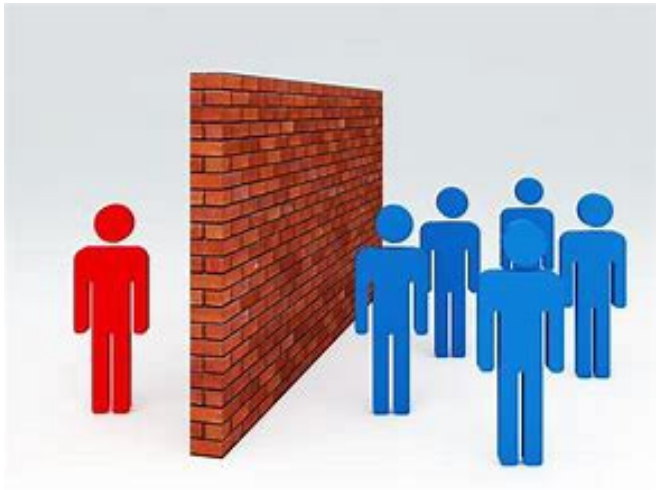
SNBC Service Accessibility Survey Information

PrimeWest HEALTH™

Chosen Topic

- Learning about barriers that home health providers experience when providing services to PrimeWest Health members with disabilities
  - Some providers told us they weren't trained as much as they would like to be in working with different populations
  - This includes people with different conditions, backgrounds, and needs



The Purpose/Goal of Our Survey

- To learn how we can help improve home health care services for our Special Needs BasicCare (SNBC) and Prime Health Complete (PHC) members
- To find out what type of training would be most helpful, for example:
  - Working with people from different cultures
  - Learning more about benefits and coverage
  - Training on adaptive equipment
  - Understanding more about working with people who have disabilities
  - Something else

How Advisory Committee Feedback Was Incorporated

- Added a question about familiarity with adaptive equipment
- Used many open-ended questions
- Requested feedback from members receiving home health services

The Method and Target of Our Survey

- Survey conducted via Survey Monkey
- Surveyed home health providers who are contracted with PrimeWest Health
- Home health providers were given 6 weeks to respond

