CERTIFIED HOME HEALTH AGENCY

ADMISSIONS PACKET

EVERCARE AT HOME

EVERCARE AT HOME

Certified Home Health Agency

31 Cerone Place | Newburgh, New York 12550 | 855.485.6697 [tel] | 845.569.2200 [fax]

HOME HEALTH CARE SERVICES INFORMATION

FOR THE PATIENT & CARE PARTNER

Start of Care Date:	/ /		
Patient First Name:		Patient Last Name:	
My Nurse is:		My Nurse's Phone Number:	
My Therapist is:		My Therapist's Phone Number:	

My Home Health Care Services Will Include:

	Skilled Nursing		Home Health Aide Services		Speech Therapy
	Physical Therapy		Occupational Therapy		
	Social Work		Nutrition		

Our Office Hours:

MONDAY – FRIDAY 8:30am – 5:00pm

To Reach a Nurse After Hours, Please Call:

855|485|6697

TTY: 845|569|2228

Sylvia McTigue
President|CEO
845-725-1101

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EVERCARE CHHA MISSION STATEMENT

Exceptional Care. Extraordinary Hearts.

Guided by the principles of quality, respect, excellence, ethics and integrity, we care for our community through uncompromised commitment to compassionate PeopleCare.

In addition, in order to provide quality driven, patient centered, integrated care to all who entrust us to guide their healing process, health care needs, and individualized care in the comfort of their home or place of residence, we are committed to:

- Maintaining no-compromise standards of excellence in healthcare and peoplecare
- Setting a Standard of Excellence in the delivery of patient care
- Conducting all business in accordance with the highest ethical principles
- Upholding the trust given to us by our patients
- Focusing on our core value of caring for our patients, our community, and each other
- Providing exemplary physical, emotional and spiritual care for each of our patients
- Acknowledging that the employees of an organization create its success
- Promoting well-being in our community through providing education in wellness and disease/illness management and prevention
- Exhibiting stewardship in the management of our employees, clinical staff, operations, and resources to maximize the quality of care, while minimizing the total cost of care
- Fostering a nurturing employee and clinical staff environment which embraces accountability, flexibility, personal & professional growth, and respect of each person's unique strengths and contributions
- Partnering with local academic and educational knowledge leaders to foster an environment of continual growth, development, and enrichment among our staff
- Embracing change, thinking outside the box, and challenging established assumptions

In one word, we are committed to *Excellence*.

In all that we do.

For our patients, our community, and our employees.

We commit to never losing sight of our mission to make life better for the people whose lives we touch, whether they are our patients, their families, or our employees. Community came first when our doors first opened, and Community will remain first as we grow.

Sincerely,

President|Chief Executive Officer

SECTION I | Home Health Agency Overview

Welcome to EverCare At Home! Your health, safety, and satisfaction are important to us. We have created this booklet to help you and your caregiver understand the services available to you during your admission to our program. Please feel free to contact your Nurse or Case Manager if you have any further questions regarding your home care services.

OFFICE HOURS

EverCare At Home is open Monday-Friday from 8:30 a.m. to 5:00 p.m. We are available 24-hours a day, 7 days a week through our on-call service, which can be reached at 855.485.6697.

EMERGENCIES AND DISASTERS

EverCare At Home has an established Emergency Preparedness Plan that helps us to continue your services should we experience an emergency or environmental disaster. As part of this plan, each patient is assigned a priority code that is based on individual care needs. This code, along with the name, address, and telephone number of a relative, friend, or neighbor who is familiar with you and your care, is maintained in our office along with other information that might be of importance to the Office of Emergency Management [OEM]. It will only be shared with others as necessary and only in the event of an emergency or disaster to assist in ensuring your care and safety.

We will make every possible effort to ensure that your medical needs continue to be met in the event of a disaster [such as an earthquake, blizzard, or flood]. If we experience harsh weather conditions or when the roads are too dangerous for travel, our staff will make every effort to contact you by telephone to discuss your healthcare needs and we will make the necessary arrangements to address them.

ADMISSION TO THE PROGRAM

Anyone can make a referral to EverCare At Home. However, when your physician believes you may benefit from home care services, he or she "refers" you to a home care agency, such as EverCare At Home. When we receive this referral, we will send a nurse to your current place of residence to assess your individual needs. If you meet the eligibility criteria for care needs and safety, you will be admitted to the program and our Transition Nurse and|or Case Manager will work with you, your caregiver, and your physician to create a Plan of Care that will address your current needs. Certified Home Health Agencies—like EverCare At Home—are certified and regulated by the New York State Department of Health [DOH] and by the federal government to provide Medicare & Medicaid skilled services.

CORPORATE COMPLIANCE

It is the policy of EverCare at Home to ensure compliance with the highest principles of professional conduct and related laws, regulations and policies on the part of all staff [employed and contracted], volunteers and members of the Boards of Directors. As such, it adopted a Compliance Plan which is

reviewed annually. The purpose of this Compliance Plan is to describe the underlying structure and process of the Corporate Compliance Program.

A. We expect everyone with whom we are associated to comply with all state and federal laws and regulations as well as the internally published policies and procedures of our organization.

B. We encourage ongoing internal analysis of our organization Policies and Procedures and will rely on effective self-monitoring and internal reporting to ensure their efficient and effective operation.

C. Our Corporate Compliance Program is designed to discover, remedy and deter non-compliant unlawful or criminal conduct.

The Corporate Compliance Plan is intended to reinforce and supplement all policies which pertain to ethics, possible conflicts of interest and disclosure of same, standards or codes of conduct.

In addition, EverCare at Home has a Corporate Compliance Committee that monitors EverCare at Home's consistent application of laws and rule regarding the organizations operations. The EverCare at Home confidential Corporate Compliance Hotline is 1-844-371-4700.

GIFTS

Part of providing you with exceptional services involves making sure we do things in an ethical manner. This includes making sure we follow laws and regulations. To help us do this, we have a Code of Ethics that helps our staff understand how to make decisions at work.

Our Code of Ethics tells our staff that they are not allowed to receive gifts from our Members. No one should ever feel that they have to give our staff gifts to get good care.

We do understand that you may feel very grateful for the care and services you receive. Instead of giving our staff, or staff from one of our providers, a gift, we ask that you send a note of thanks to our office. We will make sure that the staff sees this note, and that everyone is able to take part in having your satisfaction noted and celebrated.

Please understand that if you do give a staff member a gift, they have been told to decline it. It is not that they do not appreciate your gratitude. They are following our Code of Ethics.

Examples of prohibited gifts include:

- Money
- Meals
- Transportation
- Entertainment (movie tickets, Broadway tickets, etc.)
- Personally bought gifts (jewelry, clothing, coffee machines, etc.)
- Hand-made gifts

If one of our staff members, or an employee of one of our providers, asks you for a gift, please call our Corporate Compliance Officer without delay at **Hotline 1-844-371-4700**. You may leave a confidential voicemail message with the employee's name and details of occurrence. The information will be kept in strictest confidence.

If you have any questions regarding this policy, please call the Corporate Compliance Officer at 845-725-1117.

YOUR PLAN OF CARE

EverCare at Home uses an interdisciplinary approach in planning your care. This means that professionals from a variety of disciplines meet together, along with you, your family, and your physician, to develop an individualized Plan of Care to address your needs. In order to use our program, your physician must be willing to work with our staff and provide orders for your home care services. He or she will be responsible for ordering your medication and services related to your Plan of Care.

Your Plan of Care will include interventions and goals related to:

Assessment | Treatment | Education | Personal Care | Emotional Support | Discharge Planning

As you progress through our program, your Plan of Care will be updated and changed as needed. You will be a part of these changes, so be assured that you will be kept up-to-date regarding your medical condition and your progress toward your goals.

SKILLED SERVICES

EverCare At Home provides Skilled Nursing services, Nutritional evaluation and planning, Social Work services, and Rehabilitative services, such as Physical, Occupational, and Speech Therapy, in your home or place of residence. As discussed above, your doctor and our staff will work together to plan, coordinate, and provide the care that you need.

Skilled Nursing services are provided by a Registered Nurse (or a Licensed Practical Nurse under the supervision of a Registered Nurse) and/or a Physical Therapist (or a Physical Therapist Assistant under the supervision of a Physical Therapist). All patients have a Case Manager who supervises the Plan of Care delivered to the patient. As described below, sometimes a Home Health Aide will be added to the team to provide assistance with activities of daily living. Our staff are professionally trained and are experienced in providing care in the home environment. They will be responsible for coordinating your care and communicating with your physician.

Nutritionist services include evaluating and planning your diet and nutritional needs in order to improve your overall health, energy levels and sense of well-being.

Our *Social Work* Department is comprised of a team of compassionate Licensed Social Workers. Our experienced Social Workers provide support and services including, but not limited to:

- Emotional support related to issues of aging, anxiety, sadness, and financial matters
- Advocacy to overcome barriers faced on the journey to wellness

- Support regarding social|cultural variables which may influence your response to your illness and use of home care resources
- Addressing religious|spiritual needs related to discharge planning
- Assistance with obtaining Access-A-Ride and|or Meals on Wheels
- Assistance with Medicare Part D
- Assistance with obtaining Federal/State benefits such as Food Stamps, SSI, and SSD
- Referral to and coordination with community resources
- Assistance with living arrangements and finances

Rehabilitative services are provided by licensed therapists and therapy assistants in the areas of Physical Therapy, Occupational Therapy, and|or Speech Therapy as required by your individual Plan of Care. If your Plan of Care includes rehabilitative services, your therapist will work with you to create a Home Exercise program that addresses your needs.

