower and to use shower chairs made of sturdy non-corrosive material, tub mats and grab bars of non-skid materials as appropriate.

Oral Hygiene: Includes washing dentures with toothpaste or denture cream, toothbrush and mouthwash (if desired); all items are to be supplied by the patient or family members.

Hair Care: Includes brushing/combing and shampooing per Care Plan, using whichever hair care products are provided are provided by the patient or family.

Shaving: All male patients will be shaved as needed. Razors and shaving cream are to be supplied by the patient or family members.

- If the patient is on a blood thinning medication, such as Coumadin, an electric razor must be available for the CNA to use for shaving the patient.

Nail Care: Includes cleaning, soaking, and filing the nails. CNAs are not authorized to clip or trim fingernails or toenails.

Skin Care: Includes the use of over the counter lotions, powders or oils, as requested and which the patient has available. CNAs are not authorized to apply prescription products.

Perineal Care: Perineal care includes catheter care (thorough cleansing around the tubing with soap and water), and will be done each visit.

Dressing: The patient will be assisted to dress in bed or street clothing.

Transfers/Ambulation: The CNA will assist the patient in getting up in a chair and/or walking as approved by the patient's Case Manager/Physician. If the patient is to be assisted out of bed, non-skid shoes are recommended for the patient. Gait belts are always recommended. To comply with safety standards, use of a Hoyer lift may be required for certain patients..

Clean Patient's Environment: The CNA is responsible for cleaning up any work area used during the care. The CNA will also straighten up the patient's immediate environment so the patient will be comfortable as directed by the Care Plan.

Washing/Drying of Clothing: The CNA may put a load of patient's clothes into the washer but may not be available to transfer the clothes to the dryer, when time does not permit.

CNA Supervisory Field Visit: Based on regulations, the Case Manager will make a joint visit with the CNA to observe skills and competency. This will be done at required intervals or if necessary to address specific needs.

Please feel free to discuss any concerns about your CNA Care Plan with your Case Manager.

Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this Notice please contact our Privacy Officer at 401-782-8000.

WHO WILL FOLLOW THIS NOTICE

This notice describes South County Home Health (“SCHH”) practices and that of:

- Any health care professional authorized to enter information into your medical record.
- All departments and units of SCHH.
- All employees and volunteers.
- All entities, sites, and locations under SCHH follow the terms of this notice. In addition, these entities, sites, and locations may share health information with each other for treatment, payment, or healthcare operation purposes described in this notice.
- SCHH and your physician are members of an Organized Healthcare Arrangement. This arrangement is solely for the purpose of sharing your health information among SCHH and your physician for purposes of treatment, payment, and healthcare operations described in this notice, and is not intended to suggest or imply any other relationship between SCHH and your physician. This arrangement enables us to better address your healthcare needs.

SCHH PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive in your medical record. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by SCHH. Your personal doctor may have different policies or notices regarding the doctor’s use and disclosure of your health information created in the doctor’s office or clinic.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean, and where appropriate, we will give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Other uses and disclosures not described in these categories will be made only with appropriate authorization.

Treatment: We may use and disclose health information about you to doctors, nurses, therapists or other SCHH personnel who are involved in taking care of you and your health. For example: A doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the nutritionist if you have diabetes so that we can arrange for appropriate meals. We also may disclose health information about you to people outside of SCHH who may be involved in your follow-up medical care after you leave SCHH.

To best collaborate your healthcare SCHH may forward your protected health information to the facility from which you were transferred or the facility to which you are being transferred and/or to your primary care professional.

Payment: We may use and disclose health information about you so that the treatment and services you receive from SCHH may be billed to and payment may be collected from you, an insurance company or a third party. For example: the Agency may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Agency. The Agency also may need to explain to the insurer your need for home care and the services that will be provided to you. This information may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. You have the right to restrict certain disclosures of protected health information to a health plan if you pay for service in full and out-of-pocket.

Health Care Business Operations: We may use and disclose health information about you to make sure that you and our other patients receive quality care and that we conduct our business efficiently. For example: We may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many SCHH patients to decide what additional services SCHH should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, therapists or students for review and learning purposes. We may also combine the health information we have with health information from other home health agencies to compare how we are doing and see where we can make improvements in the care and services we offer.

This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific patients are.

Appointment Reminders: We may use and disclose health information to contact you as a reminder that you have an appointment for treatment with SCHH.

