I. SCOPE:
This policy applies to all UnitedHealthcare Community Plan (UHCCP) staff, providers and members who have a need to be informed of UHCCP’s policies regarding the development and implementation of Advance Directives.

II. PURPOSE:
This policy outlines the process for educating UHCCP staff, members, and providers about Advance Directives, including Advance Mental Health Care Directives, and the process for disseminating Advance Directive polices to members and providers.

III. DEFINITIONS:

Advance Directive: A written instruction, such as a living will or durable power of attorney for healthcare, recognized under state law relating to provision of healthcare when the individual is incapacitated.

Health Coordination – The process which assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet a member’s healthcare needs using communication and all available resources to promote quality outcomes. Effective health coordination occurs across a continuum of care, addressing the ongoing individual needs of a member rather than being restricted to a single practice setting.

Health Coordinator (HC) – An individual who coordinates, monitors and ensures that appropriate and timely care is provided to the member. A Health Coordinator may be a specific person selected by the member or assigned by the health plan.

IV. POLICY:
It is the policy of UHCCP to maintain written policies and procedures that address Advance Directives for QUEST Integration members. UHCCP provides its Advance Directive policies to members eighteen (18) years of age or older and to emancipated minors.

UHCCP advises members of:
1. Their rights under the law of the State of Hawaii, including the right to accept or refuse medical, behavioral health or surgical treatment and the right to formulate Advance Directives.

2. UHCCP’s written policies respecting the implementation of those rights, including a statement of any limitation regarding the implementation of Advance Directives as a matter of conscience.
   a. Although UnitedHealthcare Community Plan does not have institution-wide conscientious objections or limitations; UnitedHealthcare Community Plan respects that contracted providers/practitioners may have individual limitations or conscientious objections to implementing Advance Directives.
   b. Education regarding member rights, including information regarding Advance Directives, is provided to members or their authorized representative through member newsletters, the Member Handbook, and ongoing discussions with Health Coordinators and is in accord with the Uniform Health Care Decisions Act, Hawaii Revised Statutes 327-E and other applicable state and federal laws and regulations.

3. UHCCP shall inform the Members that complaints concerning non-compliance with the advance directive requirements may be filed with the State survey and certification agency found in the Office of Health Care Assurance in the Department of Health.

4. UHCCP shall cover hospice care for qualifying Members. Hospice is a program that provides care to terminally ill patients who are not expected to live more than six (6) months. A participating hospice provider shall meet Medicare requirements. Children under the age of twenty-one (21) years may receive treatment to manage or cure their disease while concurrently receiving hospice services.

V. PROCEDURE:
   A. General Considerations
      1. This procedure is followed when UHCCP or its providers educate members about their Advance Directive rights and responsibilities. It is designed to comply with DHS, state, and federal guidelines and laws regarding Advance Directive rights and responsibilities.
         a. UHCCP does not require Advance Directives as a condition for receiving care.
         b. UHCCP does not discriminate based on whether a member has an Advance Directive.
c. UHCCP requires compliance with state and federal law on Advance Directives.

d. UHCCP educates employees, members, and the community on Advance Directives.

e. UHCCP shall provide this policy on their website and through paper and/or electronic Member communications to all Members eighteen (18) years of age or older.

f. UHCCP partners with Kokua Mau for staff training and education on Advance Directives and Advance Care Planning. Staff training occurs at minimum annually and when needs are identified such as following an update to the Hawaii Provider Orders for Life Saving Treatment (POLST) form. Members and providers are also referred to Kokua Mau for questions on Advance Care Planning and for Advance Care Planning resources such as Advance Directive or POLST forms.

B. Staff Education

1. Managers responsible for member services and health coordination are responsible for ensuring that Plan staff receives education on the following:
   a. Advance Directive policies and procedures.
   b. Situations in which Advance Directives may be of benefit to members.
   c. UHCCP’s responsibility to educate and assist members who choose to make use of Advance Directives.

C. Member Education

1. Members will receive information through the Member Handbook on the following issues:
   a. General information about the ability to direct their care using Advance Directives.
   b. Opportunities to file complaints, including complaints about noncompliance with the Advance Directive requirements, to the State survey and certification agency found in the Office of Health Care Assurance in the Department of Health.

