



Participant Bill of Rights and Responsibilities

The Fresno PACE Program is dedicated to providing quality healthcare services to ensure participants 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.

When joining the Fresno PACE Program participants have rights and protections. Fresno PACE 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.

1. To receive comprehensive health care in a safe and clean environment and in an accessible manner;
2. To be treated with dignity, respect and nondiscrimination, be afforded privacy and confidentiality in all aspects of care, and to be provided humane care;
3. Not to be required to perform services for the PACE organization;
4. To have reasonable access to a telephone;
5. 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 medical symptoms;
6. 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;
7. To be encouraged and assisted to recommend changes in policies and services to PACE staff.
8. To be fully informed, in writing, of the services available from the PACE organization, including identification of all services that are delivered through contracts, rather than furnished, directly by the PACE organization 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;
9. To have the information including the enrollment agreement fully explained in a manner understood or interpret the information into your preferred language in a culturally competent manner, if your first language is not English;
10. To have the right to get accurate, easy-to-understand information and to have someone help you make informed health care decisions
11. To examine, or upon reasonable request, to be assisted to examine the results of the most recent review of the PACE organization conducted by CMS or the State Administering Agency and any plan of correction in effect.



12. To choose his or her primary care physician and specialists from within the Fresno PACE network as well as communicate the right of female participants to choose a qualified specialist in woman's health;
13. To disenroll from the program at any time;
14. To have the right to access emergency health care services when and where the need arises without prior authorization by the Fresno PACE IDT.
15. To have 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;
16. 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;
17. To have the PACE organization explain advance directives and to establish them, if the participant so desires;
18. To be fully informed of his or her health and functional status by the interdisciplinary team;
19. To participate in the development and implementation of the plan of care;
20. To request a reassessment by the interdisciplinary team;
21. 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 PACE organization must document the justification in the participant's medical record.
22. To be assured of confidential treatment of all information contained in the health record;
23. 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;
24. To provide written consent that limits the degree of information and the persons to whom information may be given;
25. To be encouraged and assisted to voice complaints to PACE staff and outside representatives of his or her choice, free of any restraint, interference, coercion, discrimination, or reprisal by the PACE staff;
26. To appeal any treatment decision of the PACE organization, its employees, or contractors;

We believe that participants and their caregiver play crucial roles in the delivery of care. To assure that you remain healthy and independent as possible, an open line of communication should be established between you and with those participating in your care. Participants are accountable and should maintain the responsibility to:

1. Cooperate with the interdisciplinary team in implementing your care plan



2. Accept the consequences of refusing treatment recommended by the interdisciplinary team
3. Provide the interdisciplinary team with a complete and accurate medical history
4. Utilize only those services authorized by the Fresno PACE Program
5. Take all prescribed medications as directed
6. Call the Fresno PACE Program physician for direction in an urgent situation
7. Notify the Fresno PACE Program in writing when you wish to initiate the disenrollment process
8. Treat our staff with respect and consideration
9. Not to ask staff to perform tasks that they are prohibited from doing by Fresno PACE or agency regulations
10. Voice any dissatisfaction you have with your care

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

If you have any questions, you can call the Office for Civil Rights at (559) 600-2996.

If you have complaints about CVMS's PACE Program, think your rights have been violated, or want to talk with someone outside CVMS's PACE 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
Fax: (916) 229-4410
TDD: 1-800-952-8349