

Combined Minnesota and Federal Hospice Bill of Rights

MN HOSPICE BILL OF RIGHTS PER MINNESOTA STATUTES 144A.751

Interpretation and Enforcement of Rights

The rights under this section are established for the benefit of individuals who receive hospice care. A hospice provider may not require a person to surrender these rights as a condition of receiving hospice care. A guardian or conservator or, when there is no guardian or conservator, a designated person, may seek to enforce these rights. This statement of rights does not replace or diminish other rights and liberties that may exist relative to persons receiving hospice care, persons providing hospice care, or hospice providers licensed under [Minnesota Statutes, section 144A.753 Licensure \(https://www.revisor.mn.gov/statutes/cite/144A.753\)](https://www.revisor.mn.gov/statutes/cite/144A.753).

Statement of Rights

The language in **bold** print represents additional consumer rights under federal law for patients of Medicare-certified hospices.

[Minnesota Statutes, section 144A.751 Hospice Bill of Rights \(https://www.revisor.mn.gov/statutes/cite/144A.751\)](https://www.revisor.mn.gov/statutes/cite/144A.751)

An individual who receives hospice care has the right to:

Be informed of his or her rights, and the hospice must protect and promote the exercise of these rights.

1. Exercise **his or her rights as a patient of the hospice**. Receive written information about rights in advance of receiving hospice care or during the initial evaluation visit before the initiation of hospice care, including what to do if rights are violated. **Notice of rights and responsibilities: (1) During the initial assessment visit in advance of furnishing care the hospice must provide the patient or representative with verbal (meaning spoken) and written notice of the patient's rights and responsibilities in a language and manner that the patient understands; (2) The hospice must comply with the requirements of subpart I of part Code of Federal Regulations (CFR) 489 of this chapter regarding advance directives. The hospice must inform and distribute written information to the patient concerning its policies on advance directives, including a description of applicable State law; (3) The hospice must obtain the patient's or representative's signature confirming that he or she has received a copy of the notice of rights and responsibilities.**
2. Receive care and services according to a suitable hospice plan of care and subject to accepted hospice care standards and to take an active part in creating and changing the plan and evaluating care and services. **Be involved in developing his or her hospice plan of care.**
3. Be told in advance of receiving care about the services that will be provided, the disciplines that will furnish care, the frequency of visits proposed to be furnished, other choices that are available, and the consequence of these choices, including the consequences of refusing these services.
4. Be told in advance, whenever possible, of any change in the hospice plan of care and to take an active part in any change.
5. Refuse care, services or treatment.

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6. Know, in advance, any limits to the services available from a provider, and the provider's grounds for a termination of services. **Receive information about the scope of services that the hospice will provide and specific limitations on those services.**
7. Know in advance of receiving care whether the hospice services may be covered by health insurance, medical assistance, Medicare, or other health programs in which the individual is enrolled. **Receive information about the services covered under the hospice benefit.**
8. Receive, upon request, a good faith estimate of the reimbursement the provider expects to receive from the health plan company in which the individual is enrolled. A good faith estimate must also be made available at the request of an individual who is not enrolled in a health plan company. This payment information does not constitute a legally binding estimate of the cost of services.
9. Know that there may be other services available in the community, including other end of life services and other hospice providers, and know where to go for information about these services.
10. Choose freely among available providers and change providers after services have begun, within the limits of health insurance, medical assistance, Medicare, or other health programs. **Choose his or her attending physician.**
11. Have personal, financial, and medical information kept private and be advised of the provider's policies and procedures regarding disclosure of such information.
12. Be allowed access to records and written information from records according to sections 144.291 to 144.298. **Have a confidential clinical record. Access to or release of patient information and clinical records is permitted in accordance with 45 CFR parts 160 and 164.**
13. Be served by people who are properly trained and competent to perform their duties.
14. Be treated with courtesy and respect and to have the patient's property treated with respect. To have his or her property and person treated with respect.
15. Voice grievances regarding treatment or care that is, or fails to be, furnished or regarding the lack of courtesy or respect to the patient or the patient's property **by anyone who is furnishing services on behalf of the hospice. The patient has the right to not be subjected to discrimination or reprisal for exercising his or her rights.**
16. Be free from physical and verbal abuse. **Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.**
17. Reasonable, advance notice of changes in services or charges, including at least ten days' advance notice of the termination of a service by a provider, except in cases where:
 - a. the recipient of services engages in conduct that alters the conditions of employment between the hospice provider and the individual providing hospice services or creates an abusive or unsafe work environment for the individual providing hospice services.
 - b. an emergency for the informal caregiver or a significant change in the recipient's condition has resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the hospice provider.
 - c. the recipient is no longer certified as terminally ill.
18. A coordinated transfer when there will be a change in the provider of services.

