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300 MEMBER RIGHTS AND RESPONSIBILITIES

301 Overview

The Division of Developmental Disabilities (DDD) is especially concerned with protecting the rights of all members who are receiving supports and services operated by, supervised or financially supported by the Division. This chapter discusses basic human and disability-related rights and responsibilities; Human Rights Committees, informed consent of individuals receiving supports and services, and advance directives/living wills in Arizona. Mention of specific rights in this chapter is not meant to be all-inclusive.

While individuals with disabilities have certain rights, there are also certain responsibilities when reaching adulthood. These responsibilities are the same as for adults without disabilities.

302 Basic Human and Disability Related Rights

Arizona Revised Statutes (A.R.S.) clearly recognizes that a person with a developmental disability has the rights, benefits, and privileges guaranteed by the constitutions and laws of the United States and the State of Arizona.

A.R.S. §41-3801

<http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp>

The rights of a person with a developmental disability receiving supports and services through the Division include the:

- A. Right to an initial Individual Support Plan/Individualized Family Services Plan (ISP/IFSP) planning document prior to receiving supports and services.
- B. Right to participate in the ISP/IFSP, periodic evaluations, and whenever possible, the opportunity to select among appropriate alternative supports and services.
- C. Right (once accepted for supports and services) to participate and share in decision making, and to receive a written ISP based upon relevant results of the placement evaluation.
- D. Right to information regarding the supports and services available through a provider and about related charges, including any fees for supports and services not covered by a third-party payor.
- E. Right to a periodic review of the ISP/IFSP planning document.
- F. Right to be given written notice of his/her rights.

- G. Right to exercise his/her rights as a citizen.
- H. Right to live in the least restrictive setting. A least restrictive setting refers to an environment in which a member strives to reach his/her full potential in accordance to the tenets of self-determination.
- I. Right to protection from physical, verbal, sexual or psychological abuse or punishment.
- J. Right to equal employment opportunity.
- K. Right to fair compensation for labor.
- L. Right to own, rent, or lease property.
- M. Right to marry and have children.
- N. Right to be free from involuntary sterilization.
- O. Right to express human sexuality and receive appropriate training.
- P. Right to consume alcoholic beverages if 21 years of age or older unless contraindicated by orders of his/her primary care provider or the court.
- Q. Right to presumption of legal competency in guardianship proceedings.
- R. Right to be free from unnecessary and excessive medication.
- S. Right to be accorded privacy during treatment and care of personal needs.
- T. Right to confidentiality of information and medical records.
- U. Right of a school age member to receive publicly supported educational services.
- V. Right of a child to receive appropriate supports and services, subject to available appropriations, which do not require the relinquishment or restriction of parental rights or custody, except as prescribed in A.R.S. § 8-533, which describes the grounds needed to justify the termination of the parent-child relationship.
- W. Right to consent to or withhold consent from participation in a research project approved by the Division management team or any other research project; right to knowledge regarding the nature of the research, potential effects of a treatment procedure as part of a research project; right to confidentiality; and the right to withdraw

from the research project at any time.

- X. Right of a person who believes his/her, rights have been violated to petition the Superior Court for redress, unless other remedies exist under federal or State laws.
- Y. Right to withdraw from programs, supports and services, unless the member was assigned to the Department by the juvenile court or placed in a secure facility by the guardian and court.
- Z. Right to an administrative review, if in disagreement with a decision made by the Division, by filing a verbal or written request for such with the DDD Office of Compliance and Review, and the right to appeal the decision. (See Chapter 2200)
 - 1. Right to contact the Human Rights Committee.
 - 2. Right to be free from personal and financial exploitation.
 - 3. The right to have care for personal need provided, except for cases of emergency, by a direct care staff of the gender chosen by the responsible person, this choice shall be specified in the Planning Document.

U.S.C. Annotated 42-12010, et seq. <http://www.gpo.gov/fdsys/>

A.R.S. § 41-1492, et seq.

A.R.S. § 36-554(A)(10)

A.R.S. § 36-551(01)(0)

A.R.S. § 36-568(01)

A.R.S. § 41-1959

<http://www.azleg.gov/>

A.A.C. R6-6-104

A.A.C. R6-6-102(C)

A.A.C. R6-6-804 (9)

A.A.C. R6-6-901-910

A.A.C. R6-6-102(C)

A.A.C. R6-6-1801, et seq.

