7-000 Rights and Responsibilities

7-001 Rights and Responsibilities for Clients Enrolled in the Basic NHC: 482 NAC 7-000 sets forth the responsibilities of the NHC, the medical/surgical and MH/SA plan, and providers of service to ensure the client is fully informed, in writing and verbally, of his/her rights and responsibilities as well as avenues for pursuing complaints and grievances. Similarly, providers participating in the managed care networks are entitled to the same processes as any Medicaid-enrolled provider according to 471 NAC. "System Advocacy, Cultural Diversity and Sensitivity," defines a process as well as a philosophy designed to ensure anyone utilizing the programs and services within the Department of Health and Human Services ~~System~~ (DHHS~~S~~) is able to do so in an efficient and effective manner. It is the intent of the DHHS~~S~~ to incorporate these principles into the managed care program.

The following rights and responsibilities apply to a client participating in the NHC. The medical/surgical and MH/SA plan has the requirement to inform the client, in writing and verbally, regarding his/her rights and responsibilities.

The client has the right to:

1. Be treated with respect and without discrimination;
2. Be given information about his/her illness, or condition; understand the treatment options, risks and benefits; and make an informed decision about whether s/he ~~shall~~ must receive a treatment;
3. Talk with the provider and know his/her medical information will be kept confidential;
4. Choose his/her PCP and medical/surgical plan (Basic Benefits Package only) or MH/SA provider under the MH/SA plan's network;
5. Receive medical care in a timely manner;
6. Make a complaint about the provider or medical/surgical and MH/SA plan, and receive a timely response;
7. Receive information about services included in the Basic Benefits or MH/SA Package;
8. Request a fair hearing according to 465 NAC;
9. Receive proper medical care 24 hours a day, seven days a week;
10. Change his/her PCP or plan (Basic Benefits Package only) or MH/SA provider;
11. Formulate advance directives, if desired;
12. Have materials explained or interpreted;
13. Have interpreters, if necessary, during medical appointments and in all discussions;
14. Have access to a provider or service; and
15. Exercise all protections and rights as set forth in the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

The client has the responsibility to:

1. Understand, to the best of his/her ability, how the NHC impacts his/her health care and how to use health care services, and locate available resources to obtain answers to questions;
2. Choose a PCP and plan (Basic Benefits only), or MH/SA provider within the MH/SA plan's network or accept the provider s/he is given;
3. Keep his/her scheduled appointments;
4. Inform providers in advance if appointments must be canceled;
5. Fully inform the provider of his/her other providers and treatments;

6. Ask questions about things s/he does not understand;
7. Decide whether to receive a medical treatment or procedure;
8. Follow the provider's recommendations;
9. Facilitate transfer of his/her medical records;
10. Obtain all covered services, either directly or with appropriate referral and prior authorization;
11. Take the NHC Identification (ID) Document to all medical appointments;
12. Whenever possible, work with the PCP, MH/SA provider and medical/surgical and MH/SA plan for the provision of emergency services in the most appropriate setting;
13. Inform DHHS~~S~~ staff and the EBS if his/her address has changed, she is pregnant, s/he otherwise has a change that could affect his/her Medicaid eligibility or NHC coverage; and
14. Cooperate with all NHC inquiries and surveys.

No person may be subjected to discrimination in any ~~Health and Human Services System~~ DHHS program or activity based on his/her race, color, sex, age, national origin, religious creed, political beliefs or handicap.

Adequate notice will be sent notifying the client of any action(s) affecting his/her NHC enrollment. The notice must include a statement describing the action(s), the reason(s) for the intended action and the specific manual reference supporting the action(s) or the federal or state law mandating the action(s).

7-001.01 Provider Rights and Responsibilities: Providers participating in the NHC have the same rights and responsibilities as any Medicaid-enrolled provider pursuant to 471 NAC.