HOME HEALTH AIDE SERVICES

Home Health Aides are an important component of your skilled care. Home Health Aides work under the supervision of a Registered Nurse or Physical Therapist, according to your Plan of Care. Our aides are certified by the State and specially trained to provide personal care to you in your home. Personal care includes, but is not limited to:

- Bathing or showering
- Dressing
- Exercises as instructed by your therapist
- Feeding
- Help with walking
- Help with getting in or out of bed, or help with changing positions in bed

The specific duties that will be performed by your Aide will be identified by you and your nurse or therapist. Once the duties are identified, they are documented on a Plan of Care, which describes the care you will receive, including the days and hours that your Aide will be providing them. This Plan of Care should be available to your Aide when he or she is at your home. In general, services are usually a few hours a day, several days a week, but this can vary depending upon your individual needs.

When it is approved by your Nurse and included in your Plan of Care, your Home Health Aide may also help with:

- Light household cleaning, such as dusting, sweeping and vacuuming your living area
- Garbage removal
- Grocery shopping and meal preparation

Your Home Health Aide is NOT authorized to help you with:

- Heavy cleaning, such as moving furniture, washing windows and organizing closets
- Banking errands or money management
- Caring for family members or pets

MEDICATION & TREATMENT

Your physician will continue to order your medication and medical treatments. These orders will be carried out by our home care professionals. Our home care professionals will also monitor your response to medication and treatment and will discuss their observations with your physician and Case Manager as necessary.

We welcome and encourage you to be involved in all aspects of your care planning. We also welcome and encourage you to invite your caregivers, family members, or other designees to participate according to your wishes. You have the right to refuse any medication or treatment recommended by your interdisciplinary team, but we encourage you to discuss your reservations with your physician for guidance and advice. We may require you to provide a written statement indicating that you will not hold EverCare At Home responsible for any negative result or adverse impact related to your decision not to follow recommended care|treatments. Lastly, please be aware that repeated refusal to comply with the treatment prescribed by your physician may result in termination of your home care services.

DISCHARGE & TRANSFER

Our goal is to provide you the services you need in a safe and effective manner in your place of residence. There may be times, however, where we are no longer able to do this. We will inform you if we must transfer you to another agency or discharge us from our agency. Examples of times when this might happen include, but are not limited to:

- You request a discharge or transfer
- There is a change in the level of care you need or your treatment goals are not met
- You repeatedly refuse to comply with the treatment prescribed by your physician
- A situation has developed that negatively effects your welfare or the safety of our staff

PAYMENT FOR SERVICES

We offer many payment options to fit your individual needs and resources. Our services can be paid for by Private Insurance, Medicare, Medicaid, Worker's Compensation, or Private Pay. If you have Private Insurance or Managed Care, some may require pre-certification or pre-authorization before you receive services and there may be coverage limits as described by your plan. You may also be required to meet an out-of-pocket or co-payment amount for each visit provided. If there are any changes or we are made aware by your payor source that a service will not be covered, we will inform you as soon as we know.

If you are eligible for Medicare or Medicaid, most services are covered. For those services not covered by Medicare or Medicaid, any charges will be discussed before the services will be provided to you. You will also be informed of these charges and possible methods of payment either before you are admitted to our program or as soon as you are admitted to our program or as soon as you are admitted to our program to the extent possible. If there are any changes or we are made aware by Medicare or Medicaid that a service will not be covered, we will inform you as soon as we know.

If you have any questions about your charges or billing, please speak with your Case Manager for assistance.

MEDICARE COVERAGE CRITERIA

In order for Medicare to pay for home health services, the following conditions must be met:

- *You must require skilled services*: "Skilled services" may include the care of a Registered Nurse, Physical Therapist, or Speech Therapist
- *You must be homebound*: Your nurse will determine if you are homebound. In order to be considered "Homebound," absences from your home must be short and infrequent. Examples of acceptable reasons to leave your home include doctor's visits or trips to your place of worship
- *You must be under the care of a Physician* who deems the services medically necessary
- *You must only require Intermittent Care.* If you will require health care staff to stay with you for an extended period of time, Medicare will not pay for the care. We will only visit you for the length of time it takes to provide the specific treatment or care ordered by your doctor

HOME HEALTH ADVANCED BENEFICIARY NOTICE

We will accept Medicare assigned payment as payment in full for the services we provide as long as you qualify for said benefits, meet the qualifying requirements, and the services are covered by the Medicare program. If services are ordered which are not covered by the Medicare program, you will be notified by the agency in advance so that you can make other financial arrangements for the necessary care.

Please notify the agency immediately if you decide to enroll into a Managed Care Organization|Plan or Private HMO [Health Maintenance Organization] or Hospice. Typically, a prior authorization from the MCO or HMO will be needed for the services we are providing to be paid.

PRIVACY

Throughout your relationship with EverCare At Home, you can expect to be treated with compassion and respect. As part of our commitment to you, we will afford you dignity and privacy as we attend to your personal and medical needs. Our staff will always identify themselves and explain the purpose of their visit, and if something out of the routine needs to happen, such as a visit by a supervising nurse, we will phone ahead and inform you. Always remember that since our staff are guests in your home, you have the right to refuse their visit at any time. Please do call us if you need to discuss particular situations or needs. We are here to help.

MEDICAL RECORDS

EverCare At Home maintains a confidential written or electronic medical record related to the care we provide you. Our staff uses it to document important aspects of your medical history and the treatment and care you receive while on our program. All of our staff are fully trained regarding maintaining your privacy and confidentiality, and you can be assured that your records will only be made available to those who have a legal right to have them or to others that you designate in writing. Our complete privacy policies are covered in more detail in Section 2 of this document.

COMPLAINT PROCEDURE

Our goal is to provide you with services in a way that leaves you highly satisfied. If, for any reason, you feel that our staff has failed to meet your needs, violation of our policies, or has denied your needs or rights, please contact us immediately to discuss your concerns. You can do so without fear of retaliation, discrimination or reprisal.

Most issues can be resolved by contacting your Case Manager directly (phone number on front page of this document, or in writing). We will fully document your complaint and investigate it promptly. All complaints are reviewed, and we will respond to your complaint within fifteen (15) days. Written complaints will be responded to in writing. Verbal complaints will be responded to verbally, unless you ask for a written response. The response will include a description of your complaint, the investigation findings, the decisions rendered, and your right to appeal.

COMPLAINTS

If you believe that your Privacy Rights have been violated, you should immediately contact EverCare at Home's Director of Patient Services and/or EverCare's Corporate Offices. You enjoy protection and we will not take any action against you for filing a complaint. You also may file a complaint directly with the Secretary of Health and Human Services, or the New York State Department of Health at 800|628|5972.

If you feel that satisfactory action has not been taken and you are still dissatisfied, please call our main number and ask for our Director|Patient Services. The Director|Patient Services will review your complaint, the decision rendered, and your desired resolution. He/She may override the original decision.

If, after speaking with the Director|Patient Services, you are still not satisfied with how your complaint was addressed, you may appeal the decision to a member of the Board of Trustees and you will receive a response within thirty (30) days of receipt of the appeal. You may begin the process by calling EverCare's Chief Executive Officer or EverCare's Chief Compliance Officer at 845|569|0500 who will conduct a thorough review of your appeal and make certain there is review by a member of the Board of Trustees per 10 NY CRR 763.11. Alternately, you may also contact the New York State Department of Health [DOH] Hotline which receives complaints or questions about local Home Care Agencies. You can reach the DOH toll free at 800|628|5972, 24 hours a day [messages left after hours]. A written complaint may also be mailed to the DOH at New York State Department of Health, 90 Church Street, New York, New York, 10007.

PATIENT SATISFACTION

When you choose EverCare At Home, meeting your medical and clinical care needs is only part of our commitment to you. We are also committed to creating a positive overall experience while you use our services. Our staff is trained in a wide variety of customer service topics and the degree to which we satisfy our customers' needs is a regular part of our conversations. We believe that your positive word-of-mouth about your experience with us is one of the keys to our continued success. As such, we want to know if you are not satisfied, and we welcome feedback regarding what we can

do to make our services better. You are invited and encouraged to speak with your Case Managers or any EverCare At Home supervisor, at any time—we like hearing from you!

On occasion, we also gather information through a 3rd party vendor by conducting confidential Patient Satisfaction Surveys. If you are asked to participate in these of these surveys, we ask that you please do. If you receive a survey and you are not certain it is from us, please call your Case Manager. This allows us to receive feedback on how we are doing and helps us in evaluating our performance and make adjustments when necessary. Your participation is greatly appreciated!

SECTION II | Your Rights & Responsibilities as a Home Health Care Patient

YOUR RIGHTS AS AN EVERCARE AT HOME PATIENT

As a home health care patient, you have the right to be informed of your patient rights, and the right to exercise such rights, in writing prior to the initiation of care, as evidenced by written documentation in the clinical record. Your family member or designed representative is able to exercise these rights on your behalf if you are unable to exercise them on your own. All agency personnel providing patient care services on behalf of the agency shall be made aware of the rights of patients and their responsibility to protect and promote the exercise of such rights.

