



COMMUNITY SUPPORT PROGRAM Clients' Bill of Rights & Responsibilities

As a client receiving home care services from the **COMMUNITY SUPPORT PROGRAM**, your care will be provided under the direction of your Care Consultant, and you **have the right** to expect that:

1. You will be fully informed of your rights.
2. You will be treated in a considerate and respectful manner.
3. You will be told the names, telephone numbers and duties of any of our **COMMUNITY SUPPORT PROGRAM** staff, including your Care Consultant, and contracting agency staff providing you with service(s).
4. **You have the right to privacy. All communications and records pertaining to your care will be held confidential, unless you sign for their release or for the purpose of coordination, continuity of care, or reimbursement. Exceptions to these are those circumstances which are required by law to be reported to authorities (i.e. suspicions of abuse, neglect and/or exploitation of children, disabled adults and individuals over the age of 60 years).**
5. You will be provided with information necessary to give informed consent pertaining to your plan of care, services or treatment in understandable terms.
6. You will be provided with the opportunity to participate in the decisions involved in developing and implementing your plan of care, services or treatment, and you will be informed of your progress in responding to the same.
7. Prior to being requested to sign any forms, you will receive a full explanation as to their content and purpose.
8. You may refuse portions or all of the care, services or treatment recommended by SourcePoint. You will be informed of the possible consequences of your decision. Services that you do agree to accept shall not be terminated as a result of your decision.
9. You will be involved in the timely development of your plan of termination from home care and to help you, you will be provided with information as to your continuing needs and alternative levels of care for meeting those needs.
10. You will be provided with information about the **COMMUNITY SUPPORT PROGRAM** that will help you understand it as a provider of home care services.
11. You will be provided with information about any policies or procedures relating to your care, including charges and payment for services and reimbursement sources which affect you as a recipient of services from the **COMMUNITY SUPPORT PROGRAM**.
12. **You have the right to be advised of your share of the cost of the services, prior to accepting services, as determined by the Financial Assessment and the potential**

consequences of non payment. You have the right to sign a Financial Waiver agreeing to pay full cost for your services.

13. You may designate a power of attorney, family member or other individual to act on your behalf in participating in your plan of care.
14. You will be provided with services without discrimination as to age, race, religion, sex, national origin, sexual orientation, or source of payment.
15. Staff of the **COMMUNITY SUPPORT PROGRAM** or contracting agencies entering your home to provide you with service will show appropriate respect for you, your premises and property.
16. You have the right to voice grievances and suggest changes in service or staff without fear of restraint or discrimination. ***If you have a grievance or wish to file a claim, you are to discuss this first with your care consultant. If the matter is not resolved to your satisfaction, you may contact Kim Clewell, Director of Operations at (740) 203-2353.***
17. As a recipient of community-based care, you have access to the Long Term Care Ombudsman Program if you experience problems with the services you receive. If you do not receive an acceptable resolution you can contact the Ombudsman Program, operated by Easter Seals Central and Southeast Ohio at 614-345-9198 or 1-800-536-5891. You may also contact the Ohio Department of Aging Long-term Care Ombudsman/Elder Rights Hotline at 1-800-282-1206.

As a client receiving services from the **COMMUNITY SUPPORT PROGRAM**, you are responsible for:

1. **Allowing your Care Consultant to complete required home visits to assess your ongoing needs and eligibility for services and to update annual paperwork, including, but not limited to the Financial Assessment Form. Allowing Service Providers to complete required supervisory visits.**
2. **Informing your Care Consultant and provider agency when you will be away from your home on dates of scheduled services. You should inform them, for example, if you go away to visit relatives or friends, you go to the hospital, or will not be at home at the time of scheduled services. Failure to do so may result in a full or partial charge for that service, or discontinued service in the case of Home Delivered Meals (Meals-On-Wheels).**

In the event that you will not be able to receive your services on a given day, all cancellations must be called directly to the service providers by 8:30 a.m. in order to avoid charges. It is important that you keep the telephone numbers for your service providers close at hand. If the client has excessive absences, defined as three or more, without proper notice to their COMMUNITY SUPPORT PROGRAM Care Consultant and/or provider, this could be reason for discontinuation of services.

