



Policy and Procedure

Policy Name:	Advance Health Care Directive Policy		
Effective Date:		Revision Date:	
Department(s)/Site(s):			
Document Owners:			
Approved By:			
Relevant Law/Standard:	<p>California Department of Health Care Services under Title 22, California Code of Regulations, Section 53230. (Requires the review and certification of Primary Care Practitioner (PCP) sites.)</p> <p>Department of Health Care Services (DHCS) All Plan Letter 20-006, Site Reviews: Facility Site Review and Medical Record Review or any superseding APL</p> <p>California Probate Code, Section 4701, 42 CFR 422.128, 42 CFR 489.100, and APL 05-010</p> <p>AB 3000, Chapter 266, Statutes of 2008, available at: https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=200720080AB3000</p>		

Purpose:

To identify adult patients (18 years and older or emancipated minors) have been offered information on Advance Health Care Directives (AHCD) and, if executed, patient’s preferences are maintained within the Medical Record.

Definitions:

Advance medical directives: These directives pertain to treatment preferences and the designation of a surrogate decision-maker if a person should become unable to make medical decisions on their own behalf. Advance directives generally fall into three categories: living will, power of attorney and health care proxy.

A living Will

- This form lets you list the care you want at the end of your life
- A living will applies only if you won’t live without medical treatment. It would apply if you had advanced cancer or a massive stroke
- It takes effect only when you can no longer express your wishes yourself

A Durable Power of Attorney for Health Care

- This form lets you name someone else to be your agent.
- This person can decide on treatment for you only when you can’t speak for yourself.
- You do not need to be at the end of your life. He or she could speak for you if you were in a coma but more likely to recover.

A health care proxy is a document that names someone you trust as your proxy, or agent, to express your wishes and make health care decisions for you if you are unable to speak for yourself. A health care proxy may also be called a durable medical power of attorney or an appointment of a health care agent or health care surrogate.

Policy:

- Adult (18 years and older or emancipated minors) medical records include documentation of whether the member has been offered information or has executed an AHCD
- Advance Health Care Directive Information is reviewed with the member at least every 5 years and as appropriate to the member's circumstance.
- Physician Orders for Life-Sustaining Treatment (POLST) form and Five Wishes are acceptable if appropriately completed and signed by the necessary parties.

Procedure:

1. Provide AHCD information
2. Discuss AHCD preferences with patient
3. Document information provided, completed AHCD in patient's Medical Record or document patient's declination to execute.
 - a. Optional - Provide other options: POLST/Five Wishes and document in patient's Medical Record

Resource:

1. AHCD Workflow sample attached

First Name Last Name – Title

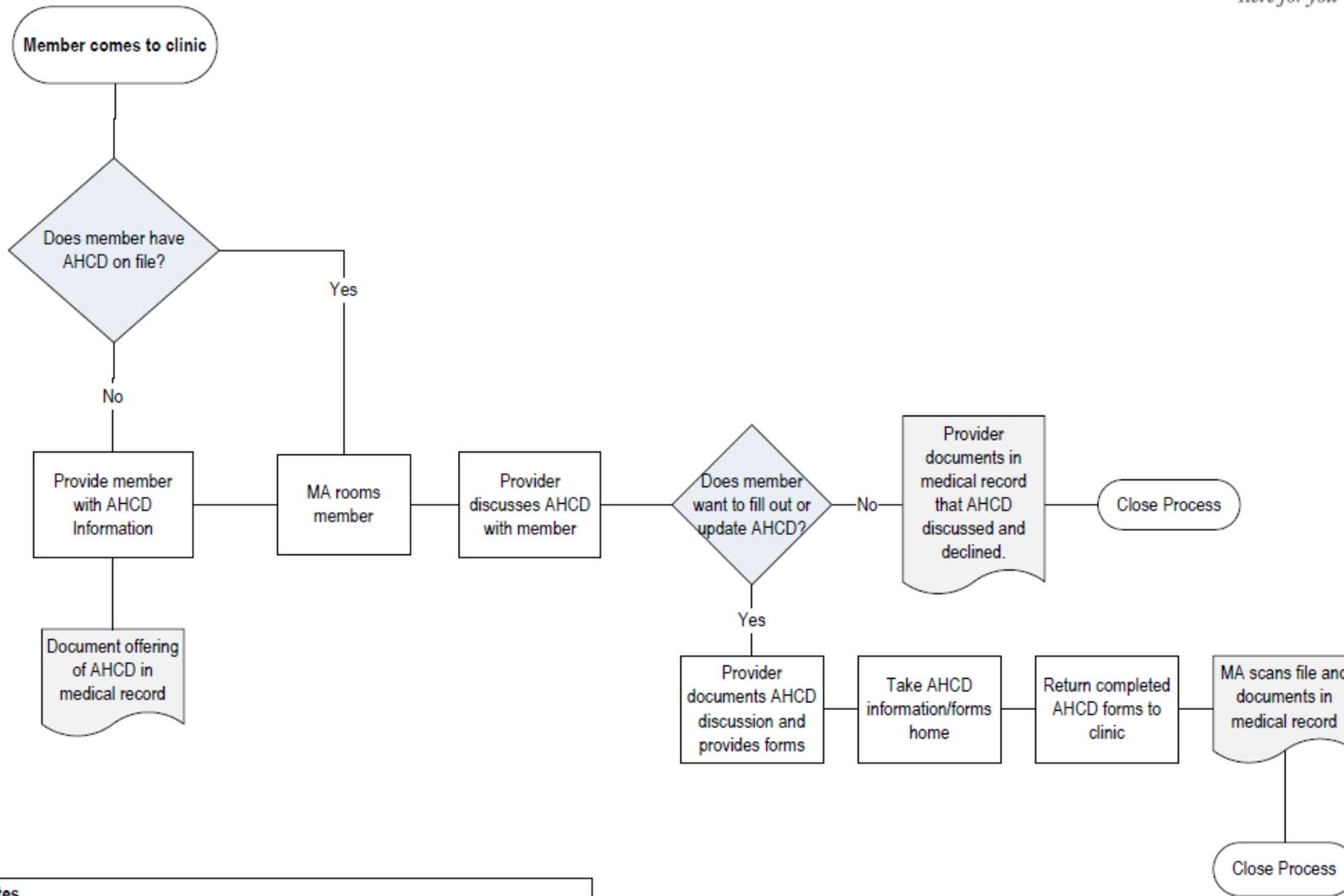
Date

First Name Last Name – Title

Date

The material in this document is a knowledge-sharing tool provided by the FSR team to enhance compliance with Facility Site Review requirements. All content is for informational purposes and may be used and/or modified according to site-specific practices. Ensure appropriate review and approval by site management prior to adoption.

Advance Health Care Directive (AHCD) Work Flow



Notes

1. All members 18 years or older are offered AHCD information.
2. AHCD reviewed with member at least every 5 years and as appropriate to member's circumstance
3. Physician Orders for Life-Sustaining Treatment (POLST) form or Five Wishes are acceptable if appropriately completed and signed by necessary parties