A.A.C. R6-6-2002-2003

http://www.azsos.gov/public_services/

302.1 Voter Registration

All support coordination staff must comply with the Arizona Department of Economic Security Policy DES 1-01-24, regarding the National Voter Registration Act of 1993, and applicable state statutes, by offering individuals applying for services the opportunity to register to vote.

Staff will accept the verification of U.S. Citizenship that the consumer presents, but are NOT required to verify that it is an acceptable U.S. Citizenship document.

Staff will sign the acknowledgement form to indicate they have reviewed and understand the policy. The acknowledgement must be signed by new employees within 60 days of hire. The signed copy is maintained in the Supervisor's file.

302.2 The Rights of Persons with Developmental Disabilities Living in Residential Settings

Additional rights of persons with developmental disabilities who reside in residential settings such as group homes, adult and child developmental homes, or an Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID) include the basic human and disability-related rights listed previously. Because of the special circumstances of living in a residential facility, specific rights have been delineated. These rights include the:

- A. Right to be informed of the rules of the residential setting in which he/she is living.
- B. Right to impartial access to treatment and/or accommodations.
- C. Right to a safe, humane, and clean physical environment.
- D. Right to communicate with those responsible for his/her care.
- E. Right to choose his/her personal care provider from the health plan(s) available.
- F. Right to be informed of his/her medical condition, of any technical procedures that will be performed, of the identity of the persons who will perform the procedures, attendant risks of treatment and the right to refuse treatment.
- G. Right to be free from unnecessary drugs and physical restraints, except as authorized in writing by a physician for a specified time period and in accordance with the Division rules regarding behavior supports.

- H. Right to a physical examination, prompt medical attention and to adequate food and water.
- I. Right to his/her own bed.
- J. Right to personal clothing and possessions as space permits, unless this infringes on the rights of others or is medically contraindicated.
- K. Right to be accorded privacy with regard to written correspondence, telephone communication, and visitors.
- L. Right of a husband and wife who both reside in a facility to share a room.
- M. Right to privacy during visits by a spouse.
- N. Right to refuse to talk with or see someone.
- O. Right to participate in social, religious and community group activities.
- P. Right to manage his/her own financial affairs and to be taught to do so to the extent of his/her capabilities.
- Q. Right to refuse to perform services for the facility, but if he/she does provide services, right to be compensated at prevailing wages commensurate within state and federal laws and as prescribed by the Industrial Commission.

A.R.S §23-363 <http://www.azleg.gov/>

- R. Right to have the Division supervisors advised of any unusual incident.
- S. Right to file a grievance not only with the Division but also with his/her health plan, the Arizona Long Term Care System (ALTCS) and Arizona Health Care Cost Containment System (AHCCCS).

42 CFR 438.420(a)

<http://www.gpo.gov/fdsys/>

Arizona Administrative Code R6-6-901, et seq.

Arizona Administrative Code R6-6-107

http://www.azsos.gov/public_services/

AHCCCS Contractor Operations Manual

azahcccs.gov/Regulations/lawsregulations.aspx

- T. Right to the least amount of physical assistance necessary to accomplish a task.
- U. Right to have care for personal needs provided, except in cases of emergency, by a direct care staff of the gender chosen by the individual/responsible person. This choice shall be specified in the ISP/IFSP planning document.

302.3 Responsibilities of Individuals Applying for and/or Receiving Supports and Services

Applying for and/or Receiving Supports and Services

Individuals with developmental disabilities are to be supported in exercising the same rights and choices and afforded the same opportunities enjoyed by other citizens. The Division provides this support by following the principles of self-determination. Self-determination is the ability of a member to make choices that allow him/her to exert control over his/her life and destiny, to reach the goals he/she has set, and take part fully in the world around him/her. To be self-determined requires that a member has the freedom to be in charge of his/her life, choosing where to live, who to spend his/her time with and how to spend his/her time. Decisions made by the member about his/her quality of life should be without undue influence or interference of others. Self-determination also necessitates that the member has the resources needed to make responsible decisions.

Self-determination is necessary because people who have disabilities often desire greater control of their lives so they can experience the life they envision for themselves, one that is consistent with their own values, preferences, strengths and needs. For individuals receiving services through the Division, one way to exert greater control of their lives is to choose the supports and services they receive and who provides that support. The Division offers many options for a Member wanting to make more choices about services and supports, such as:

- A. Selecting a Support Coordinator.
- B. Selecting and directing their planning process, either an Individual Support Plan and/or a Person-Centered Plan.
- C. Selecting service providers, both qualified vendors and individual independent providers.

