

VNSNY CHOICE MLTC HEALTH PLAN

Important Information about MEMBER RIGHTS AND RESPONSIBILITIES

Inside:

Health Information Exchange Fact Sheet	2
Member Bill of Rights and Responsibilities	5
Patient Self-Determination Policies	8
Making Decisions About Your Medical Care	10
Planning in Advance for your Medical Treatment	13
Consumer Directed Personal Assistance Statement	15



CHOICE
Health Plans

Health Information Exchange Fact Sheet

To bring you the best possible care, NYSDOH made it possible for providers to exchange your health information through a computer network called a SHIN-NY (State Health Information Network for New York). VNSNY participates in the SHIN-NY as part of federal and state regulations allowing your health information to be transmitted so that other providers can view your information to improve the quality, coordination and efficiency of patient care while protecting your privacy and security.

The SHIN-NY is a “network of networks” that links New York's eight regional Qualified Entities (QEs) throughout the state. Each Qualified Entity (or RHIO) operates its own network that collects electronic health records from participating providers.

VNSNY works with the following not-for-profit Regional Health Information Organizations (RHIOs): Bronx RHIO, Healthix, NYCIG RHIO, to provide your demographic and health information to SHIN-NY.

We are asking you to sign a NYSDOH approved form to give VNSNY consent to access and receive information about you from SHIN-NY. VNSNY will access your medical information from SHIN-NY only if you have given VNSNY your written permission on our Consent Form to do so.

Your consent remains in effect until you withdraw it. You can withdraw your consent at any time by completing a new form in which you deny consent for VNSNY to access your information in the SHIN-NY.

For additional information you can go to:

www.health.ny.gov/technology/regulations/shin-ny/

Frequently Asked Questions about Health Information Exchange

Which health care providers will share my information?

VNSNY participates in several Regional Health Information Organizations (RHIOs) in the New York City area. The list of providers that belong to each can be found on our website at www.vnsny.org/hie and is updated regularly.

Why would I want my health information shared?

When hospitals, doctors, nurses, and other health care providers have your health information, they can give you better care and treatment. SHIN-NY allows your providers to have access to your most up-to-date information—including lab tests, medical history, medicines, allergies, and other health reports—quickly and securely so they can deliver the best care possible.

How will sharing my health information improve the quality of care?

SHIN-NY improves the quality of care you receive because your providers will be able to offer coordinated care. Your medical records will be more complete, which may reduce errors and duplication of expensive tests or procedures. All of your physicians and other providers will get consistent information, allowing for more accurate diagnoses and more targeted treatment.

Is my health information private and confidential?

Absolutely. Providers obey federal and state laws about medical information privacy. SHIN-NY will not share your health information with anyone without your consent except in certain circumstances such as an emergency where access to your information is critical to your health, or for matters of public safety.

What are my rights?

As a patient/member, you have the right to decide to allow VNSNY to access your electronic health information or not. If you decide not to give your written permission, VNSNY will not access your information through Regional Health Information Organizations (RHIO's). If you give written permission and later change your mind, you can withdraw it by completing a new form in which you deny consent for VNSNY to access your information in the SHIN-NY.

If you choose not to consent, VNSNY may not have access to health information that might be important and helpful as we treat you. If you have questions about your privacy, please refer to the VNSNY Notice of Privacy Practices given to you during your admission. (If you need another copy, ask your VNSNY nurse or therapist for one.)

Whom can I contact for more information?

To ask questions or for information, contact the VNSNY Privacy Officer: 220 East 42nd Street, 3rd Floor, NY, NY 10017; Phone: 212-609-7470.

Specific operations and/or health care provider participants of the Health Information Exchanges may change at times without notice, but the most current description is always available on our website at www.vnsny.org/hie.

Is there a risk of “identity theft”?

VNSNY shares only your medical information and any health insurance information necessary for billing. We will not submit your financial information to the Health Information Exchanges. In addition, the HIEs are used only by health care providers who view your health information to provide you with better care. Your information can be accessed only by providers who you have authorized and who have agreed to adhere to strict security measures and procedures to safeguard your privacy. Special technology keeps anyone who is not authorized from seeing any of your personal and private information.

