

## **Participant Bill of Rights**

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

### **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 confidential, 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 unnecessary physical or chemical restraints or isolation, excessive medication, physical or mental abuse or neglect, and hazardous procedures.
- 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 AgeWell PACE.
- Not be discriminated against in the delivery of PACE services based on race, traits historically associated with race, ethnicity, color, national origin, ancestry, religion, sex, actual or perceived gender (including gender identity, gender expression, and transgender), age, sexual orientation, marital status, registered domestic partner status, military status, mental or physical disability, medical condition, genetic information, 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 AgeWell PACE.



- Be fully informed, in writing, of the services offered by AgeWell PACE, including services provided by contractors instead of AgeWell PACE staff. You must be given this information prior to enrollment, upon enrollment, and at the time your needs necessitate the disclosure and delivery of such information in order for you to make an informed choice.
- Receive a full explanation of the AgeWell enrollment agreement and an opportunity to discuss it.
- Have information written in another language and an interpreter or a bilingual provider available to you if your primary language is not English.
- Have aids and services provided to you for effective communication, including qualified sign language interpreters and written information in other formats, such as large print, audio, braille, and accessible electronic formats.
- Examine, or receive help to examine upon reasonable request, the results of the most recent federal or state review of AgeWell PACE and how AgeWell PACE plans to correct any problems that are found at inspection.
- Contact 1-800-MEDICARE (1-800-633-4227) for information and assistance.

## **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.
- 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 AgeWell PACE provider panel.
- Request a specialist for women's health services or preventive women's health services.
- Have reasonable and timely access to specialists as indicated by your health condition and consistent with current clinical practice guidelines.
- Receive necessary care across all care settings, up to and including placement in a long-term care facility when AgeWell PACE can no longer maintain you safely in the community.

### **Emergency Care**

*You have the right to:*

- Receive health care services in an emergency without prior approval from the AgeWell PACE interdisciplinary team.

### **Treatment Decisions**

*You have the right to:*

- Participate in the development and implementation of your plan of care. If you cannot fully participate in your treatment decision, you may designate a health spokesperson or representative 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 of how this may affect your health.
- Request and receive complete information about your health and functional status by the AgeWell PACE interdisciplinary team.
- Request a reassessment by the AgeWell PACE interdisciplinary team at any time.
- Receive reasonable advance notice in writing if you are to be transferred to another care 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:*

- Receive assistance in exercising your civil, legal, and participant rights, including the AgeWell PACE grievance process, the Medi-Cal fair 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 AgeWell PACE or our contractors through our appeals process and to request a State fair hearing.
- Disenroll from the program at any time and have such disenrollment be effective the first day of the month following the date that AgeWell PACE receives your notice of voluntary disenrollment.

*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 415-292-8895 or our toll-free telephone number at 1-888-996-6565 (TTY: 711). If you would like to talk to someone outside of AgeWell PACE about your concerns, including to make a complaint about the quality of care or the delivery of a service, you may contact 1-800-MEDICARE (1-800-633-4227) or 1-888-452-8609 (California Department of Health Care Services Office of the Ombudsman). Please refer to other sections of your AgeWell PACE Member Enrollment Agreement Terms and Conditions for details about AgeWell PACE as your sole provider; a description of AgeWell PACE services and how they are obtained; how you may obtain emergency services and urgent care outside the AgeWell PACE network; the grievance and appeals procedure; 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 AgeWell PACE (except when accessing emergency services and urgent care outside of the service area).
- Take all prescribed medications as directed.
- Call the AgeWell PACE primary care provider for direction in an urgent situation.



- Notify AgeWell PACE within 48 hours or as soon as reasonably possible if you require emergency services or urgent care when out of the service area.
- Notify AgeWell PACE in writing when you wish to initiate the disenrollment process.
- Notify AgeWell PACE of a move or lengthy stay outside of our 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 dissatisfaction you may have with your care.