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Home at Heart Care®
Your Home is Where Our Heart Is®

This Care Journal belongs to:

Name _____

Phone _____

Address _____

Welcome to Home at Heart Care!

Thank you for choosing Home at Heart Care. We will strive to exceed your expectation when it comes to taking care of you and your care givers.

Recipients of our Personal Care Services often ask us:

1. How does your program work?
2. How do I manage my PCAs and Homemakers?
3. As a recipient what are my responsibilities? In other words, what can I do and not do?
4. Can you consolidate all the stuff you give me in one book?
5. Is there a way for my care givers to record what they do and the time they put in?

This Journal will help you with those questions. So on behalf of the employees at Home at Heart Care, I want to thank you for choosing us as one of your care providers. We appreciate your confidence and will work hard to make a positive impact on your life, home and community.

Sincerely,

Bruce Emmel
President/CEO
Home at Heart Care

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As indicated herein, most of the information within this Journal is excerpted from the Minnesota Department of Human Services *Personal Care Assistance Program Consumer Guidebook* (“MDH Guidebook”), last updated in May 2007 and instruction located on the Minnesota Department of Human Services website at www.dhs.state.mn.us (“MN-DHS Website”) as of the date of this Journal. Changes in statutes, rules, regulations and policies of either the federal government or State of Minnesota since those set forth herein may therefore not be reflected within the MDH Guidebook, the MN-DHS Website and/or this Journal.

If you have any questions regarding the information within this Journal (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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Excerpts have been taken from the Personal Care Assistance (PCA) Program Consumer Guidebook (DHS-3858-ENG 5-07) at <http://edocs.dhs.state.mn.us/lfservlet/legacy/DHS-3858-ENG>, the Minnesota Department of Human Services *Personal Care Assistance Program Consumer Guidebook* (“MDH Guidebook”), last updated in May 2007 and/or the MN-DHS Website. Changes in statutes, rules, regulations and policies of either the federal government or State of Minnesota since those set forth herein may therefore not be reflected within such publications, the MN-DHS Website and/or this Journal.

How does your program work? **[MDH Guidebook, p. 7]**

Description of Personal Care Assistance

Minnesota's Personal Care Assistance (PCA) program, referred to as Personal Assistant Services (PAS) in many other states, is designed to support people of all ages with disabilities to live independently in the community. Personal Care Assistants (PCAs) provide services to people who need help with activities of daily living, instrumental activities of daily living and health-related functions. PCA services are services and supports provided to an individual, as needed, to assist in accomplishing activities of daily living; instrumental activities of daily living; health-related functions through hands-on assistance, supervision, and cuing; and redirection and intervention for behavior including observation and monitoring.

The PCA program provides support to:

- People with disabilities of all ages
- The elderly (over 65)
- People with chronic health conditions.

Eligibility for Personal Care Assistance

There are four basic requirements to be eligible for PCA services. You must meet all four. They are:

1. You must be eligible for or receiving Medical Assistance (MA) or Minnesota Care Expanded benefits (for pregnant women or children under age 21) or be eligible for the Alternative Care program for qualifying seniors.
2. You must be assessed by your county as having a need for PCA services.
3. You must have a doctor's statement of need signed and approved by your physician every year and when there are changes in your care needs.
4. You are able to make decisions about your care or have a person or Responsible Party who can make decisions about your care for you.

PCA services are not available to:

- General Assistance Medical Care (GAMC) consumers
- Adults enrolled in MinnesotaCare except for pregnant women.

A **Responsible Party** must actively participate in the planning and directing of your PCA services. Your Responsible Party cannot be your PCA. Requirements include (see detailed description at pages 11-13):

- Be at least 18 years old
- Is available to you and your PCA
- Monitor cares at least once a week and
- Attend the assessment.

Personal Care Services [MDH Guidebook, p. 9]

Categories of PCA Services

There are four different categories of service you can receive in the PCA program.

