



# Welcome!

Hello. I want to start off by welcoming you to the PHS family. We are grateful for the trust you place in us. We look forward to partnering with you to keep your child safe and healthy at home. When you work with PHS, you get more than just medical services – you get complete care. We provide a range of services that support a growing child. We can help with insurance and give warm hugs when life gets overwhelming.

As a Pediatric Center of Excellence, all decisions center around the needs of our patients and their families. This approach touches every aspect of our organization. It includes hiring and training our employees, supporting medical non-profits, representing patients' needs at the legislature, and doing medical research. To continually improve service, we at times send a patient experience survey and look forward to your feedback. We have been providing home care for complex pediatric patients for over three decades. Our mission is to take care of the child. Our goal is to make a positive difference in the life of every family we serve. Our hope is children with medical complexities have their best lives living at home participating in their communities.

We look forward to supporting you and your child through your journeys. Don't hesitate to call us if you have questions or concerns about anything related to your child's care. We are here to help.



Adam Nielsen  
Chief Executive Officer



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## About PHS

### EMERGENCY CARE

Call 911 if you think your child is having a life-threatening emergency. PHS does not provide emergency medical services. We provide 24-hour support for PHS equipment, supplies, medicine, and services.

### ACCREDITATION

A national organization approved by the Centers for Medicaid and Medicare Services officially recognizes PHS for the quality and safety of its patient care.

### PHS NONDISCRIMINATORY POLICY

Pediatric Home Service (PHS) does not discriminate based on race, color, national origin, age, disability, or sex. PHS meets the requirements of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Section 1557 of the Patient Protection and Affordable Care Act of 2010 and the regulations related to these Acts.

PHS does not exclude people from service or treat them differently because of race, color, national origin, age, disability, or sex. PHS provides free aids and services to people with disabilities for effective communication, such as:

- Qualified sign language interpreters
- Written information in other formats

### NOTICE OF PROGRAM ACCESSIBILITY

Pediatric Home Service and all its programs and activities are accessible to and usable by persons with disabilities. These include persons who are deaf, hard of hearing, blind, or who have other sensory impairments. Access features at our service sites include:

- Designated disability parking
- Level access or ramps between parking areas and entrance
- Fully accessible public waiting areas, restrooms, and meeting areas/rooms

Communication aids are available at all sites for no additional charge and include:

- Qualified sign language interpreters for persons who are deaf or hard of hearing
- Communication with PHS using the person's preferred Telecommunications Relay Service option
- Many materials are offered in a variety of written, visual, and audible formats and in other languages

Notify a PHS employee if you require any of these aids or other assistance.

## About PHS (continued)

### WHAT YOU CAN DO

If you believe that PHS fails to provide accessible services or discriminates in other ways based on race, color, national origin, age, disability, or sex, you can file a grievance with

V.P. of Quality and Compliance  
Pediatric Home Service  
2800 Cleveland Avenue North  
Roseville, MN 55113 651-642-1825 or 1-800-225-7477 (toll free)  
<https://www.pediatrichomeservice.com/contact-us/>  
651-638-0680 (fax)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the V.P. of Quality and Compliance is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, in the following ways:

Electronically through the Office for Civil Rights Complaint Portal at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)

By mail at  
U.S. Department of Health and Human Services  
200 Independence Avenue SW Room 509F  
HHH Building  
Washington D.C. 20201

By phone at  
1-800-368-1019, 1-800-537-7697 (TTY)

Civil rights complaint forms are available at [hhs.gov/civil-rights/filing-a-complaint/index.html](https://hhs.gov/civil-rights/filing-a-complaint/index.html)

# Equipment and Supplies

Check that your child's health insurance pays for the equipment and services the doctor wants for your child. Your child's care plan and insurance determine the type of equipment we provide.

## EQUIPMENT

- Your child's insurance determines whether you rent or buy PHS equipment.
- We rent and bill equipment on a monthly basis. We charge a full month's rental if you return equipment before the end of a one month period.
- We pick up rental equipment you no longer need.

## EQUIPMENT MAINTENANCE OR REPAIR

Call a PHS clinician if you think your child's equipment needs maintenance or repair.

- Rented Equipment
  - We replace rented equipment at no cost if the unit needs maintenance or repair.
- Patient-Owned Equipment
  - You can rent a PHS replacement unit while we work on your child's equipment.
  - If your equipment is under warranty, there is no charge for maintenance, repair, and parts.
  - If your equipment is NOT under warranty, there is a charge for maintenance, repair, or parts.

### Attention

Notify us if the doctor says to stop using equipment, supplies, medicine, or services we provide your child.

## SUPPLIES

Your child's care plan and insurance determine the type, amount, and how often you can replace your child's supplies.

- You can only buy supplies – you cannot rent them.
- We can deliver supplies to your child's home or you can pick them up at our office.
- You cannot return supplies for credit or refund.
- PHS supplies are for home need only. Use hospital supplies if your child is admitted into the hospital.

## **Insurance**

Help us keep the billing and insurance process as simple as possible.

### **LET US KNOW IF**

- Your child's medical needs or insurance change.
- We need to send your child's billing information to someone other than the person who signed the PHS Home Patient Agreement.
- You have questions about your child's medical bill. We call your child's insurance company if we think the payment is less than it should be. We can request a special review of the payment decision (called an appeal).
- You have trouble paying your medical bill. Our Billing Specialists work with you to set up a payment plan.

### **UNDERSTAND**

- Insurance may not pay for everything the doctor wants for your child.
- Your child's insurance may
  - Only pay for part of the cost of a product or service
  - Place limits on how often and how much product or service can be ordered
- Your signed PHS Home Patient Agreement lets us directly bill your child's insurance. If we don't get your signed form we send you the medical bill.
- We send you a bill for whatever amount your child's insurance does not pay.

## Your Child's Care Plan

### YOUR CHILD'S INFORMATION

Correct information helps us safely manage your child's care plan.

- We may contact you to confirm your child's name, birth date, gender, address, and insurance plan(s).
- Please let us know if any of your child's information changes.

### FOLLOWING YOUR CHILD'S CARE PLAN

A doctor writes a care plan that describes the medical care your child needs. We provide you information on how to safely use PHS equipment, medicine, and therapies for this care plan.

### ASSESSING PAIN

We need to know if PHS equipment, medicine, or therapies in the care plan cause your child pain. We work with you, your child, and the doctor or clinic to lessen or manage any pain.

### RESUSCITATION

Cardiopulmonary Resuscitation (CPR) is an emergency procedure to keep blood flowing through the body when the heart stops beating. All PHS Clinicians are certified in CPR. They perform CPR when ethically required to do so. Please let us know if your child has a Provider's Order for Life-Sustaining Treatment (POLST) or an Advanced Directive.

## Mandated Reporters

Under law, medical and social service professionals must report abuse and neglect they encounter while doing their jobs. Depending on the U.S. state, these persons must report if they know, or have reason to believe:

- A child or vulnerable adult is being neglected, abused, or exploited
- A child was neglected or abused within the preceding three years

PHS reports if we believe a child or vulnerable adult receiving our services is in danger. We make the report to the appropriate authorities. These could include local or state police, the county or state protective service agency, or a county or state attorney. PHS calls 911 if a child or vulnerable adult is in immediate danger.

To report an adverse event or medical device problem, please call FDA's MedWatch Reporting Program at 1-800-FDA-1088.

For information regarding a specific hospital bed, contact the bed manufacturer directly.

