

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

BOARD POLICY

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I. APPLICATION:

- ☒ SCCCMA Board
- ☒ SCCCMA Providers & Subcontractors
- ☒ Direct Operated Programs
- ☒ Community Agency Contractors
- ☒ Residential Programs
- ☒ Specialized Foster Care

II. POLICY STATEMENT:

It shall be the policy of the St. Clair County Community Mental Health Authority (SCCCMHA) Board that recipients will be notified of their right to formulate advance directives.

III. DEFINITIONS:

- A. Adult Foster Care Facility: Means a home or facility that provides foster care to adults. Adult foster care facility includes facilities and foster care family homes for adults who are aged, mentally ill, developmentally/intellectually disabled, or physically disabled who require supervision on an ongoing basis but who do not require continuous nursing care.
- B. Advance Directive: Means a written instruction, such as a living will or durable power of attorney for health care, recognized under State law, relating to the provision of health care should an individual become incapacitated.
- C. Do-Not-Resuscitate Order (DNR): Means a properly (legally) executed document directing that, in the event an individual suffers cessation of both spontaneous respiration and circulation in a setting outside of a hospital, resuscitation will not be initiated.
- D. Durable Power of Attorney for Health Care: Is the means by which a competent individual can, in advance, designate how that individual wants health care decisions made when he/she is unable to participate in medical treatment decisions or is terminally ill. Durable Power of Attorney for Mental Health Care is intended to ensure the individual's desire to accept or refuse health care or mental health care is honored when the individual is unable to participate in medical decisions due to incapacitation.
- E. Health Professional: Is defined as a paramedic, emergency medical technician, emergency medical technician specialist, a physician, a nurse, a medical first responder, a respiratory therapist, or a physician's assistant.

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- F. Incapacitated Individual: Is an individual who is impaired by reasons of mental illness, mental deficiency, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause, not including minority, to the extent of lacking sufficient understanding or capacity to make or communicate informed decisions.
- G. Patient Advocate: Means an individual designated to exercise powers concerning another individual's care, custody, and medical or mental health treatment or authorized to make an anatomical gift on behalf of another individual. The inability of an individual to participate in their medical treatment decisions must be determined by an attending physician and another physician, after an examination, in writing, and included as part of the individual's file. While an individual is unable to participate in their medical treatment decisions, a physician may obtain informed consent from an individual's Patient Advocate.
- H. Recipient: Means an individual who receives mental health services from the Michigan Department of Health and Human Services (MDHHS), a community mental health services program, or a facility, OR from a provider that is under contract with the MDHHS or a community mental health services program.

IV. STANDARDS:

- A. At system access, the Region 10 Pre-Paid Inpatient Health Plan (PIHP) Access Center, shall:
1. Ascertain if the recipient has executed a durable power of attorney for mental health care (psychiatric advance directive);
 2. Ascertain if the recipient desires to obtain information on advance directives; and
 3. Inform the recipient of the policies on advance directives by disseminating a copy of the Region 10 PIHP Customer Handbook.
- B. SCCCMHA shall ensure the Customer Handbook contains a summary of the policies on advance directives, and that such information is reflective of the most current State law.
- C. SCCCMHA shall inform the referral network provider, via transmittal of the initial service authorization (for documentation into a prominent location of the individual's medical record), should the Access Center identify an individual with an advance directive.
- D. SCCCMHA shall ensure designated staff members are trained on its policies and procedures regarding advance directives.
- E. SCCCMHA and its contracted providers shall have a process in place to ask recipients/guardians if they want to develop an advance directive.
- F. Medical advance directives only apply in long-term care situations, which, for the purposes of this policy, include group homes.

