310-HH END OF LIFE CARE AND ADVANCE CARE PLANNING

EFFECTIVE DATE: June 22, 2022
REFERENCES: A.R.S §§ 36-3231, 36-551; 42 C.F.R. 489.102; AdSS 310-J, 415, 640

PURPOSE

This policy establishes guidelines for the concept of End of Life (EOL) care and the provision of Advance Care Planning.

DEFINITIONS

1. “Advance Care Planning” is a part of the End of Life care concept and is a billable service that is a voluntary face-to-face ongoing discussion between a qualified health care professional and the member to:
   a. Educate the member/responsible person about the member’s illness and the health care options that are available to them.
   b. Develop a written plan of care that identifies the member’s choices for treatment.
   c. Share the member’s wishes with family, friends, and his or her physicians.

2. “Advance Directive” is a document by which a person makes provision for health care decisions in the event that, in the future, he/she becomes unable to make those decisions.
3. “Curative Care” includes health care practices that treat patients with the intent of curing them, not just reducing their pain or stress. An example is chemotherapy, which seeks to cure cancer patients.

4. “End-of-Life Care” is a concept of care, for the duration of the member’s life, that focuses on Advance Care Planning, the relief of stress, pain, or life limiting effects of illness to improve quality of life for a member at any age who is currently or is expected to experience declining health, or is diagnosed with a chronic, complex or terminal illness.

5. “Hospice Services” is a program of care and support for terminally ill members who meet the specified medical criteria/requirements.

6. “Practical Support” includes non-billable services provided to a member by a family member, friend or volunteer to assist or perform functions such as, but not limited to housekeeping, personal care, food preparation, shopping, pet care, or non-medical comfort measures.

7. “Qualified Direct Care Worker” is an individual who demonstrates Direct Care Worker (DCW) competencies by passing the required knowledge and skills tests. The DCW Agency is responsible for determining the DCWs competency to provide care utilizing the agency’s policies and procedures, the DCW job description and the supports needs of the members served.
by the DCW. In some instances, qualified DCWs may not yet be employed or contracted by a DCW Agency.

8. “Qualified Healthcare Professional” is, for the purposes of Advance Care Planning, a Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), or Nurse Practitioner (NP).

9. “Responsible Person” means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability or an adult with a developmental disability who is a client or an applicant for whom no guardian has been appointed. A.R.S. § 36-551.

POLICY

A. END OF LIFE CARE

The Division shall ensure that members receive End of Life (EOL) care that is member-centric, includes Advance Care Planning, and the delivery of appropriate health care services and practical supports by the AdSS and Support Coordination.

The goals of EOL care shall focus on providing treatment, comfort, and quality of life for the duration of the member’s life. Care management
is provided to qualifying members/responsible persons to coordinate with treatment provider(s) to meet the member’s individual needs.

EOL care is available to members under the age of 21 in conjunction with curative care and hospice care. EOL care for members aged 21 and older can be provided in conjunction with curative care until the member chooses to receive hospice care.

EOL care strives to ensure members achieve quality of life through the provision of services coordinating between the AdSS care management and Division Support Coordination to determine the services and supports necessary to meet the member’s needs, including:

1. Physical and/or behavioral health medical treatment to:
   a. Treat the underlying illness and other comorbidities,
   b. Relieve pain,
   c. Relieve stress.

2. Referrals to community resources for services such as, but not limited to:
   a. Pastoral/counseling services,
b. Legal services.

3. Practical supports are non-billable services provided by a family member, friend or volunteer, who are not paid as Direct Care Workers, to assist or perform functions such as, but not limited to:

   a. Housekeeping,

   b. Personal care,

   c. Food preparation,

   d. Shopping,

   e. Pet care,

   f. Non-medical comfort measures.

