



**COMMUNITY HEALTH PLAN**  
of Washington™

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- Enrollee
  - ✓ Rights & Protections
  - ✓ Responsibilities
  - ✓ Advance Directives
  - ✓ POLST
  - ✓ Consent to Treat
  - ✓ Cultural Awareness

# Agenda

# Annual Training Requirement

Welcome to CHPW's Training Program!

To receive credit for completing this training program, click on the hyperlink "**ATTEST HERE**" on the final slide and complete/submit the attestation.

Attending this webinar will satisfy your annual attendance requirement outlined here:  
42 CFR 438.608(a)(1)(iv).



For questions concerning this training program, please feel free to contact us:

Customer Service: 800 440-1561

**or**

Provider.Relations@chpw.org



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## Enrollee

- ✓ Rights
- ✓ Protections
- ✓ Responsibilities

A patient's rights in healthcare encompass a set of legal and ethical principles that guarantee individuals the ability to make informed decisions about their medical treatment, receive respectful care, and maintain privacy over their health information, while also outlining their responsibility to actively participate in their healthcare by providing accurate information and following treatment plans; essentially, it's a framework for a collaborative doctor-patient relationship where both parties have defined roles and expectations.



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# Enrollee Rights and Protections

Medicaid enrollees in Washington State have a number of rights and protections, including:

- **Nondiscrimination:** Medicaid enrollees have the right to receive carefree of discrimination based on race, color, national origin, age, disability, sex, creed, gender expression or identity, sexual orientation, marital status, religion, or military status.
- **Freedom from sexual exploitation:** Medicaid enrollees have the right to receive carefree of sexual exploitation or harassment.
- **Advance directives:** Medicaid enrollees have the right to create an advance directive.
- **Provider choice:** Medicaid enrollees have the right to choose their own contracted health care provider.
- **Second opinions:** Medicaid enrollees have the right to receive a second opinion from a qualified health care professional.
- **Early and periodic screening, diagnosis, and treatment (EPSDT):** Medicaid enrollees have the right to receive medically necessary services in accordance with the EPSDT program.
- **Appeal rights:** Medicaid enrollees have the right to request a fair hearing.



# Enrollee Rights and Protections

Enrollees have the **right** to:

- Participate in decisions regarding their health care, including the right to refuse care. This includes physical and behavioral health issues
- Receive information presented in a manner that is understandable about available treatment options, and alternatives, regardless of cost
- Choose and change their Primary Care Provider
- Request a second opinion from another contracted provider
- Obtain services within specified appointment standards
- Be treated with respect and with the consideration of their dignity and privacy. Discrimination based on race, color, national origin, gender, sex, sexual preference, age, religion, creed, disability, or immigration status is not tolerated
- Speak freely about their health care and concerns about adverse results
- Have their privacy and protected health information (PHI) remain confidential
- Request and receive a copy of their medical records, and to request that they be amended, or corrected



# Enrollee Rights and Protections

Enrollees have the **right** to (*cont.*):

- Receive mental health and substance use disorder services
- Request and receive information about:
  - ✓ Their health care and covered services
  - ✓ Their provider and how referrals are made to specialists and other providers
  - ✓ How their Managed Care Plan pays providers for care provided
  - ✓ All options for care and why they are receiving certain types of care
  - ✓ Assistance with filing a grievance/complaint about their care
  - ✓ Their Plan's organizational structure, policies and procedures, practice guidelines and how to recommend changes
  - ✓ Their Rights and Responsibilities (at least annually)
- Receive a list of Crisis Services phone numbers
- Receive assistance in completing an Advance Directive, including a Mental Health Advanced Directive
- Make recommendations their rights and responsibilities to their health plan.



# Enrollee Responsibilities

Enrollees have the **responsibility** to:

- Talk with their providers about their health and health care needs and follow their provider's instructions for agreed upon care.
- Help make decisions about their health care, including refusal of treatment.
- Keep schedule appointments and be on time.
- Call their provider's office if they will be late or need to cancel an appointment
- Present their ID cards to the provider's staff (ProviderOne (WAHIMC), Health Plan, Medicare ID.
- Be respectful to their providers and provide them with the information they need to be paid for providing services.
- Learn about their plan, including covered and excluded services.
- Learn about their health and take part in making agreed upon treatment plans/goals, whenever possible.



