



Policy and Procedure

Policy Name: Advance Directives	Policy#: ADM-331	Version#: 5
Author Department: Compliance	Origination Date: 12/07/18	
Business Units Impacted: All	Date Last Reviewed: 10/29/24	
Products/LOBs: All	Date Approved by CPT 11/5/2024	

DEFINITIONS

Advance Directive: Written instructions recognized under state and federal law relating to the making of medical treatment decisions and the provision of healthcare when or if an individual is incapacitated. Advance Directives recognized under Colorado law include medical durable powers of attorney, living wills, and cardiopulmonary resuscitation (CPR) directives¹.

Do Not Resuscitate (DNR) Order: A medical order written by a physician at the request of the patient, indicating that they do not want resuscitation if they stop breathing or their heart stops beating.²

Cardiopulmonary Resuscitation (CPR) Directive: is a legal document that allows an individual to make an advance decision about whether to receive CPR if their heart or breathing stops.³

Living Will: A document that outlines specific medical treatments an individual does or does not want in the event of a terminal illness or permanent unconsciousness.⁴

Medical Orders for Scope of Treatment (MOST): The MOST form is used if you are seriously ill or have an ongoing condition and see your providers often. MOSTs tell your provider which medical procedures to do. They also tell them which ones to avoid. MOSTs must be signed by you and your provider.⁵

Medical Durable Power of Attorney (MDPOA): A document that designates a person (agent) to make healthcare decisions on behalf of an individual if they become incapacitated.⁶

Provider: Any licensed healthcare professional or entity, including physicians, nurses, advanced practice providers, and affiliated healthcare facilities, responsible for delivering medical care to Colorado Access members and expected to comply with documented advance directives.

Workforce Members: Means individuals who are employed by or affiliated with Colorado Access (COA or organization), including full-time and part-time employees, temporary staff, contractors, volunteers, interns, and other personnel who perform work on behalf of the organization.

¹ C.R.S. §15-18.7-102.

² C.R.S. § 25-48-101

³ C.R.S. § 15-18.6-101

⁴ C.R.S. § 15-18-104

⁵ C.R.S. § 15-18.7-101

⁶ C.R.S. § 15-14-501



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SCOPE:

This policy applies to all Colorado Access (COA) members, Workforce Members, and contracted healthcare Providers who are responsible for informing, documenting, and upholding members' Advance Directives.

PURPOSE:

This purpose of this policy is to outline how members are informed of their right to create Advance Directives, enabling them to document healthcare preferences for situations where they cannot communicate. It provides guidance on available directive options, such as Living Wills, CPR Directives, DNRs, MDPOAs, and MOST forms, and supports the communication of these directives to healthcare Providers to uphold members' treatment choices in accordance with Colorado law.

STATEMENT OF POLICY:

It is the policy of COA to inform and support members in establishing Advance Directives, ensuring their healthcare preferences are documented and respected when they are unable to communicate their wishes. COA will provide members with information on available Advance Directive options, such as Living Wills, CPR Directives, DNRs, MDPOAs, and MOST forms, and facilitate the communication of these directives to healthcare Providers. In compliance with Colorado law, all Workforce Members and Providers are expected to honor these Advance Directives as expressions of the members' right to self-determination in healthcare decisions.

COA shall comply with state and federal laws concerning Advance Directives. COA will:

1. Notify Providers of their obligations regarding Advance Directives.
2. Provide members with written information on Advance Directives and a description of their rights under applicable State laws.
3. Educate Workforce Members about Advance Directives.
4. Make available to the community, educational materials about Advance Directives.

COA, as an organization, does not object to the exercise of a member's Advance Directive on moral or religious grounds. COA shall require contracted Providers to recognize a member's advance directives, prohibit discrimination against an individual based on Advance Directive status, and if the Provider cannot execute or implement an Advance Directive on the basis of conscience, the Provider shall issue a written or other appropriate form of statement of limitation to the member.