2. UHCCP’s Plan President has overall responsibility to ensure that:
   a. Information regarding Advance Directives is based on applicable state and federal laws, such as the Uniform Health Care Decisions
Act which describes the Advance Directive mechanism and process as well as power of attorney for healthcare, revocation or change of Advance Directive, role of surrogate decision-makers, decision by guardians, obligations of the healthcare provider, capacity, immunity and other pertinent information related to Advance Directives.

b. Educational materials for members are provided within 90 days of the effective date of any applicable change.

c. Member materials regarding Advance Directives are written at a 6th grade reading comprehension level.

d. Member rights and responsibilities regarding Advance Directives are reinforced through the Member Newsletter.

e. Educational material regarding member rights is included in the Member Handbook and provided in accordance with the Member Educational Plan filed with the State of Hawaii.

f. An educational overview of how members may direct their care using Advance Directives is reinforced through discussions with Health Coordinators and through the Member Newsletter.

g. Members are encouraged to contact Member Services with any questions or concerns regarding Advance Directives that have not been answered by their primary care provider.

h. Members may contact their Health Coordinator or Member Service for additional education and resources on Advance Directives.

D. Provider Education

1. UHCCP providers will receive education on the following:
   a. Contractual obligations to respect the rights of Plan members with regard to Advance Directives.
   b. Plan expectations and provider responsibilities when the provider has a conscientious objection or other limitation to the implementation of a member’s Advance Directive including notification to the member or their surrogate and Plan of the provider’s concern. UHCCP will work with the member or surrogate and the provider to arrange transfer of the member to another provider or facility.
c. Plan policies regarding Advance Directives and a sample Advance Directive in the Provider Administrative Guide, which is distributed to all UHCCP providers and available on its provider website.
d. The Provider Relations Department ensures that UHCCP member rights are reinforced to UHCCP providers through the Provider Administrative Guide, the provider bulletins, and provider/practitioner workshops.
e. Compliance with the Advance Directive requirements for hospitals, nursing facilities, providers of home and health care and personal care services, hospices, and HMOs specified in 42 CFR Part 489, Subpart I, and 42 CFR § 417.436(d).

2. UHCCP will work with providers to demonstrate achievement across the following areas:
   a. Higher rates of completion of advance directives; and
   b. Increased likelihood that clinicians understand and comply with patient's wishes.

E. Member Rights
   1. Competent, adult members have the right to execute a written or non-written Advance Directive, a do-not-resuscitate order, an out-of-hospital do-not-resuscitate order, and/or assign a Medical Power of Attorney at any time.
   2. Competent, adult members also have the right to complete an Advance Mental Health Care Directive that expresses their preferences and instructions about behavioral health treatment and/or designate an agent to make behavioral health care and treatment decisions on their behalf.
   3. Members have the right to receive medical care even if the member does not have an Advance Directive.
   4. Members have the right to change or cancel Advance Directives at any time.
   5. Members who are incapacitated and cannot make decisions about their medical treatment can make changes to their Advance Care Directive once their decision-making capacity is restored. Members are informed of this in the Member Handbook.
   6. Members have the right to obtain clear and concise information regarding to the different types of Advance Directives available to them, and when an Advance Directive will take effect.
7. The desire of a competent qualified member supersedes the effect of an Advance Directive.

F. Member Responsibilities
1. Members are encouraged to discuss Advance Directives with their primary care provider or behavioral health provider, as well as those family members, friends, and other individuals who are involved in the member's health care.
   a. A copy of the Advance Directive should be provided to the health plan from the member’s authorized representative or primary care provider. The health plan will work with family members, authorized representatives, or the surrogate operating on the member's behalf to coordinate care, including determination of Advance Directives as appropriate, if the member is incapacitated at the time of enrollment.

2. Members are expected to give copies of the Advance Directives to their primary care provider or behavioral health provider, as well as those family members, friends, and other individuals who are involved in the member's health care.
   a. In the event members need to update their Advance Directives, UHCCP will work with the member to assist the member as appropriate to provide a copy of the Advance Directive to their provider and other involved individual(s).
   b. In the event a member changes health plans, UHCCP will provide the member or plan with a copy of their Advance Directive according to UHCCP policies and procedures regarding the release of personal health information.