1. Assistance with activities of daily living (ADLs). These are things you do every day such as dressing, grooming, bathing, eating, positioning, transferring, toileting and mobility.
2. If your PCA assessment determines that you have a need for assistance with activities of daily living (ADLs), you may also use your PCA services for assistance with instrumental activities of daily living or IADLs. IADL assistance includes meal planning and preparation, managing your finances, shopping for food, clothing, and other items, homemaking tasks, communicating by telephone or other means, getting around and participating in community activities.
3. Assistance in health-related functions, which are services that must be delegated or assigned by a licensed health care professional such as a nurse or doctor. Health-related functions must be provided under the direction of a Qualified Professional (QP) or a doctor. Examples of health-related functions are special skin care, non-sterile catheter care, tube feedings and respiratory assistance.
4. Redirection and intervention for behavior issues which require observation and monitoring. For example, reminders to do activities of daily living or redirection of behavior that is potentially harmful to you or others.

Assessment & Authorization [MDH Guidebook, pp. 11-12]

Assessment Information

An assessment must be completed to determine your needs for assistance. The assessment reviews the tasks and assistance that you need and assigns a unit of time for these activities. The home care program you are in determines who will do your assessment.

People who can complete an assessment:

- County public health nurse for MA Home Care or DD Waiver Program
- County case manager/service coordinator for CAC, CADI, TBI, EW Waiver Programs or AC Program
- Someone from your managed care organization (such as Primewest, Blueplus, UCare) if you are in a managed care program.

This assessment should happen within 30 days after you contact someone about your need for PCA services. The assessment is done before PCA services can start and every year after that. **If your condition changes and you think you need more assistance, you can request another assessment at any time.** The assessment is done in your home

and should take about one hour to complete. If you have a Responsible Party, they must be present at the assessment.

The assessment will include:

- Questions asked about the types of assistance needed
- Descriptions of different PCA program options
- Choice of a PCA provider
- Choice of the type of PCA supervision
- Decisions about using the Shared Care option
- Flexible Use Option PCA hours

During the assessment you will be asked questions about the types of assistance you need. These include activities of daily living (ADLs), behavior needs, health-related needs and some instrumental activities of daily living (IADLs) associated with these services. After you answer all of the questions, you will be asked to sign the assessment and other forms included in the assessment.

Here is what will happen next:

1. For non-waiver consumers, the county public health nurse will complete the forms and recommend a number of PCA units of care. The information will be sent to the state for review and approval. You and your agency will receive a copy of the service plan from the county and a service agreement letter from the state.
2. For waiver and Alternative Care consumers, the service coordinator determines and approves a number of PCA units and submits the information to the state. You can ask for a copy of the assessment. You and your provider will receive a service agreement letter from the state.
3. For managed care program consumers, contact your managed care organization to learn about your assessment. (Home at Heart Care works together with the following Managed Care Organizations; Primewest, Blueplus, Medica, UCare and Metropolitan Health Plan.)

Service Authorization

If and when PCA services are approved, the Department of Human Services will send you a service authorization verification. It will tell you how many service units you can receive. Each unit of service is 15 minutes. Service authorizations are usually approved for a one year period and will list your provider, who also will get a copy of your service authorization. Your service agreement will have two time spans (typically 6 months each) and will specify whether you have Flexible Use or Standard Use of your PCA hours.

Service Plan

At the time of your assessment; you, the county public health nurse and/or your case manager will develop a service plan. This includes PCA options, signatures for Responsible Party and your flexible use agreement. You and Home at Heart Care receive

a copy of this plan. This plan will be used to develop your detailed care plan. Home at Heart Care is required to keep a copy of this service plan in your file.

Care Plan

Everyone participating in the PCA program is required by law to have a care plan. This plan is based on the four areas of service identified in your assessment and on the number of service units you receive.

Your care plan specifies the type(s) of assistance you need and when you need it. Your Registered Nurse will help you develop your own care plan with the assistance of your doctor and your MA Service Plan. You and Home at Heart Care need to keep and file a copy of your care plan.