# Emergency Situations

Being prepared for emergencies can make the difference between there being a mild nuisance or a possible tragedy. Here are some things to keep in mind when you or your child depend on medical support equipment.

## EMERGENCY PLANNING

- Before going home from the hospital
  - Contact your police and fire departments and a local ambulance service. Notify them of your or your child's need for emergency services.
  - Alert the electric company to put your home on a medical priority list for restoring power after an outage.
  - Notify the phone company if you don't use a cell phone. Alert them to put your home on a medical priority list for restoring service.
- Create an Emergency Action Plan. Talk with your PHS Clinician if you have questions or need help creating an Emergency Action Plan. Keep your Emergency Action Plan where it is easy for everyone to see. Review the plan with your family and caregivers on a regular basis and update when needed.
- Notify your local fire department if you or your child use oxygen or life support equipment in your home.
- Keep a working flashlight near the medical equipment. Never use candles.
- Keep a battery-operated radio close to the equipment.
- Identify only one location for storing backup medical equipment and non-refrigerated supplies.
- Use power surge protectors with your medical equipment.
- Sign up to be on your community's emergency warning system.
- Include health insurance information and medical provider contact information in your severe weather or emergency evacuation kit.

### EMERGENCY PREPAREDNESS QUESTIONS?

Call PHS if you have questions about being prepared for an emergency when using medical equipment.

## EQUIPMENT FAILURE

- Call 911 if a medical equipment breakdown is life-threatening.
- Call PHS to troubleshoot if a medical equipment breakdown is not life-threatening. We may need to repair or exchange the equipment.

## POWER OUTAGE

- Prepare for a power outage by knowing
  - How long the battery for a piece of equipment can provide operating power
  - Where the equipment's backup battery is located
  - How to hook up or install the backup battery
  - How long you or your child can safely be without medical equipment support
- Remember that cordless phones do not work during power outages. Arrange for another method of emergency communication.

# Emergency Situations (continued)

## SEVERE WEATHER AND NATURAL DISASTERS

- Know where to find severe weather and natural disaster alerts. Examples include the Wireless Emergency Alert system and NOAA Weather Radio.
- Read information on preparing for and staying safe during severe weather and natural disasters. Go to any of the following: [ready.gov](https://www.ready.gov); [epa.gov/naturaldisasters](https://www.epa.gov/naturaldisasters); your state's weather safety or emergency preparedness websites.
- Contact the fire department for information on actions to take during severe weather or natural disasters.
- Locate evacuation routes and the nearest emergency shelters.
- Identify a safe place to go when not evacuating. Work out challenges to moving essential equipment and supplies, backup battery, flashlight, and battery-operated radio to that location.

## Patient Rights & Responsibilities

### STATEMENT OF PATIENT RIGHTS

A patient who receives equipment, treatment, or services from PHS has these rights:

1. Be fully informed, prior to or at the time of admission, of these rights and the patient's responsibilities.
2. Be informed, during the admission process, of services available through PHS and of any charges for services not covered by the patient's insurance company. A fee schedule will be made available to all private pay patients who request it.
3. Receive information about their illness, so that they may make informed decisions regarding their care and participate in the development and revision of their Plan of Care.
4. Be informed about the nature and purpose of any technical procedure that will be performed, including the potential benefits and burdens, as well as who will perform the procedure.
5. Refuse treatment or services and be informed of the medical consequences of such refusal.
6. Refuse to participate in treatment, investigational medication studies, clinical trials and/or experimental research unless the patient and/or guardian gives documented, voluntary, informed consent.
7. Be treated by a health care provider of their choice, including a physician if applicable.
8. Have personal, financial, and medical information kept private, and be advised of PHS policies and procedures regarding disclosure of such information.
9. Have access to the patient's own records and written information from those records in accordance with state and federal laws.
10. Be treated with consideration, respect and full recognition of individuality, including privacy in treatment and in care of personal needs. PHS staff will respect the property of the patient.
11. Be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment.
12. Have their cultural, psychosocial, spiritual, and personal values, beliefs, and preferences be respected.
13. Be served by people who are properly trained and competent to perform their duties.
14. Participate in the consideration and resolution of ethical issues and conflicts in decisions that arise in their care.
15. Have an Advance Directive for medical care respected to the extent provided by law (such as living wills or the designation of a surrogate decision maker).
16. Be informed of PHS policy regarding withholding of resuscitation services and the withdrawal of life-sustaining treatment.
17. Receive prompt response to all reasonable inquiries.
18. Complain to staff and others of the patient's choice about services that are provided, or fail to be provided, and the lack of courtesy or respect to the patient or the patient's property, and the right to recommend changes in policies and services, free from retaliation, including the threat of termination of services.
19. Have grievances/complaints regarding treatment or services that are (or fail to be) furnished, or lack of respect for property, investigated.
20. Be informed in reasonable time of the anticipated termination of services or plans for transfer to another agency.
21. Receive all information and notices in plain language and in terms the patient can understand.
22. Receive appropriate care and service without discrimination in accordance with physician orders.
23. Be able to identify visiting personnel members through an agency-generated photo ID.
24. Be informed of any financial benefits when referred to PHS.

# **Patient Rights & Responsibilities (continued)**

## **STATEMENT OF PATIENT RESPONSIBILITIES**

You need to partner with PHS so that the healthcare we provide is safe and effective. As a partner, you agree to do the following:

1. Give PHS accurate information about the patient's medical treatments, medicines, and health insurance.
2. Quickly notify PHS of changes in medical condition, health insurance, doctors, or contact information.
3. Use medical equipment and supplies from PHS according to doctor's orders.
4. Notify PHS if the medical need for rental equipment ends. Allow PHS access to equipment for repair or replacement, maintenance, and pickup of the equipment.
5. Protect PHS rental equipment from damage and follow equipment instructions for safe handling, use, care, and cleaning.
6. Promptly report any equipment failure, malfunction, or damage to PHS.
7. Be available at scheduled times for PHS home care visits and for equipment delivery and pickup.
8. Make timely payments for insurance deductibles and copays, and for products and services insurance does not cover.
9. Follow the PHS Plan of Care and tell PHS if you are unable to do so.
10. Tell PHS about risks you think might be involved with the care PHS provides.
11. Ask questions if you do not understand information you receive from PHS.
12. Treat PHS staff and property with respect.

# **PHS Notice of HIPAA Privacy Practices**

## **PLEASE REVIEW THIS NOTICE CAREFULLY**

This notice describes how medical information about a patient may be used and disclosed and how you can get access to this information.

## **WHAT ARE PHS HEALTH INFORMATION RESPONSIBILITIES?**

As we provide care and service, PHS collects information that becomes part of a patient's medical and billing record. This information is called Protected Health Information (PHI). PHI includes information about the patient we receive from:

- The patient or the patient's legal guardian or principal caregiver.
- The medical people involved in the patient's care, such as doctors, hospital or clinic staff, home care or school nurses, and mental health therapists.
- The patient's health insurance company.

Federal law and our concern about patient protection require us to keep a patient's PHI private. We do this in many ways.

- We have protections for paper and computer records to prevent accidental or intentional change, loss, or misuse of PHI.
- We have written policies protecting PHI that govern how we do business.
- We regularly train all our employees on laws and PHS policies for protecting PHI.
- We require all non-health care industry companies with which we work when we provide patient services to sign a legal agreement to follow PHI laws.

PHS notifies the patient or legal guardian if a loss of PHI occurs that is likely to cause patient harm. PHS sends this report no more than 60 days after we learn about the loss.