A special message about sensitive information.

If you give consent, VNSNY may access all of your available electronic health information through the listed RHIOs, and the listed RHIOs may disclose all of your available electronic information to VNSNY. Your health-related information may include, but is not limited to, medical records and other related medical information such as: a history of illnesses or injuries you have had (like diabetes or a broken bone), test results (like X-rays or blood tests), and lists of medicines you have taken. This information may be obtained from other providers and health care insurance plans. Additionally, other information about your care, such as personal and private information that may be used to identify you; information about you and your family; and financial/billing information, may all be available.

Please be aware that your health-related information may relate to sensitive health conditions, including but not limited to:

- Substance abuse (drug and alcohol use problems)
- Birth control and abortion (family planning)
- Cancer
- Genetic (inherited) diseases or tests, including predisposition genetic testing information
- HIV AIDS
- Mental illnesses; mental retardation and developmental disabilities
- Communicable diseases including sexually transmitted and venereal diseases.

Permission

Your written consent to participate in the Health Information Exchanges will be requested on a separate Consent Form.

Member Bill of Rights and Responsibilities

1. Your Rights as a VNSNY CHOICE Managed Long Term Care Health Plan Member

Your health, safety, and wellbeing are the main concern for the team of dedicated staff who care for you in this program. As a patient, you have certain rights that are important for you to understand. Please ask your Care Manager or any member of your VNSNY CHOICE team to explain these to you if you have any questions. As a patient of VNSNY CHOICE, you have the right to:

- Be treated with dignity, consideration, and respect at all times. This includes ensuring that your privacy is respected to the extent possible.
- Receive all the information you need – from your physician, your Care Manager, or other providers – so that you can give informed consent before the start of any treatment.
- Have access to your clinical record.
- Be informed about all of your medical diagnoses and prognosis, as well as all the care and treatments that are prescribed to you by VNSNY CHOICE, your physician, or any other provider.
- Be given information in a language or form that you can understand.
- Participate in your care and in planning your care.
- Be advised in advance of any changes to your plan of care.
- Be informed of the agency's ownership and control.
- Have access to professional services 24 hours a day, 365 days a year.
- Have all of your medical records kept confidential to the maximum extent permitted by law.
- Receive education about VNSNY CHOICE and the plan's covered benefits and services.
- Know what services and supplies are available through VNSNY CHOICE.
- Be informed of all services the agency will provide, when and how such services will be provided.
- Be informed of your obligation to pay a Medicaid surplus, if this is a condition of Medicaid eligibility. You have the right to be informed verbally and in writing prior to admission into the agency, and as soon as possible, but no later than 30 calendar days from the date the agency becomes aware of a change in the amount you owe.

- Know the names, qualifications, and responsibilities of the people who provide care for you.
- Have your property treated with respect.
- Know that VNSNY CHOICE liability insurance covers its employees while they are in your home.
- Receive services without regard to race, creed, color, sex, age, sexual orientation, gender identity, gender expression, veteran status, disability, or health status.
- Be free from abuse or exploitation of any kind.
- Make a complaint or recommend changes in VNSNY CHOICE policies or services.
- Have the freedom to voice a complaint without an effect on your care and services and to be given information on grievance procedures. We ask that you work with us to resolve any problems with your care; however, you have the right to voice a complaint directly to the State Department of Health by calling 1-866-712-7197.
- Develop advance directives, which will provide instructions to your health care providers in the future, if you become unable to voice your wishes due to illness or injury.
- Be referred to another program for your health care if your enrollment in VNSNY CHOICE ends.
- Refuse all or part of care after learning all the facts about the medical consequences of this decision.
- Have the right to end your membership at any time.
- Know that all staff who provide care and services on behalf of the agency are aware of your rights and have a responsibility to protect and promote the exercise of such rights.
- Have these rights exercised by an individual, guardian or other entity that is legally authorized to represent you, if you are unable to do so by yourself because of your health conditions.
- You have the right to seek assistance from the Participant Ombudsman program.