- D. Hiring, managing, and firing service providers.
- E. Using a fiscal intermediary to manage the financial aspects of having a service provider who is his/her employee.
- F. Having the spouse serve as his/her provider.

Responsibilities

Making more choices and exerting more control over one's life also means assuming some amount of responsibility. Individuals applying for and/or receiving supports and services through the Division have certain responsibilities. These responsibilities begin when a person applies for services by providing the Division with accurate and complete personal information on the application. These responsibilities continue once a Member is determined eligible, for example, by being actively involved in developing, implementing, and monitoring the ISP/IFSP planning document. These responsibilities last throughout the duration of services, through actions such as being respectful of the rights and property of others.

The Division encourages individuals to assume some reasonable responsibilities for the success of their supports and services. Their increased involvement in their care increases the likelihood of achieving the best results. Therefore, fulfilling these responsibilities is important as they contribute to the success of the Division's supports and services.

Individuals receiving supports and services from the Division have a responsibility to:

- A. Cooperate with the Division staff by providing required information relative to personal information required on the application. When accepted for supports and services the Member is responsible for informing his/her Support Coordinator of any change in such data.
- B. Participate in the development of his/her ISP planning document and to signify agreement or disagreement by signing the planning document.
- C. Assign to the Division rights to first party health insurance medical benefits to which the Member is entitled and which relate to the specific supports and services, which the person has received or will receive as part of his/her ISP/IFSP planning document.
- D. Uphold all laws local, state, and federal bodies.

Individuals applying for and/or consumers receiving, supports and services through the Arizona Long Term Care System (ALTCS) have additional responsibility to:

- A. Provide accurate and complete information regarding his/her health history.
- B. Report unexpected changes in his/her health status.
- C. Follow the recommendations of the planning team, or the responsibility for his/her actions if the recommendations as documented are not followed as prescribed. (In some cases, the plan may need revision if it has been deemed ineffective.)
- D. Be considerate of the rights of other residents and facility personnel in regards to personal behavior, control of noise and number of visitors.
- E. Be respectful of others property.

A.R.S § 36-596(B)

<http://www.azleg.gov/>

A.A.C. R6-6-401

A.A.C R6-6-603

http://www.azsos.gov/PUBLIC_SERVICES/

AHCCCS Medical Policy Manual

<http://azahcccs.gov/Regulations/lawsregulations.aspx>

302.4 Procedures

The following summarizes some of the major tasks of a Support Coordinator relative to protecting the rights of individuals who are receiving supports and services through the Division:

- A. During the intake process, the Support Coordinator must explain to the individual/responsible person his/her rights and offer or give him/her a printed copy of the *Statement of Rights* and a copy of the Human Rights Committee's brochure. The member/responsible person must sign a statement indicating that he/she has received a copy of these rights and that they have been explained to him/her. The signed statement must be placed in the individual's file and a copy must be given to the individual/responsible person.

The Arizona Early Intervention Program (AzEIP) Rights Booklet

should be given to the responsible person for children who are eligible for the AzEIP program at intake.

- B. As part of the initial ISP/IFSP planning meeting, the Support Coordinator must offer/provide a copy of the *Statement of Rights* to the individual/responsible person, if this was not done at intake. The responsible person must sign a statement indicating they have received a copy of these rights and that these rights have been explained. The signed statement must be placed in the individual's file and a copy must be given to the individual/responsible person.
- C. The Support Coordinator will assist individuals as necessary or as requested in applying for Arizona Long Term Care System (ALTCS) services and in filing a grievance and/or a request for an administrative review.
- D. The Support Coordinator shall follow up on any report that an individual's rights have been violated by filing an incident report with the District Program Manager/Administrator.
- E. At the ISP/IFSP Planning Team meeting prior to or after a Member becomes of legal age, whichever is closer in time, the Support Coordinator shall:
 - 1. Remind the Planning Team of the date on which the Member will become of legal age.
 - 2. Inform the individual/responsible person verbally of his/her new legal rights as an adult.

302.5 District Human Rights Committees

Human Rights Committees are local groups of citizens who provide independent oversight in matters related to the rights of persons with developmental disabilities who are served by the Division. Each Human Rights Committee must meet at least six times each calendar year, but as often as necessary as determined by the chair in accordance with the bylaws of the committee.