Treatment Alternatives: We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health Related Benefits and Services: We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

Fundraising: We may use health information about you to contact you in an effort to raise money for SCHH and its operations. We would only use contact information, such as your name, address and phone number and the dates you received treatment for services at SCHH. If you do not want us to contact you for fund raising efforts you must notify Administration at SCHH in writing.

Individuals Involved in Your Care or Payment for Your Care: We may disclose health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.

Disaster Relief: We may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

To Avert A Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Required By Law: We will disclose health information about you when required to do so by federal, state, or local law.

Research: We may use and disclose your health information to researchers when authorized by law, for example, if the research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Organ and Tissue Donation: Consistent with applicable law, we may disclose health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may be required by military command or other government authorities to disclose health information about you. We may also disclose information about foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence: We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Workers Compensation: We may disclose health information about you for workers compensation or other similar programs. These programs provide benefits for work-related injuries or illness.

Public Health: As required by law, we may disclose your health information to public health or legal authorities to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; and to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. In addition and as required by law, we may notify the appropriate government authority if we believe a patient has been the victim of certain abuse or neglect.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law, for example, audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you, subject to all applicable legal requirements, in response to a court order, administrative order or subpoena.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena, warrant, summons, or similar process in accordance with Rhode Island state law.

Funeral Directors, Coroners, and Medical Examiners: We may disclose health information to a coroner or medical examiner consistent with applicable law to carry out their duties. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose health information about patients of SCHH to funeral directors as necessary to carry out their duties.

Notification and communication to family and authorized representatives: We may disclose health information about you to your family members or authorized representative.

Your Rights Regarding Health Information About You

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy the PHI that we maintain about you in our designated record set for as long as we maintain that information. This designated record set includes your medical and billings records, as well as other records we use for making decision about you. Any psychotherapy noted that may have been included in records we received about you are not available for your inspection or copying, by law.

Right to Request Restriction: You have the right to request a restriction or limitation on certain uses and disclosures of your health information we use for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose

about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a procedure that you had. We are not necessarily required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must submit your request in writing to the Privacy Officer. In your request, you must tell us (a) what information you want to limit; (b) whether you want to limit our use, disclosure, or both; (c) to whom you want the limits to apply, for example, disclosures to your spouse; and (d) the duration of time the limitation will remain in effect.

Right to Amend Your Health Record: If you believe that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by SCHH. To request an amendment, complete and submit a Medical Record Amendment/Correction Form to SCHH Health Information Management Department. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that (a) was not created by us unless the person or entity that created the information is no longer available to make the amendment; (b) is not part of the health information kept by or for SCHH; (c) is not part of the information you would be permitted to inspect and copy; or (d) is accurate and complete.

Right to an Accounting of Disclosures: You have the right to obtain an accounting of disclosures. This is a list of the disclosures of health information that we made for purposes other than treatment, payment and healthcare business operations and certain other permitted disclosures. To obtain this list, you must submit your request in writing to SCHH Health Information Management Department. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Notification of breach of protected health information: You have the right to be notified of a breach of unsecured protected health information in the event you are affected.

Right to Request Confidential Communication: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that the Agency only conduct communications pertaining to your health information with you privately with no other family member present. If you wish to receive confidential communications, please contact SCHH Administration at 401-782-0500. The Agency will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communication.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us for another copy of this notice at any time. To obtain another paper copy of this notice, contact SCHH Administration. This notice is also available on our website at, www.southcountyhomehealth.org.

Right to Revoke Authorization: Uses and disclosures of your health information not covered by this notice or applicable law will be made only with your written authorization. If you provide

us with permission to use or disclose health information about you by signing an authorization form, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with SCHH or with the Secretary of the Department of Health and Human Services. To file a complaint with SCHH, you may contact our Privacy Officer at 401-782-0500, or our website at www.southcountyhomehealth.org. All complaints must be submitted in writing. Retaliation will not occur against you for filing a complaint, nor will the quality of care you receive be affected.

CHANGES TO THIS NOTICE

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have, as well as information we receive in the future. We will post copies of the current notice. The notice will contain the effective date of the notice in the top right-hand corner of the first page. Each time you register at or are admitted to SCHH for treatment or health care services, we will offer you a copy of the current notice in effect, or you may obtain a revised Notice of Privacy Practices by accessing our website at www.southcountyhomehealth.org or by calling the SCHH Administration and requesting that a revised copy be sent to you in the mail.