7-002 Grievance/Appeal Process: The medical/surgical or MH/SA plan ~~shall~~ must inform the client, in writing and verbally, of the grievance/appeal process for challenging the denial or payment of services. The client, his/her legal representative, or the EBS and/or provider on behalf of the client, has the following avenues for resolving a complaint or grievance:

1. Contact the EBS verbally or in writing. The EBS ~~shall~~ must respond to the client or provider within five working days and ~~shall~~ must assist the client in:
   a. Identifying the issue;
   b. Determining whether the issue can be resolved informally or whether a formal grievance is warranted;
   c. Formulating the best course of action;
   d. Following through with the agreed upon plan of action; and
   e. Processing a more formal grievance;
2. Contact the medical/surgical or MH/SA plan, according to the same plans' internal grievance procedure, pursuant to 1931(b)(4) of the Social Security Act; and
~~3. Contact the State Ombudsman, who shall ensure the client has received appropriate assistance and all procedures and policies have been followed; an~~
~~4~~3. File a formal appeal request following procedures outlines in Title 465 NAC. For purposes of NHC, the ninety days to file a formal appeal begins from the date of agency action. Filing an appeal request does not preclude resolution of a complaint or grievance through other avenues.

Attempts should be made to resolve the complaint or grievance at the most informal level possible. However, the client is not required too take advantage of each avenue in the sequence stated above.

Clients may access the fair hearing process at any time. The medical/surgical or MH/SA plan, EBS and Department all maintain responsibility for notifying the client about the fair hearing rights in a manner that ensures adequate notice.

The Department and medical/surgical or MH/SA plan are required to continue services during an appeal, or reinstate services if the Department or plan take action without the advance notice, consistent with the fair hearing procedures.

The Department and medical/surgical or MH/SA plan ~~shall~~ must continue services during an appeal if the Department or medical/surgical or MH/SA plan mail the notice as required and the client request a hearing before the date of action. The Department and medical/surgical or MH/SA plan ~~shall~~ must reinstate services if the Department or same plan take action without the advance action required; the client's whereabouts are unknown but during the time the client is eligible for services the client's whereabouts become known, or the client requests a hearing within ten days of the mailing of the notice of action; and the Department determines the action results from other than the application of State or Federal law or policy.

All contacts with the EBS and medical/surgical or MH/SA plan regarding complaints or grievances must be documented and submitted to the Department.

The client has a right to appeal under 465 NAC 2-001.02. Hearings are scheduled and conducted according to the procedures outlined in 465 NAC 6-000.

> 7-002.01 Avenues for Provider Grievances/Complaints: A provider has the right to appeal under 471 NAC or to follow any of the steps outlined for the client in 482 NAC 7-002. Hearings are scheduled and conducted according to the procedures outlined in 465 NAC 2-001.02.

7-003 System Advocacy: The Department supports the principles of "System Advocacy." System advocacy provides a unified, accessible, accountable, caring and competent health and human services system for each client that maximizes local determination to achieve measurable outcomes. System advocacy includes the following responsibilities:

1. Assessing the client's questions, concerns and complaints and directing them to the appropriate system areas or agency for a response;
2. Helping the program understand the issues of the client, if necessary;
3. Assisting the client in finding an answer at the closest possible level; and
4. Ensuring the client gets an appropriate response.

System Advocacy requires that the same plan maintain the following administrative philosophy:

1. All people have a right to be treated with dignity;
2. Responsiveness and follow-through is to be given a high priority;
3. Procedures ~~shall~~ must not duplicate the work of existing agencies or appeal processes;
4. All information is to be treated confidentially;
5. Resources will be appropriately allocated;
6. Change and innovation are encouraged to address changes in the environment; and
7. Maintain ongoing and responsive internal and external communication.

7-004 Cultural Sensitivity and Diversity: ~~The Health and Human Services System (HHSS)~~ DHHS is a culturally diverse environment that exercises zero tolerance of any acts of discrimination, racism, or prejudice. Understanding, valuing and promoting cultural sensitivity and diversity is part of the ongoing philosophy of the DHHS~~S~~ and any of its programs. The same plan is required to promote this philosophy with the client, providers and within in the workplace.