



## **PARTICIPANT BILL OF RIGHTS AND RESPONSIBILITIES**

At Gary and Mary West PACE (GMWP) program, we are dedicated to providing you with quality health care services so that you may stay as independent as possible. Our staff is committed to treating each and every participant with dignity and respect, and ensuring that all participants have a say in planning their care and treatment.

The goals of the GMWP program are to:

- Maximize the independence, dignity, and respect of GMWP program participants;
- Help make GMWP program participants more independent and improve their quality of life;
- Provide coordinated quality health care to GMWP program participants;
- Keep GMWP program participants living safely in their homes and communities as long as possible;
- Help support and keep GMWP program participants together with their family.

When you join the GMWP program, you have certain rights and protections. GMWP's program must fully explain your rights to you or someone acting on your behalf in a way you can understand at the time you join.

### **You have the right to be treated with respect.**

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:

- Receive comprehensive healthcare care in a safe, clean environment, and in an accessible manor.
- Be free from harm; this includes physical or mental abuse, neglect, physical punishment, being placed by yourself against your will, given excessive medication, and any physical or chemical restraint that is used on you for discipline or convenience of staff and that you do not need to treat your medical symptoms or to prevent injury.

- Be encouraged to use your rights in the GMWP program.
- Get help, if you need it, to use the Medicare and Medi-Cal complaint and appeal processes, and your civil and other legal rights.
- Be encouraged and helped in talking to GMWP program staff about changes in policy and services you think should be made.
- Use a telephone while at the GMWP program center(s).
- Not have to do work or services for the GMWP program.

**You have a right to protection against discrimination.**

Discrimination is against the law. Every company or agency that works with Medicare and Medi-Cal must obey the law. They cannot discriminate against you because of your:

- Race or ethnicity;
- National origin
- Religion;
- Age;
- Sex;
- Mental or physical disability;
- Sexual orientation; or,
- Source of payment for your health care (for example, Medicare or Medi-Cal)

If you think you have been discriminated against for any of these reasons, contact a staff member at the GMWP program to help you resolve your problem.

If you have any questions, you can call the Office for Civil Rights at (559) 600-2996 or toll-free 1-800-368-1019. TTY users should call 1-800-537-7697.

**You have a right to information and assistance.**

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

- Have someone help you if you have a language or communication barrier so you can understand all information given to you.

- Have the GMWP program interpret the information into your preferred language in a culturally competent manner, if your first language is not English and you can't speak English well enough to understand the information being given to you.
- Get marketing materials and GMWP program rights in English and in any other frequently used language in your community or in Braille, if necessary.
- Get a full explanation of the Enrollment Agreement and an opportunity to discuss it.
- Get a written copy of your rights and responsibilities and all rules and regulations that govern participation in the GMWP program. GMWP must also post these rights in a public place in the GMWP program center(s) where it is easy to see them.
- Be fully informed, in writing, of the services offered by GMWP's program; this includes telling you which services are provided by contractors instead of GMWP's staff. You must be given this information before you join, at the time you join, and when you need to make a choice about what services to receive.
- To examine, or upon reasonable request, to be assisted to examine the results of the most recent review of GMWP conducted by CMS or the State administering agency and any plan of correction in effect

### **You have a right to a choice of providers.**

You have the right to choose a health care provider (primary care physician) and specialists within GMWP's network and to get quality health care. Women have the right to request services from a qualified women's health care specialist for routine or preventive women's health care services.

### **You have a right to access emergency services.**

You have the right to get emergency services when and where you need them without prior approval of the program. A medical emergency is when you think your health is in serious danger—when every second counts. You may have a bad injury, sudden illness or an illness quickly getting much worse. You can get emergency care anywhere in the United States.