B. **ADVANCE CARE PLANNING**

Advance Care Planning shall be initiated by the member’s qualified healthcare professional for a member at any age that is currently or is expected to experience declining health or is diagnosed with a chronic, complex or terminal illness. Advance Care Planning shall be an ongoing process for the duration of the member’s life.
1. **The AdSS shall ensure network providers perform the following as part of the Advance Care Planning/EOL concept of care when treating Division members:**

   a. **Conduct a face-to-face discussion with the member/responsible person.**

   b. **Educate the member/responsible person about the member’s illness and the health care options that are available to the member to enable them to make educated decisions.**

   c. **Identify the member’s healthcare, social, psychological and spiritual needs.**

   d. **Develop a written member centered EOL plan of care that identifies the member’s choices for care and treatment, as well as life goals.**

   e. **Share the EOL plan with the care manager and Division Support Coordinator.**
f. Share the member’s wishes with appropriate designated family, friends, and specialty providers, as appropriate, his or her physicians.

g. Complete Advance Directives.

h. Complete referrals to community resources based on member’s needs.

i. Assist the member/responsible person in identifying practical supports to meet the member’s needs.

2. The AdSS ensures Advanced Care Planning is a covered, reimbursable service when provided by a qualified health care professional. The service may be billed separately during a well or sick visit.

C. ADVANCE DIRECTIVES

Advance Care Planning often results in the creation of an Advance Directive for the member. Members have the right to have information provided to them about the importance of Advance Directives including their rights to establish and rescind Directives at any time.
1. The AdSS shall ensure providers comply with AdSS Medical Policy 640 pertaining to Advance Directives. At a minimum, providers shall comply with the following:

a. Maintain written policies for adult members receiving care through their organization regarding the member’s ability to make decisions about medical care, including the right to accept or refuse medical care and the right to execute an Advance Directive.

b. Provide written information to adult members regarding the provider’s policies concerning Advance Directives, including any conscientious objections.

c. Document in the member’s medical record whether or not the adult member has been provided the information, and whether an Advance Directive has been executed.

d. Prevent discrimination against a member because of his or her decision to execute or not execute an Advance Directive, and not place conditions on the provision of care to the member, because of his/her decision to execute or not execute an advance directive.
e. Provide education to staff on issues concerning Advance Directives including notification to staff who provide services such as home health care and personal care services (e.g., attendant care, respite, personal care) if any Advance Directives are executed by members to whom they are assigned to provide services.

f. Ensure alternative Home and Community Based Services (HCBS) setting staff have immediate access to advance directive documents to provide to first responder requests.

2. All AdSS enrolled adult members, and when the member is incapacitated or unable to receive information, the member’s family or surrogate as defined in A.R.S. §36-3231, shall be provided written information regarding Advance Directives as delineated in 42 CFR 489.102(e) concerning:

a. The member’s rights, regarding Advance Directives under Arizona State law.

b. The AdSS’s policies respecting the implementation of those rights, including a statement of any limitation regarding
the implementation of advance directives as a matter of conscience.

c. Written policies including a clear and precise statement of limitations if the provider cannot implement an Advance Directive as a matter of conscience. This statement, at a minimum, shall:

   i. Clarify institution-wide conscientious objections and those of individual physicians,

   ii. Identify state legal authority permitting such objections, and

   iii. Describe the range of medical conditions or procedures affected by the conscience objection.

d. A description of the applicable state law and information regarding the implementation of these rights.

e. The member’s right to file complaints with ADHS Division of Licensing Services.

3. AdSS providers shall provide a copy of a member’s executed Advance Directive or documentation of refusal, to the member’s
Primary Care Provider (PCP) for inclusion in the member’s medical record and provide education to staff on issues concerning Advance Directives.

D. HOSPICE SERVICES

The AdSS shall provide hospice services in accordance with Division AdSS Medical Policy 310-J.

E. TRAINING

1. The AdSS shall ensure providers and their staff are educated in the concepts of EOL care, Advance Care Planning and Advance Directives.

2. The appropriate AdSS staff shall be educated in the concepts of EOL care, Advance Care Planning and Advanced Directives.
   a. Documentation of the training and attendance shall be submitted to the Division on an annual basis.

F. NETWORK ADEQUACY

The AdSS shall ensure an adequate network of providers who are trained to conduct Advance Care Planning in accordance with AdSS Operations Manual Policy 415.
G. OVERSIGHT

At least quarterly, the Division meets with the AdSS to provide ongoing evaluation including data analysis and recommendations to refine processes to optimize results. On an annual basis, the Division performs an Operational Review of the AdSS to review compliance.

Signature of Chief Medical Officer:  

Anthony Dekker, D.O.