



## Participant Bill of Rights

Section: Participant Rights	Policy Number: 01
Policy Name: Participant Bill of Rights	Dept. Owner: Center Manager
Federal Reg. Reference: 42 CFR §460.116 , 42 CFR § 460.112, 42 CFR § 460.114	
Date Adopted: 09/05/2014	Last Review/Revision Date: 09/10/2018

**Purpose:** To educate the participants of Senior Care Partners P.A.C.E. in their rights and responsibilities and to support the participants' ability to exercise those rights and responsibilities.

### **Compliance and Enforcement:**

All management personnel are responsible for enforcing this policy. All staff who provide care or a service to a participant must comply with this policy. Individuals who violate this policy are subject to discipline up to and including termination from Senior Care Partners P.A.C.E.

**Policy:** It is the policy of Senior Care Partners P.A.C.E. to ensure that all staff/contracted providers are trained and support Participant Rights. It is also the responsibility of Senior Care Partners P.A.C.E. to inform participants of their rights.

### **Procedure:**

1. Senior Care Partners P.A.C.E. staff are trained in participant rights and responsibilities at orientation and on an annual basis.
2. Senior Care Partners P.A.C.E. staff will promote the rights and responsibilities of all participants in the program and encourage participants to exercise their rights and responsibilities.
3. All contracted providers receive a copy of participant rights in their provider manual. Senior Care Partners P.A.C.E. routinely review contractor's compliance to participant rights as a part of contract compliance.
4. Participants will be informed in writing at the time of enrollment about their rights and responsibilities and the rules and regulations involved in joining Senior Care Partners P.A.C.E. This includes an explanation of and information on the grievance and appeals process.
5. A copy of participant rights will be given to the participant in the Enrollment Agreement by Intake staff at the time of the Intake Assessment.
6. Participants will be encouraged to review their rights and ask questions regarding their rights.
7. Participants will be encouraged to involve their family and/or caregivers in learning about participant rights, and to ask any questions they may have.
8. Participants will be encouraged to exercise their rights and responsibilities in their care as outlined in Participant Rights and Responsibilities.

9. Participants will be encouraged to join the Participant Advisory Committee (PAC) as a means of providing feedback to the Senior Care Partners P.A.C.E. organization.
10. The participant will be asked if they need any assistance in understanding their rights, including the right to an interpreter. (ATT language line – 1-800-752-0093).
11. A copy of participant rights will be posted in the Senior Care Partners P.A.C.E. Center.
12. The participant will be asked to sign the Enrollment Agreement Signature Sheet stating that they have received a copy and understand their rights in the program.
13. A copy of the Enrollment Agreement, the Enrollment Signature Sheet and all consents will be given to the participant.
14. The presentation and understanding of participant rights and responsibilities will be documented in the participant medical record along with a copy of the Enrollment Agreement and the signed Enrollment Signature Sheet.
15. If the Senior Care Partners P.A.C.E. participant believes their rights have been violated, Senior Care Partners P.A.C.E. will also inform participants they have a right to contact the following entities if a participant believes their rights have been violated:

**1) Office for Civil Rights**

U.S. Department of Health and Human Services  
 233 N. Michigan Avenue, Suite 240  
 Chicago, IL 60601  
 (800) 368-1019  
 (312) 886-2359: or (312) 353-5693 (TTD)

**2) Office of Recipient Rights**

Lewis Cass Building – Third Floor  
 320 South Walnut Street  
 Lansing, MI 48913  
 (517) 373-2319

**Attachments:**

Senior Care Partners P.A.C.E. Participant Bill of Rights  
 Senior Care Partners P.A.C.E. Employee Acknowledgement Form

**Reviewed and Approved by:**

Review Date	Reviewed By	Review Date	Reviewed By
09/05/2014		09/10/2018	S. Marr
07/01/2016	C. Meyer		
07/10/2017	D. Schlieter		

*Alexandria Lueth*

Signature

Executive Director

11/07/2018

Date



## Senior Care Partners P.A.C.E. Participant Bill of Rights

At Senior Care Partners P.A.C.E. we are dedicated to providing you with quality health care services so you may remain as independent as possible. Our staff is committed to treating each and every participant with dignity and respect and ensuring that all participants are involved in planning for their care and treatment.