Using PCA Services **[MDH Guidebook, p. 15]**

Personal Care Assistants (PCAs)

A personal care assistant (PCA) must be able to provide the services specified in your care plan. They can either live with you or separate from you.

A PCA must:

- Be at least 18 years old or be 16 to 17 years old with additional documented special training
- Be employed by a PCA agency
- Be trained (by you or an agency or school) and competent to help you
- Be able to provide the services you need based on your care plan
- Be able to communicate with you
- Pass a criminal background check (according to state standards)
- Be able to work in the U.S.
- Have a personal PCA identification number.

A PCA must not be a

- Spouse
- Consumer of PCA services
- Parent of the minor child
- Corporate guardian
- Responsible party for a PCA consumer.

Location of PCA Services

PCA services are to be used in your home and in the community for the normal activities you participate in. PCA services are not to be used in the PCA's home unless the PCA lives with the consumer.

PCA Expenses

If the location of services includes a fee or other costs, this should be discussed with the PCA prior to the event. PCAs are not responsible for any expenses, meals or travel costs incurred by their clients. PCAs are not allowed to ask their clients for money. On the other hand, PCAs are also not required to pay for expenses related to providing services.

Examples:

John is going out to dinner with friends and needs assistance eating. He has several options for getting his needs met:

1. *Offer to pay for a meal for a PCA.*
2. *Ask a PCA to join them for dinner, but tell the PCA that he has to pay for his own meal.*
3. *Suggest the PCA eat before accompanying John to the restaurant.*

Candace wants to attend a concert but needs assistance during the concert. Tickets are \$50 per person. She has a few options for getting her needs met:

1. *Purchase a ticket for her PCA to attend the concert with her.*
2. *Ask a friend or family member who also wants to go to the concert and see if he/she is willing to provide assistance.*

Transportation of Clients

Transportation services for clients will be provided by personnel in a safe manner consistent with the regulations of government requirements.

PCA Services in the Workplace

PCAs may provide assistance to you at your work site. They may provide the 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 be hired as a PCA for you. Please check with your employer before hiring a co-worker to be a PCA in the workplace.

Hours of Services per Week

Home at Heart Care may not be willing to pay overtime depending on the amount of overtime and the employee's rate of pay. Check with Home at Heart Care to determine what amount of overtime is authorized. Keep this in mind when determining how many PCAs you may need.

What are my responsibilities as a PCA consumer? [MDH Guidebook, p. 16]

PCA Consumer Responsibilities

The PCA program is designed to be flexible and driven by you. However, there are certain responsibilities you should keep in mind. PCA services are intended to provide direct assistance to you. Your PCA should be with you providing assistance when you need it. You are responsible to verify when they are working with you. For example, a PCA is not working when they are “on call” or traveling to your house.

Medical Assistance fraud is the term used when PCAs try to get paid for working times they did not work. It is also fraud if you help your PCA do that by signing blank time sheets. For example, it is fraud when PCAs ask you to sign a time sheet stating they worked 30 hours, when they only worked 20 hours. You or your PCA could be held legally responsible. When signing time sheets, draw a line through any blank date and time spaces on it. This makes it difficult for PCAs to enter hours they didn’t work.

If you are being pressured to sign time cards for hours your PCA has not worked, talk to Home at Heart Care (866) 810 9441 or report it to the Minnesota Department of Human Services’ Surveillance and Integrity Review Section at (800) 657-3750, which may then conduct an investigation.

What are my responsibilities as a Responsible Party? [Minn. Stat. § 256B.0659, subd. 9 (2009)]

Responsible Party Definition

Minnesota law defines a “Responsible Party” as “any individual who is capable of providing the support necessary to assist the person receiving PCA services to live in the community when the person is assessed as unable to direct his or her own care”.