3. Members must comply with state and federal laws regarding the witnessing and notarizing of Advance Directive documents.
4. Members are requested to keep Advance Directives in a safe place that is accessible to family members, members, or other responsible individuals.
5. Members are requested to inform providers if they have formulated Advance Directives.

G. Provider Responsibilities
1. Providers comply with all applicable state and federal laws regarding Advance Directives.
2. Providers ask and promptly document in the medical record if adult members have Advance Directives and include existing Advance Directives in the member’s medical record. Existing Advance Directives are prominently displayed within the patient’s medical record maintained in provider’s office.

3. Providers will properly document in the medical record and implement any changes or revocation to an Advance Directive by the member or the authorized representative or surrogate. The provider may contact UHCCP to assist the member or their surrogate in making changes to the Advance Directive form as needed.

4. Providers neither require a member to have an Advance Directive in order to receive medical care or behavioral health care, nor prevent a member from having an Advance Directive.

5. UHCCP has no institution-wide conscientious objections or limitations regarding Advance Directives, but provider should adhere to the member rights detailed in Section E of this policy.

6. If a health care provider is unable or unwilling to carry out a patient's written request, and the patient transfers care to a new health care provider, the prior health care provider shall transfer, upon request, a copy of the patient's relevant medical records to the new health care provider.

7. Providers must not execute Advance Directives until the member is no longer able to give informed consent.

8. Providers maintain written policies for their office staff regarding Advance Directives and prominently display documented Advance Directives within patient’s medical record maintained in provider’s office.

9. Providers ensure that members understand their rights and responsibilities regarding to Advance Directives.

H. Distribution of Advance Directive Policy and Procedures to CMS

1. UHCCP will provide its Advance Directives policies and procedures to CMS upon request.

I. Updates to Policies and Procedures

1. Only authorized Plan staff may update these policies and procedures.

2. UHCCP manager responsible for oversight of all Advance Directives shall review these policies and procedures as necessary and upon request of DHS. At a minimum, the manager shall review this document annually.
3. If revisions to these policies and procedures affect the benefits, responsibilities, or processes that must be followed by members, UHCCP shall inform members of the revisions in language the member can understand.
   a. UHCCP shall inform members through direct communication with Health Coordinators, member newsletters, targeted mailings, or other means.
   b. The form of the communication will depend on the scope of the revisions, the timing of the revisions, and the number of members affected.
4. If revisions to these policies and procedures have no material effect on the requirements or benefits of members, there is no need to inform members of the revisions.
5. The policies are updated to reflect changes in state laws as soon as possible, but no later than ninety (90) days after the effective date of the change.

VI. ATTACHMENTS:
None

VII. RELATED POLICIES:
HC-1020 Advance Care Planning

VIII. REFERENCE:
A. QI-RFP-MQD-2021-008 Section 4.10, 8.3, 9.4
B. 42 CFR Section 438.6(j)(1) to (4), 422.128 and subpart I of Part 489.
C. HAR 17-1711.1-12
D. HRS §§327E-3-5
E. 2021 NCQA Health Plan Accreditation Standards PHM 5C (6), LTSS 1E (4)

IX. APPROVED BY:

[Signature]
Date: 05/27/2021

Health Plan Authorization

X. REVIEW HISTORY

HC 1011 Advance Directives
<table>
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<tr>
<th>Effective Date</th>
<th>Key update from Previous Version</th>
<th>Reason for Revision</th>
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<tr>
<td>07/01/2021</td>
<td>Replaces policy SC-1011</td>
<td>HI QUEST Integration Readiness Review</td>
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**DEPARTMENT:**
Health Coordination

**LOCAL HEALTH PLAN**
UnitedHealthcare Community Plan

**LINES OF BUSINESS:**
Hawaii Medicaid

**TITLE:**
Advance Directives

**Number:**
HC-1011

**EFFECTIVE DATE:**
07/01/2021

**REVIEWED:**
05/27/2021

**AUTHORIZED BY:**
Denise Leonardi, MD