# Enrollee Responsibilities

Enrollees have the **responsibility** to (*cont.*):

- Follow the provider's advice and instructions
- Access care when necessary and use health care services, appropriately
- Renew their health plan coverage annually
- Inform the Health Care Authority (HCA) when there are changes to the following:
  - ✓ Family size
  - ✓ Address
  - ✓ Income
  - ✓ Other insurance
  - ✓ Medicare eligibility
- Inform the Social Security Administration when there are changes to the following:
  - ✓ Address
  - ✓ Income
  - ✓ Other insurance
  - ✓ Medicare eligibility



# Advance Directives

Health Plans must comply with all applicable laws governing Advance Directives.

- It is important that CHPW employees and providers understand enrollee rights regarding Advance Directives.
- CHPW members are free to exercise their right to establish an Advance Directive and revoke their Directive at any time.



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# Advance Directive

## What is an Advance Directive?

An Advance Directive means a written instruction, such as a living will, durable power of attorney for health care, or organ donation request recognized under the laws of the state of Washington, relating to the provision of health care when an individual is incapacitated.

The Advance Directive documents an individual's health care choices. The Advance Directive informs the providers and family members the type of care the enrollee does or does not wish to receive in the event:

- The enrollee loses consciousness.
- The enrollee can no longer make health care decisions.
- The enrollee is unable to tell their providers or family members what type of care they do or do not wish to receive.
- The enrollee wishes to donate organs after their death.

An Advance Directive:

- Allows an enrollee to designate someone to represent them or speak on their behalf if they are incapacitated.
- Helps protect the enrollee's loved ones or their providers from having to make difficult medical decisions on their behalf.

# Advance Directive

## Enrollee Rights:

The following includes enrollee rights concerning advance directives:

- An enrollee may create or revoke an Advance Directive at any time.
- An enrollee should speak with their providers, family, friends, and those close to them, prior to documenting their health care wishes.
- An enrollee can obtain additional information about Advance Directives from:
  - ✓ Their Health Plans Customer Service team, and plan website
  - ✓ Their provider(s)
  - ✓ An attorney
  - ✓ Their Member Handbook (IMC, AHE)
  - ✓ Their Evidence of Coverage (MA)
- An enrollee may:
  - ✓ Ask to review Plans policies related to Advance Directives.
  - ✓ File a grievance with their Health Plan, the HCA, or Medicare if an Advance Directive is not followed.

# Advance Directive

## Provider Responsibilities:

Providers, including hospitals and nursing facilities, have obligations related to Advance Directives to include:

- Maintain written Advance Directive policies and procedures.
- Provide information to the enrollee (or authorized person) in writing and orally in a language the enrollee understands, their right to an Advance Directive, if the enrollee is incapacitated when admitted to a facility.
- Reviewing enrollee medical records prior to admittance to determine if a member has an Advance Directive.
- Not refusing care, discriminating or placing conditions on care based on Advance Directive.
- Maintain the enrollees' Advance Directives in their medical record.



# Advance Directive

## Provider Responsibilities (cont.):

Providers must honor an Advance Directive.

In the event a facility or individual practitioner has a policy or practice that would keep them from honoring an Advance Directive:

- Advise the enrollee in advance, or when admitted, of existing conscientious objections.
- Prepare and keep a written plan of intended actions if the enrollee chooses to stay.
- Make a good faith effort to transfer the enrollee to another provider who will honor the directive.



# Advance Directive

## Mental Health (MH) Advance Directive must:

- Be in writing;
- Include language indicating a clear intent to create a directive;
- Be dated and signed by the patient, or be dated and signed in the patient's presence at his or her direction;
- State whether the directive may or may not be revoked during a period of incapacity;
- Be witnessed in writing by at least two adult witnesses;
- Substantially conform to the statutory format



# Advance Directive

## Recap on types of Advance Directives:

There are **four (4) types** of Advance Directives:

- 1) Durable Power of Attorney (POA) for Health Care** – This names another person to make medical decisions for the enrollee, if they are unable to make decisions themselves.
- 2) Healthcare Directive (Living Will)** – A written document that states whether or not an enrollee wants treatment to prolong their life. An enrollee may document their request to die naturally.
- 3) Mental Health (MH) Advance Directive\*** – Allows a person with capacity to state mental health treatment preferences in a legal document that will govern during periods of incapacity.
- 4) Organ Donation Request** – Allows an enrollee to donate their organs after death.

