

Participant Bill of Rights and Responsibilities

At the AltaMed Program of All-Inclusive Care for the Elderly (PACE), we are dedicated to providing you with quality health care services so that you may remain as independent as possible. This includes providing all Medi-Cal and Medicare-covered items and services, and other services determined to be necessary by the AltaMed PACE Interdisciplinary Team (IDT) across all care settings, 24 hours a day, 7 days a week. Our staff and contractors seek to affirm the dignity and worth of each participant by assuring the following rights and protections.

Access to Care

You have the right to treatment that is both appropriate for your health conditions and provided in a timely manner.

You have the right to:

- Receive all care and services needed to improve or maintain your overall health condition and attain the highest practicable physical, emotional, and social well-being.
- Access emergency health care services when and where the need arises without prior authorization by the AltaMed PACE IDT. A medical emergency is when you think your health is in serious danger. 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 and you do not need to get permission from AltaMed PACE prior to seeking emergency services.

Respect and Non-Discrimination

Each participant has the right to considerate, respectful care from all AltaMed PACE employees and contractors at all times and under all circumstances. Each participant has the right not to be discriminated against in the delivery of required AltaMed PACE services based on race, ethnicity, national origin, religion, sex (including gender identity and sexual orientation), age, mental or physical disability, or source of payment. If you think that you have been discriminated against for any

of these reasons, contact an AltaMed PACE staff member to help you resolve your problem. If you have any questions, you can call the Office for **Civil Rights** at **(800) 368-1019**. **TTY users** should call **(800) 537-7697**.

You have the right to:

- Be treated with dignity and respect at all times, be afforded privacy and confidentiality in all aspects of care, and be provided humane care.
- 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 the participant's medical symptoms.
- Be encouraged and assisted to recommend changes in policies and services to AltaMed PACE staff.
- Be encouraged and assisted to exercise rights as a participant, including the Medicare and Medi-Cal appeals processes as well as civil and other legal rights.
- Not have to do work or perform services for the AltaMed 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.
- Have all information about your choices for AltaMed PACE services and treatment explained to you in a language you understand, and in a way that takes into account and respects your cultural beliefs, values, and customs.

Information Disclosure

You have the right to receive accurate, easily understood information, to have this information shared with your designated representative, who is the person you choose to act on your behalf, and to have someone help you make informed health care decisions.

You have the right to:

- Be fully informed in writing of the services offered by AltaMed PACE, including identification of all services that are delivered through contracts, rather than furnished directly by AltaMed PACE. 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.

- Receive a full explanation of the AltaMed PACE Enrollment Agreement and an opportunity to discuss it.
- Examine or, upon reasonable request, be helped to examine, the results of the most recent review of AltaMed PACE conducted by Centers for Medicare & Medicaid Services or the California Department of Health Care Services and any plan of correction in effect.
- Contact **(800) MEDICARE**, or **(800) 633-4227**, for information and assistance, including making a complaint related to the quality of care or the delivery of a service.
- Have participant rights, enrollment agreement, and marketing materials available in writing in English and in any other principle languages of the community. A principle language of the community is any language that is spoken by at least 5 percent of the individuals in the AltaMed PACE service area. You can also get these materials in Braille, if necessary.
- Receive a written copy of your rights and responsibilities from AltaMed PACE, and all rules and regulations governing your participation in AltaMed PACE. AltaMed PACE will post these rights and responsibilities in a place in the AltaMed PACE center where it is easy to read them.
- Be provided with a copy of the individuals who provide care-related services not provided directly by AltaMed PACE upon request.
- Be fully informed before AltaMed PACE starts providing palliative care, comfort care, and end-of-life care services, including your right to be given, in writing, a complete description of these services and how they are different from the care you have been receiving, and whether these services are in addition to, or instead of, your current services. The information must also explain, in detail, how your current services will be affected if you choose to begin palliative care, comfort care, or end-of-life services. Specifically, AltaMed PACE must explain any impact to:
 - Physician services, including specialist services.
 - Hospital services.
 - Long-term care services.
 - Nursing services.

- Social services.
- Dietary services.
- Transportation.
- Home care.
- Therapy, including physical, occupational, and speech therapy.
- Behavioral health.
- Diagnostic testing, including imaging and laboratory services.
- Medications.
- Preventative health care services.
- PACE center attendance.

You have the right to change your mind and revoke or withdraw your consent to receive palliative care, comfort care, or end-of-life care at any time and for any reason, by letting AltaMed PACE know either verbally or in writing.

Choice of Providers

You have the right to a choice of health care providers, including your primary care provider and specialists, from within the AltaMed PACE provider network that is sufficient to ensure access to appropriate high-quality health care.

