



Bill of Rights Checklist

Home Health Category

For Complete text, refer to 246-335 WAC

Agency Name _____

Surveyor Name _____

Survey Date _____

- Check if NO Deficiencies
 - Circle if Deficiencies
 N/A- Not applicable

WAC 246-335-535 Bill of Rights - A home health agency at the time of admission must provide each patient, designated family member, or legal representative with a written bill of rights affirming each client's right to:	
1500	(1) Receive effective treatment and quality services from the home health agency for services identified in the plan of care;
1505	(2) Be cared for by appropriately trained or credentialed personnel, contractors and volunteers with coordination of services;
1510	(3) A statement advising of the right to ongoing participation in the development of the plan of care;
1515	(4) A statement advising of the right to have access to the department's listing of licensed home health agencies and to select any licensee to provide care, subject to the individual's reimbursement mechanism or other relevant contractual obligations;
1520	(5) A listing of the total services offered by the home health agency and those being provided to the client;
1525	(6) Refuse specific treatment or services;
1530	(7) The name of the individual within the home health agency responsible for supervising the client's care and the manner in which that individual may be contacted;
1535	(8) Be treated with courtesy, respect, and privacy;
1540	(9) Be free from verbal, mental, sexual, and physical abuse, neglect, exploitation, and discrimination;
1545	(10) Have property treated with respect;
1550	(11) Privacy and confidentiality of personal information and health care related records;
1555	(12) Be informed of what the home health agency charges for services, to what extent payment may be expected from care insurance, public programs, or other sources, and what charges the client may be responsible for paying;
1560	(13) A fully itemized billing statement upon request, including the date of each service and the charge. Agencies providing services through a managed care plan are not required to provide itemized billing statements;
1565	(14) Be informed about advanced directives and POLST, and the agency's scope of responsibility;
1570	(15) Be informed of the agency's policies and procedures regarding the circumstances that may cause the agency to discharge a client;
1575	(16) Be informed of the agency's policies and procedures for providing back-up care when services cannot be provided as scheduled;

1580	(17) A description of the agency's process for clients and family to submit complaints to the home health agency about the services and care they are receiving and to have those complaints addressed without retaliation;
1585	(18) Be informed of the department's complaint hotline number to report complaints about the licensed agency or credentialed health care professionals; and
1590	(19) Be informed of the DSHS end harm hotline number to report suspected abuse of children or vulnerable adults.
1595	(20) The home health agency must ensure that the client rights under this section are implemented and updated as appropriate.