



“Your Partner in Health & Wellness”

Client Handbook

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▪ Welcome ▪

Welcome to the Power of Partnership!

Congratulations on your decision to become an active partner in your health through an innovative health and wellness program in your community. We Welcome You to Envision Home Health!

MISSION STATEMENT

Envision Home Health is committed to the power of partnership, with each partner being a vital piece in the overall success of the organization. Effective partnerships require a strong foundation built on trust and dedication. To cultivate this relationship, it is necessary to communicate honestly, accept accountability and offer innovative solutions to improve the design of healthcare in our community. We dedicate ourselves and our company to the highest quality of services, which embraces community care issues, restores personal value, fosters mutual respect and sustains the highest level of independence.

AGENCY VISION

It is our vision to provide a positive contribution in changing the design of healthcare delivery in our community and in our nation. We will achieve this vision by establishing effective partnerships with our clients, families, physicians, other providers and additional community resources as identified by each client's individual needs.

AGENCY GOALS

It is the overall goal of our health care company to set the standards for the highest level of health care and customer service, while being mindful and accountable for the cost of contribution to our clients, fellow consumers and to the delivery of healthcare in our nation. Our services will exceed others in patient outcomes and cost management while minimizing episodes of unstable health conditions, through the empowerment of each partner in the healthcare team.

PHILOSOPHY OF CARE

At Envision Home Health, we believe each client is unique in their life experiences, philosophies of medical treatment and have personal expectations for health and wellness. In order to exceed these expectations it is our responsibility to use every resource available to pursue creative solutions that will facilitate independence and quality of life. Through our interdisciplinary model of care, we focus on every area of health and wellness and are able to change the health care delivery in our community with each new partnership.

OUR VALUES

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The manner in which we achieve our mission is as vital as the mission itself. The fundamentals to success for Envision Home Health are the following basic values demonstrated in our corporate decisions, business practice and Partnerships.

- **QUALITY**
Envision Home Health is committed to the delivery of quality service through holistic models of health and wellness. All services are performed by the highest standard of caregiver, which includes skilled nurses, home health aides, physical therapists, occupational therapists, speech pathologists, clinical social workers, and registered dietitians.
- **INTEGRITY**
Envision Home Health adheres to a personal and professional code of ethics culminating in honest, legal, and dignified business activities. We gain integrity by conducting ourselves in a professional, ethical and transparent manner.
- **ACCOUNTABILITY**
Each Care Partner is responsible for their choices, actions and reactions and willingly accept accountability for the same.
- **PARTNERSHIPS**
Healthy relationships rely on trust and honesty. We are truthful in our communications, we respect the individuality of each person and we offer support and compassion to those around us. Through personal connection and shared collaboration, we foster long-term commitment and dedication to shared goals and positive outcomes.

▪ Services ▪

Hours of Operation: Our regular office hours are Monday through Friday, 9:00am to 4:00pm. You can reach one of our Clinical Directors 24 hours a day, 7 days a week by calling our office number.

Envision Home Health provides a combination of services in your home under the direction of your physician. Working with your doctor, our qualified staff will develop a treatment plan that is tailored specifically to your needs. Our services include:

- ☀ Skilled Nursing: Medical-Surgical
- ☀ Behavioral Health Nursing
- ☀ Home Health Aide
- ☀ Medical Social Worker
- ☀ Physical Therapy
- ☀ Occupational Therapy
- ☀ Speech Therapy
- ☀ Nutrition Specialists

Your case manager will assess your physical, emotional and spiritual needs by asking questions pertinent to your past and present health status.

Through open, honest response, we will be able to determine which services are available to you through your insurance provider. We will explain to you the recommendation for services, and will assist you in choosing the best selection of services to foster the highest level of independence.

At Envision Home Health, we recognize our client, their families and additional health care providers as significant partners in the success of our client's care plan. In this partnership, we strive to provide individualized services that meet the short and long term expectations of everyone included in our delivery of services.

▪ Admission Criteria ▪

Criteria for admission can vary according to your insurance provider. By most standards, the following criteria must be met prior to completing the admission process:

☀️ Your current state of health requires a considerable taxing effort for you to leave your home to seek medical treatment. This does not mean, however, that you are not allowed to leave your home for absences that are infrequent and in short duration. This requirement is commonly known as **“Homebound.”**

☀️ A new onset or progression of an illness or injury, or a recent change in a chronic illness or injury that requires the intermittent attention of a nurse or therapist. A common way of determining if you meet this criteria is by a recent change in treatment by your physician and may include a lifestyle change such as dietary changes, changes in activity or changes in medications.

☀️ You are currently under the care of a physician who has agreed to partner with your home care provider to oversee the services offered during your home health care episode and your physician has performed a physical assessment 90 days prior to your admission or no later than 30 days after the start of your home care episode.

☀️ It is safe for skilled home care services to be provided on an intermittent basis, and you have the ability to participate in your care independently or through a willing and able caregiver.

☀️ You are able to show marked improvement through your home care episode as evidenced by specific short and long term goal achievement. This is often referred to as measurable progress.

▪ **Consent for Treatment** ▪

As a Partner in your health care delivery, you must consent to treatment consistent with your established plan of care. This is acknowledged through the signing of the Home Care Consent Checklist and is signed willingly and voluntarily. As a home care recipient, you may withdraw your consent at any time and discontinue your home health services or you may engage your right to only choose certain services based on your preferences and the approval of your physician. As a Partner in your care, it is important that you acknowledge understanding that the decision to continue services is subject to the Agency's policies and procedures as governed by Federal and State regulations.

▪ **Usual & Customary Charges** ▪

Envision Home Health accepts payment from Medicare, and some private insurance providers as well as private pay per client. Our agency will inform you at the time of admission, the 3rd party payor responsible for reimbursement for your home health care services.

▪ **Change in Insurance Benefits** ▪

As a client of Envision Home Health, we require that you notify us in advance of any changes in insurance coverage, including the enrollment of a Medicare or Medicaid HMO (Health Maintenance Organization), a PPO (Preferred Provider Organization) or if you receive notice of changes in your healthcare coverage.

▪ **Accepting Services from Other Providers** ▪

As a home health care client, you have the right to choose your provider. Some services can be rendered as a supplement to the services we provide. Other services may require discontinuing services from our agency. Please notify us prior to accepting services from another provider so that we can coordinate your services effectively, and maximize the benefits you are eligible to receive.

▪ **Quality Care & Patient Satisfaction** ▪

Envision Home Health is committed to providing Quality Services. The ideas and feelings of our clients are held in the highest regard. We value the input of our clients, their caregivers and families, and look forward to learning more about what we can do to exceed industry standards. Please feel free to ask questions or provide feedback, whether positive or negative. It is through honest communication that we can continue to improve our patient care standards.

Our goal is to assist our clients in returning to their highest level of independence and function, and providing the resources necessary to assist them in maintaining comfort in their home setting. If at any time you have a concern regarding the services you are receiving, please contact us. We will do our best to resolve your problem immediately. Our Grievance Policy is included for your review.

• Procedure to Report a Complaint •

1. Inform one of our Care Partners or another health care provider of your concern. If he/she is unable to resolve your complaint, please contact the Department Director.
2. You may also inform us of your concerns by leaving a confidential voicemail on our complaint hotline at 636-695-4336. One of our Department Directors will return your call within one business day.
3. Contact the agency Executive Director, Nicole Phillips at (636) 695-4333. She will be very attentive and will put forth the effort required to provide resolution and improve company process.
4. If your complaint is not addressed through the suggested channels, you may contact the State's Home Care Hotline to report a complaint at :

Missouri Department of Health and Human Services
Attention: David Atkinson
P.O. Box 570, Jefferson City, MO 65102
573-751-6170
<http://www.dhss.mo.gov/LPHA/ContactUs.html>

The CHAP Hotline number to report a complaint regarding the services you receive is 800-656-9656 and is available 24 hours per day.

