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In-Home Personal Care & Homemaking

Personal Care Assistant (PCA) Recipient
&
Homemaking, Housekeeping and Respite Care
Client Handbook

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Effective February 1, 2019

This Client Handbook belongs to:

Name _____

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As indicated herein, most of the information within this Client Handbook & H@HC Policy Booklet is excerpted from the Minnesota Department of Human Services publication *PCA Consumer Information* found on the Minnesota Department of Human Services website at <https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/pca/> as of January 22, 2019; other Minnesota Department of Human Services websites which can be accessed from www.dhs.state.mn.us (“MN-DHS Website”) and the Minnesota Department of Health website, www.health.state.mn.us (“MDH Website) as of January 22, 2019. Changes in statutes, rules, regulations and policies of either the federal government or State of Minnesota after the dates the source material was published/ may therefore not be reflected within the MDH Guidebook, the MN-DHS Website, the MDH Website and/or this Handbook.

If you have any questions regarding the information within this Client Handbook & H@HC Policy Booklet (including without limitation your potential eligibility for participation in Minnesota’s Personal Care Assistances Program), please consult with an attorney or contact the Minnesota Department of Human Services Disability Services Division, www.dhs.state.mn.us.

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February 1, 2019

Dear Clients,

Thank you for selecting Home at Heart Care (H@HC) as your provider for your services. I realize that you had many provider choices and we are honored that you considered us. Each recipient of our services receives this Handbook or one like it. I believe it is important for you or someone you trust to read through this along with the H@HC Policy Booklet, because it will help you understand your responsibilities and ours as well as we serve you. Our Handbook and H@HC Policy Booklet include things that we are required by the State of Minnesota to provide to you such as the Minnesota Home Care Bill of Rights, Notice of Privacy Practices, Community Based Services Recipients Rights Packet (if applicable) and more.

As you can see below, I've included our Mission, Vision, and Value statements that we have recently adopted. These statements identify what we believe and what we want to be. This allows you the option up front to decide if we are a company that you would want to serve you. Simply said, the Mission statement is what I call our ultimate purpose for existing as a company. Our Vision statement is what we hope to accomplish as a company. And our Core Values is simply a list of common values that we hope everyone associated with Home at Heart Care would aspire too.

Please call us with any questions or concerns and please tell us how we can serve you better. Again thank you for giving us this opportunity.

Sincerely,
Bruce Emmel
President,
Home at Heart Care, Inc.

Locally owned & operated in Clearbrook, MN
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Home at Heart Care

JAMES LUTY
In-Home Personal Care & Homemaking

Mission Statement

Our name is an acronym for our Mission Statement.

Home is the word we use to describe the place where each person should be able to find rest, nourishment, comfort, healing and belonging regardless of ability.

Where it's **at** for us; connecting every person to a great caregiver.

The **Heart** of a great caregiver is one of trust, hospitality, compassion and responsibility.

We **Care** about people, because God cares about people.

Vision

To support In-Home Caregivers throughout the State of Minnesota who can make a Godly difference in someone's heart and home.

Core Values

Trust: We honor all relationships we have by serving with honesty and integrity.

Hospitality: We make the most of every opportunity we are given to help someone feel valued and loved.

Compassion: We serve with kindness and compassion, following Christ's example for us.

Responsibility: We work hard to meet the needs of the people with which we have been entrusted.

PERSONAL CARE ASSISTANCE SERVICES

PCA SERVICES¹

Who may receive PCA services?

You must:

- Enroll with Medical Assistance (MA), MinnesotaCare expanded benefits, Alternative Care or a waiver program
- Request a PCA assessment from your local county agency or tribe or your health plan member services to see if you are eligible to receive PCA services
- Make decisions about your care or have someone to make decisions for you
- Provide for your own health and safety or have a responsible party that is able to do so
- Live in a home or apartment, not in an institution
- Meet access criteria

What can a PCA do for me?

There are four categories of PCA services that PCAs may provide services and support to help you with:

- Activities of daily living
- Health related procedures and tasks
- Observation and redirection of behaviors
- Instrumental activities of daily living

What are my responsibilities?

PCA services are designed to be flexible and driven by you. Keep the following in mind. You, your responsible party, or your other providers (examples include your clinic doctor, hospital staff, or social worker) must request an initial assessment for PCA services. PCA Providers cannot do this for you.

- Do not ask your PCA to complete tasks not allowed by state law.
- Do not ask your PCA to help or take care of others in your home.
- Keep track of the hours of PCA services you have used.
- Provide honest and accurate answers to assessor's questions.
- Review and sign accurate time sheets.

ASSESSMENT AND SERVICE PLAN²

What is a PCA Assessment?

You must have an evaluation of your needs to see if PCA services are right for you. An assessor visits your home and reviews your daily needs and health.

¹ Information in this section derived from <https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/pca/services.jsp> (last visited January 22, 2019).

² <https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/pca/assessment-service-plan.jsp> (last visited January 22, 2019) (references to PCA Choice services omitted).

How do I schedule an assessment?

Depending on what health care program you are with, different people do the assessment. Your assessment should happen within 30 days of contacting one of the following:

- If you are on state plan Medical Assistance, and not enrolled in a health plan, you must contact your local county agency or tribe
- If you are on a waiver, you must contact your local county or tribe
- If you are on Alternative Care, you must contact your local county agency or tribe
- If you are enrolled in health plan, you must contact your health plan member services

Does my responsible party have to be there?

If you are under 18 years old or need help directing your own care, you need a responsible party. A responsible party has to attend your assessments. If the assessor thinks you need a responsible party, you need to reschedule your assessment for a time your responsible party can attend.

What can I expect at the assessment?

An assessor visits your home and reviews your daily needs and health. During the evaluation, the assessor completes the PCA Assessment and Service Plan form. The assessment takes about one hour. The assessment includes questions:

- To see if you need a responsible party
- About the types of help you need on an average day
- About your medications
- About your health
- About your behavior

If PCA services are right for you, the assessor will ask if you are interested in:

- Traditional PCA services
- Using your hours flexibly
- Sharing services with someone in your household who also gets PCA services

The assessor will also let you know about a variety of other programs and services that may help you. You are responsible for following up on the assessor's suggestions.

What happens after the assessment?

- You will get a copy of your PCA Assessment and Service Plan within 10 days.
- You will also receive a service authorization letter that tells you how much PCA time you can get.
- You need to choose your provider agency and schedule your services.

How often do I need an assessment?

A new evaluation is needed yearly, or when your health changes. Contact your assessor or your qualified professional if you have a significant change in your health.

RESPONSIBLE PARTY³

Do I need a responsible party?

Responsible parties are required if:

- You are under 18
- You are an incapacitated adult with a court-appointed guardian
- Your PCA assessment indicates you need help making decisions about your care

Who can be my responsible party?

Responsible parties must be 18 years of age or older. You may have two people assigned to make decisions about your care.

The responsible party does not need to live with you.

Who cannot be my responsible party?

The following cannot be your responsible party:

- PCA provider agency owners or managers
- Your county worker if they are acting as an employee
- Your PCA
- Your PCA provider agency staff unless related to you by blood, marriage or adoption
- Your qualified professional

What are the duties of my responsible party?

Your responsible party must:

- Attend your assessments
- Be available while PCA is working
- Be listed on forms
- Check on your health and safety
- Help you develop your care plan
- Help you make informed choices
- Monitor your care plan
- Participate in planning and directing your services
- Sign a PCA Responsibility Agreement and Plan with the PCA Provider agency
- Sign time sheets

The responsible party is responsible for all of the following⁴:

Participate with the person

- Attend assessments with the person
- Actively participate in planning and directing of PCA services

³ Information in this section derived from <https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/pca/responsible-party.jsp> (last visited January 22, 2019).

⁴ Information in this section derived from http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_146086 (last visited January 22, 2019).

- Help make choices within the PCA program
- Request changes as needed
- Sign required forms, including all worker time and activity sheets
- Sign responsible party agreement

Provide monitoring

- Be available when services are provided in a communication method agreed upon by the person or the person's legal representative and documented in the PCA care plan and on the responsible party agreement
- Monitor PCA services to ensure providers follow the person's care plan, and care outcomes are being met
- Communicate with provider agency as needed
- Monitor the delivery of services to ensure they are provided

Assure recipient's health and safety

- Develop the care plan with the qualified professional
- Determine if the person's health and safety are met with current PCA services or if a change is needed

SERVICE AUTHORIZATION AND APPEALS⁵

What is the service authorization?

The amount of time you receive for PCA services is called the service authorization.

How many hours of PCA help will I receive?

If you qualify, you could get from one hour and 15 minutes a day to 24 hours a day, depending on your needs.

What is a Service Agreement letter?