## **HOW DOES PHS USE AND SHARE PROTECTED HEALTH INFORMATION?**

Federal law allows PHS to use and share PHI without a patient's written permission for the following six purposes. For each purpose, we list one of many possible examples.

### **1. Patient Care and Treatment**

We may share PHI with other health care providers as we give, manage or coordinate health care and related services for a PHS patient. Example: Speaking with referring health care providers to obtain medical history or determine best equipment, supplies, or medicine for a patient.

### **2. Payment for PHS Services**

We may share PHI with the patient's health insurance provider as we seek payment for PHS services. Example: Sharing PHI to determine whether the patient's health insurance pays for equipment and supplies ordered by the doctor.

# PHS Notice of HIPAA Privacy Practices (continued)

## 3. On-Going Health Care Practices

We may use PHI for business operations and to check that PHS follows all laws and guidelines for providing safe, high-quality patient care. Example: Reviewing medical records to assure we follow proper billing practices.

## 4. Public Health

We may share PHI with appropriate authorities to prevent serious threat to individual or public health or safety. Example: Sharing a life-threatening patient event involving medical equipment with the federal Food and Drug Administration (FDA).

## 5. Suspected Abuse or Neglect

We may share PHI with appropriate authorities to address concerns about abuse, neglect, or domestic violence involving a child or vulnerable adult. Example: Sharing a nurse's observations with a county Child Protection Service if there is concern about a child's well-being.

## 6. Legal Actions

We may share PHI as required for court or law enforcement actions. Example: Sharing a patient's location in response to a court order from the police. In the following situations, federal law requires PHS to seek and receive written permission from the patient or the patient's legal representative before using or sharing PHI in the following situations. PHS must explain to the patient or the patient's legal guardian why and with whom we want to share PHI.

- For requests to use or share PHI for purposes other than the six purposes listed above under "How Does PHS Use and Share Protected Health Information?"
- For most requests to receive or share mental health treatment information contained within the medical record.

The patient or patient's legal guardian can refuse permission to use or share PHI. Refusal does not affect the care or service PHS provides the patient. The patient or patient's legal representative can withdraw permission in writing at any time.

## WHAT ARE THE PATIENT'S PRIVACY RIGHTS?

The patient or patient's legal guardian has the following Protected Health Information (PHI) rights. The person can

- Ask that PHS not share PHI for the purposes listed earlier under "How Does PHS Use and Share Protected Health Information?". The request must identify the following:
  - The information PHS should not share
  - The person or organization with whom PHS should not share the information
  - Whether the request applies to written or spoken communication or to both. NOTE: In some cases PHS may not be able to honor the request.
- Instruct PHS to not share information about service the patient or patient's legal representative paid for out of pocket and in full.

## **PHS Notice of HIPAA Privacy Practices (continued)**

- Identify how and where to receive PHI. Examples include telling us we should
  - Send PHI by email, surface mail, or phone.
  - Mail PHI to an address different than the primary address in the medical record.
  - Not leave health information in voice mails or with family members at phone numbers in the medical record.
- Receive a copy of the medical record, not including certain types of mental health treatment information. We send a copy of the record within 30 days of receiving a written request. We may charge a small fee for photocopying and mailing the medical record.
- Ask that we change, add, or remove information in the medical record. We respond in writing within 60 days of receiving the written request. If we agree, we forward the changed or new information to persons or organizations that use the medical record for treatment, payment, or other health care services. If we do not agree, we explain our reasons in writing. The patient or patient's legal guardian can follow the process described below to file a complaint about our decision.
- Receive details about the health information PHS shared for purposes four, five, or six listed on page one and two of this Notice of HIPAA Privacy Practices. The patient or patient's legal guardian can also request details about any loss of PHI that PHS considers not likely to cause patient harm.
- The person must send a signed hard copy letter with any of these requests to the Privacy Officer at PHS by following the process on the next page.

### **HOW DO I FILE A COMPLAINT?**

Contact the Privacy Officer at PHS with questions or concerns about patient privacy rights or PHS privacy policies. The patient or patient's legal guardian can file a complaint with the PHS Privacy Officer if the person thinks there has been a violation of PHI privacy. Contact the PHS Privacy Officer at 651-642-1825 or send a written complaint to the following address:

**PHS Privacy Officer**  
**Pediatric Home Service**  
**2800 Cleveland Avenue North, Roseville, MN 55113**

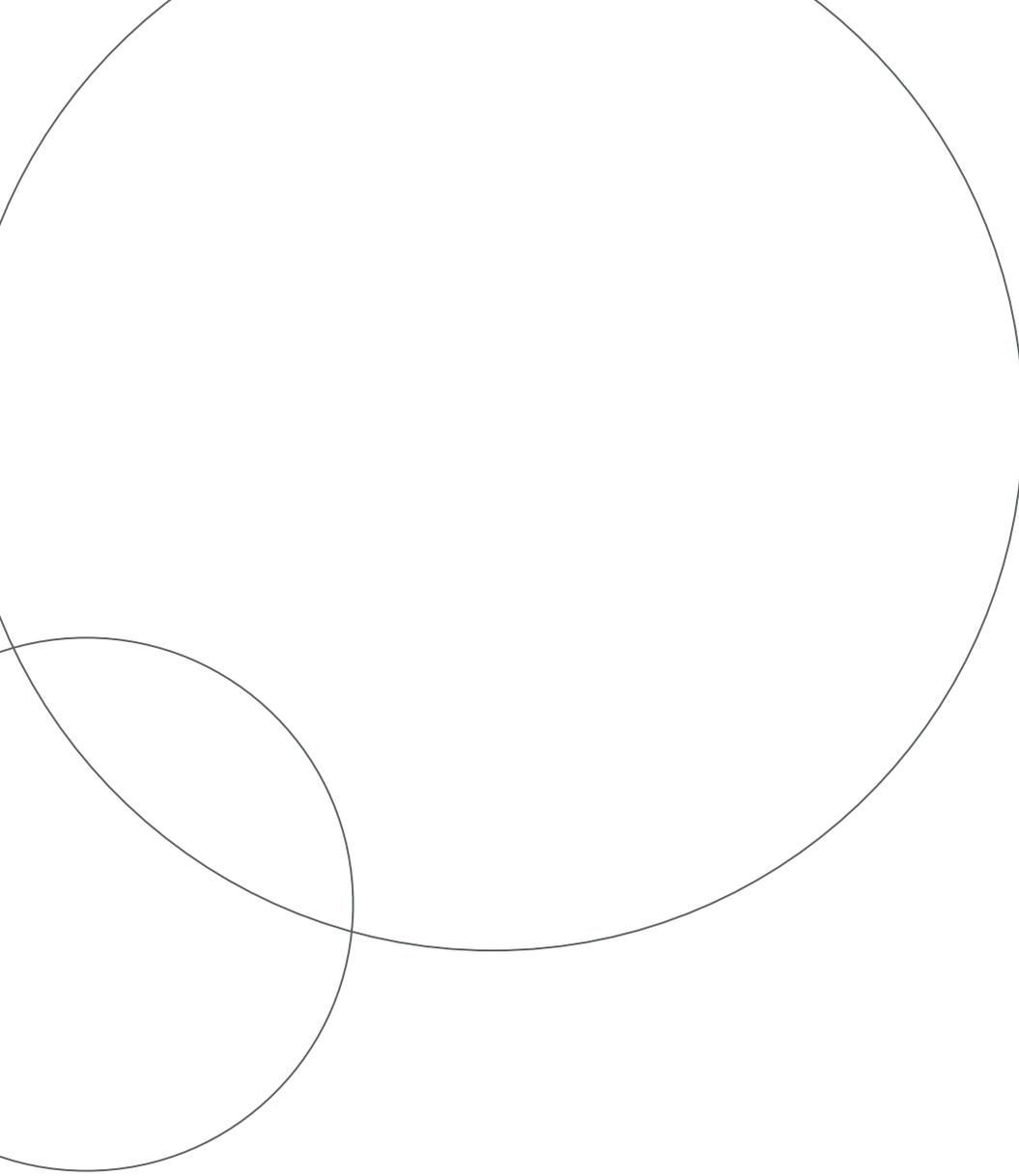
The patient or patient's legal guardian has the right to file a complaint with the United States Department of Health and Human Services—Office of Civil Rights. We cannot punish the patient in any way for filing such a complaint.