- You have a right to be treated with DIGNITY AND RESPECT. This means *it is your right to:*
    - Have your property and person treated with respect;
    - Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property;
    - Be treated with consideration, respect and full recognition of your dignity and individuality.
- You have a right to file COMPLAINTS [Section 1, Page 10]. This means *it is your right to:*
    - File complaints with the home health agency, the New York State Department of Health, or any outside representative of the patient's choice;
    - File complaints regarding your treatment and/or care that is provided;
    - File complaints regarding treatment and/or care that the agency fails to provide;
    - File complaints regarding the lack of respect for property and/or person by anyone who is providing services on behalf of the home health agency.
- You have a right to be involved in DECISION MAKING, CONSENT, AND SERVICES PROVIDED regarding your care. This means *it is your right to:*
    - Participate in, and be informed about, and consent or refuse care (after being fully informed of and understanding the consequences of such actions) in advance of and during treatment with respect to:
        - Completion of all assessments; the care to be furnished based on the comprehensive assessment; establishing and revising the plan of care; the disciplines that will furnish the care; the frequency of visits; expected outcomes of care including patient-identified goals and anticipated risks and benefits; any factors that could impact treatment effectiveness; any changes in the care to be furnished, no later than 30 calendar days from the date the agency

becomes aware of the change; being provided the name and functions of any person or affiliated agency providing care and services.

- Receive all services outlined in the plan of care.

- You have a right to PRIVACY AND ACCESS TO MEDICAL RECORDS. This means *it is your right to*:
  - A confidential clinical record;
  - Access and to the release of patient information and clinical records;
  - Refusal of the patient record release to any individual outside the agency except in the case of the patient's transfer to a health care facility, or as required by law or third-party payment contact.
- You have a right to be advised of FINANCIAL INFORMATION related to your care. This means *it is your right to:*
  - The extent to which payment for home health services may be expected from Medicare, Medicaid, or any other federally-funded or federal aid program known to the home health agency;
  - Know charges for services that may not be covered by Medicare, Medicaid, or any other federally funded or federal aid program known to the home health agency;
  - Know the charges the individual may have to pay before care is initiated;
  - Know of any changes in the information regarding payment for service as soon as possible, in advance of the next home visit, no later than 30 calendar days from the date the agency becomes aware of the change;
  - Receive proper written notice, in advance of a specific service being furnished, if the home health agency believes that the service may be non-covered care; or in advance of the home health agency reducing or terminating on-going care;
  - All information required by this section shall be provided to the patient both verbally and in writing.
- You have a right to be advised of ADVOCACY RESOURCES. This means *it is your right to:*
  - The State toll free home health telephone hot line, its contact information, its hours of operation, and that its purpose is to receive complaints or questions about local home health agency. [Section 1, Page 10]

Agency	Dutchess County	Orange County	Rockland County
Office for the Aging	845-486-2555	845-615-3700	845-364-2110
Center for Independent Living	845-565-1162	845-343-4284	845-624-1366
Protection & Advocacy Agency	845-486-3300	845-291-2800	845-364-3571
Aging & Disability Resource Center	1-800-342-9871		
Quality Improvement Organization	518-426-3418		

- You have a right to be FREE OF REPRISAL. This means *it is your right to:*

  - Be free from any discrimination or reprisal for exercising your rights or for voicing grievances to the home health agency or an outside entity.

- You have a right to be informed of LANGUAGE SERVICES AND AUXILIARY AIDES. This means *it is your right to*:
  - Be informed of the right to access auxiliary aids and language services and how to access these services.
- You have a right to be informed of the DISCHARGE/TRANSFER POLICY. This means *it is your right to*:
  - Be informed of and receive a copy of the home health agency's policy for transfer and discharge.

YOUR RESPONSIBILITIES AS AN EVERCARE AT HOME PATIENT

As a home health care patient, you have the responsibility to:

- Notify the program and your physician of changes in your condition, including hospitalization or trips to the emergency room
- Remain under the medical supervision of a physician that you select, and to notify the program if you change physicians
- Follow your Plan of Care and accept responsibility if you refuse treatment. You must notify EverCare At Home if you do not understand the Plan of Care or if you have a concern about following it
- To carry out mutually agreed responsibilities
- Let us know if you need to change your visit schedule due to medical appointments or family emergencies
- Notify us if your insurance coverage changes or if you enroll in hospice or an HMO
- Let us know if you have an Advanced Directive or if there are any changes to your Advanced Directive
- Tell us if you are dissatisfied with the services provided or if you are having any problems with your services
- Provide a safe working environment for members of your care team while they are in your home or place of residence
- Treat program staff with respect and cooperate with their efforts to provide care
- Pay for services as agreed upon in your Service Agreement

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

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

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

  We are required by law to collect health information to make sure:
  1) you get quality health care, and
  2) payment for Medicare and Medicaid patients is correct.

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

  You may be asked to tell us information about yourself so that we will know which home health services will be best for you. We keep anything we learn about you confidential. This means, only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.

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

  We may need your help in collecting your health information. If you choose not to answer, we will fill in the information as best we can. You do not have to answer every question to get services.

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

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

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

This is a Medicare & Medicaid Approved Notice.

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Home Health Agency
Outcome and Assessment Information Set (OASIS)
NOTICE ABOUT PRIVACY
For Patients Who Do Not Have Medicare or Medicaid Coverage

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

This is a Medicare & Medicaid Approved Notice.

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

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

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

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

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

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

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

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

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

III. ROUTINE USES

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

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

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

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

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

CONTACT INFORMATION

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

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

EVERCARE AT HOME HEALTH AGENCY

NOTICE OF PRIVACY PRACTICES

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

INTRODUCTION

We respect the privacy and confidentiality of your medical information. During the course of providing services and care to you, EverCare At Home gathers, creates, and retains certain personal information about you. This information is called "protected health information" [PHI], and by law we are required to maintain the privacy of all of your PHI. This includes any individually identifiable information that we obtain from you or others that relates to your past, present, or future physical or mental health, the health care you receive or have received, or payment for your healthcare.

As required by law, this Notice of Privacy Practices describes how EverCare At Home maintains the confidentiality of your protected health information. It also explains the uses and disclosures we will make of your PHI. Lastly, it informs you of your rights with respect to your protected health information.

We must comply with the provisions of this notice as currently in effect, although we reserve the right to change the terms of this notice from time to time or as regulated by law... If we make such a change, it will be effective for all PHI that we maintain and we will inform you of such in writing. If, at any time, you wish to receive a copy of our current Notice of Privacy Practices, please request one through EverCare Community Health Programs Corporate Office. If you have any questions or would like further information, you can let your Case Manager know or call us at 855.485.6697.

PERMITTED USES AND DISCLOSURES

By law, EverCare At Home is allowed to use and|or disclose your protected health information for specific purposes such as treatment, payment and healthcare operations. Below, please find a description of each of these categories of use|disclosure. Please note that not all potential uses|disclosures are listed in every category.

- *Treatment* means the coordination, management, or provision of your healthcare, including consultations and referrals between providers. For example, we may call your physician to verify a prescription, or your nurse may consult with your physical therapist regarding your home exercise program
- *Payment* means any activity we undergo to obtain reimbursement for the services provided to you. This may include billing, collections, claims management, eligibility determinations, and utilization review. For example, before implementing your Plan of Care, we may contact your 3rd party payor source to determine whether or not the proposed services will be covered

- *Health Care Operations* means activities related to the support functions of EverCare At Home. This may include quality assurance activities, compliance programs, audits, compliant response|resolution activities, business planning, management and administrative activities. This includes release of information to licensing, accreditation, and Federal agencies. For example: We may use your current status and progress toward your goals when evaluating our staff for development and training needs.

OTHER USES & DISCLOSURES OF PROTECTED HEALTH INFORMATION

In addition to the above uses and disclosures, there may be other times in which we will use|disclose your protected health information. For example:

- We may contact you for a variety of reasons, such as appointment reminders or to tell you about additional treatment alternatives or related services that might interest you
- We may disclose your PHI to your family, friends, or other designated individual that you have identified for any of the following reasons:
    - the information is related to the person's involvement in your care or payment for your care
    - to notify the person[s] of your condition, location, or death

  If you are available and able, we will give you the chance to object to these disclosures. If you object, we will not make them. However, if you are unavailable or unable, we will decide—based on our professional judgment—if it is in your best interest to disclose information to your family or friends, taking into account the present circumstances
- At your request or based on our professional judgment based on your best interest, we may disclose your PHI to family or friends to act on your behalf for such tasks as picking up filled prescriptions or medical supplies
- We may use|disclose your protected health information for research purposes, which is governed by federal law. All research projects are subject to a special approval process. When required, we will obtain written authorization from you prior to using your health information for research
- We may use|disclose protected health information when required to do so by applicable law. At times, incidental uses and disclosures may occur as by-products of otherwise permitted uses|disclosures. These are limited in nature and cannot be reasonably prevented

SPECIAL SITUATIONS

In compliance with applicable laws, we will also be required to make the following uses|disclosures of your protected health information:

- *Public Health Activities|Health Oversight Activities*
    - to prevent or control disease, disability, or injury

  - to notify a person who may have been exposed to a disease or who may be at risk for contracting or spreading a disease
  - to report suspected abuse or neglect [suspected child abuse|neglect must always be reported by law; in the case of an adult, we will only make the disclosure if you agree or when required|authorized by law]
  - to the Food & Drug Administration [FDA] for activities related to the FDA, such as to report reactions to medications
  - to Federal|State agencies that oversee our activities as a health care system, government benefits programs, and to demonstrate compliance with civil rights laws or regulatory program standards