You will get a letter indicating how many 15-minute units of PCA services you may use. This letter is called the service agreement letter. It tells you about your service authorization amount. Instructions for understanding this letter are on page one of the PCA Assessment and Service Plan.

When can I begin getting PCA services?

Your letter includes the effective date of service. You can begin receiving services on that date, if you have named a provider. You have 60 days to choose a provider agency.

What if I disagree with my assessment results, how can I appeal?

You may appeal a decision about your authorization for services or total units. Details about appeal procedures are included in the service agreement letter. A variety of appeals resources are available at the DHS Appeals and Regulations Division Website. <https://mn.gov/dhs/general-public/about-dhs/administration-management/appeals.jsp#>

⁵ Information in this section derived from <https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/pca/service-authorization-appeals.jsp> (last visited January 22, 2019).

PCA TRADITIONAL SERVICES⁶

What does a traditional PCA provider agency do?

- Assures your staff have orientation and complete required training
- Bills the state for PCA services
- Bills the state for qualified professional supervision
- Finds back up staff
- Finds, hires, trains, schedules and fires staff
- Gets criminal background checks
- Hires your qualified professional (QP)
- Maintains enrollment with the state
- Makes an agreement with your responsible party
- Monitors and evaluates staff
- Pays and withholds taxes.

What am I responsible for under traditional PCA services?

Under traditional PCA, you must sign time sheets and work with your QP to:

- Develop your care plan
- Evaluate your staff
- Make sure your health and safety needs are met

CARE PLAN⁷

What is a care plan?

Your care plan details the type and frequency of assistance you need. Your care plan must follow the PCA Assessment and Service Plan you get from the assessor.

Who writes the care plan?

Under traditional PCA, you and your QP develop the care plan together. You must use your PCA provider agency's care plan template. The following information summarizes what PCAs can and cannot do for you. These are called covered and non-covered services.

What can a PCA do for me?

PCAs can help you with covered services including:

- Dressing
- Grooming/hygiene
- Bathing
- Eating
- Transfers
- Mobility
- Positioning
- Toileting
- Health related procedures and tasks
- Observing and redirecting behaviors

For adults, PCA may also help with instrumental activities of daily living (IADL) such as:

⁶ Information in this section derived from <https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/pca/traditional-services.jsp> (last visited January 22, 2019).

⁷ Information in this section derived from <https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/pca/care-plan.jsp> (last visited January 22, 2019) (references to PCA Choice services omitted).

- Meal planning and preparation
- Basic assistance with paying bills
- Shopping for food, clothing and other essential items
- Performing household tasks integral to PCA services
- Communication by telephone and other media
- Traveling to medical appointments and community events

PCAs can assist children with instrumental activities of daily living (IADL) **ONLY** under the following conditions:

- Light housekeeping and laundry for health and hygiene reasons integral to PCA services
- Sole benefit of the child
- Listed on the PCA Assessment and Service Plan

Can a PCA help with my medications?

Under the direction of you or your responsible party, your PCA can:

- Remind you to take your medications
- Bring you your medication
- Assist with opening medication

PCAs cannot:

- Decide your need for medication
- Set-up your medication
- Evaluate the effectiveness of your medication
- Inject medications

What is a PCA unable to do for me?

PCAs cannot:

- Assist with sterile procedures
- Inject fluids and medications into veins, muscles or skin
- Complete home maintenance or chore services
- Complete homemaker services that are not an integral part of assessed needs
- Apply restraints
- Assist with most instrumental activities of daily living for children under 18
- Provide services in lieu of other staffing options in a residential or childcare setting
- Cannot work solely as a childcare or babysitting service
- Provide services in the PCA's home
- Sleep on the job

What can PCAs do for children under age 18?

There are some differences between what PCAs can do for adults and children. Details are available at PCA Services For Children Under Age 18 (below).

Where can a PCA provide services to me?

Most PCA services are delivered in your home. You can use your PCA services at work, shopping, medical appointments, worship services, school or any place you would normally go in the community.

The PCA cannot provide services in the PCA's home, unless the PCA lives with you. If the location of services includes a fee or other costs, discuss this with your PCA prior to event. PCAs are not required to pay for expenses related to providing services.

Can I use my PCA at work?

PCAs may assist you at work. They may provide any assistance you need in your care plan. You have the following choices for getting personal care assistance at work:

- You may schedule a PCA to come in to your workplace at the times you need help
- You may find someone employed at your workplace who is willing to work as a PCA for you.

Please check with your employer before hiring a co-worker to be a PCA in the workplace.

Sometimes you may need help with things specific to your job, such as typing or filing. Talk with your employer about the options you have for getting this help. Perhaps someone else at the workplace can help arrange assistance or assist with tasks. These are often considered reasonable accommodations under the Americans with Disabilities Act (ADA).

SERVICES FOR CHILDREN UNDER AGE 18⁸

You must schedule a PCA assessment to determine if PCA services are available for your child.

What extra rules apply to children?

- Children under 18 must have a responsible party
- Parents, stepparents or paid legal guardians cannot be a child's PCA
- PCAs cannot help children with most instrumental activities of daily living (IADLs)
- PCA services depend on the age of the child and what parents do for a child that age.

What are age appropriate dependencies?

There are activities that all children of a particular age are unable to do on their own. For example, no infants can bathe themselves. The assessor looks at what activities of daily living children without disabilities can do independently.

What can PCAs do for my child?

PCAs can help your child with:

- Activities of daily living
- Health-related procedures and tasks
- Observation and redirection of behaviors

PCAs can help children with instrumental activities of daily living (IADLs). This may include light housekeeping and laundry for health and hygiene reasons integral to PCA services for the sole benefit of the child. These IADLs must be listed on the PCA Assessment and Service Plan.

⁸ Information in this section derived from <https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/pca/services-children.jsp> (last visited January 22, 2019).

What are PCAs not allowed to do for my child?

- Assist with most IADLs
- Assist other family members unless under the shared service option
- Child care or babysitting

What kinds of tasks must family do?

Parents and family members are responsible for:

- Basic care, nurturing and supervision
- Giving medication
- Most IADLs, like shopping, cooking, laundry, cleaning and transportation

Can my child's PCA help at school?

A child who needs PCA services during the school day will have an individualized education plan (IEP/IFSP) written. Parents have a choice of how PCA services are delivered at school. To learn more, talk with the school special education director. The PCA should not duplicate or replace services already provided by the school.

See Minnesota Health Care Programs Individualized Education Programs Services at the following website <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3456-ENG>.

FLEXIBLE USE⁹

If approved, you can use your PCA units in a flexible manner over two six-month periods.

Can everyone use his or her PCA units flexibly?

You are not eligible for flexible use if:

- Your local county agency or tribe denies flexible use
- DHS denies flexible use
- You are on the Minnesota Restricted Recipient Program

Are there any tools to help me budget my PCA units?

The state has published a PCA Flexible Use Tool found at the following website <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4691B-ENG>. For a copy, please contact your QP or the Home at Heart Office.

Can I use my time flexibly within each six-month period?

Within each six-month period you may use your hours flexibly as well. You establish your month-by-month plan with your qualified professional. The month-by-month plan is part of your care plan. You can also use your hours flexibly across the hours of the day and days of the week.

For example:

- The assessment determines you are authorized 20 units a day. Each unit is 15 minutes, so you get five hours a day.

⁹ Information in this section derived from <https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/pca/flexible-use.jsp> (last visited January 22, 2019)

- At the assessment, you decide to use your time evenly across each six-month period.
- You are approved for 3,640 units (910 hours) during the first six months and 3,640 units (910 hours) the second six months. Your month-by-month plan indicates you will use 606 units (156 hours) each month.
- You want to use your 35 hours flexibly across the week. Since Monday is laundry day and Tuesday is bath and shopping day, you want your PCA to work eight hours a day on Mondays and Tuesdays. Since you spend Sundays with your daughter, you do not want a PCA on Sundays. You have the PCA come four hours on Wednesday and five hours on Thursday, Friday and Saturday.

Can my time roll over?

No. Unused PCA time does not carry over into the next six-month period.

When can I use my PCA help?

PCA services are usually approved for one year. PCA units are divided into two six-month periods. You must tell the assessor if you want to divide your time flexibly over the two six-month periods.

PCA ROLE¹⁰

Who can be a PCA?

Employment Requirements:

- Be 18 or older (16 and 17-year-old PCAs must meet additional requirements)
- Initiate and clear a criminal background study
- Complete training requirements
- Be able to communicate with you and your provider
- Be employed by a PCA provider agency
- Be able to provide the services you need based on your care plan
- Enroll with the DHS as a PCA once all employment criteria are met

Requirements specific to providing services

An individual who is employed as a PCA must:

- Effectively communicate with you and your provider
- Be able to provide covered PCA services according to the person's PCA care plan.
- Respond appropriately to the person's needs.
- Report changes in the person's condition to the qualified professional.
- Maintain daily written records including, but not limited to, time sheets.
- Complete training and orientation on the needs of the recipient.
- Be supervised by the consumer or the qualified professional.