Minnesota law requires a Responsible Party if the client is:

- A minor
- An incapacitated adult who has a court-appointed guardian
- Determined through the assessment process to need a Responsible Party

Responsible Party Qualifications

Minnesota law requires a that all persons acting as a Responsible Party must be:

- Eighteen (18) years of age or older
- Identified at the time of the assessment
- Listed on the client’s personal service plan, MMIS Service Agreement and PCA care plan

A licensed family foster parent who lives with the client may be the client's Responsible Party.

Two (2) persons may be identified as the Responsible Party for a client for reasons including divided households and court-ordered custodies.

Responsible Party Restrictions

Minnesota law provides that a Responsible Party *cannot* be the:

- Personal care assistant (PCA)
- Owner or staff member of the PCA provider agency
- Staff employed by or under contract with the lead agency acting as part of their employment

Responsible Party Responsibilities

Minnesota law provides that a client's Responsible Party is responsible for all of the following:

Participate with the client

1. Attend all assessments for the client.
2. Make choices within the PCA Program.
3. Request changes as needed.
4. Sign forms if required.
5. Sign Responsible Party Agreement.

Provide monitoring

1. Be available when services are provided in a method agreed upon by the client or the client's legal representative and documented in the PCA care plan and on the Responsible Party Agreement form.
2. Monitor PCA services weekly to ensure the client's care plan is followed.
3. Review and sign PCA time sheets after services are provided for verification of the services.

Assure client's health and safety

1. Actively participate in planning and direction of PCA services.
2. Develop the care plan with the qualified professional (QP).
3. Determine if the client's health and safety are assured with current PCA services.

4. Assure care outcomes are met and the client and Responsible Party are satisfied with them.
5. Report suspected abuse/neglect to the local county common entry point.

Responsible Party Agreement and Plan

The Responsible Party must sign the Responsible Party Agreement and Plan (DHS-5856) in form attached hereto as Appendix 6 (or as the same may be updated at any time and from time to time by MN-DHS) prior to provision of any services by Home at Heart on behalf of a client that requires a Responsible Party (as described above).

A new Responsible Party Agreement and Plan must be signed annually.

If a client has named two (2) persons as Responsible Parties (discussed above), *both* persons must sign the Responsible Party Agreement and Plan.

Only the Responsible Party named by the client can request to change providers for a client. The MN-DHS must confirm that all requests for change of provider are from the named Responsible Party by the applicable client.

Responsible Party Delegation

Minnesota law permits the following individuals to delegate their role as Responsible Party for a period of temporary absence of at least twenty-four (24) hours but not more than six (6) months during the service agreement period:

- Guardians of minors
- Guardians of persons who are incapacitated
- Parents of minor children

The Responsible Party must communicate to Home at Heart the need for, and information relating to, a “Delegated Responsible Party”, including the following:

- Name of the Delegated Responsible Party
- Contact numbers
- Delegated responsibilities

A Delegated Responsible Party must:

- Be identified at the time of the assessment (if possible)
- Be listed in the PCA care plan
- Meet criteria and perform the functions of the Responsible Party, as determined by the client’s Responsible Party
- Sign the Responsible Party Agreement and Plan (see Appendix 6)

Consumer Safeguards **[MDH Guidebook, p. 17]**

PCAs or Homemakers work very closely with you in your home. You should be aware of safety concerns. This section contains information and resources to increase your awareness of issues related to your health and safety. People who use PCA services have rights and protections under Minnesota laws that govern the maltreatment of minors and vulnerable adults.

The following is a list some of the things that are covered under Minnesota laws that govern the mistreatment of minors and vulnerable adults:

- 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 or not giving someone important medication. An example is someone forcing you to take medications/food that they know will be harmful to you and are not part of your plan of care.
- Sexual abuse** is when someone touches you sexually, talks to you sexually or shows you sexual material or body parts when you did not want them to. Abuse can also be when someone touches you in ways that make you uncomfortable. Sexual abuse can also be when someone makes you touch them in a sexual way, or asks you to show them your private body parts, or asks you to speak to them in a sexual manner and you do not want to.
- Financial abuse/exploitation** is when someone uses your money or accounts without your giving permission or in a different way than you instructed. For example, if your PCA does not purchase what they are supposed to with your money but uses it for his/her own personal use. This type of abuse can also occur when someone takes your money or personal property and you did not give them permission to do so. Because PCAs work very closely with you, they may have access to your personal financial items and personal belongings in your home. Be careful with your money, checks, credit and debit cards and other personal items when you have a PCA in your home.