Our complaint and grievance policy is enclosed for your review.

▪ **Interruption or Cessation of Medicare Services** ▪

Medicare requires that your case manager notify you in advance prior to changing your home health plan of care or discontinuing your home care services at least 2 days prior the date of the event. You may be notified by one of the following government forms:

Advanced Beneficiary Notice of Noncoverage (ABN)

If you have Original Medicare and your doctor, other health care provider, or supplier thinks Medicare probably (or certainly) won't pay for items or services, they may give you a written notice called an "Advance Beneficiary Notice of Noncoverage" (ABN). However, an ABN isn't required for items or services that Medicare never covers.

The ABN lists the items or services that Medicare isn't expected to pay for, an estimate of the costs for the items and services, and the reasons why Medicare may not pay. The ABN gives you information to make an informed choice about whether or not to get items or services, understanding that you may have to accept responsibility for payment.

You'll be asked to choose an option box and sign the notice to say that you read and understood it. You must choose one of these options:

- Option 1: You want the items or services that may not be paid for by Medicare. Your provider or supplier may ask you to pay for them now, but you also want them to submit a claim to Medicare for the items or services. If Medicare denies payment, you're responsible for paying, but, since a claim was submitted, you can appeal to Medicare.
- Option 2: You want the items or services that may not be paid for by Medicare, but you don't want your provider or supplier to bill Medicare. You may be asked to pay for the items or services now, but because you request your provider or supplier to not submit a claim to Medicare, you can't file an appeal.
- Option 3: You don't want the items or services that may not be paid for by Medicare, and you aren't responsible for any payments. A claim isn't submitted to Medicare, and you can't file an appeal.

An ABN isn't an official denial of coverage by Medicare. You have the right to file an appeal if payment is denied when a claim is submitted.

The Home Health Change of Care Notice (HHCCN)

Home health agencies (HHAs) must provide the HHCCN when one of the following triggering events changes the beneficiary's Plan of Care (POC).

Reduction – The HHCCN must be issued before care is decreased, such as frequency, amount, or level of care. The HHCCN must list the items/services that are listed on the POC that are being reduced and the reason for the reduction, regardless of who is responsible for paying for that service.

Termination – The HHCCN must be issued before the discontinuation of all home health care. Reasons for ending home health care include administrative decisions, such as concerns for staff safety, staff shortage, closure of the HHA, or failure to meet face-to-face encounter requirements, or due to physician's orders to discontinue care or a lack of orders to continue care.

The HHCCN is not required when changes in care involve increase in care; changes in HHA personnel; changes in expected arrival or departure times; change in the duration of services (reduction from an hour to 45 minutes); lessening the number of items/services where a range of services is included in the original plan of care; changes in the mix of services delivered in a specific discipline (skilled nurse discontinues blood draw, but continues other skilled services; same frequency/duration); changes in the modality affecting supplies used as part of a specific treatment; or changes in care decided by the beneficiary and documented in the medical record.

The Notice of Medicare Non-Coverage (NOMNC)

A Medicare health provider must give an advance, completed copy of the Notice of Medicare Non-Coverage (NOMNC) to enrollees receiving skilled nursing, home health (including psychiatric home health), or comprehensive rehabilitation services, no later than two days before the termination of services. This notice fulfills the requirement at 42 CFR 422.624(b)(1) and (2).

This notice explains the date that your covered services will end, that you may have to pay for services you get after the coverage end date given on your notice, information on your right to get a detailed notice about why your covered services are ending. You have the right to a fast appeal if you think your Medicare-covered home care services are ending too soon.

How do I ask for a fast appeal?

Ask the Quality Improvement Organization (QIO) for a fast appeal no later than noon of the day after you get the "Notice of Medicare Provider Non-Coverage." Follow the instructions on the notice to do this. If you miss the deadline for requesting a fast appeal, you can still ask the QIO to review your case, but different rules and timeframes apply. This process is referred to as an **Expedited Determination Notice**. The Quality Improvement Organization for Missouri is Primaris. More information is available on this process per your request.

KEPRO, 777 East Park Drive; Harrisburg PA 17111, 1-855-408-8557

▪ Notification of Medicare Bundled Services ▪

Medicare pays for home health services and supplies under a special system that includes “bundles” of all covered home health services. For these services and supplies, only the home health agency can receive Medicare payments as long as you are getting home health visits. These include:

Skilled Nursing - Medical	Behavioral Health Nursing
Physical Therapy	Occupational Therapy
Speech Therapy	Medical Social Worker
Covered Medical Supplies	Home Health Aide
Outpatient Therapy arranged by the home health agency because needed equipment cannot be taken out of your home.	

If you receive services from other providers such as covered medical supplies or outpatient therapy not arranged by the home health agency, Medicare will not pay the other provider for the service.

Medical Equipment (DME) such as walkers and wheelchairs are not bundled and Medicare will pay an equipment provider for covered equipment even when you are receiving home health visits.

It is very important that you remind your physician and tell any other provider of service or supplies that you are receiving Medicare covered home health care. This will enable your other healthcare providers to check for restrictions.

▪ Medical Records & Confidentiality ▪

Regulatory standard require that all medical records be kept confidential. Medical records are kept behind two locked doors to ensure your health care information is protected. Records are protected against destruction, theft, loss and only authorized users have access to your file. Our privacy practices have been included in this booklet for your review.

Our **Authorization to Release Medical Information** form is designed to provide clear direction on who may review your confidential health care record. Envision Home Health reserves the right to coordinate any aspect of your medical record with your physician, insurance provider and any other member of your health care team to assist in expediting your health care needs. Any request to restrict medical information must be submitted to the Executive Director in writing on our designated company form.

▪ Notice of Privacy Rights ▪

Privacy Act Statement – Health Care Records

This statement gives you advice required by law (the Privacy Act of 1974)

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 and 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; or maintenance of health and for health care payment related projects; and
- Support constituent requests made to Congressional representatives.

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 activity;
3. An agency of a State government for purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of healthcare 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 XVII functions relating to assessing and improving home health agency quality of care;
6. An individual or organization for a research, evaluations, 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: Acknowledgement of this statement of privacy is included on the Agency Admission / Consent Checklist. Your signature on this form acknowledges this statement has been provided to you. YOUR SIGNATURE is not required. Your signature merely indicates that you received this statement.

CONTACT INFORMATION

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If you have questions or would like additional information, please contact 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.**

· Notice of Privacy Rights ·

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.

Below is a description, including at least (1) example of the types of uses and disclosures that above the organization is permitted to make for each of the following purposes: treatment, payment and health care operations.

1. Disclosures to other health care providers including, for example to the patients' attending physicians. Submission of claims and supporting documentation including, for example, to organizations responsible to pay for services provided by the organization.
2. Disclosures to conduct the operations of the organization including, for example, sharing information to supervisors of staff members who provide care to patients.

Below is a description of each of the other purposes for which the organization is permitted or required to use or disclose protected health information without an individual's written consent or authorization.