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- G. SCCCMHA and its contracted providers shall annually, at the time of renewing the informed consent for treatment, remind recipients that information on advance directives is available.
- H. SCCCMHA and its contracted providers shall provide all adult beneficiaries with written information on the advance directives policy, including a description of applicable State laws when requested. Recipients shall be notified that they may revoke an advance directive at any time.
- I. SCCCMHA and its contracted providers shall document in the recipient's record as to whether or not the beneficiary has executed a psychiatric advance directive.
- J. A recipient who is 18 years of age or older and of sound mind, may execute a Do-Not-Resuscitate Order on his or her behalf. A Patient Advocate of a recipient who is 18 years of age or older may execute a Do-Not-Resuscitate Order on behalf of the recipient if given that authority in the Patient Advocate designation documents. A guardian, with the power to execute a Do-Not-Resuscitate Order as determined by a Court, may execute a Do-Not-Resuscitate Order on behalf of a ward after complying with the stipulations as detailed in Standard J.1.below.
 - 1. The power of a guardian to execute, reaffirm, and/or revoke a Do-Not-Resuscitate Order on behalf of a ward is subject to the court order for guardianship. If the court order empowers a guardian to execute, reaffirm, and/or revoke a Do-Not-Resuscitate Order, the guardian shall comply with the following standards:
 - a. A guardian shall not execute a Do-Not-Resuscitate Order unless the guardian does all of the following:
 - (1) Not more than 14 days before executing the Do-Not-Resuscitate Order, the guardian shall visit their ward, and, if meaningful communication is possible, consult with their ward about executing the Do-Not-Resuscitate Order.
 - (2) The guardian shall consult directly with their ward's attending physician as to the specific medical indications that warrant the Do-Not-Resuscitate Order.
 - b. If a guardian executes a Do-Not-Resuscitate Order, not less than annually after the Do-Not-Resuscitate Order is first executed, the guardian shall do all of the following:
 - (1) Visit their ward and, if meaningful communication is possible, consult with their ward about reaffirming the Do-Not-Resuscitate Order.
 - (2) Consult directly with their ward's attending physician as to specific medical indications that may warrant reaffirming the Do-Not-Resuscitate Order.
 - 2. A recipient who is 18 years of age or older, of sound mind, and an adherent of a church or religious denomination whose members depend upon spiritual means through prayer alone for healing may execute a Do-Not-Resuscitate Order on his or her own behalf. A Patient Advocate

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of a recipient who is 18 years of age or older and an adherent of a church or religious denomination whose members depend upon spiritual means through prayer alone for healing may execute a Do-Not-Resuscitate Order on behalf of the recipient.

3. In those situations where a recipient has properly executed a Do-Not-Resuscitate Order **and** if the recipient is enrolled in a licensed hospice program, the Adult Foster Care Facility can contact the licensed hospice program, and honor the DNR, if the recipient suffers cessation of both spontaneous respiration and circulation (breathing and heart stops).
4. The execution of a Do-Not-Resuscitate Order and/or Patient Advocate designation can be challenged in court if an interested party believes the recipient is not competent and of sound mind, did not voluntarily execute the order, or if the order was issued by a guardian that is contrary to the wishes or best interests of their ward.
5. The Do-Not-Resuscitate Order must be on an appropriate form and properly executed, meaning all necessary signatures, including attestation of witnesses, are present.

V. PROCEDURES:

Case Holder/Clinician

1. Asks a recipient/recipient's guardian if they are interested in the development of an advance directive on an annual basis.
2. Provides the recipient/recipient's guardian with a copy of the advance directive policy, if they indicated interest in the development of an advance directive.
3. Forwards advance directives, if developed, to the Data Management Department for scanning into the recipient's electronic health record.

Records Staff

4. Scans and saves advance directives into a recipient's case record.

VI. REFERENCES:

- A. The Michigan Do-Not-Resuscitate Procedure Act, Act 193 of 1996, as amended
- B. Title 42, Code of Federal Regulations, Sub-Sections 422.128 and 489.100
- C. Estates and Protected Individuals Code, Act 386 of 1998, as amended
- D. Adult Foster Care Facility Licensing Act, Act 218 of 1979, as amended

VII. EXHIBITS:

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None Available

VIII. REVISION HISTORY:

Dates issued 08/05, 11/06, 06/09, 10/11, 03/13, 02/14, 01/15, 01/16, 03/17, 03/18, 03/19, 03/20, 03/21, 04/22.