

WelbeHealth

Participant Bill of Rights and Responsibilities

PARTICIPANT RIGHTS

At WelbeHealth, 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 and confidentiality.
- 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 as expeditiously as your condition requires and taking into consideration your medical, physical, emotional, and social needs.
- Know that the provision of services will be document, tracked and monitored across all care settings in order to ensure the interdisciplinary team remains alert to your medical, physical, emotional, and social needs regardless of whether services are formally incorporated into the plan of care.

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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 including the Medicare and Medicaid appeals processes as well as civil and other legal rights.

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- 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.

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 WelbeHealth.
- Be fully informed, in writing, of the services offered by WelbeHealth, including services provided by organizations, agencies, or individual contractors instead of WelbeHealth 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, or upon reasonable request, helped to examine the results of the most recent federal or state review of WelbeHealth and how WelbeHealth plans to correct any problems that are found at inspection.
- To contact 1-800-MEDICARE (1-800-633-4227) for information and assistance, including to make a complaint related to the quality of care of the delivery of a service.
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Confidentiality

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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.
- 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 WelbeHealth provider panel.
- Request a qualified specialist for women's health services or preventive women's health services.
- Initiate the disenrollment process at any time.
- Have reasonable and timely access to specialists as needed as indicated by your health condition and consistent with current clinical practice guidelines.
- Receive necessary care in all settings, up to and including placement in a long-term care facility when the PACE organization can no longer

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provide the services necessary to maintain your safety in the community.

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Emergency Care

You have the right to:

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

Treatment Decisions

You have the right to:

- Participate in the development and implementation of your care plan. This includes the right for you, your designated representative, or caregiver to request the initiation, modification, or continuation of a service being provided. 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.
- Request and receive complete information about your health and functional status by the WelbeHealth Interdisciplinary Team.
- Request a reassessment by the WelbeHealth Interdisciplinary Team at any time.
- Maintain all written communications received from participants or other parties in their original form when the communications relate to a participant's care, health, or safety.
- 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.

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- 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 WelbeHealth 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 WelbeHealth or our contractors through our appeals process and request a state hearing.
- Leave the program at any time and have such disenrollment be effective the first day of the month following the date WelbeHealth receives the notice of voluntary disenrollment.

WelbeHealth 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 **Choose an item..** For the hearing impaired, please call our TTY number at (800) 735-2922.*

If you would like to talk to someone outside of WelbeHealth 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)

Please refer to other sections of your WelbeHealth *Member Enrollment Agreement Terms and Conditions* booklet for details about WelbeHealth as your sole provider; a description of WelbeHealth services and how they are obtained; how you may obtain emergency and urgently needed services

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outside WelbeHealth'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 WelbeHealth.
- Take all prescribed medications as directed.
- Call the WelbeHealth physician for direction in an urgent situation.
- Notify WelbeHealth within 48 hours or as soon as reasonably possible if you require emergency services out of the service area.
- Notify WelbeHealth in writing when you wish to initiate the disenrollment process.
- Notify WelbeHealth of a move or lengthy stay outside of the service area.
- Pay required monthly fees as appropriate.
- Treat our staff with respect and consideration.
- 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.