Home Health Agency

Outcome and Assessment Information Set (OASIS)

NOTICE ABOUT PRIVACY

For Patients Who Do Not Have Medicare or Medicaid Coverage

- As a home health patient, there are a few things that you need to know about our collection of your personal health care information.
 - Federal and State governments oversee home health care to be sure that we furnish quality home health care services, and that you, in particular, get quality home health care services.
 - We need to ask you questions because we are required by law to collect health information to make sure that you get quality health care services.
 - We will make your information anonymous. That way, the Centers for Medicare & Medicaid Services, the federal agency that oversees this home health agency, cannot know that the information is about you.
- We keep anything we learn about you confidential.

This is a Medicare & Medicaid Approved Notice.



PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS STATEMENT GIVES YOU ADVICE REQUIRED BY LAW (the Privacy Act of 1974).

THIS STATEMENT IS NOT A CONSENT FORM. IT WILL NOT BE USED TO RELEASE OR TO USE YOUR HEALTH CARE INFORMATION.

I. AUTHORITY FOR COLLECTION OF YOUR INFORMATION, INCLUDING YOUR SOCIAL SECURITY NUMBER, AND WHETHER OR NOT YOU ARE REQUIRED TO PROVIDE INFORMATION FOR THIS ASSESSMENT.

Sections 1102(a), 1154, 1861(o), 1861(z), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.

Medicare and Medicaid participating home health agencies must do a complete assessment that accurately reflects your current health and includes information that can be used to show your progress toward your health goals. The home health agency must use the "Outcome and Assessment Information Set" (OASIS) when evaluating your health. To do this, the agency must get information from every patient. This information is used by the Centers for Medicare & Medicaid Services (CMS, the federal Medicare & Medicaid agency) to be sure that the home health agency meets quality standards and gives appropriate health care to its patients. You have the right to refuse to provide information for the assessment to the home health agency. If your information is included in an assessment, it is protected under the federal Privacy Act of 1974 and the "Home Health Agency Outcome and Assessment Information Set" (HHA OASIS) System of Records. You have the right to see, copy, review, and request correction of your information in the HHA OASIS System of Records.

II. PRINCIPAL PURPOSES FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED

The information collected will be entered into the Home Health Agency Outcome and Assessment Information Set (HHA OASIS) System No. 09-70-9002. Your health care information in the HHA OASIS System of Records will be used for the following purposes:

- support litigation involving the Centers for Medicare & Medicaid Services;
- support regulatory, reimbursement, and policy functions performed within the Centers for Medicare & Medicaid Services or by a contractor or consultant;
- study the effectiveness and quality of care provided by those home health agencies;
- survey and certification of Medicare and Medicaid home health agencies;
- provide for development, validation, and refinement of a Medicare prospective payment system;
- enable regulators to provide home health agencies with data for their internal quality improvement activities;
- support research, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for health care payment related projects; and
- support constituent requests made to a Congressional representative.

III. ROUTINE USES

These "routine uses" specify the circumstances when the Centers for Medicare & Medicaid Services may release your information from the HHA OASIS System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information.

Disclosures of the information may be to:

1. the federal Department of Justice for litigation involving the Centers for Medicare & Medicaid Services;
2. contractors or consultants working for the Centers for Medicare & Medicaid Services to assist in the performance of a service related to this system of records and who need to access these records to perform the activity;
3. an agency of a State government for purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of health care services provided in the State; for developing and operating Medicaid reimbursement systems; or for the administration of Federal/State home health agency programs within the State;
4. another Federal or State agency to contribute to the accuracy of the Centers for Medicare & Medicaid Services' health insurance operations (payment, treatment and coverage) and/or to support State agencies in the evaluations and monitoring of care provided by HHAs;
5. Quality Improvement Organizations, to perform Title XI or Title XVIII functions relating to assessing and improving home health agency quality of care;
6. an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects;
7. a congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

IV. EFFECT ON YOU, IF YOU DO NOT PROVIDE INFORMATION

The home health agency needs the information contained in the Outcome and Assessment Information Set in order to give you quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it hard to be sure that the agency is giving you quality services. If you choose not to provide information, there is no federal requirement for the home health agency to refuse you services.

NOTE: This statement may be included in the admission packet for all new home health agency admissions. Home health agencies may request you or your representative to sign this statement to document that this statement was given to you. Your signature is NOT required. If you or your representative sign the statement, the signature merely indicates that you received this statement. You or your representative must be supplied with a copy of this statement.

CONTACT INFORMATION

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information that the Federal agency maintains in its HHA OASIS System of Records:

Call 1-800-MEDICARE, toll free, for assistance in contacting the HHA OASIS System Manager.
TTY for the hearing and speech impaired: 1-877-486-2048.