- *Serious threats* we may use|disclose your PHI if we believe—in good faith—that it is necessary to prevent or lessen serious and imminent threat of harm to the health or safety of a person or the public
- *Disputes and Lawsuits* we may disclose your PHI in response to a court|administrative order or in response to a subpoena, discovery request, or other lawful process, provided that EverCare At Home is given assurances that efforts have been made to tell you about the request or to obtain an order protecting the information requested
- *Law Enforcement* in addition to the releases described above, we may release your PHI to a law enforcement official in emergency circumstances. For example: to identify or locate a missing person, a fugitive, a suspect, or a material witness; if you are a victim of a crime, under limited circumstances; in relation to a death that we believe may be the result of criminal conduct; in relation to criminal conduct on our property; to report a crime, including providing information on the location, description, or identity of the person who committed the crime
- *Inmates* if you are an inmate or under custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official
- *National Security and Intelligence Activities* we will disclose your PHI to authorized Federal officials conducting national security and|or intelligence activities
- *Protective Services to the President or Others* we will disclose your PHI to authorized officials for the purpose of protecting the President or other Foreign Heads of State
- *Coroner* we may disclose your PHI at a coroner's request to identify a decedent, determine cause of death, or other activities as permissible by law
- *Organ procurement* we may disclose your PHI following your death to an organ procurement agency or tissue bank in order to aid in using your organs or tissues in transplantation if you have expressed a wish to be a donor
- *Veterans* we may use|disclose your PHI to the Department of Veterans Affairs to determine whether you are eligible for certain benefits
- *Workers Compensation* we may disclose your PHI to programs that provide benefits for work related injuries or illnesses

NOTE: Information regarding HIV, genetics, alcohol and/or substance abuse, mental health and other specially protected health information may enjoy certain special confidentiality protections under applicable State and Federal law. Any disclosures of these types of records will be subject to these special protections.

OTHER USES OF YOUR HEALTH INFORMATION

Other uses and disclosures of your PHI which are not covered by this notice or the laws that apply to us will be made only with your permission in a written authorization. You have the right to revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we already have taken action in reliance on your authorization.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

In accordance with Federal law, you have the following rights regarding Protected Health Information created by EverCare At Home

- You have the **right to inspect or obtain a copy** of the protected health information maintained by EverCare At Home. EverCare At Home may deny your request under certain circumstances as permitted by law such as:
    - when you are requesting information involving laboratory tests that are restricted by law
    - when you are requesting psychotherapy notes. Psychotherapy notes are notes recorded by a mental health professional for the purpose of documenting or analyzing conversations made during private counseling sessions or group|joint|family counseling sessions. These notes are kept separate from the rest of your medical record
    - we have been directed to compile information in anticipation of, or for use in, a civil, criminal, or administrative action or proceeding
    - when you are a prison inmate and when obtaining such information is judged to jeopardize your health, safety, security, custody or rehabilitation, or that of other inmates, or the safety of any officer|employee|other person at the correctional facility or the person responsible for transporting you
    - when we obtained or created the PHI as part of a research study, provided you agreed to the temporary denial of access when consenting to participate in the study. Your access will be restored when the research is concluded
    - when the PHI was obtained from someone other than us under the promise of confidentiality and access would reasonably reveal the source of the information

  We may also deny a request for access to Protected Health Information if:
    - as a result of the exercise of professional judgment, a licensed professional has determined that the access requested would reasonably endanger your life or physical safety, or that of another person

- the PHI requested makes reference to a person other than a care provider and, as the result of the exercise of professional judgment, a licensed professional has determined that the access requested is reasonably likely to cause substantial harm to such other person
- the request for access is made by the individual's personal representative, as a result of the exercise of professional judgment, a licensed health care professional has determined that the access requested by such personal representative is reasonably likely to cause substantial harm to you or another person

If we deny a request for access for any of the three reasons described above, then you have the right to have our denial reviewed in accordance with the requirements of applicable law.

- You have the **right to request an amendment|correction** to your PHI, but we may deny your request for correction. Any agreed upon correction will be included as an addition to, and not in replacement of, already existing records. If your request is denied, you will receive a written denial that includes the reason for the denial. Reasons for denial include, but are not limited to a determination that the PHI in question
  - was not created by us, unless you provide a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment
  - is not part of your medical or billing record
  - is not available for inspection as set forth above
  - or when the request is not accurate and/or complete

- You have the **right to request restrictions** on the use|disclosure of your PHI for treatment, payment, or healthcare operations, or providing notifications regarding your identity and status to persons inquiring about or involved in your care. EverCare At Home is not required to grant your request, but if we do, we will comply with your request except in an emergency or until the restriction is ended by you or EverCare At Home

- You have the **right to request** that EverCare At Home communicate PHI to the recipient by **alternative means or at alternative locations.**

- You have the **right to receive an accounting of disclosures** of your PHI created and maintained by EverCare At Home over the six (6) years prior to the date of your request or for a lesser period. EverCare At Home is not required to provide an accounting of the following disclosures:
  - to carry out treatment, payment and health care operations as provided above
  - to respond to your requests for access to protected health information
  - to any recipient pursuant to a written authorization from the patient or the patient’s personal representative
  - to any recipient for national security or intelligence purposes as required by law
  - to correctional institutions or law enforcement officials as provided by law

- to a recipient, where such disclosure was incidental to a use|disclosure otherwise permitted by law
- to aid in the identification or care of a patient
- to persons involved in your care or for other notification purposes as provided by law, or
- that are otherwise not required by law to be included in the accounting that occurred prior to February 1, 2015

- You have the right to request and receive a paper or electronic copy of EverCare At Home's Notice of Privacy Practices
- The above rights may be exercised only by written communication to us. Any revocation or other modification of consent must be in writing delivered to us

The effective date of this Notice of Privacy Practices is February 1, 2015

INFORMATION ON ADVANCED DIRECTIVES PATIENT SELF – DETERMINATION POLICIES

FOR IMPLEMENTING PATIENTS' RIGHTS TO PARTICIPATE IN HEALTH CARE DECISION-MAKING

You have the right to accept or refuse medical treatment and the right to establish an Advanced Directive, which is a way of ensuring your wishes for care will be known and followed if you become unable to make decisions on your own. The law that affords you these rights is called the Patient Self-Determination Act. EverCare At Home respects these rights and is fully committed to helping you exercise them. We provide education to our staff and to the community regarding issues related to patient decision making.

EverCare At Home will provide you—and every other person admitted to our program—with additional written information about your rights and the policies we have put into place to ensure you are educated about these rights. The nurse conducting your assessment will review them with you and answer your questions. You also have access to a Social Worker if you need more information or more assistance in executing your rights under the Patient Self-Determination Act. You will receive information about our "Five Wishes" program along with additional information regarding whether or not you want your care providers to initiate CPR if your heart stops beating.

EverCare At Home will keep your expressed wishes in your Medical Record if you provide a copy to us. We will also document it if you have decided not to exercise your rights. We will not use your decision to have an Advanced Directive (or not to have one) when making decisions about your care and/or whether or not to admit you to the program.

DEFINITIONS

An *Advanced Directive* is a written instruction that communicates your health care wishes. Advanced Directives will speak for you when you are no longer able to speak for yourself. In New York State, there are four types of Advance Directives:

- A *Health Care Proxy* is the person that you designate to make your health care decisions when you are unable to do so. You may choose any person that you feel will be able to make decisions that reflect your wishes, values, and beliefs. They will be able to make choices for you, even if something happens for which you did not leave specific instructions
- A *Living Will* is a document that contains your specific health care wishes. You may use your Living Will to make your wishes regarding life-prolonging procedures and end-of-life care clear. These wishes will be followed, even when you are no longer able to communicate for yourself
- A *Living Will together with a Health Care Proxy* combines the above two documents into a single document
- A *Do Not Resuscitate Order* [DNR] instructs medical professionals not to perform cardiopulmonary resuscitation [CPR], in the event that your heart stops beating or your lungs stop breathing

"Five Wishes" is the program used by EverCare At Home to help guide you through the process. Once you complete *"Five Wishes"* you will have your Health Care Proxy and your Living Will. Your nurse will give you a separate packet for the *"Five Wishes."* He or she assist you and answer questions you may have. Or, you may request the assistance of a Social Worker at any time.

In the State of New York, you must take additional steps to implement a DNR order. There will be no separate packet of information regarding DNR orders.

If you decline to exercise your rights under the Patient Self-Determination Act—in other words, you decide *not* to have an Advanced Directive—you will be asked to sign a form that indicates that you have received the information, that you understand it, but that you decline to implement an Advanced Directive at this time. The purpose of this form is simply to demonstrate our compliance with the educational components of the Patient Self-Determination Act. Your decision will not bear any impact on our decision regarding your care and/or admission to the program.

DECIDING ABOUT CPR

DO – NOT – RESUSCITATE [DNR] ORDERS

A Guide for Patients & Families

WHAT DO CPR AND DNR ORDERS MEAN?

CPR – Cardiopulmonary Resuscitation – refers to the medical procedures used to restart a person's heart and breathing when the person's heart stops beating. CPR may involve simple efforts such as mouth–to–mouth resuscitation and external chest compression. Advanced CPR may involve electric shock, insertion of a tube to open the patient's airway, injection of medication into the heart and in extreme cases, open chest heart massage.

Do–Not–Resuscitate [DNR] Orders – tell medical professionals not to perform CPR. This means that doctors, nurses and emergency medical personnel will not start emergency CPR if your breathing or heartbeat stops.

