



ENROLLEE RIGHTS

- I. As required by WAC 246-341-0600, YOU HAVE THE RIGHT TO:
- a) Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age, or disability.
 - b) Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice.
 - c) Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences.
 - d) Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises.
 - e) Be free of any sexual harassment.
 - f) Be free of exploitation, including physical and financial exploitation.
 - g) Receive information on available treatment options and alternatives in a manner appropriate to the individual's ability to understand.
 - h) Have all clinical and personal information treated in accord with state and federal confidentiality regulations.
 - i) Review your clinical record in the presence of the Passages Executive Director or designee and be given an opportunity to request amendments or corrections.
 - j) Request and receive a copy of your medical record.
 - k) Receive a copy of Passages' grievance system upon request and to file a grievance with Passages or your assigned managed care organization if the you believe your rights were violated.
 - l) Submit a report to the Department of Health if you feel Passages has violated a WAC requirement regulating behavioral health agencies. Or you may file a complaint with the Mental Health Ombuds, your managed care organization (numbers below), or other public mental health provider if you believe your rights have been violated. If you submit a report or grievance, you must be free of any act of retaliation. The Mental Health Ombuds may, at your request, assist you in filing a grievance. The Mental Health Ombuds' phone number is: 509-477-4666. The managed care organizations phone numbers and emails are:



ENROLLEE RIGHTS

Amerigroup	800.600.4441	wa-grievance@amerigroup.com
Community Health Plan of WA	800.440.1561	appealsgrievances@chpw.org
Coordinated Care	877.644.4613	wqualitydept@centene.com
Molina Healthcare	800.869.7165	mhwmemberservicesweb@molinahealthcare.com

- II. In addition to the above rights, as required by Federal Law, you have the right to:
- a) Information about your mental health status;
 - b) Receive all information regarding mental health treatment options including any alternative or self-administered treatment, in a culturally-competent manner;
 - c) Receive all information needed in order to decide among all relevant health treatment options;
 - d) The risks, benefits, and consequences of mental health treatment (including the option of no treatment);
 - e) The right to be free to exercise your rights and to ensure that to do so does not adversely affect the way the provider or Mental Health Care Provider (MHCP) treats the individual.
- III. Medicaid-specific rights that apply specifically to Medicaid recipients include the following:
- a) Receive information and services you ask for covered under Medicaid.
 - b) Help make decisions about your care including the right to refuse treatment
 - c) Be free from seclusion or restraint
 - d) Receive a copy of these rights
 - e) Receive information on behavioral health benefits
 - f) File a grievance, appeal, or request an administrative hearing if you are not satisfied
 - g) Receive a list of crisis phone numbers



ENROLLEE RIGHTS

- h) Make changes at any time to your providers and receive the services of an Ombuds in filing a grievance, appeal or requesting a fair hearing.
 - i) Receive services in a barrier-free location (accessible).
 - j) Receive the name, address, telephone number, and any languages offered other than English, of behavioral health providers in your area if you request it.
 - k) Receive the amount and duration of services you need.
 - l) Receive a written Notice of Action if services are denied, limited, reduced, suspended, or terminated or you disagree with the plan.
 - m) Receive emergent or urgent care or crisis services.
 - n) Receive post-stabilization services after you receive emergency or urgent care or crisis services that result in hospitalization.
 - o) Receive age and culturally appropriate services.
 - p) Be provided a certified interpreter and translated material at no cost to you.
 - q) Receive information you request and help in the language or format of your choice.
 - r) Have available treatment options and alternatives explained to you.
 - s) Refuse any proposed treatment.
 - t) Receive care that does not discriminate against you.
 - u) Be free of any sexual exploitation or harassment.
 - v) Receive an explanation of all medications prescribed and possible side effects.
 - w) Make a mental health advance directive that states your choices and preferences for mental health care.
 - x) Receive information about medical advance directives.
 - y) Receive quality services which are medically necessary
 - z) Receive a second opinion from a mental health professional if you disagree with your provider
 - aa) Choose a behavioral health care provider for yourself and your child, if your child is under thirteen years of age.
 - bb) Change behavioral health care providers at any time for any reason.
 - cc) Request and receive a copy of your behavioral health records and be told the cost for copying.
 - dd) Be free from retaliation.
- IV. For individuals who are currently under a less restrictive alternative treatment court order pursuant to RCW 71.05, the following additional rights apply:



ENROLLEE RIGHTS

- a) To receive adequate care and individualized treatment;
- b) To make an informed decision regarding the use of antipsychotic medication and to refuse medication beginning twenty-four hours before any court proceeding that the individual has the right to attend;
- c) To maintain the right to be presumed competent and not lose any civil rights as a consequence of receiving evaluation and treatment for a mental disorder;
- d) Access to attorneys, courts, and other legal redress;
- e) To be told statements the individual makes may be used in the involuntary proceedings; and
- f) To have all information and records compiled, obtained, or maintained in the course of treatment kept confidential as defined in chapters 71.05 and 71.34 RCW.

Passages staff must ensure that the rights identified above are:

- a) Provided in writing to each individual at or before the clinical assessment
- b) Available in alternative formats for individuals who are blind
- c) Translated to the most commonly used languages in our service area
- d) Posted in public places
- e) Available to any individual upon request.

Passages must ensure all research concerning an individual whose cost of care is publicly funded is done in accordance with chapter 388-04 WAC, Protection of Human Research Subjects, and other applicable state and federal rules and laws. In addition to the requirements in this section, as a Medicare and/or Medicaid provider, Passages must ensure an individual seeking or participating in behavioral health treatment services, or the person legally responsible for the individual is informed of their Medicaid rights at the time of intake and in a manner that is understandable to the individual or legally responsible person.

If you believe your rights have been violated, you can file a grievance with Passages Family Support and Passages staff can help you with your grievance, or you can file a grievance with the Spokane County Mental Health Ombuds. The Spokane County Mental Health Ombuds phone number is: **509-477-4666** or you can file a grievance with your managed care organization (their number/email is listed above).