1. To patients, incident to another permitted use or disclosure, by agreement, to the secretary of the U.S. Department of Health and Human Services, as required by law for public health activities, information about victims of abuse, neglect or domestic violence, health oversight activities, for judicial and administrative proceedings, for law enforcement proceedings, about descendants, for cadaveric organ, eye or tissue donation, for research purposes, to avert a serious threat to health or safety, for specific government functions, to business associates of the organization, to personal representatives, de-identified information, to workforce members who are victims of crimes, to workers' compensation programs, for involvement in the individual's care and for notification purposes, with the individual present, for limited uses and disclosures when the individual is not present, and for disaster relief purposes.
2. Other uses and disclosures, such as disclosure of psychotherapy notes, use of protected health information for marketing activities and the sale of protected health information, will be made only with the individual's written authorization and the individual may revoke such authorization.
3. The organization may contact the individual to schedule visits for other coordination of care activities.
4. The individual has the right to request further restrictions on certain uses and disclosures of protected health information, but the organization is not required to agree to any requested restriction(s), except disclosures must be restricted to health plans if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the protected health information pertains solely to a health care item or service for which the individual or person other than the health plan on behalf of the individual has paid the organization in full.
5. The individual has the right to receive confidential communications of protected health information, the right to inspect and copy protected health information, the right to amend protected health information, the right to receive an accounting disclosure of protected health information and the right to obtain and keep a paper copy from the organization upon request.
6. The organization is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information and to notify affected individuals following a breach of unsecured protected health information.
7. The organization is not required to abide by the terms of this Notice currently in effect.
8. The organization reserves the right to change the terms of its Notice and to make the new notice provisions effective for all protected health information that it maintains. Individuals may obtain a revised copy of this notice upon request.
9. Individuals may complain to the organization and to the Secretary of the U.S. Department of Health and Human Services if they believe their privacy rights have been violated. Complaints should be directed to the Executive Director at Envision Home Health at 636-695-4330. Individuals will not be retaliated against for filing a complaint.
10. This Notice is in effect as of September 23, 2013.

Notice of Privacy for Patients who DO NOT HAVE Medicare or Medicaid Services

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 and protect your health information.

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.



▪ Patient Rights ▪

As a home health care recipient, you have certain rights that Envision Home Health protects and promotes as your provider. It is our requirement to inform you of these rights and to answer any questions you may have in relation to these rights.

In the event that you are unable to exercise these rights on your behalf, your client representative, family, caregiver, medical power of attorney or guardian can exercise these rights for you.

Please Note: You have the right to receive this information in a format and language that you can understand. If needed, an interpreter will be provided to you free of charge.

As a home health care recipient, you have certain rights that Envision Home Health protects and promotes as your provider. It is our requirement to inform you of these rights and to answer any questions you may have in relation to these rights.

In the event that you are unable to exercise these rights on your behalf, your family, caregiver, medical power of attorney or guardian can exercise these rights for you.

An Outline of these Rights under the Conditions of Participation Have Been Provided:

1. Access to care/service is based upon non-discrimination.
2. Patients are informed that they have the right to voice complaints/grievances to the organization regarding treatment/care/service without fear of discrimination or reprisal for doing so.
3. Patients are informed that they have the right to participate in the development of care and service plans.
4. Patients are informed verbally and in writing of billing and reimbursement methodologies prior to start of care and as changes occur, including fees for services/products provided, direct pay responsibilities, and notification of insurance coverage.
5. Have his or her property treated with respect.
6. Voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the home health agency and must not be subjected to discrimination or reprisal for doing so.
7. Receive an investigation by the organization of complaints made by the patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the client's property by anyone furnishing services on behalf of the organization, and organization must document both the existence of the complaint and the resolution of the complaint.
8. Be informed in advance about care to be furnished and of any changes in the care to be furnished.
9. Be advised in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished.
10. Be advised in advance of any change in the plan of care before the change is made.

11. Be advised in advance of the right to participate in planning the care or treatment and in planning changes in the care and treatment.
12. Be advised that the Home Health Agency complies with Subpart 1 of 42 CFR 489 and receive a copy of the organization's written policies and procedures regarding advance directives, including a description of an individual's right under applicable state law and how such rights are implemented by the organization.
13. Receive advance directives information prior to or at the time of the first home visit, as long as the information is furnished before care is provided.
14. Confidentiality of his/her clinical record maintained by the organization.
15. Be advised of the organization's policies and procedures regarding accessing and/or disclosure of clinical records.
16. Be informed, orally and in writing and before care is initiated of the organization's billing policies and payment procedures and the extent to which:
 - a. Payment may be expected from Medicare, Medicaid, or any other federally funded or aided program known to the organization.
 - b. Charges for services that will not be covered by Medicare.
 - c. Charges that the individual may have to pay.
 - d. Be informed orally and in writing of any changes in payment information as soon as possible, but no later than 30 days from the date that the organization becomes aware of the change.
17. The right to be informed of the availability of the State Home Health Agency Hotlines including the hours of operation and purpose of the hotline to voice complaints regarding treatment or care, lack of respect of property or recommend changes in policy, staff, or service/care or about the implementation of Advance Directives or to report abuse, neglect, or exploitation of a disabled adult or an elderly person. The hotline number to report a complaint regarding the services you receive is 800-392-0210.
18. The right to be informed of the availability of the CHAP telephone number to voice complaints including the hours of operation and purpose of the hotline to voice complaints regarding treatment or care, lack of respect of property or recommend changes in policy, staff, or service/care or about the implementation of Advance Directives.

The CHAP hotline number to report a complaint regarding the services you receive is (800) 656-9656 and is available 24 hours a day.
19. The right to be informed of organizational ownership and control.

▪ **Additional Patient Rights** ▪

1. **You have the RIGHT TO CHOOSE your home care provider**
2. **You have the RIGHT TO BE TREATED WITH DIGNITY AND RESPECT, including care governed by the highest ethical standards and conduct**
3. **You have the RIGHT TO BE INFORMED of:**
 - Your Rights as a home health care recipient
 - Your Responsibilities as a client
 - The State Hotline Number
 - The process to Log a Complaint
 - The company Privacy Policy
 - Information regarding Advance Directives & supporting information in regards to Missouri Law
 - The care that is being provided, including the names and contact numbers of your licensed caregivers and health care professionals
 - Any changes in your plan of treatment
 - Pending discharge from services within 48 hours of the anticipated end date
 - Financial Information, including covered services by 3rd party payers, changes in information within 30 days of the agency's awareness of such changes, and any bills that have been paid regarding you healthcare episode.
4. **You have the RIGHT TO MAKE DECISIONS regarding :**
 - The RIGHT TO ACCEPT OR REFUSE TREATMENT &/OR SERVICES
 - The involvement of family and other caregivers in your patient care episode
 - Implementation of Advance Directives
 - Wishes concerning end of life decisions
5. **You have the RIGHT TO PRIVACY AND CONFIDENTIALITY regarding:**
 - Security
 - Health Information
 - Any release of health related information
6. **You have the RIGHT TO RECEIVE QUALITY CARE, which includes:**
 - Licensed healthcare providers and professionals who have been educated in ethical standards and responsibility
 - Caregivers who have met the requirements to provide healthcare services in the State
 - Have your pain management at a level of comfort that is personalized to your specific situation
 - Open, honest and direct communication to assist you in making the best decisions possible regarding your healthcare needs and goals
 - Receive services from an organization that can meet all of your needs
 - Resolution of complaints without fear of reprisal
 - The practice of ethical standards and conduct
 - The right to be free from abuse
 - An emergency plan and supportive documents outlining what to do in case of an emergency

7. To have ethical issues related to your care referred to the Agency's Ethics Committee for review.

Please contact our office to further discuss your rights as a home health care recipient. Additional information is available upon your request, or you can contact Nicole Phillips, Executive Director for immediate assistance at 636-695-4330 by phone or nphillips@envisionhealthpartners.com by email.

▪ Patient Responsibilities ▪

The patient's responsibilities include each of the following:

1. To provide the agency with accurate and complete health information concerning your medical history.
2. To assist in developing and maintaining a safe environment.
3. To provide the agency with requested insurance and financial information and to inform them when any changes occur to the same.
4. To sign the required consents and releases for insurance billing.
5. To treat agency staff with respect and consideration.
6. To inform the agency when you will be unable to keep a home care visit.
7. To participate in, and adhere to, the development and updates of your plan of care.