If any of these types of abuse are happening to you, you need to report this immediately to someone who can help you. This could be:

- Your case manager
- A friend or family member or
- Home at Heart Care Management.

If you are in immediate danger, call 911.

PCA/Homemaker 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 its clients. 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** initiated by clients will be investigated by Home at Heart Care and reported to appropriate authorities. Any physical violence directed at a PCA/Homemaker or indirectly affecting a PCA/Homemaker will immediately terminate Home at Heart Care services and be reported.
- **Sexual Abuse** can occur if a client or someone else in the clients home or workplace touches a PCA/Homemaker 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 PCA/Homemaker feel uncomfortable. Sexual abuse will be investigated and reported to the appropriate authorities. Home at Heart Care will terminate services for any client who commits sexual abuse toward our staff.
- **Financial Abuse** - PCA's and Homemakers 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 PCA/Homemaker pay for any client's expense that was not incurred by the PCA/Homemaker. PCAs/Homemakers who witness financial abuse are required by MN state law to report what they have witnessed. PCAs/Homemakers 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.

PCA Staff Management **[MDH Guidebook, p. 32]**

Evaluating Your PCA(s)

Home at Heart Care is a traditional provider agency. Therefore, Home at Heart Care is responsible for evaluating your PCA. You will be asked or can ask to provide information about your PCA, but formal evaluations will be done by Home at Heart Care. You, however, are responsible for providing constructive feedback. It is important for PCAs to know how they are performing and whether they are meeting your expectations.

Here are some tips on giving feedback to your PCAs:

- Give feedback often. Praise good performance and initiative. It will make the PCA(s) 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 PCA(s), 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. PCA Evaluations are a formal review process and only done on a regular basis that occur approximately in the first two weeks, 30 days, 60 days, 90 days and every 120 days following. On the other hand, constructive feedback can happen on a daily basis and should. PCAs 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 PCA or Homemaker, contact your Registered Nurse from Home at Heart Care. It is important to not let any negative issues go unmentioned.

Discharging a PCA, Initial Employment

It is Home at Heart Care’s goal to only place PCAs/Homemakers 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
[MDH Guidebook, p. 17]

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.

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.

For further information on help available for those receiving home care services, please refer to the **Personal Care Assistance (PCA) Program Consumer Guidebook (DHS-3858-ENG 5-07** at <http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-3858-ENG>

Record Keeping [MDH Guidebook, p. 34]

Time Sheets

It is important for each client to keep track of the hours and the tasks the PCAs/Homemakers do when they work for them. **Do not sign blank time cards.** If a client has named a Responsible Party, the named Responsible Party must sign the PCA time sheets, with one exception: if there are two (2) biological or adoptive parents living with a minor, either parent's signature will be accepted on the timesheets.

Home at Heart Care will take all necessary precautions to protect the integrity and reputation of our company. Fraudulent time cards that are submitted by employees or clients are reported to the Department of Human Services, Fraud Division. Original time cards will be kept by Home at Heart Care on file and available for immediate inspection by applicable enforcement authorities.

Files to keep with this Journal

- Your PCA assessment
- Your service agreement letter from DHS
- Your service plan from your county
- Your care plan
- Your physician statement of need for a PCA
- Your agreement forms
- Your back-up and emergency plans with phone numbers
- Your PCA agency contact information

PCA Flexbook - Keeping track of your flexible PCA hours [MDH Guidebook, p. 84]

If you choose the Flexible Use Option, you are able to use your PCA hours when you need them. Most service plans are divided into two six-month periods. Use can use your flexbook tool in this planner with your care giver to budget how to use your PCA hours for the service plan year. If you plan to use more hours during some months, for example, during summer vacation, you need to use less hours in other months.