### **HOW DOES PHS NOTIFY PATIENTS OF CHANGES TO PRIVACY PRACTICES?**

This Notice of HIPAA Privacy Practices goes into effect September 1, 2013. PHS has the right to change this Notice and the PHI policies it describes. If we change the Notice of HIPAA Privacy Practices, at a minimum we do the following:

- Put the new Notice on our website ([PediatricHomeService.com](http://PediatricHomeService.com))
- Post the notice in a public area of our office

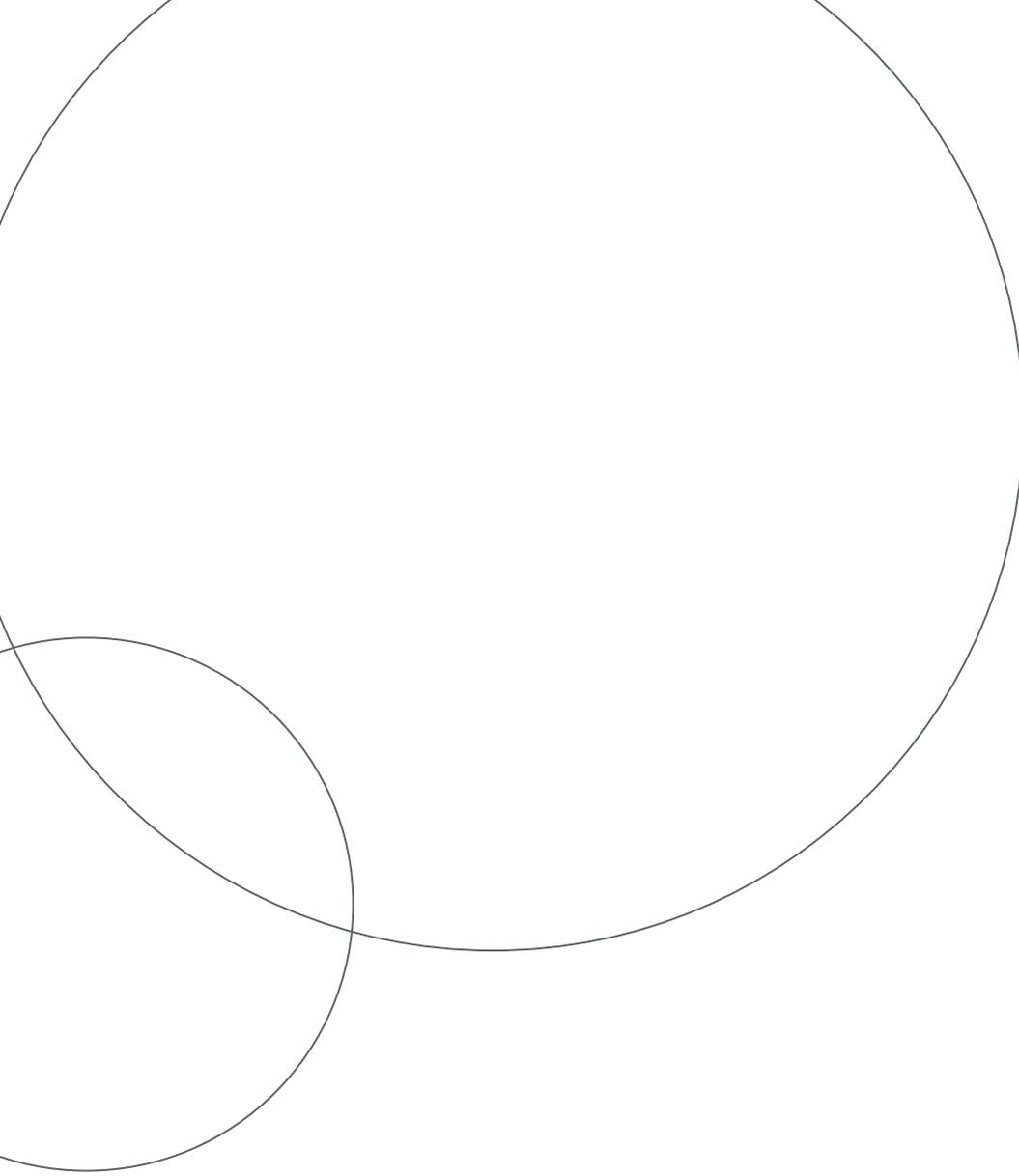
The patient or patient's legal representative can request a written copy of the new *Notice of HIPAA Privacy Practices*.



# PROVIDING ADVANCED, INTEGRATED SERVICES

*Minnesota*





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## **Hours & Locations**

### **MINNEAPOLIS, MINNESOTA**

2800 Cleveland Avenue North  
Roseville, Minnesota 55113  
651-642-1825

### **DULUTH, MINNESOTA**

2701 West Superior Street Suite 103  
Duluth, Minnesota 55806  
218-524-4747

### **REGULAR BUSINESS HOURS**

Our offices are open Monday through Friday, from 8 a.m. to 5 p.m.:

- Scheduled visits with a PHS clinician
- Supply ordering and pick-up
- Billing or insurance questions

### **AFTER REGULAR BUSINESS HOURS, WEEKENDS, AND HOLIDAYS**

During these times, we are available for emergency questions about your child's PHS equipment, supplies, medicine, or services. Contact our 24-hour on-call service for a PHS clinician or pharmacist to return your call within 10–20 minutes.

## Minnesota PHS Services

### RESPIRATORY THERAPY & DURABLE MEDICAL EQUIPMENT

Our trained respiratory team is available 24 hours a day, seven days a week. They provide integrated and advanced respiratory support, training, and education.

### ENTERAL NUTRITION

PHS provides over 150 types of formulas and supplements for both tube feeding and oral intake.

\*Dietitian services are available for a specific criteria of patients. Contact PHS for details.

### CLINICAL EDUCATION

Written Education

- PHS written education materials help ensure family members, staff, and other health care professionals are confident caregivers.

Online Education

- PHS clinical online education brings our high-level training right into your home or workplace at <https://phsuniversity.com/>.
- With courses geared toward caring for medically complex children, participants can access education from anywhere, at any time.

### INFUSION NURSING (LIMITED AREAS) & PHARMACY

Our experienced nurses provide infusion therapy at home.

- Provided by RNs, CRNIs, and PharmDs.
- Available 24 hours a day, seven days a week.
- PHS 123 Infection Free® program ensures the best and safest outcomes for children with central IV lines living at home.
- We provide infusion nursing within a 60-mile radius of Roseville, MN. We will help coordinate a nursing plan through an outside agency or local clinical/hospital if you are outside of our service area and need infusion nursing.

### HOME CARE NURSING (LIMITED AREAS)

Our PHS nurses provide care for children in the comfort and convenience of their homes.