2. Your Responsibilities as a VNSNY CHOICE Managed Long Term Care Health Plan Member

As with any program, you also have certain responsibilities when you receive your care from VNSNY CHOICE. They are important to help us provide you with the best possible care. Here, briefly, are your key responsibilities.

- Talk with your Care Manager about the services you need. In many cases, the services you receive from VNSNY CHOICE require the approval of your physician or your Care Manager before you can get care.
- If you travel out of town, let your Care Manager know before you leave. The services you are receiving in your home and in your community will be temporarily canceled. In addition, if you need assistance while you are away, care may be arranged while you travel.
- If you have an emergency, get care immediately. However, please try to let us know within 24 hours, or as soon as possible, so that we can be sure that the services you receive from VNSNY CHOICE are adjusted for any changes in your health status.
- Make every effort to pay VNSNY CHOICE any spenddown that you owe. Spenddown is based on Medicaid eligibility rules and is determined by your Local Department of Social Services (also known as HRA in New York City). You may want to contact your local DSS or HRA to discuss Medicaid eligibility rules and how spenddown is determined. Your Care Manager will be glad to help with this. Just call the VNSNY CHOICE phone number at the front of your VNSNY CHOICE Member Handbook during regular business hours.
- Call VNSNY CHOICE whenever you have a question regarding your membership or need assistance.
- Be sure to follow the policies and procedures that are outlined in your VNSNY CHOICE Member Handbook. These include your responsibility to receive all of your covered benefits through the VNSNY CHOICE program and the providers who are listed in the VNSNY CHOICE Provider Directory.

Patient Self-Determination Policies

Patient Self-Determination Policies for Implementing Patients' Rights to Participate in Health Care Decision Making

This policy statement is provided by VNSNY CHOICE Health Plan in accordance with the federal Patient Self-Determination Act of 1990 and the New York State laws governing health care decision-making. These laws require home health agencies to provide written information to each adult patient being admitted to the agency for care concerning the agency's policies for implementing a patient's rights to make health care decisions and to execute advance directives. These rights are discussed in more detail in the accompanying materials.

VNSNY CHOICE respects the rights of each adult to participate in health care decision making to the maximum extent of his or her ability and respects all rights consistent with New York State Law, and has instituted specific policies and procedures to ensure that a patient's health care decisions are followed.

1. **Information to Patient:** VNSNY CHOICE provides the following written information to each member at the time of enrollment:
 - a. **"Making Decisions About Your Medical Care: Information for Patients"** (see page 10)
 - b. Two pamphlets prepared by the New York State Department of Health. These are **"Planning in Advance for Your Medical Treatment"** (see page 13) and **"Appointing Your Health Care Agent – New York State's Proxy Law"** (see separate document and form enclosed in your Welcome Kit)
 - c. This document is the VNSNY policy regarding the right of each member to make health decisions and formulate advance directives.

2. **Definitions:** An "advance directive" is a written instruction relating to the provision of health care when an adult becomes incapacitated, including, but not limited to, a health proxy, a living will, and consent to or request for the issuance of an order not-to-resuscitate.
 - a. **Health Care Proxy**
A document delegating to another adult, known as a health care agent, the authority to make health care decisions on behalf of the individual in the future if he/she becomes incapable of making his or her own health care decisions.

b. Living Will

A document which contains specific instructions concerning an individual's wishes about the type of health care choices and treatments that he or she does or does not want to receive, but which does not designate an agent to make health care decisions.

c. Consent to or Request for the Issuance of an Order Not-to-Resuscitate (A "DNR order")

A living will that consents to or requests a doctor's order not-to-resuscitate (a "DNR order"). Under such an order, health care providers are not to attempt cardiopulmonary resuscitation ("CPR") in the event the member suffers cardiac or respiratory arrest. A request for such an order can be expressed in a health care proxy or living will.