As a patient of Envision Home Health you are responsible for:

1. Open and honest communication regarding past and present health status and any changes that occur while you are under our care, including but not limited to:
 - Illness, pain, medications, hospitalizations, complaints, change in physician information, change in insurance, your understanding of current treatment plan and your vested interest in participating in your treatment plan and changes in Advanced Directives
2. Identifying a willing and able caregiver who is available to offer assistance in meeting your healthcare needs, and who will act as your advocate in participating in your plan of treatment.
3. Being respectful of staff, property, and rights by
 - Keeping scheduled appointments or notifying us within 24 hours of any anticipated schedule changes
 - Securing the integrity of the "Home Folder"
 - Providing an environment that is conducive to performing their job duties
 - Fulfilling any financial obligations that have been outlined in the *Admission / Consent Checklist*

4. Participating in the Plan of Care that has been established by our licensed staff and your physician, including:
 - Compliance in following the plan of care
 - Notifying the staff of any changes in your health status in a timely manner
 - Compliance in medication administration
 - Asking questions regarding your care and treatment
5. Provide accurate and complete information regarding medical history and current condition, any payers which may cover care and financial information or any changes herein.
6. Agree to accept caregivers regardless of race, color, national origin, religion, sex, sexual preference, disability, being a qualified disabled veteran (including the Vietnam era) or any other category protected by law.
7. Select a Physician, remain under the medical supervision of your physician and notify the agency of changes to your physician or if there is a specialist involved in your care.
8. Maintain an adequate and safe environment for home care.
9. Adhere to the plan of care which I participated in developing and participate in planning, evaluating and revising the plan of care to the degree I am able to do so.
10. Participate in proper pain control measures and communicate pain at onset, including discussing pain relief options and documenting on a pain log when indicated.
11. Arrange for supplies, equipment, medications and other services which the Agency cannot provide which are necessary for provision of care and safety.
12. Notify the Agency or agency staff member prior to a scheduled visit if I will not be available, do not want services, or wish to discontinue visits.
13. Protect my valuables by storing them carefully in an appropriate manner.
14. Accept the consequences for any refusal of treatment or choice or failure to comply with the plan of care &/or treatment changes as ordered by my physician.
15. You will be asked to secure these responsibilities in writing in your home health admission consent form.

▪ Non-Discrimination Policy ▪

Envision Home Health is a recipient of Federal financial assistance and does not exclude, deny benefits to or otherwise discriminate against any person due to race, color, or national origin, or on the basis of disability, sexual preference or age. All health care services are determined by standardized assessments and a comprehensive skilled assessment and as stipulated by Federal and State regulations and policy. All services rendered are under the direct care of your physician and in collaboration with your other health care providers and are provided by employees on a non-discriminatory basis.

Envision Home Health will not withhold services or refuse employment based on discriminatory measures.

This Statement is in accordance with the provisions of:

- Title VI of the Civil Rights Act of 1964 and 1991
- Section 504 of the Rehabilitation Act of 1973,
- The Age Discrimination Act of 1975
- The Pregnancy Discrimination Act
- The Equal Pay Act of 1963 (EPA)
- Title II of the American with Disabilities Act of 1990 and the Disabilities Amendments Act of 2008
- The Genetic Information Nondiscrimination Act of 2008 (GINA)
- The Regulations of the US Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Part 80, 84, and 91.

Right to Have Information / Important Resources for Home Health Recipients



Phone Call (636) 207-0847 / Toll Free:(800) AGE-6060 Email info@agingmissouri.org Web: <https://www.agingmissouri.org/>



Phone: (314) 612-5918
Address: 1520 Market, Room 4086 St. Louis, MO



Phone: 573-526-7039; Email: info@dcil.org Website: www.dcil.org



Address: 925 South Country Club Dr. Jefferson City MO
Phone: 573-659-0678 / 800-392-8667 / Fax 573-659-0677

Missouri
Protection &
Advocacy
Services

St. Louis Office: 2000 Innerbelt Business Center Dr. Overland, MO 63114

Missouri Aging Information Network, website for resourcing -

<http://moaging.com>



KEPRO Area 4 –Missouri

Toll-free Phone Number: 855-408-8557,

Fax: 844-834-7130, Local Phone Number: 813-280-8256

▪ Patient Grievance / Complaint Policy ▪

The Agency has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the US Department of Health and Human Services regulations (45C.F.R. Part 84), implementing Section 504 of the Rehabilitation Act of 1973 as amended (29 U.S.C. 794). Section 504 States, in part that "no otherwise qualified disabled individual...shall solely by reason of his/her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance..." The law and regulation may be examined in the office of:

The Executive Director has been designated to coordinate the efforts of the Agency to comply with policy and regulations. Any person who believes she or he has been subjected to discrimination on the basis of disability may file a grievance under this procedure. It is against the law for ENVISION HOME HEALTH to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance. Our policy is outlined below.

Nicole Phillips RN, BS
Executive Director
2000 Boardwalk Place Drive
Suite A
O'Fallon, Missouri 63368
636-695-4333

COMPLAINT AND GRIEVANCE PROCESS - CUSTOMER

Policy:

Envision Home Health respects the rights of all of our customers and therefore, our Customer has the right to voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the agency and must not be subjected to discrimination or reprisal for doing so. Envision Home Health staff will provide patient education on how to communicate concerns about patient safety issues that occur before, during, and after care is received.

Envision Home Health will investigate all complaints made by a patient/family/caregiver and will document both the existence of the complaint and the resolution of the complaint.

Procedure:

1. Upon admission patients will be:
 - a. Instructed on their right to voice grievances and suggest changes in service or staff without fear of restraint, discrimination or unreasonable interruption of services.
 - b. Informed of the office number to use for reporting complaints/grievances and instructed to ask for Administrator or Director of Patient Services.
2. All grievances will be treated confidentially.
3. Every effort will be made to resolve the problem in an expeditious manner.
4. All patient complaints will be investigated by the Administrator or Director of Patient Services, who will provide follow-up with the patient/family in a timely manner.
5. The agency routinely reviews and/or revises policy and procedures in relation to complaints/grievances.
6. All patient complaints/grievances will be documented on a Communication Form and on the Complaint Log.
7. Complaint Logs will be forwarded to the Administrator and will be part of the Performance Improvement Program.
8. Patients will be provided with the statewide hotline number.

• Living Will & Other Advanced Directives •

What is a Living Will?

A living will is a brief declaration or statement that a person may make indicating their desire that certain medical treatment be either withheld or withdrawn under certain circumstances. The Missouri statute authorizing the creation of living wills specifies that the statement or declaration be in substantially the following form:

“I have the primary right to make my own decisions concerning treatment that might unduly prolong the dying process. By this declaration I express to my physician, family and friends my intent. If I should have a terminal condition, it is my desire that my dying not be prolonged by administration of death-prolonging procedures. If my condition is terminal and I am unable to participate in decisions regarding my medical treatment, I direct my attending physician to withhold or withdraw medical procedures that merely prolong the dying process and are not necessary to my comfort or to alleviate pain. It is not my intent to authorize affirmative or deliberate acts or omissions to shorten my life, rather only to permit the natural process of dying.”

How is a Living Will Made?

Any competent person 18 years of age or older can make a living will by signing and dating a statement similar to that shown above before two witnesses. These witnesses must be at least 18 years old, and should not be related to the person signing the declaration, a beneficiary of his or her estate, or financially responsible for his or her medical care. The statement can be typed or handwritten. It is recommended that a living will or any other advance directives be considered and prepared in advance of any hospitalization or impending surgery — it is not something anyone should feel pressured to decide in a short period of time, if that can be avoided.