A person age 16-17 years old may be a PCA with the following additional requirements:

¹⁰ Information in this section derived from http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_146076# and <https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/pca/role.jsp> (last visited January 22, 2019).

- Employed by only one PCA provider agency responsible for compliance with current labor laws
- Supervised by a qualified professional every 60 days
- *High School students aged 16 and 17 may not work after 11 p.m. on an evening before a school day or before 5 a.m. on a school day.*

PCAs may not be the:

- Paid legal guardian of an adult
- Legal guardian of a minor
- Parent or stepparent of a minor child recipient
- Recipient of PCA services
- Responsible party of a recipient
- Spouse of a recipient
- Owners or controllers of your living arrangement (unless related by blood, marriage or adoption)

A PCA is limited to providing and being paid for up to 275 hours per month of PCA regardless of the number of recipients being served or the number of PCA provider agencies enrolled with.

Can a relative be a PCA?

Some relatives cannot be your PCA. They are:

- Spouses
- Parents or stepparents of minors
- Paid legal guardians of adults
- Legal guardians of minors

Note: The 2012 Legislature clarified that a paid legal guardian for an adult cannot be that recipient’s PCA. No legal guardian of a minor can be that recipient’s PCA. All other relatives can be your PCA.

PCA ORIENTATION AND TRAINING¹¹

What type of training do PCAs get?

PCAs are required to complete two types of training:

- Online individual PCA standardized training
- Training specific to your needs

When is my PCA oriented and trained on my needs?

Within the first seven days of working for you. Under traditional PCA you and your QP train your PCA on your specific needs. If your needs change, your qualified professional can help you train your PCAs on new tasks. If you have a tracheostomy or use a ventilator, your PCA needs specialized training from a nurse, doctor or respiratory therapist.

How should I orient my PCA?

¹¹ Information in this section is derived from <https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/pca/orientation-training.jsp> (last visited January 22, 2019).

There is more than one way to orient and train PCAs. Some people respond well to oral directions while others may prefer hands-on demonstrations. Some people may prefer written information.

You may feel comfortable training your own PCA by yourself or you may like one of your experienced PCAs to assist with the training. Some people prefer to have their QP do the training. You may consider writing down your expectations so they are clear and you and your PCAs can refer back to them.

What topics should I cover in orientation?

Tour

Give PCAs a tour of their new work site. Include:

- Emergency escape locations
- Fire detectors and alarms
- Fire extinguishers
- Location of care plan
- Location of supplies or equipment they will be using
- Place where they can put their coat, belongings
- Restrooms
- Spaces where they will be working

Boundaries

Different people have different boundaries. What one person is comfortable with or thinks is appropriate may not be what someone else considers appropriate. If you are with

- Live-in PCAs. There will be additional issues to discuss with PCAs who live with you. Issues can include free time, common spaces used by everyone, cleaning schedules, use of personal items and payment of bills.
- Personal property. PCAs should respect your personal property and ask permission if they want to use it. For instance, you may or may not want to share food and beverages with your PCAs.
- Personal phone calls. PCAs should ask to make or answer a call (either on your phone or their cell phone). Placing a time limit on the calls may be beneficial. Also, be aware that long distance phone calls may happen. Talk to your PCA about costs prior to the phone call.
- Smoking. You should discuss whether it is okay for a PCA to smoke in your house, or in a designated area outside of your house. Let them know about how to dispose of butts.
- Use of vehicles. Things you might want to consider if you ask PCAs to drive for you include insurance and liability. There are issues whether the PCAs use your vehicle or theirs. Check with the PCA provider agency about their vehicle policies and procedures. PCA provider agencies are not required to offer transportation by the PCA.

Your Needs

- As you go through your routine, explain why tasks need to be done. This will help PCAs realize the importance of these tasks. For example, if you get range of motion exercises, explain that this helps you maintain movement and flexibility.
- Ask for feedback about how you are explaining things. There may be a way to be clearer in your explanations.
- Be patient. Learning how to do new things takes a while. Do not become frustrated if your PCA does not catch on right away.
- Conduct specific training on your cares, such as how to transfer from a bed to a chair or how to style your hair.
- Give a lot of examples and explain any technical terms you use.
- Provide training on how to operate any life support equipment (i.e. feeding tubes, ventilators, etc.) you have. Include how to properly handle and clean this equipment or any other medical supplies you use.
- Stress the importance of documentation of tasks and times.
- Talk about any symptoms or health concerns they need to be aware of. Include anything that may arise and how to handle the situation. For example, if you have epilepsy, what do you expect the PCA to do if you are having a seizure?
- Talk about your disability and how it affects your life. The more your PCA knows about your disability, the better they will be able to meet your needs.

QUALIFIED PROFESSIONAL SUPERVISION (referred to as QP or RN)¹²

What is a qualified professional (QP)?

Qualified professionals supervise PCA services. Your QP works for your PCA provider agency. QPs may be:

- Registered nurses
- Licensed social workers
- Mental health professionals
- Qualified developmental disabilities specialists

If your PCA is performing health-related tasks, your QP must be a registered nurse.

What does the QP do?

- Develop your care plan
- Develop and oversee your month-by-month plan
- Train, orient and evaluate new PCAs

¹² Information in this section derived from <https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/pca/qualified-professional.jsp> (last visited January 23, 2019) (references to PCA Choice services omitted).

- Supervise 16 and 17 year old PCAs
- Train PCAs who assist with tracheostomy suctioning and people using ventilators
- Oversee the delivery of PCA services
- Ensure your health and safety needs are met
- Document changes in condition and request reassessments

Why do I need a QP?

To help ensure:

- the quality of PCA services
- that your health and safety are protected

PCA services are funded by state and federal taxes and supervision helps:

- prevent and identify fraud
- provide greater accountability for the use of public funds

How often does the QP visit?

If you are getting traditional PCA services, the QP will visit your home:

- Within the first seven days to orient and train new, regularly scheduled PCAs (these first two visits may be combined)
- Within the first 14 days to evaluate new PCAs (these first two visits may be combined)
- Every 60 days to evaluate 16 and 17 year old PCAs
- Every 90 days to oversee the delivery of PCA services, during the first year of service
- Every 120 days to oversee the delivery of PCA services, after the first year of service
- Every 180 days, at the shared services site, if you are using shared services

H@HC QP Expectations

Core to the Job Requirements of Qualified Professionals is their responsibility to observe, train, and supervise our Caregivers. At their discretion, they approve the Caregiver's schedule for employment with Home at Heart Care. Often times it may take working side by side with the Caregiver to ensure the Caregiver practices our values of Responsibility, Hospitality, Trust, and Compassion. At the QP's discretion, they may work entire shifts observing the PCA to approve work hours for their client.

SPENDDOWNS; BILLING

If you are required by Minnesota Medical Assistance, Medicaid or your Managed Care Organization to incur a spenddown for the services provided to you by Home at Heart Care, Home at Heart Care will bill you for the spenddown amount as shown in the Minnesota Health Care Programs statement provided to Home at Heart Care relative to the services provided to you.

DISCONTINUATION OF SERVICES FOR NONPAYMENT

It is Home at Heart Care's policy to discontinue providing services to clients who have unpaid debt owing to Home at Heart Care. If you are billed by Home at Heart Care for services (including spenddown amounts referenced above), Home at Heart Care (at its discretion) may discontinue providing the services to you if you do not pay the unpaid amounts billed to you in the manner set forth herein below.

TEMPORARY SERVICE SUSPENSION AND TERMINATION

Home at Heart has established a Temporary Service Suspension and Termination Policy that is included in the H@HC Policy Booklet for your reference. Please make sure you review this policy and ask your QP if you have any questions.

CONSUMER SAFEGUARDS¹³

EMERGENCY PLANNING

What is an emergency plan?

Emergency plans address your immediate health needs when something unexpected happens. The Minnesota State Council on Disability has an emergency preparedness website available to help people with disabilities improve emergency preparedness.

What is a medical emergency plan?

It is good to have a plan in place for a medical emergency. You may want to carry a card or small piece of paper with you and also post this information in your home:

- Diagnosis
- Medications
- Allergies
- Health conditions and instructions
- Emergency contact information
- Doctor contact information
- Insurance information

What is an emergency evacuation plan?

Be sure to discuss evacuation plans with your friends, family and Caregiver.

Discuss the type of emergency and what action would be needed to evacuate safely.

Put together a disaster supply kit that includes what you would need to survive for three to ten days on your own.

Develop a checklist for evacuation including:

- contact numbers for helpers
- transportation options
- medications
- medical supplies

ABUSE AND NEGLECT

What is adult maltreatment?