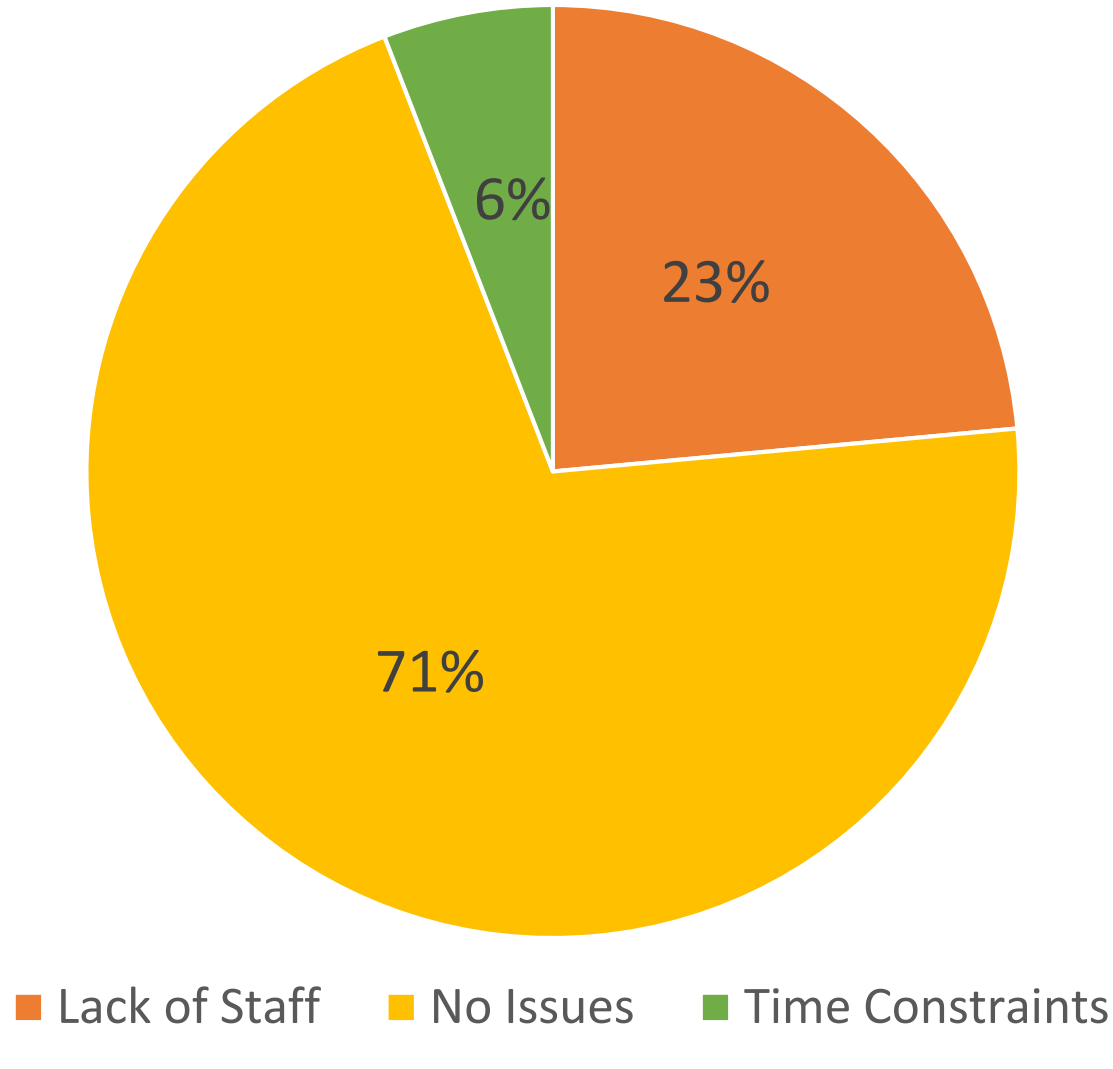
Our Survey

- Sent April/May 2024
- 8 questions, including open-ended questions, as suggested by stakeholder feedback
- One question about whether agencies are unable to provide any services, as suggested by stakeholder feedback
- 17 home health agencies responded

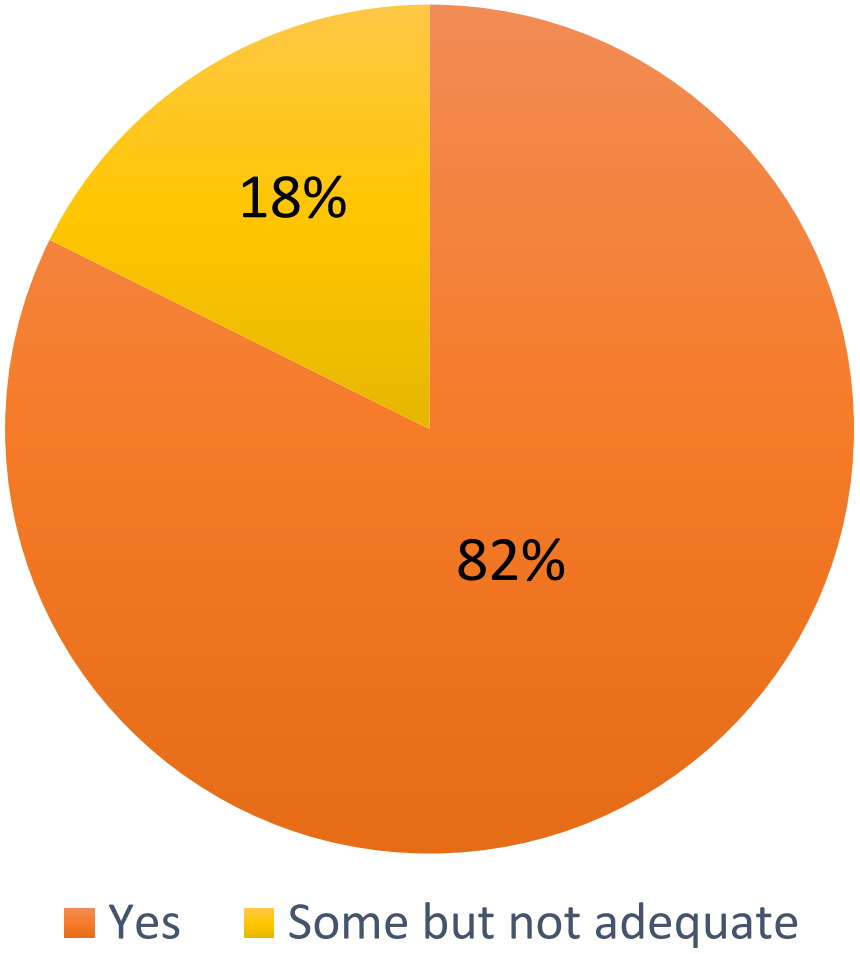
Percent of Patients that Agencies Work with Who Have Disabilities