Limitations of Living Wills

While most people have heard of living wills, many are unaware of the significant limitations of the living will as defined by Missouri statutes. The terms “death-prolonging procedure” and “terminal condition” are used in the statute to specify the circumstances to which a living will applies. The statute defines both of those terms as relating to a condition where death will occur within a short period of time, regardless of whether or not certain treatment is provided. In other words, the patient will die shortly with or without artificial resuscitation, use of a ventilator, artificially supplied nutrition and hydration, or other invasive surgical procedures.

By definition, then, a living will only avoids treatment when death is imminent and the treatment is ineffective to avoid or significantly delay death. Furthermore, the statute prohibits a living will from withholding or withdrawing artificially supplied nutrition and hydration, which is sustenance supplied through a feeding tube or IV.

Alternatives to Living Wills

For patients who desire to give instructions for their health care that exceed the limitations of the living will statute, there is an alternative, commonly referred to as “advance directives.” An advance directive is an instruction by a patient as to the withholding or withdrawing of certain medical treatment in advance of the patient suffering a condition rendering the patient unable to refuse such treatment. A competent patient always has the right to refuse treatment for himself or herself or direct that such treatment be discontinued. Without an advance directive, once a patient becomes incapacitated, he or she may well lose that right. A living will is simply one type of advance directive. Recent court cases have made it clear that people have the right to make other types of advance directives that exceed the limitations of the living will statute. Those directives need to be “clear and convincing,” and may include instructions to withhold or withdraw artificially supplied nutrition and hydration or other treatment or machinery which may maintain a patient in a persistent vegetative state. These expanded advance directives can be tailored to meet the needs and desires of each individual patient, and need not be in any standard form.

What Should I Do With My Living Will?

The most important part of having a living will or other advance directives after they are signed is to be certain that they are accessible. They should be kept close at hand – not in a safe deposit box – because they may be needed at a moment’s notice. Many people travel with them. Some even keep them in their purse or billfold. At a minimum, it is recommended that you deliver a copy to your attending physician and at least make your close relatives aware that you have one. Giving a copy of your living will or other advance directives to your physician gives you an opportunity to discuss your desires and ask any questions you may have about any procedure and also to ask your physician if he or she will follow your directions. If you have appointed an attorney-in-fact to make health care decisions in case of your incapacity, he or she should have a copy. If you are hospitalized, a copy should go into your medical records. For these reasons, it is often wise to sign more than one copy of your living will or other advance directives.

Revoking a Living Will

Once made, a living will or other advance directives are easily revoked or cancelled. They can be revoked either orally or in writing. If possible, it is advisable to gather and destroy all copies of the advance directives if you desire to revoke them. By statute, health care providers are required to note a revocation of a living will in the medical records of the patient.

Durable Power of Attorney

If you have a durable power of attorney that appoints someone to make health care decisions for you, do you still need a living will or other advance directives? The answer is “yes.” Whether or not you have a power of attorney does not affect the need or desire for a living will or other advance directives. If you do not have a power of attorney, your advance directives will be very helpful to instruct your physician and the hospital as to the care you

desire. If you do have a power of attorney, your advance directives will give very important guidance to your attorney-in-fact as to how he or she should act. In fact, you may want to combine your power of attorney, your living will, and your other advance directives into one document.

Why Give Advance Directives?

You accomplish at least two things by completing advance directives, regardless of whether they direct all possible treatment, no treatment or only some treatment. First, you ensure that the treatment you receive is the treatment you desire – no more and no less. Second, you take the burden off of your family and friends to make those decisions for you at a time when they will most likely be emotionally upset by your critical condition. Finally, you may be avoiding litigation to determine what treatment you really desired or intended. In any event, it is time well spent.

Advance directives should address each person's health care concerns. Accordingly, at a minimum, a properly drafted directive should clearly specify the following:

1. Who should be making treatment decisions based on a physician's opinion;
2. Who may release medical information under HIPAA;
3. Who has the vested right to make funeral arrangements under the right of sepulcher;
4. Who may make anatomical gifts and organ donations, if any; and
5. Whether artificial nutrition and hydration are to be withheld.

SOURCES OF INFORMATION ABOUT ADVANCED HEALTH CARE DIRECTIVES

Missouri Bar Association 326 Monroe P.O. Box 119; Jefferson City, MO 65101
573-635-4128

AARP P.O. Box 7000 Allentown, PA 18175-0400

800-523-5800

American Medical Association Order Department P.O. Box 7046 Dover, DE 19903
800-621-8335

• Living Will & Other Advanced Directives •

Cruzan v. Director, Missouri Department of Health

497 U.S. 261 (1990)

United States Supreme Court case argued on December 6, 1989 and decided on June 25, 1990. In a 5-4 decision, the Court affirmed the ruling of the Supreme Court of Missouri below and ruled in favor of the State of Missouri, finding it was acceptable to require "clear and convincing evidence" of a patient's wishes for removal of life support. A significant outcome of the case was the creation of advance health directives.

Background

On December 11, 1983, 25 year-old Missourian Nancy Cruzan was in a serious car accident, pronounced dead at the scene by police, then resuscitated by paramedics. Years later, Cruzan's parents wanted to withdraw the artificial hydration and nutrition that kept their daughter alive in a persistent vegetative state. The facility caring for Cruzan insisted on a court order before doing so, and the case entered the legal system. The trial court ruled that tube feedings could be withheld, but the nursing facility appealed. The Missouri Supreme Court reversed the decision of the trial court and severely restricted family decision-making on behalf of incompetent patients. It required "clear and convincing evidence" of the patient's wishes to refuse treatment, such as a living will. On June 25, 1990, the U.S. Supreme Court affirmed the right of the State of Missouri to demand clear and convincing evidence of a person's expressed wishes made while competent. The majority opinion also held that competent patients have a "constitutionally protected liberty interest in refusing unwanted medical treatment" under the due process clause. The court stated, however, that incompetent patients need certain protection because they cannot exercise this right directly. Thus, states may establish procedural safeguards for incompetent patients. The individual's durable right to refuse treatment, which they affirmed, must be balanced against relevant state interest in the preservation of life.

After the Supreme Court ruling, the Cruzans petitioned the trial court in Missouri to rehear their request to discontinue tube feedings. New witnesses came forward. One of the women who had worked with Cruzan said that during one conversation, Cruzan had agreed that if she were a "vegetable," she would not want to be fed by force or kept alive by machines. Cruzan's physician also changed his mind in favor of stopping the feedings. As a result, authorization was given to remove feedings and Cruzan died shortly thereafter. This case encouraged the development of advance directives that appoint a patient advocate or proxy. [Source: 497

Issues presented

The issue of this case was whether the State of Missouri had the right to require "clear and convincing evidence" in order for the Cruzans to remove their child from life support.

Decision

In a 5-4 court decision, the Court found in favor of the Missouri Dept. of Health. However, it upheld the legal standard that competent persons are able to exercise the right to refuse medical treatment under the Due Process Clause and its implied right to privacy. Because

there was no "clear and convincing evidence" of what Nancy Cruzan wanted, the Court upheld the state's policy.

Following the decision

After the case was decided the family went back and found more proof that Nancy Cruzan would have wanted her life support terminated and eventually won a court order to have her removed from life support. Cruzan died 11 days later on December 26, 1990.

Client Safety & Environmental Care

As a client and partner in your care, you play a key role in ensuring a safe environment for service delivery. It is our goal to keep you active, involved and informed of any safety issues that may arise during your home health episode in your home and your surrounding environment.

Serious safety problems can occur if important information is not communicated from one health professional to another.

To reduce the risks associated with safety issues, honest communication and active participation from you and your caregiver will ensure your overall safety. Please review the safety information provided and keep this information available for reference. We are happy to answer any questions you may have regarding the information in this booklet.