There are three basic kinds of adult maltreatment:

- Abuse - physical, emotional or sexual
- Neglect - caregiver neglect or self-neglect

¹³ Information in this section derived from <https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/pca/consumer-safeguards.jsp> (last visited January 22, 2019).

- Financial exploitation

Who are vulnerable adults?

The Minnesota Vulnerable Adults Act lists the different types of people considered a vulnerable adult under the law. Every adult recipient of PCA or home care services is considered a vulnerable adult.

It is the policy of Home at Heart to protect the adults served by Home at Heart who are vulnerable to maltreatment and to require the reporting of suspected maltreatment of vulnerable adults. Suspected Maltreatment may include but not limited to financial exploitation, Caregiver neglect or self-neglect, or verbal, physical, sexual or emotional abuse. All employees must comply with the Home at Heart Care Maltreatment of Vulnerable Adults Mandated Reporting Policy included in the H@HC Policy Booklet and as the same may be amended at any time and from time to time. Failure to comply will result in disciplinary action, up to and including immediate termination.

What is considered abuse?

Physical abuse is when someone is harming you by hurting your body. This includes:

- Hitting
- Slapping
- Punching
- Pushing
- Refusing to help someone with a medical need
- Not giving someone medication

Sexual abuse is when someone:

- Touches you sexually
- Talks to you sexually
- Shows you sexual material or body parts

Financial abuse/exploitation is when someone:

- Uses your money or accounts without your permission or in a different way than you instructed

Who can I call for help if someone is abusing me?

- If you are in immediate danger, call 911
- Your county’s common entry point, staffed 24 hours a day, seven days a week.
- Your case manager
- Family member or friend
- Your QP
- Your PCA provider agency
- Long-term Care Ombudsman at (800) 657-3591 or (800) 627-3529 (TTY)
- Ombudsman for Mental Health and Developmental Disabilities (800) 657-3506

Beginning July 1, 2015, the general public can call the new Minnesota Adult Abuse Reporting Center at **1-844-880-1574** toll-free to report suspected maltreatment of vulnerable adults. The center will be open 24/7 for reports of financial exploitation, caregiver neglect or self-neglect, or verbal, physical, sexual or emotional abuse. Good faith reporting of suspected maltreatment is

encouraged. The identity of reporters is protected. Reporters can ask to receive notice of the initial outcome of their report.

Mandated reporters, including law enforcement and health care personnel, social workers and other professionals, can report online at mn.gov/dhs/reportadultabuse or call the toll-free number. This new statewide system replaces a county system involving more than 160 phone numbers.

How do I report suspected abuse or neglect of children?

To report concerns about child abuse, neglect or sexual abuse, contact the county or reservation where the child lives during business hours. If the child is in immediate risk of harm, please contact your local law enforcement agency or dial 911.

It is the policy of Home at Heart Care to protect the minor children served by Home at Heart whose health or welfare may be jeopardized through physical abuse, neglect, or sexual abuse and to require the reporting of suspected abuse of children, in accordance with the Home At Heart Care, Inc. Maltreatment of Minors Mandated Reporting Policy included in the H@HC Policy Booklet and as the same may be amended at any time and from time to time. All employees must comply with these policies and failure to comply will result in disciplinary action, up to and including immediate termination.

FRAUD¹⁴

What is Medicaid fraud?

Medicaid fraud is when a person obtains, attempts to obtain or helps another obtain assistance benefits to which the person is not entitled by giving false statements, false representations or by withholding information. For example:

- If you provide false information to the case manager to obtain services you don't need, that is fraud.
- If you sign a timesheet that states a Caregiver worked 30 hours when he/she only worked 20 hours, that is fraud.

You or your Caregiver could be held legally responsible for Medicaid fraud. In Minnesota the “theft of public funds” is a felony, no matter the dollar amount. Possible penalties and consequences include:

- Affected immigration status
- Affected applications for other jobs
- Disqualification from working in a Medicaid/Medicare-funded job for five years
- Disqualification from Section VIII housing
- Jail time
- Repayment of money
- **Termination of Home at Heart Care Services**

Recipients/responsible parties verify Caregiver hours and request payment by signing Caregiver time sheets.

- Recipients/responsible parties must sign Caregiver time sheets

¹⁴ Information in this section derived from <https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/pca/fraud.jsp> (last visited January 22, 2019).

- Do not sign blank time cards
- Only sign timecards for time that Caregivers have worked
- Caregivers cannot be paid when they are traveling to and from your house or if they are “on call” by phone or pager

Where can I report suspected fraud?

- Minnesota Department of Human Services fraud hotlines 800-627-9977
- Minnesota Office of the Attorney General, Medicaid Fraud Control Unit (MFCU)
- Minnesota local county attorney’s office
- Health plan care coordinator

PCA SERVICE VERIFICATION

PCAs MUST BE WITH THEIR CLIENT, PROVIDING CARE FOR THEIR CLIENT TO CLAIM TIME FOR THEIR CLIENT.

Caregivers must report, on their current timesheet, their phone number (or “no phone” if they do not have a current phone), their client’s phone number and the physical address (‘s) (not a PO Box) of where services will be performed for the next week. If no physical address or phone number is available, a separate attachment describing how to find the location of client while services are being performed must be included. **It is also critically important for PCAs to communicate with your QP when and where you will be working and to maintain a consistent schedule.**

In accordance with rules issued by the Department of Human Services, Home at Heart will make unannounced calls each calendar quarter for every client receiving PCA services to verify both PCA and Client are present and cares are being performed. Both PCA and Client must use the same phone to acknowledge the call, and if either is not available, another call will be made until both can be reached or an onsite visit is completed. Dates, time of call, name of caregiver and name of client will be recorded and timesheets will be reviewed to confirm that caregiver was working when the call was made. **If a PCA and Client cannot be reached by phone, Home at Heart at its discretion may conduct unannounced site visit(s). We appreciate everyone’s Hospitality when we make these calls and visits. By doing these, we demonstrate to the state your PCA’s professionalism and the Compassion with which we all care for our Clients. These visits are key to building Trust with all the people (*including our clients*) of Minnesota, a Responsibility we take seriously.**

Home at Heart Care will document service verifications in a legible manner and must maintain the documentation on site for at least five years from the date of documentation. For each service verification, documentation must include:

1. The names and signatures of the service recipient or recipient's authorized representative, the PCA and any other agency staff present with the PCA during the service verification, and the staff person conducting the service verification; and
2. The start and end time, day, month, and year of the service verification, and the corresponding PCA time sheet.

Additional Notes

- Beginning with the publication of this handbook in 2019, PCA's must have a documented unscheduled call or visit with their client every three months to be eligible for discretionary bonuses.
- We want to find our employees working when they tell us they are going to be working. Caregivers who are not with their client may receive disciplinary action up to and including termination.
- Please communicate any changes in your schedule to your QP prior to changing your schedule. Frequent communication will avoid no show, neglect or fraud disciplinary actions.
- Please make sure you record your time that you were working when we have a successful call. This will avoid us having to repeat a visit in the current quarter.

It is an expectation that Clients and Caregivers are both available when contacted by Home at Heart. One of the primary methods of contact is through telephone. When a Client or Caregiver change their contact information, it is an expectation that they notify their QP or Home at Heart office. If a client and employee does not have a working telephone number, it would be an expectation that an alternative contact method be provided or the client checks-in on a regular basis with their QP or Home at Heart office.

EMPLOYEE SAFEGUARDS

You should know that employers also have obligations to protect their employees. Home at Heart Care will not tolerate physical, sexual, verbal or financial abuses committed against their staff by anyone while they are working. It is in your best interest and in Home at Heart Care's best interest too, if we only provide services where our employees feel safe and welcome.

Unfortunately, below are some of the abuses Minnesota Health Care Providers have experienced in the past and the actions that will be taken by Home at Heart Care:

- Violence and Verbal Threats** directed at employees will be investigated by Home at Heart Care and reported to appropriate authorities. Any physical violence directed at an employee or indirectly affecting an employee will result in immediate termination of Home at Heart Care services as set forth in the Temporary Service Suspension and Termination policy located in the H@HC Policy Booklet.
- Sexual Abuse** can occur if a client or someone else in the client's home or workplace touches an employee in a sexual way, asks them to show private body parts, speaks to them in a sexual manner, or shows sexual material that makes the employee feel uncomfortable. Sexual abuse will be investigated and reported to the appropriate authorities. Home at Heart Care will terminate services for any client when the work environment becomes unsafe for a Home at Heart employee as set forth in the Temporary Service Suspension and Termination policy located in the H@HC Policy Booklet.
- Financial Abuse** - Caregivers are Minnesota Health Care Providers and are prohibited under state law from giving financial kickbacks to their recipients of care. **Employees cannot divide paychecks with their recipients or recipient's family members.** This also means that they should not be asked to do errands for other family members that would result in a financial cost to the employee. It is also illegal for a client to ask that the employee pay for

any client's expense that was not incurred by the employee. Employees who witness financial abuse are required by MN state law to report what they have witnessed. Employees who do not report the abuse may be subject to disciplinary action. Abuse of this nature will be investigated, documented and reported to appropriate authorities. Abuse of this nature can also adversely affect a client's access to Minnesota Home Care Services both now and in the future.

