1006 HEALTH CARE DIRECTIVES / ADVANCE DIRECTIVES (AHCD)

REVISION DATE: 11/6/2019, 5/13/2016, 7/3/2015
EFFECTIVE DATE: July 31, 1993
REFERENCES: A.R.S. §§ 36-3221, 36-3222, 36-3223, 36-3224, 36-3231, 36-3261, 36-3262, and 36-3251.

Arizona Health Care Cost Containment System (AHCCCS) policy requires the Support Coordinator to ask the adult member if he or she has an advance directive. The Division will prevent discrimination against a member and will not place conditions on the provisions of care to the member, because of his/her decisions to execute or not execute 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.

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; and,
A.R.S. § 36-3231 – Surrogate decision makers; priorities; limitations.

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; and
A.R.S. § 36-3262 – Sample living will.

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 Directives.

Do Not Resuscitate (DNR) Order for Unemancipated Minors

Implementation of a Do Not Resuscitate (DNR) order for an unemancipated minor must include documented communication between the member's health care provider and at

least one legal guardian or parent. This communication must include a discussion of the minor's care plan including implementation of a DNR and what the DNR means for the minor and the rights provided to the parents or guardian regarding transfers and policy requests.

It is required that a witness, other than the parent or guardian, be present during the discussion and be willing to confirm the communication took place. The medical provider must immediately document in the member's medical record, who the communications was with, who witnessed the communication, and date and time the communication took place. The parent/guardian will be required to sign a written acknowledgement that this communication took place.

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 Provider (PCP). 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 call 9-1-1 and provide 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. The following apply, as appropriate:

1. Has a DNR and not in Hospice: Direct care staff persons will call 9-1-1 and provide CPR until there is a licensed healthcare provider present to execute a current and known advance directive.

2. Has a DNR and in Hospice: When 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).

3. No DNR: Direct care staff persons will call 9-1-1 and provide CPR until there is a licensed healthcare provider present.

G. Licensed healthcare staff (e.g., Medical Doctor, Registered Nurse, Licensed Practical Nurse, Emergency Medical System Personnel) will follow any advance directive when known.

H. 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.

I. These procedures apply to DDD and contracted personnel.
If in doubt, call 911 and start CPR.