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A. Member Rights

1. COA members have the right to make decisions regarding their healthcare, including the right to accept or refuse medical treatment.
2. COA members have the right to create, modify, or revoke an Advance Directive at any time.
3. COA members will not be discriminated against based on whether they have an Advance Directive.

B. Provider Responsibilities

1. COA's contracted healthcare Providers must comply with state and federal laws regarding Advance Directives.
2. Providers must inquire whether members have an Advance Directive and include this information in the member's medical record.
3. Providers must follow the Advance Directive unless it is contrary to state law or their ethical beliefs. If a Provider is unwilling to follow the Advance Directive due to ethical concerns, they must transfer care to another Provider who will follow the member's wishes.

C. COA Responsibilities

1. COA will provide information about Advance Directives to its members.
2. COA will not condition care or benefits on the existence of an Advance Directive.
3. COA will make contracted Providers aware of their responsibilities regarding Advance Directives.
4. In the event of non-compliance by a Provider, COA will take appropriate corrective action.

D. Provider Communication

1. The COA Provider Manual shall contain the following information about Advance Directives:
Member's right to accept or refuse medical treatment;
2. The member's right to formulate Advance Directives;
3. Expectations regarding implementation of member right regarding Advance Directives, including the requirement to document the presence of an Advance Directive in the medical record in a prominent location;



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4. How to proceed if a Provider believes they may be unable to implement a member's Advance Directive based on a moral or religious objection. Specifically, Providers will be given information on their obligations to notify members of their objections and to promptly transfer members when an objection may interfere with the execution of an Advance Directive.
5. Link to COA's website that provides additional information and resources regarding Advance Directives;
6. The provision of care may not be conditioned on the presence or absence of an Advance Directive;
7. Members will not be discriminated against based on whether an Advance Directive has been executed, amended, or revoked;
8. Applicable facilities are required to provide members with written information at the time of admission or prior to the delivery of services.
9. Obligation to notify members of their right to file a complaint with the Colorado Department of Public Health and Environment through the State Survey and Certification Agency regarding issues concerning Advance Directives.

E. Member Communication

1. COA will provide members with written information about Advance Directives in the member handbook and on COA's website. Information shall include:
 - A description of the applicable Colorado laws pertaining to Advance Directives, including laws set forth in the State statutes or court opinions. Any updates to the law will be communicated to members within ninety (90) days of the effective date of the new law.
 - Specifically, at the time of initial enrollment, the member will, at a minimum, be notified of his/her/their right to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate Advance Directives.
 - If, on enrollment, a member is incapacitated, COA will provide information to the member's family or surrogate, as required, on Advance Directives. If a member who was incapacitated at the time of enrollment regains capacity, COA will provide the member with information on Advance Directives directly upon notice.
 - COA will provide members with information regarding the range of medical treatments that may be impacted by a Provider's moral/religious objection to implementing an Advance Directive, including the administration of CPR and other life-saving medical interventions, when known.



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PROCEDURES:

1. Member inquiries or concerns regarding Advance Directives should be directed to the Customer Service Department.
2. The materials provided to members and Providers will be reviewed by the Compliance Team at least annually to ensure they remain current.
3. In the event of a statutory change concerning Advance Directives, COA will ensure that member and provider communication materials, as well as the Provider Manual, are updated within ninety (90) days.

REFERENCES:

C.R.S. § 15-14-501
C.R.S. § 15-18-104
C.R.S. § 15-18.6-101
C.R.S. § 15-18.7-101
C.R.S. § 15-18.7-102.
C.R.S. § 15-18.7-105.
C.R.S. § 25-48-101 et seq, (The End of Life Options Act)
42 C.F.R. § 438.3(j)
42 C.F.R. § 422.128.
RAE Contract, Section 7.3.11.2.

ATTACHMENTS:

None

POLICY HISTORY:

SUMMARY OF REVIEW/REVISION/APPROVAL DATES:

Version 1: 12/07/18, Version 2: 09/15/21, Version 3: 10/23/23, Version 4: 2/28/24, Version 5: 11/5/2024

APPROVAL BODY: COA Core Policy Team

APPROVAL DATE: 11/5/2024