Specifically, the Human Rights Committee reviews the rights of individuals in the following areas:

- A. Administration either of medication, which changes recipient's behavior directly, or as a side effect.
- B. Aversive or intrusive programs.

- C. Research proposals in the field of developmental disabilities, which directly involve individuals receiving supports and services.
- D. Incidents of possible abuse, neglect, or violations of an individual's rights.

Any suspected violation of the rights of a person with developmental disabilities should be identified to the appropriate Human Rights Committee.

In addition to protecting the rights of individuals, the Human Rights Committee must:

- A. Submit in writing to the Division Assistant Director any objections it has to actions by employees of the Division or employees of service providers.
- B. Issue an annual report, in concert with the Quality Assurance Unit, summarizing its activities and making recommendations of changes it believes the Division should consider implementing.

There are several Human Rights Committees in the state, each serving one or more counties. For further information on the Human Rights Committee in your area, contact your District Administrative Office.

A.R.S. § 41-3804

<http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp>

Membership in Human Rights Committees

Membership in a Human Rights Committee shall occur utilizing the following process:

- A. Candidates for initial membership on a newly developed committee shall be recruited by the District Program Manager/Administrator with input and advice from the local chapter of The Arc, Developmental Disabilities Advisory Council and any other appropriate local advocacy organizations. The director of the Department of Economic Security shall appoint committee members from the list of candidates recruited locally.
- B. Each committee shall be comprised of at least seven (7) and not more than fifteen (15) persons with expertise in one or more of the following areas:
 - 1. Psychology.

2. Law.
 3. Medicine.
 4. Education.
 5. Special education.
 6. Parents of individuals with developmental disabilities.
- C. No employee of the Department of Economic Security or of a service provider, which is associated with an existing Human Rights Committee, may be a voting member of a committee.
- D. When there is a vacancy in an existing committee's membership, nominees may be presented to the committee by advocacy groups, committee members or the District Program Manager/Administrator. Upon recommendation by the committee by majority vote, the Department of Economic Security Director shall appoint a person to fill the vacancy.

303 Informed Consent

As one means of protecting the rights of consumers, the Division requires written consent from the individual/responsible person for release of confidential information. Consents may also be required for participation in events, medical treatments, and activities. A.R.S. § 36-551 (15) defines consent as voluntary informed consent. Consent is voluntary if not given as the result of coercion or undue influence.

Consent is informed if the person giving the consent has been informed of and comprehends the nature, purpose, consequences, risks and benefits of the alternatives to the procedure, and has been informed and comprehends that withholding or withdrawal of consent will not prejudice the future provision of care and supports and services to the individual. In case of unusual or hazardous treatment procedures performed pursuant to A.R.S. § 36-561, subsection A, experimental research, organ transplantation and non-therapeutic surgery, consent is informed if, in addition to the foregoing, the individual/responsible person giving the consent has been informed of and comprehends the method to be used in the proposed procedure.

All consents must be time or event-limited. Consent may be withdrawn at any time by giving written notification to the individual's Support Coordinator.

303.1 Consent to Medical Treatment of Adults

Incapacitated adults

An adult cannot consent to medical treatment if he/she lacks the understanding or capacity to make or communicate responsible decisions. One of the duties of a guardian is to make reasonable efforts to secure medical services for a member of the Division who is his/her ward. If a permanent guardian is unavailable (due to death, resignation, etc.), Arizona law allows other identified individuals to sign the consent for medical treatment of an incapacitated adult.

- A. A.R.S. § 36-3231 defines surrogate decision makers priorities and limitations. In the following order of priority, these individuals may act as a surrogate to sign the consent for medical treatment of an incapacitated adult when no guardian is available.
1. The spouse of the incapacitated adult.
 2. An adult child.
 3. A parent.
 4. A domestic partner (assuming the Member is not married and no other person has a financial responsibility for the individual).
 5. A brother or sister.
 6. A close friend. A close friend means an adult who has shown special care and concern for the individual, who is familiar with the individual's health care views and desires, and who is willing and able to become involved and act in the individual's best interest.
- A health care provider is required to make a reasonable effort to locate and follow a health care directive. A health care provider shall also make reasonable efforts to locate the above designated individuals. In order to assist the reasonable efforts of health care providers, the Division Support Coordinators should have available, at all times, a complete list of the names, addresses and phone numbers of these designated individuals who may be contacted for purposes of signing a consent for medical treatment. A copy of the list may be provided to treating medical personnel, as necessary, to assist them in locating a person authorized to sign the consent for medical treatment if a guardian is unavailable. If none of these persons is available, the appointment of a public fiduciary by the court may be requested.
- B. A guardian has authority to execute the consent. If the guardian has executed a health care power of attorney that authorizes another

person to make health care decisions on behalf of the incapacitated person, the person named in that power of attorney has authority to execute the consent. The power of attorney is valid for not more than 6 months.