The PCA Flexbook portion of this planer is used the same way you would balance a checkbook. The flexbook worksheet keeps track of PCA hours used and remaining for a six-month period. Home at Heart Care will also track the hours you use.

Important - When the number of hours in the Hours Left column reaches zero, you have used your maximum number of PCA hours. You may not use more PCA hours until the next six-month period starts. PCA hours do not carry over from one six-month period to the next.

Instructions:

Pick a time that works for you, for example, at the end of the month or when you sign a PCA's time sheet, and "balance" the worksheet as you would balance your checkbook. Using the Service Agreement, locate the line item for the first or second six-month period. Using the appropriate worksheet, either first or second six-month:

- Remark the Start and End Dates.
- Enter the Maximum Number of PCA Hours/Units taken from the corresponding line item that matches the Start or End Date of the service agreement that you are using. The line items on the Service Agreements identify units of PCA service for billing purposes. Four PCA units equal one hour of PCA service. If you find it easier to track use by hours, take the number of PCA units on a line item and divide by four to find your Maximum Number of PCA Hours. If you would rather track in units, no changes are needed. Remember to use hours or units all the way through the tracking process. They are not interchangeable.

To balance your Flexbook:

- Enter information on the Date you received PCA/Homemaking services.
- Enter Notes in the planner section. This might include the name of your PCA or provider if you have more than one, or a note on how or why you used your PCA hours as you did for the date you received PCA services, or a reminder that hours were provided in intervals during the course of the day.
- Enter the Hours/Units Used. This is the amount of hours the PCA will be reimbursed.
- Subtract the Hours/Units Used from the hours you have left. Use the amount of PCA hours you have recorded in the previous Hours Left column.
- When the number of hours reaches zero, you have used your Maximum Number of PCA Hours. You may not use more PCA hours until the next six-month period starts.
- Home at Heart Care will also send out notices to you, indicating how many hours you have used if your service agreement is not being followed.

Home at Heart Care is required to let you know every month how many hours you are using and have remaining. If you see that the numbers do not match, tell us. Once you have your Maximum Number of PCA Hours/Units for a six-month period, enter the six consecutive months on the tool. Among the six months, divide the Maximum Number of PCA Hours/Units as you feel they can best meet your needs. Periodically enter the number of hours/units used. The total of hours/units used may never exceed the Maximum Number of PCA Hours.

SAMPLE MONTHLY STAFFING SCHEDULE FOR PCA'S
[MDH Guidebook, p. 73]

JUNE 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 8-10 AM Joan 6-9 PM Jill	2 6-8 AM Linda 6-10 PM Lou	3 6-8 AM Linda 6-10 PM Lou	4 6-8 AM Linda 6-10 PM Lou	5 6-8 AM Linda 6-10 PM Lou	6 6-8 AM Linda 6-10 PM Lou	7 8-10 AM Joan 6-9 PM Jill
8 8-10 AM Mary 6-9 PM Meg	9 6-8 AM Linda 6-10 PM Lou	10 6-8 AM Linda 6-10 PM Lou	11 6-8 AM Linda 6-10 PM Lou	12 6-8 AM Linda 6-10 PM Lou	13 6-8 AM Linda 6-10 PM Lou	14 8-10 AM Mary 6-9 PM Meg
15 8-10 AM Joan 6-9 PM Jill	16 6-8 AM Linda 6-10 PM Lou	17 6-8 AM Linda 6-10 PM Lou	18 6-8 AM Linda 6-10 PM Lou	19 6-8 AM Linda 6-10 PM Lou	20 6-8 AM Linda 6-10 PM Lou	21 8-10 AM Joan 6-9 PM Jill
22 8-10 AM Mary 6-9 PM Meg	23 6-8 AM Linda 6-10 PM Lou	24 6-8 AM Linda 6-10 PM Lou	25 6-8 AM Linda 6-10 PM Lou	26 6-8 AM Linda 6-10 PM Lou	27 6-8 AM Linda 6-10 PM Lou	28 8-10 AM Mary 6-9 PM Meg
29 8-10 AM Joan 6-9 PM Jill	30 6-8 AM Linda 6-10 PM Lou					