DNR orders can be written for patients in a hospital or nursing home, or for patients at home. Hospital DNR orders tell the medical staff not to revive the patient if cardiac arrest occurs. If the patient is in a nursing home or at home, a DNR order tells the staff and emergency medical personnel not to perform CPR and not to transfer the patient to a hospital for CPR.

WHY ARE DNR ORDERS ISSUED?

While CPR can successfully restore heartbeat and breathing, success of the procedure depends on many factors, including the individual's overall medical condition. When patients are seriously ill or terminally ill, CPR may not work, or may only partially work, leaving the patient brain-damaged or in an even worse medical state than he or she was before his or her heart stopped. In cases such as these, some patients prefer not to receive CPR. Decisions such as this are highly personal and many individual factors contribute to any given individual's decision. EverCare At Home is committed to honoring your personal decision when it comes to whether or not to receive CPR.

CAN I REQUEST A DNR ORDER?

Yes, of course. All adult patients are allowed to request DNR orders if they are able to do so. If you are unable to tell your doctor that you want a DNR order written, a family member or close friend can decide for you.

IF I DECIDE TO HAVE A DNR ORDER, WILL IT AFFECT MY RIGHT TO REQUEST OR RECEIVE OTHER TREATMENTS?

No. A DNR order is only a decision about CPR. It does not affect your ability to request or receive other kinds of care.

ARE DNR ORDERS ETHICAL?

Although the decision to enact a DNR is highly personal, DNR orders are widely recognized by health care professionals, clergy, lawyers and others as medically and ethically appropriate under certain circumstances. For some patients, CPR poses more potential risks than potential benefits, and may be against an individual's wishes.

IS MY CONSENT REQUIRED FOR A DNR ORDER?

If you are able to consent, your doctor is not allowed to issue a DNR without speaking with you about it. In an emergency and if your wishes are unknown, the assumption is that all patients would consent to CPR.

HOW CAN I MAKE MY WISHES ABOUT DNR KNOWN?

Adult patients may consent to a DNR order orally by speaking to a physician. They may also make their wishes known in writing in the form of a Living Will, provided two witnesses are present. In addition, by identifying a Health Care Proxy, you can appoint someone you trust to make decisions related to CPR on your behalf if you are unable to speak for yourself. Please remember that if you complete the "Five Wishes", we will still need to obtain a doctor's order for DNR.

Before making your final decision regarding whether or not you wish to receive CPR, you should talk to your doctor about your overall health and the risks and benefits CPR might pose for you. A comprehensive discussion such as this will ensure that your wishes will be known.

IF I REQUEST A DNR ORDER, DOES MY DOCTOR HAVE TO HONOR MY WISHES?

If you request a DNR order from your doctor, he or she must follow your wishes or:

- transfer your care to another doctor who will follow your wishes; *or*
- begin a formal process to settle the dispute if you are in a hospital or nursing home

If the dispute is not resolved within 72 hours, your doctor must enter the order or transfer you to the care of another doctor.

IF I AM NOT ABLE TO DECIDE ABOUT CPR FOR MYSELF, WHO WILL DECIDE FOR ME?

It takes two doctors to make the determination that you are unable to make decisions about CPR. If you are told that a decision has been made that you are not able to consent for a DNR, you have the right to object to this decision.

If you become unable to decide about CPR before telling your physician or someone else about your wishes, a DNR order can be written with the consent of someone you choose, by a family member, or by a close friend. The following list provides the order in which others will be able to make a CPR decision on your behalf:

1) the person chosen by you to make health care decisions on your behalf according to New York's Health Care Proxy Law;
2) you court appointed guardian [if one exists]
3) your closest available relative [spouse, child, parent, sibling]
4) a close friend

HOW CAN I CHOOSE SOMEONE TO DECIDE FOR ME?

The Health Care Proxy Law allows adults to choose someone they trust to make health care decisions for them if they become unable to do so for themselves. EverCare at Home recommends that all patients complete a Five Wishes form to make their health care decisions clear.

It is important to note that completion of Five Wishes will identify the person you choose to make your wishes about CPR known. If you wish to have a DNR order in place, you must still inform your physician so he or she can write the DNR order.

UNDER WHAT CIRCUMSTANCES CAN A FAMILY MEMBER OR CLOSE FRIEND DECIDE THAT A DNR ORDER SHOULD BE WRITTEN?

A family member or close friend can only consent to a DNR order on your behalf if you become unable to decide for yourself and you have not identified someone to decide on your behalf. Your family member or friend can consent to a DNR order on your behalf when:

- you are terminally ill; or
- you are permanently unconscious; or
- CPR will not work [would be medically futile]; or
- CPR would impose extraordinary risk to you due to your medical condition and the expected outcome of CPR

Anyone deciding for you must base the decision on your wishes, including your religious and moral beliefs, or, if your wishes are not known, on what is in your best interests.

WHAT IF MEMBERS OF MY FAMILY DISAGREE?

If you are in a hospital or nursing home, your family can ask for mediation about the disagreement. Your physician can ask for mediation if he or she is aware of disagreement among your family members. Identification of a Health Care Proxy while you are still able to make your wishes known prevents personal disagreements among your family, because the appointed person is obligated to carry out your wishes, regardless of their own feelings or the feelings of others.

WHAT IF I LOSE THE ABILITY TO MAKE DECISIONS ABOUT CPR AND DO NOT HAVE ANYONE WHO CAN DECIDE FOR ME?

In the event that you are unable to make decisions for yourself and there is no one to make them for you, a DNR order can be written on your behalf if two doctors decide that CPR would not likely work in your case or if a court approves a DNR order.

It is always best to make your wishes regarding CPR known in advance. Then you can be certain your wishes will be respected because judgment is not left up to others.

WHO CAN CONSENT TO A DNR ORDER FOR CHILDREN?

A child's parent|guardian can consent to have a DNR order entered. If the child is old enough to understand and decide about CPR, the child's consent is also required.

CAN I CHANGE MY MIND AFTER A DNR ORDER HAS BEEN WRITTEN?

Yes. You, or anyone who consented to a DNR order on your behalf, can have the DNR order removed by telling the doctor, nurse, or other health care professional of the decision.

WHAT HAPPENS TO A DNR ORDER IF I AM TRANSFERRED FROM A NURSING HOME TO A HOSPITAL OR VICE VERSA?

Your existing DNR order will continue to be in effect until a new doctor examines you. At this time, the doctor can either determine to keep it in effect, or to cancel it. If the doctor decides to cancel your DNR order, you—or anyone who decided for you—can ask to have the DNR order entered again.

IF I AM AT HOME WITH A DNR ORDER, WHAT HAPPENS IF A FAMILY MEMBER OR FRIEND PANICS AND CALLS AN AMBULANCE TO RESUSCITATE ME?

If you have an existing DNR order and it is shown to emergency personnel, your wishes will be honored and they will not try to resuscitate you or take you to a hospital emergency room for CPR.

WHAT HAPPENS TO MY DNR ORDER IF I AM TRANSFERRED FROM A HOSPITAL OR NURSING HOME TO HOME CARE?

Any order issued for you in a hospital or nursing home setting will not apply at home. In order to have a DNR order at home, you, your Health Care Proxy, or a family member must specifically ask for a *home* DNR order. You can ask for this order before you leave the hospital or nursing home, but if you leave without one, you can request of your physician to write one for you at home.

Each year, home accidents are a major cause of injury and death, especially for people over 60. As we grow older, our bones may break more easily and we may become less steady on our feet. A simple fall that may have been a big deal 10 years earlier could result in a serious, disabling injury.

Most accidents in the home can be prevented by the elimination of hazards. The checklist below can help you evaluate the level of safety in your home. Check each statement that applies to you and|or your home. Then review the unchecked boxes to determine what else you can do to make your home a safer place to live.

EMERGENCY PREPAREDNESS

It is advisable to maintain a disaster supply kit in your home with the following items:

- ☐ A battery operated radio
- ☐ Flash lights
- ☐ Extra batteries
- ☐ First aid supplies
- ☐ Blankets
- ☐ Extra clothing
- ☐ Stock of canned food with a can opener
- ☐ Bottled water
- ☐ A list of emergency contact numbers
- ☐ A list of all of your medications, including their dosages

FIRE PREVENTION & SAFETY

- ☐ Do not smoke in bed or allow smoking when oxygen equipment is being used
- ☐ Oxygen Safety: In the presence of oxygen, there must be:

  No smoking
  No open flames
  No flammable materials
  No heating pads

- ☐ Have a plan for exiting the house in the event of a fire. Plan two exits; If your exit is through the ground floor window, make sure it opens easily
- ☐ Do not use elevators in a fire emergency
- ☐ Keep hallways clean
- ☐ Always keep the fire department number posted for easy viewing at all times
- ☐ Fire extinguishers should be checked frequently
- ☐ Smoke detectors should be checked frequently; batteries should be changed once a year

FALLS PREVENTION

- ☐ Take your time when moving around; do not rush! If your doctor has ordered a walker or cane, use it at all times
- ☐ If your doctor has ordered hearing aids or glasses, wear them while you are awake
- ☐ Request help when you need to get up from your chair or bed, or when doing activities that you know you cannot do alone
- ☐ Know your own limitations! Discuss your concerns with the staff and your family
- ☐ Take a few moments to sit at the edge of the bed or chair before standing to reduce dizziness
- ☐ Turn the lights on as you enter rooms and hallways—or use nightlights in hallways. Adequate lighting will decrease the likelihood that you will fall
- ☐ Keep the items that you use most often at arm's reach [i.e. TV remote, light, telephone, water, etc.] Unnecessary bending and reaching could lead to a fall
- ☐ Keep your living space free of clutter. Scatter rugs, excessive furniture, electrical cords in walkways and the like create trip hazards
- ☐ Keep the floor where you walk dry and not waxed
- ☐ Wear supportive shoes and make sure your clothes fit well and do not restrict movement
- ☐ Know which of your medications may make you feel drowsy. If you are not sure, ask your doctor or nurse