- Provided by RNs and LPNs
- Coordinated care with PHS's multidisciplinary health care team
- Available 24 hours a day, seven days a week
- Our licensed, trained nurses care for children in their homes while empowering families to be confident caregivers.
- Home Health Aides/Skilled Nursing Visits

### PHS DOES NOT OFFER THE FOLLOWING SERVICES:

- Physical Therapy
- Occupational Therapy
- Speech/Language Pathologist
- Hospice Care
- Delegated tasks to unlicensed personnel
- Housekeeping or other household chores, including laundry, meal preparation, and shopping

As a Pediatric Center of Excellence, we believe in the benefit of comprehensive care. Our services and teams work together to make life easier for the parents and caregivers of medically complex children. Clinical experts from each department collaborate on comprehensive care patients and are available 24 hours a day, seven days a week.

## **MyPHS Portal and Online Ordering**

### **MyPHS PORTAL**

Access specific sections of your child's medical records and communicate with PHS clinicians in one secure location.

- Secure messaging with PHS clinicians in one easy-to-access location.
- Education materials specific to your child's needs available anytime.
- Easy ordering for PHS supplies.
- Electronic signatures and email reminders so you never miss a form or letter.
- Quick link to payment system for PHS bills.
- Contact PHS customer service or your clinician to set up your account.

### **ONLINE ORDERING**

Easily access, organize and order PHS supplies online using a computer or your mobile phone

#### **Access it at MyPHSPortal.com**

(Click '*Online Ordering*' after logging in to your child's account.)

- Place monthly supply orders.
- Review order history.
- Allow others to order supplies for your child.
- View and print your child's supply list with photos.

### **Ordering Supplies**

A routine ordering schedule is key to having the supplies you need when you want them.

1. Choose a day of the month to regularly order supplies.
2. Mark that day on your calendar in each month of the year.
3. Place your order in time to allow for delivery.
  - We strive to deliver routine orders in up to 5 business days.
  - Allow up to 10 business days for delivery of items we do NOT keep in our warehouse.
  - You can pick up same-day orders in our office.

### **OPTIONS FOR ORDERING**

Use any of the following three methods to place your order:

#### **MyPHS Portal**

Contact Customer Service or your child's clinician to set up your MyPHS portal account. Access your account using a desktop or laptop or hand-held (mobile device) computer. Select *Online Ordering* from the left-hand menu on the main page of MyPHSPortal.com.

#### **Phone**

Call Customer Service Monday through Friday from 8 a.m. to 5 p.m.

#### **Email**

Call Customer Service during regular business hours to arrange sending your orders by email.

## Ordering Supplies (continued)

### SUPPLY FORMS

If you have a MyPHS portal account, you can view your supply form online. Contact Customer Service if you want a paper copy mailed to you. Either format of the form shows the specific items you must have for your child's care. Notify your PHS clinician or Customer Service if you no longer need a product listed on the supply form.

### TYPES OF HOME SUPPLY STOCK

The supplies you keep at home fall into two categories. It is important to keep the two types of stock in separate locations.

- **Regular Stock** includes the type and number of PHS items you regularly use in one month of patient care. Patient's needs, doctor's orders, and insurance limits are some factors that determine type and number of regular-stock supplies. Your PHS clinician and Customer Service help you identify which supplies and what amounts to you keep in regular stock.
- **Back-up Stock** includes extra amounts of certain regular stock supplies that are critical for health and safety. Back-up stock is for use in unusual situations. For example, your child gets sick and must use more supplies than is normal.

Your PHS clinician and Customer Service help you identify the supplies and amounts you need in back-up stock. Examples of back-up stock include feeding tubes, formula, feeding bags, oximeter probes, suction catheters, sterile water, and trach tubes.

### USE-BY DATES

Packages on many supplies show the date by which you should use the item. Routinely check use-by dates on your regular AND back-up stock. Rotate supplies and use those with soonest use-by dates. Never use a supply that is past its use-by date. You cannot return any item that is past its use-by date for credit or refund.

### TIPS FOR ORDERING

- Know the amount of each supply item your child uses in a month. With that information you can plan how much of each item to order.
- Be sure you have emergency backup supplies in case your child gets sick and uses supplies faster than usual.
- Limit the amount you order to only enough for general use and emergency backup.
- Do NOT order extra supplies if you know the doctor plans a change in the supplies your child needs.

## **Ordering Supplies (continued)**

### **PREPARING YOUR ORDER**

Order supplies the same day you count items in your regular and back-up stock. Include in your order:

- The difference in number between what you should have and what you do have for each item in regular stock.
- The number of each item in backup stock you used since placing your last order.

Provide product name or description and product number for each item you order. Find product numbers on supply packaging or the supply item itself.

### **CHANGES IN YOUR CHILD'S INFORMATION**

Tell Customer Service or your child's clinician if:

- Your child is admitted into the hospital.
- There is a change in your child's insurance or home address.

### **WATCHING FOR YOUR ORDER**

We try our best to deliver your products at the time we agreed. Please have someone available to accept the delivery.

- Move your order indoors as soon as possible.
- Don't let your products freeze or overheat. You cannot return weather-damaged products for credit.

### **CHECKING YOUR ORDER**

- Always check your order to make sure there is nothing extra, nothing missing, or nothing different than what you ordered.
- We bill your child's insurance for the products we send you. Call us right away if you find a mistake.

### **REPORTING BROKEN OR DAMAGED PRODUCTS**

- Tell us right away if you have a complaint about any of our products.
- We need the following information if a product is damaged or does not work properly:
  - Product name and part number
  - A detailed explanation of what you think is wrong with the product
  - The length of time you used the product before you noticed a problem with it.
- If necessary, arrange to return the broken or damaged product to us. We can then determine whether we can replace it at no cost to you.



# ACCESS TO HEALTH RECORDS NOTICE OF RIGHTS

This notice explains the rights you have to access your health record, and when certain information in your health record can be released without your consent. This notice does not change any protections you have under the law.

## **YOUR RIGHT TO ACCESS AND PROTECT YOUR HEALTH RECORD**

You have the following rights relating to your health record under the law:

- A health care provider, or a person who gets health records from a provider, must have your signed and dated consent to release your health record, except for specific reasons in the law.
- You can see your health record for information about any diagnosis, treatment, and prognosis.
- You can ask, in writing, for a copy or summary of your health record, which must be given to you promptly.
- You must be given a copy or a summary of your health record unless it would be detrimental to your physical or mental health, or cause you to harm to another.
- You cannot be charged if you request a copy of your health record to review your current care.
- If you request a copy of your health record and it does not include your current care, you can only be charged the maximum amount set by Minnesota law for copying your record.

## **RELEASE OF YOUR HEALTH RECORD WITHOUT YOUR CONSENT**

There are specific times that the law allows some health record information held by your provider to be released without your written consent. Some, but not all, of the reasons for release under federal law are:

- For specific public health activities
- When health information about victims of abuse, neglect, or domestic violence must be released to a government authority
- For health oversight activities
- For judicial and administrative proceedings
- For specific law enforcement purposes
- For certain organ donation purposes
- When health information about decedents is required for specific individuals to carry out their duties under the law
- For research purposes approved by a privacy board
- To stop a serious threat to health or safety
- For specialized government functions related to national security
- For workers' compensation purpose

Under Minnesota law, health record information may be released without your consent in a medical emergency, or when a court order or subpoena requires it. The following include some of the agencies, persons, or organizations that specific health record information may or must be released to for specific purposes, or after certain conditions are met:

- The Departments of Health, Human Services, Public Safety, Commerce, Minnesota Management & Budget, Labor & Industry, Corrections, and Education
- Insurers and employers in workers' compensation cases
- Ombudsman for Mental Health and Developmental Disabilities
- Health professional licensing boards/agencies
- Victims of serious threats of physical violence
- The State Fire Marshal
- Local welfare agencies
- Medical examiners or coroners
- Schools, childcare facilities, and Community Action Agencies to transfer immunization records
- Medical or scientific researchers
- Parent/legal guardian who did not consent for a minor's treatment, when failure to release health information could cause serious health problems
- Law enforcement agencies
- Insurance companies and other payors paying for an independent medical examination

If you would like additional information or links to specific laws, visit [www.health.state.mn.us](http://www.health.state.mn.us) and search for "access to health records" or call the Minnesota Department of Health at (651) 201-5178.