- 3. Documentation:** VNSNY CHOICE documents in the patient's medical record whether or not the member has executed an advance directive. If made available to VNSNY CHOICE, a copy of such advance directive shall be included in the member's medical record.
- 4. Compliance with Law:** VNSNY CHOICE complies with all applicable New York State law regarding advance directives, including statutes and court decisions.
- 5. Non-Discrimination:** VNSNY CHOICE does not condition the provision of care or otherwise discriminate against any individual based on whether or not the individual has executed an advance directive.
- 6. Education:** VNSNY CHOICE provides education to staff on issues regarding member decision-making.

Making Decisions About Your Medical Care

Information for Members

This information is distributed in compliance with a federal law called the Patient Self-Determination Act. This law is designed, along with New York State law, to protect your rights to make decisions about your own medical care, including the right to accept or refuse treatment. You also have the right to appoint someone to make decisions for you if you cannot make them yourself.

As an adult, you have these rights:

- You have the right to choose what medical treatment you do or do not want now or in the future.
- You have the right to appoint someone to make your medical care decisions for you if in the future you cannot make those decisions yourself.
- You can make your decisions about your care known by telling your doctor or by putting your decisions in writing.
- You can change your mind at any time.

QUESTIONS YOU MAY HAVE ABOUT MAKING THESE DECISIONS

Why should I be involved in decisions about my medical care?

Your medical care affects you most of all, so you should be involved in any decisions about your medical care.

How can I be involved in decisions about my medical care?

Talk with your doctor or your care manager about the choices you want to make. Ask questions, and let those involved in your care know what your preferences are. Talk to them about what you would want now, but also talk to them about what you would want in the future if you ever become incapable of making your own health care decisions. You can protect your rights by writing down your wishes and having two witnesses sign the statement. Such a statement is called an advance directive.

What is an advance directive?

An advance directive is a document in which you state what you want done if in the future you cannot make your own medical decisions. In New York State, a document that appoints another adult to make health care decisions for you is called a Health Care Proxy. A document that gives specific directions to your doctor and others involved in your treatment is called a living will. You can have a document that both appoints someone and leaves specific directions.

What decides that I am incapable of making health care decisions?

By law you are assumed to be capable of making health care decisions unless your doctor, sometimes with the assistance of other doctors, decides that you are not capable of understanding the health care decisions you need to make or the risks and benefits of alternative decisions.

Who will make health care decisions for me?

If you do not appoint someone, anyone involved in your care or a court could end up making decisions for you.

Who must follow what I say in my advance directive?

As long as your wishes are legal, anyone involved in your care must follow your wishes or try to find someone who will.

What if I disagree with my doctor?

Your doctor will treat you according to what he or she believes is best for you. If you and your doctor cannot agree about your medical care, you may find another doctor.

What should I say in my advance directive?

You can say anything you want, but it is best to appoint someone and to discuss the following questions with that person. You can also put your feelings in writing in your advance directive.

- Do you want to be resuscitated if your breathing or heart stops?
- Do you want to be put on a breathing machine (ventilator or respirator) to restore your breathing if you are unable to breathe on your own?
- Do you want to be fed by tubes (receive artificial nutrition and hydration) if you cannot be fed otherwise?
- Do you want medications, such as painkillers, even if they might make you die more quickly?
- Do you want medications, such as painkillers, even if they might make you die more slowly?

Must I have an advance directive?

No, but it is good to have one so that those involved in your medical care know what you want if you ever become incapable of making health care decisions for yourself.

How do I write an advance directive?

You can write your wishes on a piece of paper or ask us for a form. You should date the document and two people must sign as a witness.

What should I do with my advance directive?

You should give a copy to the person you appoint to make health care decisions for you, your doctor, your family and anyone else that might be involved in making decisions about your medical care.

What if I want to change my advance directive?

You can change or cancel your advance directive at any time. You can write a new advance directive, destroy the old one or tell those involved in your care that you have changed your mind. You should let anyone you told about your earlier wishes know that they have changed. It is particularly important to let your doctor or care manager know of any changes in your wishes.

How can I make sure my advance directive is legal?

Our form meets the requirements of New York State law. If you follow the directions on that form, your advance directive should be legal in New York State. You can also have a lawyer help you draft your advance directive or review the one you have drafted. At this point there is no advance directive form that is valid in all 50 states.