GENERAL SAFETY

- ☐ Emergency phone numbers are clearly visible near each telephone
- ☐ Outside doors are kept locked at all times
- ☐ Temperature and ventilation in the home is adequate
- ☐ There are two ways to get out of the house that are not blocked
- ☐ There is a fire and safety plan in place
- ☐ There is at least one fire extinguisher and it is in working order
- ☐ There is at least one smoke detector and carbon monoxide detector on each floor of the home. One smoke detector should be near sleeping area. Batteries are replaced regularly
- ☐ Combustible items are clearly marked and stored in covered containers away from heat sources or flames
- ☐ The heating system is checked and cleaned regularly by qualified individuals. Space heaters, if necessary, are maintained and used according to the manufacturer's specifications
- ☐ There is adequate lighting around the house; all burnt out bulbs are immediately replaced
- ☐ Electrical appliances and cords are clean and in good condition

- ☐ There are no electrical cords stretched across walkways. If extension cords are used, they are placed against a wall so no one can trip over them
- ☐ Carpeting and rugs are not worn out
- ☐ Throw rugs have a nonskid backing
- ☐ Medications and medical supplies are labeled, stored safely in a cool/dry place and kept out of children's reach
- ☐ Valuables that may be easily stolen are kept out of sight

KITCHEN SAFETY

- ☐ Stove and sink areas are well lit
- ☐ Adequate counter space is available to keep from unnecessary lifting or carrying
- ☐ The stove and other areas of open flame are kept clear of curtains, dishtowels, potholders, and|or plastic utensils to reduce fire hazard
- ☐ Pan handles are turned away from the front of the stove and the other burners
- ☐ You do not wear clothing with long, loose sleeves when cooking
- ☐ Cleaners and other chemicals are out of reach and|or locked to prevent children and|or confused individuals from accessing them
- ☐ Kitchen appliances are turned off when not being used
- ☐ A step-stool, with a hand rail that you can hold onto, is kept in the kitchen

LIVING AREA SAFETY

- ☐ Chairs and couches are sturdy and secure; they will not easily slide across the floor unexpectedly
- ☐ Hallways are well lit and do not contain trip hazards
- ☐ Steps are in good condition and do not contain clutter
- ☐ Hand rails are sturdy and securely fastened to the wall

BEDROOM SAFETY

- ☐ There is a lamp within easy reach of your bed
- ☐ There is a phone within easy reach of your bed
- ☐ Night lights are used to brighten the way to the bathroom at night
- ☐ If there are side rails on the bed, they are kept up

BATHROOM SAFETY

- ☐ Grab bars are installed on the walls by the bathtub and toilet
- ☐ Bathtub or shower has a non–skid mat or strips in the standing area
- ☐ There are no radios, TVs, heaters, or other electrical appliances near the bathtub|shower.

INFECTION CONTROL GUIDELINES

Infections pose a risk to your health and well-being. It is important to take precautions to prevent the spread of infection in your home. When proper precautions are taken, the risk of one family member's illness spreading to others can be minimized. Practicing good personal hygiene and treating all blood and body fluids as if they are infectious helps to protect us, and those around us.

By using the following guidelines you can help control the spread of infection in your home:

KNOW THE SIGNS AND SYMPTOMS OF INFECTION

Contact your physician if you or someone in your household develop any of the following symptoms:

- ✓ Temperature over 100.5°F (for an adult), over 104.0°F (for a child over 3 months), over 100.4°F (for a child 12 weeks or younger), or chills
- ✓ Diarrhea, nausea, or vomiting
- ✓ Painful or frequent urination
- ✓ Swelling or redness around a wound or incision
- ✓ Drainage from a wound or incision
- ✓ General feeling of illness or fatigue
- ✓ Difficulty or labored breathing

Hand-washing is the single most important step

in controlling the spread of infection.

Please follow the procedure outlined on page 33

WASH YOUR HANDS

Wash your hands frequently, especially before preparing food, before eating, after coughing or sneezing, after blowing your nose, after using the restroom and after handling any type of medical equipment, sharps, soiled laundry or contaminated materials.

PROPERLY CLEAN SPILLS IN THE HOME

Blood or body fluid spills are cleaned by putting on rubber gloves and absorbing the fluid with paper towels. After removing the fluid, use a cleaning solution of household bleach and water [1 part bleach to 10 parts water] to cover the area. Leave the solution on the spill area for ten minutes, and then wipe the area dry with clean paper towels. Put the used rubber gloves and soiled paper towels in a plastic bag and seal it. Then put this bag into a second bag and seal the second bag. Dispose of this bag in the regular household trash.

HANDLE DISPOSABLE ITEMS AND EQUIPMENT PROPERLY

Items which are not sharp—including dressings, bandages, plastic equipment, disposable diapers, adult disposable briefs, etc.—should be placed in a double waterproof [plastic] bag. Close the bags securely, and dispose of them in the regular trash. Please refer to page 34 for information on disposal of household waste.

CLEAN NON – DISPOSABLE ITEMS AND EQUIPMENT PROPERLY

Items which are not thrown away—including dishes, thermometers, commodes, walkers, wheelchairs, bath seats, suction machines, oxygen equipment, mattresses, etc.—should be cleaned immediately after use. Small items [except thermometers] should be washed in hot soapy water, rinsed and dried with clean towels. Household cleaners like disinfectants, germicidal liquids, or diluted bleach may be used to wipe off equipment.

Follow equipment cleaning instructions. If you have questions, ask your nurse or therapist. Thermometers should be wiped with alcohol before and after each use, and stored in a clean, dry place.

Soiled laundry and linen should be washed separately from other household laundry in hot soapy water. Handle these items as little as possible to prevent spreading germs. Do not shake out soiled linens, as this will send the germs into the air. Use disposable gloves when handling soiled linen. Household liquid bleach should be added if contamination is present [1 part bleach to 10 parts water solution is recommended].

FOLLOW GOOD HOUSEKEEPING PRACTICES

Practicing special care in the bathroom and kitchen, [including ventilation, careful food preparation, and proper food storage and disposal], can also prevent infection.

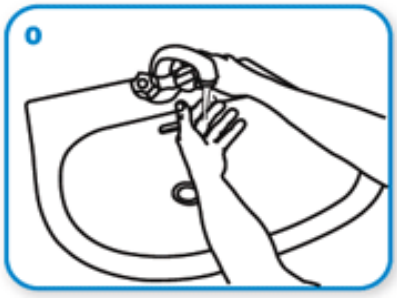
IN THE BATHROOM

- ✓ Always keep liquid soap handy
- ✓ Change towels and washcloths frequently
- ✓ Provide paper towels for visitors
- ✓ Disinfect bath, shower and bath room floor with bleach and water solution or a commercial cleanser using rubber gloves
- ✓ Do not share personal items such as razors, tooth brushes, combs, hairbrushes, washcloths or towels

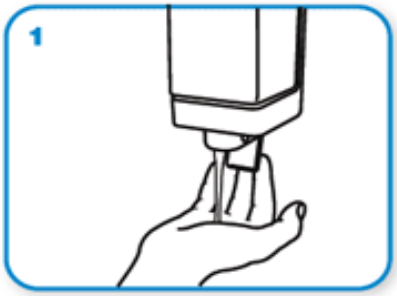
IN THE KITCHEN

- ✓ Watch expiration dates when purchasing perishables
- ✓ Do not use items if the freshness seal is broken
- ✓ Make sure your refrigerator and freezer are working properly
- ✓ Refrigerate leftovers properly
- ✓ Clean the inside of the refrigerator frequently
- ✓ Clean can openers after use
- ✓ Discard spoiled food
- ✓ Cook food thoroughly
- ✓ Wash fruit and vegetables well
- ✓ Use separate cutting boards, plates and utensils for raw and cooked food
- ✓ Keep work surfaces clean
- ✓ Use hot soapy water to wash dishes and utensils
- ✓ Do not share utensils or glasses

☞ HAND WASHING STEPS ☜

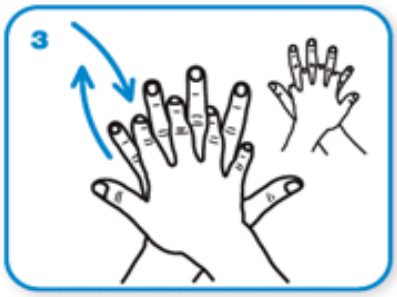


Wet hands with water



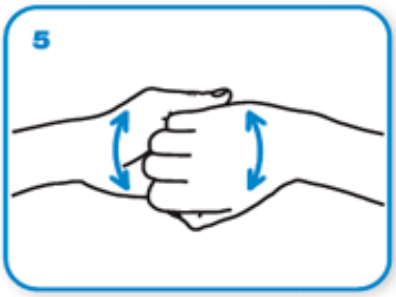
apply enough soap to cover all hand surfaces.