*Minnesota Statutes, section 144.292, subdivision 4*

*This notice may be photocopied.*

Revised 4/14/2009



## **Patient's Rights and Responsibilities for Clients of Licensed Only Home Care Providers**

### **STATEMENT OF RIGHTS**

A client who receives home care services in the community has these rights:

1. Receive written information, in plain language, about rights before receiving services, including what to do if rights are violated.
2. Receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical, or nursing standards and person-centered care, to take an active part in developing, modifying, and evaluating the plan and services.
3. Be told before receiving services the type and disciplines of staff who will be providing the services, the frequency of visits proposed to be furnished, other choices that are available for addressing home care needs, and the potential consequences of refusing these services.
4. Be told in advance of any recommended changes by the provider in the service plan and to take an active part in any decisions about changes to the service plan.
5. Refuse services or treatment.
6. Know, before receiving services or during the initial visit, any limits to the services available from a home care provider.
7. Be told before services are initiated what the provider charges for the services; to what extent payment may be expected from health insurance, public programs, or other sources if known; and what charges the client may be responsible for paying.
8. Know that there may be other services available in the community, including other home care services and providers, and to know where to find information about these services.
9. Choose freely among available providers and change providers after services have begun, within the limits of health insurance, long-term care insurance, medical assistance, other health programs, or public programs.
10. Have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information.
11. Access the client's own records and written information from those records in accordance with Minnesota Health Records Act, Minnesota Statute, Sections 144.291 to 144.298.
12. Be served by people who are properly trained and competent to perform their duties.

## **Patient's Rights and Responsibilities for Clients of Licensed Only Home Care Providers (continued)**

### **STATEMENT OF RIGHTS (CONTINUED)**

13. Be treated with courtesy and respect, and to have the client's property treated with respect.
14. Be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act.
15. Reasonable, advance notice of changes in services or charges.
16. Know the provider's reason for termination of services.
17. At least ten calendar days' advance notice of the termination of a service by a home care provider. This clause does not apply in cases where:
  - The client engages in conduct that significantly alters the terms of the service plan with the home care provider;
  - The client, person who lives with the client, or others create an abusive or unsafe work environment for the person providing home care services; or
  - An emergency or a significant change in the client's condition has resulted in service needs that exceed the current service plan and that cannot be safely met by the home care provider.
18. A coordinated transfer when there will be a change in the provider of services.
19. Complain to staff and others of the patient's choice about services that are provided, or fail to be provided, and the lack of courtesy or respect to the patient or the patient's property, and the right to recommend changes in policies and services, free from retaliation, including the threat of termination of services.
20. Know how to contact an individual associated with the home care provider who is responsible for handling problems, and to have the home care provider investigate and attempt to resolve the grievance or complaint.
21. Know the name and address of the state or county agency to contact for additional information or assistance.
22. Assert these rights personally, or have them asserted by the client's representative or by anyone on behalf of the client, without retaliation.
23. Place an electronic monitoring device in the client's or resident's space in compliance with state requirements.

## **Patient's Rights and Responsibilities for Clients of Licensed Only Home Care Providers (continued)**

### **STATEMENT OF RIGHTS (CONTINUED)**

You may choose to discuss any concerns with your provider. As a reminder, providers are required to work to ensure your rights and other requirements are followed. When providers violate the rights in this section, they are subject to fines and license actions. Providers must do all of the following:

- Encourage and assist in the fullest possible exercise of these rights.
- Provide the names and telephone numbers of individuals and organizations that provide advocacy and legal services for clients and residents seeking to assert their rights.
- Make every effort to assist clients or residents in obtaining information regarding whether Medicare, medical assistance, other health programs, or public programs will pay for services.
- Make reasonable accommodations for people who have communication disabilities or those who speak a language other than English.
- Provide all information and notices in plain language and in terms the client or resident can understand.

### **INTERPRETATION AND ENFORCEMENT OF RIGHTS**

These rights are established for the benefit of clients who receive home care services. All home care providers must comply with these rights. The commissioner shall enforce this. A home care provider may not request or require a client to surrender any of these rights as a condition of receiving services. This statement of rights does not replace or diminish other rights and liberties that may exist relative to clients receiving home care services, persons providing home care services, or licensed home care providers.

To be used by licensed only home care providers per Minnesota Statute, Section 144Aa 44 Subdivision 1. These rights pertain to clients receiving home care services from licensed only home care providers.

The home care provider shall provide the client or the client's representative a written notice of the rights before the date that services are first provided to that client. The provider shall make all reasonable efforts to provide notice of the rights to the client or the client's representative in a language the client or client's representative can understand.

Minnesota Department of Health  
Health Regulation Division  
P O Box 64900, St. Paul, Minnesota 55164-0900  
651-201-4101  
health fpc-licensing@state mn us

## Reporting Concerns or Complaints

### OUR COMMITMENT TO YOU

We know caring for a child with special medical needs can be stressful at times. We hope we lessen some of that stress by giving you high-quality service. Please tell us if we fall short of this goal. Your feedback helps us improve our service.

### For concerns or complaints about our services, you can

- Stop by our closest office during regular business hours
  - 2800 Cleveland Avenue North, Roseville, Minnesota 55113
  - 2701 West Superior Street, Suite 103, Duluth, Minnesota 55806
- Call us and talk with a Manager or the Vice President (V.P.) of Quality and Compliance. You can reach the V.P. of Quality and Compliance by calling 651-642-1825.
- Write us a letter or email any manager or the V.P. of Quality and Compliance. Call us for email address.
- Report a concern or problem without our knowing who you are. Call 833-920-0001 or go to [www.lighthouse-services.com/pediatrichomeservice](http://www.lighthouse-services.com/pediatrichomeservice).
- Include a complaint or concern when responding to our patient experience survey.
- Send any comment or question by using this link:  
<http://www.pediatrhomservice.com/contact-us/>.

We promise to:

- Review your concern or complaint within five calendar days of receiving it.
- Send you a response about your concern or complaint.
- Keep your concern or complaint private.
- Not punish you or the patient for any concern or complaint you express.

### ACCREDITATION COMMISSION FOR HEALTH CARE (ACHC) (DME)

PHS is accredited by the Accreditation Commission for Health Care (ACHC), an independent, not-for-profit organization that reviews the performance of health care organizations around the country for safety and quality of care. You can report a PHS patient safety event of concern directly to ACHC.



Complaints Department

139 Weston Oaks Ct

Cary, NC 27513

1-855-937-2242

<https://www.achc.org/contact/>

### **COMMUNITY HEALTH ACCREDITATION PARTNER (CHAP) (Nursing/HHA/SNV)**

For nursing services, PHS is accredited by Community Health Accreditation Partner (CHAP), a nonprofit independent organization that assesses home and community-based healthcare organizations across the United States to make sure they are meeting the highest standards of care. You can report a PHS patient safety event of concern directly to CHAP.