### **You have a right to participate in treatment decisions.**

You have the right to fully participate in all decisions related to your health care and make your own health care decisions. If you cannot fully participate in your treatment decisions or you want to have someone you trust help you, you have the right to choose that person to act on your behalf. You have the right to:

- Have all treatment options explained to you in a language you understand and in a respectful manner, to be fully informed of your health status and how well you are doing, and to make health care decisions; this includes the right not to get treatment or take medications. If you choose not to get treatment, you must be told how this will affect your health. You have the right to acknowledge this explanation in writing.
- Have GMWP help you create an advance directive (an advance directive is a written document that says how you want medical decisions to be made in case you cannot speak for yourself); you should give it to the person who will carry out your instructions and make health care decisions for you.
- To participate in the development and implementation of the plan of care; you can ask for your plan of care to be reviewed at any time. You have the right to request and receive complete information about your health and functional status from the program's interdisciplinary team. You have the right to request an assessment by that team.
- Have the right to receive appropriate assessment and management of pain.
- Be given advance notice, in writing, of any plan to move you to another treatment setting and the reason you are being moved.

**You have a right to have your health information kept private and confidential.**

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

You have the right to be assured of confidential treatment of all information contained in the health record, including information contained in an automated data bank.

You have the right to provide written consent that limits the degree of information and the persons to whom information may be given

You have the right to be assured that your written consent will be obtained for the lease of medical or personal information or photographs or images to persons not otherwise authorized under law to receive it.

You also have the right to look at and receive copies of your medical records. This includes the ability to request amendments to those records and have them explained to you.

There is a new patient privacy rule that gives you more access to your own medical records and more control over how your personal health information is used. If you have any questions about this privacy rule, call the Office for Civil Rights at (559) 600-2996 or toll-free 1-800-368-1019. TTY users should call 1-800-537-7697.

### **You have a right to file a complaint.**

You have a right to complain about the services you receive or that you need and don't receive the quality of your care, or any other concerns or problems you have with the GMWP program. You have the right to a fair and timely process for resolving concerns with the GMWP program. You have the right to:

- Receive a full explanation of the complaint process.
- Be encouraged and helped to freely explain your complaints to GMWP's program staff and outside representatives of your choice. You must not be harmed in any way for telling someone your concerns; this includes being punished, threatened, or discriminated against.
- Appeal any treatment decision by GMWP program staff or contractors.

If you feel any of your rights have been violated or you are dissatisfied and want to file a grievance, please report this immediately to your social worker or call our office during regular business hours at 858-412-8759.

Please refer to your GMWP program Member Enrollment Agreement Terms and Conditions for details about GMWP program as your sole provider; description of our services and how they are obtained; how you may obtain emergency and urgently needed services outside of GMWP's program network; the grievance and appeals process; and other information related to your care.

### **You have a right to leave the program.**

If, for any reason, you do not feel that the GMWP program is what you want, you have the right to disenroll from the program at any time.

### **Participant Responsibilities**

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

You have the responsibility to:

- Cooperate with the interdisciplinary team in implementing your care plan.
- Provide the interdisciplinary team with a complete and accurate medical history.
- Utilize only those services authorized by the GMWP program.
- Take all prescribed medications as directed.
- Call GMWP's program physician for direction in an urgent situation.
- Notify the GMWP program when you wish to initiate the disenrollment process.
- Pay the required monthly fees as appropriate.
- Treat our staff with respect and consideration.
- Not to ask staff to perform tasks that they are prohibited from doing by PACE or agency regulations.
- Voice any dissatisfaction you have with your care.

### **Additional Help**

If you have complaints about the GMWP program, think your rights have been violated, or want to talk with someone outside the GMWP program about your concerns, call 1-800-MEDICARE or call the California Department of Health Care Services (DHCS) at:

Ombudsman Unit  
 Medi-Cal Managed Care Division  
 Department of Health Care Services  
 P.O. Box 997413  
 Mail Station 4412  
 Sacramento, CA 95899-7413  
 Telephone: 1-888-452-8609  
 TTY: 1-800-735-2922

DHCS will help you with your complaint.

You may also contact:

California Department of Social Services  
 State Hearings Division  
 P.O. Box 944243, Mail Station 19-37  
 Sacramento, CA 94244-2430

Telephone: 1-800-952-5253  
Fascimile: (916) 229-4410  
TDD: 1-800-952-8349