3. Informing your Care Consultant and providing agencies of any plans to move from your current residence. In the event that you have an "Emergency Response System" unit, you are required to contact your Care Consultant and the providing agency to make arrangements to pick up the unit before you leave the area.
4. Contacting your service provider and/or Care Consultant regarding service concerns or questions. Notify your Care Consultant by calling (740) 363-6677 or (800) 994-2255 during business hours (8:00 a.m. - 5:00 p.m.).

5. Signing a statement assuming full responsibility for any consequences resulting from your decision, should you choose to refuse care, services or treatment.
6. Refraining from offering gifts, tips, donations or bribes to the workers who provide home care services to you.
7. Reporting the following behaviors displayed by any worker providing home care services to the provider agency and/or your **COMMUNITY SUPPORT PROGRAM** Care Consultant:
 - A. They may eat their personal lunch in your home if you consent, but you should report if they consume your food and drink or include the time spent eating on their timesheet as work time.
 - B. If they consume alcoholic beverages in your home or appear to be intoxicated.
 - C. If they smoke in your home.
 - D. If they use your phone to make personal calls or request the use of your automobile, unless authorized through Homemaker Escort Services.
 - E. If they solicit money or goods from you for any purpose or cause.
 - F. If they treat you without respect or in any other manner you feel is inappropriate or offensive.
8. **Providing verification of income and assets for the financial screen at enrollment as well as annual visits. If the Financial Waiver is signed you will not be asked to provide financial verification.**
9. **Paying your portion of charges for the services provided to you in a timely manner.**
10. **Understanding that, in the event that you do not pay for services provided in a timely manner, services may be decreased, suspended, terminated or adjusted, with a possible referral to a collections agency. If you have any questions regarding your bill, you may contact your Care Consultant or call Kimberly Clewell, Director of Operations at the COMMUNITY SUPPORT PROGRAM (740) 363-6677 or 800-994-2255.**
11. **Informing your Care Consultant of any changes in your income and/or assets that might affect your co-pay status and providing documentation reflecting those changes.**
12. **Treating all workers, provider agency and COMMUNITY SUPPORT PROGRAM staff members with respect. Physical or verbal abuse toward COMMUNITY SUPPORT PROGRAM staff members or their providers is prohibited. Failure to follow this may result in the termination of your services.**
13. **Pursuing all other funding sources for similar services if your Care Consultant determines that you appear eligible. Refusal to pursue other funding sources may result in discontinuation of COMMUNITY SUPPORT PROGRAM services.**

14. **Maintaining a home environment that poses no health or safety hazard to service providers entering the home. This includes, but is not limited to, 1) restraining pets, 2) securing all weapons/ammunition and 3) if using oxygen, refraining from smoking, cooking or having your oxygen near a flame, including a fireplace, while the oxygen is on. If you do engage in such activities, the oxygen tank must be turned off and in another room. Failure to comply may result in the COMMUNITY SUPPORT PROGRAM staff and Providers refusing entry into the home and/or the termination of some services.**

IMPORTANT NOTE: COMMUNITY SUPPORT PROGRAM is not a crisis or emergency response unit. Any medical emergency is to be reported immediately to your doctor or by calling 911. If you have an Emergency Response System Unit, you may use it, as instructed.

Clients Rights and Responsibilities

I acknowledge that a copy of the following Rights and Responsibilities has been provided to me and I understand and agree to follow them, as written. I confirm that the bolded items below have been reviewed with me.

- Community Support Program
- Nutrition Program

- ❖ All records will be kept confidential except where required by law.
- ❖ Notified of co-pay prior to accepting services and understand that services can be suspended or cancelled for non-payment.
- ❖ Regular visits with your Care Consultant to assess needs and eligibility and to update paperwork including the Financial Screen. Financial verification will be required at the annual visit.
- ❖ Notify my Care Consultant and service providers when I am away from home, no later than 8:30 a.m. in order to avoid charges. Excessive absences without notification could result in discontinuation of services.
- ❖ Paying my portion of the charges in a timely manner to avoid decreased, suspended, terminated or adjusted services and referral to a collections agency.
- ❖ Inform my Care Consultant of any changes in my income or assets which may affect my co-pay and providing verification reflecting those changes.
- ❖ Treat all workers, providers and staff members with respect.
- ❖ Pursue all other funding sources for similar services if I appear eligible.
- ❖ Maintain a home environment that poses no health or safety hazards to service providers entering my home.