COACHING YOUR CAREGIVER

Home at Heart Care is responsible for evaluating your Caregiver; however, we cannot accurately evaluate your Caregiver without your help. You will be asked to provide constructive feedback about your Caregiver for formal evaluations that be done by Home at Heart Care. It is important for Caregivers to know how they are performing and whether they are meeting your expectations before evaluations are conducted.

Here are some tips on giving feedback to your Caregiver:

- Give feedback often. Praise good performance and initiative. It will make your Caregiver feel good and encourage continued good performance. Praise will also balance the times when you need to correct them. If you do need to correct your Caregiver, do not attack the person: For Example; "Mike, you are really dumb! Haven't I told you many times how to transfer me?" It is better to say something like, "Mike, I know you tried, but that transfer didn't go very well. Maybe we should practice that again and I'll explain how to do it."
- Do not save praise or criticism for the evaluations. Constructive feedback can happen on a daily basis and should. Caregivers need to know how they are doing so they can continue to do things correctly or change what they are doing if it is not correct.

If you are having an ongoing problem with your Caregiver, contact your QP. It is important to not let any negative issues go unmentioned.

DISCHARGING A CAREGIVER

It is Home at Heart Care's goal to only place Caregivers in your home that you feel comfortable with. You can request that someone not work for you if you do not feel comfortable with them for any reason and Home at Heart Care will work with you to address your concerns. Home at Heart Care, is a traditional provider agency, which means Home at Heart Care is responsible for terminating all employees.

CONFIDENTIALITY

Information about your personal care needs is considered confidential and should not be shared with other people. It is illegal for your PCAs, agency staff and/or your Qualified Professional to talk with other people about your care. We may, however, share information in your care plan with new PCA staff to ensure they are able to provide the assistance you need. This information will only be provided if someone is going to work for you.

Prior to beginning service, Home at Heart Care asks all clients to sign a release, authorizing Home at Heart Care to consult with their Physician, County Social Services and County Public

Health Nurse for the purpose of initiating and providing personal care and/or homemaking services. In most cases, other than information transmitted for billing purposes or an emergency, these are the only people or organizations that your care is discussed with. However, if you request us to provide your health information to another party, we will ask for your signed authorization prior to disclosing your private information. Home at Heart Care's Notice of Privacy Practices Policy is included in the H@HC Policy Booklet for your reference.

If you feel your confidentiality has been violated, please contact Home at Heart Care or the Minnesota Department of Health Office of Ombudsman, 651-296-3848 or 800-657-3506.

APPENDIX 1 – STAFFING SCHEDULE

STAFFING SCHEDULE FOR PCAS

Sample Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 8-10 AM Joan	2 6-8 AM Linda	3 6-8 AM Linda	4 6-8 AM Linda	5 6-8 AM Linda	6 6-8 AM Linda	7 8-10 AM Joan
6-9 PM Jill	6-10 PM Lou	6-10 PM Lou	6-10 PM Lou	6-10 PM Lou	6-10 PM Lou	6-9 PM Jill

Blank Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

APPENDIX 2 – SAMPLE WEEKLY PCA TASK SCHEDULE

Sample Weekly PCA Task Schedule

[MDHS Consumer Guidebook, p. 75]

Morning Tasks/Cares

(Every day of the week)

- Giving morning medications
- Draining leg bag
- Changing catheter and cleaning area
- Grooming (washing face and upper body, brushing teeth, combing hair, applying deodorant)
- Dressing (getting clothes out and helping me put them on)
- Transfer to wheelchair (preparing chair, transfer and positioning in chair)
- Preparing breakfast

Morning Tasks/Cares

(Monday-Friday)

- All the cares listed in every day of the week, and
- Showering and washing hair
- Preparing lunch to take to work

Morning Tasks/Cares

(Saturday-Sunday)

- All the cares listed in every day of the week and
- Preparing lunch

Evening Tasks/Cares

(Every day of the week)

- Preparing supper
- Cleaning up kitchen
- Giving evening medications
- Helping with undressing
- Transferring to bed and positioning once in bed
- Emptying leg bag
- Cleaning of urinary bags
- Charging wheelchair

Housekeeping Chores

- Monday — laundry
- Tuesday — dusting and vacuuming
- Wednesday — grocery shopping
- Thursday — cleaning kitchen and bathroom
- Friday — taking out recycling and garbage

Bowel Cares (Tuesday, Thursday and Sunday evenings)

- Emptying leg bag
- Cleaning of urinary bags
- Assistance with suppositories, evacuation and clean-up

APPENDIX 3 – SAMPLE PCA EVALUATION FORM

HOME AT HEART CARE, INC.

PCA EVALUATION FORM

Service Verification Call		Contact Phone Number		
PCA	CLIENT	HaHC Caller	Date/Time	Time Check

Service Verification Call Comments _____

QP/RN	TIME IN	Time Out	Total Time				Date	
			14Day	30Day	60Day	90Day	120Day	Other

Client's Name: _____

PCA's Name: _____

RN's Name: _____

Use the following table to rate the employee's attributes from Poor to Superior:

1. TRUST	Poor	Average	Superior
Follows work schedule			
Reports to work on time			
No absence without prior arrangement			
Reports Time Accurately			
2. HOSPITALITY	Poor	Average	Superior
Positive attitude			
Learns from Client well			
Demonstrates interest in Client			
Applies Person Centered Principles			
3. COMPASSION	Poor	Average	Superior
Performs Cares Graciously			
Sensitive to Client's needs			
Communicates well			
Speaks respectfully and kindly			
4. RESPONSIBILITY	Poor	Average	Superior
Job knowledge			
Gets work done			
Uses Client's Time well			
Understands Company Policies			

5. What areas does the PCA need more training or improvement?

6. List any ideas or concerns the Client wants to talk about.

7. List any ideas or concerns the PCA wants to talk about.

8. Other Comments

PCA's Signature: _____ Date: __/__/__

Client's (RP) Signature: _____ Date: __/__/__

RN's Signature: _____ Date: __/__/__

White - H@HC File
 Yellow - Client copy
 Pink - PCA copy
 Gold - RN Log

APPENDIX 4 – MHCP RESPONSIBLE PARTY AGREEMENT



Minnesota Department of **Human Services**



Minnesota Health Care Programs (MHCP)

Personal Care Assistance (PCA) Program Responsible Party Agreement and Plan

Personal care assistance (PCA) agencies must have each responsible party or their delegate complete the following agreement annually to ensure they are aware of their roles and responsibilities. You must keep a copy of the completed agreement in the recipient's file and provide a copy to the recipient and their responsible party or delegate.

Completed by Responsible Party

RESPONSIBLE PARTY NAME (Last/First/MI) <input style="width: 98%; height: 20px;" type="text"/>	RELATIONSHIP TO RECIPIENT <input style="width: 98%; height: 20px;" type="text"/>
RECIPIENT NAME (Last/First/MI) <input style="width: 98%; height: 20px;" type="text"/>	RECIPIENT MHCP ID NUMBER <input style="width: 98%; height: 20px;" type="text"/>

I agree to be the responsible party for the above named recipient for the following time period:
 _____ (MM/DD/YYYY) to _____ (MM/DD/YYYY) and agree to (initial each):

- Attend assessments for PCA services for the recipient to help the recipient make informed choices
- Determine if the recipient's health and safety are assured with the current PCA services
- Help develop the PCA care plan with the qualified professional
- Actively participate in planning and direction of PCA services
- Sign the PCA time sheets after services are provided to verify the services
- Monitor the PCA weekly to ensure the care plan is followed and the care outcomes are met as described below
- Be accessible to the recipient and PCA when services are provided as described below

RESPONSIBLE PARTY PLAN TO MEET THE ABOVE REQUIREMENTS (Be specific - attach additional pages as needed)

Acknowledgement and Signature (check below)

- I am at least 18 years of age
- I am not the owner or manager of the PCA provider agency
- I am not a personal care assistant for this recipient
- I am not the qualified professional for this recipient
- I am not a staff member of the PCA provider agency or I am related to this recipient by blood, marriage or adoption

I understand that I am responsible for and have agreed to all of the duties outlined above.

