CENTRA WELLNESS NETWORK

Board Adopted Procedure			
Procedure	03.08	**Policy Title: Enrollee Rights**	
Effective Date: 3/10/2011		**Subject: Advance Directives**	
Review Cycle:		3 years	
Approval Validation Record			
Action		**Date**	**Board Sec'y Initials**
Full Board Vote:		3/10/2011	
Minutes Approved:		4/14/2011	
Accountability			
Board Committee:		Policy Committee	
Agency Function:		Enrollee Rights	
Sunset Review Begins:			
Revised Date:		1/30/2015	
		7/05/2017	
		8/05/2020	
		11/04/2026	
Review Date		3/27/2014	
		5/21/2023	

I. PURPOSE STATEMENT:

Centra Wellness Network's (CWN) Governing Body establishes and evaluates policies and related procedures as required by statutory and contractual obligations.
CWN reserves the right in its sole discretion to adopt and implement policies and procedures that ensure a safe, functional and professional workplace that operates with integrity using person-centered focus and planning, trauma informed practices and respect of others, cultural sensitivity and transparency in communication and practice. Organizationally and in practice, CWN is responsive to the needs of clients, community and staff.
Any statements and procedures are subject to review and/or unilateral change, modification, suspension or cancelation in whole or in part of any published/unpublished policies or procedures without notice and without having to give cause, justification, or consideration to any employee. Recognition of these rights and prerogatives of CWN is a term and condition of ~~and~~ maintaining employment.
Policies and Procedures are approved by the Board and/or upon recommendation by the Executive Director or his/her designee.

II. APPLICATION:

Agency Wide.

III. DEFINITIONS:

Advance Directive (AD): A written document in which a competent individual, 18 years or older, gives directions regarding his/her medical and/or mental health care that will be followed if the individual is unable to make decisions about care. The decision to have an advance directive is voluntary and medical or mental health care will not be denied if an individual does not have an advance directive.

Crisis Plan: A document for support people to follow that protects individual choices and promotes recovery. It provides a set of directions and preferences for the individual's personal life that others may follow during times when the individual experiences illness or injury. A crisis plan is not enforceable by Michigan law, and does not take the place of an advance directive.

Do-not-resuscitate order (DNRO): A do-not-resuscitate order, also known as a DNR or DNRO, is a special kind of advance directive, prepared by a competent adult. The DNRO may direct that if a patient's breathing and heart stop outside of a hospital or other medical facility, the patient will not be resuscitated. There may also be special instructions when the person's death is expected or has an illness that will cause death**.**

Durable power of attorney for health care (DPAHC) (AKA health care proxy and/or patient advocate): A durable power of attorney for health care, also known as a health care proxy or a patient advocate designation, is a document in which an individual appoints another individual to make treatment and related personal care decisions for him/her when he/she cannot give informed consent for health care treatment. The person appointed is called a patient advocate. In addition, the individual may choose to have his/her patient advocate make decisions about mental health care. A patient advocate must be 18 years of age, competent and agree in writing to become the patient advocate. This form of an advance directive is fully recognized by Michigan courts.

Living Will: A type of advance directive not legally binding in Michigan. A living will allows a person to specify what type of treatment he/she does or does not want at a future date if he/she is unable to participate in his/her health care decisions. A living will does not designate a patient advocate.

Patient Advocate (patient advocate): Michigan law allows a person, 18 years of age or older to be appointed by another individual 18 years of age or older and competent, to act on behalf of the patient when he/she is unable to make his/her own decisions on health care. The patient advocate must agree in writing to act on matters designated by the patient such as care, custody, and medical and/or mental health decisions when the individual is unable to participate in his/her treatment decisions. Two other adults must witness the appointment of a patient advocate. The witnesses cannot be related to the patient, cannot be the person who is being appointed as the patient advocate and cannot be employed by any of the patient's healthcare providers. The patient advocate appointment expires when the patient dies except that he/she may be given the authority, which extends after death, to make an anatomical gift.

Psychiatric Advance Directive (PAD): This document may also be known as an Advance Directive which may contain information on medical and/or mental health care preferences. These documents are similar to living wills. These documents require a patient advocate be appointed to be legally binding in Michigan.

Note: Staff of adult foster care homes must be thoroughly trained regarding advance directives and Do-Not –Resuscitate Orders (DNROs). AFC staff must know the wishes of their residents regarding AD and DNRO. In the event that a resident with a valid DNRO has a respiratory or cardiac arrest while under the care of staff, the home will honor the DNRO but must contact EMS immediately and provide a copy of the DNRO when EMS assumes care.