To access CHPW's Advance Directive policy and procedure go to:

[CHPW Advance Directive P&P](#).

For questions, please contact Customer Service at 800 440-1561.



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# What is POLST?

A POLST is a physician's order that outlines a plan of care reflecting a patient's wishes concerning care at life's end.

- The POLST form is a written medical order from a physician, nurse practitioner or physician assistant that helps give people with serious illnesses more control over their own care by specifying the types of medical treatment they want to receive during serious illness.
- The enrollee's medical record must clearly document, in a prominent part, whether the individual has executed an Advance Directive or received a POLST.
- Apple Health and Apple Health Expansion plans are required to have policies and procedures to address POLST and ensure they are distributed in the same manner as those governing Advance Directives.
- A POLST form is not valid until it is signed by both the patient (or decisionmaker) and a physician.

**Note:** A **POLST** complements the **Advance Directive** and is not intended to replace it.

# Consent to Treat

A patient must be given the information they need to consent to a procedure or treatment, especially if it has significant risks.



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# Consent to Treat



## Consent must be:

- **Voluntary**
- Competent
- Informed

**Voluntary** means that, when the Patient gives consent, he or she is free from extreme duress, is not intoxicated, under the influence of medication and/or the Provider has not coerced the Patient into giving consent.



[illegible]

- Voluntary
- **Competent**
- Informed

A collection of ten illustrations showing different types of people interacting with healthcare professionals. The top row shows a male doctor with a male patient, a female doctor with a pregnant woman, a male doctor with an elderly male patient, and a female doctor with a family (father, mother, and child). The bottom row shows a male doctor with a female patient, a female doctor with a male patient, a female doctor with an elderly female patient, and a female doctor with a pregnant woman.

# Consent to Treat

## Consent must be:

- Voluntary
- Competent
- **Informed**



Simply consenting to treatment is not enough. A Patient must give **Informed** consent. In essence, informed consent means that before a Provider can treat or touch a Patient, they must be given some basic information about what the Provider proposes to do. Informed consent has been called the most important legal doctrine in Patient Rights.

State laws and court decisions vary regarding informed consent, but the trend is clearly toward **more disclosure** rather than less. Informed consent is required not only in life-or-death situations but also in clinic and outpatient settings as well. A healthcare Provider must first present information regarding risks, alternatives, and success rates.



# Cultural Awareness

Providers and their staff are expected to gain and continually increase in knowledge of, skill with, improved attitudes about and sensitivities to diverse cultures.



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# Cultural Awareness

Cultural awareness is the ability to recognize and respect the differences and similarities between cultures. It's a continuous process that involves understanding how cultures are acquired, and how they impact people's identities, beliefs, and behaviors.

Cultural awareness is important for many reasons, including:

## **Effective communication**

It helps people understand the cultural contexts that influence others' behavior and attitudes, which can lead to better communication and fewer misunderstandings.

## **Reduced prejudice**

It can help people recognize their own biases and prejudices and reduce them.

## **Improved relationships**

It can help people build better relationships with others from different cultures.

## **Increased inclusivity**

It can help people create more inclusive environments by recognizing and respecting different cultures.



# Cultural Awareness

To access CHPW's Culturally and Linguistically Appropriate Services (CLAS) training program, please visit: [CHPW CLAS Training Program](#)

Some topics covered in CHPW's CLAS training program are as follows:

**An introduction to CLAS**, you will examine cultural identity, social determinants of health, and the role of CLAS in improving quality.

**Self-awareness**, you will become more aware of your beliefs and values, as well as your privilege, power, bias, and stereotypes.

**Awareness of a patient's cultural identity**, you will learn how and why to get to know a patient's cultural identity.

**Providing CLAS in nursing practice**, you will explore ways to deliver respectful, compassionate, high-quality care that responds to a patient's experiences, values, beliefs, and preferences.

*Increased awareness results in effective care and services for all people by considering each person's values, reality conditions and linguistic needs.*



# Final Step to Complete this Training Session

**REQUIRED**

Please click the hyperlink below to complete/submit your training attestation.

**[ATTEST HERE](#)**



**Thank you, for completing the training program!**



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