· Client Instructions for Emergent Events ·

To Our Clients and Their Caregivers,

We appreciate the opportunity to provide skilled services to ensure your health and safety. We are dedicated to providing home health care consistent with the plan we have established through your participation and the collaboration of your personal representatives, your physician and our home health professionals.

Envision Home Health has a Licensed Healthcare Professional on call 24 hours a day; 7 days per week. You can reach one of our nursing staff by contacting our office at 636-695-4330 during and after office hours. If you feel you need additional assistance outside of your regularly scheduled plan of care, please contact us directly so we can offer guidance and assistance specific to your personal need. In partnership with your physician, we may be able to avoid an unplanned emergent event our hospital admission. We are not, however, an emergency service and in the event of a true emergency, please call your local Emergency Response Team via 911.

In the event of an unforeseen emergency, natural disaster, inclement weather and/or other emergent event that may cause interruption in your home health services, we are providing written instructions and emergency planning tools for crisis management.

Please become familiar with the resources, attached in our Emergency Planning Kit:

1. Personal Emergency Plan: Outlines signs and symptoms specific to illness
2. Missouri Department of Health and Senior Services: Planning for Emergencies: A Family Safety Guide
3. Local Emergency Response Resource List
4. Agency Priority Code Status
5. Written Statement on Emergency Discharge Planning

Your safety is our priority! Thank you in advance for educating yourself and your caregiver on safe practice and for keeping this information available for your reference during your home health episode. You may contact our office with any questions regarding home safety or emergency planning.

▪ Emergency Preparedness Plan ▪

You should always be prepared for emergency situations such as severe weather, flooding, tornado, or other natural disasters. This is designed to provide you with information to assist you in developing a plan of your own. Our home health staff will not be allowed into a disaster area until local authorities have given permission and have cleared the area.

1. Post emergency numbers.
2. Keep a stock of food that does not require refrigeration or cooking.
3. Store some water.
4. Have a radio and flashlight easily available, with extra batteries.
5. Do not eat food that is expired or has been contaminated.
6. Do not handle live electrical equipment in wet areas.
7. If you have special needs due to your medical or physical condition, notify local emergency services ahead of time.
8. Identify safest place to be during severe weather, tornado or flood.
9. If you incur a power outage, please call your local electric company to report the outage. If you have equipment that requires power, have a back-up power & light source such as a generator.
10. When inclement weather affects power, follow the guidelines for inclement weather protocol.

Envision Home Health is not an emergency service. If at any time you are faced with a serious situation or a life threatening emergency, please call 911 or go to your nearest hospital or urgent care center. At the time of admission, or at any time the status of your health changes, your case manager will establish an emergency plan that is appropriate for your health condition. This will include assisting you in identifying a caregiver other than our staff, who is available to care for you in the event that the staff is not able to provide service to you as scheduled. This emergency plan will be helpful in guiding your care in times of absence by our staff. In the event of a natural disaster, environmental crisis or unplanned emergency, we will make every effort possible to make sure your health care needs are met.

If inclement weather arises, we consider the safety of our staff as well as our clients. When traveling becomes too dangerous, our staff will prioritize patient care according to each patient's individual need. If we are unable to complete your visit for the day, you will be notified via telephone.

• Fire Safety •

- **Plan Ahead for Emergencies** – Talk to someone about what you should do in case of a fire. Make an escape plan and review and practice your plan monthly.
- **Check your smoke detectors** twice a year and change batteries with daylight savings clock.
- **Plan Your Escape** – Know two ways out of every room if possible. If one is a window, know how to open it and make sure it opens easily. If you live in an apartment, know where the stairs are. NEVER take the Elevator! It might take you to the fire.
- **Activate the Emergency Response Team** - Keep the number for the local fire department and EMS team accessible.

What to do in case of a Fire:

1. Get Out. Stay Out - Go as quickly as possible, leaving all possessions behind. NEVER go back in, you may not be able to get back out. Call the fire department from the outside.
2. Crawl Low in Smoke – If you can, crawl low while you exit. Smoke rises and cleaner air is near the floor.
3. Stop, Drop and Roll – If your clothes catch fire, let yourself down to the ground slowly and roll. This will smother the fire. If you have physical limitations, someone else may need to smother the fire with a blanket or rug. Fanning the flames with your hand will not help and may cause the fire spread.
4. Cool a Burn – Your best aid is cool water which helps prevent further skin damage. Keep running water on burns until the pain stops. Salve or butter only traps in heat. If charred skin or blisters appear, seek medical attention easily.
5. Keep Doors Closed – Always sleep with your bedroom door closed, making sure smoke alarm is audible or that you have an emergency light to alert you. If you hear your detector alarm, smell smoke or suspect fire, feel the door. If hot, try your other exit; if not, slowly open it but be prepared to close if smoke or flames rush in.
6. If You are Trapped – Put closed doors between you and smoke. Stuff cracks and cover vents to keep smoke out. If a phone is in the room, call the fire department and let them know you are trapped in the building. Give them your exact location. Keeping low, put a wet cloth over your nose and wait at the windows, signaling with a sheet or flashlight. Do not break the windows.

Stop a Fire Before it Starts

- **Check out appliances.** Make sure all plugs and cords are in good condition, and repair or replace any worn or broken appliances.
- **Be Kitchen Wise.** Be especially careful in lighting matches or using the stove. Wear close-fitting sleeves when you cook. If a pan catches fire, smother it with a lid.
- **Give Space Heaters Space.** Keep space heaters at least (3) feet from everything – especially you. A slight brush against certain models could cause a clothing fire.

• Tornado Safety Tips •

When atmospheric conditions are favorable for the development of tornados, meteorologists issue a TORNADO WATCH. If a watch is issued in your area or for a nearby area, you should keep a battery powered radio or television set nearby so that you can listen for any other weather bulletins. It is important to remember that tornadoes are small scale weather events. Because of this, the weather may be fair at your location while a nearby area is experiencing severe weather conditions.

When a tornado is in the vicinity of your area, meteorologists issue a TORNADO WARNING. If a warning is issued in your area, seek shelter immediately. If possible, keep a battery operated radio or television with you so you can receive minute to minute weather updates. Because tornadoes can form and dissipate quickly, you should know where to take shelter if you are away from home when one develops. Here are some rules for tornado safety:

If You Are in a House:

- Stay away from windows
- Avoid large open rooms, seek shelter in an interior hallway or room
- Avoid areas with glass
- Move to the basement of the structure or the lowest level if a basement is not available
- Move under a sturdy item such as a stairwell or workbench
- Curl up so that your eyes and ears are protected from flying debris
- If possible, seek shelter on the north side

If You Are in a Vehicle, Mobile Home or Outdoors:

- Leave your vehicle or mobile home and move to the southwest side of the trailer park
- Avoid areas with glass
- If you move to a ditch, lie flat on the ground and cover your head
- Seek shelter in a community shelter or a more sturdy location
- If a concrete viaduct or highway overpass is nearby, take shelter behind the concrete pilings
- If no such structure is available, lie flat on the ground in a ditch or ravine
- If no ditch or ravine is available, lie flat on the ground upwind from your vehicle.

• **Food Handling and Preparation Safety** •

- Wash your hands often
- Keep your kitchen clean and wipe surfaces regularly with hot soapy water
- Keep raw meats and cooked foods separated; use 2 cutting boards when preparing meals
- Cook food to proper temperature
- Refrigerate foods quickly below 400 degrees Fahrenheit
- Defrost food in the refrigerator and not on counters or in the sink
- When in doubt, throw it out! Do not eat foods that are left over past 4-5 days; read labels and throw out any item that is past the due date.

• **Medical Supplies & Durable Medical Equipment Safety** •

Medical Supplies and Equipment should be used according to the manufacturer's guidelines and the safety instructions provided by your provider.