Rub hands palm to palm



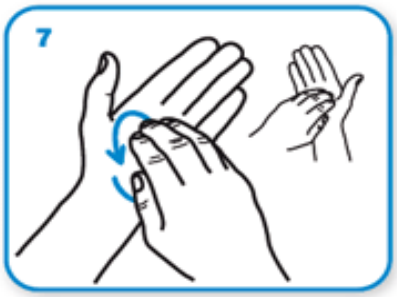
right palm over left dorsum with interlaced fingers and vice versa

palm to palm with fingers interlaced

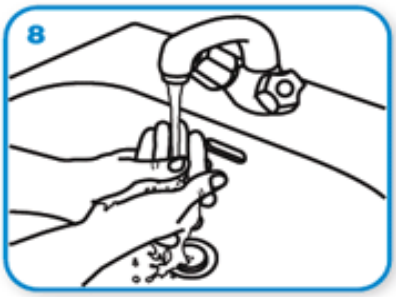


backs of fingers to opposing palms with fingers interlocked

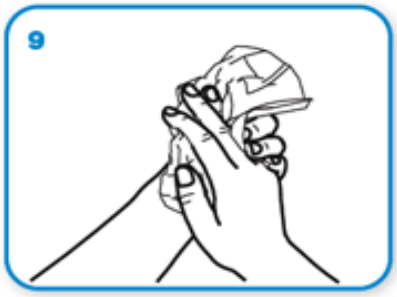
rotational rubbing of left thumb clasped in right palm and vice versa



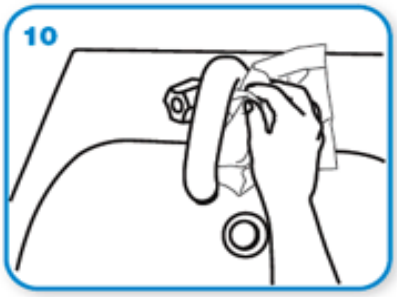
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.



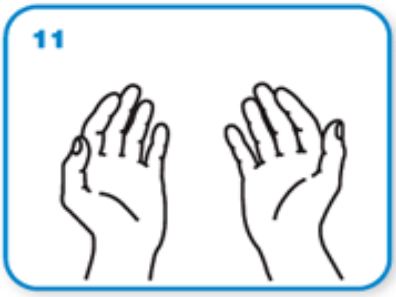
Rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet



...and your hands are safe.

DISPOSAL OF "HOUSEHOLD WASTE"

"Household wastes" are disposable items that have become soiled by bodily fluid while providing patient care. These wastes are disposed of in the regular garbage and are NEVER recycled.

Examples of household waste include, but are NOT LIMITED TO:

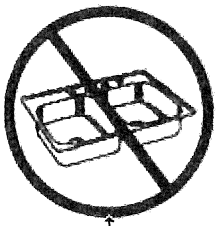
- Used hypodermic needles and syringes
- Used gauze bandages
- Used disposable paper items such as underpads, briefs, diapers, tissues, etc.
- Used disposal gloves

DISPOSABLE GLOVES SHOULD BE USED WHEN PROVIDING CARE AND/OR WHEN
DISCARDING ITEMS SOILED WITH BODY FLUIDS

NEEDLE DISPOSAL

DO'S	DONT'S
DO place syringe with needles attached in a puncture–resistant metal container prior to disposal with residential waste, e.g. coffee can. Tape lid closed. DO save the container and keep the top on it at all times. When it is full, pour a solution of one part household bleach [often referred to as Clorox] and ten parts water [1:I0] into the container and fill enough to cover the articles. Then place the top on the container and tape securely. Place the container into two [2] plastic bags; tie it securely and then throw it into the garbage. Always keep the container out of reach of children.	DO NOT recap needles or throw used hypodermic needles and syringes directly into the garbage. Someone might get stuck 

BODY WASTE DISPOSAL

DO'S	DONT'S
DO keep a waste container near your bed, lined with two (2) plastic bags for the disposal of bandages or tissues containing urine, feces, etc. When finished, tie up both bags and dispose of them.  - or - DO dispose of feces, urine and vomitus into the toilet and then flush.	DO NOT throw bandages and paper items containing blood, urine, feces, directly into the household garbage.  DO NOT throw waste, such as feces, urine and vomitus directly into the garbage or sinks

To dispose of anything soiled with blood, pour one part bleach and ten parts water (I:I0) on the item prior to disposal.

CONSENT|AUTHORIZATION FORM

Our mission is to provide quality-driven, patient-centered, integrated, holistic care to all who entrust us to guide their healing process, health care needs, and individualized care in the comfort of their home or place of residence.

PATIENT NAME _____ MED RECORD #_____

PERSON TO NOTIFY IN EMERGENCY: _____ PHONE _____

☐ **Received Rights and Responsibilities/NYS DOH Complaint Hotline Telephone Number 1(800) 628-5972**

I have received, reviewed, and understand my rights and responsibilities and grievance procedure as explained to me by an EverCare At Home Representative.

☐ **Privacy Statement**

I have received, reviewed and understand my privacy rights as it relates to the collection and transmission of OASIS data.

☐ **Consent for Home Health Care Services**

I consent to receive Home Health Care Services from EverCare At Home and its agents. The purpose of these services is to render necessary home health care to the above named patient under supervision of a physician. I attest that my consent is voluntary and that I am aware I have the right to participate in all treatment options including the option of no treatment at all. This would in no way affect my benefits under this, or any, agency or program.

The medical care and procedures involved in my treatment have been explained to me and I understand the risks of, and alternatives to, such treatments. I acknowledge that no guarantees have been made to me as the result of my treatment. This consent is intended as a release of EverCare At Home and the staff involved in my care for all liability for any injury sustained be me from my treatment (excepting acts of negligence on the part of EverCare At Home or its staff).

I acknowledge my responsibility to be available for Home Health visits in my home including periodic reassessment visits to determine my ongoing need for home care. I understand that if I no longer meet the criteria for eligibility and|or fail to allow EverCare At Home visiting staff timely access that I will no longer qualify for Home Care Services.

I agree not to pay staff directly for services, with the exception of agreed upon deposits for services as addressed later in this document. Staff are not authorized to accept, have custody of, or use the cash, credit cards, checks or other valuables of the patient, unless authorized by the patient and documented in the Plan of Care. I waive the right to deduct from amounts due to EverCare At Home any amount of any such cash or other items given to staff outside of my documented Plan of Care.

PATIENT NAME _____

Notification of Financial Liability [fill in all that apply] **Effective Date: ____ /____ /____**

Service	Frequency & Duration	Charges	Amount Medicare Pays	Amount Medicaid Pays	Private Insurance Amount	Amount You Pay
Skilled Nursing		$	$	$	$	$
Physical Therapy		$	$	$	$	$
Occupational		$	$	$	$	$
Speech Therapy		$	$	$	$	$
Social Services		$	$	$	$	$
Nutrition Services		$	$	$	$	$
Home Health Aid		$	$	$	$	$
Equipment/Supplies		$	$	$	$	$

☐ **Authorization for Payment** *(please initial)*

_____ *Initial Here* I consent **to pay EverCare At Home the monthly Medicaid surplus of $** _____ to receive Home Care services. I understand that failure to pay the monthly Medicaid surplus noted above, can cause the loss of active Medicaid eligibility and can cause result in the loss of Medicaid covered Home Health services.

_____ *Initial Here* I authorize EverCare At Home **to bill for services and receive payment from my medical insurance carrier**. To the extent that any amounts due to EverCare At Home pursuant to this agreement are not paid by my medical insurance carrier on a timely basis for any reason, I understand that such amounts will be billed to me directly and shall be my sole financial responsibility in accordance with the section below entitled "*Financial Responsibility*".

_____ *Initial Here* I **certify that I am eligible to receive benefits under the Medicaid|Medicare program**. I certify that the information given by me in applying for payment under title XVII or title XIX of the Social Security act is correct.

_____ *Initial Here* I grant EverCare At Home **permission to verify my Medicaid|Medicare number**.

_____ *Initial Here* I have been **notified that the Medicaid/Medicare program does not cover services** requested.

_____ *Initial Here* I have **received EverCare's Admission Packet** which was reviewed with me by an EverCare Representative.

PATIENT NAME _____

ACKNOWLEDGEMENT:

_____ _____/_____/_____

Patient Name [*please print]* Date

_____

Patient Signature

_____ _____/_____/_____

Patient Representative Signature Date

_____

Relationship to Patient

_____ _____/_____/_____

Witness Signature Date

Reason(s) why Patient is not signing:

- ☐ Patient gave me Power of Attorney
- ☐ Medical condition prevents signing
- ☐ Patient is presently located outside EverCare At Home service area
- ☐ I am the Patient's Parent/Legal Guardian
- ☐ Other [*please specify*] _____

PATIENT NAME _____

INSURANCE INFORMATION

Check all that apply: provide all required identification and group numbers

☐ Medicare Part A	Medicare #_____	
☐ Managed Medicare	Name_____	Medicare #_____
	Co–Payment $_____._____	
☐ Medicaid	Medicaid #_____	Seq_____
☐ Managed Care	Name_____	ID#_____
	Co–Payment $_____._____	
☐ Commercial Insurance	Plan_____	ID#_____
	Name of Insured_____	Group #_____
	Co–Payment $_____._____	Deductible $_____._____
	Employer _____	

☐ Self–Pay

Co–Payment | Deposit for Self–Pay Patients:

A agree to pay simultaneously with the signing of this agreement $_____.___ as either my Co–Payment or Self–Pay Deposit for services to be rendered. The deposit is being made in the form of a ☐ Check, Number _____ or in ☐ Cash.