Completed and Signed by Responsible Party

RESPONSIBLE PARTY SIGNATURE <input style="width: 98%; height: 20px;" type="text"/>	DATE <input style="width: 98%; height: 20px;" type="text"/>	PHONE NUMBER <input style="width: 98%; height: 20px;" type="text"/>
ADDRESS <input style="width: 98%; height: 20px;" type="text"/>	CITY <input style="width: 98%; height: 20px;" type="text"/>	STATE <input style="width: 98%; height: 20px;" type="text"/>
		ZIP CODE <input style="width: 98%; height: 20px;" type="text"/>

The PCA agency is required to make a referral to the county common entry point for any failure to provide the support as required by the recipient.

Completed by Agency

AGENCY CONTACT NAME <input style="width: 98%; height: 20px;" type="text"/>	TITLE <input style="width: 98%; height: 20px;" type="text"/>
AGENCY NAME <input style="width: 98%; height: 20px;" type="text"/>	DATE <input style="width: 98%; height: 20px;" type="text"/>

APPENDIX 5 – TIME & ACTIVITY DOCUMENTATION (Employee Time Sheet)

Time and Activity Documentation

Home at Heart Care PO Box 183, Clearbrook, MN 56634		FAX (866)810-7008 / (218)776-3507	PHONE (866)810-9441 / (218)776-3508
DATES/LOCATION OF RECIPIENT STAY IN HOSPITAL/CARE FACILITY/INCARCERATION			CURRENT PHONE NUMBERS CHECK <input type="checkbox"/> IF NEW
ADDRESS OF THE LOCATION WHERE SERVICES WERE PROVIDED (DO NOT USE POST OFFICE BOX NUMBERS)		RECIPIENT () -	
		CAREGIVER () -	

Dates of Service (in consecutive order)	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
--	----------	----------	----------	----------	----------	----------	----------

Activities	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Dressing							
Grooming							
Bathing							
Eating							
Transfers							
Mobility							
Positioning							
Toileting							
Health Related							
Behavior							

IADL's (only recipients age 18+)							
Light Housekeeping							
Laundry							
Other							

Visit One																		
Ratio Staff to Recipient	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3
Shared Care Location																		
Time in (circle AM/PM)		AM			AM			AM			AM			AM			AM	
		PM			PM			PM			PM			PM			PM	
Time out (circle AM/PM)		AM			AM			AM			AM			AM			AM	
		PM			PM			PM			PM			PM			PM	

Visit Two																		
Ratio Staff to Recipient	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3
Shared Care Location																		
Time in (circle AM/PM)		AM			AM			AM			AM			AM			AM	
		PM			PM			PM			PM			PM			PM	
Time out (circle AM/PM)		AM			AM			AM			AM			AM			AM	
		PM			PM			PM			PM			PM			PM	

Daily Totals																		
Weekly Total	Total 1:1			Total 1:2			Total 1:3			Hours worked for other agency								

Acknowledgement and Required Signatures If **NO** hours worked for another agency, mark the circle →
 After the caregiver has documented his/her time and activity, the recipient must draw a line through any dates and times he/she did not receive services from the caregiver. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on billings for Medical Assistance payments. Your signature verifies the time and services entered above are accurate and that the services were performed as specified in the Care Plan.

RECIPIENT NAME (FIRST, MI, LAST)	DATE OF BIRTH	CAREGIVER NAME (FIRST, MI, LAST)	CAREGIVER UMPI
RECIPIENT/RESPONSIBLE PARTY SIGNATURE	DATE	CAREGIVER SIGNATURE	DATE

Time sheets must be submitted by email, fax, mail or in person within thirty (30) days after the first original date of service to which the time sheet relates. Time Sheets received after 30 days will be held for confirmation of payment to Home at Heart Care before paycheck is issued.

Instructions for Caregiver Time and Activity Documentation

This form documents time and activity between one caregiver and one recipient, up to two visits per day. For more than two visits per day, use a separate form. For shared care, you must use a separate form for each person for whom you are providing care. Home at Heart Care classifies PCAs, Floats, Homemakers, and Housekeepers as caregivers.

Recipient Stays

Enter dates and location of recipient stays in a hospital, care facility or incarceration.

Service Location Address

Enter the physical address of the location where the caregiving services were provided for the recipient. Do not use Post Office box numbers.

Service Location Phone Number

Enter the phone number of the location where the caregiver to performed services for the recipient, and a caregiver phone number. Mark the box if one of the numbers is new.

Dates of Service

Dates of service must be in consecutive order. Enter the date in mm/dd/yy format for each date you provide service. The recipient must draw a line through any dates and times services were not provided.

Activities

For each date you provided care, write your initials next to all the activities you provided. Your initials indicate you provided the service as described in the Care Plan. If you provide a service more than once in a day, initial only once. The following are general descriptions of activities of daily living and instrumental activities of daily living.

Dressing – Choosing appropriate clothing for the day, includes laying-out of clothing, actual applying and changing clothing, special appliances or wraps, transfers, mobility and positioning to complete this task.

Grooming – Personal hygiene, includes basic hair care, oral care, nail care (except recipients who are diabetic or have poor circulation), shaving hair, applying cosmetics and deodorant, care of eyeglasses, contact lenses, hearing aids.

Bathing – Starting and finishing a bath or shower, transfers, mobility, positioning, using soap, rinsing, drying, inspecting skin and applying lotion.

Eating – Getting food into the body, transfers, mobility, positioning, hand washing, applying of orthotics needed for eating, feeding, preparing meals and grocery shopping.

Transfers – Moving from one seating/reclining area or position to another.

Mobility – Moving, including assistance with ambulation, includes use of a wheelchair. Mobility does not include providing transportation for a recipient.

Positioning – Including assistance with positioning or turning a recipient for necessary care and comfort.

Toileting – Bowel/bladder elimination and care, transfers, mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing the perineal area and inspecting skin and adjusting clothing.

Health-related Procedures and Tasks – Health related procedures and tasks according to PCA policy. Examples include: range of motion and passive exercise, assistance with self-administered

medication including bringing medication to the recipient, and assistance with opening medication under the direction of the recipient or responsible party, interventions, monitoring and observations for seizure disorders, and other activities listed on the care plan and considered within the scope of the PCA service meeting the definition of health-related procedures and tasks.

Behavior – Redirecting, intervening, observing, monitoring and documenting behavior.

IADLs (Instrumental Activities of Daily Living) – Covered service for recipients over age 18 years only, such as: meal planning and preparation, basic assistance with paying the bills, shopping for food, clothing, and other essential items, performing household tasks integral to the personal care assistance services; assisting with recipient's communication by telephone, and other media, and accompanying the recipient with traveling to medical appointments and participation in the community.

Visit One

Documentation of the first visit of the day.

Ratio of Staff to Recipient – 1:1 = One caregiver to one recipient. 1:2 = One caregiver to two recipients (shared services). 1:3 = One caregiver to three recipients (shared services). Circle the appropriate ratio of Staff to recipients for this visit.

Shared Services Location – (Required for shared services only) Write a brief description of the location where you provided the shared services, examples include school, work, store and home.

Time in – Enter time in hours and minutes that you started providing care and circle AM or PM.

Time out – Enter time in hours and minutes that you stopped providing care and circle AM or PM.

Visit Two

This is documentation for the second and third visit of the day. Follow instructions for Visit One above.

For more visits

Use a separate Time and Activity Documentation form.

Daily Totals

Add the total time for that day that the caregiver was with the recipient for the care documented above.

Weekly Total

Add the time for all visits on this entire time sheet and enter the total in the appropriate ratio box.

Hours worked for other agency

Enter the number of hours worked during the week for other caregiving agencies. If there were none, mark the circle.

Acknowledgement and Required Signatures

The caregiver prints his/her first name, middle initial, last name, individual Unique Minnesota Provider Identifier (UMPI) (for identifying purposes). The caregiver signs and dates form.

Recipient/responsible party confirms the accuracy of the timesheet, then prints the recipient's first name, middle initial, last name, and birth date (for identifying purposes). Recipient/responsible party then signs and dates the form.



Homemaking, Housekeeping, Individual Community Living Supports (ICLS) & Respite Care Client Handbook

THIS HOMEMAKING, HOUSEKEEPING, INDIVIDUAL COMMUNITY LIVING SUPPORTS (ICLS) AND RESPITE CARE RECIPIENT CLIENT HANDBOOK & H@HC POLICY BOOKLET (“CLIENT HANDBOOK”) IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY AS A SERVICE OF HOME AT HEART CARE, INC. (“HOME AT HEART CARE”)(“H@HC) TO ITS CLIENTS AND IS NOT INTENDED TO SERVE AS A SERVICE CONTRACT BETWEEN HOME AT HEART CARE AND ITS CLIENTS. HOME AT HEART CARE DISCLAIMS ANY RESPONSIBILITY OR LIABILITY OF ANY TYPE OR NATURE AND ANY WARRANTY, WHETHER EXPRESS OR IMPLIED, AS TO ANY MATTER INFORMATION CONTAINED WITHIN THIS HANDBOOK. THIS HANDBOOK DOES NOT CONSTITUTE LEGAL OR MEDICAL ADVICE AND SHOULD NOT BE RELIED ON AS SUCH.

