

Partners in Recovery

ADULT PNO

DIRECT CARE CLINIC

DESKTOP PROCEDURE

I. Purpose:

- A. To establish the Adult PNO guidelines for advance directives.

II. Standards

- A. The Adult PNOs will comply with federal, State, AHCCCS, ADHS and *Magellan* requirements, laws, policies and desktop procedures related to advance directives and best practice standards.
 - 1. A Mental Health Care Power of Attorney gives an adult person the right to designate another adult person to make behavioral health care treatment decisions on his or her behalf. The designee may make decisions on behalf of the adult person if she or he is found incapable of making these types of decisions. The designee, however, must not be a provider directly involved with the behavioral health treatment of the adult person at the time the mental health care power of attorney is executed.
 - 2. The designee:
 - a. May act in this capacity until his or her authority is revoked by the adult person or by court order;
 - b. Has the same right as the adult person to receive information and to review the adult person's medical records regarding proposed behavioral health treatment and to receive, review, and consent to the disclosure of medical records relating to the adult person's treatment;
 - c. Must act consistently with the wishes of the adult person as expressed in the mental health care power of attorney. If, however, the adult person's wishes are not known by the designee, the designee must act in good faith and consent to treatment that she or he believes to be in the adult person's best interest; and
 - d. May consent to admitting the adult person to a level 1 behavioral health facility licensed by the Arizona Department of Health Services if this authority is expressly stated in the medical health care power of attorney or health care power of attorney.
- B. The Adult PNO DCCs will, at the time of enrollment and periodically thereafter, provide all adult persons, and when the person is incapacitated or unable to receive information, the enrollee's family or designated representative with:
 - 1. The person's rights regarding advance directives under Arizona State Law;
 - 2. A description of the state law (summarized in II. A. 1 and II. A. 2 above); and

- information regarding the implementation of these rights; and
3. Written policies including a clear and precise statement of limitations if the provider cannot implement an advance directive as a matter of conscience. This statement, at a minimum should:
 - a. Clarify institution-wide conscience objections and those of individual physicians;
 - b. Identify state legal authority permitting such objections; and
 - c. Describe the range of medical conditions or procedures affected by the conscience objection.

Adult PNOs will also periodically make persons aware of the option to enter into an advance directive. If the enrollee is no longer incapacitated, the Adult PNOs will ensure that the enrolled individual is provided advance directive information directly.

- C. The Adult PNOs believe that each person is capable of making his or her own treatment decisions, except as determined by a licensed treating psychiatrist/nurse practitioner (assigned clinician). The assigned clinician must determine that the recipient is unable to make informed Partners in Recovery prior to acting upon an advance directive.

III. Assistance in Developing an Advance Directive:

- A. The Adult PNOs will have the following resources available to all transitioned Direct Care Clinics (DCC):
 1. Advance Directive Form
 2. Advance Directive Resources Sheet
- B. All Adult PNO DCC's will post informational English and Spanish Advance Directive Mental Health Care Power of Attorney posters in a conspicuous area (i.e. lobby).
- C. All behavioral health recipients at the DCC's will be informed of their right to make an advance directive at enrollment, and at the time of his or her initial and annual psychiatric evaluation.
- D. At the first appointment with the case manager and at the annual ISP review, the case manager will review Section I of the *Advanced Directives Form* with the recipient and provide information to the consumer on advance directives via the Member Handbook or provide a verbal explanation. The case manager will also give the recipient the Advance Directive Resources Sheet as a helpful tool in developing an advance directive.
- E. The case manager will ask the recipient to initial the Advanced Directives Form in the designated areas and forward the form to the assigned clinician.
- F. During the initial and annual psychiatric evaluation, the assigned clinician will review Section II of the Advance Directives Form and ask the behavioral health recipient if he/she has an advance directive. If the advance directive exists, the assigned clinician will ask the medical records staff for a copy in the behavioral health medical record.

- G. If the advance directive is not filed in the medical record, the assigned clinician will indicate on the form whether the recipient does not wish to have it filed in the behavioral health medical record or if he or she has not yet provided the case manager a copy.
- H. If there is no current advance directive for the person, the assigned clinician will inform the recipient that assistance in developing an advance directive is available.
- I. The Adult PNO DCC staff cannot serve as the designee for current recipients of services or persons formerly in services.
- J. The case manager will document in the person's clinical record whether or not the recipient was provided the information and whether an advance directive was executed.
- K. The assigned clinician will not condition provision of care nor discriminate against a recipient because of his or her decision to execute an advance directive or not.
- L. The case manager will provide a copy of the recipient's executed advance directive or documentation of refusal to the PCP for inclusion in the person's medical record.
- M. Maintain a copy of the advance directive, or note the person's refusal to sign an advance directive in his or her behavioral health medical record.
- N. The case manager will also indicate in the recipient's At Risk Crisis Plan (ARCP) the details of the advance directive if one is executed.
- O. In the event of a behavioral crisis, Adult PNO DCC staff must involve the advance directive designee during the crisis event. Other personnel including hospitals and law enforcement must be made aware of the existence and the content of the advance directive.
- P. The case manager will obtain AUD(s) for the designee(s) identified in the advance directive and maintain copies of the AUD(s) in the behavioral health medical record.
- Q. In the event that an advance directive is acted on, the case manager will be responsible for notifying all appropriate parties within a reasonable amount of time.