POLICY AND PROCEDURE

POLICY NAME: Advance Directives	POLICY ID: LA.CM.10	
BUSINESS UNIT: LHCC	FUNCTIONAL AREA: Population Health and Clinical	
	Operations	
EFFECTIVE DATE : 1/27/14, 2/1/2015	PRODUCT(S): Medicaid	
REVIEWED/REVISED DATE: 12/14, 1/16, 1/17, 1/18, 3/18, 10/18, 7/19, 5/20, 2/21, 03/22, 01/23, 3/23		
REGULATOR MOST RECENT APPROVAL DATE(S): n/a		

POLICY STATEMENT:

This policy outlines Advance Directives procedures.

PURPOSE:

To provide opportunity for and educate members regarding their right to become involved in medical decisions concerning their care, including documentation of advance directives and allowance of the member's representative to facilitate care or make treatment decisions when the member is incapable of making decisions about his/her own medical care.

SCOPE:

Louisiana Healthcare Connections (LHCC) Population Health and Clinical Operations (PHCO), Member Services, and Provider Relations Department

POLICY:

Advanced Directives will be discussed with any competent adult who is eighteen (18) years of age or older who has consented to Care Management. The *Louisiana Declaration* is the state's living will form and allows a member to state their wishes regarding medical care in the event they become terminally or irreversibly ill and cannot make medical decisions for themselves.

- Care Managers will encourage members to review the information on the following websites regarding the Louisiana Declaration and establish an understanding of the services: http://lmhpco.org/about-us/advocacy/advance-care-planning-2/
 - Care Managers may print the documents listed below to send to the member by mail and encourage them to bring it with them to their next PCP appointment for guidance:
 - o Louisiana Instructions for Healthcare Decision Making
 - o Living Will & Durable Power of Attorney Forms
 - LaPOST document

Information on Advanced Directive for Mental Health Treatment can be found on the following website and be printed to be mailed to the member for discussion with his Mental Health Provider:

http://ldh.la.gov/assets/docs/BehavioralHealth/publications/AdvanceDirective.pdf

LHCC staff are educated on Advance Directives through initial onboarding and ongoing staff trainings.

If a member is incapacitated at the time of initial enrollment or at the time that medical care is initiated and is unable to receive information (due to the incapacitating condition or a mental disorder) or articulate whether or not he or she has executed an advance directive, LHCC may give advance directive information to the member's family or surrogate in accordance with State law. If the member's incapacitating condition is temporary in nature, LHCC will communicate this information directly to the member once he or she is no longer incapacitated.

LHCC nor its providers condition the authorization or provision of care or otherwise discriminate against a member based on whether or not the member has executed an advance directive. LHCC facilitates communications between a member or member's representative and the member's provider if/when the need is identified to ensure that they are involved in decisions to withhold resuscitative services, or to forgo or withdraw life-sustaining treatment.

This information must remain current and reflect changes in State law as soon as possible, but no later than 90 calendar days after the effective date of the change.

PROCEDURE:

- 1. Upon enrollment, all new LHCC members receive a member handbook containing information regarding advance directives which includes the following information:
 - The member's right to accept or refuse treatment
 - LHCC's policies for implementation of Advance Directives including the member's right to complete an advance directive along with how to implement correctly.
 - Description of Common Types of Advance Directives
 - Notification of changes to state law affecting Advance Directives
 - Information regarding filing complaints concerning noncompliance with Advance Directive requirements through the State's Office of Health Standards Unit at 225-342-0138.

Member Services phone number, 1-866-595-8133, for help locating the Advance Directive forms.

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LHCC's policy regarding advance directives is included in the Provider Manual. Documentation of a member's executed advance directive must be maintained in a prominent part of the member's current medical record. The medical record will contain documentation on whether the member has executed an advance directive. Compliance with the policy is evaluated as part of Quality Improvement Department's medical record compliance reviews of participating primary care providers.

- 2. If LHCC has received a Conscience Protection Waiver from the Centers for Medicare and Medicaid Services >-----(CMS) or the State, member materials must consist of:
 - A clarification of any differences between LHCC's conscience objections and conscience objections that may be raised by individual practitioners.
 - The source of the State's legal authority permitting a conscience objection.
 - A description of the range of medical conditions, procedures and limitations affected by the conscience objection.
- 3. LHCC's policy regarding advance directives is included in the Provider Manual. Documentation of a member's executed advance directive must be maintained in a prominent part of the member's current medical record. The medical record will contain documentation on whether the member has executed an advance directive.

 Compliance with the policy is evaluated as part of Quality Improvement Department's medical record compliance reviews of participating primary care providers.
- g.—If LHCC has conscientious objections related to medical conditions or procedures and member's advance directive, LHCC will contact the appropriate CMS/State Division of Medicaid (DOM) for a conscience protection waiver and/or legal ruling. LHCC will abide by all legal rulings issued by the CMS/State DOM regarding conscientious objection decisions.
 - If a member contacts LHCC with complaints regarding a provider's noncompliance with an advance directive, LHCC will direct the member to the State's Office of Health Standards Unit to file a complaint.

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Providers identified as noncompliant with a member's advance directive or treatment decisions are reviewed by the Peer Review committee, in accordance, with the Peer Review Policy and Procedure.

REFERENCES:

LA.CM.01 - Care Management Program Description

LA.QI.13 - Medical Record Review

CC.QI.19 - Peer Review P&P

CC.CM.10 - Advance Directives

Current NCQA Health Plan Standards and Guidelines

ATTACHMENTS:

ROLES & RESPONSIBILITIES:

REGULATORY REPORTING REQUIREMENTS:-n/a

HB 434, Act 319 Applies to material changes to this Policy.

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy	LA Procurement 2015 Policy Update	12/01/14
Annual Review	Changed case to care, changed The Plan or plan to LHCC, deleted the sentence because it is written twice. "Information regarding filing complaints concerning noncompliance with advance directive requirements through the state's complaint hotline and/or survey and certification agency." Edit grammar	01/25/16
Annual Review	No Revisions	01/24/17
Annual Review	Removed web links to La-law.org, Lmhpco.org, and Lhaonline.org. Links were no longer active Added web link for lmhpro.org –advanced care planning Added Description of Common Types of Advance Directives from handbook Removed items not listed in handbook Added Notification of changes to state law affecting Advance Directive Added References to Louisiana Healthcare Connection Policy and Centene Corporate Policy Added reference to NCQA Health Plan Standards and Guidelines	01/24/18
Ad Hoc Review	Added process for Plan employees to provide written information to members specific to behavioral health and end of life care	03/23/18
Annual Review	Added LDH Website link for Behavioral Health Advanced Directives Added CC.CM.10 - Advance Directives to References Added Living Will & Durable Power of Attorney Forms as a Care Manager printed document Added Louisiana Instructions for Healthcare Decision Making as a Care Manager printed document Removed Advanced Care Planning and You Brochure as a Case Manager printed document	09/2018
Annual Review	Re-arranged paragraphs for better flow of ideas Added the name of phone number of the State department that receives complaints	07/25/19
Annual Review	No revisions	05/26/20
Annual Review	No revisions	02/25/21
Annual Review	No revisions	03/28/22
Annual Review	Reformatted to latest Policy Template	01/10/23

	Verbiage added to reflect changes from CC.CM.10	
Ad Hoc	Verbiage added to reflect changed form CC.CM.10	<u>03/2</u> 14/ 0 23
	Formatting adjusted to reflect CC.CM.10	

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

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