



<b>Policy Title:</b>	<b>Advance Directive Planning</b>
<b>Department:</b>	<b>Markets Growth &amp; Retention</b>
<b>Business Unit:</b>	<b>Medicaid and Special Needs Plan</b>
<b>Approved By:</b>	<b>Director, Medicaid SNP Member Solutions &amp; Innovation</b>
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<b>Revision Dates:</b>	<b>12/15/2012, 12/11/2014, 11/6/2019, 6/16/2020, 1/11/2023, 1/17/2024</b>

#### **PRODUCTS AFFECTED**

- Minnesota Senior Health Options (MSHO) – Medica DUAL Solution<sup>®</sup>
- Minnesota Senior Care Plus (MSC+) – Medica Choice Care<sup>SM</sup> MSC+
- Special Needs BasicCare (SNBC) – Medica AccessAbility Solution<sup>®</sup>
- Integrated Special Needs BasicCare (I-SNBC) – Medica AccessAbility Solution Enhanced<sup>®</sup>
- Prepaid Medical Assistance Program (PMAP) – Medica Choice Care<sup>SM</sup> PMAP
- MinnesotaCare – Medica MinnesotaCare

#### **DEFINITIONS**

**Advance Directive:** An advance directive is 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 when the individual is incapacitated. The document allows the individual and/or their designee to make choices about health care treatment or identifies someone to make those treatment decisions if they are unable to do so. The federal Patient Self-determination Act (PSDA) gives everyone the legal right to make choices about their medical care in advance of incapacitation illness or injury through an advance directive.

**Culturally Appropriate:** Our society embraces a variety of cultural, social, racial, religious, and ethnic groups. Although professional Care Coordinators are not expected to know every aspect of every group's practice, they are expected to be sensitive to variations and develop a plan of care that is consistent with cultural and ethnic needs.

#### **PURPOSE**

To ensure that Medica complies with State law, whether statutory or recognized by the courts of the State on Advance Directives, including Minnesota Statutes Chapters 145B and 145C. To ensure all Medica members receive information about advance directives upon enrollment and annually thereafter.

#### **POLICY**

Medica will provide members with information about advance directives, initially upon enrollment, annually thereafter, and when changes in the law occur. The Medica Minnesota Medicaid (MN MCD) Product team is responsible for ensuring that the member packets include advance directive information and a DHS approved copy of advance directive materials.

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Care Systems, Agencies, and Counties/Tribes that provide Care Coordination for Medica MSHO, MSC+, SNBC, I-SNBC members are required to have an annual discussion with members about the importance of completing Advance Directive planning. Advance Directive planning is discussed with the member or guardian during the Initial Health Risk Assessment and any subsequent assessments. Advance Directive planning shall be an ongoing process based on individual member's needs and cultural considerations.

Medica will audit Care Plans and Health Risk Assessments for the presence of an Advance Directive discussion by the Care Coordinator for MSHO, MSC+, SNBC and I-SNBC products with the member at least annually.

#### **PROCEDURE**

- 1) All MSHO, MSC+, SNBC, I-SNBC, PMAP, and MinnesotaCare members are provided a description of Advance Directive applicable State law in their "Important Information" booklet print material upon enrollment and annually thereafter as a renewing member.
- 2) During the Initial Health Risk Assessments, the Care Coordinator (CC) for MSHO, MSC+, SNBC and I-SNBC members will determine if the member has an existing Advance Directive.
- 3) If the member does have an Advance Directive, the CC is encouraged to note who the document has been shared with in the member's record.
- 4) If the member does not have an Advance Directive, the CC should facilitate a conversation with the member/guardian about Advance Directives. Information should include the member's right to accept or refuses medical or surgical treatment and to execute a living will, durable power of attorney for health care decisions, or other Advance Directives.
- 5) The member has a right to refuse discussion or completion of Advance Directives. If the member/guardian indicates the topic is not culturally appropriate; the CC **must** document the discussion in the Care Plan.
- 6) For MSHO/MSC+ Nursing Home Enrollees, Advance Directives may be addressed at Nursing Facility care conferences. Care Coordinator should document the discussion in case notes and indicate where the member's advance directive is stored if member has an Advance Directive in place.
- 7) For all Medica members, an annual effort is made to facilitate the Advance Directive conversation, document conversation in the Care Plan, and encourage discussion of the details with the member's physician.
- 8) If the member/guardian wishes to create an Advance Directive, the CC may provide culturally appropriate tools and assistance towards completion.
  - a) This may include, but is not limited to:
    - i) Referring the member to <https://www.lightthelegacy.org/> to obtain a downloadable version of the advance directive form in the member's language
    - ii) Coordination with the member/guardian
    - iii) Scheduling an appointment with the member's physician to answer questions
- 9) The CC will encourage the member to have a discussion with the member's physician as to the details of the Advance Directive and may include the Advance Directive in the member's medical record.
- 10) The Care Coordinator will revisit the Advance Directive annually or with changes in condition.

#### **Cross References**

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MSHO/MS+ Contract  
SNBC Contract  
Families and Children (F&C) Contract

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