



ADVANCE DIRECTIVE POLICY AND PROCEDURE

In this document, CCC is referenced in place of CCC and CHA.

CONTENTS

1	PURPOSE.....	1
2	SCOPE.....	1
3	POLICY STATEMENT	1
4	PROCEDURE	2
5	RESPONSIBILITIES	4
	Compliance, Monitoring and Review	4
	Reporting.....	4
	Records Management.....	4
6	DEFINITIONS	4
	Terms and Definitions	4
7	RELATED LEGISLATION AND DOCUMENTS	5
8	FEEDBACK.....	5
9	APPROVAL AND REVIEW DETAILS.....	5

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Terms not defined in the DEFINITIONS section of this document may be found in the Glossary.

1 PURPOSE

- 1.1 The purpose of this policy is to establish a statement of wishes for treatment, including the right to accept or refuse medical, surgical, chemical dependency or mental health treatment and the right to execute directives and powers of attorney for health care guidelines for end of life decision making in compliance with the Federal Patient Self Determination Act and the Oregon Revised Statutes (ORS) under chapter 127 in the Oregon Revised Statutes.

2 SCOPE

- 2.1 This policy and procedure apply to all members, providers and the case management department.

3 POLICY STATEMENT

- 3.1 CCC providers shall make available to adult members the Physician Orders for Life-Sustaining Treatment (POLST), Advance Healthcare Directives and/or Declaration for Mental Health Treatment. Staff and Providers will respect and support the rights of members to participate in and direct their own healthcare, including formulation of a POLST, Advance Healthcare Directive, or a Declaration for Mental Health Treatment.
- 3.2 CCC providers shall encourage completion of these documents when medically appropriate.
- 3.3 Providers shall comply with state laws regarding advance directives.
- 3.4 CCC shall inform members of changes in State laws regarding advance directives no later than 90 days following the changes in the law.
- 3.5 CCC shall educate staff concerning its policies and procedures on advance directives no less than every two years.
- 3.6 CCC shall educate the community through its website and member handbook regarding advance directives including:

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- 3.6.1 What constitutes an advance directive?
- 3.6.2 An advance directive is designed to enhance an incapacitated individual's control over medical treatment.
- 3.6.3 A description of applicable state laws.

4 PROCEDURE

- 4.1 Information regarding POLST, Advance Healthcare Directives, and/or Declaration for Mental Health Treatment is provided through various written methods including, but not limited to:
 - 4.1.1 Member handbook
 - 4.1.2 Member area of the CCC website
 - 4.1.3 Provider offices
 - 4.1.4 Area hospitals
 - 4.1.5 Case managers
 - 4.1.6 Behavioral Health providers
 - 4.1.7 Chemical dependency providers
- 4.2 Health plans, institutions and providers are not required to implement advanced directives if they object as a matter of conscience per federal and state regulations.
 - 4.2.1 CCC does not object as a matter of conscience and does not limit implementation of advanced directives.
 - 4.2.1.1 A contracted institution, or individual provider, may refuse to implement advance directives on the basis of conscience. They are expected to provide the specific treatment to the extent they are capable, and if unable or unwilling, to transfer the individual to another health care provider willing to provide the care.
 - 4.2.2 CCC is not aware of any of its contracted institutions that object as a matter of conscience or limit implementation of advanced directives.
 - 4.2.2.1 Institution-wide conscience objections to advance directive are objections to authorize treatment(s) on the basis of religious, moral, or professional ethical grounds. They are expressed as a matter of written policy by the facility.
 - 4.2.3 CCC is not aware of any of its contracted providers that object as a matter of conscience or limit implementation of advanced directives.
 - 4.2.3.1 Individual provider conscience objections are objections raised by single provider objecting to advance directive due to religious, moral, or professional ethical grounds.
- 4.3 Information provided to members will include the member's rights under Oregon Law including their right to accept or refuse behavioral, medical, or surgical treatment and the right to formulate at the individual's option a POLST, Advance Healthcare Directive, or Declaration for Mental Health Treatment.
 - 4.3.1 Whether or not the member executes a POLST, Advance Healthcare Directive, or Declaration for Mental Health Treatment, it will have no effect on the provision of their care, and they will not be discriminated against in anyway.