IN NO EVENT SHALL HOME AT HEART CARE BE LIABLE FOR ANY INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES ARISING OUT OF ANY USE OF OR RELIANCE ON ANY INFORMATION CONTAINED WITHIN THIS HANDBOOK. HOME AT HEART CARE DOES NOT ASSUME AND HEREBY DISCLAIMS ANY AND ALL LIABILITY TO YOU OR ANY OTHER PERSON OR ENTITY FOR ANY CLAIMS, DAMAGES, LIABILITY OR OTHER LOSS INCLUDING, WITHOUT LIMITATION, ANY LIABILITY FOR INJURY OR OTHER DAMAGE RESULTING FROM ANY USE OF OR RELIANCE ON ANY INFORMATION WITHIN THIS HANDBOOK.

As indicated herein, most of the information within this Client Handbook & H@HC Policy Booklet is excerpted from the Minnesota Department of Human Services websites which can be accessed from www.dhs.state.mn.us (“MN-DHS Website”), the Minnesota Department of Health website, www.health.state.mn.us (“MDH Website) and Minnesota statutes as of February 22, 2019. Changes in statutes, rules, regulations and policies of either the federal government or State of Minnesota after the dates the source material was published may therefore not be reflected within the MDH Guidebook, the MN-DHS Website, the MDH Website and/or this Client Handbook.

If you have any questions regarding the information within this Client Handbook & H@HC Policy (including without limitation your potential eligibility for participation in Minnesota’s Home and Community-Based Services), please consult with an attorney or

contact the Minnesota Department of Human Services Disability Services Division, www.dhs.state.mn.us.

MINNESOTA'S HOME AND COMMUNITY-BASED SERVICE PROGRAM¹⁵

Minnesotans with disabilities or chronic illnesses who need certain levels of care may qualify for the state's home and community-based waiver programs.

Medicaid home and community-based service (HCBS) waivers afford states the flexibility to develop and implement creative alternatives to placing Medicaid-eligible persons in hospitals, nursing facilities or Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD). HCBS waivers allow states to put together various service options that are not available under regular Medical Assistance (MA). These service options are available to persons in addition to services covered by MA. Generally, these services are targeted to people with specific needs or diagnosis.

The Minnesota Department of Human Services (DHS) recognizes the importance of helping people live where they choose with appropriate services that assure their health and safety.

HOME AND COMMUNITY-BASED SERVICES OFFERED BY H@HC

Home at Heart Care is a provider of homemaking services ("Homemaking Services"), respite care services ("Respite Care Services"), Individual Community Living Supports ("ICLS Services") and housekeeping services ("Housekeeping Services") described within this Client Handbook through the Minnesota Home and Community-Based Service program. Home at Heart Care employees providing Homemaking Services, Respite Care Services, ICLS Services or Housekeeping Services are referred in this Client Handbook as "Caregivers."

COORDINATED SERVICE AND SUPPORT PLAN AND ADDENDUM

A recipient of Homemaking, ICLS or Respite Care Services provided by Home at Heart Care will receive services pursuant to a written coordinated service and support plan and addendum.

PERSON-CENTERED PLANNING AND SERVICE DELIVERY REQUIREMENTS¹⁶

Home at Heart Care will provide Homemaking Services, ICLS and Respite Care Services in response to each person's identified needs, interests, preferences, and desired outcomes as specified in the coordinated service and support plan and the coordinated service and support plan addendum, and in compliance with the requirements set forth in Minnesota Statutes Chapter 245D as discussed in this section (note, however, that Housekeeping Services will be provided pursuant to a written service agreement).

Home at Heart Care will provide services in a manner that supports each person's preferences, daily needs, and activities and accomplishment of the person's personal goals and service outcomes, consistent with the principles set forth below.

Information derived from <https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/hcbs-waivers.jsp> (last visited January 22, 2019).

¹⁶ Information in this section derived from https://mn.gov/dhs/assets/245d-person-centered-planning-and-service-delivery-requirements-sample-document_tcm1053-297289.doc (last visited January 22, 2019).

Person-centered service planning and delivery that:

- identifies and supports what is important to the person as well as what is important for the person, including preferences for when, how, and by whom direct support service is provided;
- uses that information to identify outcomes the person desires; and
- respects each person's history, dignity, and cultural background;

Self-determination that supports and provides:

- opportunities for the development and exercise of functional and age-appropriate skills, decision making and choice, personal advocacy, and communication; and
- the affirmation and protection of each person's civil and legal rights; and

Providing the most integrated setting and inclusive service delivery that supports, promotes, and allows:

- inclusion and participation in the person's community as desired by the person in a manner that enables the person to interact with nondisabled persons to the fullest extent possible and supports the person in developing and maintaining a role as a valued community member;
- opportunities for self-sufficiency as well as developing and maintaining social relationships and natural supports; and
- a balance between risk and opportunity, meaning the least restrictive supports or interventions necessary are provided in the most integrated settings in the most inclusive manner possible to support the person to engage in activities of the person's own choosing that may otherwise present a risk to the person's health, safety, or rights.

The following questions can be used by persons receiving services licensed under chapter 245D to help identify how they want services provided to them. It is recommended that the support team or extended support team discuss these questions together when completing service assessments, planning, and evaluation activities to help ensure the goals of person-centered planning and service delivery are met for each person served.

Sample of Person-Centered Planning and Service Delivery Questions for Initial Planning:

- What are your goals for service outcomes?
- What are your preferences related to:
 - a. Time you wake up in the morning?
 - b. Time you go to bed?
 - c. What your favorite foods are?
 - d. What are foods you don't like?
 - e. Whom you prefer to have direct support service provided from?
- Do you take any medications?
- Do you need help with your medications?
- What are some of your interests?
- Do you have any hobbies?
- What are things you like to do in the community?
- Is there an activity or skill that you would like to learn?
- Do you have any special relationships?
- Do you work in the community?

Sample of Person-Centered Planning and Service Delivery Questions for Program Evaluation and/or Progress Review:

- Do you feel your relationships are supported by staff?
- What do you like about your home?
- Is there anything that bothers you about your home?
- Do you like the people you live with?
- Do you feel the house you live in is safe?
- Do you feel any rules in your house are unfair?
- Do you have a private place to go to at home?
- Do you have goals to meet at home?
- Do you want to work?
- Is there anything that bothers you at work?
- Do you have specific goals set at work?
- Do you feel that staff treats you with dignity and respect?
- Do you feel that your privacy is respected?
- Do you feel that decisions you make are respected?
- Do you feel that you are given the opportunity to be as independent as possible?

You or your support team may think of other questions that are important to you. You should feel free to discuss these questions with your service provider.

HOMEMAKING SERVICES¹⁷

Home at Heart Care is a Home and Community Based Waivered Services Provider, providing Homemaking services for individuals on CADI, TBI DD and EW Waivers as well as Alternative Care. Homemaking services are also available as a private pay service.

Our Homemaking Services Include:

General household activities provided by a trained homemaker, when a person is unable to manage the home or when the person regularly responsible for these activities is temporarily absent or unable to manage the home. Services include:

- Homemaker/cleaning
- Homemaker/home management
- Homemaker/Assistance with activities of daily living (“ADLs”).

Homemakers may monitor the person’s well-being while in the home, including home safety.

Cleaning

Homemaker/cleaning services include light housekeeping tasks. Homemaker/cleaning providers deliver home cleaning and laundry services.

¹⁷ Information in this section derived from http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_001906 (last visited January 22, 2019).

Home Management

Homemaker/home management providers deliver home cleaning services, and while onsite, provide assistance with home management activities, as needed.

Homemaker/home management services may include assistance with the following:

- Arranging for transportation
- Laundry
- Meal preparation
- Shopping for food, clothing and supplies
- Simple household repairs.

Assistance with ADLs

Homemaker/assistance with ADLs providers deliver cleaning services and, while onsite, provide assistance with ADLs as needed. Assistance with ADLs includes assistance with the following:

- Ambulating
- Bathing
- Dressing
- Eating
- Grooming
- Toileting.

INDIVIDUAL COMMUNITY LIVING SUPPORTS (ICLS)¹⁸

Home at Heart Care Caregivers can perform ICLS, an Elderly Waiver (EW) bundled service that supports participants who need reminders, cuing, intermittent or moderate supervision, or physical assistance to remain in their home.

ICLS covers assistance and support for eligible people 65 years and older who use Elderly Waiver (EW) or the Alternative Care (AC) Program. It includes the following service categories:

- Active cognitive support
- Adaptive support service
- Activities of daily living (ADLs)
- Household management
- Health, safety and wellness
- Community engagement.