You have the right to:

- Request a qualified specialist for women’s health services to furnish routine or preventive women’s health services.
- 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 AltaMed PACE can no longer provide the services necessary to maintain your care safely in the community.
- Disenroll from the program at any time and have such disenrollment be effective the first day of the month following the date AltaMed PACE receives your request for voluntary disenrollment.

Confidentiality of Health Information

You have the right to communicate with AltaMed PACE health care providers in confidence and to have the confidentiality of your individually identifiable health care information protected. You also have the right to review and receive a copy of your own medical records and request amendments to those records.

You have the right to:

- Talk to your health care providers in private and to have your identifiable health information kept private and confidential as protected under federal and California law.
- Be assured of confidential treatment of all information contained in the health record, including information contained in an automated data bank.
- Be assured that your written consent will be obtained for the release of identifiable health information to persons not otherwise authorized under law to receive it.
- Provide written consent that limits the ways we use your identifiable health information and limits the persons to whom identifiable health information may be given.

There is a 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 **(800) 368-1019**. **TTY users** should call **(800) 537-7697**.

Participation in Treatment Decisions

You have the right to participate fully in all decisions related to your treatment. If you are unable to participate fully in 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 as your designated representative.

You have the right to:

- Participate in the development and implementation of your care plan.
- Have all treatment options explained in a culturally competent manner and to make health care decisions, including the right to refuse treatment, and be informed of the consequences of those decisions on your physical and mental health.
- Have AltaMed PACE explain advance directives and to help you create one if you so desire. An advance directive is a written document that says how you want medical decisions to be made in case you can't speak for yourself.
- Be fully informed of your health and functional status by the AltaMed PACE IDT.
- Request a reassessment by the AltaMed PACE IDT.
- Reasonable advance notice, in writing, of any transfer to another treatment setting and the justification for the transfer (that is, due to medical reasons or for your welfare, or that of other participants). AltaMed PACE program must document the justification in your medical record.
- Fully understand AltaMed PACE palliative care, comfort care, and end-of-life care services. Before AltaMed PACE can start providing you with any of these services, the AltaMed PACE program must explain all of your treatment options, give you written information about these options, and get written consent from you or your designated representative.

Complaints and Appeals

You have the right to a fair and efficient process for resolving differences with AltaMed PACE, including a rigorous system for internal review by AltaMed PACE and an independent system of external review. An AltaMed PACE participant has a right to complain about the services he or she receives or that he or she needs and doesn't receive, the quality of care, or any other concerns or problems he or she has with the AltaMed PACE program.

You have the right to:

- A full explanation of the complaint and appeals process.

- Appeal any treatment decision made by AltaMed PACE, its employees or contractors through the AltaMed PACE appeals process, including use of the Medi-Cal state hearing process, and the Medicare independent review process.
- Be encouraged and assisted to voice complaints to AltaMed PACE staff and outside representatives of your choice, free of any restraint, interference, coercion, discrimination, or reprisal by the AltaMed PACE staff.
- Request services from the AltaMed PACE organization that you believe are necessary; and to a comprehensive and timely process for determining whether those services should be provided.

You Have a Right To Leave the AltaMed PACE Program

If for any reason you do not feel that the AltaMed PACE program is what you want, you have the right to disenroll at any time and have such disenrollment be effective the first day of the month following the date AltaMed PACE receives your notice of voluntary disenrollment.

Additional Help

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 AltaMed PACE Social Worker or Center Manager. If you want to talk with someone outside of your AltaMed PACE program about your concerns, call **(800) MEDICARE** or **(800) 633-4227**.

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 AltaMed PACE IDT in implementing your care plan.
- Provide the AltaMed PACE IDT with a complete and accurate medical history.
- Utilize only those services authorized by AltaMed PACE.
- Take all prescribed medications as directed.

- Call AltaMed PACE for direction in an urgent situation.
- Notify AltaMed PACE verbally or in writing when you wish to initiate the disenrollment process.
- Treat AltaMed PACE staff with respect and consideration.
- Not ask for staff to perform tasks that they are prohibited from doing by AltaMed PACE or agency regulations.
- Voice any concerns or dissatisfaction you may have with your care.
- Accept the consequences of refusing treatment recommended by the AltaMed PACE IDT.
- Notify AltaMed PACE within 48 hours, or as soon as reasonably possible, if you require emergency services out of the service area.
- Pay required monthly fees as appropriate.
- Notify AltaMed PACE center immediately of any changes in your residence, telephone number or financial status.
- Provide AltaMed PACE with truthful information.
- Keep appointments and notify AltaMed PACE a minimum of 24 hours in advance when unable to attend the center or utilize scheduled transportation.
- Learn about your medical condition and its meaning.
- Not deface property or shrubbery, or encourage others to do so, and not remove articles from the center without permission.