Home Health Agency Outcome and Assessment Information Set(OASIS) **STATEMENT OF PATIENT PRIVACY RIGHTS**

As a home health patient, you have the privacy rights listed below.

- **You have the right to know why we need to ask you questions.**

We are required by law to collect health information to make sure:

- 1) you get quality health care, and
- 2) payment for Medicare and Medicaid patients is correct.

- **You have the right to have your personal health care information kept confidential.**

You may be asked to tell us information about yourself so that we will know which home health services will be best for you.

We keep anything we learn about you confidential.

This means, only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.

- **You have the right to refuse to answer questions.**

We may need your help in collecting your health information.

If you choose not to answer, we will fill in the information as best we can.

You do not have to answer every question to get services.

- **You have the right to look at your personal health information.**

- We know how important it is that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.
- If you are not satisfied with our response, you can ask the Centers for Medicare & Medicaid Services, the federal Medicare and Medicaid agency, to correct your information.

You can ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information which that Federal agency maintains in its HHA OASIS System of Records. See the back of this Notice for CONTACT INFORMATION. If you want a more detailed description of your privacy rights, see the back of this Notice: PRIVACY ACT STATEMENT - HEALTH CARE RECORDS.

This is a Medicare & Medicaid Approved Notice.



Advanced Directives

Advance Directives are documents which legally state your choices about medical treatment or names another person to make decisions about your treatment if you are unable to make these decisions yourself. They are signed in advance to let your doctor and other health care providers know your wishes concerning medical treatment. Advance Directives are honored within the limits of organizational policy and state law. Should you have concerns or questions about this process, you may call South County Home Health at 401-782-0500 and ask to speak to a Clinical Manager.

Two Options for Advance Directives Available in Rhode Island

1. *Living Will* – A document in which an individual instructs his/her physician to withhold or withdraw life-sustaining procedures in the event of terminal condition.
2. *Durable Power of Attorney* – A document in which an individual names another person to act as an agent to make health care decisions for the individual if the individual becomes unable to make these decisions for him or herself.

We encourage you to talk with your family and physician regarding your wishes. If you execute one or both documents, we ask you to provide us with a copy. If you need further information or assistance in executing an Advance Directive, please direct your request to your Clinical Manager or Social Worker. South County Home Health will not discriminate against you or alter the quality and nature of your home care based on whether or not you have an Advance Directive. When patients are referred to other health care providers, information regarding Advance Directives will be communicated by appropriate personnel. In the absence of an Advance Directive or Comfort One Status, South County Home Health is required to follow the laws of the State of Rhode Island.

For more information about Advance Directives call:

South County Home Health Social Services at 401-782-0500; or

- RI Bar Association Referral Service at 401-421-7799 (if under 60 years of age);
- RI Bar Association Legal Information and Referral Services for Elderly at 401-521-5040 (if over 60 years of age); or
- RI Department of Elderly Affairs at 401-462-3000

MOLST

MOLST is Medical Orders for Life Sustaining Treatment applies to qualified patients: those patients who are deemed to be in a terminal condition by their physician.

The MOLST is a voluntary option for qualified patients. No patient is required to elect a MOLST. A qualified patient has the right to make decisions regarding the use of life sustaining procedures as long as the patient is able to do so. If a qualified patient is not able to make those decisions, the declaration governs decisions regarding the use of life sustaining procedures.

The medical orders for life-sustaining treatment and medical interventions and procedures are explained by a MOLST qualified health care provider (physician, registered nurse practitioner, or physician assistant) to the qualified patient or recognized health care decision maker. The qualified health care provider conducts and evaluation and completes the MOLST form.

The patient has the right to revoke the MOLST at any time.

Insurance

South County Home Health will discuss insurance and payment with you before treatment begins. If you are not insured, South County Home Health may be able to provide your care at a reduced rate based on your income, or assist you with other resources. You will be required to complete the necessary documentation for a reduced rate to be determined.

We can coordinate payment from Medicare, Medicaid, Blue Cross/Blue Shield, private insurers and private pay plans. We will assess your medical condition and the need for continued care. Consideration will be given to additional insurance you may have, including long term care insurance. If you have questions regarding insurance payments, please call 401-782-0500 and request a member of the Patient Accounts team.