IV. POLICY STATEMENT:

This procedure is to ensure that employees of CWN comply with federal and state regulations to provide adult Medicaid enrollees with information regarding advance directives and provide appropriate information to staff and to the public.

V. PROCEDURES:

A. Adult beneficiaries who receive services from CWN or its subcontractors will receive written information on advance directives, including a summary of current Michigan law and their rights under that law, at the time of enrollment into services and upon request.

B. Documentation that the information was provided will indicate:
   1. Date that the patient received the information on advance directives and state law.
   2. If the enrollee has executed an advance directive.
   3. Upon receipt of an executed AD it will be placed in a prominent part of the mental health record.

C. The beneficiary's status related to advance directives shall be updated at least annually or when changes occur.

D. When a legally executed AD has been provided to CWN or its subcontractors, responsible staff shall provide a copy of the AD to other treating health professionals when this is consistent with the desires of the consumer or when invoked, the patient advocate.

E. If the patient is incapacitated at the time of enrollment and unable to receive information or indicate if she/he has developed an advance directive, the written information may be given to the family or surrogate in the same manner in which other information is provided. When the patient is able to receive the written information, it will be provided directly to the patient.

F. **Revocation of a patient advocate designation** may occur under one or more of The following conditions:
   1. The patient's death, except for authorization for the patient advocate to make an anatomical gift of all or part of the deceased patient's body.
   2. An order by the court.

3. The patient advocate's resignation or removal by the court unless a successor has been designated.
4. The patient's revocation of the patient advocate designation.
   a. The patient may revoke the patient advocate designation at any time and in any manner by which he or she can communicate the intent to revoke.
   b. If there is a dispute about the patient's intent, the court may decide on the patient's intent.
   c. If a spouse is named as patient advocate and since that designation a divorce, separation or annulment has occurred, the patient advocate designation for the spouse is revoked unless a successor was named.
5. If the revocation is not in writing, a witness shall record, in writing, the circumstances of the revocation in the clinical record. If the patient's physician, mental health professional or the health care facility has notice of the revocation, that professional/facility will note the revocation in the patient records and notify the patient advocate.
6. A patient advocate/mental health facility who acts in good faith under the AD without knowledge of the revocation is still bound by the AD until such notification is received

G. Patient waiver of the right to revoke the AD:
   1. The patient with an AD may waive the right to immediately revoke a patient advocate designation.
   2. When the patient has waived the right to revoke the patient advocate designation, the AD will remain in effect for 30 consecutive days after the revocation.

H. A patient advocate may exercise the power to make health care treatment decisions only after two physicians examine the patient and certify in writing that he/she is unable to give informed consent for health care decisions on his/her own behalf. In the case of advance directives for psychiatric care, a physician and a mental health professional must examine the patient and certify in writing that the patient is unable to give informed consent for mental health treatment.

I. Providers will not discriminate against or make completion of an advance directive ~~as~~ a condition for services.

J. CWN providers who cannot implement an advance directive as a matter of conscience must do all of the following:
   1. Notify in writing the CWN Compliance Officer immediately of the objection who will in turn notify the NMRE Compliance Officer.
   2. Clarify whether the objection is that of the organization or individual providers within the organization.
   3. Identify the State legal authority permitting such objections.
   4. Describe the range of psychiatric and/or medical conditions or procedures affected by the conscientious objection.

K. CWN Providers will receive education concerning policies and procedures on advance directives.

L. Changes in State law will be reflected in policies/procedures as soon as possible but no later than 90 days after the effective date.

M. Individuals who feel that CWN or its subcontractors are not in compliance with advance directive requirements may file a grievance with Customer Services, or may contact Disability Rights Michigan at 1-800-288-5923.

VI. EXHIBITS:

N/A

VII. REFERENCES:

Authority and Related Directives Trace	
Federal	42 CFR 438.6 (i): Advance Directives 42 CFR 422.128: Information on Advance Directives 42 CFR 489.102: Requirements for Providers 42 CFR 489.100: Definition
State	MCL 700.5506: Psychiatric Advance Directives MCL 700.5507: Patient Advocate Designation MCL 700.5508: Determination of advocates' authority to act MCL 700.5509: Authority and Responsibilities of patient advocate IMCL 700.5510: Revocation of patient advocate designation MCL 700.5511: Binding Effect MCL 700.5515: Revocation of patient advocate designation
NMRE	
County	Interlocal Agreement Between Manistee and Benzie Counties 12/15/1992, Section X
CARF	CARF 2026 Behavioral Health Standards
Other	