Community Health Accreditation Partner  
2300 Clarendon Boulevard, Suite 405  
Arlington, VA 22201  
800-626-9656  
<https://chapinc.org/contact/>

### **REPORTING TO REGULATORY OR PATIENT ADVOCACY ORGANIZATIONS**

If you have a complaint about PHS or anyone providing PHS services, you may call, write, or visit any of the agencies on the following pages. Use the following licensee information if you report a concern or complaint to any of these outside agencies.

**Licensee Name:** Pediatric Home Service

**Phone:** 651-642-1825

**Website:** <https://www.pediatrichomeservice.com/contact-us/>

**Address:** 2800 Cleveland Ave N, Roseville, MN 55113

**PHS person to whom the problem or complaint should be directed:**

Compliance and Privacy Officer

## Reporting Concerns or Complaints in Minnesota

### RESOURCES, MINNESOTA

Report suspected abuse, neglect or financial exploitation of a vulnerable adult to MN Adult Abuse Reporting Center (MAARC)  
Phone: 844-880-1574

For more information, see: Vulnerable adult protection and elder abuse at:

[www.mn.gov/dhs/people-we-serve/people-with-disabilities/services/adult-protection/](http://www.mn.gov/dhs/people-we-serve/people-with-disabilities/services/adult-protection/)

**For all other complaints**, including suspected abuse, neglect, or financial exploitation of a patient under 18 years of age, please contact the Office of Health Facility Complaints at the Minnesota Department of Health.

### MINNESOTA DEPARTMENT OF HEALTH

Office of Health Facility Complaints  
PO Box 64970

St Paul, Minnesota 55164-0970

Phone: 651-201-4201 or 800-369-7994

Fax: 651-281-9796

Email: [health.ohfc-complaints@state.mn.us](mailto:health.ohfc-complaints@state.mn.us)

[www.health.state.mn.us/facilities/regulation/ohfc/index.html](http://www.health.state.mn.us/facilities/regulation/ohfc/index.html)

### TO REQUEST ADVOCACY SERVICES:

### OFFICE OF OMBUDSMAN FOR LONG-TERM CARE

PO Box 64971

St Paul, MN 55164-0971

800-657-3591 or 651-431-2555

Email: [MBA.OOLTC@state.mn.us](mailto:MBA.OOLTC@state.mn.us)

[www.mn.gov/dhs/people-we-serve/seniors/services/ombudsman/](http://www.mn.gov/dhs/people-we-serve/seniors/services/ombudsman/)

### OFFICE OF OMBUDSMAN FOR MENTAL HEALTH & DEVELOPMENTAL DISABILITIES

121 7th Place East

Metro Square Building

St Paul, MN 55101-2117

651-757-1800 or 800-657-3506

Email: [Ombudsman.mhdd@state.mn.us](mailto:Ombudsman.mhdd@state.mn.us)

[www.mn.gov/omhdd](http://www.mn.gov/omhdd)

### MID-MINNESOTA LEGAL AID/MINNESOTA DISABILITY LAW CENTER

(Protection and Advocacy Systems)

430 First Avenue North, Suite 300

Minneapolis, MN 55401-1780

800-292-4150

Email: [mndlc@mylegalaid.org](mailto:mndlc@mylegalaid.org)

[www.mylegalaid.org](http://www.mylegalaid.org)

### MINNESOTA DEPARTMENT OF HUMAN SERVICES

(Medicaid Fraud and Abuse-payment issues)

Surveillance and Integrity Review Services

PO Box 64982 St Paul, MN 55164-0982

800-657-3750 or 651-431-2650

Email: [DHS\\_SIRS@state.mn.us](mailto:DHS_SIRS@state.mn.us)

### FOR GENERAL INQUIRIES, PLEASE CONTACT: MINNESOTA DEPARTMENT OF HEALTH

Health Regulation Division

85 E 7th Place

PO Box 64970

St Paul, MN 55164-0970

651-201-4101

Email: [health\\_fpc-web@health.state.mn.us](mailto:health_fpc-web@health.state.mn.us)

[www.health.state.mn.us](http://www.health.state.mn.us)

## **Identifying an Adult Patient's Health Care Preferences — MN**



### **QUESTIONS AND ANSWERS ABOUT MINNESOTA HEALTH CARE DIRECTIVES**

PHS follows Minnesota law about health care directives and honors patients' health care directives. PHS does not change the services we offer based on whether a patient has a health care directive. We tell a patient in writing if PHS cannot follow any part of a health care directive. The information below is from the Minnesota Department of Health. Please read it carefully.

### **MINNESOTA LAW**

Minnesota law allows you to inform others of your health care wishes. You have the right to state your wishes or appoint an agent in writing, so that others will know what you want if you can't tell them because of illness or injury. The information that follows tells about health care directives and how to prepare them. It does not give every detail of the law.

### **WHAT IS A HEALTH CARE DIRECTIVE?**

A health care directive is a written document that informs other of your wishes about your health care. It allows you to name a person ("agent") to decide for you if you are unable to decide. It also allows you to name an agent if you want someone else to decide for you. You must be at least 18 years old to make a health care directive.

### **WHY HAVE A HEALTH CARE DIRECTIVE?**

A health care directive is important if your attending physician determines you can't communicate your health care choices (because of physical or mental incapacity). It is also important if you wish to have someone else make your health care decisions. In some circumstances, your directive may state that you want someone other than an attending physician to decide when you cannot make your own decisions.

### **MUST I HAVE A HEALTH CARE DIRECTIVE? WHAT HAPPENS IF I DON'T HAVE ONE?**

You don't have to have a health care directive. But writing one helps to make sure your wishes are followed. You will still receive medical treatment if you don't have a written directive. Health care providers will listen to what people close to you say about your treatment preferences, but the best way to be sure your wishes are followed is to have a health care directive.

## **Identifying an Adult Patient's Health Care Preferences — MN (continued)**



### **HOW DO I MAKE A HEALTH CARE DIRECTIVE?**

There are forms for health care directives. You don't have to use a form, but your health care directive must meet the following requirements to be legal:

- Be in writing and dated
- State your name
- Be signed by you or someone you authorize to sign for you, when you can understand and communicate your health care wishes
- Have your signature verified by a notary public or two witnesses.
- Include the appointment of an agent to make health care decisions for you and/or instructions about the health care choices you wish to make

Before you prepare or revise your directive, you should discuss your health care wishes with your doctor or other health care provider. Information about how to obtain forms for preparation of your health care directive can be found at the end of this document.

### **I PREPARED MY DIRECTIVE IN ANOTHER STATE. IS IT STILL GOOD?**

Health care directives prepared in other states are legal if they meet the requirements of the other state's laws or the Minnesota requirements. But requests for assisted suicide will not be followed.



## **Identifying an Adult Patient’s Health Care Preferences — MN (continued)**

### **WHAT CAN I PUT IN A HEALTH CARE DIRECTIVE?**

You have many choices of what to put in your health care directive. For example, you may include:

- The person you trust as your agent to make health care decisions for you
- You can name alternative agents in case the first agent is unavailable, or joint agents
- Your goals, values, and preferences about health care
- The types of medical treatment you would want (or not want)
- How you want your agent or agents to decide
- Where you want to receive care
- Instructions about artificial nutrition and hydration.
- Mental health treatments that use electroshock therapy or neuroleptic medications
- Instructions if you are pregnant
- Donation of organs, tissues, and eyes
- Funeral arrangements
- Whom you would like as your guardian or conservator if there is a court action

You may be as specific or as general as you wish. You can choose which issues or treatments to deal with in your health care directive.