You are responsible for contacting the home health office when you are running low on supplies to allow for supply orders and deliveries prior to supplies running out.

Dispose of soiled medical supplies or sharps in appropriate containers following the these guidelines:

- You should place needles, syringes, lancets, and other sharp objects in a hard plastic (bleach or laundry) container with a screw on or tightly secured lid.
- Syringes should be disposed of as one unit; DO NOT attempt to remove, break or recap the needle
- Make sure the lid is secured tightly before disposing in trash can. By ensuring the lid is closed properly and secured with heavy duty duct tape.
- Mark the outside container with "DO NOT RECYCLE: HOUSEHOLD SHARPS"
- Soiled dressings and throw away items used for patient care such as bandages, disposable sheets or surface protectors, medical gloves and incontinence products should be double bagged and tightly fastened before placing them in your trashcan.

▪ OXYGEN SAFETY ▪

Oxygen causes any flame to burn faster and hotter. People using home oxygen can be injured or killed in fires caused by smoking materials, burning candles, or other open flames where oxygen is used.

Oxygen tanks should be secured on the SAFETY BASE provided by the oxygen company...tanks should not be left standing free. When traveling, secure tanks in the vehicle.

The oxygen company that provides your equipment will educate you on the proper use, care and maintenance of your supplies. Additional education can be provided by your home health agency.

Keep the name and phone number of your oxygen company near your phone where you can find it quickly in case of an emergency or if a problem arises. Your electric company should be notified that oxygen is in your home. PLEASE CALL THEM. A generate or additional source of electricity may be indicated for some clients.

Oxygen Storage and Handling

- DO NOT store oxygen systems in the trunk of your car.
- While transporting oxygen in a vehicle, ensure containers are secure and positioned properly.
- Oxygen should be transported in the passenger compartment of a vehicle with the window open slightly (2-3 inches) to permit adequate ventilation.

Concentrator Safety

- Concentrators are electrical devices that should only be plugged into a properly grounded or polarized outlet;
- DO NOT use extension cords;
- DO NOT use multi-outlet adaptors such as power strips.
- Avoid using power sources that create heat or sparks: Use a power supply or electrical circuit that meets or exceeds the amperage requirements of the concentrator.

Liquid Oxygen Safety

- Avoid direct contact with liquid oxygen as it can cause severe burns due to its extremely cold temp.
- Avoid touching any frosted or icy connectors of either the stationary reservoir or portable unit.
- Avoid contact with any stream of liquid oxygen while filling portable units.
- Keep the portable unit in an upright position. Do not lay the unit down or place on its side.

THE DO'S AND DON'TS OF OXYGEN SAFETY

- DO turn the oxygen unit or tank off when not in use
- DO keep the concentrator and tanks of direct sunlight and at least 5 feet away from TVs, radios, heaters, radiators, and other appliances or steam pipes.
- DO keep matches, lighters, cigarettes, candles and any source of flame at least 10 feet away from an oxygen concentrator or tank.
- DO post a NO SMOKING sign at each entrance to your home, and to the door of the room where oxygen is in use.
- DO stay away from areas where others are smoking or have open flames when you are using oxygen.
- DO turn off oxygen, change clothes, and allow time for oxygen to dissipate before coming into contact with any flame.
- DO plan and practice your fire escape plan. Have an alternate escape route planned.
- DO contact your oxygen vendor immediately to replace concentrators with frayed or cracked cords or for any equipment problems.
- DO have fire extinguishers handy and make sure you and your caregivers know how to use it.
- DO NOT burn candles, lanterns, oil lamps, kerosene heaters, or any type of open flame where oxygen is used.
- DO NOT use vapor rubs or petroleum jelly – these can burn.
- DO NOT use aerosol sprays such as hair spray or air freshener in a room where oxygen is used.
- DO NOT store oxygen tanks in a closet.
- DO NOT allow tanks to be dropped or knocked over.
- DO NOT store a liquid oxygen tank on its side.
- DO NOT use oxygen while cooking on a gas stove.
- DO NOT allow ANYONE to smoke in your home or in your presence while wearing oxygen.

SMOKING WHEN OXYGEN IS IN USE CAN RESULT IN FIRES, SERIOUS INJURIES & DEATH.

• Home Safety & Fall Prevention •

General Guidelines:

- ☀ No throw rugs; carpets tacked
- ☀ No highly polished floors
- ☀ Threshold moldings clearly visible and in good condition
- ☀ Maintain all walking paths free of obstacles (i.e. cords, etc)
- ☀ Objects used for transferring stable & of proper height (i.e. grab bars)
- ☀ Wear good, supportive shoes (i.e. sneakers)
- ☀ Arrange furniture to avoid an obstacle course of potential falls
- ☀ Use a “reacher” device to pick up objects from floor or sit in a chair to pick up objects from floor.
- ☀ Avoid use of alcohol.
- ☀ Be aware of any side effects from medications (dizziness, etc)
- ☀ Have vision and hearing tested and correct any problems, if possible.

Stairs:

- ☀ Full stairwell illuminated with switches at top & bottom; night light
- ☀ Top and bottom stairs marked for visibility
- ☀ Stair treads in good repair
- ☀ Securely fastened handrails on both sides of stairwell extending full length of stairs and keep stairs clear of objects

Bathroom:

- ☀ Rubber mat in and out of shower
- ☀ Use only securely fastened grab bars for tub/shower and commode. Do not pull on toilet paper holder, soap dishes or towel racks.
- ☀ Adequate lighting on paths to bathroom and in bathroom; night light Water temp set at 110 degrees to prevent burns
- ☀ Clearly marked hot and cold faucets
- ☀ Try dressing while seated
- ☀ Use caution after bathing. A warm bath may make you feel dizzy / tired.

Kitchen:

- ☀ No heavy pots/pans
- ☀ No utensils with faulty handles
- ☀ Stove in good repair with clearly understandable controls
- ☀ Objects stored within reach or use a sturdy step stool, not a chair, for objects out of reach. Be sure to store heavier objects at waist-height.

- ☀ When transferring objects on countertop, slide objects if possible.

Bedroom:

- ☀ Light switches within reach of bed; night light
- ☀ Appropriate bed height. Attach a rail to bed if necessary
- ☀ Any assistive devices (i.e. walkers) should be within reach of bed
- ☀ Rise slowly from lying/sitting position. Sit down if you feel dizzy.

Ambulation Tips:

- ☀ Remember to use assistive device (canes, walkers) if one has been recommended.
- ☀ Make sure that it is the proper height.
- ☀ Whenever maneuvering around furniture, take small steps.
- ☀ Use a tray or bag to carry objects if using a walker. Do not make walker too heavy.
- ☀ Only reach for objects one arms-length around your sides or front

Transferring Tips:

- ☀ Use small steps to approach surface to sit (bed/chair/commode/toilet)
- ☀ Reach back to chair seat or armrests with both hands. Do not sit unless the surface is located with hands and felt on the back of legs, then lower self gently.
- ☀ When rising, do not pull up by using walker or cane. Push up from chair with hands, come to stand, then put hands on walker or cane.

Safety Precautions for Using a Wheelchair Around the Home:

- ☀ Always remember to lock brakes before attempting to move in or out of wheelchair.
- ☀ Move leg rests out of the way when transferring in/out of wheelchair.
- ☀ Use “reacher” device to pick up anything off the floor while in the wheelchair. Leaning over to pick up things in wheelchair could cause it to tip over.