Medicare Information

Our services are generally covered by Medicare provided you meet the following criteria:

1. You are homebound. Medicare defines homebound as requiring a taxing effort to leave your home, requiring assistance from another person, a cane, a walker, or other device. If you travel outside your home, trips must be infrequent and short in duration.
2. You are under the care of a physician who has agreed to home care and who will be updated regularly on the status of your care. You must have seen your physician 90 days prior or 30 days after your admission to South County Home Health.
3. You require skilled care based on a comprehensive assessment:

Skilled Nursing Care – Our highly skilled and trained professional nursing staff provide skilled care in the familiar surroundings of a patient's home. The patient and their family are taught about the illness, how to cope with the illness and specific treatment is provided as directed by the physician.

Home Health Aide Services - Home health aides are specially trained, compassionate individuals who assist with tasks of daily living such as personal care including bathing, shampoos, shaving, dressing and skin care. Simple meal preparation, diet assistance and light housekeeping are also part of these vital services.

Rehabilitative Therapy – Patients requiring rehabilitative services may receive a variety of therapies in the home including physical therapy for strengthening and conditions, occupational therapy to assist with living skills and speech therapy to assist with language skills.

Social Workers – Will help to find workable solutions to problems related to the illness. They will find and work with outside resources that may be required by the patient for additional assistance.

Medical Supplies and Therapy services may be required to carry out your plan of care. All medically necessary therapy services or medical supplies must be coordinated with the South County Home Health while you are receiving Medicare-covered home health services. If you arrange for these services or supplies on your own while under our plan of care, Medicare will not reimburse you or the other suppliers.

Home Medical Equipment (such as walkers, wheelchairs, hospital beds, and oxygen) is covered separately by a medical equipment supplier of your choice or a contracted supplier as required by your insurance.

Medicaid Information

Our services will be covered by Medicaid provided:

1. Eligibility is verified by a proven medical assistance ID number, which is the same as the patient's social security number.
2. You have a medical condition that can be safely and appropriately treated by a home health agency.
3. You are under the care of a physician who reviews the status of your care on a regular basis.
4. You require services based on medical condition and medical needs which cannot be met outside of the home or you are unable to access services outside your home.
5. You are under the care of a physician who has agreed to home care and who will be updated regularly on the status of your care. You must have seen your physician 90 days prior or 30 days after your admission to South County Home Health.

PLEASE NOTE:

If your primary need is for housekeeping service or custodial care, Medicaid, Medicare and other health insurers may not cover the cost through South County Home Health.

Supplies

South County Home Health may be responsible for providing supplies necessary to carry out the plan of care while you are on service. The supplies have been chosen based on considerations of physician orders, medical necessity, quality and efficiency. If you have a request for a different type of supply, we will consider your request on the same basis. If the supply you request does not meet with South County Home Health criteria, you may choose to provide that supply at your expense.

- Any existing medical supply arrangements should be made known to South County Home Health upon admission.
- Certain supplies contain latex. If you are latex sensitive or have a latex allergy, notify your professional on admission.

Standard Precautions and Hand Hygiene

Standard Precautions are practices used in preventing the spread of disease and infections from one person to another.

You will notice these practices being used by your health care provider. Precautions include:

- Hand washing;
- Gloves, as necessary;
- Gowns, as necessary;
- Masks, as necessary.

You should notice that South County Home Health staff clean their hands before and after they give you care, including after they remove their gloves. If you have any questions, please ask your health care provider.

Emergency Planning

- Medical Emergencies: **Whenever there is a medical emergency, call 911.**
- Natural Disasters:

On admission, your admitting professional will assess your needs should an emergency arise. You should have an emergency contact who lives near you (not with you) and who is available to help.

In the event of a natural disaster, call the police regarding your safety and welfare. The Safety Guide booklet that you have received describes more specific detail on necessary procedures. Your admitting professional will review these with you.

Because You Care

We are often asked by patients and family members how they can help our organization. Donations and contributions of any size are always welcome. Contributions help us maintain the level of care we strive to provide. You can make a general donation, a memorial or a bequest. Estate and planned giving are also ways for individuals to show their support to our organization. We are available to assist you in this process. For more information, call South County Health Foundation at 401-788-1608 or email gratitude@southcountyhealth.org. Can also be made online at www.southcountyhealth.org/ways-to-give. We invite patients and families to support our not-for-profit mission of advancing health and wellness for our communities. If you would prefer not to be contacted by our philanthropy team, please call 401-788-1992 or email foundation@southcountyhealth.org

Upon discharge from South County Home Health, you may receive a survey from Medicare regarding your services. Please take the time to complete and return in the envelope provided. It is very important to us to get your feedback.