ICLS does not cover:

- Specialized and/or adapted equipment for remote support
- Transportation mileage.

¹⁸ Information in this section derived from http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&DocName=DHS-293369 (last visited January 22, 2019).

The case manager/care coordinator completes the ICLS Planning form with you. In the form, the case manager/care coordinator:

- Identifies the individual goals the ICLS service is intended to support
- Describes and provides detail about the type of services the person will receive within each ICLS service category
- Calculates the total amount of ICLS services the person will receive each week (i.e. total number of units)
- Calculates the total costs each week.

An ICLS provider cannot:

- Be an arranged home care provider for a housing with services establishment where the person resides
- Be related to the person by blood, marriage, or adoption
- Be the person's legal guardian or conservator
- Be the person's landlord
- Have any financial interest in the person's housing.

Active Cognitive Support

The “active cognitive support” category includes interventions intended to address cognitive issues and challenges important to the person. Active cognitive supports are the only ICLS services that the person can receive both in-person and remotely.

Examples of ICLS services covered under this category include:

- Problem solving the person's concerns related to daily living
- Providing assurance to the person
- Observing and redirecting to address behavioral, orientation or other cognitive concerns.

The person can receive active cognitive support services either:

- In-person
- Remotely via real-time, two-way communication between the person and the provider (e.g. phone, live video, etc.).

The person must receive all other service categories in-person. The person must receive in-person ICLS services in a single-family home or apartment that he/she or his/her family owns or rents (as demonstrated by a lease agreement). In a rental scenario, the person or his/her family must maintain control over the individual unit.

The person must receive ICLS services in-person once per week.

Adaptive Support Service

The “adaptive support service” category includes services intended to help the person adopt ways to meet his or her needs. ICLS adaptive support services:

- Encourage the person's self-sufficiency
- Reduce the person's reliance on human assistance.

Examples of ICLS services covered under this category include:

- Verbal, visual and/or touch guidance to help a person complete a task

- Developing and demonstrating cuing or reminder tools (e.g., calendars, lists)
- Providing verbal, visual and/or touch guidance to help the person complete a task
- Helping the person understand written assistive technology directions or instructions from the manufacturer or health professional so the person can maintain independence.

Activities of Daily Living (ADLs)

The “ADLs” category includes services intended to assist the person with ADLs.

Household Management

The “household management” category includes services intended to help the person manage his or her home. Examples of ICLS services covered under this category include:

- Assisting with cleaning, meal planning/preparation, and shopping for household/personal needs
- Assisting with budgets and money management
- Assisting with communications (e.g., sorting mail, accessing email, placing phone calls, making appointments)
- Providing transportation when transportation is integral to ICLS household management goals and community resources and/or informal supports are not available.

Health, Safety and Wellness

The “health, safety and wellness” category includes services intended to help the person maintain his or her overall well-being. Examples of ICLS services covered under this category include:

- Identifying changes in health needs, and notifying the case manager and/or informal caregivers as needed
- Coordinating or implementing changes to mitigate environmental risks in the home
- Providing reminders about and assistance with exercises and other health maintenance/improvement activities
- Providing medication assistance (e.g., medication refills, reminders, administration, and/or preparation)
- Monitoring the person’s health according to written instructions from a licensed health professional
- Using medical equipment devices or adaptive technology according to written instructions from a licensed health professional.

Community Engagement

The “community engagement” category includes services intended to help the person have meaningful integration and participation in his or her community. Examples of ICLS services covered under this category include:

- Facilitating the person in socially valued roles through engagement in relevant activities that lead to desired outcomes
- Helping the person access activities, services and resources that facilitate meaningful community integration and participation
- Helping the person develop and/or maintain his or her informal support system
- Providing transportation when it is integral to ICLS community engagement goals and community resources and/or informal supports are not available.

IN-HOME RESPITE CARE¹⁹

Home at Heart Care Caregivers can perform In-Home Respite care for qualifying individuals. Respite Care services are short-term care services provided due to the absence or need for relief of the family member(s) or primary caregiver.

Covered Services

Home at Heart Care is approved to provide In-Home Respite Care only for recipients approved for BI, CAC, CADI or DD waivers and authorized by the recipient's County case manager.

Respite care is only provided for a primary caregiver meeting the following criteria:

- Responsible for the care and supervision of the person;
- Maintain his/her primary residence at the same address as the person and
- Be the owner or leaser of the primary residence

Respite Care is limited to thirty (30) consecutive days per respite stay in accordance with the plan of care and is based on the recipient's needs and may cover day or night respite needs.

HOUSEKEEPING SERVICES

Home at Heart offers certain Homemaking services which consist **only** of cleaning services which are referred to as "Housekeeping Services". Housekeeping Services do not consist of "basic support services" which are offered by Home at Heart pursuant to its 245D Home and Community Based Services License.

Housekeeping Services are offered through the Home at Heart Care homemaking program to provide needed in-home cleaning services to persons unable to complete the tasks independently, thus making it possible for clients to remain in their homes for a greater period of time.

The duties of Home at Heart employees providing Housekeeping Services ("Housekeepers") are limited *exclusively* to providing home cleaning services. Please note that a Housekeeper ***cannot*** provide any services which comprise "home management services" or assistance with activities of daily living including the following services:

- Laundry
- Meal Preparation
- Shopping for food, clothing or supplies
- Simple household repairs
- Arranging for transportation
- Assistance with bathing
- Assistance with toileting
- Assistance with eating
- Assistance with ambulating
- Any services other than cleaning services.

¹⁹ Information in this section derived from http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&DocName=id_002203 (last visited January 22, 2019).

Housekeeping Services are provided by Home at Heart Care pursuant to a written service agreement. Any questions as to whether a service which a Housekeeper is requested or directed to complete is a non-cleaning service should be directed to Home at Heart Care.

SERVICE RECIPIENT RIGHTS²⁰

Minnesota Statutes Section 245D.04 requires Home at Heart Care to provide a recipient of Homemaking Services or Respite Care Services from Home at Heart Care with notice of those service recipient's rights as set forth within Section 245D.04. Notice and explanation of those rights is set forth within the Home and Community-Based Service Recipient Rights attached hereto as HHIR Appendix 1 and in the Service Recipient Rights in the H@HC Policy Booklet.

Please refer to pages 21 – 27 of this Client Handbook for the detailed information on the following:

[SPENDDOWNS; BILLING](#)

[TEMPORARY SERVICE SUSPENSION AND TERMINATION POLICY](#)

[CONSUMER SAFEGUARDS \(Emergency Planning, Abuse & Neglect, & Fraud\)](#)

[EMPLOYEE SAFEGUARDS](#)

[COACHING YOUR CAREGIVER](#)

[DISCHARGING A CAREGIVER](#)

[CONFIDENTIALITY](#)

²⁰ Information in this section derived from https://mn.gov/dhs/assets/245d-service-recipient-rights-packet-sample-document_tcml053-302528.doc (last visited January 23, 2019).

HHIR APPENDIX 1 –SERVICE RECIPIENT RIGHTS RECEIPT

Person name: _____

Program name: Home at Heart Care, Inc.

This packet contains information regarding your rights while receiving services and supports from this program, information on restriction of your rights, and information of where you can go if you have questions or need additional information related to your rights.

I received the following information within five working days of when I started to receive services and every year after that.

1. A copy of my rights under the law, Minnesota Statutes, section 245D.04.
2. An explanation of what my rights are and that I am free to exercise my rights; and that this program must help me exercise my rights and help protect my rights.

Date services were started: _____ Date I received this information: _____

This information was provided to me in a way that I understand. If I needed the information in another format or language, it was given to me in that format or language.

If my rights are or will be restricted in any way to protect my health, safety, and well-being, the restriction has been explained to me and I understand the program must document and implement the restriction as required by law to make sure I get my rights back as soon as possible.

Are there any restrictions placed on my rights? Yes (if yes, see rights restriction document) No

I understand that I may contact the agencies below if I need help to exercise or protect my rights:

Office of the Ombudsman for Mental Health &
Developmental Disabilities
121 7th Place E, Suite 420
Metro Square Building
St. Paul, MN 55101
Phone: (651) 7567-1800 or 1(800) 657-3506
Fax: (651) 797-1950
Website: www.ombudmhdd.state.mn.us

Minnesota Disability Law Center
430 1st Ave N, Suite 300
Minneapolis, MN 55401
Email: mndlc@mylegalaid.org
Website: <http://www.mndlc.org/>

I want _____ (circle one: my authorized representative/ legal representative/ family member) to help me exercise my rights. The program has this person's contact information in my record.

By signing this document I am agreeing that I have read and understand the boxes I checked above.

Person/Legal Representative

Date