### **ARE THERE ANY LIMITS TO WHAT I CAN PUT IN MY HEALTH CARE DIRECTIVE?**

There are some limits about what you can put in your health care directive.

For instance:

- Your agent must be at least 18 years of age.
- Your agent cannot be your health care provider, unless the health care provider is a family member or you give reasons for the naming of the agent in your directive.
- You cannot request health care treatment that is outside of reasonable medical practice.
- You cannot request assisted suicide.

### **HOW LONG DOES A HEALTH CARE DIRECTIVE LAST? CAN I CHANGE IT?**

Your health care directive lasts until you change or cancel it. As long as the changes meet the health care directive requirements listed above, you may cancel your directive by any of the following:

- A written statement saying you want to cancel it
- Destroying it
- Telling at least two other people you want to cancel it
- Writing a new health care directive

## **Identifying an Adult Patient's Health Care Preferences — MN (continued)**



### **WHAT IF MY HEALTH CARE PROVIDER REFUSES TO FOLLOW MY HEALTH CARE DIRECTIVE?**

Your health care provider generally will follow your health care directive or any instructions from your agent, as long as the health care follows reasonable medical practice. But, you or your agent cannot request treatment that will not help you or which the provider cannot provide. If the provider cannot follow your agent's directions about life-sustaining treatment, the provider must inform the agent. The provider must also document the notice in your medical record. The provider must allow the agency to arrange to transfer you to another provider who will follow the agent's directions.

### **WHAT IF I'VE ALREADY PREPARED A HEALTH CARE DOCUMENT? IS IT STILL GOOD?**

Before August 1, 1998, Minnesota law provided for several other types of directives, including living wills, durable health care powers of attorney, and mental health declarations. The law changed so people can use one form for all their health care instructions. Forms created before August 1, 1998, are still legal if they followed the law in effect when written. They are also legal if they meet the requirements of the new law (described above). You may want to review any existing documents to make sure they say what you want and meet all requirements.

### **WHAT SHOULD I DO WITH MY HEALTH CARE DIRECTIVE AFTER I HAVE SIGNED IT?**

You should inform others of your health care directive and give people copies of it. You may wish to inform family members, your health care agent or agents, and your health care providers that you have a health care directive. You should give them a copy. It's a good idea to review and update your directive as your needs change. Keep it in a safe place where it is easily found.

### **WHAT IF I BELIEVE A HEALTH CARE PROVIDER HAS NOT FOLLOWED HEALTH CARE DIRECTIVE REQUIREMENTS?**

Complaints of this type can be filed with the Office of Health Facility Complaints at 651-201-4200 (metro area) or toll-free at 1-800-369-7994.

### **WHAT IF I BELIEVE MY HMO HAS NOT FOLLOWED HEALTH CARE DIRECTIVE REQUIREMENTS?**

Complaints of this type can be filed with Managed Care at 651-201-5176.

### **HOW DO I OBTAIN ADDITIONAL INFORMATION?**

If you want more information about health care directives, please contact your health care provider, your attorney, or the Minnesota Board on Aging's Senior LinkAge Line® at 1-800-333-2433.

## Minnesota Resources

### 211 INFORMATION AND REFERRAL

Call 211 (24 hours a day, 7 days a week) for free, confidential information and referral for non-emergency services. Language interpreting is available. Referral information includes, but is not limited to resources for Persons with Disabilities; Children, Youth and Families; Health and Mental Health; Food and Housing.

- To report concern about abuse, neglect, or sexual abuse of a child or vulnerable adult, contact the county or reservation where the person lives. Dial 211 or go online to [www.211search.org](http://www.211search.org) to learn where to make a report.
- If a person is in immediate risk of harm, contact the local law enforcement agency or dial 911.

### MULTILINGUAL REFERRAL LINE

The Multilingual Referral Line (MLR) helps persons whose first language is not English access the appropriate county or state human services provider. Call the number below to reach a live or voicemail person who speaks that language. There is no cost for this service.

<u>አማርኛ — Amharic</u>	1-844-217-3547
<u>اللغة العربية — Arabic</u>	1-800-358-0377
<u>မြန်မာ — Burmese</u>	1-844-217-3563
<u>繁體中文 — Cantonese</u>	1-844-217-3564
<u>Français — French</u>	1-844-217-3548
<u>Lus Hmoob — Hmong</u>	1-888-486-8377
<u>ကဏ္ဍီ — Karen</u>	1-844-217-3549
<u>ខ្មែរ — Khmer</u>	1-888-468-3787
<u>한국어 — Korean</u>	1-844-217-3565
<u>ລາວ — Lao</u>	1-888-487-8251
<u>Afaan Oromo — Oromo</u>	1-888-234-3798
<u>Русский — Russian</u>	1-888-562-5877
<u>Af Soomaali — Somali</u>	1-888-547-8829
<u>Español — Spanish</u>	1-888-428-3438
<u>Tiếng Việt — Vietnamese</u>	1-888-554-8759

## Minnesota Resources (continued)

This list is not comprehensive, but it may be a good place to start when searching for more information. Inclusion on this list does not imply endorsement by PHS

### TTY RELAY SERVICE

Free service to help persons with hearing or speech difficulties communicate with users of standard telephones

- 711 or 1-800-627-3529 (voice, TTY/TDD, ASCII)

### MEDICAL ASSISTANCE AND MINNESOTACARE HELP DESK

Questions about Medical Assistance and MinnesotaCare health insurance

- 1-800-657-3739
- <https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/contact-us/mhcp-help-desk.jsp>

### HEALTH INFORMATION CLEARINGHOUSE

A resource for health-related information

- <https://www.health.state.mn.us/facilities/insurance/clearinghouse/question.html>

### CHILDREN AND YOUTH WITH SPECIAL HEALTH NEEDS (CYSHN)

Information and resources for families of children and youth with special health needs

- <https://www.health.state.mn.us/people/childreneyouth/cyshn/index.html>

### FAMILY VOICES OF MINNESOTA

Parent-to-parent program for families whose children have special healthcare needs or disabilities

- 1-866-334-8444
- <https://familyvoices.org/>

### WOMEN, INFANTS, AND CHILDREN (WIC) SUPPLEMENTAL NUTRITION PROGRAM

Program to help eligible pregnant women, new mothers, babies, and young children eat well and stay healthy

- 1-800-942-4030
- <https://www.health.state.mn.us/people/wic/index.html>

### HUNGER SOLUTIONS

Help with solutions to meet food needs

- 1-888-711-1151
- <https://www.hungersolutions.org/programs/>

### MINNESOTA SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Help for Minnesotans with low incomes to get the food they need

- 1-800-657-3698
- [www.benefits.gov/benefits/benefit-details/4782](http://www.benefits.gov/benefits/benefit-details/4782)

### DISABILITY HUB MINNESOTA

Statewide information and referrals for people with disabilities

- 1-866-333-2466
- [disabilityhubmn.org/](https://disabilityhubmn.org/)

### PACER CENTER

Information and advocacy resources for parents of children and young adults with disabilities

- 1-800-537-2237
- <https://www.pacer.org/>

### SPECIAL EDUCATION MEDIATION SERVICE

Help with solving disagreements about special education services

- 651-582-8689
- <https://education.mn.gov/MDE/fam/sped/conf/med/>