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- 4.3.2 Any limitation regarding the implementation of a POLST, Advance Healthcare Directive, or Declaration for Mental Health Treatment is a matter of conscience by the provider or healthcare facility.
- 4.4 When requested, the member will be referred to their assigned Primary Care Provider to discuss the POLST, Advance Healthcare Directive, or Declaration for Mental Health Treatment.
- 4.5 Provider offices should ask members if they have completed a POLST, Advance Healthcare Directive, or Declaration for Mental Health Treatment. It is not mandatory that members have these documents completed.
- 4.6 Documentation of a POLST, Advance Healthcare Directive, or Declaration for Mental Health Treatment that exists on a given member should be prominently displayed in the member's health record.
- 4.7 Existing POLST, Advance Healthcare Directive, or Declaration for Mental Health Treatment is reviewed at the members' request.
- 4.8 All information regarding advance directives shall be provided to the member's family or surrogate if the member is incapacitated at the time of initial enrollment due to an incapacitating condition or mental disorder and unable to receive information.
 - 4.8.1 All advance directive information should be provided to the incapacitated member once he or she is no longer incapacitated.
- 4.9 CCC does not implement POLST, Advance Healthcare Directive, or Declaration for Mental Health Treatment. CCC provides only information on who may assist the member in completing the documents. Case Managers and Intensive Care Management (ICM) will act as member's advocate in completing POLST, Advance Directives, and/or Declaration for Mental Health Treatment.
- 4.10 Case Managers and ICM will arrange meetings when appropriate with the member, member representative, family member, provider, and other case managers if needed to support completion of these documents.
- 4.11 CCC supports provider and community education on advance directives.
 - 4.11.1 CCC Community and Public Relations Department presents advance directive education at multiple events throughout the year, including regular community partner gatherings such as:
 - 4.11.1.1 Oregon Health Authority Assistors
 - 4.11.1.2 Department of Human Services
 - 4.11.1.3 Integral Youth Services
 - 4.11.1.4 The Market Place
 - 4.11.1.5 Klamath Tribes
 - 4.11.1.6 Sky Lakes Medical Facilities
 - 4.11.1.7 Change Oregon
 - 4.11.1.8 Oregon Health Plan
 - 4.11.1.9 Healthy Klamath
- 4.12 Members may file complaints concerning noncompliance with advance directive requirements with the Department of Human Services, or their health plan. Complaints regarding noncompliance of POLST, Advance Healthcare Directives or Declaration for Mental Health Treatment may be filed with the State

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Survey and Certification Agency at Administrator Director Department of Human Services Office of Licensing and Regulatory Oversight at

500 Summer Street, NE E-13

Salem, OR 97301

Call: 503-945-6467 or 503-378-8966

5 RESPONSIBILITIES

Compliance, Monitoring and Review

- 5.1 The Executive Approval Committee will review this policy and procedure for compliance with the Oregon Health Authority (OHA) contract and guidelines at least once a year, or as applicable.

Reporting

- 5.2 No additional reporting is required.

Records Management

- 5.3 Team Members must maintain all records relevant to administering this policy and procedure in a recognized record management system.

6 DEFINITIONS

Terms and Definitions

- 6.1 **Advance Healthcare Directive:** A written instruction, such as a living will or durable power of attorney for health care, recognized under State law (whether statutory or as recognized by the courts of the State), relating to the provision of health care when the individual is incapacitated.
- 6.2 **Adult:** An individual who is 18 years of age or older, who has been adjudicated an emancipated minor or who is married.
- 6.3 **Health Care:** Diagnosis, treatment or care of disease, injury, and congenital or degenerative conditions, including the use, maintenance, withdrawal or withholding of life-sustaining procedures and the use, maintenance, withdrawal or withholding of artificially administered nutrition and hydration.
- 6.4 **Health Care Decision:** Consent, refusal of consent or withholding or withdrawal of consent to health care, and includes decisions relating to admission to or discharges from a health care facility.
- 6.5 **Health Care Instruction or Instruction:** A document executed by a member to indicate the member's instructions regarding health care decisions.
- 6.6 **Health Care Representative:**
- 6.6.1 An attorney-in-fact;
 - 6.6.2 A person who has authority to make health care decisions for a member under the provisions of ORS 127.635 (2) or (3); or
 - 6.6.3 A guardian or other person, appointed by a court to make health care decisions for a member.
- 6.7 **Incapacitate:** In the opinion of the court in a proceeding to appoint or confirm authority of a health care representative, or in the opinion of the member's attending physician, a member lacks the ability to make and communicate health care decisions to health care providers, including communication through persons

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familiar with the member's manner of communicating if those persons are available. "Capable" means not incapable.

- 6.8 **Declaration of Mental Health Treatment:** The medical opinion of the attending physician has been confirmed by a second physician who has examined the member and who has clinical privileges or expertise with respect to the condition to be confirmed.
- 6.9 **Physician Orders for Life-Sustaining Treatment (POLST):** A form that states what kind of medical treatment members want toward the end of their lives. Printed on bright pink paper and signed by both a doctor and member, POLST helps give seriously ill members more control over their end-of-life care.

7 RELATED LEGISLATION AND DOCUMENTS

- 7.1 Oregon Administrative Rule (OAR) 410-120-1380
- 7.2 ORS 127.649
- 7.3 42 USC Section 13961(a)(57)(w); 42 CRF 431.07(b)(4); 42 CFR 489 Subpart I; 42 CFR Part 422.128
- 7.4 Section 4751 of the Omnibus Budget Reconciliation Act of 1991 (OBRA)
- 7.5 [Health Insurance Portability and Accountability Act \(HIPAA\)](#)
- 7.6 [Oregon Health Authority: Coordinated Care Organizations \(CCO\)](#)

8 FEEDBACK

- 8.1 Team Members may provide feedback about this document by emailing policyfeedback@cascadecomp.com.

9 APPROVAL AND REVIEW DETAILS

Approval and Review	Details
Advisory Committee to Approval	Executive Approval Committee
Committee Review Dates	09/28/2018, 07/31/2019
Approval Dates	10/02/2018, 08/01/2019

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