As a Senior Care Partners P.A.C.E. participant, you have 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 to get compassionate, considerate care. You have the right:

- To get all of your health care in a safe, clean environment.
- To be free from harm. This includes physical or mental abuse, neglect, physical punishment, being placed by yourself against your will, 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.
- To be encouraged to use your rights in the PACE program.
- To get help, if you need it, to use the Medicare and Medicaid complaint and appeal processes, and your civil and other legal rights.
- To be encouraged and helped in talking to Senior Care Partners P.A.C.E. staff about changes in policy and services you think should be made.
- To use a telephone while at Senior Care Partners P.A.C.E.
- To not have to do work or services for Senior Care Partners P.A.C.E.

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

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

- Race / Ethnic Origin
- Religion
- Age
- Sex
- Mental or physical ability
- Sexual Orientation
- Source of payment for your health care (For example, Medicare or Medicaid).

If you think you have been discriminated against for any of these reasons, contact a staff member at Senior Care Partners P.A.C.E. to help you resolve your problem.

If you have any questions, you can call the Office for Civil Rights at 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.
- To have Senior Care Partners P.A.C.E. 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.
- To get marketing materials and PACE rights in English and in any other frequently used language in your community. You can also get these materials in Braille, if necessary.
- To get a written copy of your rights from Senior Care Partners P.A.C.E. Senior Care Partners P.A.C.E. must also post these rights in a public place in Senior Care Partners P.A.C.E. where it is easy to see them.

- To be fully informed, in writing, of the services offered by Senior Care Partners P.A.C.E. This includes telling you which services are provided by contractors instead of the Senior Care Partners P.A.C.E. 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 look at, or get help to look at, the results of the most recent review of your PACE program. Federal and State agencies review all PACE programs. You also have a right to review how Senior Care Partners P.A.C.E. plans to correct any problems that are found at inspection.

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

You have the right to choose a health care provider within Senior Care Partners P.A.C.E.'s network and to get quality health care. Women have the right to get 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 Senior Care Partners P.A.C.E.'s approval. 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. 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, 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.
- To have Senior Care Partner P.A.C.E., 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 making and carrying out your plan of care. You can ask for your plan of care to be reviewed at any time.
- To 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.**

You have the right to talk with health care providers in private and to have your personal health care information kept private as protected under State and Federal laws. You also have the right to look at and receive copies of your medical records.

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. This rule will be fully effective on April 14, 2003. If you have any questions about this privacy rule, call the Office for Civil Rights at 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 Senior Care Partners P.A.C.E. You have the right to a fair and timely process for resolving concerns with Senior Care Partners P.A.C.E. You have the right:

- To a full explanation of the complaint process.
- To be encouraged and helped to freely explain your complaints to Senior Care Partners P.A.C.E. 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.
- To appeal any treatment decision by Senior Care Partners P.A.C.E., staff, or contractors.

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

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

If you feel any of your rights have been violated, please report them immediately to your social worker or call our office during regular business hours at (269) 441-9300.

If you want to talk with someone outside of Senior Care Partners P.A.C.E. about your concerns, you may call:

1-800-MEDICARE (1-800-633-4227), or  
the **State of Michigan** at 1-517-373-6313



## **Bill of Rights Acknowledgement**

As an employee of Senior Care Partners P.A.C.E. I have been provided with a copy of the Bill of Rights for Senior Care Partners P.A.C.E. participants. I have received orientation to the program. I have had an opportunity to ask questions and to review the material. My questions have been answered. I agree to uphold the Bill of Rights for Senior Care Partners P.A.C.E. participants as defined by the information that I have received.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_