

# **PACE Your LIFE PARTICIPANT BILL OF RIGHTS**

**All PACE Your LIFE staff must adhere to the provision of these rights for each participant:**

## **Respect and Nondiscrimination**

Each participant has the right to considerate, respectful care from all PACE Your LIFE 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 PACE services based on race, ethnicity, national origin, religion, sex, age, sexual orientation, mental or physical disability, or source of payment. Specifically, each participant has the right to the following:

- a. To receive comprehensive health care in a safe and clean environment and in an accessible manner.
- b. To be treated with dignity and respect, be afforded privacy and confidentiality in all aspects of care and be provided humane care.
- c. Not to be required to perform services for the PACE Your LIFE Program.
- d. To have reasonable access to a telephone.

- e. To 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.
- f. To be encouraged and assisted to exercise rights as a participant, including the Medicare and Medicaid appeals processes as well as civil and other legal rights.
- g. To be encouraged and assisted to recommend changes in policies and services to PACE Your LIFE staff.
- h. To be assisted by PACE Your LIFE staff with resolving concerns if you think you have been a target of discrimination.

If you have any questions, you can call the Office for Civil Rights as 1-800-368-1019. TTY users should call 1-800-537-7697.

## **Information Disclosure**

Each PACE Your LIFE participant has the right to receive accurate, easily understood information and to receive assistance in making informed health care decisions. Specifically, each participant has the following rights:

- a. To be fully informed in writing of the services available from PACE Your LIFE, including identification of all services that are delivered through contracts, rather than furnished directly by PACE Your LIFE. This information must be provided before enrollment, at enrollment, and at the time a participant's needs necessitate the disclosure and delivery of such information in order to allow the participant to make an informed choice.
- b. To have the enrollment agreement fully explained to you in a manner understood by the participant and/or his or her designated responsible party.
- c. To examine, or upon reasonable request, to be assisted to examine the results of the most recent review of PACE Your LIFE conducted by the State Administering Agency (SAA) and/or CMS and any plan of correction in effect.
- d. To have someone help you if you have a language or communication barrier so you can understand all information given to you.
- e. To have PACE Your LIFE interpret the information into your preferred language in a culturally competent manner, if your first language is not English and you cannot speak English well enough to understand the information being given to you.
- f. To get marketing materials and PACE Your LIFE participant rights in English, Braille, and in any other frequently used language in your community.

- g. To get a written copy of your rights from the PACE Your LIFE program. PACE Your LIFE will post these rights in a public place in the PACE Center where it is easy to see them.
- h. To be provided with a list of individuals who provide care-related services not provided directly by PACE Your LIFE upon request.

## **Choice of Providers**

Each participant has the right to a choice of healthcare providers, within PACE Your LIFE's network, which is sufficient to ensure access to appropriate, high-quality health care. Each participant has the right to the following:

- a. To choose his or her primary care physician and specialists from within PACE Your LIFE's network.
- b. To request that a qualified specialist for women's health services furnish routine or preventive women's health services.
- c. To have reasonable and timely access to specialists as indicated by your health condition.
- d. To disenroll from the program at any time and have such disenrollment effective the first day of the month following the date the PACE organization receives the participant's notice of voluntary disenrollment.
- e. To receive care across all care settings, up to and including placement in a long-term care facility when

PACE Your LIFE can no longer maintain you safely in the community.

- f. To request services from PACE Your LIFE that you believe are necessary and to a comprehensive and timely process for determining whether those services should be provided.

## **Access to Emergency Services**

Each participant has the right to access emergency health care services when and where the need arises without prior authorization by the PACE Your LIFE interdisciplinary team.

## **Participation in Treatment Decisions**

Each participant has the right to participate fully in all decisions related to his or her treatment. A participant who is unable to participate fully in treatment decisions has the right to designate a representative. Specifically, each participant has the following rights:

- a. To 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 the decisions.
- b. To have someone at PACE Your LIFE explain advance directives and to establish them if the participant so desires, in accordance with related regulations (CFR 489.100 and 489.102).

- c. To be fully informed of his or her health and functional status by the interdisciplinary team.
- d. To request a reassessment by the interdisciplinary team.
- e. To be given 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 the participant's welfare, or that of other participants). The justification must be documented in the participant's medical record.
- f. To participate in the development and implementation of the participants' individual plan of care.

## **Confidentiality of Health Information**

Each participant has the right to communicate with health care providers in confidence and to have the confidentiality of his or her individually identifiable health care information protected. Each participant also has the right to review and copy his or her medical records and request amendments to those records. Specifically, each participant has the following rights:

- a. To be assured of confidential treatment of all information contained in the health record, including information contained in an automated data bank.
- b. To be assured that his or her written consent will be obtained for the release of information to persons not otherwise authorized under law to receive it.

- c. To provide written consent that limits the degree of information and the persons to whom the information may be given.

## **Complaints and Appeals**

Each participant has the right to a fair and efficient process for resolving differences with PACE Your LIFE, including a rigorous system for internal review by the organization and an independent system of external review. Specifically, each participant has the specific following rights:

- a. The right to a full explanation of the complaint process, including specific time frames.
- b. The right to be encouraged and assisted to voice complaints to PACE Your LIFE staff and outside representatives of his or her choice, free of any restraint, interference, coercion, discrimination, or reprisal by the PACE Your LIFE staff.
- c. The right to appeal any treatment decision of the PACE Your LIFE organization, its employees, or contractors.
- d. To contact 1-800-Medicare for information and assistance, including making a complaint related to the quality of care or the delivery of a service.



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