General Safety Guidelines:

- ☀ Personal emergency response system (i.e. Lifeline)
- ☀ Sound and Sight smoke alarms
- ☀ Easy escape access through doors and/or windows
- ☀ Inform local police/fire departments that a homebound/ wheelchair using person resides in dwelling.
- ☀ Keep a telephone nearby at all times, if possible

• INFECTION CONTROL & HANDWASHING •

Hand washing is a simple habit that can help keep you healthy. Learn the benefits of good hand *hygiene*, *when to wash your hands and how to* clean them properly. Hand washing is a simple habit, something most people do without thinking. Yet hand washing, when done properly, is one of the best ways to avoid getting sick. This simple habit requires only soap and warm water or an alcohol-based hand sanitizer — a cleanser that doesn't require water. Do you know the benefits of good hand hygiene and when and how to wash your hands properly?

The dangers of not washing your hands

Despite the proven health benefits of hand washing, many people don't practice this habit as often as they should — even after using the toilet. Throughout the day you accumulate germs on your hands from a variety of sources, such as direct contact with people, contaminated surfaces, foods, even animals and animal waste. If you don't wash your hands frequently enough, you can infect yourself with these germs by touching your eyes, nose or mouth. And you can spread these germs to others by touching them or by touching surfaces that they also touch, such as doorknobs.

Infectious diseases that are commonly spread through hand-to-hand contact include the common cold, flu and several gastrointestinal disorders, such as infectious diarrhea. While most people will get over a cold, the flu can be much more serious. Some people with the flu, particularly older adults and people with chronic medical problems, can develop pneumonia. The combination of the flu and pneumonia, in fact, is the eighth-leading cause of death among Americans.

Proper hand-washing techniques

Good hand-washing techniques include washing your hands with soap and water or using an alcohol-based hand sanitizer. Antimicrobial wipes or towelettes are just as effective as soap and water in cleaning your hands but aren't as good as alcohol-based sanitizers.

Antibacterial soaps

Antibacterial soaps have become increasingly popular in recent years. However, these soaps are no more effective at killing germs than is regular soap. Using antibacterial soaps may lead to the development of bacteria that are resistant to the products' antimicrobial agents — making it even harder to kill these germs in the future. In general, regular soap is fine. The combination of scrubbing your hands with soap — antibacterial or not — and rinsing them with water loosens and removes bacteria from your hands.

Proper hand washing with soap and water

Follow these instructions for washing with soap and water:

1. Wet your hands with warm, running water and apply liquid soap or use clean bar soap. Lather well.
2. Rub your hands vigorously together for at least 15 to 20 seconds.
3. Scrub all surfaces, including the backs of your hands, wrists, between your fingers and under your fingernails.
4. Rinse well.

5. Dry your hands with a clean or disposable towel.
6. Use a towel to turn off the faucet.

Proper use of an alcohol-based hand sanitizer

Alcohol-based hand sanitizers — which don't require water — are an excellent alternative to hand washing, particularly when soap and water aren't available. They're actually more effective than soap and water in killing bacteria and viruses that cause disease.

Commercially prepared hand sanitizers contain ingredients that help prevent skin dryness. Using these products can result in less skin dryness and irritation than hand washing. The CDC recommends choosing products that contain at least 60 percent alcohol. To use an alcohol-based hand sanitizer: Apply about 1/2 teaspoon of the product to the palm of your hand, Rub your hands together, covering all surfaces of your hands, until they're dry. If your hands are visibly dirty, however, wash with soap and water, if available, rather than a sanitizer.

When should you wash your hands? Although it's impossible to keep your bare hands germ-free, there are times when it's critical to wash your hands to limit the transfer of bacteria, viruses and other microbes. Always wash your hands:

- ✓ After using the toilet
- ✓ Before and AFTER self-care &/or patient care
- ✓ After touching animals or animal waste
- ✓ Before and AFTER preparing food, especially raw meat, poultry or fish
- ✓ Before Eating
- ✓ After blowing our nose, coughing or sneezing into your hands
- ✓ Before and AFTER treating wounds and cuts
- ✓ Before and AFTER touching a sick or injured person
- ✓ After handling garbage
- ✓ Before removing contact lenses or administering eye drops
- ✓ Before performing mouth care or denture care
- ✓ When using public restrooms, such as those in airports, train stations, etc.

▪ Managing Your Medications ▪

*** Always be sure to communicate any confusion about your medications to your care team partners.**

Many people need help in managing their medicines. One of our goals in home care is to help you understand the purpose of your medicines and how to take them correctly. In order to help you maximize your independence in managing your medicines, please tell your nurse, therapist, and/or doctor if you:

- ☀ Have new medicines or changed medications.
- ☀ Are taking over-the-counter medications (examples: vitamins, Tylenol).
- ☀ Take eight (8) or more medications in one day.
- ☀ Don't understand the instructions related to your medications.
- ☀ Are not sure how your medicines help your condition or are concerned about side effects.
- ☀ Don't always remember to take your medicines at the right time.
- ☀ Have trouble reading or seeing small print instructions on medicine bottles.
- ☀ Have trouble holding the small pills, or opening the packaging or medicine bottles.
- ☀ Have difficulty swallowing your pills.
- ☀ Have trouble paying for your medicines.
- ☀ Have old or expired prescriptions in your home.
- ☀ Use more than one pharmacy to have your prescriptions filled.

Taking Medications Safety

1. Keep an updated record of your medications available for your healthcare providers.
2. Follow your doctor's orders for taking medications, DO NOT change doses or omit medication without consulting your physician.
3. Do not take over the counter medications without consulting your physician or pharmacist.
4. Check medication bottles when it arrives from the pharmacy to be sure that it has the following information: right name, right med, right dose, right route, right frequency.
5. Keep medications in their original bottles with caps tightly closed.
6. Keep medications out of reach of children or confused family members.
7. Keep narcotics out of sight and in a safe location.
8. Store all medications according to the package labels.

9. Follow the guidelines included in your medication packaging; store medication properly and according to package instructions.
10. Never take anyone else's medications; regardless of the reason.

Please inform your home health team if your doctor has made any changes to your medications or if you have purchased over the counter medications, vitamins or supplements.

Community Resources *St. Louis & Surrounding Counties*

St. Louis Area Agency on Aging

1520 Market Street, Room #4086; St. Louis, MO 63103
314-612-5918 Hours: Monday - Friday, 8:00am – 5:00pm
www.slaaa.org

Mid-East Area Agency on Aging

14535 Manchester Road, St. Louis, MO 63011-3960
636-207-1323 www.mid-eastaaa.org
Hours: Monday - Friday, 8:00am - 5:00pm

Manchester: West County Senior Center

14535 Manchester Road, 63011

(636) 227-3882 Email: westcounty@mid-eastaaa.org

St. Charles County – O'Fallon Senior Center

106 N. Main, 63366

(636) 272-4180 Email: ofallon@mid-eastaaa.org

The Missouri Senior Medicare Patrol Program

106 W. Young, P.O. Box 1078; Warrensburg, MO 64093
(660) 747-5447 <http://missourismp.org/>
(888) 515-6565

Missouri Department of Health & Senior Services

912 Wildwood, Box 570; Jefferson City, Missouri 65102

573-751-6400

Email: info@health.mo.gov

Veterans Care Coordination

1000 Edgewater Pointe, Suite 201; Lake St. Louis, Missouri 63367

588-380-4400 Email: info@veteranscarecoordination.com

Home Health Resources

Missouri Department of Health and Human Services Bureau for Home Care

1-573-751-6336

Center for Medicare and Medicaid Services

www.medicare.gov

CARE TEAM / NOTES

SKILLED NURSING: _____

PHYSICAL THERAPY: _____

OCCUPATIONAL THERAPY: _____

SOCIAL SERVICES: _____

NUTRITIONAL COUNSELOR: _____

HOME HEALTH AIDE: _____

**TO REACH ANY OF OUR CARE PARTNERS, PLEASE CONTACT OUR OFFICE
636-695-4330**

NOTES