What if I need more information about advance directives?

Ask us and we will try to answer your questions or refer you to someone who can help.

This information is distributed in accordance with the Patient Self-Determination Act (42 U.S.C., Sections 1395cc and 1396a(a)). It also complies with the requirements of New York Law.

Planning in Advance for Your Medical Treatment

Your Right to Decide About Treatment

Adults in New York State have the right to accept or refuse medical treatment, including life-sustaining treatment. Our Constitution and state laws protect this right. This means that you have the right to request or consent to treatment, to refuse treatment before it has started, and to have treatment stopped once it has begun.

Planning in Advance

Sometimes because of illness or injury people are unable to talk to a doctor and decide about treatment for themselves. You may wish to plan in advance to make sure that your wishes about treatment will be followed if you become unable to decide for yourself for a short or long time period. If you don't plan ahead, family members or other people close to you may not be allowed to make decisions for you and follow your wishes.

In New York State, appointing someone you can trust to decide about treatment if you become unable to decide for yourself is the best way to protect your treatment wishes and concerns. You have the right to appoint someone by filling out a form called a Health Care Proxy. A copy of the form and information about the Health Care Proxy are available from your health care provider.

If you have no one you can appoint to decide for you, or do not want to appoint someone, you can also give specific instructions about treatment in advance. Those instructions can be written, and are often referred to as a Living Will.

You should understand that general instructions about refusing treatment, even if written down, may not be effective. Your instructions must clearly cover the treatment decisions that must be made. For example, if you just write down that you do not want "heroic measures," the instructions may not be specific enough. You should say the kind of treatment that you do not want, such as a respirator or chemotherapy, and describe the medical condition when you would refuse the treatment, such as when you are terminally ill or permanently unconscious with no hope of recovering. You can also give instructions orally by discussing your treatment wishes with your doctor, family members or others close to you.

Putting things in writing is safer than simply speaking to people, but neither method is as effective as appointing someone to decide for you. It is often hard for people to know in advance what will happen to them or what their medical needs will be in the future. If you choose someone to make decisions for you, that person can talk to your doctor and make decisions that they believe you would have wanted or that are best for you, when needed. If you appoint someone and also have instructions about treatment in a Living Will, in the space provided on the Health Care Proxy form itself, or some other manner, the person you select can use these instructions as guidance to make the right decision for you.

Deciding About Cardiopulmonary Resuscitation & DNR

Your right to decide about treatment also includes the right to decide about cardiopulmonary resuscitation (CPR). CPR is emergency treatment to restart the heart and lungs when your breathing or circulation stop. Sometimes doctors and patients decide in advance that CPR should not be provided, and the doctor gives the medical staff an order not to resuscitate (DNR order). If your physical or mental condition prevents you from deciding about CPR, someone you appoint, your family, members, or others close to you can decide. A brochure on CPR and your rights under New York State Law is available from your health care provider.

Deciding About DNI

Do Not Intubate (DNI) means that no breathing tube will be placed in the throat in the event of breathing difficulties or respiratory arrest. If you stop breathing, you will not be placed on an artificial breathing machine, and the insertion of a tube or mechanical ventilation will not be initiated.

The DNI order can be a separate advance directive from the DNR order, but in most cases they are ordered together.

Consumer Directed Personal Assistance Statement

Consumer Directed Personal Assistance Services (CDPAS)

On November 1, 2012 the Consumer Directed Personal Assistance Services (CDPAS) became a covered VNSNY CHOICE Managed Long Term Care benefit.

CDPAS provides some or all assistance with the following: personal care services, home health aide services and skilled nursing tasks. These services are provided by a consumer directed personal assistant under the supervision of a member (consumer) or the member's designated representative.

There are specific eligibility standards and responsibilities associated with this service.

Please ask your Care Manager for further details.

220 East 42nd Street, 3rd Floor
New York, NY 10017

VNSNY CHOICE MLTC Member Services
1-888-867-6555 (TTY: 711)
24 hours a day, 7 days a week

vnsnychoice.org/for-our-members



CHOICE
Health Plans