

Palouse River Counseling
NOTICE OF RIGHTS – MEDICAID RECIPIENTS

PRC supports the belief that each of our consumers deserves the highest quality of medical and psychological care we are able to provide. In addition, it is appropriate that all consumers be notified of these rights while being served. Your signature indicates that you agree to accept treatment under these conditions, and that you are aware of your rights.

WAC 388-877-0680—Individual Rights specific to Medicaid recipients.

Medicaid recipients have general individual rights and Medicaid-specific rights when applying for, eligible for, or receiving behavioral health services authorized by a behavioral health organization (BHO).

- A. General rights that apply to all individuals, regardless of whether an individual is or is not a Medicaid recipient, include:
1. All applicable statutory and constitutional rights;
 2. The participant rights provided under WAC 388-877-0600; and
 3. Applicable necessary supplemental accommodation services in chapter 388-472 WAC.
- B. Medicaid-specific rights that apply specifically to Medicaid recipients include the following. You have the right to:
1. Receive medically necessary behavioral health services, consistent with access to care standards adopted by the department in its managed care waiver with the federal government. Access to care standards provide minimum standards and eligibility criteria for behavioral health services and are available on the behavioral health administration's (BHA) division of behavioral health and recovery (DBHR) website.
 2. Receive the name, address, telephone number, and any languages offered other than English, of behavioral health providers in your BHO.
 3. Receive information about the structure and operation of the BHO.
 4. Receive emergency or urgent care or crisis services.
 5. Receive post-stabilization services after you receive emergency or urgent care or crisis services that result in admission to a hospital.
 6. Receive age and culturally appropriate services.
 7. Be provided a certified interpreter and translated material at no cost to you.
 8. Receive information you request and help in the language or format of your choice.
 9. Have available treatment options and alternatives explained to you.
 10. Refuse any proposed treatment.
 11. Receive care that does not discriminate against you.
 12. Be free of any sexual exploitation or harassment.
 13. Receive an explanation of all medications prescribed and possible side effects.
 14. Make a mental health advance directive that states your choices and preferences for mental health care.
 15. Receive information about medical advance directives.
 16. Choose a behavioral health care provider for yourself and your child, if your child is under thirteen years of age.
 17. Change behavioral health care providers at any time for any reason.
 18. Request and receive a copy of your medical or behavioral health services records, and be told the cost for copying.
 19. Be free from retaliation.
 20. Request and receive policies and procedures of the BHO and behavioral health agency as they relate to your rights.
 21. Receive the amount and duration of services you need.
 22. Receive services in a barrier-free (accessible) location.
 23. Medically necessary services in accordance with the early periodic screen, diagnosis and treatment (EPSDT) under WAC 182-534-0100, if you are twenty years of age or younger.
 24. Receive enrollment notices, informational materials, materials related to grievances, appeals, and administrative hearings, and instructional materials relating to services provided by the BHO, in an easily understood format and non-English language that you prefer.

25. Be treated with dignity, privacy and respect, and to receive treatment options and alternatives in a manner that is appropriate to your condition.
26. Participate in treatment decisions, including the right to refuse treatment.
27. Be free from seclusion or restraint used as a means of coercion, discipline, convenience or retaliation.
28. A second opinion from a qualified professional within your BHO area at no cost, or to have one arranged outside the network at no cost to you, as provided in 42 C.F.R. § 438.206(3).
29. Receive medically necessary behavioral health services outside of the BHO if those services cannot be provided adequately and timely within the BHO.
30. File a grievance with the BHO if you are not satisfied with a service.
31. Receive a notice of action so that you may appeal any decision by the BHO that denies or limits authorization of a requested service, that reduces, suspends, or terminates a previously authorized service, or that denies payment for a service, in whole or in part.
32. File an appeal if the BHO fails to provide services in a timely manner as defined by the state, or act within the timeframes provided in 42 CFR § 438.408(b).
33. Request an administrative (fair) hearing if your grievance or appeal is not resolved in your favor.
34. Services by the behavioral health ombuds office to help you in filing a grievance or appeal, or to request an administrative hearing.

A behavioral health agency licensed by the division of behavioral health and recovery (DBHR) and certified by DBHR to provide mental health and/or substance use disorder services must ensure the Medicaid rights described in subsection (1)(b) of this section are:

- A. Provided in writing to each Medicaid recipient, and if appropriate, the recipient's legal representative, on or before admission;
- B. Upon request, given to the Medicaid recipient in an alternative format or language appropriate to the recipient and, if appropriate, the recipient's legal representative;
- C. Translated to the most commonly used languages in the agency's service area; and
- D. Posted in public areas.

YOU HAVE THE RESPONSIBILITY TO:

- Provide the information needed for your care.
- Understand your behavioral health.
- Follow the plans for care that you have agreed to with your doctor, nurse, therapist, and/or case manager.

MINORS (UNDER THE AGE OF 18) MAY BE TREATED UNDER THE FOLLOWING CONDITIONS:

- A. Any minor 13 years or older may request and receive mental health treatment upon his or her own request without the consent of his or her parent or legal guardian.
- B. Any minor 13 years or older may receive mental health services upon request of his or her parent or legal guardian. Such a request must be accompanied by written consent knowingly and voluntarily given by the minor.
- C. Applications for voluntary treatment made by persons under 13 years of age shall be accompanied by a written consent of the parent or legally responsible person unless the child is referred by child protective services or other public agency because of physical, sexual or psychological abuse or neglect by a parent or parent surrogate.

All of these rights comply with WAC (Washington Administrative Code) WAC 388-877-0680.

My signature indicates that I am aware of my rights and acknowledge that I have received a copy of these rights.

Consumer Signature

Date