

**STATEMENT OF CONSUMER RIGHTS FOR
BEHAVIORAL HEALTH PATIENTS: WAC 246-341-0600**

WAC 246-341-0600 Clinical—Individual rights.

(1) Each agency must protect and promote individual participant rights applicable to the services the agency is certified to provide in compliance with this chapter, and chapters [70.41](#), 71.05, 71.12, 71.24, and [71.34](#) RCW, as applicable.

"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 or to address risk of harm to the individual or others. "Reasonable" is defined as minimally invasive searches to detect contraband or invasive searches only upon the initial intake process or if there is reasonable suspicion of possession of contraband or the presence of other risk that could be used to cause harm to self or others;

(e) Be free of any sexual harassment;

(f) Be free of exploitation, including physical and financial exploitation;

(g) Have all clinical and personal information treated in accord with state and federal confidentiality regulations;

(h) Participate in the development of your individual service plan and receive a copy of the plan if desired;

(i) Make a mental health advance directive consistent with chapter 71.32 RCW;

(j) Review your individual service record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections; and

(k) Submit a report to the department when you feel the agency has violated a WAC requirement regulating behavioral health agencies.

(2) Each agency must ensure the applicable individual participant rights described in subsection (1) of this section are:

(a) Provided in writing to each individual on or before admission;

(b) Available in alternative formats for individuals who are visually impaired;

(c) Translated to the most commonly used languages in the agency's service area;

(d) Posted in public areas; and

(e) Available to any participant upon request.

(3) At the time of admission and upon client request, the agency must provide each client with information on how to file a report to the department if they feel their rights or requirements of this chapter have been violated.

WAC 182-538-180 Individual rights specific to medicaid recipients.

Rights and protections.

- (1) People have medicaid-specific rights when applying for, eligible for, or receiving medicaid-funded health care services.
- (2) All applicable statutory and constitutional rights apply to all medicaid people including, but not limited to:
 - (a) The participant rights under WAC [246-341-0600](#);
 - (b) Applicable necessary supplemental accommodation services including, but not limited to:
 - (i) Arranging for or providing help to complete and submit forms to the agency;
 - (ii) Helping people give or get the information the agency needs to decide or continue eligibility;
 - (iii) Helping to request continuing benefits;
 - (iv) Explaining the reduction in or ending of benefits;
 - (v) Assisting with requests for administrative hearings; and
 - (vi) On request, reviewing the agency's decision to terminate, suspend, or reduce benefits.
 - (c) Receiving the name, address, telephone number, and any languages offered other than English of providers in a managed care organization (MCO);
 - (d) Receiving information about the structure and operation of the MCO and how health care services are delivered;
 - (e) Receiving emergency care, urgent care, or crisis services;
 - (f) Receiving poststabilization services after receiving emergency care, urgent care, or crisis services that result in admittance to a hospital;
 - (g) Receiving age-appropriate and culturally appropriate services;
 - (h) Being provided a qualified interpreter and translated material at no cost to the person;
 - (i) Receiving requested information and help in the language or format of choice;
 - (j) Having available treatment options and explanation of alternatives;
 - (k) Refusing any proposed treatment;
 - (l) Receiving care that does not discriminate against a person;
 - (m) Being free of any sexual exploitation or harassment;
 - (n) Making an advance directive that states the person's choices and preferences for health care services under 42 C.F.R. Sec. 489 Subpart I;
 - (o) Choosing a contracted health care provider;
 - (p) Requesting and receiving a copy of health care records;
 - (q) Being informed the cost for copying, if any;
 - (r) Being free from retaliation;
 - (s) Requesting and receiving policies and procedures of the MCO as they relate to health care rights;
 - (t) Receiving services in an accessible location;
 - (u) Receiving medically necessary services in accordance with the early and periodic screening, diagnosis, and treatment (EPSDT) program under WAC [182-534-0100](#), if the person is age twenty or younger;
 - (v) Being treated with dignity, privacy, and respect;
 - (w) Receiving treatment options and alternatives in a manner that is appropriate to a person's condition;
 - (x) Being free from seclusion and restraint;
 - (y) Receiving a second opinion from a qualified health care professional within an MCO provider network at no cost or having one arranged outside the network at no cost, as provided in 42 C.F.R. Sec. 438.206(b)(3);
 - (z) Receiving medically necessary health care services outside of the MCO if those services cannot be provided adequately and timely within the MCO;
 - (aa) Filing a grievance with the MCO if the person is not satisfied with a service;
 - (bb) Receiving a notice of action so that a person may appeal any decision by the MCO that:
 - (i) Denies or limits authorization of a requested service;
 - (ii) Reduces, suspends, or terminates a previously authorized service; or
 - (iii) Denies payment for a service, in whole or in part.
 - (cc) Filing an appeal if the MCO fails to provide health care services in a timely manner as defined by the state or act within the time frames in 42 C.F.R. Sec. 438.408(b); and
 - (dd) Requesting an administrative hearing if an appeal is not resolved in a person's favor.