Sample Weekly PCA Task Schedule [MDH 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
[MDH Guidebook, p. 77]

Date: _____ **PCA's Name:** _____

Use the following rating scale from 1 to 5 to rate the employee's following attributes:

1. Attendance	1 Poor	2	3 Average	4	5 Superior
Follows work schedule					
Reports to work on time					
No excessive absences					
Give appropriate notice for absences					

2. Performance	1 Poor	2	3 Average	4	5 Superior
Job knowledge					
Follows instructions					
Ability to work with minimal supervision					
Performs job duties well					

3. Behavior	1 Poor	2	3 Average	4	5 Superior
Trustworthy					
Open to suggestion					
Communicates well					
Positive attitude					
Willing to learn					

4. What areas does the PCA need more training in?

5. What changes does the PCA need to make in work, attitude or behavior?

6. What changes do we need to make to improve our working relationships?

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

Comments

Date of next evaluation:

PCA's Signature _____

Consumer's Signature _____

Appendix 4

Home at Heart Care Grievance Policy

Home at Heart Care was started on these three principles:

1. There is a need for a Personal Care Provider with values that reflect northern Minnesota
2. Local management should be accountable to local clientele.
3. Integrity in business is an asset not a liability.

Minnesota's "Home Care Bill of Rights" also states each client has:

- A. The right to voice grievances regarding treatment or care that is, or fails to be, furnished, or regarding the lack of courtesy or respect to the patient or the patient's property.
- B. The right to know how to contact an individual associated with the provider who is responsible for handling problems and to have the provider investigate and attempt to resolve the grievance or complaint. *The provider shall document in writing all complaints, as well as document, in writing, any resolution of the complaint against anyone furnishing services on behalf of the provider.*

For these reasons, Home at Heart Care values the input of all its clients. If for any reason you as a client would ever have a complaint, grievance or concern we encourage you to take the following action.

Immediately notify Home at Heart Care management at 218 776 3508 or write to:
Home at Heart Care
P.O. Box 183
Clearbrook MN 56634

Any grievance reported to management by phone will be investigated and a phone call advising you of our findings will be returned. If a report is filed in writing, a letter will be returned to you advising you of our findings within 14 days. Home at Heart Care staff will in no way retaliate because of a complaint.

Our goal is to protect and promote your rights as our client.
If you do not receive satisfaction from our response, you also have the right to contact the Minnesota Home Care Ombudsman at:

Home Care Ombudsman
MN Board of Aging
444 Lafayette Rd
St. Paul MN 55155-3843

1 800 657 3591 or Fax 1 651 297 5654

Bruce Emmel,
President, CEO

Home at Heart Care

Minnesota Home Care Bill of Rights

MINNESOTA STATUTES, SECTION 144A.44. TO BE USED BY ALL LICENSED ONLY HOME CARE PROVIDERS.

Statement of Rights

A person who receives home care services has these rights:

1. The right to receive written information about rights in advance of receiving care or during the initial evaluation visit before the initiation of treatment, including what to do if rights are violated.
2. The right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services.
3. The right to be told in advance of receiving care about the services that will be provided, the disciplines that will furnish care, the frequency of visits proposed to be furnished, other choices that are available, and the consequences of these choices, including the consequences of refusing these services.
4. The right to be told in advance of any changes in the plan of care and to take an active part in any changes; and
5. The right to refuse services or treatment.
6. The right to know, in advance, any limits to the services available from a provider, and the provider's grounds for a termination of services.
7. The right to know in advance of receiving care whether the services are covered by health insurance, medical assistance, or other health programs, the charges for services that will not be covered by Medicare, and the charges that the individual may have to pay.
8. The right to know what the charges are for services, no matter who will be paying the bill.
9. The right to know that there may be other services available in the community, including other home care services and providers, and to know where to go for information about these services.
10. The right to choose freely among available providers and to change providers after services have begun, within limits of health insurance, medical assistance, or other health programs.
11. The right to have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information.
12. The right to be allowed access to records and written information from records in accordance with sections 144.291 to 144.298.
13. The right to be served by people who are properly trained and competent to perform their duties.
14. The right to be treated with courtesy and respect, and to have the patient's property treated with respect.
15. The right to be free from physical and verbal abuse.