- C. In an emergency, if time allows, a temporary guardian may be appointed by the court to sign a consent for medical treatment or the court may immediately exercise the power to consent to medical treatment prior to notice and hearing. If no one is available to serve as a temporary guardian, the court may appoint a public fiduciary.
- D. When an immediate, life threatening emergency exists and there is neither time to get to court nor time to contact the individuals who may lawfully sign a consent, an attending physician, after consultation with a second physician, may make the health care treatment decision without a signed consent.
- E. The Division Support Coordinators cannot sign a medical consent for treatment of incapacitated adults.

A.R.S. § 14-5101

A.R.S. § 14-5104

A.R.S. § 14-5310

A.R.S. § 14-5312

A.R.S. § 14-5602

A.R.S. § 36-3231

<http://www.azleg.state.az.us/ArizonaRevisedStatutes>

- F. A surrogate may make decisions about mental health care treatment on behalf of a patient if the patient is found incapable. However, a surrogate who is not the patient's agent or guardian shall not make decisions to admit the patient to a level one behavioral health facility licensed by the department of health services, except as provided in subsection E of this section or section 14-5312.01, 14-5312.02 or 36-3231. Subsection E: If the admitting officer for a mental health care provider has reasonable cause to believe after examination that the patient is incapable as defined in section 36-3231, subsection D and is likely to suffer serious physical harm or serious illness or to inflict serious physical harm on another person without immediate hospitalization, the patient may be admitted for inpatient treatment in a level one behavioral health facility based on informed consent given by any surrogate identified in subsection A of this section. The patient

shall be discharged if a petition for court ordered evaluation or for temporary guardianship, requesting authority for the guardian to consent to admission to a level one behavioral health facility has not been filed within forty-eight hours of admission or on the following court day if the forty-eight hours expires on a weekend or holiday. The discharge requirement prescribed in this section does not apply if the patient has given informed consent to voluntary treatment or if a mental health care provider is prohibited from discharging the patient under federal law.

Consumer's Competency Questioned

When a consumer's ability to make decisions about medical treatment/procedures is questioned, the matter must be forwarded to the Division's Medical Director at central office for consideration.

303.2 Consent to Medical Treatment of Minors

The general rule is that the parent or guardian of a minor must provide written consent for medical treatment, however, Arizona law allows other individuals to provide consent to medical treatment of a minor when a parent or guardian is unavailable.

- A. A Member may consent to the medical treatment of a minor if the Member has a properly executed power of attorney from the minor's parent or guardian delegating the power to consent to medical treatment. The delegation of power may be for not more than six (6) months.
- B. If time allows, a temporary guardian may be appointed by the court to consent to medical treatment, but the authority of the temporary guardian is limited to six (6) months. Where no one is available to act as a temporary guardian, a public fiduciary may be appointed by the court.
- C. In cases of emergency, where a parent or guardian cannot be located after reasonably diligent efforts, consent may be given by a person standing *in loco parentis* to the minor. *In loco parentis* means a person who takes the parent's place by undertaking temporary care and control of a minor in the absence of a parent. For example, this might be a person who is a relative, caregiver, or teacher of the minor.
- D. If no one can be located who stands in loco parentis to the minor, a physician can determine that an emergency exists, and that a parent

or guardian cannot be located or contacted after reasonable diligent effort. The physician can then perform a surgical procedure on the minor if necessary to treat a serious disease, injury, drug abuse or to save the life of the minor.

- E. As a general rule, the Division Support Coordinators cannot sign a medical consent for treatment of minors except for children in foster care.

A.R.S. § 14-5104

A.R.S. § 14-5207

A.R.S. § 14-5209

A.R.S. § 14-5503

A.R.S. § 14-5602

A.R.S. § 36-2271

A.R.S. § 44-133

<http://www.azleg.state.az.us/ArizonaRevisedStatutes>

304 Health Care Directives/ Advance Directives

AHCCCS policy requires the Support Coordinator to ask the adult member if he or she has an advance directive. There are three types of advance directives: (1) a health care power of attorney, (2) a living will, and/or (3) a pre-hospital medical care directive. If the member does not have an advance directive, the Support Coordinator will offer guidance on how the adult member may complete an advance directive.

