

## **LA Coast PACE**

### **Participant Bill of Rights and Responsibilities**

#### **PARTICIPANT RIGHTS**

At LA Coast PACE, we are dedicated to providing you with quality health care services so that you may remain as independent as possible. Our staff seeks to affirm the dignity and worth of each Participant by assuring the following rights:

#### **Respect and Non-Discrimination**

You have the right to be treated with dignity and respect at all times, to have all of your care kept private, and to get compassionate, considerate care.

*You have the right to:*

- Be treated in a respectful manner that honors your dignity and privacy.
- Receive care from professionally trained staff.
- Know the names and responsibilities of the people providing your care.
- Know that decisions regarding your care will be made in an ethical manner.
- Receive comprehensive health care provided in a safe and clean environment and in an accessible manner.
- Be free from harm, including physical or mental abuse, neglect, corporal punishment, involuntary seclusion, excessive medication, and any physical or chemical restraint imposed for purposes of discipline or convenience and not required to treat your medical symptoms.
- Be encouraged to use your rights in the PACE program.
- Receive reasonable access to a telephone at the center, both to make and receive confidential calls, or to have such calls made for you if necessary.
- Not have to do work or services for the PACE Program.
- Not be discriminated against in the delivery of PACE services based on race, ethnicity, national origin, religion, sex, age, sexual orientation, mental or physical disability or source of payment.

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### **Information Disclosure**

You have the right to get accurate, easy-to-understand information and have someone help you make informed health care decisions.

*You have the right to:*

- Be fully informed, in writing, of your rights and responsibilities and all rules and regulations governing participation in LA Coast PACE.
- Be fully informed, in writing, of the services offered by LA Coast PACE, including services provided by contractors instead of LA Coast PACE staff. You must be given this information before enrollment, at enrollment, and at the time your needs necessitate the disclosure and delivery of such information, in order for you to make an informed choice.
- A full explanation of the Enrollment Agreement and an opportunity to discuss it.
- Have an interpreter or a bilingual provider available to you if your primary language is not English.
- Examine the results of the most recent federal or state review of LA Coast PACE and how LA Coast PACE plans to correct any problems that are found at inspection.

### **Confidentiality**

You have the right to talk with health care providers in private and have your personal health care information kept private as protected under state and federal laws.

*You have the right to:*

- Speak with health care providers in private and have all the information, both paper and electronic, related to your care kept confidential within required regulations. Be assured that your written consent will be obtained for the release of medical or personal information or photographs or images to persons not otherwise authorized under law to receive it. You have the right to limit what information is released and to whom it is released to.

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- Be assured that your health record will remain confidential.
- Review and copy your medical records and request amendments to those records and have them explained to you.
- Be assured of confidentiality when accessing Sensitive Services such as Sexually Transmitted Disease (STD) and HIV testing.

**If you have any questions, you may call the Office for Civil Rights toll-free at 1-800-368-1019. TTY users should call 1-800-537-7697.**

### **Choosing Your Provider**

*You have the right to:*

- Choose your own primary care provider and specialists from the LA Coast PACE provider panel.
- Request a qualified specialist for women's health services or preventive women's health services.
- Initiate the disenrollment process at any time.

### **Emergency Care**

*You have the right to:*

- Receive health care services in an emergency without prior approval from the LA Coast PACE Interdisciplinary Team.

### **Treatment Decisions**

*You have the right to:*

- Participate in the development and implementation of your care plan. If you cannot fully participate in your treatment decision you may designate a health spokesperson to act on your behalf.
- Have all treatment options explained to you in a language you understand and acknowledge this explanation in writing.
- Be fully informed of your health status and make your own health care decisions.
- Refuse treatment or medications and be informed how this may affect your health.

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- Request and receive complete information about your health and functional status by the LA Coast PACE Interdisciplinary Team.
- Request a reassessment by the LA Coast PACE Interdisciplinary Team at any time.
- Receive reasonable advance notice, in writing, if you are to be transferred to another treatment setting for medical reasons or for your welfare or the welfare of other Participants. Any such actions will be documented in your health record.
- Have our staff explain advance directives to you and to establish one on your behalf, if you desire.

### Exercising Your Rights

*You have the right to:*

- Assistance to exercise civil, legal and participant rights, including LA Coast PACE grievance process, the Medi-Cal State hearing process and the Medicare and Medi-Cal appeals processes.
- Voice your complaints and recommend changes in policies and services to our staff and to outside representatives of your choice. There will be no restraint, interference, coercion, discrimination or reprisal by our staff if you do so.
- Appeal any treatment decision made by LA Coast PACE or our contractors through our appeals process and request a State hearing.
- Leave the program at any time.

*LA Coast PACE shall write the participant rights in English and in any other principal languages of the community and display the participant rights in a prominent place in the PACE center.*

*If you feel any of your rights have been violated or you are dissatisfied and want to file a grievance or an appeal, please report this immediately to your social worker or call our office during regular business hours at (800) 734-8041.*

*If you would like to talk to someone outside of LA Coast PACE about your concerns you may contact 1-800-MEDICARE (1-800-633-4227) or 1-888-452-8609 (Department of Health Care Services Office of the Ombudsman)*

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Please refer to other sections of your LA Coast PACE *Member Enrollment Agreement Terms and Conditions* booklet for details about LA Coast PACE as your sole provider; a description of LA Coast PACE services and how they are obtained; how you may obtain emergency and urgently needed services outside LA Coast PACE's network; the grievance and appeals procedure; conditions for disenrollment; and a description of premiums, if any, and payment of these.

#### **PARTICIPANT RESPONSIBILITIES**

We believe that you and your caregiver play crucial roles in the delivery of your care. To assure that you remain as healthy and independent as possible, please establish an open line of communication with those participating in your care and be accountable for the following responsibilities:

*You have the responsibility to:*

- Cooperate with the Interdisciplinary Team in implementing your care plan.
- Accept the consequences of refusing treatment recommended by the Interdisciplinary Team.
- Provide the Interdisciplinary Team with a complete and accurate medical history.
- Utilize only those services authorized by LA Coast PACE.
- Take all prescribed medications as directed.
- Call the LA Coast PACE physician for direction in an urgent situation.
- Notify LA Coast PACE within 48 hours or as soon as reasonably possible if you require emergency services out of the service area.
- Notify LA Coast PACE in writing when you wish to initiate the disenrollment process.
- Notify LA Coast PACE of a move or lengthy stay outside of the service area.
- Pay required monthly fees as appropriate.
- Treat our staff with respect and consideration.

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- Not ask staff to perform tasks that they are prohibited from doing by PACE or agency regulations.
- Voice any concerns or dissatisfaction you may have with your care.