16. The right to reasonable, advance notice of changes in services or charges, including at least 10 day's advance notice of the termination of a service by a provider, except in cases where:
 - (i) The recipient of services engages in conduct that alters the conditions of employment as specified in the employment contract between the home care provider and the individual providing home care services, or creates an abusive or unsafe work environment for the individual providing home care services; or
 - (ii) An emergency for the informal caregiver or a significant change in the recipient's condition has resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the home care provider.
17. The right to a coordinated transfer when there will be a change in the provider of services.
18. The right to voice grievances regarding treatment or care that is, or fails to be, furnished, or regarding the lack of courtesy or respect to the patient or the patient's property.
19. The right to know how to contact an individual associated with the provider who is responsible for handling problems and to have the provider investigate and attempt to resolve the grievance or complaint.
20. The right to know the name and address of the state or county agency to contact for additional information or assistance.
21. The right to assert these rights personally, or have them asserted by the patient's family or guardian when the patient has been judged incompetent, without retaliation.

IF YOU HAVE A COMPLAINT ABOUT THE AGENCY OR PERSON PROVIDING YOU HOME CARE SERVICES, YOU MAY CALL, WRITE, OR VISIT THE OFFICE OF HEALTH FACILITY COMPLAINTS, MINNESOTA DEPARTMENT OF HEALTH. YOU MAY ALSO CONTACT THE OMBUDSMAN FOR LONG-TERM CARE.

Office of Health Facility Complaints

(651) 201-4201

1-800- 369-7994

Fax: (651) 281-9796

Mailing Address:

Minnesota Department of Health

Office of Health Facility Complaints

85 East Seventh Place, Suite 300

P.O. Box 64970

St. Paul, Minnesota 55164-0970

Ombudsman for Long-Term Care

(651) 431-2555

1-800-657-3591

Fax: (651) 431-7452

Mailing Address:

Home Care Ombudsman
Ombudsman for Long-Term Care
PO Box 64971
St. Paul, MN 55164-0971

Licensee Name:

Home at Heart Care

Telephone Number:

218 776 3508

Address:

221 3rd Ave SW, Suite 3, P.O. Box 183, Clearbrook MN 56634

Name/Title of Person to Whom Problems or Complaints May be directed:

Bruce Emmel/CEO Home at Heart Care

For informational purposes only and is not required in the Home Care Bill of Rights text:

MN Statutes, section 144A.44 Subd. 2. **Interpretation and enforcement of rights.** These rights are established for the benefit of persons who receive home care services. "Home care services" means home care services as defined in section 144A.43, subdivision 3. A home care provider may not require a person to surrender these rights as a condition of receiving services. A guardian or conservator or, when there is no guardian or conservator, a designated person, may seek to enforce these rights. This statement of rights does not replace or diminish other rights and liberties that may exist relative to persons receiving home care services, persons providing home care services, or providers licensed under Laws 1987, chapter 378. A copy of these rights must be provided to an individual at the time home care services are initiated. The copy shall also contain the address and phone number of the Office of Health Facility Complaints and the Office of the Ombudsman for Long-Term Care and a brief statement describing how to file a complaint with these offices. Information about how to contact the Office of the Ombudsman for Long-Term Care shall be included in notices of change in client fees and in notices where home care providers initiate transfer or discontinuation of services.