304.1 Health Care Power of Attorney

A health care power of attorney is a written statement executed by an adult who has the capacity to make such decisions naming another person (surrogate) to make health care decisions if that adult cannot make or communicate his/her wishes. A valid health care power of attorney must meet the requirements set forth in:

[**A.R.S. § 36-3221**](#) – Healthcare Power of Attorney; scope; requirements; limitations

[**A.R.S. § 36-3222**](#) – Healthcare Power of Attorney; amendments

[**A.R.S. § 36-3223**](#) – Agents; powers and duties; removal; responsibility

[**A.R.S. § 36-3224**](#) – Sample Healthcare Power of Attorney

[**A.R.S. § 36-3231**](#) – Surrogate decision makers; priorities; limitations

304.2 Living Will

A living will is a written document executed by an adult who has the capacity to make such decisions in order to control the treatment/decisions made on that adult's behalf. The living will must meet the requirements set forth in:

[A.R.S. § 36-3261](#) – Living Will; verification; liability

[A.R.S. § 36-3262](#) – Sample living will

304.3 Prehospital Medical Care Directive

A Prehospital Medical Care Directive is commonly known as a Do Not Resuscitate (DNR). A DNR is a document signed by an adult that includes a DNR order written by a physician indicating to health care providers, emergency medical system personnel, and, as provided in A.R.S. § 36-3251(L), direct care staff persons that the member signing the DNR, who had the capacity to make such decisions at the time of signing the document, does not want cardiopulmonary resuscitation (CPR) if that member suffers from a cardiac or respiratory arrest. A valid DNR must meet the requirements set forth in A.R.S. § 36-3251 – Prehospital Medical Care Directive.

304.4 Procedures

- A. The Support Coordinator must offer/provide the member with a copy of the *Decisions about Your Health Care* pamphlet. The member/responsible person must sign an acknowledgment stating that he/she is in receipt of this pamphlet, or has refused the pamphlet. This acknowledgement is to be maintained in the member's case file.
- B. Annually, the Support Coordinator must ask the member if he/she has any of the three advance directives. If the member has completed one or more of these documents, the Support Coordinator must ask the member to provide a copy of all of the documents for his/her case file. The Support Coordinator must note the existence of an advance directive on the annual planning document. The Support Coordinator/member/family/provider agency shall provide a copy of any advance directive to the primary care physician. If a member moves the Support Coordinator/member/family/provider agency shall send a copy of any advance directive with the member.
- C. If the member/responsible person does not have any advance directives, the Support Coordinator must tell the member/responsible person where to find information and encourage the member/responsible person to consult with his/her health care provider regarding advance directives.

- D. Pursuant to A.R.S. § 36-3251 (L), when the physician of the member who has a valid Prehospital Medical Care Directive has ordered hospice plan of care, a direct care staff person may comply with a Prehospital Medical Care Directive (commonly known as a DNR). "Direct care staff person" is defined in A.R.S. § 36-3251 (N)(1) as a person who is employed or contracted to provide direct care services pursuant to Title 36, Chapter 5.1.
- E. The provider agency must have a policy in effect indicating whether the direct care staff is required to initiate CPR or whether they may follow the DNR in a situation when a member is on hospice, has a DNR, and is found without pulse or respirations. The provider agency's policy must comply with A.R.S. § 36-3251.
- F. In All Situations:
1. Direct care staff persons will call 911 and start CPR until there is a licensed healthcare provider present to execute a current and known advance directive. If the member is on a physician-ordered hospice plan of care and has a properly executed Prehospital Medical Care Directive (DNR), the direct care staff may comply with the Prehospital Medical Care Directive (DNR).
 2. Licensed healthcare staff (e.g., Medical Doctor, Registered Nurse, Licensed Practical Nurse, Emergency Medical System Personnel) will follow any advance directive when known.
 3. Except in the case of a court-ordered DNR, the custodial parent of a minor or a legal guardian, if present, may choose to follow the advance directive or may choose to overrule it, and request CPR and 9-1-1. Staff will comply with the custodial parent or legal guardian's request, documenting that request as soon as possible after Emergency Medical System Personnel has taken over care of the member.
- G. These procedures apply to DDD and contracted personnel.
- H. If in doubt, call 9-1-1 and start CPR.