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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 8@ CALIFORNIA PARTNERSHIP FOR LONG-TERM CARE

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Article 5@ CARE MANAGEMENT PROVIDER AGENCY STANDARDS

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Section 58072@ Client Bill of Rights and Responsibilities

58072 Client Bill of Rights and Responsibilities

(a)

A Care Management Provider Agency shall have a written list of rights and legal responsibilities which shall be presented to each client or his or her representative at the time of assessment or as soon as possible thereafter. The list shall include:

(1) a description of available services, and unit charges and billing mechanisms (where applicable); (2) a policy on which services are covered by the insurance benefit and which services need to be paid for out-of-pocket (where applicable); (3) the criteria for admission to service and discharge from service; (4) a right to be informed of the name of their Care Manager and of the manner in which that person may be contacted; (5) a right for active client participation in the development and implementation of the Plan of Care. The client or officially designated representative shall, prior to implementation, receive a copy of the Plan of Care and a written list of all potential service providers to be involved in implementation of the Plan of Care; (6) a right for the client or officially designated representative to be fully informed of the client's health condition; (7) a provision for the confidential treatment of all client information retained by the agency and a requirement for written consent to release information to persons not otherwise authorized under law to receive it; (8) a policy regarding client access to the case record; (9) an explanation of the appeal procedure and the right to file an appeal of benefit eligibility or Plan of Care service authorization

decisions without discrimination or reprisal from the agency; (10) procedures for registering and resolving complaints; and (11) a right to a discharge plan when the Care Management Provider Agency services are about to be terminated. If the Policy or Certificate holder is immediately eligible for Medi-Cal, the Care Management Provider Agency will prepare a transition plan. The transition plan and/or discharge plan must be provided to the Policy or Certificate holder within 30 days after receipt of notification from the Issuer that coverage will be exhausted.

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the criteria for admission to service and discharge from service;

(4)

a right to be informed of the name of their Care Manager and of the manner in which that person may be contacted;

(5)

a right for active client participation in the development and implementation of the Plan of Care. The client or officially designated representative shall, prior to implementation, receive a copy of the Plan of Care and a written list of all potential service providers to be involved in implementation of the Plan of Care;

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a right for the client or officially designated representative to be fully informed of the client's health condition;

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a provision for the confidential treatment of all client information retained by the agency and a requirement for written consent to release information to persons not otherwise authorized under law to receive it;

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a policy regarding client access to the case record;

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an explanation of the appeal procedure and the right to file an appeal of benefit eligibility or Plan of Care service authorization decisions without discrimination or reprisal from the agency;

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