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Clinical Operations	Date(s) Revised: 8/25/04; 9/8/06; 10/5/07; 11/7/08	
Service Center/Operating Unit: CHN	Subject: Advance Directives Title: Colorado Health Networks Role with Advance Directives	
<p>Approval Signatures:</p>  <hr/> <p>Steve Holsenbeck, MD Service Center Vice-President/Medical Director</p>		

I. Purpose

To define Colorado Health Networks role in assisting members with their right to make medical decisions regarding the Patient Self-Determination Act of 1989.

II. Departments

Clinical Operations

Clinical Care Managers



All Providers

III. Policy

It is the policy of Colorado Health Networks to inform members of their right to make medical decisions regarding healthcare in compliance with the Patient Self-Determination Act (1989 Federal Law), the Colorado Medical Treatment Decision Act (CRS 15.18.103) and to assist them in using this right. Notification is made through a description of The Act in the member handbook. Detailed information is posted on the CHN web site <http://www.yourchn.com>, including references to the Colorado Medical Treatment Decision Act (CRS 15.18.103).

1. If changes in the Colorado Medical Treatment Decision Act (CRS 15.18.103) are made by the legislature, Colorado Health Networks will inform adult members no later than 90 days following the change through web site postings.

Any competent adult may execute a declaration directing that life-sustaining procedures be withheld or withdrawn if, at some future time, he/she is in a terminal condition and either unconscious or otherwise incompetent to decide whether any medical procedure or intervention should be accepted or rejected.

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A member’s care and treatment is not conditioned on whether or not he/she has an advance directive.

IV. Definitions

Advance Directive: A written or verbal statement made by the member, while they are competent, indicating treatment wishes to accept or refuse medical/ surgical treatment in the event the member becomes incapacitated. This statement may include a Living Will, Medical Durable Power of attorney for health care decision, CPR Directive or similar documents.



Decision Making Capacity: A person has the functional ability to make decisions regarding their health care when s/he:

1. comprehends information relevant to the particular decision to be made;
2. is able to deliberate regarding the available choices, considering his/her own values and goals; and
3. can communicate, verbally or non verbally, his/her decisions.

Declarant means a mentally competent adult who executes a declaration.

Medical Durable Power of Attorney: Written authorization designating another person to make healthcare decisions on behalf of the member, if the member becomes incapable of making his/her own decisions.

Living Will: A signed, dated and witnessed declaration written by the member, which may request that under certain circumstances life sustaining procedures/treatments may be withheld or withdrawn and that he/she be allowed to die. The Colorado “Living Will” statute applies only when a person is terminally ill and either unconscious or otherwise incompetent to make medical decisions.

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Medical Proxy/Surrogate Decision Maker: A substitute decision-maker for a member who does not have an advance directive or a guardian if a physician or judge determines that the member cannot make medical decisions. The member’s spouse, parent, adult child, grandchild, brother/sister or any close friend may be chosen as the medical proxy by mutual agreement. A member must be 18 years of age or legally emancipated to complete his/her own Advance Directives.

Psychiatric Advance Directives such as crises plans and WRAP plan are not a part of The Act, but are tools providers and members are encouraged to use.



Limitations on implementing Advance Directives as a matter of conscience – Advance Directives apply to medical/ surgical procedures, not psychiatric conditions. As such, Colorado Health Networks does not place limitations on implementing Advance Directives. Contracted Facilities, especially those who provide medical or surgical procedures, may or may not place limitations on implementing psychiatric advance directives.

V. Procedure

On hospital admission, adult members will be asked by hospital staff if he/she has an advance directive. This will be noted in the medical record. It shall be the responsibility of the member or someone acting for him/her to submit the declaration to the attending physician for entry in the member’s medical record.

On Outpatient admission, adult members will be asked by admitting staff if he/she has an advance directive. It will be noted in the medical record.

Advance Directives, as defined in the Patient Self-Determination Act, applies to medical/surgical procedures, not psychiatric conditions. If a member requests additional information on The Act from the outpatient mental health provider, advocate or/and the Colorado Health Networks Customer Service Representative, the member will be referred to her/his PCP/family physician.

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1. Mental Health providers are not trained, credentialed or authorized to implement medical/surgical procedures and therefore, cannot implement or withhold Advance Directives procedures.



If the member presents her/his advance directives to the inpatient provider, the provider will instruct her/him to keep the advance directives on her/his person.

2. Advanced Directives can only be implemented when they are known by the medical/surgical provider, for example Emergency Department Staff.
3. If a member is incapacitated at the time of hospital admission due to an incapacitating condition or mental disorder and is unable to receive information, the member's family or surrogate can request information as per section V.B or from hospital staff.
4. If a member is no longer incapacitated, the member can request information as per section V.B or from hospital staff.

Information on advance directives is included in the Member Handbook, which is distributed to all members.

For adult members in treatment, additional information is available through the Colorado Health Networks web site and handouts. This information includes policies, statements of any limitations, and information on directing complaints concerning non-compliance with advance directive requirements to the Colorado Department of Public Health and Environment.

Because the Colorado Medical Treatment Decision Act (CRS 15.18.103) does not include psychiatric advance directives, providers are encouraged to assist members to develop crisis plans that define the member's wishes in time of a psychiatric crisis, using the Mary Ellen Copeland WRAP model.

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When appropriate, Colorado Health Networks will provide consumer, staff, providers, and community education about Advance Directives. Depending on the audience (staff, provider or community), training will be conducted through the following means:

5. As part of the staff orientation process
6. OCFA events and Consumer Directed Programs
7. Provider Forums
8. Postings at the CMHC with Consumer Advocate contact information for additional information
9. Postings on CHN provider and consumer web sites.
10. Provider news letters
11. E-mail and mail notices to providers with instructions on how to access Advanced Directive information on the web.

If a member believes his/her rights under the Colorado Medical Treatment Decision Act or the Patient Self Determination Act have been violated when receiving services through Colorado Health Networks or its providers, the member will be given information about how to file a complaint with the Colorado Department of Public Health and Environment.

VI. Attachments

None.