Percent of Practice	Number of Agencies
Less than 25%	4
26% to 50%	3
51% to 75%	2
More than 75%	8

Barriers to Providing Services



Does Your Staff Have Adequate Training?



What Educational Topics Would Be Helpful?

- Best practices in working with SNBC and PHC members
- How to communicate better
- Education on overcoming disparities and working with diverse populations
- Special Needs Program benefits
- Basics of adaptive equipment
- Working with people who have behavioral health conditions

Providing Needed Services

- Only one agency had a barrier in providing a needed service to a patient with a disability. Since this involved a piece of equipment, the agency contacted the equipment manufacturer to receive education. Following this conversation, the agency was able to provide the service.

Member Feedback

- PrimeWest Health care coordinators asked SNBC and PHC members who have received home health services the following questions. The responses were consistently positive.
  - Do you believe your home health provider provides good care? If no, why not?
    - Answers included “They are very helpful; they make it safe for me to be here.” “Those girls do what I can’t.”
  - Are you happy with your home health provider? If yes, why? If no, why not?
    - Answers included “I wouldn’t change to another provider.” “Yes, they know me and try to do things the way I like; they even got me a friend.” (his dog)

Taking Action

- Offering Lunch and Learn training sessions to home health providers, covering areas where they have requested more education
- Writing articles in PrimeWest Health's provider newsletter, ***PrimePointers***, that address requested topics
- Providing handouts that show summaries of member benefits
- Sending news blasts to providers when conferences/trainings are available in areas of interest
- Providing brochures/information during provider visits and at conferences on areas of interest
- Providing individualized training to providers

1-866-431-0801 (toll free); TTY **1-800-627-3529** or **711**

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

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ဟ်သူဉ်ဟ်သးဘဉ်တကွ၊်. ဖဲနမ့၊်လိဉ်ဘဉ်တ၊်မၤစၢၤကလီလၢတ၊်ကကျိးထံဝဲဇဉ်လံာ် တီလံာ်မီတခါအံၤန့ဉ်,ကိးဘဉ် လီတဲစိနီ၊်ဂံ၊်လၢထးအံၤန့ဉ်တကွ၊်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

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Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

Civil Rights Notice

Discrimination is against the law. PrimeWest Health does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by PrimeWest Health. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

Civil Rights Coordinator
PrimeWest Health
3905 Dakota St
Alexandria, MN 56308
Toll Free: 1-866-431-0801
TTY: 1-800-627-3529 or 711
Fax: 1-320-762-8750
Email: compliance@primewest.org

Auxiliary Aids and Services: PrimeWest Health provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact PrimeWest Health at memberservices@primewest.org, or call Member Services at 1-866-431-0801 or TTY 1-800-627-3529 or 711. The call is free.**

Language Assistance Services: PrimeWest Health provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact PrimeWest Health at memberservices@primewest.org, or call Member Services at 1-866-431-0801 or TTY 1-800-627-3529 or 711. The call is free.**

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by PrimeWest Health. You may also contact any of the following agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services Office for Civil Rights (OCR)
You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the **OCR** directly to file a complaint:

Office for Civil Rights
U.S. Department of Health and Human Services
Midwest Region
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Customer Response Center: Toll-free: 800-368-1019
TDD Toll-free: 800-537-7697
Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)
In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
540 Fairview Avenue North, Suite 201
St. Paul, MN 55104
651-539-1100 (voice)
800-657-3704 (toll-free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)
You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.