I certify that I am currently insured by the provider named above and that the services I have requested above are covered under my policy. I hereby authorize payment directly to EverCare At Home of any insurance benefits otherwise payable to me for services, at a rate not to exceed EverCare At Home's regular charges for such services. I hereby irrevocably assign, and transfer to EverCare At Home all my rights to insurance proceeds or other funds which I am or to which I will become entitled as a result of the services rendered by EverCare At Home (including without limitation, my right to statutory interest). I understand that I am financially responsible to EverCare At Home for charges not covered by this assignment in accordance with the sections entitled "Self Pay" and "Financial Responsibility". If EverCare At Home has a written contract with my health plan, I understand that such a contract will govern the scope of my coverage and the procedures by which EverCare At Home will receive payment.

If my payer does not authorize the services requested above, or if my insurance either does not provide coverage for such services or requires me to pay a deductible or make a co-payment in connection with such services, I understand and agree that all amounts not paid by the payer shall be billed directly to me. I agree to pay all invoices not later than (7) days after receipt of the bill. All charges not paid within thirty (30) days of that billing date shall be assessed a late charge in the amount of 18% per year or the maximum legal interest rate, whichever is lower. I understand that I am liable for all charges including collection costs and all attorneys' costs regardless of payer.

☐ **FINANCIAL RESPONSIBILITY** I UNDERSTAND AND AGREE THAT I AM SOLELY RESPONSIBLE FOR:

☐

INFORMING EVERCARE AT HOME OF ALL HEALTH/MEDICAL INSURANCE COVERAGE AND BENEFITS FOR WHICH I HAVE PAID OR FOR WHICH I AM ELIGIBLE, AND PROVIDING EVERCARE AT HOME WITH ALL INFORMATION THAT IT MAY REQUIRE TO SECURE PAYMENT OF ITS CHARGES FOR SERVICES, INCLUDING WITHOUT LIMITATION. ANY CHANGE IN MY COVERAGE BENEFITS OR PROVIDER; ALL AMOUNTS CHARGED BY EVERCARE AT HOME FOR THE SERVICES REQUESTED ABOVE THAT ARE NOT PAID FOR BY

ANY OF MY INSURANCE PROVIDERS, INCLUDING WITHOUT LIMITATION ANY DEDUCTIBLE, CO-PAYMENT, LATE CHARGE OR COSTS OF COLLECTION.

ADDITIONAL TERMS

☐ **Emergency Preparedness and/or Service Interruption**

I understand EverCare At Home uses its best effort to provide uninterrupted services; however, sometimes interruptions are unavoidable. The EverCare At Home representative shared with me the EverCare At Home Emergency Preparedness' Plan and available community service should an emergency occur, during any interruption or service, I agree to provide or arrange for back-up care, or EverCare At Home will assist in arranging for transfer to an appropriate emergency facility.

☐ **Termination**

I understand I may terminate this Agreement by giving at least twenty-four [24] hours' notice. Additionally, EverCare At Home may terminate this Agreement by providing at least seventy-two [72] hours [3 business days] or such other minimum notice required by applicable law. EverCare At Home requires payment of behalf of a caregiver that reports for duty.

☐ **Advanced Directives**

I have received and reviewed the Advanced Directives Information/Five Wishes

☐ I do ☐ I do not have an **Advanced Directive [Five Wishes**]. If appropriate, location of Advance Directive:

_____

☐ I do ☐ I do not have a **durable Power of Attorney/Health Care Proxy**. If appropriate, Name, Address, and Phone Number of Durable Power of Attorney/Health Care Proxy:

_____

☐ **Authorization to Release Information**

I consent to the release of all information and or disclosure to EverCare At Home of (1) all or any parts of my medical records by my physician, or authorization practitioner, hospital or other facility of which I have been a client/patient; (2) review of my clinical records and other information related to the services by government or licensing surveyors, (3) my credit or my financial rating and history that is in the possession of any person, firm or credit bureau; and (4) information about me in the possession of individual acting in the official capacities as my advocate, as representatives of governmental or third party payers, or other health care providers involved in my care, (5) the collection and submission of such information as may be required by government, regulatory and accrediting bodies.

☐ **Other Documents Given to Patient by EverCare at Home Representative** [*circle all that apply*]

Patient Bill of Rights	Department of Health Hotline #	EverCare at Home Hotline #
Aide Plan of Care	HIPAA Form	Five Wishes

PATIENT NAME _____

CERTIFICATION:

I certify that I received a copy of this Agreement, that is was explained to me and I had an opportunity to ask questions, and that I am the patient, or am acting in the Patient's behalf and accept its terms. By signing on behalf of Patient, I represent that the Patient understands that I am signing on his/her behalf.

_____ _____/_____/_____

Patient Name *[please print]* Date

_____

Patient Signature

_____ _____/_____/_____

Patient Representative Signature Date

_____

Relationship to Patient

_____ _____/_____/_____

Witness Signature Date

EVERCARE AT HOME

Patient Name:

31 Cerone Place
Newburgh, New York 12550
855|485|6697 [tel]

Patient Identification:

Home Health Change of Care Notice (HHCCN)

Your home health care is going to change. Starting on _____ , your home health agency will change the following items and/or services for the reasons listed below.

Items/services:	**Reason for change:**

Read the information next to the checked box below. Your home health agency is giving you this information because:

☐	**Your doctor's orders for your home care have changed.** The home health agency must follow physician orders to give you care. The home health agency can't give you home care without a physician's order. If you don't agree with this change, discuss it with your home health agency or the doctor who orders your home care.
☐	**Your home health agency has decided to stop giving you the home care listed above.** You can look for care from a different home health agency if you have a valid order for home care and still think you need home care. If you need help finding a different home health agency to give you this care, contact the doctor who ordered your home care. If you get care from a different home health agency, you can ask it to bill Medicare.

If you have questions about these changes, you can contact your home health agency and/or the doctor who orders your home care.

You cannot appeal to Medicare about payment for the items/services listed above unless you both receive them and a Medicare claim is filed.

Additional Information:

Please sign and date below to show that you received and understand this notice. Return this signed notice to your home health agency in person or by mailing it to them at the address listed at the top of this notice.

Signature of the Patient or of the Authorized Representative*	**Date**

*If a representative signs for the beneficiary, write "(rep)" or "(representative)" next to the signature. If the representative's signature is not clearly legible, the representative's name must be printed.

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EVERCARE AT HOME

31 Cerone Place
Newburgh, New York 12550
855|485|6697 [tel]

A. Notifier: EverCare at Home

B. Patient Name: **C. Identification Number:**

Advance Beneficiary Notice of Noncoverage ABN)

NOTE: If Medicare doesn't pay for **D.**_____below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D.**_____below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **D.**_____listed above.
  Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

☐ **OPTION 1.** I want the **D.**_____listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN**.** If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the **D.**_____listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed**.

☐ **OPTION 3.** I don't want the **D.**_____listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY:** 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:

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EVERCARE AT HOME

31 Cerone Place
Newburgh, New York 12550
855|485|6697 [tel]

Notice of Medicare Non-Coverage

Patient name: _____ **Patient number:**_____

The Effective Date Coverage of Your Current _____services
Will End: _____/_____/_____

- Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current _____[insert type] services after the effective date indicated above.
- You may have to pay for any services you receive after the above date.

Your Right to Appeal This Decision

- You have the right to an immediate, independent medical review (appeal) of the decision to end Medicare coverage of these services. Your services will continue during the appeal.
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
- If you choose to appeal, you and the independent reviewer will each receive a copy of the detailed explanation about why your coverage for services should not continue. You will receive this detailed notice only after you request an appeal.
- If you choose to appeal, and the independent reviewer agrees services should no longer be covered after the effective date indicated above;
    - Neither Medicare nor your plan will pay for these services after that date.
- If you stop services no later than the effective date indicated above, you will avoid financial liability.

How to Ask For an Immediate Appeal

- You must make your request to your Quality Improvement Organization (also known as a QIO). A QIO is the independent reviewer authorized by Medicare to review the decision to end these services.
- Your request for an immediate appeal should be made as soon as possible, but no later than noon of the day before the effective date indicated above.
- The QIO will notify you of its decision as soon as possible, generally no later than two days after the effective date of this notice if you are in Original Medicare. If you are in a Medicare health plan, the QIO generally will notify you of its decision by the effective date of this notice.
- Call your QIO at: Livanta 866-815-5440 to appeal, or if you have questions.

See page 2 of this notice for more information.

If You Miss The Deadline to Request An Immediate Appeal, You May Have Other Appeal Rights:

If you have Original Medicare: Call the QIO listed on page 1.

If you belong to a Medicare health plan: Call your plan at the number given below.

Plan contact information _____
_____
_____

Additional Information (Optional):

Please sign below to indicate you received and understood this notice.

I have been notified that coverage of my services will end on the effective date indicated on this notice and that I may appeal this decision by contacting my QIO.

_____ _____/_____/_____

Signature of Patient or Representative Date

State of New York
Department of Health

Nonhospital Order Not to Resuscitate
(DNR Order)

Person's Name _____

Date of Birth ___ / ___ / ___

Do not resuscitate the person named above.

Physician's Signature _____

Print Name _____

License Number _____

Date ___ / ___ / ___

It is the responsibility of the physician to determine, at lease every 90 days, whether this order continues to be appropriate, and to indicate this by a note in the person's medical chart. The issuance of a new form is NOT required, and under the law this order should be considered vaild unless it is known that it has been revoked. This order remains valid and must be followed, even if it has not been reviewed withing the 90-day period.

DOH-3474 (04/09)