19. Know how to contact an individual associated with the provider who is responsible for handling problems and to have the provider investigate and attempt to resolve the grievance or complain.
20. Know the name and address of the state or county agency to contact for additional information or assistance.
21. Assert these rights personally or have them asserted by the hospice patient's family when the patient has been judged incompetent, without retaliation. **If a patient has been adjudged incompetent under state law by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed pursuant to state law to act on the patient's behalf. If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law.**
22. Have pain and symptoms managed to the patient's desired level of comfort. including ensuring appropriate medications are readily available to the patient; **Receive effective pain management and symptom control from the hospice for conditions related to the terminal illness.**
23. Revoke hospice election at any time.
24. Receive curative treatment for any condition unrelated to the condition that qualified the individual for hospice, in collaboration with the hospice provider, if possible, while remaining on hospice election.

The hospice must:

- **Ensure that all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by anyone furnishing services on behalf of the hospice, are reported immediately by hospice employees and contracted staff to the hospice administrator.**
- **Immediately investigate all alleged violations involving anyone furnishing services on behalf of the hospice and immediately take action to prevent further potential violations while the alleged violation is being verified. Investigations and/or documentation of all alleged violations must be conducted in accordance with established procedures.**
- **Take appropriate corrective action in accordance with state law if the alleged violation is verified by the hospice administration or an outside body having jurisdiction, such as the State survey agency or local law enforcement agency.**
- **Ensure that verified violations are reported to State and local bodies having jurisdiction (including to the State survey and certification agency) within 5 working days of becoming aware of the violation.**

If the hospice provider operates a residential hospice facility, the written notice to each residential hospice patient must include the number and qualifications of the personnel, including both staff persons and volunteers, employed by the provider to meet the requirements of MN Rule 4664.0390 on each shift at the residential hospice facility.

Disclosure

A copy of these rights must be provided to an individual at the time hospice care is initiated. The copy shall contain the address and telephone number of the Office of Health Facility Complaints and the Office of Ombudsman for Long-Term Care and a brief statement describing how to file a complaint with these offices.

Information about how to contact the Office of Ombudsman for Long-Term Care shall be included in notices of change in provider fees and in notices where hospice providers initiate transfer or discontinuation of services.

Resources

If you have a complaint about the agency or person providing you hospice services, you may call, write or visit the Office of Health Facility Complaints, Minnesota Department of Health, Minnesota Adult Abuse Reporting Center. You may also contact the Ombudsman for Long-Term Care.

Office of Health Facility Complaints

(651) 201-4200/1-800-369-7994

health.ohfc-complaints@state.mn.us

Mailing Address:

Minnesota Department of Health
Office of Health Facility Complaints
P.O. Box 64970
St. Paul, MN 55164-0970

MINNESOTA ADULT ABUSE REPORTING CENTER (MAARC)

1-844-880-1574

Adult protection / Minnesota Department of Human Services

[Minnesota's Adult Protective Services \(https://mn.gov/dhs/people-we-serve/seniors/services/adult-protection/\)](https://mn.gov/dhs/people-we-serve/seniors/services/adult-protection/)

OFFICE OF OMBUDSMAN FOR LONG-TERM CARE

PO Box 64971

St. Paul, MN 55164-0971

1-800-657-3591 or 651-431-2555 (metro)

[Office of Ombudsman for Long-Term Care \(https://mn.gov/ooltc/\)](https://mn.gov/ooltc/)

MBA.OOLTC@state.mn.us

MEDICARE BENEFICIARY AND FAMILY CENTERED CARE QUALITY IMPROVEMENT ORGANIZATION

LIVANTA LLC

BFCC-QIO Program

10820 Guilford Road, Suite 202

Annapolis Junction, MD 20701-1105

1-888-524-9900, TTY 1-888-985-8775

Minnesota Department of Health

Health Regulation Division

PO Box 64900

St. Paul, MN 55164-0900

651-201-4200

health.fpc-licensing@state.mn.us

www.health.state.mn.us

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To obtain this information in a different format, call: 651-201-4200.